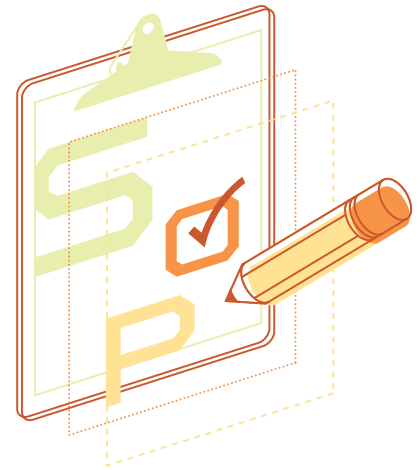


Maintaining Clinical Excellence Using SOPs

Marsha Freeman, MA



Abstract

Clinical excellence requires the consideration of many factors — the dentist's own level of expertise and the collaborative effort of the clinical team. The Standard Operating Procedures (SOPs) method of standardization can help a dentist move closer to that objective by allowing the completion of each task according to tested, successful protocols and can mean the difference between occasionally hitting the mark and consistently achieving greatness.

Maintaining consistent clinical excellence in dentistry is challenging for many reasons. Not only is it critical for dentists to maintain their own training and clinical expertise, it is imperative that dentists consistently collaborate, communicate and train chairside assistants to provide support in a caring, efficient and consistent manner. Two- and even four-handed dentistry is becoming archaic as complicated procedures and new materials require an orchestration of effort to consistently meet the highest standard of clinical care.

The word “consistently” is the key word in this discussion. Even within the same office, clinical excellence can vary dramatically depending upon the different skill levels of support staff. In certain locations, shortages of experienced applicants further complicate the make up of the ideal team necessitating more on-the-job-training.¹

Without clear written guidelines, staff depends on verbal instructions and hurried training or updating of information in the chaos of a busy schedule. The mind works four times faster than the average speaking rate, therefore verbal communication competes with a multitude of other distractions bombarding the listener.¹ On the other hand, the written word with visual support exists forever to support the listener as often as needed, and at their own learning pace. When these written

guidelines, called Standard Operating Procedures (SOPs), are assembled into an operations manual including job descriptions and task inventories, defined standards of care for each task are set with clear documentation of how to meet them.

As Michael Gerber in *E Myth Revisited* states, “Documentation says, ‘This is how we do things here.’ Without documentation, all routinized work turn into exceptions. Documentation provides your people with the structure they need and with a written account of how ‘get the job done’ in the most effective way. It communicates to the new employees, as well as to the old, that there is logic to the world in which they have chosen to work, that there is a technology by which results are produced. Documentation is an affirmation of order.”²

For years, written standard operating procedures have been used in many different industries. We all know the stories of McDonald's or franchises like Mail Boxes Etc. In order for these companies



Author / Marsha Freeman, MA, is president of Marsha Freeman & Associates, a company devoted to improving organization and system delivery for dental practices. Marsha is also a national speaker, author of several books including *Standard Operating Procedures for All Dentists*, and a SOP's specialist with more than 25 years experience in the dental industry. She is a member of the Academy of Dental Management Consultants, a certified trainer for the Institute of Foundational Training and Development. She will present a workshop, “The Magic of an Operations Manual: How to Create Your Own,” at the 2004 CDA meeting in Anaheim.



to consistently provide similar experiences in service and quality, they had to develop a standardized method of replication, or the SOPs method. By analyzing how they made each unique hamburger or what steps it took to send a delicate package using Federal Express, these companies were able to repeat their processes over and over while attaining the same high quality result. When these same concepts are applied to clinical dentistry, the results can be amazing.

Simply stated, these SOPs outline in clear, concise, written directions how a procedure or task is done. A SOP has four parts:

- Clear task or procedure name
- Desired outcome
- Measurement
- Text

On a single sheet of paper, the name of a specific task whose guidelines can be described in one or two pages is written at the top of the page. The dentist, in collaboration with the staff member who performs the task, sets a standard or an expectation for each completed procedure called a "desired outcome." The "measurement" defines what method will be used to determine if the standard or expectation has been met. The text is written by the person who does the task in clear, concise, outline format describing exactly how the task is done to meet the desired outcome. In addition to this document, other ancillary material includes a correctly completed form, a photo of the tray set up, a sketch of the room set up or whatever else helps clarify how the task is done or what it look like upon completion.

