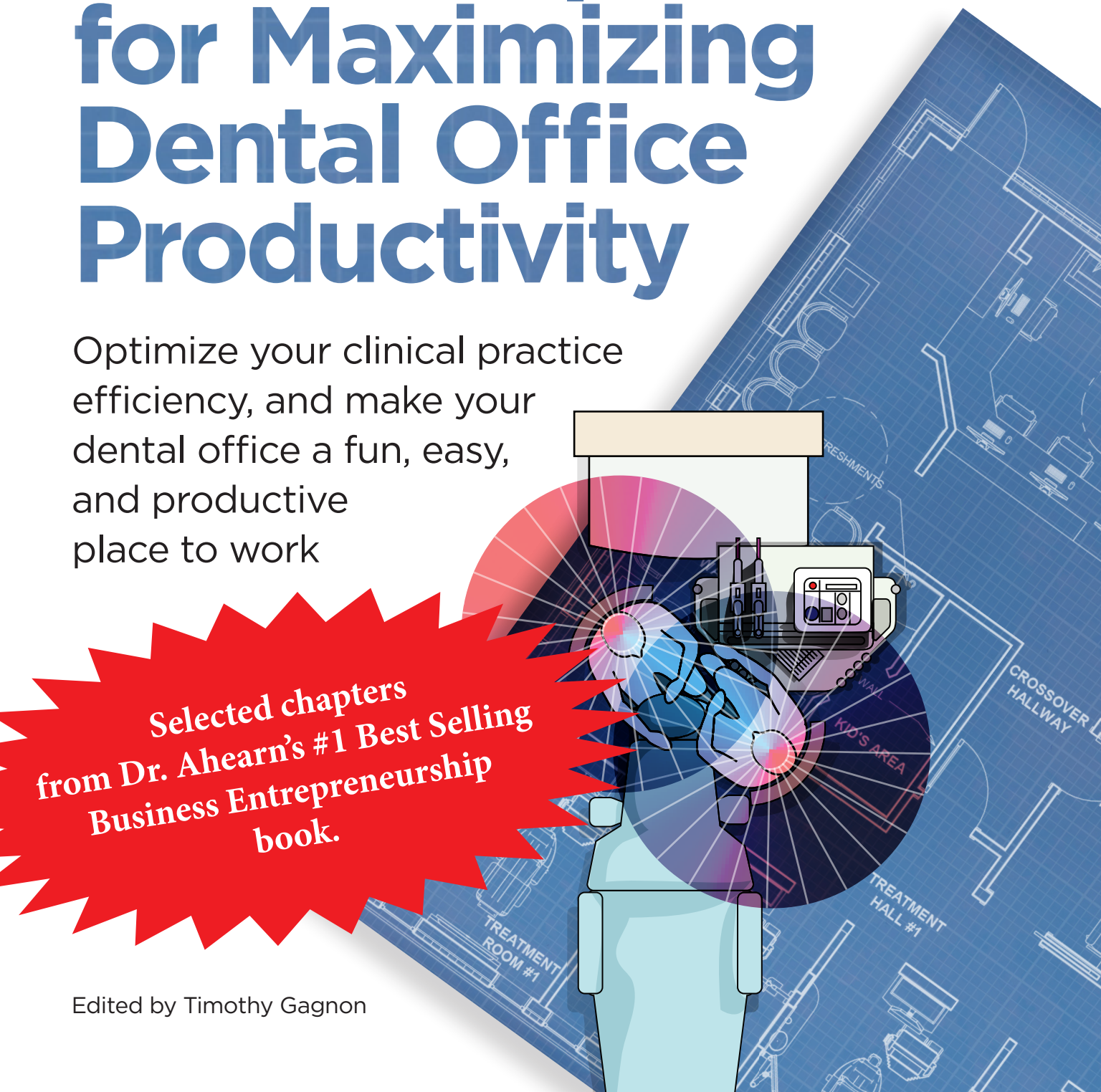
David J. Ahearn, DDS

Your Blueprint for Maximizing Dental Office Productivity

Optimize your clinical practice efficiency, and make your dental office a fun, easy, and productive place to work



Selected chapters from Dr. Ahearn's #1 Best Selling Business Entrepreneurship book.

Edited by Timothy Gagnon

1.0

LAY THE **FOUNDATION** FOR **SUCCESS**

1.0 LAY THE FOUNDATION FOR SUCCESS

Whether you're a 4-op specialist, or a 20+ op multi-provider office, the strategies and systems shared here will help you to significantly increase your practice efficiency. You will learn strategies and techniques that make dentistry easier for you and your team. Perhaps best of all, your patients will be more comfortable, relaxed, and receptive to the exceptional treatment you provide.

Since the 2014 release of my first *Guide to Maximizing Productivity*, we've received countless messages of thanks from practice owners across the nation. They told us the ideas in that work helped them to increase revenues, profits, and patient satisfaction – all while elevating their team's culture. For example, one Midwest practice owner relayed his story of turning a $1M revenue practice into a $5M practice in only 5 years with the help of the ideas presented here.

One common and surprising trend in the feedback on that 2014 work, is how quickly dentists are able to implement the ideas into their practice. For example, many found they were able to easily spot and resolve bottlenecks ranging from sterilization to patient checkout. Others shared that their team morale and culture improved dramatically as a result of implementing the organizational guidelines described here; systems that make training team members faster and easier.

In developing new material for this updated release, we've complemented these internal strategies with information on where they may lead you in the future, and how quickly you may get there. The fact is, becoming more productive will create natural growth in your practice. It's never too early to start planning on how you will accommodate that growth.

WHAT WE'LL COVER

This guide is a map, intended to lead a typical practice from its current level of production to a place where two-to-three times that level is possible, and can be accomplished with *less* stress. It also provides helpful fine-tuning and continuous improvement strategies for those already producing at a high level.

Several practical aspects of dentistry are covered here, including some of the most common challenges offices face:

- Supply management and inventory
- Standardized systems for consistent delivery
- Team motivation and training
- Technology integration and deployment

Extensive analysis, design, implementation, and input from thousands of doctors has given us an in-depth understanding of how interconnected these areas are. An enormous amount of dentistry revolves around the mundane task of organizing and deploying these assets. This guide offers a variety of real-world solutions geared at streamlining organization and removing bottlenecks that slow production, create stress, and impact performance.

We will also address several intangible concepts that can have a positive impact on your practice. Some of these high-value concepts have been modified from leaders in diverse industries, such as the Lean manufacturing principles of the Toyota Production System. Others have been developed through years of research and an ongoing commitment to the single most important element of dentistry: the well-being of our patients.

As a reference point, we will often provide statistics and other figures for a single doctor, $2M practice (see below). However, the majority of material in this guide is fully scalable by design, adaptable to a wide range of practice sizes, and is intended to accommodate and promote growth. The core fundamentals discussed here reflect immutable truths that apply to general and specialty practices of all sizes.

