

## Hyg Daily Stats

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gratitude:

Projected Daily Production \_\_\_\_\_ Actual Daily Production \_\_\_\_\_

**Unscheduled tx:**

**Same day tx:**

**QSCAN patients:**

Total Adult Pt's seen \_\_\_\_\_ Perio Pt's seen \_\_\_\_\_ Perio% \_\_\_\_\_

Adjuncts added: \_\_\_\_\_ / \_\_\_\_\_ % \_\_\_\_\_

Total Q-scans \_\_\_\_\_ Reappointment: \_\_\_\_\_ / \_\_\_\_\_ % \_\_\_\_\_

Total tx proposed \_\_\_\_\_ Total tx scheduled \_\_\_\_\_

### End of Day Checklist:

Chart notes complete

Equipment off:

HEPA filter

Cavitron

Xray

Computer/log-off

Trash from all HYG Ops

Evacuation lines ran

Ultrasonic water drained, towels in laundry area (if last to leave)

Pumps (if last to leave)

End of day sheet complete and turned into Dept. head

Turn in QA of Hygiene Exam Sheets

# REGISTERED DENTAL HYGIENIST

DRIVE DENTAL SERVICES, LLC:  
AVON DENTAL



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## **DRIVE DENTAL SERVICES, LLC (DDS)**

### **OUR MISSION**

At Castle Peak Dental and Avon Dental, our mission is to provide a “wow” experience with customized care every visit.

### **OUR VISION**

At Castle Peak Dental and Avon Dental, we are committed to providing total health and wellness utilizing the latest technology, products and knowledge. In order to serve our patients optimally, we will always be growth oriented in services, hours and services provided. As one of our core values, consistently seeking better and more efficient systems as well as new opportunities to expand our practices is vitally important to Castle Peak Dental and Avon Dental.

### **OUR WHY**

We will provide the most outstanding and consistent customer service experience to all patients that walk into our practice. We do this because we care deeply about treating each person individually and forming trusting bonds with everyone we can. Our “why” means never making our patients feel like nuisances, from the first phone call to each touch point of our practice. We will educate all clients so they understand their own dental problems and make their own choices wisely. We won't diagnose their wallet or insurance amounts, as we will care for each person like we would our own family and that means proposing ideal treatment to each person. Our why includes helping our teammates to be the best they can be, and improving ourselves as we constantly look to be people who love, serve and give to each other and the community around us.

## **JOB DESCRIPTION**

### **PURPOSE**

To provide the patient with a thorough prophylaxis and to determine and treat the periodontal condition of the patient. The hygienist will also increase the patient's awareness of any negative conditions and uncompleted dental work that is evident by using diagrams and educating the patient through instruction of proper brushing, flossing and other techniques.

### **AVON DENTAL HYGIENIST**

Patient care is paramount and as the dental hygienist, you are a very trusted provider for our practice. Your job is crucial for the retention of patients and the success that our practice has.

### **OUR IDEAL HYGIENIST IS:**

- Efficient with time
- Organized
- Helpful to team and our patients
- Sincere
- Great with patient education that gives ideal options
- Thorough
- Respectful of the patient and doctor's time
- Completes post-op calls with sincere care
- Helps patients feel comfortable and confident in their dental care
- Passionate about their job
- Reviews schedule and helps to recognize any inefficiencies

## CORE VALUES

We expect our Hygienists' to follow our core values of Castle Peak and Avon Dental. Become familiar with them, as they will be an important part of your Personal Development Plan (PDP).

1. **Servant's Heart-** Serve patient's and team before me. We strive to "wow" every patient, every visit, every time.
2. **Accountability:** failure will happen with an empowered team, but we take ownership and come up with solutions.
3. **Respectful:** we will respectfully communicate with patients and team members, ALWAYS.
4. **Growth-minded:** we will continue learning and looking for new ways to improve ourselves and our practice.
5. **Gratitude, gratitude, and grace:** we are not entitled to anything, but by God's grace we are thankful for it all.
6. **Disciplined and professional:** patients will feel not just our warmth, but that we are healthcare professionals that take that job seriously. We are the experts.
7. **Humor:** life is too short to not find daily joy and laughter.

## DENTAL HYGIENE PROTOCOL

### MORNING ARRIVAL

- Arrive prior to morning huddle (no more than 30 min. prior)
- Clock in and ensure that room is set up according to standardized protocol
- Chart prep (see example) -- may be done morning of or night before
  - Chart preps can be written on patient route slips (or you can fill out info on exam portion)
  - This may be done during downtime, end of day, or before morning huddle
  - Plan your day, look at previous clinical note to find any important information
- Attend morning huddle (15 min. prior to the first patient), be engaged and come with a great attitude, and follow morning huddle prep format (see example).

## CHART PREP

**Previous Doctors Seen:** (Will find in the account)

**HHX Concern:** (check the HHx under images – premed, contraindications for tx)

**X-rays:**  Yes  No

(found in the account and check under images insurance breakdown for eligible)

**Soft Tissue Concerns:** (found in perio chart and clinical notes – PDs of concern, Hx LBR?)

**Supplemental Images** (write down any areas we need to check that were being monitored in clinical note)

**Personal Info:** (found in the account under commlog)

## MORNING HUDDLE

- Follow morning huddle outline for your column (see example)
  - Share something that you are grateful for
  - Report projected production for the day, identify any areas you might be able to increase production
  - Report unscheduled tx and unscheduled family members on hyg. side and any important information about the patient that EVERYONE needs to know (marriage/divorce, death in family, premedication?)
  - After morning huddle meet with team members if you have something more in depth to discuss, that only pertains to them
  - The huddle should be quick, focused and solution driven

### MORNING HUDDLE PREP (EXAMPLE SHEET)

**Gratitude:** *What are you thankful for today? (PERSONAL OR SOMETHING THAT SOMEONE DID FOR YOU THE DAY BEFORE)*

**Projected Production:** *What is your scheduled production today?*

**What can I do to reach goal?** *What can be added same day to increase daily production?*

**Unscheduled Treatment:** *What patients on your schedule have unscheduled treatment?*

**Unscheduled Family Members:** *Are there any family members of patients on your schedule that do not have a hygienist visit scheduled? Encourage them to get scheduled!!*