Therefore, SOPs act as training and performance review guides that provide the essential information for not only training clinical support staff, but also holding them accountable for peak performance. SOP's help standardize solutions, providing documen-

tation of successful processes that ensure repeatability and quality management for all systems at the task level. They provide guidelines for replicable success defined by the dentist and clinical team.

SOPs are also great problem-solving and conflict-resolution tools. Problems can be analyzed objectively without the inclusion of emotion and ego using a step-by-step guideline both to clarify what is currently happening and to agree on

Problems can be analyzed objectively without the inclusion of emotion and ego using a step-by-step guideline both to clarify what is currently happening and to agree on what changes need to be made to improve the outcome.

what changes need to be made to improve the outcome. The result is a collaborative commitment to improved patient care and higher clinical standards.

With the incorporation of written SOPs in a dental practice, the dentist begins each treatment sequence with a set standard of care, service or performance that is expected. The level of quality is determined and agreed upon by the team. Without SOPs, a team works off of the assumption that all of the steps and processes will somehow occur as intended. It is left to chance that the end results will meet the expectations or standard. SOPs build "organizational intelligence" by auditing your systems at the task level and to document processes that meet organizational goals.³

The following is an example of a clinical SOP ready for editing from the book *Standard Operating Procedures for All Dentists*.

Composite Filling Without Matrix Band

This sample SOP is just that: a sample from one office. It is not meant to represent the only "right" way. Rather, it is meant to be edited by you and your team to represent how you complete this procedure using your particular bonding system.

Desired Outcome: Placement of quality composite filling with clinical ease and efficiency. The patient is comfortable and confident during the procedure and completely satisfied with the outcome.

Measurement: Feedback from the doctor, staff and patient. Visual inspection of the filling post-placement and observation of the patient's behavior. Efficiency measured by the number of times the assistant must leave the room to obtain supplies or instruments and the timely completion of the procedure.

Room Preparation

The following instruments and supplies are necessary for this procedure:

- Art paper holder
- Basic tray set up
- Ball burnisher
- Composite caddy
- Cotton pliers
- High-speed suction
- Large condenser
- Paddle plugger (black)
- Patient bib
- Plastic drape
- Plastic instrument (black)
- Saliva ejector

Procedure

- Professionally and warmly greet and seat the patient.
- Place the bib on the patient and put on the appropriate personal protective equipment.
- Review the day's scheduled treat-

ment and the health history form with the patient and make any necessary changes to the patient's chart.

- Once the treatment area is numb, pass the doctor brush No. 1 for the etchant.

- Etch the tooth for 10-15 seconds, rinse for 20 seconds, and dry only to a moistened state.

- Place drops of bonding material in the white dappen-well No. 1.

- Pass the doctor brush No. 2 for the material and dappen dish.

- Hold the suction to help remove excess and keep the area dry.

- Follow your system for light curing.

- For the patient's comfort, place the bite block in the opposite quadrant.

- Hand the doctor the explorer periodically in order to test the level of firmness of the material.

- Give the doctor the composite in the correct position according to the tooth being treated.

- Place the condenser in the remaining resin and pass it to the doctor.

- Pass the curing light to the doctor, in the proper direction according to the tooth being cured.

- Place the proper bur in the hand-piece while the doctor is light curing the tooth. (For occlusal surfaces, use the football bur. For buccal or lingual surfaces, use the ET bur.)

- Suction as needed and have articulation paper ready and pass it back and forth to the doctor until the bite is adjusted.

- Check the contact with floss and adjust accordingly.

- Wipe the carbon marks off the tooth surface with an alcohol swab, re-etch, and dry.

- Etch the appropriate tooth or teeth, rinse, and dry the area.

- Dab a small amount of the fortifier on the tooth with a mini-sponge, floss the contacts, and rinse.

- Light cure and have the patient rinse in the sink.

- Make the appropriate documentation in the patient's chart.

- Escort the patient to the front desk and clearly indicate to the patient and the receptionist when and why the patient should make a return appointment.

