Automatic Management Manual

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Automatic Practice Management

Automatic practice management is the dream of most doctors because it embodies in it the idea that a practice can run itself well, without the doctor having to make every decision throughout the day. Unfortunately, although it is a dream of most doctors, many are not willing to give up what they feel is control of the practice. But a practice can get close to this ideal state of management if they have the right Team Coordinator and set up the automatic management system properly. On the other hand, there are doctors who don't want to make any decisions and are willing to dump it into somebody else's lap, but there is a level of management (decision-making) that the doctor must accept, or lose control of the practice. Below is a description of the Team Coordinator and the decision-making responsibilities she should have. After that are the minimal responsibilities that the doctor must assume to manage the practice well.

Practice Management (decision-making) exists on three levels:

1. The first level is that of the ***Doctor*** who is responsible for making all decisions that affect treatment quality control, the goals of the practice and changes in the operation of the practice. These are decisions the Team Coordinator or team members cannot make. See pages 3 and 4.
2. The second level is the ***Team Coordinators*** (the Clerical and Clinical Coordinators). They make ongoing decisions in her own position (e.g., TC, Financial Coordinator, Chairside, etc.), and also make higher level decisions for their team members that the doctor does not need to make and that the team member is not qualified to make. See Pages 5 through 9 below.
3. The third level is the ongoing daily decisions ***each team member makes*** to perform her duties to support exceptional, patient-centered service. See Pages 10 through 14 below.

DOCTOR responsibilities for management

Treatment Quality Control

Although the doctor can usually manage the treatment in his/her head, on a visit-to-visit basis, this has historically proven to be unproductive and it is almost impossible to productively schedule. Thus, the entire patient's treatment must be planned in advance and managed, requiring:

- Evaluation of the case, including: a comprehensive orthodontic examination, comprehensive diagnostic records, comprehensive diagnosis and treatment plan and an accurate determination of the length of treatment time (in months) and thus an accurate estimated completion date (ECD).
- Ongoing control of the case includes: optimal use of your Tx Mechanotherapy, pre-plan the next visit as to what treatment will be required (adjust, archwire, banding, etc.), automatic periodic reviews of the progress of treatment and cooperation of ALL patients; scheduled parent conferences with the TC for cases running late or having problems and meet the ECD.
- End of treatment control and retention control including: finish the case by the ECD and if not finished, either deband the case or have the patient pay for the extra months of active treatment more than three months past the ECD.
  - Do a deband evaluation and End of Active Tx Family Dentist letter and final records. Minimal records suggested are: panograph and photos/models to prove that you attained your result, should the patient not wear the retainer and become malocclucded.
  - Do a specific retention check sequence (in 1 mo, 3 mo, 6 mo, 12 mo, etc.) with a specific ending date in 6, 12, 18 or 24 months.
  - Do an End of Retention Tx Family Dentist letter and dismiss the patient from retention or put the patient (adult) on lifetime, paid-for retention.

Team Member Staffing Decisions

The doctor has the first and last say in staff *utilization*.

- Team member utilization (who is needed for what positions) is set by the scheduling system production level and is monitored on the monthly Super Report to make sure staff utilization levels are under control.
- The doctor decides which staff are hired or fired, but relies on the Team Coordinator's opinion.

Marketing and Sales Control:

This involves making the patients feel as if they don't want their treatment anywhere else—the following guidelines are suggested:

- The doctor assists the TC in a patient-centered exam and patient-centered consultation to maximize the number of starts coming from the new-patients. The doctor has a small, but important, part in the exam and it is the job of the TC to sell the case and the doctor to not buy it back.
- The doctor should leave the majority of the marketing of the practice to the TC and Team Coordinator. They market the practice through the special and ongoing marketing programs.