**Special Conditions:**

*Has there been a recent change... divorce, death in family, marriage, new baby, birthday, etc?*

*Schedule not correct with time, wrong procedure code etc – COME WITH A SOLUTION OR IDEA TO CORRECT THE ISSUE!!*

**Doctor Specific Items:** *See Dr. after morning huddle to discuss any individual patient issues*

## PATIENT APPOINTMENT PROTOCOL

- Greet patient in the waiting area, walk to them and introduce yourself, shake their hand (pre COVID) and welcome them to Castle Peak Dental/Avon Dental.
- Seat patient
  - Small talk: ask a few non-dental questions, be friendly, upbeat and show genuine interest in what they have to say.
  - Explain to pt about today's visit. If you are seeing a new patient, review full HHX/ questionnaire and talk through all the steps in our comprehensive initial visit.
  - If recare: ask for changes in HHX (confirm certain medications taken and no recent surgeries) and ask if they have a concern to address today
- Give pre-procedural rinse (hydrogen peroxide/water/listerine)
- Start visit (see time protocol from Enhanced Hygiene for each specific appointment type)
  - NP visit 90 minutes
  - Adult recare visit 60 minutes
  - Dr. Exam expectations
- The assessment should take 20 minutes or less for recare:
  - Take x-rays if needed
  - Oral cancer screening
  - update perio findings (need to copy or add a new entry so today's date is reflected accordingly)
  - take IO photos (teeth of concern/ watching)
  - oral health scan (1x per year)
    - record any significant findings on doctor exam portion on route slip
  - Perio diagnosis: determine appropriate treatment for the patient
  - Sit the patient up and discuss/review any concerns you see and show them with IO photos/ x-rays/ health scan (drag photos or x-rays over to large TV in corner of room)
  - Lead the patient to any needed treatment (restorative or perio)
- Send an alert on blue note once finished with assessment and are ready for exam, give a preferred time that you would like the doctor to be out of your op to help you stay on schedule (example: if patient's appointment started at 9:00 and you finished assessment at 9:20 your out time for doctor would be 9:45, giving them 20-25 minutes to get to room and complete exam) - if nearing end of time out window use headset to alert doctor
- Begin today's procedure

- o If perio or adding same day tx, print tx plan (or use tablet) and review with pt yourself so that you can begin as soon as possible
- Create a treatment plan while Dr. is doing exam and making recommendations
  - o Separate treatment plan into priorities
    - Under “active treatment plan” you will prioritize visits using 1,2,3,etc
    - Then create a “New Tx Plan” and label with today's date, summary of tx needed, the treating Dr. and # of units needed
      - o Ex: 5/5/22 - UR fillings - Dr. B 6U
- Set appointments complete once the doctor exam is completed and treatment plan is created.
  - o Ensure all procedures are under correct provider in patient's account
- If the patient has needed treatment, alert treatment coordinator through blue note that TREATMENT PLAN IS READY as soon as Dr. exam is complete (even if you have not completed today's procedure)
- Once you have completed today's procedures or right before applying fluoride, alert treatment coordinator through blue note that TREATMENT PRESENTATION IS READY,(unless you are reviewing treatment with the patient yourself) and they will come into op to review with patient (if tx plan is complicated/extensive/pt interested in financing options, take pt to tx coordinating room)
  - o Hand off to treatment coordinator- introduce TC to patient (if meeting for the first time) and explain that she/he is here to review the treatment plan and cost.
    - Review what was completed today
    - If NHV was scheduled or if it still needs to be scheduled
    - What treatment is recommended NV, why tx is needed and how much time Dr. will need.
- If the patient does not have a treatment plan:
  - o schedule next recare visit ONLY IF pt is reliable/has specific days/times they need
  - o collect for the days visit (copay/ fluoride) in back and dismiss pt (they do not need to stop at the front)
  - o If you need help checking pt out, fill out purple laminated check out card and walk to counter, review today's procedures completed, notify if NHV is scheduled or needs to be scheduled
- Always create value for why they need to be seen for NHV!

# HYGIENE ASSESSMENT FOR PERIODONTAL HEALTH

## Staging and Grading Periodontitis



The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions resulted in a new classification of periodontitis characterized by a multidimensional staging and grading system. The charts below provide an overview. Please visit [perio.org/2017wwdc](http://perio.org/2017wwdc) for the complete suite of reviews, case definition papers, and consensus reports.

### PERIODONTITIS: STAGING

Staging intends to classify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may attribute to the complexity of long-term case management.

Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used. Tooth loss due to periodontitis may modify stage definition. One or more complexity factors may shift the stage to a higher level. See [perio.org/2017wwdc](http://perio.org/2017wwdc) for additional information.

	Periodontitis	Stage I	Stage II	Stage III	Stage IV
Severity	Interdental CAL (at site of greatest loss)	1 – 2 mm	3 – 4 mm	≥5 mm	≥5 mm
	RBL	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
	Tooth loss (due to periodontitis)	No tooth loss		≤4 teeth	≥5 teeth
Complexity	Local	<ul style="list-style-type: none"> <li>Max. probing depth ≤4 mm</li> <li>Mostly horizontal bone loss</li> </ul>	<ul style="list-style-type: none"> <li>Max. probing depth ≤5 mm</li> <li>Mostly horizontal bone loss</li> </ul>	In addition to Stage II complexity: <ul style="list-style-type: none"> <li>Probing depths ≥6 mm</li> <li>Vertical bone loss ≥3 mm</li> <li>Furcation involvement Class II or III</li> <li>Moderate ridge defects</li> </ul>	In addition to Stage III complexity: <ul style="list-style-type: none"> <li>Need for complex rehabilitation due to:                             <ul style="list-style-type: none"> <li>Masticatory dysfunction</li> <li>Secondary occlusal trauma (tooth mobility degree ≥2)</li> <li>Severe ridge defects</li> <li>Bite collapse, drifting, flaring</li> <li>&lt;20 remaining teeth (10 opposing pairs)</li> </ul> </li> </ul>
Extent and distribution	Add to stage as descriptor	For each stage, describe extent as: <ul style="list-style-type: none"> <li>Localized (&lt;30% of teeth involved);</li> <li>Generalized; or</li> <li>Molar/incisor pattern</li> </ul>			

### PERIODONTITIS: GRADING

Grading aims to indicate the rate of periodontitis progression, responsiveness to standard therapy, and potential impact on systemic health.