OUR EXAMPLE PRACTICE
THE SYSTEM IN ACTION

As a reference point for equipment, scheduling, materials, and other statistics, we will often cite a "typical $2M, 7-chair practice." This example is based on a sampling of our successful clients, and it includes the following profile elements:

- **1 full-time dentist** (35 hrs per week)
- **3 operative columns with 1 overflow column**
- **3 hygiene columns**
- **$2M annual operative production** (this figure does not include hygiene)

While your current (or target) practice may be substantially different, the methods and philosophies discussed in this guide are fully scalable. They may be applied to larger offices and are intended to accommodate and promote growth.

WHAT IS PRODUCTION?

Simply put, production is doctor (or hygiene) time spent which is billable. Typically, this occurs when a physical transformation from one state to another is made inside a patient's mouth. In short, it's actual dentistry done.

HOW DO WE MEASURE PRODUCTION?

There are multiple ways to measure production, including "per month" or "per treatment room." Different groups will present this information in different ways in order to highlight their particular interest in the field. However, the most accurate method of measuring production *relevant to dentists* is dollars per hour of on-the-clock doctor time (vs. total time). Almost every other activity can be considered overhead – and you should examine and streamline each to reduce their impact on your practice. A significant portion of this guide will be focused on this reduction.

WHAT ELEMENTS ARE NECESSARY FOR PRODUCTION?

There are several external factors that impact the amount of production possible for your particular practice but none are more important than capacity and demand.

You'll need to perform a cold, hard assessment of the current demand for your services. How large of a patient base do you have to draw from? How many new patients do you see each month? How many could you see with additional marketing efforts? How many patients could you physically treat in the hours that you're open? Ultimately, we find that with proper systems in place, the average dentist running a three-column schedule can effectively accommodate as many as 60 new patients per month without working more hours. This may not be *your* goal, but it is entirely possible.

HOW PRODUCTIVE SHOULD YOU BE?

The good news is that dentistry is one of the very best and most lucrative careers available. It's very difficult not to achieve a certain level of success. However, you also know that dental school does very little to prepare you as a business owner, whose daily decisions effect the livelihood of 5, 10, or even 50 team members.

We all have strengths, but only a few achieve greatness in multiple arenas. If you want to be a business manager, we wish you the best. Countless books have been written on the subject. This isn't one of them. But if you want to be a dentist, whose main job is to deliver dental treatment efficiently and effectively at levels previously considered unrealistic, or if you want to successfully grow a multi-doctor practice where high productivity is a natural part of the process, then this guide is for you.

The American Dental Association (ADA) reported that the national average of doctor production was $490 per hour in 2022.

A recent internal survey of hundreds of dentists using the Lean dental systems explained in this guide revealed consistent production levels at $1,000/hr or more. In fact, productivity greater than $2,000/hr is possible.

LEAN THINKING

The concepts presented here are a culmination of best practices from a variety of industries such as retail (Target), aerospace (NASA), hospitality (Ritz-Carlton) and entertainment (Disney). However, the greatest impact on the strategies and systems shown here came from in-depth study of automotive manufacturing – specifically, the Toyota Production System (TPS), of which Lean is a generic variant.

Our patients aren't products or machines. However, if you think of dentistry as a series of steps using a variety of instruments, materials, and skill sets which result in a physical transformation, then the parallel isn't far off the mark.

This may be a difficult concept to grasp at first. As a healthcare provider, it might be uncomfortable to consider yourself in the manufacturing business. But when you start to break down the processes involved in patient care, the similarities are readily apparent. This doesn't dehumanize our patients; it simply provides us a unique perspective from which to build systems that offer our patients more efficient treatment, with better and more consistent quality controls. Further, its inherent efficiency saves time which can be spent on a higher level of customer service and patient care.

YOUR 90% PROCEDURE PROFILE

In this guide, you will discover opportunities throughout your entire practice to simplify systems and processes. However, one essential component that we will build on, and refer to often, is what we call your "90% Procedure Profile."

Our research shows that a relatively limited number of procedures comprise about 90% of any given practice's treatment. This is your 90% Procedure Profile. While it might be possible to prepare each operatory for 100% of possible services, it would be very inefficient to do so. It's much more effective to completely prepare each op for your 90% Procedure Profile, and handle the remaining 10% as needed on-demand. For instance, consider root canals – could you stock rotary files and Apex locators in each op? Perhaps. But should you? Probably not. On the other hand, what about crown and bridge supplies? For most practices, the answer would be "Yes, I do them all the time!"

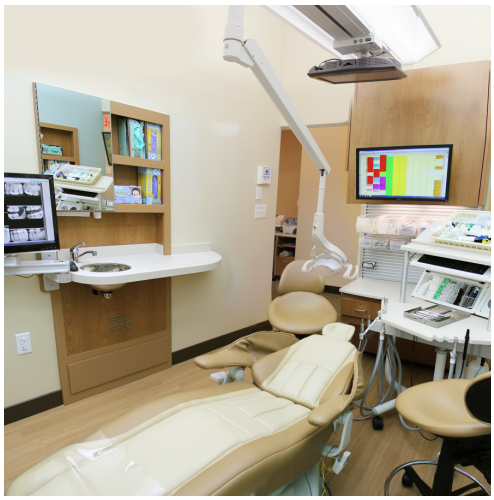
Different practices will have varying profiles, depending upon their focus and patient base. Once you've determined *your* 90%, you'll want to ensure that each operatory is capable of servicing all elements within that Profile, quickly and easily. However, to keep productivity flowing, you will also need an efficient means to address the other 10% of procedures that fall *outside* your Profile. We'll show you how to accomplish that, too.

3.0

BUILD THE **FRAMEWORK** FOR **SUPPORT**

3.0 BUILD THE FRAMEWORK FOR SUPPORT

At this point, you should have a sense of the design elements that make a practice both productive and comfortable for your patients and team. Now let's look at some techniques that will allow your team to operate at the highest level of productivity, reliability, and ease.



Studies have shown that only 10% of practitioner's efforts during a standard dental visit are "time on tooth." The other 90% of the appointment has a much greater impact on your ability to serve more patients in a shorter time. Whether it's turning the room around between patients, deploying the supplies needed, or physically reaching for a certain material, that 90% is full of opportunities to eliminate waste and be more productive.

By applying Lean principles, reviewing product selection with a careful and critical eye to reduction, and compartmentalizing distinct procedural needs, the entire operative process becomes:

- **More streamlined**
- **Entirely predictable**
- **Consistent in quality**
- **Increasingly productive**

For over twenty-five years, we have researched this process, investigating bottlenecks, process-waste and other problem areas. In the sections that follow, we present some of our findings and provide you with effective solutions for organization, distribution, and delivery.