- The doctor should participate in the marketing of the Family Dentist through the use of the Family Dentist Referral Preference System. This requires that the doctor meet with the referring family dentist once to review the communications they will receive from the practice (Post-Exam, Post-Consult, 6-Mo Reviews, End-of-Active-Tx, and End-of-Retention letters) and to review the family dentist's referral preferences on the Family Dentist Referral Preference Form.
- It is not necessary, although it is helpful, for the doctor to meet with family dentist's periodically. If this is awkward or difficult for the doctor, then he/she should *not* meet with them unless necessary about a patient case.
- The Team Coordinator and the rest of the team will have periodic lunches (Lunch & Learn) with the family dentist's team. If desired, the family dentist may be invited, in which case the doctor must be there; if the doctor doesn't want to be there, the Family Dentist should *not* be there, only his/her team.

In general, it is the responsibility of the Team Coordinator to make the kind of ongoing decisions that create a smooth-operating, productive practice, with minimal decision-making by the doctor and with increased decision-making by the rest of the team within their positions. It is the responsibility of the doctor to support the decisions of the team coordinator and to make/override them when it is appropriate. It is the responsibility of the Team Coordinator to support the decisions of her teammates and make/override them when it is appropriate.

Team Coordinator responsibilities for management

A smaller practice can have one person as the Team Coordinator; while a larger practice might find that separate Clerical and Clinical Coordinators works best. Twenty to fifty percent (depending on the size of the practice), of a coordinator's time is devoted to being a coordinator and the rest of the time is devoted to working in another position (bookkeeper, TC, Chairside, etc.). Some of the time spent as the Team Coordinator is devoted to hiring, training, evaluating and firing team members. The rest of the time is devoted to helping their team members make decisions that affect other team-member's duties and interrelationships.

Ongoing CLERICAL Coordinator duties and decision-making

Daily duties

- Production-Related *Clerical* Coordinator Duties:
  - Morning check of the day's schedule for variances from the ideal and discuss how to handle it at the morning team meeting.
  - Conduct a short, yet productive, morning team meeting.
  - Make sure that the starting appointments are available for the TC and are not being wasted on non-starting patients. If so, make sure that the TC has the necessary full starting appointments slots opened/filled per week.
  - Make sure that the new-patient exams are not getting too far into the future.
  - Make sure scheduled patient reviews are set up for the day (or just spot-check weekly).
  - Make sure that any clerical training to be done is scheduled and accounted for.
  - Make sure that all else to be done that day is prepared for.
- Relationship-Related duties
  - Get a sense of the relationships between the doctor and the rest of the clerical team and make note of areas where they seem out of relationship. If necessary, ask the doctor if there is any problem that you can help with that seems stressful.
  - Get a sense of the relationships between the clerical team members and make note of areas where they seem out of relationship. If necessary, ask them if there is any problem that you can help them with that seems to be stressing them out.

Weekly *Clerical* Coordinator duties (two to three hours should be available at the end of the week to do this)

- Weekly Team Meetings: schedule, conduct, take notes on, and follow-up on meetings
- Weekly DR Meetings to review the week's challenges/successes and follow-up on the meetings
- Payroll: time sheets, obtain and distribute payroll checks
- Benefits (vacations, medical, etc.): make sure they are being received and are under control

Monthly *Clerical* Coordinator duties (a *day* should be left available each month to attend to this)

- Prepare the monthly Practice Reports and review it with the doctor.
- Review programs that are being implemented to make sure they are on schedule.
- Make sure all HIPAA regulations are being observed by the clerical team.
- Others as required.

Monthly *Clinical* Coordinator duties (a *day* should be left available each month to attend to this)

- Prepare any monthly Practice Reports and review it with the doctor.
- Review the Environmental Safety Coordinator's Daily, Weekly and Monthly checklists.
- Review clinical programs that are being implemented to make sure they are on schedule.
- Make sure all HIPAA regulations are being observed by the clinical team.

- Others as required.

Quarterly & Semi-yearly duties (these days should be scheduled a month in advance)

- Semi-yearly Critiques, using copies of all installed system critiques, to make sure they are being used properly (or still are being used).
- Semi-yearly OSHA training
- Team member utilization (from Super Report)
- Others as required

Clerical Team Member *Utilization* Decisions

Clerical Team member Staffing Level decisions (filling positions):

- Levels are initially determined by your scheduling analysis
- Change in clerical staffing levels as re-evaluated by Clerical Coordinator as needed

Clerical Team Members Replacement decisions:

- Team members who can't keep their personal problems out of the practice are a drain on the entire team and on the patients and should seek employment elsewhere
- An unsatisfactory team member's performance is documented in their OSHA Medical/Personnel bound file for a minimum of two months with dates, times and warnings.
- Team member replacement and timing is discussed with the Doctor, who must have the final approval of the timing of all team member replacements.