Clinicians should initially assume grade B disease and seek specific evidence to shift to grade A or C. See [perio.org/2017wwdc](http://perio.org/2017wwdc) for additional information.

	Progression	Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate	
Primary criteria	Direct evidence of progression	Radiographic bone loss or CAL	No loss over 5 years	<2 mm over 5 years	≥2 mm over 5 years
	Indirect evidence of progression	% bone loss / age	<0.25	0.25 to 1.0	>1.0
		Case phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
Grade modifiers	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions was co-presented by the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP).

Tables from Tonetti, Greenwell, Korman. J Periodontol 2018;89 (Suppl 1): S159-S172.

## DENTAL HYGIENE PROTOCOL

<b>Healthy:</b>	D1110, D1206 or D1208, LBR
<b>Gingivitis:</b>	D1110, LBR, D4346 if more than 30% of the mouth, D1206 or 1208
<b>Stage I Periodontitis:</b>	D4341, D4342 (localized), D4910, D1206 or D1208, LBR, LAPT
<b>Stage II Periodontitis:</b>	D4341, D4342 (localized), D4910, D1206 or D1208, LBR, LAPT
<b>Stage III Periodontitis:</b>	D4341, D4342 (localized), D4910, D1206 or D1208, LBR, LAPT
<b>Stage IV Periodontitis:</b>	D4341, D4342 (localized), D4910, D1206 or D1208, LBR, LAPT

## CODING PROTOCOL

- Always code out for the procedures you complete
  - D1110 w/ D4342 OR D4341 (per quad needed), D9210
  - D4346 w/ D4341 OR D4342 (per quad needed), D9210
    - if more than 2 quads of D4341 or D4342 are performed then DO NOT bill D1110 or D4346 for remaining quad (will include the 4th quad at no additional expense)
    - if 2 or more quads of D4341 or D4342 have been completed, that patient is now on periodontal maintenance recall visits
- Always check per insurance provider, if more that 2 quads of SRP can be performed in a visit
- D9210 (use of local anesthetic/ oraquix) can be used with any scaling procedure EXCEPT SRP codes - will need a narrative stating pt requested due to sensitivity (may not be covered by insurance but will not be charged to the patient)

## NEW PATIENT HYGIENE EXPERIENCE – 90 MINS

<b>40</b> <b>M</b> <b>I</b> <b>N</b> <b>S</b>	<input type="checkbox"/> Introduction & Handshake: Walk out into reception area to greet patient <input type="checkbox"/> Brief Office Tour: Restroom, Offer Water, Introduce nearby team members <input type="checkbox"/> Medical History Reviewed <input type="checkbox"/> Chief Complaint(s) discussed <input type="checkbox"/> Radiographs Taken: 4bwx, 2pa, pano & pa(s) of any Chief Complaints OR FMX <input type="checkbox"/> Oral Cancer Screening <input type="checkbox"/> Intra Oral Photos Taken (Min. 10-UR, UL, LR, LL, 2 Anteriors) <input type="checkbox"/> Chart Existing dental work <input type="checkbox"/> Educate Patient about periodontal disease before probing <input type="checkbox"/> Full Mouth Probe, establish periodontal status and proper codes needed <input type="checkbox"/> QSCAN <input type="checkbox"/> Co-Diagnosing to prepare patient for Doctor Exam <input type="checkbox"/> Review IO photos/ hard tissue findings, perio status,occlusion concern
<b>30</b> <b>M</b> <b>I</b> <b>N</b> <b>S</b>	<input type="checkbox"/> Ultrasonic and hand scale <input type="checkbox"/> Polish/Floss <input type="checkbox"/> Oral Hygiene Instructions/Post-Op Instructions <input type="checkbox"/> Fluoride Application (if exam already completed) <input type="checkbox"/> Schedule Continuing Care Appointment
<b>20</b> <b>M</b> <b>I</b> <b>N</b> <b>S</b>	<input type="checkbox"/> Doctor introduction/handoff & Exam <input type="checkbox"/> Treatment Planning (enter all recommended treatment, set priority) <input type="checkbox"/> Take Home Supplies Given (toothbrush, paste, floss) <input type="checkbox"/> Set appointment complete ensuring all codes have been entered <input type="checkbox"/> Handoff/introduction to treatment coordinator to review procedures completed and Treatment needed ~OR~ <input type="checkbox"/> Handoff to Front office for checkout <input type="checkbox"/> Clean/Set up room for next patient