Consolidation and modular distribution, in which materials are delivered to the operatories in standardized containers such as bins and cassettes, are the primary themes here. By centralizing sterilization and resupply, we've removed the bulk of redundant supplies from the ops. While we've discussed the positive impact this has on inventory control and the re-order process, these are really side benefits. The true advantage of this system is that what remains in the operatory has a relatively small volume. This material, which accommodates your 90% Procedure Profile, can be placed where it is most effective: at your fingertips. This will also be true of instruments utilized for specific procedures (even those outside your 90%).

The detail-oriented among you will especially appreciate these next few chapters.

3.1 CONSOLIDATED RANGE OF MOTION

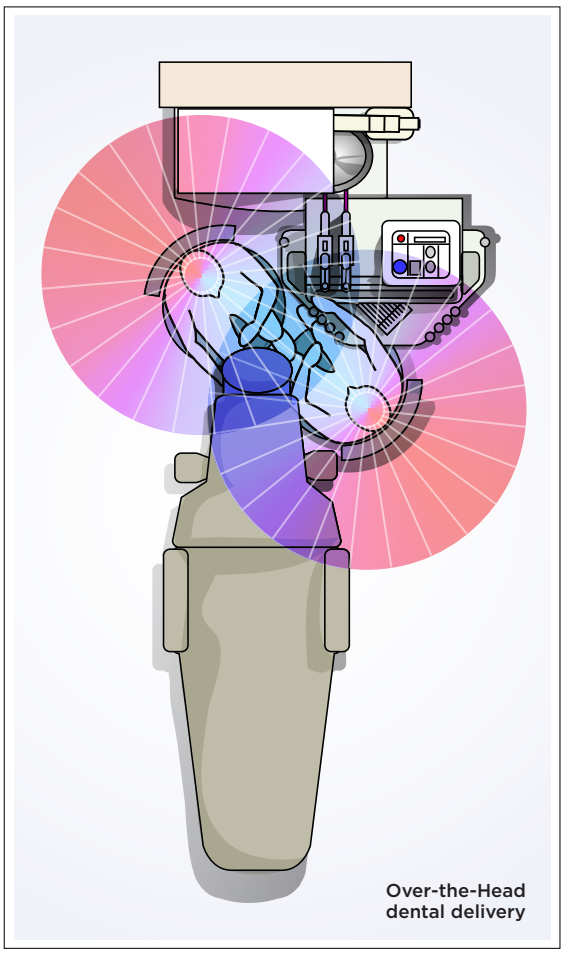
Over decades of teaching, practicing, and developing new technologies, our team has come to understand that there are a few immutable laws in dentistry:

"You can't manage what you can't measure,"

"You can't measure what you can't see," and

"You can't use what you can't reach."

This last principle is simple enough, yet it is completely ignored by the vast majority in our industry. There are a finite number of tools, materials, and supplies needed for any given dental procedure. By aggressively consolidating these items, the physical volume ends up measurable in cubic inches as opposed to cubic feet. It then becomes possible – and preferable – to put these items within reach of you, your assistant, and the point of use (the patient's mouth).



Over-the-Head dental delivery

HOW "YOU CAN'T USE WHAT YOU CAN'T REACH" IMPACTS DELIVERY

The diagram shown left illustrates the range of motion for doctor and assistant. The blue areas are fingertip-accessible, where equipment comes readily to hand, and procedures flow smoothly. The areas in red may as well be on the moon. Every time you need to access these areas (for materials or instruments), the procedure is interrupted and all production stops. Additionally, you increase the risk of muscular strain, which is so common in our profession.

To counter these effects, Over-the-Head delivery ("OTH") maximizes function within your natural range of motion through a consolidation of both instruments and supplies. It provides left/right convertibility and easily accommodates both 2-handed and 4-handed dentistry.

Of the four recognized methods of delivery (Rear, Side, Over-the-Patient, and Over-the-Head) only OTH combines the principles of ergonomic positioning, increased procedural efficiency, and maximum patient comfort.

THE BENEFITS OF CONSOLIDATED RANGE OF MOTION

The primary benefit of Consolidated Range of Motion is efficiency. Having all instruments and supplies you need to perform your dentistry at your fingertips eliminates the non-value added activities of reaching, turning, finding, and sorting. This can shave quite a few minutes off of every procedure, which can add up to a tremendous amount of time. More available time equals more potential production. Doctors using the systems described in this guide have achieved production rates that are double, triple, or even quadruple the national average of $490/hr.

The second major benefit of consolidation is the impact it can have on room design. Eliminating the need for side cabinetry has obvious financial benefits, but it also allows for more open space in operatories – even physically smaller ones! Patients won't feel claustrophobic, and the open space allows for easier mobilization of high-tech, or infrequently–used technology. Mobilizing technology (discussed in section 3.6) has become increasingly important in our industry as new (and often expensive) products and procedures are introduced.

Third, consolidation brings enormous health benefits. The wasted motions inherent in "typical" treatment room designs are more than inefficient; combined with poor posture, they are a major cause of musculoskeletal disorders (MSDs) and practice disability. Consolidation eliminates these motions and allows you to position yourself ergonomically.

These are just the major benefits. Other significant benefits include:

- **Reduced room turnaround time**
- **Ease of service and repair**
- **Rapid left/right convertibility**
- **2 and 4-handed functionality**
- **Simplified construction requirements** (which reduces costs)

This efficient and productive operatory presents a relaxed, welcoming impression to the patient. It is also capable of performing any standard procedure short of surgery – from hygiene to root canals – and is easily switched from left-handed to right-handed use in less than a minute.

DAVID J. AHEARN, DDS

A PAINFUL (BUT VALUABLE!) LESSON

Soon after starting my own practice, I began experiencing significant physical symptoms of repetitive stress injuries (carpal tunnel syndrome and others). After consulting with my physician, I was left with two unacceptable options: stop practicing dentistry or undergo surgery.

Having studied Lean manufacturing, I knew that many of the motions I performed were waste – unnecessary for accomplishing a physical transformation within the patient's mouth. To get a better idea of the extent of this waste, I decided to film myself.

My dental team and I recorded over 200 hours of footage. Reviewing the first 100 hours, I couldn't help but laugh – the motions weren't that dissimilar from a very busy switch-board operator. As I continued to watch, however, I grew much less amused. I realized that for the past 15 years I had been damaging my body almost to the point of disregard. This needed to change; not just for me, but for every dentist in the country.

I established a research group which included industrial engineers, MIT scientists, and even the ergonomist that NASA had hired to reconfigure the space shuttle control panel after the Challenger disaster. The conclusion became obvious to all: getting all of the items needed to do dentistry into this area (see page 35), within equidistant reach of the doctor, assistant, and the point of use (patient's mouth), would begin to allow ergonomic positioning.