Clerical Team Member Hiring:

- Seeking new team members (newspapers, interviews, etc.) done by Clerical Coordinator
- New team member Starting Salary level decided by the Doctor
- New Team Member Benefits (start after 90 days of employment) approved by the Doctor.

Patient Tx *Scheduling* Decisions

Modifications in the Rotational Schedule:

- The rotational schedule is determined when the scheduling system is designed. It allows for maximum utilization of the practice facilities (offices) for optimum production by year end. The number of days worked per year per office must be maintained.
- Ongoing modifications for doctor vacations, utilization of branch offices and staff utilization are at the discretion of the Clerical Coordinators, as long as the patients are being properly treated.
- The number of full days worked in each office for the average cycle is based on all offices having similar FS/D (Full Starts per Day) production goals.

Momentary modifications in the Daily Schedule (and others) are at the discretion of the Clerical Coordinator for seasonal changes.

- The scheduling system is designed for optimum use of the doctor's and the rest of the team's treatment time and should be used as designed.
- Daily Appointment Substitution Control
  - The Clerical Coordinator should make sure that the daily substitutions are not improper. It is the responsibility of the receptionist to properly use the system, but it is the responsibility of the Clerical Coordinator to make sure that appointment control is not slipping away.
  - Permanent modifications in the Daily Schedule (and others) are at the discretion of the Clerical Coordinator only. A permanent change is when the daily schedule's template is changed.
  - The receptionist must make a request for permanent changes in the schedule, based on appointment availability or changes in the doctor's Tx Mechanotherapy or techniques.
  - The Clerical Coordinator must review the need for the changes and seek a way of resolving the problem without permanent change if possible.

- The Clerical Coordinator should make specific permanent modifications, based on the original design of the schedule.

Purchasing (Budget) Decisions

- The practice's expense budget is determined at the start of the year and is monitored monthly using the Budget Report.
- All purchases that are the usual are automatically acceptable.
- The purchasing is automatically done by selected clerical and clinical team members.
- "Out of the Ordinary Purchasing" must be approved by the Clerical Coordinator or Doctor.

Marketing (Budget) Decisions

Marketing of a practice comes mostly from internal marketing based on exceptional, patient-centered services. There are though, other external marketing programs, that can be used to stimulate referrals to the practice. Most are more fun (games, contests, etc.) than fruitful, but the most productive is marketing the Family Dentist and his/her team.

The Clerical Coordinator's Marketing Budget:

- Is typically 1.5%-2.5% of one month's income—yours is _____%.
- Thus, if the average monthly income is $100,000 the Clerical Coordinator can budget $1,500 to $2,500 for marketing each month.
- The Clerical Coordinator must plan (budget) her marketing expenses over the entire year so as to not overspend or under-spend, by year end, in the stimulation of new referrals.
- The marketing budget *includes* the following:
  - Website expense
  - Yellow pages advertisements (if done)
  - All brochures for practice promotion
  - All marketing mail-outs to patients
  - "Lunch and Learn" for the Family Dentist's team and the practice team
  - Doctor and Family Dentist luncheons
  - Gifts (Christmas, birthday, etc.) to Family Dentist's or their families
  - Flowers, muffins, etc. sent to the Family Dentist practices
  - Expenses (not salary) a team member has when doing school or community lectures, etc.
  - Sponsoring local teams or activities
  - Other, as new marketing programs arise for the stimulation of more referrals.
- The marketing budget does *NOT* include the following:
  - TC handouts or patient information handouts
  - Team lunches when non-marketing work is to be done by the team
  - Bonuses for increased starts (if done)
  - Birthday and Christmas cards to patients or to Family Dentist's and their team
  - Contributions to local and non-local charities
  - Others that do NOT directly stimulate more referrals.