**CONTINUING CARE HYGIENE – 60 MINS**

<b>15- 20 M I N S</b>	<input type="checkbox"/> Introduction & Handshake: Walk out into reception area to greet patient <input type="checkbox"/> Medical History Reviewed & Updated <input type="checkbox"/> Chief Complaint(s) discussed <input type="checkbox"/> Radiographs Taken: always take supplemental PAs of RCT/implants <input type="checkbox"/> Oral Cancer Screening <input type="checkbox"/> Intra Oral Photos Taken - of concerns/ watches <ul style="list-style-type: none"> <li><input type="checkbox"/> Educate Patient about periodontal disease before probing</li> <li><input type="checkbox"/> Full Mouth Probe</li> <li><input type="checkbox"/> QSCAN (if not completed at previous visit)</li> </ul> <input type="checkbox"/> Co-Diagnosing to prepare patient for Doctor Exam <ul style="list-style-type: none"> <li><input type="checkbox"/> Review IO photos/ hard tissue findings, perio status, occlusion concern</li> </ul>
<b>20 M I N S</b>	<input type="checkbox"/> Ultrasonic and hand scale <input type="checkbox"/> Polish/Floss <input type="checkbox"/> Oral Hygiene Instructions/Post-Op Instructions <input type="checkbox"/> Fluoride application (if exam already completed) <input type="checkbox"/> Schedule Continuing Care Appointment
<b>15 M I N S</b>	<input type="checkbox"/> Doctor introduction/handoff & Exam <input type="checkbox"/> Treatment Planning (enter all recommended treatment, set priority) <input type="checkbox"/> Take Home Supplies Given (toothbrush, paste, floss) <input type="checkbox"/> Set appointment complete ensuring all codes have been entered <input type="checkbox"/> Ask patient for Referrals of friends/co-workers/family <input type="checkbox"/> Handoff/introduction to Treatment Coordinator to Review procedures completed and Treatment needed ~OR~ <input type="checkbox"/> Handoff to Front office for check out <input type="checkbox"/> Clean/Set up room for next patient

## DOCTOR EXAM KEY POINTS

- Introduce the doctor if they have never seen this patient before.
- Have x-rays up and intra-oral photos of outstanding treatment, new decay, broken tooth, recession, inflamed tissue on screen
- Discuss any medical changes
- In front of the patient, tell doctor any concerns (Chief complaint/need/desire) the patient discussed with you.
- Review the periodontal condition – new pocketing, bleeding, stable, etc.
- In front of the patient, tell the doctor you did an oral cancer screening and your findings.
- In front of the patient, tell the doctor about any specific areas they need to check (cracked filling) and any treatment options discussed.
- In front of patient, inform doctor that you discussed fluoride and why (specific need/risk)



## END OF DAY CHECKLIST

- Ensure all hygiene operatories used, not in use are clean, sterilized and set up
- Ensure all operatories you will be using next day are fully stocked (both patient supplies and room set up supplies)
- Trashes and sinks checked, empty and clean if needed (check for debris in bins/cabinets)
- Equipment off- x-rays, t.v.'s, HEPA filter
- Floors cleaned in each operatory
- Fill and run yellow buckets for all hygiene rooms used, using atomizer to clear debris from evacuation lines
- Complete all chart notes
- Prepare for morning huddle, chart prep for next day (or do prior to huddle)
  - Check schedule 2 days in advance for issues/ concerns - alert FO if needed
- Check all charges for day
- Fill out End of Day report, and post picture on slack line (endofdaysheets), also fill out on RDH KPI spreadsheet on google drive (optional nightly or weekly) - must be entered by end of week (NON-NEGOTIABLE)
- Help in sterilization if needed and any other tasks that are needing completed
- Clock out 30 min. after last patient of the day
- Restart all hyg. op computers used
- Check sterilization area if you are the last to leave
- Pumps and lights off, if last to leave for the day

## END OF DAY REPORTING

Each day you will report total production (each hygienist will have a daily goal)

- Print your Procedures Report (or view on computer) to ensure that all changes are correct and put under the correct provider- Open Dental > Reports > Standard Reports > Procedures > Select your provider number or name > Print
- Make corrections in the patient account, make sure to re-batch the claim if changes were made

Count up the # of Adult D1110's for the day(ages 18+), the # of Periodontal Procedures D4910, D4341, D4342 and also the # of D4346

Add up total \$ amount of added adjunctive services (Goal is to add adjunctive services 90% of the time)

- Fluoride, whitening (Smile Perfected, impressions for whitening trays), guards (count if impressions or scan is done during visit), HPV testing, brush biopsy, Laser

Keep track of how many patients were seated late

- Strive to seat patients on time, at least within 5 minutes of appointment time (Goal 90% on time)

Noted \$ amount Tx planned and accepted for the day (monthly goal is \$60000 with 75%+ acceptance)

\*\*\* NOTE: you will have a different end of day sheet during your first 90 days of onboarding

**Hygiene End of Day (onboarding)**

- Today's production/goal \$ \_\_\_\_\_/\$1850      Started day at \$ \_\_\_\_\_  
     Production/patient \$ \_\_\_\_\_
- Daily charges checked and corrected? \_\_\_\_\_
- How many adults seen (18+) (D1110)? \_\_\_\_\_
- How many perio/ gingivitis patients seen (D4910, D4346, D4341, D4342)? \_\_\_\_\_ (      %)
- How many pts were adjunctive services provided/total pt's seen? \_\_\_\_/\_\_\_\_ Adj.% \_\_\_\_\_
- Total Tx planned out of room \$ \_\_\_\_\_
  - Accepted \$ \_\_\_\_\_ (      %)
- How many late appointments today? \_\_\_\_/\_\_\_\_      \_\_\_\_\_%
- How many NPs hard chart/ IO photos taken? \_\_\_\_/\_\_\_\_      \_\_\_\_\_%
- How many quick scans today: \_\_\_\_\_

Rate the day (1-5):      NOT GREAT    1    2    3    4    5    GREAT

- What can you do to help improve hygiene department/area needing support?