I realized then that I needed to create an entirely new way of delivery that would accomplish this. After dozens of attempts and design iterations, we invented the Universal Workstation. The patented Workstation system enables Over-the-Head delivery which has been recognized as the fourth and newest method of delivery by the ADA.

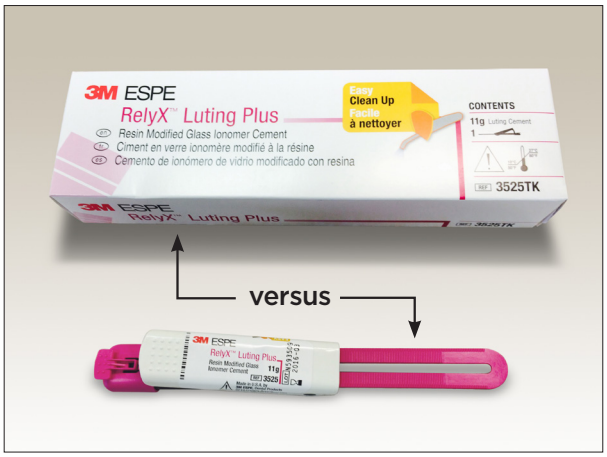
The Universal Workstation, and the principles of intelligent consolidation and waste elimination it represents, became the foundation from which we launched all improvements aimed at reducing stress and maximizing efficiency in our profession.

3.2 VISUAL SETUP AND RESTOCKING

Centralizing resupply is a critical step to getting a handle on your material systems...but it's just the *first* step. Once your materials are gathered in one location, you need to organize them in a logical manner that provides efficient access and immediate awareness of inventory levels. To do so, we will borrow another page from the Toyota Production System – the principle of Visual Setup and Restocking.

All supply items should be clearly visible and easily accessible at all times – both in your treatment rooms and in your central resupply area. They cannot be hidden away in drawers, buried behind boxes of other materials, or stuffed in the back of a closet. The most effective way to present materials is to use inexpensive open shelving and clear plastic bins. This accomplishes two things:

1. Items can be quickly identified (and accessed) for deployment or restocking.
2. Inventory levels can be determined at a glance.



Offices can save an enormous amount of both space and procedure time by removing unnecessary packaging from supplies.

But let's not be satisfied with taking items out of drawers – *let's take them right out of their packaging!* If you remove the bulk of the box you'll be amazed at how little space the individual materials, such as anesthetics or adhesives, take up (shown left). Unnecessary packaging not only takes up space, it can slow down chairside deployment while your assistant struggles with multiple layers of boxes, bags, and unnecessary instructions (which should have a single, central repository). That's in addition, of course, to the time they may have spent trying to locate the items in the first place.

This one tip can reduce the inventory space requirements for a typical office by 70% or more, and save a surprisingly large amount of time.

Now that you've eliminated wasteful packaging, you can organize your supplies in a logical pattern, immediately accessible in half the space or less. How you choose to organize is really up to you. However, we strongly suggest that you group products by usage categories (e.g., adhesives, anesthetics, etc.).

When possible, each different item should be stocked in a single bin, of a size large enough to accommodate the recommended six-week supply. We find most dental products can fit either on a shelf or in the 6-slot or 9-slot tilt bins shown in the following images.

Visual restocking is an essential requirement for efficient inventory management. The three resupply pull-downs, six 9-slot tilt bins, and four 6-slot tilt bins pictured above represent six weeks' worth of operative supply for our $2M, 7-chair practice example.

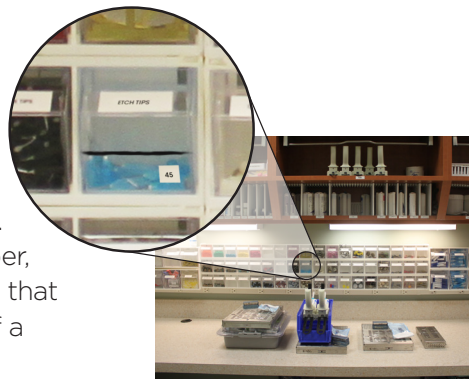
If you stopped right here, you would find your inventory system easier to manage, more efficient, and more productive. This level of organization alone can save countless hours of monthly overhead in both employee time and inventory expense. Yet, this is just the supply-side of material deployment. These same concepts of Visual Setup and Restocking can also be implemented to great effect within the treatment rooms. We'll cover the specifics in sections that follow, but the concept is the same, just on a smaller scale.

Our intent here is to change the way you perceive inventory. You can't simply imagine it as a bulk stockpile of material that enters the system only as needed; rather, it is an integral part of the system, as relevant to your practice flow when it's in central resupply as it is at chairside. Once you start to think about inventory in this manner, you will likely find a number of applications for this concept, from printer cartridges to drinks in the refreshment center.

LEAN MANUFACTURING STRATEGY

看板 **Kanban** (literally "signboard" or "billboard" in Japanese)

You can adapt this Japanese principle of visual inventory tracking by inscribing lines and/or numbers directly on the face of clear storage bins. When the item level drops below the line or number, it's time to order. It can take a bit of work to refine that level, but the benefit – an immediate awareness of a potential inventory shortage – is substantial.



3.3 MODULAR SUPPLY WITH TUBS WITH BINS

Upper tier MegaTub pictured with its lid removed.

Our goal is to increase the productivity of your practice as a whole, integrating as many pieces as possible into a cohesive, efficient system. But if you only take one thing away from this guide, take this: *"You can't use what you can't reach!"* We've said it before (see previous chapter) and we'll say it again. This simple but profound statement is one of our mantras and is a critical consideration in anything we design. While this principle affects many aspects of your practice, the following section deals with its impact on treatment.

In discussing office-centric layouts (see page 11) we introduced the 90% Rule. To recap, each room should be stocked with a week's worth of operative supplies, consumable goods, and equipment needed for the successful production of your 90% Procedure Profile. Once you fully understand and commit to this principle, it becomes rather obvious that the practice of placing vital supplies in drawers or up on remote shelves simply makes no sense.

The core of operatory success, therefore, revolves around the treatment delivery unit and the consolidation of equipment and supplies within the operator's range of motion.

A central component of this process is the operative supply tub and the consumables bin (picture above). These essential tools allow a modular approach to staging treatment supplies. Benefits of this method include:

- **Consolidation** – Core materials, consumables, and disposables are presented in an organized, accessible manner.
- **Preparation** – Once you establish and standardize your tub-sets, you can be confident that you are procedure-ready with a single glance. No empty slots means you won't be missing critical material or instruments at a crucial moment.
- **Efficiency** – Tubs and bins can be easily brought back to central resupply for restocking, where items are clearly visible and easily accessible. Following the 90% Procedure Profile rule means that restocking becomes a once-a-week task.
- **Responsiveness** – Keeping one or more fully-stocked bins in resupply at all times allows you to "hot-swap" tubs in mid-procedure, with zero changeover or loss of production.