Ongoing Periodic CLINICAL Coordinator duties and decision-making

Daily duties

- Production-Related Clinical Coordinator Duties:
  - Review the day's scheduled and prepare the clinical team to best deal with it.
  - Make sure that the daily OSHA checklists are being done (or just spot-check weekly).
  - Make sure that any clinical training to be done is scheduled and accounted for.
  - Make sure that all else to be done that day is prepared for.
- Relationship-Related duties
  - Get a sense of the relationships between the doctor and the rest of the clinical team and make note of areas where they seem out of relationship. If necessary, ask the doctor if there is any problem that you can help with that seems stressful.
  - Get a sense of the relationships between the clinical team members and make note of areas where they seem out of relationship. If necessary, ask them if there is any problem that you can help them with that seems to be stressing them out.

Monthly Clinical Coordinator duties (a *day* should be left available each month to attend to this)

- Prepare any monthly reports and review it with the doctor.
- Review the Environmental Safety Coordinator's Daily, Weekly and Monthly checklists.
- Review clinical programs or training that are being implemented are on schedule.
- Make sure all HIPAA regulations are being observed by the clinical team.
- Others as required.

Quarterly & Semi-yearly Clinical Coordinator duties (these days should be scheduled a month in advance)

- Semi-yearly Critiques, using copies of all installed system critiques, to make sure they are being used properly (or still are being used).
- Semi-yearly OSHA training
- Others as required

Clinical Supplies Purchasing Decisions

- The practice's expense budget is determined at the start of the year and is monitored monthly using a Budget Report or similar.
- All clinical purchases that are the usual are automatically acceptable, but should be scrutinized when ordering to make sure that supplies are not being wasted.
- The purchasing is automatically done by a selected clinical team member.
- "Out of the Ordinary Purchasing" must be approved by the Clinical Coordinator and Doctor.

Team Member *Utilization* Decisions

Team member Staffing Level decisions (filling positions):

- Levels are initially determined by your scheduling analysis
- Change in clinical staffing levels as re-evaluated by Clinical Coordinator as needed

Clinical Team Members Replacement decisions:

- Team members who can't keep their personal problems out of the practice are a drain on the entire team and on the patients and should seek employment elsewhere
- An unsatisfactory team member's performance is documented in their OSHA Medical/Personnel bound file for a minimum of two months with dates, times and warnings.
- Team member replacement and timing is discussed with the Doctor, who must have the final approval of the timing of all team member replacements.

Clinical Team Member Hiring:

- Seeking new team members (newspapers, interviews, etc.) done by Clerical Coordinator
- New team member Starting Salary level decided by the Doctor
- New Team Member Benefits (start after 90 days of employment) approved by the Doctor.

Patient Tx *Scheduling* Decisions

The scheduling system is designed for optimum use of the doctor's and the rest of the team's treatment time and should be used as designed.

Schedule the clinical team members to specific columns on the daily schedule:

- Have at least two team members capable of handling a specific column (Records, Chairside, etc.). It is also best to rotate them from column to column daily or weekly so that they don't get "stale" always working in the same column…give them a full experience in their positions.
- Schedule each team member to each column each day (or week).
- Make the doctor more organized by telling him/her which patients to see before and after going into an exam or consult.
- Control daily Early, Late and SOS/Emergency patients to keep the clinical team productive and on schedule.

Team *Position* Responsibilities

TC Position responsibilities and decision-making

The TC performs the following duties and makes all the decisions necessary to make the TC programs successful. Included are decisions to be made by the TC that she needs the doctor's support on. Once a new area of decision-making is resolved with the Clerical Coordinator, the TC can then automatically make that decision as part of her other decision-making responsibilities.