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## NEW PATIENTS

- NP paperwork is done electronically and stored under patient information in “images” part of chart
- Give each new patient a NP gift bag that completes a full appointment at the end of their visit and thanking them for choosing our office (cleaning/exam/x-rays, okay if x-rays emailed from previous office)

## DOWN TIME PROTOCOLS

- There will be a spreadsheet on the computer with a list of hygiene downtime tasks at the beginning of each week (updated each week by hygiene department head)
- They will be listed according to highest priority
- Once completed, check it off the list and initial/ date when completed and by whom so other RDH knows where to pick up on the list for their downtime

***In this order of importance, unless otherwise noted on Spreadsheet on Google Drive***

*If a 60 minute time slot opens in schedule, checklist should be completed*

- Care calls from previous day (anyone that was anesthetized)
- Catch up on notes (if in morning, should be approx.. 5 min. per note)
- Ensure morning huddle prep/ charts are completed for next day (15 minutes)
- Sharpen instruments (there is a spreadsheet to track which color of packs were sharpened so each gets put into rotation)
- Fix any IT/equipment concerns (MUST BE COMPLETED BY THE END OF THE WEEK)
- Calibrate diagnodent and check batteries on technology
- Fix any instrument packs that are not correct- replace broken or missing instruments and/or scratched mirror
- Check cavitron tips- remove from circulation if they are worn or not working properly
- Stock hygiene tackle box/ rooms
- Check in with FO to see if they need assistance on reactivation
- Help in sterilization if all other tasks are completed

## MEETING BREAKDOWN

### WEEKLY

Accountability Meeting:

- Wednesdays
- Scheduled during the lunch break for 20 – 30 minutes paid time
- Clock out for 30 minutes for lunch
- Will discuss accountability goal and book/podcast (you will read/ listen to on your OWN time)

### MONTHLY

Team Meeting

- Wednesdays
- Scheduled for 2 hours around lunch break
- Will discuss accountability goal and book/podcast
- Will have an agenda to follow

### QUARTERLY

Team Meeting

- Friday
- Scheduled for 4 – 5 hours paid time
- Will have an agenda to follow

### PDP MEETINGS

- Scheduled every 3 months w/Dr. Kassmel, Debbie, and DH (if available)
- 45 minutes
- Will review Cultural assessment form
- Information/ meeting time will be sent in email

### DEPARTMENTAL MEETINGS

- Monthly with your department
- Scheduled based on availability
- Trouble shooting common themes
- Share best practices

\*Departmental SLACK channel – best form of communication for department. You are expected to respond and contribute daily!

## ACCOUNTABILITY MEETINGS

Meeting agenda for weekly accountability meeting: 30 min (starts at:20 after during lunch break and finishes with:10 min prior to lunch ending).

1. Practice Director remind of bigger goal (BIG WIG for office and/or Depts and where we are currently at with those goals)
2. Start with one person:
  - a. Review what the current week commitment was and if you completed it. ( “My goal was to ask 3 people for google reviews this week”) If you did not, **team holds each other accountable**, figures out if a hurdle needs to be cleared, then supports the dept to have done by next meeting. **Accountability to each other is KEY!** If you are UNABLE to complete your commitment, come to the table with solutions
3. Go through each dept and state what your commitment will be for the next 2 weeks (these MUST support the BIG WIG of whole team and dept BIG WIG), DO NOT make commitment that supports whirlwind or is part of your normal job
  - a. Can be commitment to complete and perfect a script
  - b. Figure out a new system
  - c. Training that is needed and then complete it
  - d. Efficiency in a SPECIFIC area
4. Review scoreboard on white board
5. Discuss any quick hit items
6. Discuss the current chapter of Team Book/podcast

## HYGIENE KPI'S

KPI's are Key Performance Indicators. Our goals are to always produce the utmost quality and value to our patients. Our hygienists do not run bloody prophylaxis mills, but rather are health care practitioners that provide guidance and therapy to all patients, from healthy mouths to diseased, infected, inflamed mouths!

KPI's are guideposts for team members to understand what are the main goals per day/week/month to guide them to a "win" of a month. If a team member finds they are struggling to hit these, it's ok! The dept heads in the offices will meet with you and help with verbiage, ideas, and best practices. That's one of the great things about working with several other hygienists, we all improve together!

RDH KPI's are as follows:

1. Production goal hit 98% at 3.3x hourly pay based on your CLOCKED IN time
2. Treatment from room averaging \$60,000/mo
3. Perio Percentage (set with department based on tier)

### Explanations:

1. Production Goal - this will vary depending on your hourly wage.
  - a. to calculate you will take your hourly wage and multiply it by 3.3 (this is how much you should produce an hour). You then look at your clocked in hours on the open dental time clock and multiply by the number above.
  - b. Compare this final amount to your NET production : select reports → standard → more options → select the month/dates your are checking along with your name →select okay
  - c. the Net production will be on the first line at the bottom of the page titled "total production"

\*\*\*It's IMPT to understand that sometimes the schedule falls apart, as hygienists, help the Hyg scheduler with any recommendations of patients on ASAP list. Multiple openings in the schedule make it difficult to get to daily/weekly goals

\*\*\*Part of getting to goal is instilling a reason for patient to come back and KEEP that next hygiene visit

2. Treatment from room averaging \$60,000/mo – we don't have to "find" treatment, it is always there! And patients with unhealthy mouths will have \$5000 of uncompleted treatment that compensates often for the truly healthy individuals. But, even healthy people want to know

of services that will make their smiles more beautiful, so it's our responsibility to share what our offices can do!

- a. We offer IDEAL treatment to EVERYONE. We DO NOT diagnose wallets. It is NOT our job to assume people can't afford a beautiful, healthy smile... our job is to EDUCATE!
- b. Hygienists are trained to not diagnose, but spot concerning areas and discuss with the patient. (see scripting for these discussions)
- c. We hold consistent calibration sessions to ensure all hygienists and doctors are on the same page with treatment recommendations.
- d. Diagnosis includes hard tissues/soft tissues/Invisalign or guard for occlusal disease/as well as cosmetic options such as microabrasion, veneers, filling in black triangles.

\*\*\*This goal is a TEAM EFFORT with the doctor, but it is RDH's responsibility to let doctors know if calibration of treatment efforts needs to occur.

- KPI's are only a gauge to see if we, as an office, are providing consistent, high-quality, and always improving services. DO NOT oversell, DO NOT push people. You will never have to do these things, if you are genuinely caring for the total health and wellness of the patient. 80% of patients over 30 have some form of periodontal disease, according to the CDC. 90% of patients have leaking amalgams or other restorations, and over 85% of people have malocclusions.
- We are trained healthcare providers and our job is to spot these things as early as possible and educate the patient about our part in making them well again.
- If you "assume" people don't want what you offer, or "assume" that they don't have money, you are taking the power and decision making away from the patient.

