HYGIENE SCHEDULING SYSTEM CHECKLIST

Practice: _____ Date: _____

Prepared by: _____

SECTION A: EARLY WARNING SIGNS

- ☐ All recall patients pre-scheduled
- ☐ Hygiene team trained on scripting
- ☐ 90%+ pre-book goal

SECTION B: CANCELLATION RESPONSE

- ☐ Maintain “ASAP list”
- ☐ Text/call ready patients
- ☐ Fill within 30 minutes

SECTION C: PERFORMANCE TRACKING

- ☐ Report filled vs. scheduled hours weekly
- ☐ Review metrics in huddle
- ☐ Celebrate goals achieved

continued...

SECTION D: LEADERSHIP ACCOUNTABILITY

- [ ] Assign schedule coordinator
- [ ] Document recurring issues
- [ ] Report results monthly

SIGN-OFF

Manager: _____ Doctor: _____ Date: _____

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