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Office Manager   
Procedure Guide

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# INTRODUCTION

This guide is a tool to demonstrate the specifics for your position and the procedures for operation. It breaks down each component of the office manager position and the expectations for performance. For detailed patient scenario scripting examples, please refer to ePractice Manager’s online document library on your company’s portal.

# PART 1: TEAM MANAGEMENT

## Hiring

Knowing when you need to hire staff and hiring appropriate staff are important aspects of office functionality. Having an allocation process to determine how many staff members you need and for which positions is a huge part of the hiring process. Finances also come into play with the biggest question being can you afford it? If you are going to add a staff member to the team, that position should be contributing to an increase in productivity.

There are two phases for hiring appropriate staff: active and passive

### The Active Phase

* Writing ads for open positions within the office
* Posting the appropriate ads on various hiring platforms such as Indeed, Glassdoor, and Craigslist
* Conducting pre-screening phone interviews, in person interviews, or working interviews
* Completing background checks on potential candidates
* Making an offer to a potential candidate

### The Passive Phase

* Going to networking events to spread the word about the office and its positions
* Courting potential candidates who are not currently looking for a job
* Utilizing the office’s social media platforms as a branding vehicle in coordination with the marketing department
* Creating employee ambassadors by ensuring that your staff is happy, motivated, rewarded, and encouraged
* Cultivating a network of temp agencies, employment agencies, recruiters, educational institutions that offer job placement assistance, etc. so you can rapidly go to your existing recruitment systems when the need for immediate hiring arises

## Onboarding

Onboarding is the process of getting your newly hired talent up to speed with the policies, processes, culture, expectations, and day-to-day responsibilities of the office and their position. It also entails making new employees feel welcome and excited to join your practice.

Onboarding helps retain staff members and reduces high-cost turnovers. By quickly getting new staff members to efficient productivity levels, you will build a cohesive, highly productive team.

Proper onboarding can be accomplished with the new employee by

* ensuring you receive their proper documentation
* setting them up with a workstation
* orienting them to the practice
* getting them set up on your website through ePractice Manager
* having and maintaining a training program, and orienting the new hire to the system, trainer, expectations, and timeline
* scheduling a 90-day review

## Training

In most offices, patients are present when newly hired staff members are being trained. Training consists of on-the-job observation and absorption of skills as new hires assume responsibility for increasingly difficult tasks. Newly hired staff members are exposed to everything about their new position at once, and that can be very overwhelming for them. It is, therefore, important to develop a proper training program to retain staff members.

A proper training program consists of a

* job description
* office policies
* employee handbook
* trainer
* training schedule
* weekly follow up on training

The ePractice Manager system provides a resource of online training courses and a document library to help you get started. For further information, please see [the webinar on hiring techniques](https://epracticemanager.com/blog/webinar-finding-the-right-staff/).

## Ongoing Communication and Performance Oversight

Ongoing communication and performance oversight are two major categories of the office manager’s team management role.

Oversight means more than just being with your staff every day and observing what each of them is doing—It is where overall practice efficiency happens because you are able to see how well systems are working and which ones need adjusting. Oversight is a continual process that should be done proactively instead of only reacting to problems once they occur.

Through regular practice meetings, the office manager can enhance performance and communication amongst the staff.

# PART 2: MEETINGS

The office manager uses several types of meetings, each with a specific purpose and scope, to plan and coordinate activities, pass along information, and obtain feedback. Meeting attendance should be mandatory for applicable staff members.

It is the responsibility of the office manager to establish the agendas for each meeting and keep the meetings on track.

## Morning Huddle

The huddle is held once per patient day, either first thing in the morning to prep for the day ahead or at the end of the day to prep for the next day. The purpose of the huddle is to get everyone oriented and coordinated on the upcoming patients, appointments, and procedures. Unexpected changes in the schedule should be addressed at this time, as well as any special circumstances and unique needs of the day’s patients.

This meeting is intended to be short and to the point. It is not a time to discuss general practice business or review every detail about each patient (e.g., medical histories, insurance matters, etc.). The focus should be on coordination for getting extra procedures done, logjams in the flow the day, the anticipated need for assistance from team members, steps needed to enhance the experience or level of customer service for a particular patient, etc.

## Look-Ahead Meeting

Conducting look-ahead meetings is an important part of front office management, and they should be conducted using the following guidelines:

* Schedule look-ahead meetings once per week for 20 minutes.
* In the first meeting, explain that
  + the practice has written, edited, implemented, and rebooted scheduling protocols many times, but that they tend to fade out of use, mostly due to reacting to the needs of patients or referring offices. Instead, we want to work together to adhere to the scheduling protocol to better meet the needs of those same patients and referring practices.
  + this reboot of the scheduling protocol will include a training and monitoring system so we can see why lapses in use occur and get back on track.
  + the staff’s input is valuable. When repetitive problems occur, the collective observation of all staff can be used to further adjust the protocol or complete schedule change implementations that may be difficult.
* From that first meeting onward, the purpose of the meeting will be to streamline the schedule on an ongoing basis and to ensure proper communication and coordination between the front and back office teams.
  + Introduce/reintroduce an approved version of the scheduling protocol.
  + Look at the schedule one and two weeks out, day by day.
  + Review where appointments are and if any need to be moved.
  + Review openings that need to be scheduled and determine how you will meet that need (e.g., short call list, etc.).
  + Determine where you can put the inevitable emergencies/short turnaround appointments that will come your way.
  + Review procedures that typically take more time than scheduled, and discuss the importance of not scheduling long, complicated, or uncertain cases right before or after them.
* This meeting is about the big picture. Unlike the daily huddle, this meeting is not about individual patients. You typically don’t have to open charts or talk about patient details. The goal is to discuss the ongoing approach to scheduling for efficiency and how/when that efficiency is not met what can be done to resolve it.
* If you discover that the second week is less than full, that is OK. You can immediately start working to fill those slots ahead of time.
* Note persistent/repetitive issues, and consider implementing expanded training or scheduling protocol adjustments to address these.
* Let your staff know that these meetings will be ongoing and that their participation and openness is what will make the meetings short and effective.