BEST-IN-CLASS - Selecting Materials

Buy the smallest number of the absolute best materials that you can find that are as cross-functional as possible and teach your staff how to excel with these. Reliability comes through simplification, and consistency is the backbone of quality. Don't consider costs at this point. Even if the best-in-class materials come at a higher price point, total supply costs will decrease because waste and overstocking are reduced.

Here's what we do...

Every year, we attend the Clinicians Report Review course with the doctors Christiansen and return home to review what they say, do, and use. We then review the CR newsletter's list of the 100 most–used products and choose the top three in every category where we have a desire to make a change.


Gordon J. Christensen

Clinicians Report

CR is the original and only independent dental product testing organization with funding only from dentists!

December 2020, Volume 13 Issues 12

BUYING GUIDE

The Best Products for 2021

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PROVEN PRODUCTS are listed alphabetically and in red. These products have been determined by research and long-term clinical use and are commonly used and generally accepted by CR Evaluators. New products are often compared to them. Some categories may not list proven products.

HIGHLY RATED NEW PRODUCTS are listed alphabetically and in blue. They were identified by in-house science evaluations and CR Evaluator use during 2020. Only products with an overall grade of 3.8 or higher (4.0 highest) and an Evaluator recommendation of 70% or greater are included.

THE TOP NEW CONCEPTS AND MUST HAVE PRODUCTS FOR 2021!

#1 New Glass Ionomer (GI) Restoratives

#2 "Semi-Permanent" Crowns/Prostheses

#3 Face Shields

#4 Patient Education

We review the quality, durability, and user ratings and then compare the handling characteristics to our personal handling preferences; for example, do we like sticky or smooth, solid or fluid? We then pick one item per category. Notice that cost was never an issue here. Only if we do not have a clear–cut preference will we choose the less expensive item. Again, we can't go into great detail in this guide but, please, think quality first. You will make up any additional supply costs very rapidly in productivity if you do so.

Why seek an outside source for material selection? Simply put, groups such as the CR and others spend tens of thousands of dollars purchasing, using, and reviewing the thousands of new products that reach the market every year. It is not possible to out-research these organizations, nor is it sensible to try. Lean on their findings and focus your efforts on the things in your immediate control: your office, staff, and patients.

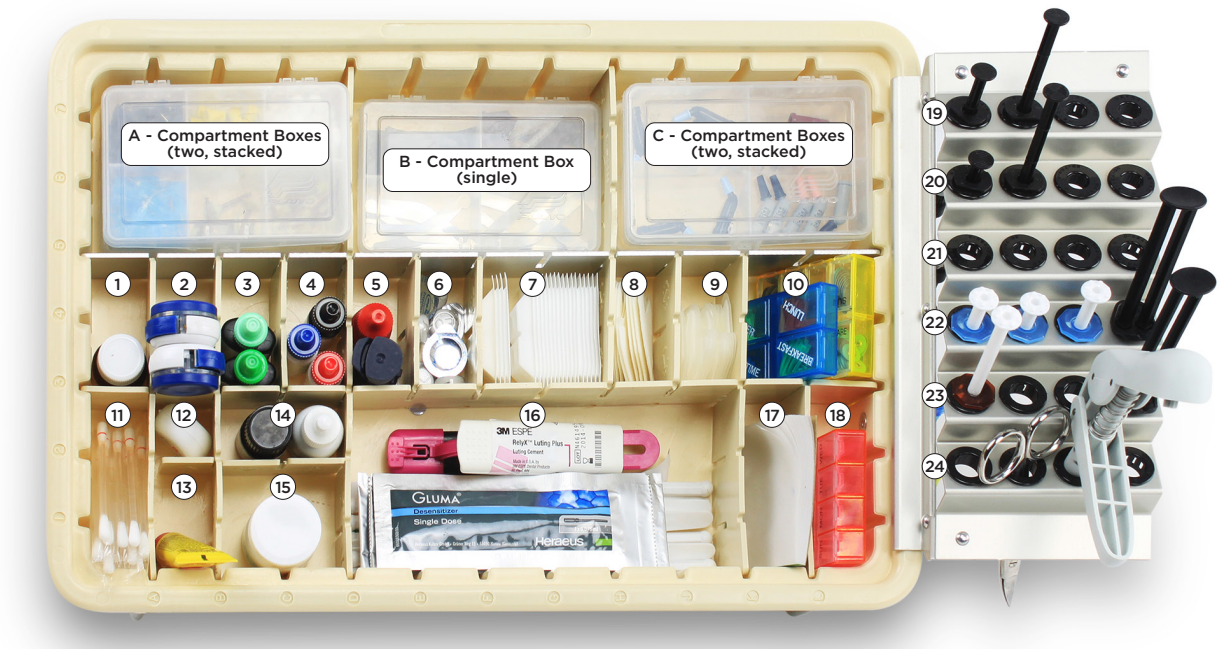
So now you've selected your preferred, can't live without, daily supply items. We have yet to see a general practice that could not fit their typical supply products – all of them – in one single MegaTub (see next page). Each treatment room will have one of these, all stocked identically.

Following this review process on a one to three year cycle will keep you up-to-date on current material advancements, streamline stocking issues, create a cohesive clinical environment, and promote the quality standards you demand. As a basic continuous improvement tool, it's both simple and effective.

MEGATUB

The MegaTub is the heart of your delivery supply organization. Properly prepared, it can accommodate more than a week's worth of materials required for your 90% Procedure Profile. Assistants will keep an eye on levels throughout the week, but barring unusual case loads, the MegaTub should only need replenishing once a week.

Please note: the materials listed in the following pages are not intended to show you *what* to use. Your 90% Procedure Profile will dictate that. Rather, these examples demonstrate how the materials you *do* use can be set up for immediate accessibility and easy restocking.



Fully stocked MegaTub

OPEN SLOTS (1-18)

1. Hemostatic Liquid
2. Retraction Cords
3. Prime and Bond
4. Multipurpose Dental Adhesive, Dental Bonding System
5. Porcelain Conditioner, Provisional Glaze
6. Polishing Paste
7. Wells
8. Large Dry Angles
9. Small Dry Angles
10. Wedges, Polishing Discs
11. Single-Dose Topical Anesthetic
12. Floss
13. Lip Balm
14. Adhesive, Caries Detector
15. Topical Anesthetic (bulk)
16. Resin Modified Glass Ionomer Cement, Light Cure Glass Ionomer Liner/Base, Desensitizer, Disposable Spatula
17. Mixing Pad
18. Replacement Burs

COMPOSITE RACK TIERS (19-24)

19. Sealant Material
20. Flowable (various shades)
21. Porcelain Etch
22. Etch, Core Build Material
23. Hemostatic Agent, Cement
24. Crown & Bridge Scissors, Composite Gun

Utility compartment boxes, containing smaller items. Note that these boxes may be stacked two-deep in the MegaTub.

