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Initials . .

1% Improvements

because big changes are made up of little changes

Making Appointments

When a patient phones to make an appointment this is an important chance to “make a good first impression”. Please remember to include the following . . .

With every patient:

- Please bring a list of your medications - if any.
 - o (Reinforces professional/clinical).
- Please bring all of the glasses that you currently wear.
 - o (Helps the optometrist and reinforces that most people need more than one pair for different activities).
- When the appointment has been made, ask is there anything else that you can help them with today.
 - o (They may want to make an appointment for another family member).

With returning patients:

- You already look them up on the computer to make the appointment, so make a comment about it being good because you can see that they were due for a checkup.
 - o (Reinforces the importance of regular check-ups).



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Conditioning for Recall

Everyone agrees that their sight is important, but the response to optometry recall letters is much lower than it should be. With only 25% of patients responding within 3 months, our average recall response rate is less than half of dentists.

We need to do a better job of emphasising how important it is for patients to have their regular check-ups. It's not enough for them to say that they can still see OK, they need routine checks on their eye health for any early signs of changes - for example, glaucoma or macular degeneration.

- In the Consulting Room
 - o We mention a specific period when they will need to return for their next eye examination. (Comparing to today's results).
- At Handover to the Dispenser
 - o Optometrist mentions recall again - either to the dispenser in front of the patient, or when saying goodbye to the patient.
- At Delivery of the Spectacles
 - o *"Contact us if anything comes up in the meantime; otherwise we'll see you when you come back in 24 months time".*
- In the Recall Letter
 - o Letter is always clinical and never contains anything retail (like brochures).
 - o Always signed by the optometrist.
- When the Patient Phones to Make Next Appointment
 - o *"Yes I can see on your file that you are due for a check-up now"* (When looking at the screen to identify patient)

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Patient Registration Forms

When a new patient comes to our practice there is a lot of information that needs to be collected - name, address, phones, health fund, Medicare, etc. It is also useful for the optometrist to have a family and health history available.

With every new patient at Reception:

Please give them a Patient Registration Form on a clipboard with a pen - note that we have an Adult and Children's form available.

Ask them to complete some details for our records; you will find this much easier to enter into the computer rather than trying to ask questions and get spellings across the reception desk. It is also more comfortable for people to sit down and find their various cards and numbers.

If the optometrist is ready for the patient, copy the form so that you can enter the details into the computer while they take the patient into the consulting room along with the original of the completed form.

With every new patient in the Consulting Room:

After the patient has spent the time filling in the Registration Form it is really important that the optometrist looks at it and refers to the information. It is frustrating for a patient to be asked a question if they have already bothered to answer the same question on the form.

The optometrist will then copy any relevant family and health history onto the patient's record. After the completion of the consultation the form does not then need to be kept. However, it is important to tear it up for confidentiality reasons.

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Own Frames

It's important to understand "why" somebody wants to re-use their own frame - sometimes they just don't like the process of making a choice and we have the expertise to help them.

When they do want to use a frame again we sincerely want them to understand the disadvantages, but we do not want to sound like we are just trying to sell them a new frame.

It's the patient's choice, but they deserve to be fully informed. Please remember to say the following . . .

With every patient who wants to use their own frame:

"You have a decision to make here:

- o Our laboratory will take all care but the frame may break during fitting, or it may break afterwards. It is no longer a current model so we can't get spare parts and there is no warranty.*
- o On the other hand, it will be less expensive to re-use the same frame - but not if it breaks and the lenses have to be re-made to fit a new frame.*

So what would you like to do?"

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Assume Payment in Full

For most patients, the best vision solution involves more than one pair of glasses - they often also need prescription sunglasses, computer glasses or single vision readers. Similarly, most patients don't tend to get these all at the same time. Experience has shown that if there is no balance to pay when a patient collects their new spectacles, they are more likely to order the other pair at that time.

It is also true that the account for their spectacles only needs to be paid once; so why not just pay it in full when the order is placed? It also means that Hicaps can be claimed at that time (since Hicaps can not be claimed if there is any outstanding balance). Of course some patients will only be able to pay a deposit, but they are the minority - so it doesn't make sense for this to be our "default".

Please assume that the patient will pay in full and only offer a deposit alternative if needed . . .

With every patient:

- After describing everything that is included in the total . . .
"How would you like to pay for that today?"
- Only offer a 50% deposit if the patient is unable to pay in full.
 - o (Required by the lens laboratory before they can start making your lenses).

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Patient Greeting

Some patients feel anxious about having their eyes examined - What will happen? Will they give a wrong answer? Have they got something seriously wrong? When they arrive in the practice, please try to include the following . . .

With every patient:

- Use their name. Look at it on the appointment screen if you can, or use it in conversation after the patient has told you.
- Introduce yourself - it's just a friendly thing to do.
 - o *"Hello Mrs Smith. My name's John".*
- Show respect by calling them "Mr" or "Mrs", until the patient indicates otherwise.
- If there is an opportunity, tell them something reassuring about the eye examination:
 - o *"You've probably seen all the ads on TV about glaucoma and macular degeneration? They are all part of our standard eye examination, so you'll be checked for them all today".*

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Follow-Up Phone Calls

Previously most practices have been phoning progressive lens patients 2 weeks after delivery of their new spectacles to confirm that all is going well. While it's true that these are the most likely to have problems, there is also a big positive in the message that we care enough to phone and ask. So why not send this positive message to other patients too?

With a patient who received new spectacles that were in some way unusual or special:

- Use the same procedure as for progressive lens wearers, two weeks after collection . . .
"Hello Mrs Smith, this is Kelly from your optometrist . . . This is just a courtesy call to confirm that everything is going well with your new spectacles?"
- The way we deal with their answer is also the same:
 - o Frame hurting / falling down / uncomfortable - *"Normal for a frame to require further adjustment . . . please just call in at anytime"*
 - o Difficulty doing something specific, such as reading in bed, or playing golf / bowls - *"Please come back and we'll check the positioning of the lenses and adjust them to suit".*
 - o Total dissatisfaction with spectacles (not wearing them) - *"It is important that you achieve the best possible vision from your spectacles. I'll book you in for a follow-up appointment with the optometrist".*

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Script Walkers

Why do some patients take their prescriptions? Sometimes it is simply because they are travelling overseas, but other times it is because they believe that they could buy spectacles cheaper somewhere else.

Of course we give patients their prescriptions when they ask for them, but we also try to understand why they are making the request. If it is to “shop around” please remember to say the following . . .

With every patient taking their Rx:

- Give them an estimate of the cost to expect. (This is helpful & patients appreciate it).
 - o *“So you know what to expect for the quality of lens that your optometrist has prescribed for you”*
- Remind the patient to make sure that whoever is making the spectacles is supplying the type of lens that has been prescribed for them. (This is often substituted with something more basic).
 - o *“I’ve included the design of lens that you need on the prescription. Just make sure that this is what they are supplying”*
- Invite them to return with the new spectacles, so that we can check that they have been made correctly. (This shows that we care and also allows us to tell them if there has been any substitution).

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Ask for Referrals

We generally don't like to ask people to send their friends or family to us, but most patients are very satisfied with what we have done for them and they would be happy to recommend us.

It's just a matter of reminding them, so please remember to say the following . . .

With every patient at delivery:

"We'll see you for your next eye examination in 24 months. In the meantime, our books are now open for new patients - so if you have any friends that you'd like to recommend us to, we'd be pleased to look after them".



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