## Management Meeting

The management meeting is attended by the owner, office manager, and other supervisory staff, and it is held at regular intervals after the end of the production week and before the general staff meeting. The length of the meeting can vary depending on the agenda. In this meeting, KPIs are reviewed, determinations relating to KPI trends are made, subsequent short-term plans are devised, and any necessary policy or process changes are considered and made.

### Management Meeting Format

1. Follow up/report back on items from the last meeting
2. Review statistics
3. Quarterly production, collections, and new patients
4. Quarterly number of active patients
5. Comparison with last year’s numbers
6. Review goal progess
7. Current productivity
8. Desired growth/expansion
9. Additional specialty training
10. Additional products/services to offer
11. Review marketing strategy
12. Marketing budget
13. Effectiveness of existing marketing efforts
14. New outreach activities to initiate
15. Allocation of staff and owner time for marketing activities
16. Review the next 12 months on the marketing calendar
17. Review projects
18. Work being done with consultants
19. Job descriptions/office policy
20. Systems
21. Tracking
22. Other projects being done to grow the practice
23. Go over rudimentary subjects
24. Licensing
25. Continuing education
26. Taxes
27. Legal matters
28. Building
29. Equipment
30. Insurance
31. Financial reserves
32. Security
33. Close with things to do before the next meeting

## Marketing Meeting

The marketing meeting has three segments: statistics, administration, and plans.

### Statistics

During the statistical segment, review the marketing numbers you’re tracking (e.g., number of new patients) and the numbers you want to start tracking (for example, specialists may include the monthly number of active referral sources or number of contacts with referring practices. General practitioners may include the number of active patients or reactivated patients). ePractice Manager can help you develop, track ,and graph statistics for each statistic.

Once the statistics are in place and are being kept up-to-date, you’ll only need to quickly review the graphs and take action based on what you see in order to reinforce actions that led to increases and address immediate fixes for decreases.

### Administration

For the administrative segment, review the systems you need to put in place, and refine and monitor them to keep your marketing efforts organized and effective. This includes reviewing any report generating needed, results that have been achieved, personnel and financial resources needed for the next phase of marketing, etc. It will take a few meetings to determine which data you need to gather and how you want to organize it. After that, you will be reviewing the files to stimulate ideas and sequences of action.

### Plans

The plans segment is mostly dictated by the marketing calendar. This is where you plan all events, campaigns, meetings, etc. to ensure high-quality outreach is occurring routinely. To ensure adequate volume of actions and outreach, plan for the present and for the next 18 months. If an event is upcoming, discuss the detailed plans for its execution.

During the marketing meeting, you’ll likely find that a good approach is to address the three main areas above in order, quickly go over any carry-over subjects from the last meeting, then determine what you’ll commit to getting done before the next meeting.

## General Staff Meeting

Staff meetings are usually challenging because a staff meeting that is not properly executed doesn’t just fail to get things done—it sets the team back in terms of morale and team building. Staff meetings that become disorganized complaint sessions do more harm than good.

To help you conduct a proper staff meeting, ensure that you schedule, prepare, and focus:

* **Schedule**: Staff meetings should be held every 2-4 weeks during a time that is least disruptive and with all staff in attendance. You may need to block out some treatment time or pay staff overtime to attend, but it is a small price to pay for getting everyone aligned and moving forward in a coordinated effort. Staff meetings should last no more than one hour.
* **Prepare**: Take the time to write and distribute an agenda well in advance of the meeting. Once you get used to the format, staff can be invited to submit requests for matters to be added to the agenda, and management can prioritize those and take them up if/when appropriate. You can also distribute reading material for the staff to review prior to the meeting. Staff meetings should briefly cover a briefing, production, training format.
  + **Briefing**: Quickly brief the staff on any practice changes, news, events, points of interest, announcements, etc. This will keep the team informed, which contributes to office morale and efficiency.
  + **Production**: Choose measurements for the front and back office that you can discuss comfortably with all staff to share at staff meetings—anything from patient satisfaction levels, to productivity as measured in dollars—so everyone is aware of setbacks or improvements and can participate in the actions that will fix or support the current situation.
  + **Training**: Pick a training topic in advance, then either distribute training materials or briefly cover the topic lecture/workshop style. It’s a good idea to include a mix of clinical and administrative topics. Then, take time to practice and discuss the timing and details of implementation so it is a well-coordinated effort.
* **Focus**: Issues commonly come up during staff meetings. It is vital to recognize that the staff meeting is a place to note such concerns—not to attempt to solve them. By going into solving mode, staff meetings can get off track from the agenda, exceed time, and become unpleasant experiences. Simply acknowledge the issue and state how it will be addressed (e.g., schedule a private meeting between the team member and his or her supervisor, etc.), and schedule a separate training session for those who will be impacted by the issue at hand, etc.

