

'That's Not My Job!' *Changing the Focus from Me to We*

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We all know that teamwork is essential for a practice to perform at a high level. It sounds simple enough. The difficulty, though, is changing the abstract concept of teamwork into physical action. Often times, team members can get mired in stress and their actions don't always emulate the abstract teamwork concept. For example, I cringe when I hear someone in the office say, "That's not my job." My question is, "Why not?" This attitude definitely does not represent that of a teamwork-focused employee.

From the time a team member comes to work to the time he or she leaves, that person's job entails doing whatever it takes to make the practice thrive—as long as it is legal, ethical, and within his or her licensure. The focus of every team member should always be on what's in the best interest of the patients and the practice.

So how do we build this harmonious team, one that is willing to work together and change its focus from *me* to *we*? Here are four key components to help you and your team to work together to build a high-performing, team-centered practice!

Component No. 1: Focusing on the patient experience

In order for the practice to be team-centered, every person on the team must remind himself or herself of the larger goal: to give the patient the best experience possible while in the practice. Each team member must do whatever he or she can to enhance the patient experience. A practice focused on the patient experience requires that team members proactively help with tasks for which they may not be usually responsible. When we take the focus off of our individual tasks and put our focus on the patient's needs, we unify the team. Of course, everyone will still have his or her individual tasks, but the main focus should always be on the patient and what each team member can do to enhance the patient's experience—even when the team member is not directly communicating or interacting with a patient.

The following are examples of ways in which team members can proactively assist each other:

- Assist a hygienist in turning over a room quickly to accommodate the next waiting patient.
- Check in a patient when the front desk team is busy assisting another patient.
- Seat a patient for an assistant who is running behind.

Component No. 2: Prioritizing tasks

Every team member may not be aware of or be able to prioritize the tasks that are required during any given day in the practice. To ensure that everyone is on the same page, call a team meeting and establish a priority for all the tasks that need to be completed. Label these priorities "Rocks," "Pebbles," and "Sand." It's easy to remember the priority: Rocks

are large, pebbles are medium-sized, and sand is small. Larger tasks are more urgent, while small tasks can be lower on the priority list.

Rocks are tasks that are important and urgent. They need to be completed that day or there will be major consequences. They are time-sensitive. Here are some examples of rocks:

- Filling openings in the day's schedule
- Confirming patients for the next day
- Setting up the treatment room for the next patient
- Seating the patient on time
- Pulling charts for that day

“Pebbles” are tasks that are important but not necessarily urgent. They can be done on another day without major consequences. They are not time-sensitive; however, they can become rocks if they are delayed for too long. Pebbles can be any of the following tasks:

- Sterilizing instruments when you have plenty of instruments available
- Following up on insurance or accounts receivable
- Filing charts
- Stocking a room
- Ordering supplies

“Sand” includes tasks that are not urgent to complete. Sand tasks are necessary, but they should be completed only after the rocks and pebbles have been completed. Sand tasks can include cleaning and organizing.

I have observed offices in which one person is frantically working on rocks (for example, trying to fill the openings for the day), while another team member is focused on sand (filing). It is important that everyone finish the rocks first before anyone moves on to the pebbles. When a team member has completed his or her rock tasks, he or she should ask the other team members if they need any help with their rocks before that person moves on to his or her pebble tasks. This ensures that all the rocks in the office will be accomplished for the day and helps the practice avoid negative consequences.

When a team member needs help from someone else, he or she should only ask for assistance with rock tasks. Pebbles and sand can be completed when time allows. The patient's experience and the success of the practice are not based on whether one individual team member completes all of his or her rocks and pebbles. Positive patient experiences and practice success depend on what the entire team accomplishes together—the collective rocks, pebbles, and sand of the practice.

Component No. 3: Having a mindset focused on teamwork

Keeping in mind the entire practice's collective tasks for the day can really help team members become focused on teamwork and help each person be proactive in getting things done. But there may be times when you think to yourself, “I want it done my way, which is the right way, and I can do it myself faster and better, so why should I waste my time training someone else to do it?” This really isn't a team-supportive mindset, is it? The

reality is that there is more than one way to do something; your way isn't always the right way or the only way. Instead, consider it as one of many ways.

By staking claim to all of the work, you also limit your team's performance and practice success because one person can only achieve so much. The initial time it takes to train someone else will be far outweighed by what two or more people can accomplish together. When we work together to achieve results, we also strengthen the practice by uniting the team.

Component No. 4: Improving patient hand-offs

Working together also requires seamless transitioning from one task to the next. This can require some overlap on the part of multiple team members. More than anything else, the patient experience can become lost during the transitioning or handing-off of a patient from one team member to another simply due to poor staff communication. Have you ever heard (or said) any of the following?

- "Why doesn't the back office do this?"
- "That's the front office's job!"
- "No one told me the patient needed that!"
- "I thought they were doing that!"
- "I didn't collect for it; it wasn't written down!"

In all of the above situations, the team could have communicated with each other much more effectively so that the transition would be seamless and no one would point the finger or place blame on another team member. To avoid these communication breakdowns, remember to *slow down!* If you complete the task but it's incorrect, it's essentially not done, so you are being neither efficient nor effective. Be thorough and positive so that the next team member—and more important, the *patient*—has a good experience.

For a successful patient hand-off from one team member to another, be sure to provide the following to the receiving staff member:

- A happy and cheerful demeanor
- Patient notes
- A patient introduction
- Treatment completed
- Whether re-care was scheduled
- Treatment needed
- Scheduled appointment length
- Urgency to schedule based on doctor's diagnosis

In addition, in order to avoid unnecessary delays, be ready to hand off the patient when the clinical team becomes available.

When you implement these four components, you will empower your team to work together to enhance your patients' experiences and maximize your team's performance. This leads to a happy, healthy team, and also to positive patient relationships—which results in a healthy bottom line!