Exam-Related Responsibilities

Pre-Exam Call to Patient/Family, Folder Setup and use of back of New-Pt. Call Sheet (if use)
Exam Procedures (refer to the Patient-Centered Services Manual)
Post-Exam Communications, appointments, DDS Referrals, Family Dentist letter, Patient Letter
Post-Exam Follow-up on Will-Call-Back patients
Entering the exam outcome on the TC Communications form and into the computer (if done)
Exam-related decisions *requiring the Clerical Coordinator's input* for:

- Modification of the forms or procedures used in the patient-centered exam
- The fees for the treatment when it is *not* the usual treatment.
  - Clerical Coordinator (with the approval of the doctor) decides what the fee should be.
  - Once resolved with the Clerical Coordinator this fee can then be set by the TC.
- Courtesies for fees for special cases (multiple patient families, transfers, etc.).
  - Referred to the Clerical Coordinator for possible courtesies.
  - Once resolved with the Clerical Coordinator this kind of decision can then be made by the TC.
- Special records, or whatever, that the TC in not familiar with, once resolved with the Clerical Coordinator this kind of decision can then be made by the TC.
- Special cases where the TC feels that the patient may not be what the practice wants. Referred to the Clerical Coordinator for each case before dismissing the patient.
- Other decisions that are not part of the TC's normal procedures.
  - Referred to the Clerical Coordinator to make a decision on the situation.
  - Once resolved with the Clerical Coordinator this kind of decision is made by the TC

Tx Consult (if done) - Related Responsibilities

Records Evaluation Control (assemble records for the doctor's Dx & Tx Planning)

- Trace Cephs (if not done by the Lab)
- Pre-Consult: Dr-evaluation control and Consult preparation
- Tx Consult Procedures (refer to the Patient-Centered Services Manual)
- Post-Consult Communications, appointments, DDS Referrals, Family Dentist letter
- Post-Consult Follow-up on Will-Call-Back patients
- Entering the consult outcome into computer (via the check-out screen)

Consult-related decisions requiring the Clerical Coordinator's input for:

- Modification of the forms or procedures used in the patient-centered exam. The Clerical Coordinator decides what can be changed (this should be discouraged).
- Courtesies for fees for special cases (multiple patient families, transfers, etc.). This must be decided by the Clerical Coordinator. Once resolved with the Clerical Coordinator this kind of courtesy can then be made by the TC.
- Special cases where the patient has a poor credit rating, but the TC feels they should be given more lenient financial arrangements, but the Clerical Coordinator makes the final decisions.

- Special cases where the TC feels that the Will-Call-Back patient should be dismissed. This must be referred to the Clerical Coordinator for every case before dismissing the patient.
- Other decisions that are not part of the TC's *normal* procedures. This must be referred to the Clerical Coordinator to make a decision on the situation. Once resolved with the Clerical Coordinator this kind of decision can then be made by the TC.

Recall Observation - Related Responsibilities (Pre-Active Observation and Ph-I Retention Patients)

OB recall patient appointments – for on-going recall patients not ready to start yet
OS start patient appointments – for recall patients who are ready to start the next appointment
Observation-related decisions requiring the Clerical Coordinator's input when:

- The fee for the treatment is higher than was promised (e.g., Ph-II Tx). This is referred to the Clerical Coordinator to make a decision on the fee. The Clerical Coordinator should make all decisions of this type on a case by case basis with the doctor's input.
- There are other decisions to make that are not part of the TC's normal procedures. They are referred to the Clerical Coordinator to make a decision on the situation. Once resolved with the Clerical Coordinator this kind of decision can then be made by the TC.

Parent Conference (PC) -Related Responsibilities

PC patient appointments
Parent conference follow-up appointment letters, etc.
Parent Conference-related decisions requiring the Clerical Coordinator's input for:

- Run-on cases, which are determined by the doctor and Clerical Coordinator.
  - The doctor is required to set a realistic number of months to finish the case with cooperation or must decide whether it is best to remove the braces immediately.
  - The TC is required to present the doctor's decision to the patient/family.
- Situations where the *patient/family* definitely wants the braces removed.
  - This is referred to the Clerical Coordinator to make a decision on the fee balance, removal date and form of the liability release.
  - The doctor decides on the form of retention.
  - The Clerical Coordinator makes all decisions of this type, referred by the TC or doctor.
- Situations where the *practice* definitely wants the braces removed.
  - The doctor notifies the Clerical Coordinator about the case.
  - The Clerical Coordinator always makes the decisions on the fee balance.
  - The TC has a parent conference and gives them a 60-day period for finding a new orthodontist and/or setting up a removal date by signing a liability release.
  - The doctor decides on the form of retention.
- Situations where the practice wants the braces removed, *but* the patient/family wants to try for a finished case.
  - The doctor gives the Clerical Coordinator a realistic number of months to finish the case and the retention required.
  - The Clerical Coordinator makes all of the decisions in this type of case, including the extra fees and "Completing the Tx Liability Release" for a certain number of months before the deband.
- Other decisions that are not part of the TC's *normal* procedures.
  - The Clerical Coordinator makes the initial decision on the situation.
  - Once resolved with the Clerical Coordinator this kind of decision can then be made by the TC.