Professional and routine staff meetings are key to office training and coordination. It’s worth the time it takes to develop and refine a workable format. Don’t make the classic mistake of having a few staff meetings and then deciding they’re not working and abandon them altogether. With persistence, you’ll implement an approach that provides the fastest way for you and your team to make improvements in the best interest of your patients.

### Staff Meeting Policies

1. **Staff meetings are mandatory and consistently held on a specific day and time.** These meetings are the only time that the entire staff meet as a team to coordinate important actions and matters. Nothing should get in the way of having the meeting, and no one should be excused unless approved. Timeliness should also be strictly enforced. The meetings are usually scheduled at the beginning or end of the month, and the *maximum time between staff meetings should be one month.*
2. **The office manager or owner runs staff meetings**.
3. **Staff meetings do not exceed 60 minutes.** Keep meetings to 45-60 minutesunless the staff has been notified in advance of a special circumstance that may require more time.
4. **For staff meetings held during lunch, ensure employees bring their lunch, or arrange for catered lunch.**
5. **All staff must come prepared to discuss their respective areas and actively participate.**
6. **Topics of a serious, personal, or individual nature are not taken up at staff meeting.** These must be addressed in a private conference with the appropriate staff member(s).
7. **Keep records of each meeting.** Assign someone at each staff meeting to keep notes of the proceedings and submit them to the office manager at the end.

### Team Adjustments

The office manager must also ensure that there are systems in place for

* Staff member dismissals
* Adding staff members
* Transfers and promotions of staff members
* Hierarchy of discipline

# PART 3: LIBRARY

Office managers need a set of tools to help them manage their teams. A big part of successfully managing a team includes utilizing an office manual, job descriptions, office policies, and protocols. These documents should be created and continuously optimized as necessary.

## Office Manual

Having an optimized office manual can be a resource for staff members and provide a framework for the practice. It saves time, creates standard guidelines for everyone, and provides a solid foundation of knowledge.

Whether it is your first time creating an office manual or you need to update what you have, use the office manual in the ePractice Manager Document Library as a resource. Edit the document to fit the exact parameters of your office. The result should be a full and complete office manual for each staff member to review and utilize.

## Job Descriptions

Job descriptions, including written checklists and function write-ups, allow for uniformity of systems and tasks. This is extremely important for creating a strong team and is a large part of your role as the office manager.

It is vital that each position within the practice have an associated job description for the following four reasons:

1. **It provides exact steps of every function**: It includes the who, what, when, where, and how of each action. When an employee has a checklist of duties to follow, they are less inclined to leave out important steps.
2. **It allows an employee to handle an area of the practice that they wouldn't normally deal with, if necessary.** For example, if one of your staff members has a day off or gets sick, their temporary replacement can then use the information in the job description to ensure that the actions are properly carried out.
3. **It allows you to put a new person on the job quickly.**
4. **It provides the office manager with a basis for job performance reviews.** By comparing what is supposed to be done per the job description and what is actually being done, it is much easier to correct or improve performance by referring an employee to a checklist of their duties.

### Job Description Manual

The office manager is responsible for providing every staff member with a completed job description manual. This manual should include the

* practice mission statement
* general office policy
* specific job policies
* full description of the position, including specific duties and any written descriptions of how to perform specific job functions

### Developing Job Descriptions[[1]](#footnote-1)

Use the job descriptions in the ePracticeManager Document Library as templates, and edit the materials to fit the exact job duties of each position in your office. The result should be a full and complete job description for each position.

To create your practices’ job descriptions,

1. With relevant staff members, determine and write out the purpose, objectives, and KPIs for the job.
2. With relevant staff members, determine every key function of the job and create a job duties checklist.
3. Determine what other materials (e.g., specific function write-ups) you already have for each job position in the office.
4. Set up a binder for each position and add all relevant materials.
5. Review what you have to determine what can be used and what editing will be needed.
6. List out other areas that should be included in the job description.
7. There will be a lot of detailed descriptions and checklists that will need to be completed. Do not try to have them all done at once. This will be an ongoing project that will require teamwork.
8. Have staff members who are well-trained and competent in their role write up protocols including detailed steps of each important function of their jobs. For example, in the receptionist’s job manual there would be a process for turning the voicemail off and on, which might include the following steps:
   1. Go to the phone closest to the window in the reception area
   2. Choose line one
   3. Dial \*69
   4. Dial 8568
   5. Press the pound / hash key (#)
   6. Hang Up

This may seem overly simple, but every office function should be listed out like this, step by step. Then add these to the job description binders.

1. Write a project plan that lists out the job descriptions you will write, which job descriptions staff members will write, and when each job description is to be completed. Do not overwhelm yourself or the staff by setting deadlines that are unrealistic.
2. Present rough drafts to the staff members who hold the positions to ensure the information is correct (if the staff member who holds the position did not initially write it).
3. Add each completed and approved document to the appropriate manual.
4. Target a deadline of 6-8 weeks to complete all job description binders.
5. Keep yourself and your staff motivated on this project. Consider having a completion party once the project is done to provide incentive for everyone.
6. Periodically review and update the job descriptions as needed so that any new systems, policies, and procedures can be added.

## Policies

Policies are the essential agreements followed by the group and each of its members for how an action will be completed. To function most effectively as a team, agreements must be formed and followed to generate smooth, efficient coordination and cooperation. When people are informed of the rules governing an activity and those guidelines are clearly presented as being in the best interest of the activity, the policies will be followed.

Unspoken and assumed policies must be put in writing so that potential problems or confusion can be minimized or even eliminated.