- Clean and prepare the room for the next patient. Refer to the appropriate corresponding SOP.

As you can see, the SOP takes the guesswork out of knowing exactly how the procedure should be accomplished. Imagine what dentists could

The dentist and clinical team would experience less chaos, less stress, more consistency, higher productivity, and most importantly, a higher level of clinical excellence.

experience if all of their procedures, from treatment protocols to ordering supplies were standardized. The dentist and clinical team would experience less chaos, less stress, more consistency, higher productivity, and most importantly, a higher level of clinical excellence. The same concept applied to all tasks done in the dental office, including the business department, also increases profitability and quality of service.

Developing a SOP requires collaborative effort to ensure success. It is not the single responsibility of the dentist or the clinical staff. Rather the process should involve everyone and be a shared process. Initially written by the person who does the task, the doctor and the rest of the team give final

approval. Each office has the beginnings of some SOPs stuck to a wall with a note, written on a spiral notebook in the lab, listed on loose pieces of paper, in office meeting notes or in a purchased prototype manual.

Gathering these important pieces of paper, copying them and placing them in a three-ring binder, and combining them with a comprehensive task list for the department, the SOPs manual begins to take shape. The next step is the E.D.I.T. process: Edit the page making whatever changes are needed, Delete the page if it is no longer relevant, Insert new pages and information, and last but absolutely not least, Team review to ensure collaborative agreement on how the task is done.

The creation of a SOPs manual does not take place overnight or between patients. Rather it is a time-consuming project that necessitates time set aside every week or month for six months or more. However the cost of the project should be financially spread over the life of the practice because its benefits are long lasting and will impact the practice on all levels for years to come.

Colin Powell provided further motivation for investing in such a project by saying "If you are going to achieve excellence in big things, you develop the habit in little matters. Excellence is not an exception, it is a prevailing attitude." He continued, "preparation and discipline are essential to leadership ... never neglect details."⁴ Each SOP defines the dentist's prevailing standard for details at the task level.

Comprehensive systems for sterilization, periodontal maintenance, treatment presentation and service delivery are comprised of many individual finite tasks, infinite details that make up the whole. Well-done tasks that meet the dentist's standard ultimately determine the overall quality of the dentistry.



The results of a customized operations manual will also dramatically save on the expensive loss of a key employee who walks out of the door

with literally all of that person's job knowledge in his or her head instead of documented for posterity. Also worth the investment is increased effi-

ciency, consistent meeting of clinical excellence, decreased stress for the entire team and practice growth through improved word of mouth advertising. The practice will also have more equity upon sale as a "turn-key-operation" for the new dentist.⁵

The SOPs manual should go through a formal review process every year; however as George Patton Jr. wrote to his 3rd Army Unit Commanders in 1944, "Information is like eggs: the fresher the better."⁶

To ensure that standards are up to date, changes should be documented as they happen and announced at morning huddles and staff meetings. SOPs also provide feedback to individual staff members at formal performance reviews but are also there for daily feedback and guidance.

Summary

Clinical excellence requires the consideration of many factors — the dentist's own level of expertise and the collaborative effort of the clinical team. The SOPs method of standardization can help a dentist move closer to that objective by allowing the completion of each task according to tested, successful protocols and can mean the difference between occasionally hitting the mark and consistently achieving greatness. **CDA**

- References** / 1. Deep S, Sussman L, *What to Say to Get What You Want*, Perseus Books, p. 26, 1992.
2. Gerber ME, *The E Myth Revisited*, Harper Business, p.104, 2001.
3. Albrecht K, *The Second Coming of Service*, Best Practice Perseus, p. 155, 2003.
4. Powell C, *The Leadership Secrets of Colin Powell*, RR Donnelley, p. 141-2, 2002.
5. Gerber ME, *The E Myth Revisited*, Harper Business, p. 94, 2001.
6. Patton, Jr. GS LTG 3rd Army, *Standard Operating Procedures*, Historical Text Archive, 1944.

To request a printed copy of this article, please contact / Marsha Freeman, MA, Marsha Freeman & Associates, Dental Management Consultants, P.O. Box 938, Grover Beach, Calif., 93483.