Marketing Programs-Related Responsibilities (see marketing in the Clerical Coordinator position)

Receptionist Position responsibilities and decision-making

- Telephone Control: answering and routing calls, telephone answering machine control
- New-Patient Call: use of New Patient Call Sheet, mail out Health History, start New-Pt. Folder
- Tx Chart and Records Folder Control - daily pulling and filing of charts
- Daily Cash Control: taking cash payments and giving cash receipts, taking checks and not posting them, receiving checks in the mail, and use of the Daily Financial Control Envelope
- Use of the Daily Cash Control Log
- Scheduling Patients: new appointments, missed appointment control, canceled appointment control, recall control (see below)
  - Scheduling control is the responsibility of the receptionist
  - If more than one receptionist, one must be responsible for the scheduling system
- Other miscellaneous responsibilities

Patient Scheduling Control-related decisions requiring the Clerical Coordinator's input

Rotation Schedule Modifications:

- The number of days worked per year per office must be maintained by the receptionist as set in the rotational schedule by the Clerical Coordinator.
- Ongoing modifications for doctor vacations, utilization of branch offices and staff utilization are decided by the Clerical Coordinator.
- *Growth Day* schedules are done on Non-Pt-Tx-Day; never on a normal Pt-Tx-Day.
  - Exam Growth Days are scheduled when exams get more than three or four weeks out.
  - Start Growth Day schedules usually follow scheduled Exam Growth Days.

Daily Schedule *Momentary* modifications

- The scheduling system is designed for optimum use of the doctor's and the rest of the team's treatment time and should be used by the receptionist as designed, avoiding overrides.
- Daily Appointment Substitution Control:
  - The substitution system allows the receptionist to have enough of all appointments needed.
  - The receptionist must properly use the schedule and illegal substitutions should not be made unless there is no other choice and they are approved by the Clerical Coordinator. NON-automatic daily substitutions are monitored by the Clerical Coordinator.
- Daily Schedule *Permanent* modifications
  - Permanent changes require a change in the daily schedule's model day template.
  - The Clerical Coordinator must seek a way of resolving scheduling problems, without permanent changes in the model day schedule, by being clever in its use.
  - Permanent changes must be requested by the receptionist of the Clerical Coordinator. The permanent change must be based on appointment availability or changes in the doctor's Tx Mechanotherapy. The doctor must work with the Clerical Coordinator to determine new appointment types.

Secretarial responsibilities and decision-making

- Typically the receptionist or bookkeeper or some other person
- Mail Control: outgoing mail control, sorting/routing incoming mail
- Letter Control: computer letters and specially composed letters
- Set up new-patient exam folder (if not done by TC)
- Weekly team meetings: take notes at meeting, type notes and distribute as necessary
- Other miscellaneous responsibilities
- Any *new* letter or form must be established by the Clerical Coordinator.

Financial Coordinator responsibilities and decision-making

- Daily credit checks of all exam patients and giving rating to TC before or at the exam visit
- Daily Cash Control: income received into the bank using the Daily Cash Control Log
- Daily Charge Control of miscellaneous charges using the Misc. Charge Control Log
- Posting all daily: contracts, misc. charges, payments, credit/debit adjustments
- Past Due Control: daily lists of past due patients to call and re-negotiate and receive payments
- Accounts Payable: listing of payments to be made for invoices received
- Petty Cash and Petty Check Control
- Clerical Supplies Inventory Control: inventorying, ordering and stocking clerical supplies
- Insurance processing control: initial claims, ongoing forms processing and past due control
- Other miscellaneous responsibilities
- Financial-related decisions requiring the Clerical Coordinator's input for:
  - Any new fees or new financial policies must be established by the Clerical Coordinator
  - Once resolved by the Clerical Coordinator this kind of decision can be made by the bookkeeper.