The practice should have two main policy files: a Master Policy Manual and a General Office Policy

* Master Policy Manual: contains a collection of all office policies and is provided to each employee
* General Office Policy: a baseline policy of expectations and baseline policies that should be followed by all practice employees

After a General Office Policy is developed, the practice will continue to generate new policies as time goes on. When creating a new policy, place a copy in the Master Policy Manual and distribute a copy to each staff member. Request that each staff member send written confirmation to the office manger stating that they have read and understand the new policy and that they have received a copy of the policy. You could even attach an attestation page for them to complete and return.

Sample:

I, (employee) , have read, understand and can apply the policy(s) regarding (subject) for the practice of (Dr.’s name) . I have also placed said policy(s) in my *Job Description Manual*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

### Acknowledgment of Policy Manual

For your and the practice’s best protection, you should have your employees sign an acknowledgement[[2]](#footnote-2) that they received your office manual and policies.

### Policy Subjects

The following topics should be addressed in the office policy, either as part of an overall general office policy or as their own separate policies. Other topics may be applicable as well.

* Patient relations
* Equal opportunity statement
* Employee bonding
* Harassment
* Terms of at-will employee
* Definition of full and part-time employment
* Orientation and training
* Working hours
* Pay periods
* Status
* Wage and salary guidelines
* Payroll deductions
* Fringe benefits
* Salary adjustments
* Vacation
* Retirement plan
* Sick leave
* Holidays
* Funeral leave
* Maternity leave
* Absenteeism
* Jury duty
* Personal time off
* Tardiness
* Leave of absence
* Drug and alcohol use
* Voting
* Reimbursement of expenses
* Disciplinary measures
* Sexual harassment
* Staff meetings
* Continuing educations
* Problem resolution
* Smoking
* Breaks and lunch times
* Job performance reviews
* Terminations
* Unemployment insurance
* Worker’s compensation
* Health and safety rules
* Cleanliness/maintenance
* Appearance
* Uniforms
* Personal data changes
* Solicitation
* Office security
* Where to park
* Telephone use
* Outside employment
* Confidentiality
* Dating of patients

## Protocols

Protocols are the procedures of the practice whether they pertain to front office staff, clinical staff, or the practice as a whole. They typically follow the office policies by taking them one step further to explain how to achieve the policy.

### Protocol Subjects

The following topics should be addressed in written protocols. They can be part of each individual policy or developed as its own protocol. This is not necessarily a complete list, rather a list of possible subjects to address with written protocols.

* Handling suspected child abuse cases
* Confidentiality
* Informed consent
* Patient complaints/incidents
* Specialty services
* Fire and safety plan
* Equipment management
* Emergency preparedness plan
* Quality management
* Eligibility
* Payment for dental care policy
* Patients with Medicaid
* Radiograph guidelines
* All new adults
* New pediatric patients
* Assessment of vital signs
* Dental record keepings
* Patient records
* Infection control plan
* Post exposure management
* Work-related illnesses and work restrictions
* Latex hypersensitivity and contact dermatitis
* Maintenance and sanitation
* Medical waste
* General physical environment
* Scheduling
* Prior authorization
* Broken appointments
* Patients with commercial dental insurance
* Treatment guidelines
* Adult recall patients
* Pediatric recall patients
* Guidelines for patients needing antibiotic prophylaxis
* Patient education
* Retention of dental records
* Employee immunizations
* Needle sticks
* Hand hygiene, gloves, nails, and jewelry
* Sterilization and disinfection of patient care items
* Sterilization and disinfection methods
* Handling of biopsy specimens
* Linens and laundry

## Implementation and Use of Documents

The ongoing use of the office manual, job descriptions, policies and protocols and keeping them in use is highly important for performance reviews, staff training, disciplinary action, or reviewing overall practice performance.

It is important to have staff members use the document library to review policies and procedures and/or note inefficiencies or effectiveness.

# Part 4: DIAGNOSTICS AND ANALYSIS

## Statistics

The office manager should be involved tracking and evaluating various areas of the practice on a routine basis, including the following statistics:

* Production
* Collections
* Number of new patients
* Number of active patients (for general practice)
* Number of implants placed (for some specialty and general practices)
* Aged receivables
  + Current to 120+ days insurance balances
  + Current to 120+ days patient balances
  + Current to 120+ days total balances
* Case acceptance
  + Dollars proposed
  + Dollars accepted
  + Acceptance rate
* Patient appointments
  + Number of appointments on the schedule
  + Number of kept appointments
  + Number of patients leaving with their next appointment scheduled
* Marketing for specialists
  + Potential referral sources
  + Active referral sources
  + New referral sources
  + Number of referrals

### Individual Roles with Statistics

#### Office Manager

At a minimum, you will need to generate reports for production, collections, new patients, and aged receivables on a monthly basis and compare the monthly balances. In the Diagnostics section of ePractice Manager there are three tracking files for you to utilize: Statistical Data, Aged Receivables Tracker, and Financials. These three files will provide a place for you to enter all of your data, compare the monthly balances, and observe any trends.

#### Treatment Coordinator

The Case Acceptance file is a tool to help you and the treatment coordinator keep track of unscheduled patient treatments, total dollars proposed, and the treatment coordinator’s acceptance rate. The treatment coordinator should be utilizing the case acceptance file to document patient data including

* the patient’s name
* referral source
* treatment proposed
* dollars proposed
* dollars accepted
* acceptance rate

#### Receptionist and Scheduling Coordinator

The receptionist and scheduling coordinator should be utilizing the Patient Appointments Tracker tool to track how productive the schedule is. This will allow you to see your cancelation and reschedule rate and how many of your patients are leaving the office with a next scheduled appointment.

