

New Treatment Acceptance Tool For The Hygiene Department



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Sally McKenzie's e-Management Newsletter

dialogues and guidance to implement these innovative changes in dental practices is an important part of the [Hygiene Practice Enrichment Program](#).

Mrs. Smith has been a **long time** patient of the practice. Today she is scheduled in the hygiene department for her six month professional cleaning and examination. The appointment goes as planned and includes necessary x-rays, periodontal charting, scaling and polishing and is finished up with a periodic examination by the dentist.

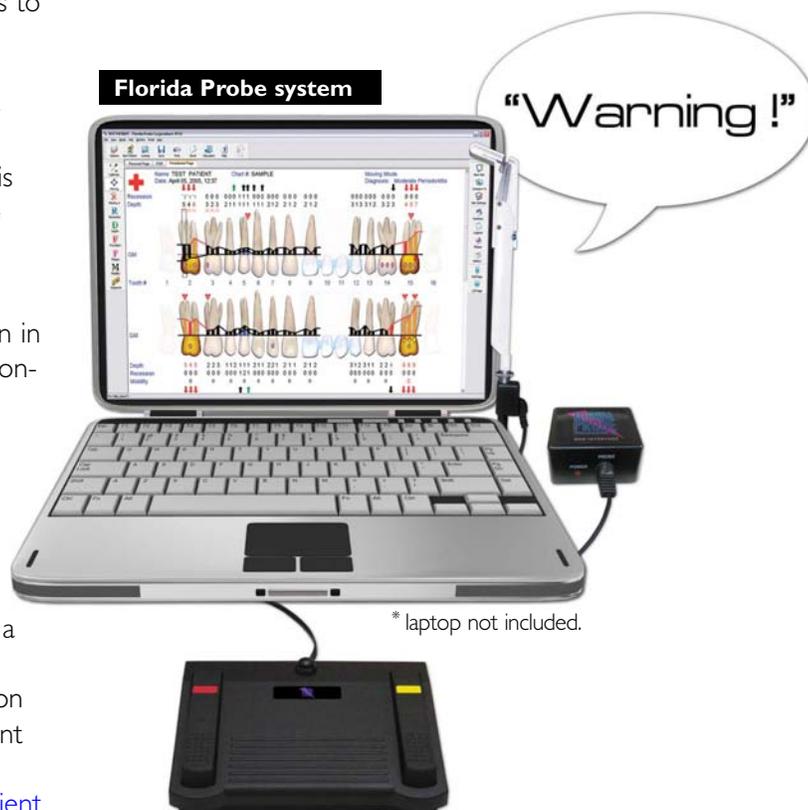
Mrs. Smith has some **bleeding upon probing** and an occasional **5 mm pocket**. A quick review of the previous periodontal charting reveals that there were a couple of 5mm pockets at that time, but today it is noted that there is **another one** and the bleeding upon probing is more generalized today as well. The practice's hygienist knows from a conversation that Mrs. Smith has had some personal and financial difficulties as of late. The hygienist feels that now would not be a good time to **discuss non-surgical periodontal therapy**. The hygienist doesn't want to be the "bearer of bad news" and doesn't feel confident in knowing exactly what to say to the patient. She decides to make a note in the chart to **reassess** and discuss Mrs. Smith's periodontal condition at the **next recall visit**. During the examination the doctor glances at the periodontal charting and reads x-rays. He doesn't notice anything too different and is trusting that the hygienist is doing her job. Mrs. Smith is asked to **floss a little more** often and is sent on her way to the front desk.

In this scenario, everyone involved (the patient and the entire dental team) loses and this happens far too often in dental practices. The patient loses because their periodontal situation is not being addressed and this can lead to **progression of the disease, the loss of teeth and development or worsening of systemic disease**. The **office loses production** and opens themselves up to **possible legal implications** for not diagnosing and treating the periodontal disease.

The largest disconnect here is that the **hygienist** made a determination not to discuss the patient's periodontal situation and treatment options based on the perception of the patient's financial concerns. As Hygiene Consultant for McKenzie Management, recommendation of new technology and products plus direction, [scripting of patient](#)

 A new product to consider [Florida Probe](#), helps remove the "I don't want to give this patient bad news" angst from proper diagnosis. Florida Probe has a **computerized periodontal probing system complete with patient education videos, periodontal chart printouts and treatment recommendations**.

A typical periodontal probing when utilizing **Florida Probe** begins with having the **patient view a 60 second video** that educates the patient on the process of periodontal charting and what they can expect during the exam. **The exam engages the patient because the patient hears the pocket depth called out by the computer**. If the pocket is above 3mm the computer can be set up to say, **"Warning, 4", or "Danger, 5"**. When the patient has viewed



continued

the video prior to the exam, they know what they are listening for. If the pocket bleeds, they also hear, "bleeding". Again, **they are briefed** that bleeding is not good. At the conclusion of the charting process, the **patient typically will be asking the clinician** what they can do to improve the health of their "gums".

At this point, the hygienist has the opportunity to **provide more education** regarding periodontal disease by having the patient view three other 60 second videos which discuss the causes of periodontal disease, the stages of the disease and statistics about the prevalence and sequel of the disease. The patient can also be **given a printout** of the periodontal chart and a **diagnosis handout** to take home. The treatment **handouts assist** the clinician in describing the necessary treatment.



Revisiting the scenario above, we see that Mrs. Smith is scheduled today in the hygiene department for her typical six month professional cleaning and examination. The appointment goes as planned and includes necessary x-rays, periodontal charting **using the Florida Probe**, scaling and polishing and is finished up with a periodic examination by the dentist. She is **educated prior to the probing process** with the educational video. She heard from the computer (a third party authority)

about her periodontal diagnosis. She views a couple more 60 second videos that **reinforce** what she heard from the computer and she is given her periodontal printout and detailed description of the treatment recommendations. The **recommended treatment is explained by the hygienist**. The doctor comes in to do the exam and is debriefed on what has transpired during the hygiene visit.

✔ Mrs. Smith has been informed of her current periodontal condition. She now understands what she needs to do in order to restore her oral health. She is escorted to the front desk to schedule the necessary appointments for periodontal therapy.

Florida Probe printouts and software

Florida Probe software - personal page

Diagnosis	Moderate Periodontitis
Depth:	18 sites (12%) - 3.4 mm
Bleeding:	6 sites (4%)
Suppuration:	3 sites (2%)
Recession:	4 teeth
Perforation:	6
Mobility:	2 teeth
Plaque:	21 sites (21%)



Angie Stone, RDH BS is Hygiene Director for McKenzie Management. McKenzie Management provides Hygiene Practice Enrichment Programs that improve the performance of the hygiene department. For more information, visit www.mckenziemgmt.com or email info@mckenziemgmt.com.