



CONFIRMATION PROTOCOL

Auto-Pilot: Do not put confirmation on auto-pilot. Services such as Lighthouse are useful when used smartly but, when you put confirmation on auto-pilot, front desk can sometimes abandon responsibility for the schedule because, “Lighthouse is handling it”.

Customize: Find out from patients if they prefer to be contacted by text, phone call or email. Ideally what time of the day they prefer to be called is noted in the patient’s chart. These days, except for older patients, most prefer texts.

Education: For all the wonderful technology at our disposal a vital step in keeping no shows and cancels low is educating patients while they are in the practice on the likely negative effects, if they do not move forward, on their oral and overall health

Accountability: Assign confirmation to one employee for accountability. That employee should have excellent communication skills. The employee must have their ear "tuned" to lack of commitment phrases.

PROCEDURE

The schedule for confirmation is 4-4-2 as follows:

- a. **Four weeks out:** A courtesy reminder, typically by postcard or text or email.
- b. **Two weeks out:** A text, email or phone call that ideally results in a confirmation.
- c. **Two days out:** Confirmation **call**, even if confirmed earlier.

Note: It's OK to outsource postcards or texts to a company such as Lighthouse. The confirmation call should be done in-house.

SCRIPT

*“Hi, this is Suzy from Smith Family Dental. This is a message for Jane. I'm calling to confirm your appointment **this Friday, June 1st at 10am**. If you have any questions or concerns, please call our office at 555-1212. Again, Calling to confirm your appointment this **Friday, June 1st at 10am**.”*

The “Friday, June 1st at 10am” should be **repeated twice**. The use of the word “**your**” is also important.

Since the confirmation call is 48 hours out, if you receive no confirmation, then knowledge of patients comes into play. For reliable patients, that's all you need to do.

For many, another call 24 hours out is appropriate. If still no confirmation, again, for many, another call the morning of the appointment is appropriate.

Ideally, your FD is familiar enough with patients so that they know which ones they'll need to do additional calls to. At 48 hours, during the Morning Huddle, the whole team brainstorms as to what to do. Error on the side of too many calls but, more than three calls (48 hours, 24 hours, day of appointment). Ideally, the scheduling behavior of a patient of record is noted in their chart so, there should not need to be too much guess work involved. For unconfirmed new patients, staff may have knowledge about the new patient if the new patient is a referral.

TYPES OF PATIENTS

If you do not get a "hard" confirm on certain types of patients or situations two days out, you can consider double booking. An analysis of your cancels and no shows over the past 90 days can reveal which

types of patients or situations **need a hard confirm no matter what**.
Recent examples from a client:

- a) Missed two or more appointments within the last two years.
- b) Patients in their twenties.
- c) 5:00pm appointments and after.

OPERATIVE, NPs, NO SHOWS, CHRONIC BROKEN APPOINTMENTS & HABITUAL LATNESS

Operative: Start confirming at 48 hours out unless booked well in advance in which case it's 4-4-2.

NPs: A call from the dentist welcoming the new patient to the practice can cut down on NP cancels/no shows.

No shows: If the patient no shows, call or text them right away. If you do not reach the patient let them know you will try back in about a week. Repeat a week later if needed. After that, patients of record, will be part of your reactivation protocol as they have unscheduled treatment. Ideally the reactivation protocol is done every 3-4 months.

Chronic broken appointment: Patients with three broken appointments or are not sorry after the second one should be dismissed or only allow them on your short call list. If on your short call list, you will likely deal with the same issues again.

Habitual lateness: Any patient that has been habitually late should be scheduled 15 minutes early.