#### Public Relations and Marketing Coordinator

In a specialty practice, the public relations and marketing coordinator should be utilizing the Marketing Statistics tool to keep track of the number of potential, active, and new referral sources, and the number of referrals each month in order to evaluate trends. The ePractice Manager program also contains a marketing tool that can be used to rank your referral sources and plan office visits, appreciation gifts, study club invitations, etc.

For more information, refer to the ePractice Manager webinar titled “Tracking Practice Diagnostics” located in the Webinar section of your ePractice Manager site.

## Key Performance Indicators (KPIs)

The statistics mentioned above are also known as [key performance indicator](https://www.klipfolio.com/resources/articles/what-is-a-key-performance-indicator#gref)s (KPIs). A KPI is a measurable value that demonstrates how effectively a company is achieving key business objectives. Organizations use KPIs at multiple levels to evaluate their success at reaching targets.

Every organization and every position in said organization should have very specific objectives. An objective is what you are specifically attempting to accomplish or produce, in otherwords, your goal. This is also called an "outcome" or "product." When properly stated, these objectives can and should have a metric/KPI assigned to them so that actual productivity can be properly measured.

Without KPIs, a business is running blind, and this can jeopardize the success of the practice. It would be like driving a car without a speedometer, gas gauge, and temperature gauge.

Having KPIs ensures that you can clearly see what is or is not working in a practice according to the numbers versus going by opinions or guesses.

### Active Management

Having KPIs is important, but it is even more critical that they are relevant KPIs. Position-specific KPIs should be evaluated by the office manager to determine those that are most accurate during the development of job descriptions for each position. You should also meet regularly with each employee to evaluate their data, graphs, and processes.

Graphs of these metrics trending upward would indicate that the employee was successful in their endeavors. If the trend plateaus or begins to decline, you would need to work with the employee and take immediate action to locate and correct the source of the decline.

### Evaluation Interval

1. Keep track of and post each KPI on a weekly and/or monthly graph in an easily viewable place.
2. Examine the graphs regularly to observe whether the trend is positive, negative, or consistently the same.
3. Take effective action based on the graph trend.

### Impact Analysis

You must take effective action based on what the KPI trend shows. For example, if you are looking at the “new patient” KPI graph that shows the number of new patients is going up, that is great! But it’s important that you also observe that the “treatment delivered in dollars” KPI is not rising along with it. Noticing this could help you realize that the treatment plan presentations are not being effectively delivered and, therefore, new patients are coming in but are not getting signed up for the services they need.

In this example, you may then uncover that your implant or treatment coordinator is lacking in some skills and techniques, which is causing a decline in conversions, or that the doctor’s treatment plan presentations are not adequate.

By spotting discrepancies between KPIs, you'll be able to investigate the situation and implement the appropriate training and correction needed.

Additionally, you should examine the cause of the rise in new patients.

* Was there a new promotion (or marketing action) introduced prior to the change?
* Was there a new referral program implemented?

By investigating the changes that led to an increase, you can identify and continue those promotional activities that are proving to be successful. You can also come up with ideas to make them even more effective down the line.

As the office manager, you must regularly look at all graphs for the overall office and each staff member and compare various graphs as needed.

1. Look at multi-week trends and significant changes in trends.
2. Analyze trends by finding important positive or negative operational changes or missing administrative actions (like effective training, role playing, etc.)
3. Implement reinforcement actions for uptrends and corrective actions on downtrends.

### Using KPIs to Target Production

A very important aspect of group coordination and leadership is providing the staff with goals that are real to them and are perceived to be attainable. The targets (both monthly and weekly) must be clearly stated and consistently revisited with the staff.

As close to the beginning of the month as possible, sit down with your staff and go over the preceding month’s statistics, very specifically discussing what was done that created the production, the new patient flow, and collections made (or lack thereof). This could be done in a staff meeting or in a separate monthly production meeting.

You want to take into consideration the number of days worked, the promotional actions that were being done (or not done), the types of services that were completed or promoted, and any problems or successful actions that occurred during the month.

To set the goal for the new month, look at the number of days that you are going to be working in that new month and look at the appointment schedule to determine what you have on the books so far. You would then look at what types of promotional actions are already planned or in progress and consider what a realistic target would be for the new month, considering what the practice really can do and, most importantly, picking a figure that is *up* from the preceding month.

It is then extremely helpful for the staff to be given weekly and daily production targets that must be met to meet the overall goal. This will help them to stay focused on achieving the stated targets. You can then monitor the progress toward that goal by making a graph[[3]](#footnote-3) that statistically lays out the overall production goal and allows you to plot the actual product achievement as it occurs. This could be done for weekly and monthly practice goals and for all individual production goals.

# PART 5: SCHEDULING

Scheduling is the art of planning your practice’s hours, staff hours, and patient appointments so that the practice can achieve its goals and priorities in the time you have available. As the Office Manager, you get the opportunity to build and continuously evaluate and improve the practice’s schedule for the practice itself, your staff, or your patients.

## Ideal Schedule

An ideal schedule is typically a set of rules or a template for scheduling patient appointments. This template is created by the office manager and owner and would ensure that enough of each treatment type is represented and that the correct level of productivity is met on a daily basis. Alongside the schedule template, your staff schedule should match up with the patient schedule to ensure appropriate staffing.