UTILITY COMPARTMENT BOXES (A, B & C)

A.1 (top)
6–Compartment Box

- Etch, Flowable, and Viscostat Tips
- Prophy Cups
- Centric Syringe
- Cotton Pellets

A.2 (beneath)
4–Compartment Box

- Coarse, Medium, Fine, and Ultra Fine Paper Points

B
4–Compartment Box

- Articulating Paper
- Small and Large Matrix bands
- Core and Cement Tips

C.1 (top)
4–Compartment Box

- Common Shade Composite material
- Temporary Filler

C.2 (beneath)
6–Compartment Box

- Retainerless Matrix Bands (or other)

Our sample practice (outlined on page 5) stocks their operative supply tubs as shown on these pages. Again, your particular setup will vary depending upon your practice concentration or clinical habits. However, the usage groups shown here will likely be similar and demonstrate a sensible approach to organizing supplies in modular tubs.

Whatever your supplies are, the key is to standardize the setup – and be disciplined in replicating it every time. It's fine to change your setup if you need to make adjustments, but you must remember to update the standard and inform your entire team.

Your remaining materials (those required for treatment outside your 90% Procedure Profile) can then be consolidated into individual kits. These kits remain in central resupply until needed, and may be deployed to any room at a moment's notice. Depending on the size of your practice, one or two duplicate setups may be prepared. This takes up a relatively small amount of space in resupply, and guarantees that you can respond quickly and efficiently in nearly any situation. Zirc™ tubs function well for this.

These are some common "ancillary" tubs found in a modern general practice:

IMPLANT TUB

Top Row

Impression Copings (various sizes)

Middle Row

Lab Analogs (various sizes), Thumb Drivers

Bottom Row

Torque Wrench, Healing Caps, Miscellaneous Parts, Implant Cement, Parts for Patients in Progress

WHITENING KIT

Left

Dappen Dishes, Topical Tooth Creme, Lip Balm, Cotton Tip Applicators and Brushes, Liquid Dam

Middle

Sunscreen, Vitamin E Oil, Plaque ID Gel, Bell, UV Light Safety Glasses

Right

Cheek Retractors, Alcohol Wipes, Bleach Tray Cases, Extra UV Light Safety Glasses

DENTURE TUB

Tub Base

Wax Spatula, Denture Adhesive, Extracoronal Attachments, PIP Brushes and Remover, Fit Checker, Mixing Spatula, Dappen Dish

Left Bin

Base Plate Wax, Mixing Tips, Undercut Wax, Gingiva Shade Guide, Spatulas, Lab Knives

Right Bin

Ink Pencil, Matches, Lighter, Sticky Wax, Diagnostic Wax

Finally, the Consumables Bin is the workhorse for disposable supply organization. Like the MegaTub, an intelligently designed and stocked bin will hold enough supplies to accommodate over a week's worth of standard dentistry. The unit below is also from our example practice and is shown with a medical waste container.

CONSUMABLES BIN (SHOWN WITH MED-WASTE)

1. Cotton Rolls
2. 2x2 Gauze
3. Cotton Tip Applicators
4. Small and Large Surgical Suction Tips
5. Saliva Ejection, High-Volume Suction
6. Lower Saliva Ejector
7. Long Disposable Brushes
8. 30-Gauge Extra-Short Needles
9. 30-Gauge Short Needles
10. Bupivacaine HCl Anesthetic
11. Articaine HCl Anesthetic
12. 27-Gauge Long Needles
13. Short Disposable Brushes
14. Prilocaine HCl Anesthetic
15. Lidocaine HCl Anesthetic
16. Disposable Mirrors
17. Med-waste

3.4 CASSETTES

We are constantly amazed by the number of practices that have not yet adopted cassettes. If you already have, then congratulations! We're sure you can't imagine how you ever lived without them. For those who haven't made the switch, you'll be pleased to know that this transition is one of the easiest, quickest, most affordable, and effective ways to improve your practice right now.

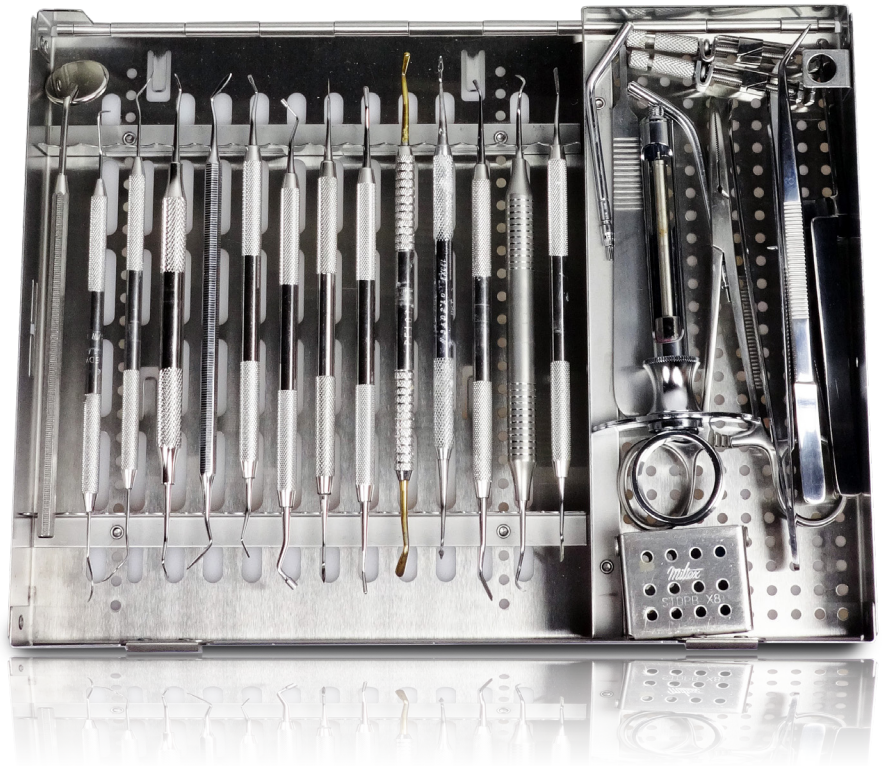
The most immediate benefit of cassette use versus tray use is time savings. Trays are set up for each individual procedure. Post-procedure, instruments are removed for sterilization, and the trays themselves require cleaning. Prepping for the next procedure requires locating and laying out all the diverse instruments again...and again...and again. In contrast, cassettes only need to be set up once. Post-procedure, the cassette is processed as a complete, sealed unit. Eliminating the breakdown/setup cycle in this manner saves an enormous amount of time associated with every procedure. In an environment where production rates can reach $15 or more *per minute*, this time savings brings a significant financial benefit.