**\*\*JUST LOVE ON THE PATIENT and provide EXCEPTIONAL care and service, all the rest takes care of itself!**

**TIERS:** A tool given to gauge your growth and skill set as a dental hygienist and team member

- Hourly wage is based upon the skills/culture you bring to the organization. The different levels are displayed on the tier sheets with the expectation and standards that need to be met CONSISTENTLY to obtain that status.
- As you move up in tiers, you not only bring more value to your patients and the organization, but also allows you to increase your hourly wage.
- Your DH will meet with you quarterly to officially assess your tier level, however if you have more questions or wish to discuss sooner, you will need to set up a meeting time.

## KEY PERFORMANCE INDICATORS (KPI) – REGISTERED DENTAL HYGIENIST

Date	ADJ Srvcs	Total Pt's	Goal 90%	Date	Perio Pt's	Total Adult Pt's	Goal 40%	Date	\$ TX Accepted	\$ Total TX Proposed	%
<b>CASTLE PEAK DENTAL</b>											
<b>AMY</b>											
March 1 - 4			#DIV/0!	March 1 - 4			#DIV/0!	March 1 - 4			#DIV/0!
1			#DIV/0!	1			#DIV/0!	1			#DIV/0!
2			#DIV/0!	2			#DIV/0!	2			#DIV/0!
3			#DIV/0!	3			#DIV/0!	3			#DIV/0!
4			#DIV/0!	4			#DIV/0!	4			#DIV/0!
7			#DIV/0!	7			#DIV/0!	7			#DIV/0!
<b>March 7 - 11</b>											
8			#DIV/0!	8			#DIV/0!	8			#DIV/0!
9			#DIV/0!	9			#DIV/0!	9			#DIV/0!
10			#DIV/0!	10			#DIV/0!	10			#DIV/0!
11			#DIV/0!	11			#DIV/0!	11			#DIV/0!
<b>March 14 - 18</b>											
14			#DIV/0!	14			#DIV/0!	14			#DIV/0!
15			#DIV/0!	15			#DIV/0!	15			#DIV/0!
16			#DIV/0!	16			#DIV/0!	16			#DIV/0!
17			#DIV/0!	17			#DIV/0!	17			#DIV/0!
18			#DIV/0!	18			#DIV/0!	18			#DIV/0!
<b>March 21 - 25</b>											
21			#DIV/0!	21			#DIV/0!	21			#DIV/0!
22			#DIV/0!	22			#DIV/0!	22			#DIV/0!
23			#DIV/0!	23			#DIV/0!	23			#DIV/0!
24			#DIV/0!	24			#DIV/0!	24			#DIV/0!
25			#DIV/0!	25			#DIV/0!	25			#DIV/0!
<b>March 28 - 31</b>											
28			#DIV/0!	28			#DIV/0!	28			#DIV/0!
29			#DIV/0!	29			#DIV/0!	29			#DIV/0!
30			#DIV/0!	30			#DIV/0!	30			#DIV/0!
31			#DIV/0!	31			#DIV/0!	31			#DIV/0!
Totals	0	0	#DIV/0!	Totals	0	0	#DIV/0!	Totals	\$0.00	\$0.00	#DIV/0!

- The KPI spreadsheet will be on the CPD google drive for you to enter your end of day numbers
  - REMEMBER to have the entire weeks numbers in by the end of the week
- Monthly Incentive
  - this will be an opportunity given AFTER you have completed your 90 day onboarding
  - you will calculate your monthly production goal (hourly wage x 3.3 x # of clocked in hours for the month) and subtract it from your monthly NET production (found in open dental).
  - If you produced more than your calculated monthly production goal, you will receive 10-15% (based on your tier) of the difference.
  - Example: hourly wage - \$42  
 clocked in hours -140  
 monthly production goal :  $42 \times 3.3 \times 140 = 19,404$   
 Net production was:  $\$21,000 \rightarrow 21000 - 19404 = \$1596 \times 10\% = \$159.60$

**NOTE:** if you do not produce more than the production goal, you are not eligible for incentive that month

## CULTURAL ASSESSMENT FORM

Team Member \_\_\_\_\_ Date \_\_\_\_\_

### CORE VALUES

1. Servant's Heart: Serve patients and team before me. We strive to "wow" at every patient visit, every time. This does not mean doing other's jobs routinely, but will help our team as needed to best serve each other and our patients.	1	2	3	4	5
2. Accountability: Failure will happen with an empowered team, but we take ownership and avoid making the same mistakes again. We do not play "victim" to any circumstance, rather, find ways to become better due to our "mistakes".	1	2	3	4	5
3. Honest, timely, respectful conversation: We will communicate with patients and other team members in a timely fashion and with transparency of our concerns. We will not double speak or gossip or find ways to avoid conversations.	1	2	3	4	5
4. Growth-minded: Our practice is always looking to grow, we will never be stagnant. We will continue learning and looking for new ways to improve ourselves and our practice. We are always a student.	1	2	3	4	5
5. Gratitude, Gratitude and Grace: We are not entitled to anything, but by God's grace we are thankful for it all. We are also grace extenders to ourselves and others, we forgive and support while still holding accountable.	1	2	3	4	5
6. Disciplined and Professional: Patients will feel not just our warmth, but that we are healthcare professionals and take that job seriously. We are the experts. We are disciplined to use our time well to hit our KPI's and goals.	1	2	3	4	5
7. Humor: Life is too short to not find daily joy and laughter.	1	2	3	4	5

### Questions to Review:

#### Are you able to serve patients and give a "wow" experience consistently?

- greeting patients, on time appts, timely tx plans, well presented treatment options, etc
- do you help your team without complaint, but do not do their jobs consistently for them?

#### Are you growing in the tiers?

- do you have the resources needed?, are you motivated to grow? are you interested in
- are you disciplined to create growth? do patients see you as an "expert" ?

#### Do you fulfill expectations and KPI's of the position (90 day and tiers) consistently?

- what do you see stands in the way of completing checklists, able to attain KPI's?
- are you accountable for your results without excuses?