## Monitoring

As the office manager you should have continual oversight on patient flow management. The office should run on-time, following a template that stays workable for your practice. Ideally, the practice would have an employee routinely monitoring the patient schedule, and that data would then be presented to you during the look ahead meetings.

## When the Schedule Falls Apart

The ideal schedule template will allow your receptionist and scheduling coordinator to have a set of guidelines for when cancelations, “no shows,” and emergencies arise. Most importantly, the template will show them how to make a patient appointment and where to adequately put them on the schedule.

## Adding Capacity

Continual oversight of the schedule allows for an evaluation point for when you need to add capacity to your schedule. Consider the following during evaluations:

* How far out are you scheduling?
* Do you need another hygienist?
* Do you need another provider?
* How would you make adding a team member financially viable?

# PART 6: PATIENT FINANCIALS

## Fees

Determining patient fees and how often to evaluate them is a crucial part of being an office manager. During this process, you must review the ideal viability of the practice. You will want to routinely complete a comparative analysis of your fees and include other practices in the area and national averages to determine where your overall fees fall. This process should also include evaluating the insurance plans you currently participate in, and determining which insurance plans you want to add.

## Insurance Verification

Ensuring that patients receive instant insurance verification plays a major role in the viability of your practice as well as in patient financials. While your patients are in the office, they should be able to almost immediately find out what coverage they have and how much of it they can use. This will help give your patients an accurate picture of what they can expect financially from the treatment plans you present to them. It will also help prevent the need to collect money from a patient after services have been rendered.

As the office manager, it is important to put systems in place so that your staff can provide your patients with this information and ensure their processes run smoothly.

## Treatment Presentation

Practices should take steps to standardize the way treatment is presented to each patient. By engaging existing patients in treatment presentation, you maximize your patient base. A big part of the engaging process is presenting a standardized and professionally written treatment plan, insurance benefits information, and any deposit amount due at the time of service. You should have your patients sign the written treatment plan stating that they agree to the terms, and keep a copy of it in the patient’s chart for documentation purposes.

For more detailed information regarding treatment presentation, refer to the Webinar section on your ePractice Manager site to find “Increasing Case Acceptance in Your Practice,” presented by Alan Hollander, CEO and Founder of ePractice Manager.

## Billing and Collections

Having optimized billing and collections processes is crucial to a practice’s viability. As the office manager, you must oversee these processes to ensure they have been standardized and that they are working. Patients should be agreeing to and signing your financial policies.

## Aged Receivables Management

Good receivables management helps prevent overdue payment or non-payment from your patients and their insurance companies. All aged receivables should be monitored, so it is important to look at insurance and patient balances individually and collectively.

The majority of practice management software services have accessible reports to see your monthly balances for periods of time: current, 30-60 days, 61-90 days, 91-120 days, and 120+ days. However, most practices fail to compare these balances month to month to track trends in the numbers. ePractice Manager provides you with an easy-to-use tracking system that can be found in the Diagnostic section of your ePractice Manager website.

The office manager should track the aged receivables on a monthly basis to quickly identify potential concerns with any aspect of the patient financial processes. You may have to take a look at the whole patient experience and ask yourself the following questions:

* How is patient insurance information being entered into the system and is the information accurate?
* Are patients’ financial expectations being set in the consultation?
* Is your staff aware of the office’s financial policies?
* Do your patients sign a financial agreement?
* Are deposits being collected the day of treatment?
* Is the deposit amount large enough to cover most out-of-pocket expenses?
* For self-pay patients, are you receiving payment in full prior to treatment or are you ensuring payment plans are being set up?
* Are insurance claims being delayed due to your charging/billing processes?
* Is anyone in your office calling to follow up on past due insurance claims?
* Are your patients receiving monthly billing statements once insurance pays?
* Is someone in your office following up on patient payment plans?
* Is someone in your office making collection calls to patients to prevent accounts from being sent to a collection agency?

For more detailed information regarding managing your aged receivables, refer to the Webinar section on your ePractice Manager site to find “Managing Accounts Receivable” presented by Wendy Reifer, VP Client Management at ePractice Manager.

# PART 7: PRACTICE FINANCIALS

## Statistics

It is important for the office manager to understand what their monthly production, collections, new patient, and implants placed reports mean to determine if the amount is viable for the practice.

## Comparative Monitoring

* **Profit and Loss Statement (P&L)**: The P&L is one of many financial statements that you will often receive from the accountant or bookkeeper. This statement shows the practice’s revenues and expenses during a particular period, typically for monthly and year-end numbers. The statement indicates how the revenues are transformed into the net income or net profit.
* **Industry Benchmarks**: Compares business processes and performance metrics to industry bests and proven techniques from other dental practices.
* **Cost Ratios**: The proportion of your practice’s expenses in relation to your gross profit. ePractice Manager recommends breaking out your expense categories into Staff, Lab, Dental Supplies, Occupancy, Administrative, Marketing, Personal/Physical Improvement, and Reserves.

To complete the process of comparative monitoring, use a P&L from your accountant and the cost ratio categories listed above while keeping the industry benchmarks in mind. ePractice Manager can help you with this process and provide you with a financial tracking file to ensure adequate frequency of this task.