Cassettes also remove a critical margin of error. Because instruments are never removed from the cassette outside the operatory, it's physically impossible to not have what you need if it was set up properly on day one. This is doubly important because the lack of an instrument is only discovered by the doctor during a procedure, where interruptions waste both the doctor's and assistant's time and have the most impact on scheduling downstream. The running theme here is similar to modular tub and bin supply: *How do you know you have everything you need? Easy. Every item has a slot and every slot is full.*

Finally, cassettes are clearly the safest method of deploying instruments to and from the treatment rooms. In a busy office, having several assistants scurrying about with cafeteria trays is just begging for an accident. Keeping delicate (and sharp) instruments safely contained during transport is essential.

RESTORATIVE/OPERATIVE/CROWN AND BRIDGE CASSETTE

This unit is your bread-and-butter cassette and is used for all restorative dentistry.



Configuration: 14 Instruments slots, plus side compartment.
A typical $2M, 7-chair practice will have 10 (or fewer).

INSTRUMENT SLOTS

1. Mirror
2. Perio Probe
3. Cowhorn Explorer
4. Spoon Excavator
5. Hollenback Carver
6. Cleoid/Discoid Carver
7. Amalgam Condenser Plugger
8. Interproximal Carver
9. Small Plugger
10. Pear-shaped Burnisher
11. Finishing Burnisher
12. Composite Instrument
13. Universal Posterior Sickle Scaler
14. Packing Instrument

SIDE COMPARTMENT

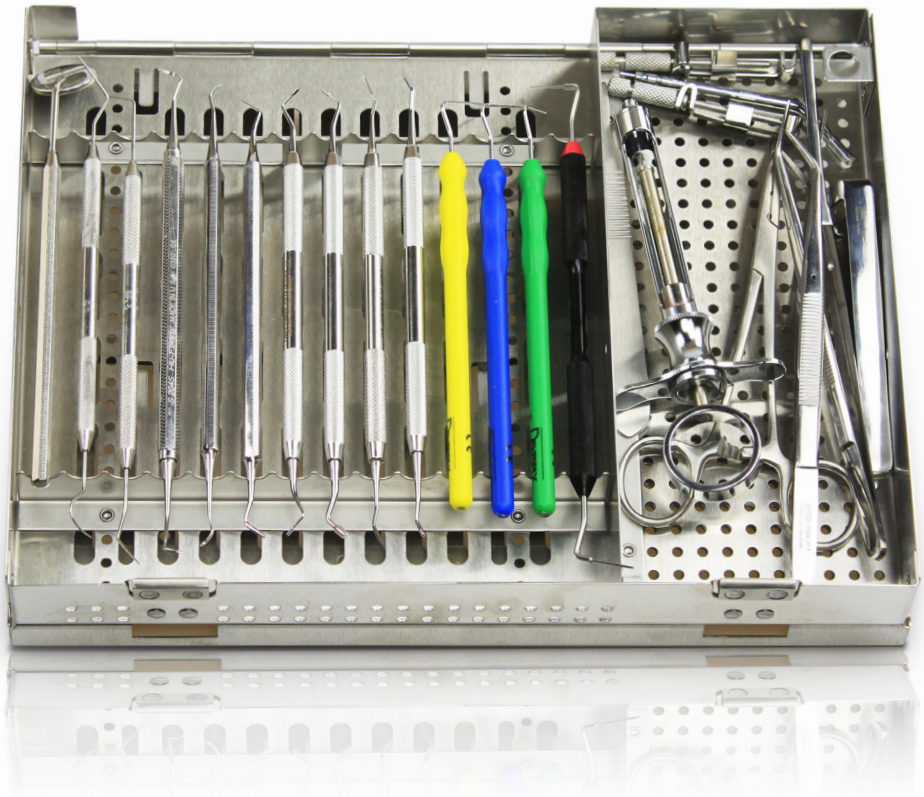
1. Anesthetic Syringe
2. Articulating Paper Holder
3. 2 Matrix Band Holders
4. A/W Syringe Tip
5. Hemostat
6. 12-Hook Scalpel
7. 2 Cotton Forceps
8. Air Abrasion Tip

CUBED CONTAINER

1. Air Abrasion Tip

ENDO CASSETTE

The unique demands of endodontics require their own cassette. However, these units should also accommodate restorative follow-up procedures such as core and crown.



Configuration: 14 Instruments slots, plus side compartment.
A typical $2M, 7-chair practice will have 3.

INSTRUMENT SLOTS

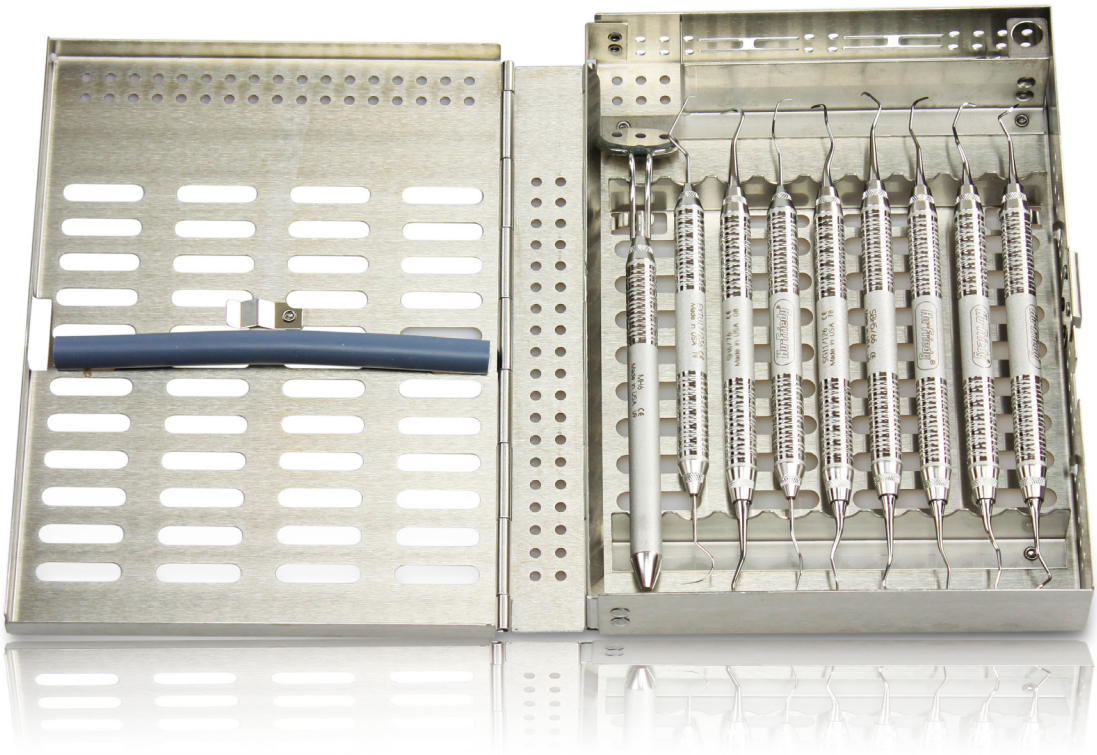
1. Calibrated Endo Mirror
2. Double-ended Endo Explorer
3. Universal Posterior Sickle Scaler
4. Endo Spoon Excavator
5. Hollenback
6. Cleoid/Discoid
7. Interproximal Carver
8. Pear-shaped Burnisher
9. Finishing Burnisher
10. Packing Instrument
11. Endo Pluggers (4 total)
12. Endo Pluggers (4 total)
13. Endo Pluggers (4 total)
14. Endo Pluggers (4 total)