#### How do you express your gratitude for your team, your role, your personal blessings?

- how do YOU like to receive gratitude? words of affirmation (written/verbally/in group)
- I have the ability to take feedback, and not take as a personal offense/or wallow?
- I am able to give grace for team members mistakes, hold them accountable/teach/mentor,

#### How do you like celebrating with team members? (in office parties/lunch, out of office

Is there CE, opportunities for growth, resources, you want to discuss?

#### I attend all huddles and meetings fully prepared with and participate in the primary goals of the meetings: 1 2 3 4 5

- I am fully engaged, am part of the strategy session in each morn huddle? I make my own acct goals bi-weekly

#### Where are areas of the practice you see could be improved? Where is there a lack of accountability?

- what do you know that we don't know?

## HYGIENE TRAINING PLAN

**Pre-start protocol:** Complete UTI training

**Day one:** Shadow lead hygienist for one half day

Expectations: Clock in/out, see morning huddle, flow and verbiage used, EOD checklists completed, usage of dental software

\*\*\*Schedule lunch to review

\*\*\*Lead hygienist- last hour of day spend preparing new hygienist for morning huddle, room preparedness

**Day two:** Complete day of hygiene with lead hygienist shadowing with altered times (if possible)

- 80 minute recalls- true patient time 60 minutes
- 100 minute new patient- true patient time 90 minutes

Expectations: Receiving feedback on verbiage, radiographs, intra-oral photos, efficiency suggestions

\*\*\*Schedule lunch to review

\*\*\*Lead hygienist- repeat last hour of day procedures

**Day three:** New hygienist own column with altered times (if possible)

\*\*\*Schedule lunch to review and prepare for morning huddle, review EOD checklists

\*\*\*Weekly lunch meeting for next two weeks on Tuesday to review questions, goals, concerns, and support needed

\*\*\*Monthly onboarding meeting to review Core Values sheet and 30/60//90 day goals

## TRAINING ASSESSMENT

1=rarely, 2=sometimes, 3=most of the time w/guidance, 4=almost always, 5= always (fill in blank with the number you perceive you are)

### 30 DAY GOALS

Clock in/out	_____
Arrive 15 minutes prior morning huddle	_____
Be prepared for morning huddle and relay proper information	_____
Set up room according to standardized protocols and pictures	_____
Greet patient within 5 minutes of patient indicator turning color and bing from Blue Note	_____
Seat patient in operatory following standardized protocol	_____
Consistently asks patient 2 – 3 non-dental related questions in conversation	_____
Review appointment details and time with patient, pre-rinse given, and amenities offered	_____
Able to utilize FLEX for any/all consent forms needed for procedures	_____
After completing assessment review findings with pt using x-rays and IO photos	_____
Thoroughly fill out exam card and send blunote to doctor with out time	_____
Be able to enter a treatment plan according to office protocol	_____
Scheduling next hygiene visit in the back at least 60% of the time	_____
Take patient to front office and give proper hand off following protocol	_____
Break down room with proper PPE	_____
Sterilize instruments according to sterilization protocol	_____
Tee doctor up with pt with 60% consistency	_____
Begin tracking perio % per day	_____
All radiographs are taken showing correct anatomy with few retakes	_____
Complete all treatment notes properly and thoroughly	_____
Turn down operatory properly for day (trashes out, evacuation lines ran, etc.)	_____
End of Day sheet is completed/ correct any account mistakes and shared via Slack	_____
Downtime checklist/protocols performed accordingly	_____

Total: \_\_\_\_\_ / 115

If you scored below a 93, do not worry! it just may mean a little more guidance and training is necessary. Will re-evaluate these goals in 2 weeks, and see if we have made improvements to get to the desired score!

Areas I feel I excel:

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Areas I feel I need growth:

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On a scale of 1 to 5 with: 1=rarely, 2=sometimes 3=most of the time w/ guidance, 4=almost always, 5= always (fill in blank with the number you perceive you are)

**60 DAY GOALS**

- All of the above 30 day goals with ease and little supervision \_\_\_\_\_
- Able to enter treatment in treatment plan properly with the correct amount of time \_\_\_\_\_
- Complete appointments, confirming ledger is correct before dismissal \_\_\_\_\_
- Scheduling next hygiene visit in the back at least 80% of the time \_\_\_\_\_
- Taking a proper impression for lab work \_\_\_\_\_
- Able to pour impression \_\_\_\_\_
- Able to add a lab case in patient's chart or spreadsheet \_\_\_\_\_
- Able to use iTero/Trios scanners for health scans on all NPs \_\_\_\_\_
- Tee up doctor with pt with 80% consistency \_\_\_\_\_
- Perio % at or above 20% \_\_\_\_\_
- Be able to utilize FLEX to email/ text pts \_\_\_\_\_
- Be able to use Task List in open Dental \_\_\_\_\_
- Understand nightguard options vs re-alignment/ discuss with pt \_\_\_\_\_
- Stay on time for appointments 60% of the time (within 5 minutes of appt time) \_\_\_\_\_
- Be able to start brainstorming accountability goals without help \_\_\_\_\_
- Able to track KPIs and hit lead measures 70% of the time \_\_\_\_\_

Total: \_\_\_\_\_ / 80

If you scored below a 64, do not worry! it just may mean a little more guidance and training is necessary. Will re-evaluate these goals in 2 weeks, and see if we have made improvements to get to the desired score.