## Accounting/Bookkeeping

Depending on your office, you may outsource part or all of your accounting or bookkeeping. Frequent coordination between you, the owner, and your accountant/bookkeeper is very important, and your office should thoroughly oversee all of the following:

* records of monthly transactions and general ledger maintenance
* cash receipt application
* cash disbursement and credit card coding of transactions
* chart of accounts and general ledger maintenance
* reconciliation of balance sheet accounts and month-end close procedures
* variance analysis of income and expense accounts
* monthly GAAP basis financial statement
* regulatory reporting
* managed payroll

# PART 8: CLOSING THE GAPS

Certain things slip through the cracks in many practices, so it is important for the office manager to inspect and act, using logic and objectivity, on these areas.

ePractice Manager recommends that the office manager oversee the following practices to close potential gaps.

## General Dentist Practices

**Recall**: When you have patients in a maintenance program, but they are not scheduled for their next appointment, these would be called “recall” appointments. As the office manager, you should put a system in place to ensure these patients are being contacted and scheduled for appointments.

## Specialty Practices

**Cooperative Care**: When you have a series of appointments for patients between your practice, the patient’s general dentist, and possibly a dental lab, these are “cooperative care” appointments. It is important to ensure items dealing with patient care are not missed, that information is shared with involved practices, and that patient treatment programs are completed in a timely manner.

## All Practices

**Patients with Outstanding Treatment**: When the doctor has diagnosed a patient and presented treatment, but the patient hasn’t received the treatment, these patients are said to have “outstanding treatment.” You should have reporting systems for these patients and decide what your communication with them is going to be.

## Patient Communication

Ensuring you and your staff communicate with your patients is a huge part of closing the gaps. Decisions must be made for who is to be in touch with the patients, especially for unscheduled treatment, and at what frequency or intervals, and with what information. Doing so will ensure that your patients take some responsibility in moving themselves through treatment, and that these types of appointments don’t just weigh on the practice.

# PART 9: TECHNOLOGY

## Practice Management Software

The practice management software you choose to handle patient administrative records and process patient claims should be an integral part of your practice’s operations. Surveys show that about 70% of dental practices use an EMR, and about 15% of those practices are paperless.

It is your job as the office manager to routinely evaluate your practice needs against your software to ensure the software is the best choice for your practice. If after an evaluation you find that it is not up to your practice’s standards, you may need to shop and compare practice management software systems from other companies.

While researching, ask yourself the following:

* What do you need your practice management software to accomplish?
* What are the needs and requirements of your practice?
* Have you consulted with major departments of the practice to see what problems they are running into?
* Is it worth updating your existing software to an electronic medical record version?
* Will changing to a new software disrupt your existing operations and processes? If so, how much?
* What is the owner’s budget?

It is very important to make an informed decision when it comes to practice management software. Whether you decide that upgrading your current software is the best choice or that a new software is necessary, consider the following (as well as cost comparisons) before making a final purchase:

* How easy will it be for your team to learn the new software?
* Have you contacted similar practices to see what is working for them?
* Are you about to purchase tried and true software?
* Is their support team readily available?
* Will the company send a software consultant to install the software and train your team?
* How much time will it take to either upgrade or replace the software?
* Is it possible to establish a relationship with one tech support person?

## Reporting within Your Practice Management Software

Your practice management software can provide you with various reports on production, collections, referral sources, pending treatment, etc., but some practices underutilize the reporting features that help optimize an office.

You may find your staff engaged in repetitive data entry, which could be optimized for greater efficiency. This can happen at the front office during patient intake for things like medications, allergies, and referral sources. It can also occur in the back office when charting the various appointment types. Even accounting and billing may need optimization if you find that checks are not being posted consistently, patient balances are not being collected, or pre-treatment deposits increased.

Efficiency is essential. Examine charting processes and reporting systems and then look at what the ideal protocols and processes would be in regard to utilizing practice management software. Hours can be wasted due to inefficient technology.

## Clinical

Since clinical staff have various pieces of equipment that will need to integrate with your practice management software, the office manager will also need to routinely evaluate their integration. This may include an x-ray machine, intra-oral scanner, and/or a camera. Some practices even have their electronic prescriptions integrated with their software.

Regularly checking in with your clinical staff and walking through the patient experience as it pertains to the technology in your office is always a good idea. You can identify inefficiencies and correct them before they interrupt patient care.

# PART 10: QUALITY CONTROL

## Patient Satisfaction

It is important to have an effective means of evaluating patient satisfaction—both good and bad—and to see your practice from the patient’s point of view to determine what can be done better. It is also important to have practices in place to determine how negative feedback is handled and how to handle unhappy patients.

## Reviews & Surveys

Patient reviews and surveys can relate to marketing, but they are also a huge part of identifying patient satisfaction. Both happy and unhappy patients will decide to leave online reviews about your office. It is your job to ensure that patient needs are dealt with, and being continuously proactive in finding inefficiencies within the office will help improve staff and patient satisfaction.

ePractice Manager recommends routinely completing a workflow analysis to examine the patient experience from the moment they call the office for the first time to the completion of their entire treatment program. This analysis would also include accounting and billing processes.

## Unhappy Patients

Dealing with unhappy patients may be a daunting task, but having the right systems in place will making handling these situations much easier. As the office manager, you should help streamline the process for handling an unhappy patient in the office or over the phone. This process will be different for every office, but it may include bringing the unhappy patient into a private room and meeting with them immediately. The doctor may even take the phone call to put the patient at ease.

Avoid looking at these processes negatively. Ultimately, being prepared to handle these situations, listening to concerns, evaluating the situation, and taking any necessary corrective actions will ensure that there are fewer unhappy patients.

## Affiliates

Your office will often work with outside labs, website management companies, and confirmation or billing systems to enhance patient care. You will likely be held responsible for your patients’ experiences outside affiliates as well. Regular communication with your vendors and oversight of the work done by affiliates will maintain high standards of care and ensure patient satisfaction.