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Chairside DA Position responsibilities & decision-making

Patient Treatment-Related Responsibilities

- Starting the treatment prescribed for the visit
- Completing treatment as prescribed by the doctor
- Learning all techniques to be able to do any appointment scheduled
- Keeping on schedule with the low-volume patients scheduled to your column
- Keeping on schedule in high-volume by getting any patient done on time
- Adjusting to early and late patients and SOS's (scheduled patients) to stay on schedule
- Handling Emergencies (unscheduled patients) and staying on schedule
- Conducting Periodic Reviews: identify review, evaluate cooperation, complete Progress Review form, and explain results to patient and parent
- Retention conference procedures at retainer insertion visit
- Other miscellaneous responsibilities
- *Treatment-related decisions requiring the Clinical Coordinator's input:*
  - For a clinical coordinator, responsible for the work of the clinical team.
  - For any new systems or procedures must be established by through the clinical coordinator.
  - The Clinical Coordinator delegates treatment decision-making to the clinical coordinator, but establishes policies with the doctor first on what decisions may be made.

Patient Training responsibilities and decision-making

- Patient Orientation (initial separation, impressions, etc.) or Initial patient education after new appliances are inserted
- Ongoing patient education for problems with hygiene and appliances
- Patient Behavior Modification and motivation
- Other miscellaneous responsibilities
- All patient training-related changes are decided by the Clinical Coordinator's.

Non-patient related responsibilities, restocking, cleaning, minor fabrication, etc.

- Doctor routing (after exam/consult) to the treatment chairs (typically done by Clinical Coordinator)
- Using sterilization techniques during a patient's treatment
- Cleaning up after a patient's treatment

- Other miscellaneous responsibilities
- Non-treatment-related decisions requiring the Clinical Coordinator's input:
  - For a clinical coordinator, responsible for the work of the clinical team.
  - For any new systems or procedures must be established by through the clinical coordinator.
  - The Clinical Coordinator delegates treatment decision-making to the clinical coordinator, but establishes policies with the doctor first on what decisions may be made.

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Records Tech responsibilities and decision-making

- Take Initial Records after Exam
- Take Scheduled Miscellaneous Records (Pano, Photos, etc.
- Take Imaging Photos (done during the New-Pt. Exam … in the future)
- Other miscellaneous responsibilities
- Records-related decisions requiring the Clinical Coordinator's input:
  - Any new records policies, equipment, etc., must be established by the Clinical Coordinator.
  - Once established by the Clinical Coordinator this kind of decision is made by the records tech.

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Environmental Safety Coordinator responsibilities and decision-making

- Refer to "The Environmental Safety Handbook"
- Employee Training: see Training Workbook (ETW-1 to ETW-34) for more detail
- Control environmental safety in offices
- Control Employee Medical Records (see Chapter-03 in The Environmental Safety Handbook)
- Assists DR with Employee Personnel Records (see CHAP-05 of Environmental Safety Handbook)
- Refer to The Environmental Safety Handbook for complete details.
- The Clinical Coordinator makes all decisions about Environmental safety-related changes.

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Sterilization Tech responsibilities and decision-making

- Sterilization procedures before, during and after the patient treatment day
- Sterilization area: daily/weekly equipment maintenance and restocking
- Labeling of hazardous materials via its MSDS
- Pour-up models, etc.
- Clinical Supplies Inventory Control: inventorying, ordering and stocking clinical supplies
- Mail and receive outside labwork
- Other miscellaneous responsibilities
  - All Sterilization-related changes are decided by the Clinical Coordinator.

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Lab Tech responsibilities and decision-making

- Deciding on and doing appliance and Study Model fabrication *usual* and customized procedures
- Maintenance of the lab area and restocking and avoiding waste
- All non-usual procedural changes are decided by the Clinical Coordinator