

Tracking “Emergency” and “Extra” Procedures

Lori Garland Parker, MA, BS, RDAEF



With all the advancements in technology, today’s orthodontic patients require fewer visits with often longer intervals between appointments. In addition, practice management software is more sophisticated and allows us to track more information easily; detailed reports are now at our finger tips. All this sophistication is great, but what reports should we be routinely running? In an effort to fully utilize your computer system and improve your clinical effectiveness, you may also want to consider using your computer to track your emergencies and extra procedures done at regular appointments.

Is it really that big of a deal?

There are numerous costs associated with loose brackets, poking wires, procedures that need to be redone, or avoidable procedures of any kind. There are the clinical costs of supplies, equipment usage, instruments, sterilization and disinfection of the dental unit. In speaking with several orthodontists, their estimates for each loose bracket vary from \$75 - \$150 or more. Others say that it costs between \$50 and \$100 just to put a patient in a dental chair, even if it is to clip a wire or replace a power chain.

There is also the negative effect on your patients and parents. Patients are busier than ever and become frustrated when they need to come in for an additional appointment or when a regular appointment lengthened or rescheduled. Repairing broken appliances can also extend treatment time, which reduces profitability, frustrates patients and parents and can affect referrals by both patients and the patient’s primary care dentist. Also, staff costs include lost production, stress, and reduction in morale. Unnecessary repairs can have far reaching effects both in the tangible and in relationship concerns.

By utilizing your computer system to track and analyze special visits instead of having to complete lengthy forms, you can then focus on steps to prevent unnecessary repairs, which help to improve the economic aspect of your practice, along with enhancing the quality of life for yourself, your team, and your patient families.

Tips for Analyzing and Preventing Emergencies / Problems found at the Chair

Analyze each situation to determine the cause of the problem and possible solutions. Details should be noted on the treatment chart. Observations should be discussed at each staff meeting and solutions implemented. Sample questions to ask during the analysis are:

⇒ POKING ARCHWIRES

1. Are the ends of the archwires always double-checked before the patient leaves?
2. Has the archwire skewed around to one side? If so, was there a crimpable stop placed when the archwire was inserted? Can the ends be cinched back, a “v” bend placed or training on crimpable hooks help to prevent the problem?
3. Is the poke due to spaces closing? If so, can the wire be bent distal to the terminal tooth to prevent further problems? Should appointments be more frequent for patients during space closure?

♥ Prevention Action Plan:

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⇒ BROKEN ARCHWIRES / ARCHWIRE OUT OF SLOT

1. Is the wire too short?
2. Is it due to the space opening process?
3. Is there a large inter-bracket space (such as teeth not bracketed or an ext. space)?
4. Is the patient biting on the wire?
5. Can the archwire be bent back to prevent it from sliding out of the tube?
6. What size and composition of archwire is being used? Is it too small for the what is to be achieved?

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⇒ LIGATURE TIE POKING

1. If the wire cannot be fully engaged with a wire tie, consider an elastic tie to prevent the ligature tie from “loosening” as the tooth moves into position.
2. Is the tie pushed in and tucked properly before the patient leaves? (It is practically impossible to have a properly tightened and tucked tie move, even with aggressive toothbrushing.)

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⇒ LOOSE BRACKET

1. Is the break at the tooth/adhesive interface or at the bracket adhesive interface?
2. Was the patient biting on the bracket?



3. Is a new adhesive being used or have there been any technique changes?
4. Is every clinician following detailed bonding protocol?
5. Is the light cure unit working properly?
6. Is the bulb free of debris (if applicable)?
7. Is the bonding adhesive being stored and handled properly?
8. Did the patient admit to biting something hard? If so, what?
9. Do you have a new team member that may not understand the protocol?
10. Is the patient's bite checked after bonding to ensure that the patient is not occluding on any brackets?
11. Does the clinician tug firmly on each bracket after bonding to confirm that the bond is strong?
12. Is the office patient education/motivation encouraging patients to cooperate with home care instructions?
13. What is said to a patient who breaks brackets to encourage cooperation in the future?

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⇒ LOOSE BANDS:

1. Does the band fit loose? If so, fit a new band.
2. Is the patient wearing headgear to the loose band? If so, is the patient removing the headgear properly? Does the facebow fit properly?
3. Are proper isolation techniques consistently being used?
4. Are proper mixing techniques consistently being used?
5. Do you always require enough space to be present during the initial fitting to confirm whether the band is fit properly?
6. Are the bands checked for fit prior to cementation?
7. Was the band fully lined with cement?
8. Is the band damaged due to abuse?
9. When checking the fit before recementation, does the band fit tight or does it rock?

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⇒ BROKEN DOORS ON BRACKETS:

1. Are wires being forced into brackets? Should a smaller wire be used or a different technique?
2. Is the correct method being used to close the doors?
3. Are the doors being opened properly?

♥ Prevention Action Plan:

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