# PART 11: MARKETING/PR

As the office manager, you should be involved in developing a strategy for how you want to create new patient inflow. In order to accomplish this, you must routinely complete an analysis of relevant statistics/KPIs.

General practices will evaluate new patient and active patient numbers, and specialty practices will assess what offices they could potentially work with, how many of them are already engaged with your practice, and what actions you have taken in the past that have made an impact on referral relationships and patient situations. Review how well your efforts are working and what you may need to do to reboot certain systems.

## Assessment of New Volume

Evaluating the volume coming into your practice is more than just how many new patient appointments are on the schedule right now, and it is more than how long it takes before a new caller is seen. While those are very measures, you must also asses what kind of new patient inflow is needed to move the practice forward.

General practices lose somewhere between 8%-10% of their patients from normal attrition. Patients may pass away, move to a different area, change insurance, etc., and the same is true for specialty practices. By determining how many new patients you need in the upcoming months, one of the things to keep in mind is that the number of new patients should exceed attrition.

## Personnel and Outside Resources

You may be wondering, “How am I going to achieve necessary new patient inflow?”

Take a look at your internal personnel (and also outside resources) available to dedicate time, energy, and effort to marketing/PR. The office manager should allocate work time, a set of responsibilities, and actual training so that the team can complete the important marking-related tasks. Some practices hire someone specifically for marketing and some outsource part of it. In any case, there should still be an in-office representative presence for some of the marketing.

## Types of Marketing

### Internal

Internal marketing is by far the most effective marketing type for general practices in terms of results and cost. Internal marketing captures patients through retention programs and uses your existing patient base to generate new referrals. As the office manager, you can ensure that your office has

* a well-managed and up-to-date patient database
* an effective recall program in place
* regular mailings being sent to your database
* an ongoing referral program

### External

External marketing consists of external outreach to make your office known and reach potential new patients. This is done through marketing methods that do not use your existing patient database. Here are 10 example ways to externally market your practice:

* Have an open house.
* Sponsor a local sports team.
* Plan or sponsor an upcoming event, such as free first aid/CPR certification, park clean up, or school playground improvement.
* Participate in a neighborhood outreach project.
* Get listed in directories.
* Solicit reviews.
* Post on social media.
* Maintain your affiliates.
* Place ads on TV or radio or in magazines or newsletters.
* Participate in “best of” campaigns.

For more detailed information on external marketing, refer to the Document Library on your ePractice Manager website and look for the file titled “Marketing.”

## Online Presence and Reputation Management

While you have control of your office’s website and social media platforms, it is likely that you will find a large amount of ‘other’ information over which you have no control. This can include reviews, business listings, and images of your office that surface from the internet. The potential for damage can be quite daunting and could put your office’s reputation at risk. This is where reputation management comes into play.

Here are several reasons why you should manage your online reputation:

* Your office’s online presence is everywhere.
* Responding to patient reviews is crucial.
* You may have unknown website listings.
* Claiming back your listings can take time.
* People trust other people’s reviews.
* Word-of-mouth moves quickly.

For more detailed information on managing and increasing your online presence, refer to ePractice Manager’s Webinar portal “Increasing Your Practice’s Online Visibility.”

## Statistics

What statistics are you tracking to see whether or not you are correctly accessing the needed new patient volume? Are you achieving your targeted volume? Are the steps you are taking moving the office in the right direction, or are there some changes that need to be made? A lot of this boils down to the planning between the doctor and office manager.

As previously stated, some statistics to consider for tracking the planning process include:

### Specialty Practice

* Potential referral sources
* Active referral sources
* New referral sources
* Number of referrals

### General Practice

* Number of new patients
* Number of active patients

# PART 12: SPECIAL PROJECTS

There are always going to be projects that need to be tended to in a practice that often do not fit the day-to-day flow of patients in your practice. It is important that you coordinate with the doctor on current and upcoming special projects so that the doctor understands how much of your time it will take to accomplish them (especially since they may cause you to step away from your traditional office manager duties).

It is important for you to prioritize your normal workflow, and it is also OK to delegate portions of the research or other project work to other staff members who may have open time in their schedules.

## Expectation of Timelines

Correct expectations may be the most important part of project work. Plan and pace projects, communicate clearly with the doctor, and help the doctor recognize what parts of your regular duties may need to be delegated while you are working on a special project. They may even decide to bring in an outside resource to keep projects moving forward, depending on the task.

# PART 13: OTHER EXECUTIVE RESPONSIBILITIES

The office manager may have other executive responsibilities, including

* property and building management
* legal compliance
* taxes and financial statements or compliance
* licensing and certification maintenance
* credentialing
* continuing education
* HIPAA compliance
* OSHA compliance

The executive responsibilities listed above may come up during regularly planned intervals or on an unplanned basis. Oftentimes, these are largely doctor or owner responsibilities, but it is unreasonable to expect the doctor to have time to devote to these responsibilities during a busy patient schedule, and so they must rely on an effective office manager to keep up with these duties.

With the owner’s guidance, determine which of these responsibilities will be handled by the office manager. Communication is especially important if you are new to the office manager position.

1. These steps are also in the ePM Document Library, “Creating Job Descriptions.” [↑](#footnote-ref-1)
2. A sample acknowledgement form can be found in the Document Library of the ePM site. [↑](#footnote-ref-2)
3. See the sample “Targeting Production Graph” in the ePM Document Library. [↑](#footnote-ref-3)