Areas I feel I excel:

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Areas I feel I need help:

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On a scale of 1 to 5 with 1=rarely, 2=sometimes 3=most of the time w/ guidance, 4=almost always, 5= always (fill in blank with the number you perceive you are)

**90 DAY GOALS**

- All 30 and 60 day goals completed with ease and no supervision \_\_\_\_\_
- Creating warm “wow” experiences with patients 90% \_\_\_\_\_
- Able to look in advance at schedule and add x-rays/fluoride that will be covered and completed that day along with addressing any time concerns and set up accordingly \_\_\_\_\_
- Able to guide patients recare appointments to maximize efficiency of the day \_\_\_\_\_
- Able to take a CBCT/pano with few retakes \_\_\_\_\_
- Tee up doctor with pt with 90% consistency \_\_\_\_\_
- Perio % at or above 25% \_\_\_\_\_
- Able to make specific lab work (whitening trays, essix) \_\_\_\_\_
- Able to offer comprehensive services such as LBR, LAPT, HPV screens, whitening services and with 90% case acceptance \_\_\_\_\_
- Learning basic insurance benefits for hygiene procedures \_\_\_\_\_
- Run credit card payments for fluoride or small balances \_\_\_\_\_
- Come to accountability meetings with measurable goals and contribute to book/podcast discussion \_\_\_\_\_
- All lead KPI measures being hit 80% of the time \_\_\_\_\_
- Able to produce 3.3x pay \_\_\_\_\_

Total: \_\_\_\_\_ / 70

If you scored below a 56, do not worry! it just may mean a little more guidance and training is necessary. Will re-evaluate these goals in 2 weeks, and see if we have made improvements to get to the desired score.

Areas I feel I excel:

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Areas I feel I need help:

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## HYGIENE GOAL SUMMARY

1. Morning Huddle/Chart prep
2. Hygiene protocol- know and following
3. Nightly review of treatment
4. Same day treatment added
5. Producing 3.3X pay

### **Morning Huddle Prep:**

- Review next day's patients for:
  - X-rays needed (FMX, BWX, PA frequencies)
  - Plus treatment that could be added
  - Unscheduled family members
  - Medical issues and/or special needs of the patient

### **Hygiene protocol:**

- See job description

### **Nightly Production Reconciliation:**

- Run production report to ensure that:
  - All procedures are billed out under the correct provider code
  - All procedures are billed out for the day
  - All procedures are billed out with the proper amount, or the "do not bill" checked when applicable

### **Same day treatment added:**

- Look for opportunities to add same day treatment for both doctor and hygiene

### **Producing 3.3X Pay:**

- As a provider, a hygienist is to produce 3X their pay daily
  - Run procedure report nightly to ensure on target (and correct)
  - Look for opportunities to add same day adjunctive services
  - Stay up to date on perio protocol to ensure billing out properly

## HYGIENIST ACCOUNTABILITY AGREEMENT

I \_\_\_\_\_, understand my responsibilities as a hygienist, but are not limited to the duties on the following documents.

1. Hygienist description
2. Hygienist training plan
3. Checklists
4. EOD/EOW/EOM protocols
5. Downtime protocols
6. Monthly KPI's

As a hygienist, I understand that I will be expected to maintain the standards and protocols defined in the documents listed above. I understand that I am a provider for this practice and will always hold myself to the highest level of standard.

Additionally, I am aware of Castle Peak Corporation's core values as listed in the beginning of this packet and I will strive to conduct myself in a manner consistent with these values.

Team member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practice Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_





*Our hygiene team cares about giving ALL patients the opportunity to choose Optimal Oral Health!*

## WHAT DOES OPTIMAL ORAL HEALTH LOOK LIKE?

### GUM TISSUE HEALTH

- ✓ Pink healthy tissue, free of bleeding (gingivitis)
- ✓ No bone loss
- ✓ Gum tissue not pulled down (recession) or worn away
- ✓ No oral cancer signs or symptoms

### TEETH HEALTH

- ✓ No cavities or bacteria present
- ✓ No silver fillings that have gray around them
- ✓ No chips, worn down teeth, fracture lines
- ✓ No notching at the "neck" of the tooth

### BITE HEALTH

- ✓ No open bites, cross bites
- ✓ Well aligned, free of too much crowding or too much spacing
- ✓ Balanced bite without specific areas taking more force

### MISSING TEETH

- ✓ Missing teeth causes imbalances in bite
- ✓ Teeth around the space tip and tilt causing more bone loss
- ✓ Missing teeth leads to more lost teeth

### ESTHETIC CONCERNS

- ✓ Devoid of stained fillings, metal crowns
- ✓ Bright and white to patient expectations
- ✓ Remove any intrinsic stains from water sources, or childhood trauma

### SLEEP DISTURBANCES

- ✓ No oral signs of airway and breathing issues
- ✓ No reported patient symptoms of snoring or daytime sleepiness
- ✓ Not waking up tired

Dr. \_\_\_\_\_

**QA of Hygiene Exams for Castle Peak and Avon Dental**

Hygiene Exam to Review: \_\_\_\_\_ Date: \_\_\_\_\_

Did the Dr. connect with the patient? YES NO  
(small talk, finding out more about the patient)

Did the Dr. commit to presenting full mouth, ideal dentistry? YES NO  
(Optimal care sheet easily and clearly discussed by RDH/Doc)

Did the Dr. express urgency and add value to needed treatment? YES NO  
(Was there clarity? Did the Dr. connect needed tx to something important to pt)

Did the Dr. express confidence while discussing treatment? YES NO  
Confident in diagnosis: helping pt narrow to one choice and be the **expert** Y N  
Were concerns reviewed Y N  
Were consequences of no tx discussed Y N  
were solutions given Y N

Was the patient clear on what needs to be scheduled, when and amount of time? YES NO

What could have made this exam better?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verbiage that worked well:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Hygiene Exam

Has pt met Dr. yet?	YES	NO
Xrays today?	YES	NO
IO photos reviewed?	YES	NO

Chief Complaint:

Oral Cancer Screening (any abnormal findings?):

Breathing issues	YES	NO
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Soft Tissue Concerns:	RECESSION			
	POCKET DEPTHS			
	BLEEDING			
	RECOMMENDED-	LBR	SRP	4346

Hard Tissue Concerns:

Has pt had braces?	YES	NO	Wearing retainers?	YES	NO
QSCAN/Bite done?	YES	NO			
Night guard?	YES	NO	IS pt wearing it?	YES	NO

Any esthetic concerns?

Have we discussed replacing missing teeth?	YES	NO
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