SIDE COMPARTMENT

1. Anesthetic Syringe
2. Articulating Paper Holder
3. 2 Matrix Band Holders
4. A/W Syringe Tip
5. Hemostat
6. 12 Hook Scalpel
7. 3 Locking Cotton Forceps

HYGIENE CASSETTE

This cassette is the only unit you need for any hygiene procedure (prophy, perio, etc). Really, don't complicate matters by over-specializing – always think consolidation. That way, when you grab one of these, you know you'll be covered in nearly all circumstances.



Configuration: 9 Instruments slots, plus side compartment. A typical $2M, 7-chair practice will have 10 (at a minimum).

INSTRUMENT SLOTS

1. Mirror
2. Explorer
3. Perio Probe
4. Posterior Explorer
5. Anterior Sickle
6. Gracey 1/2
7. Universal 5/6
8. Gracey 11/12
9. Gracey 13/14

SIDE COMPARTMENT

1. A/W Syringe Tip

EXAM/ORTHO/PEDO-HYGIENE/QUICK-CHECK CASSETTE

This setup covers preliminary exam and diagnostic instruments. We find that these come in handy for a large variety of situations and procedures, including ortho.

Configuration: 5 Instruments slots, plus side compartment.
A typical $2M, 7-chair practice will have 10.

INSTRUMENT SLOTS

1. Mirror
2. Explorer
3. Scaler
4. Perio Probe
5. Composite Instrument

SIDE COMPARTMENT

1. AW Syringe Tip

SURGICAL CASSETTE

While surgery also falls outside the 90% Procedure Profile of most practices, preparation is critical when such procedures do occur. However, surgical instruments tend to be bulky, and numerous. These factors makes them ideal candidates for cassettes. You will have confidence that procedures won't be interrupted because some critical instrument is missing. That said, it is common to introduce specialized forceps in bag form for specific surgical locations.

Configuration: 6 Instruments slots, plus compartments and separator.
A typical $2M, 7-chair practice will have 3.

INSTRUMENT SLOTS, LEFT

1. Mirror
2. Explorer
3. Periosteal
4. Luxating Spade Elevator
5. East/West Elevators

COMPARTMENT, LEFT

1. Syringe
2. Hemostat
3. Surgical Scissors

MAIN COMPARTMENT, RIGHT

1. Currette
2. Small Straight Elevator
3. Large Straight Elevators
4. Bone File
5. Upper Forceps
6. Lower Forceps
7. Anterior Forceps
8. Closed Beak Forceps
9. Hemostat

SMALL COMPARTMENT, LEFT

1. Tissue Forceps
2. AW Syringe Tip
3. Surgical Scalpel
4. Surgical Scissors

DAVID J. AHEARN, DDS

BURNING DOWN THE HOUSE

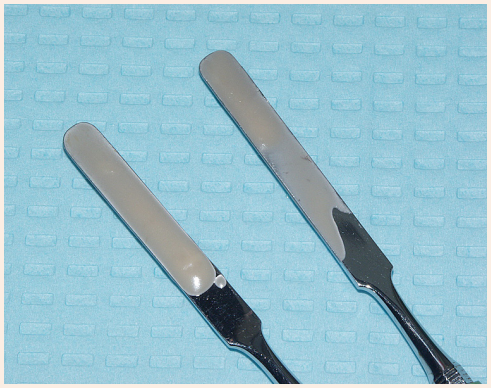
Way back when instrument cassettes were first being introduced to dentistry, I was baffled. We had this new box to carry the instruments around in. Nice. But then why did we have to unpack them in sterilization in order to fit the instruments into the ultrasonic and then re-pack. It made no sense. Soon after, the ultrasonic manufacturers built some giant units for our consumption. They made a huge racket and dripped toxic goo all over the place. So people imported super-expensive washers from Europe that took forever to operate... and seemed like overkill.

This led to a big argument about which solution was better, and perhaps what should be required as part of the sterilization process in dentistry.

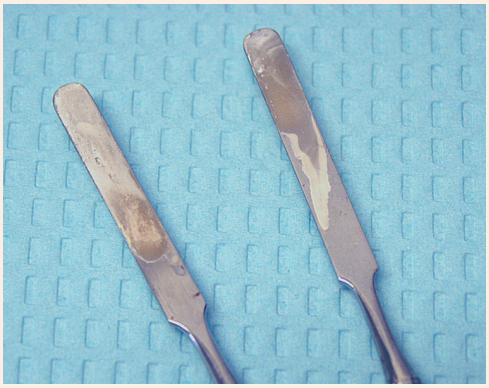
I got in a lot of trouble when I said that the only really dangerous part of the sterilization sequence was breathing the toxic soup coming out of these giant ultrasonics. I got in more trouble when I said that the purpose of pre-washing was to get bioburden off the instruments and pretty much that was it. And so I had to think of a way to explain my reasoning.

In the 1990s my reputation for helping make doctors more efficient had landed me a consulting job at NYU. They had to process 16,000 instruments a day as the country's largest dental school, and I needed to try to put an end to this ultrasonic versus washer fight. I didn't have the patience to wait for a university research committee to answer that question. They would take years just trying to get the funding. So I decided to do it myself.

I'm a very lucky person. I have a giant farm-shop. My wife let me build it as the original factory to make dental equipment for other doctors when we first patented a number of our inventions. Everyone in the industry told me that there was simply no way I could supply large equipment direct to dentists. That it was a crazy, no, stupid idea. We outgrew that shop in 18 months, so this seemed like a great place to settle the washer versus ultrasonic debate.



Set cement on two spatulas, pre-processing.



Set cement, still there after 17 hours of processing in an ultrasonic (left) and instrument washer (right).

First, we allowed resin cement to set on two metal spatulas. Then we rigged up washers and ultrasonics to run continuously to see how long it would take to accomplish the task of removing the cement. At 17 hours, in the middle of the night, the ultrasonic caught fire. Fortunately, the shop was fire safe. Good thing or I would've had a lot of explaining to do! "Honey...."

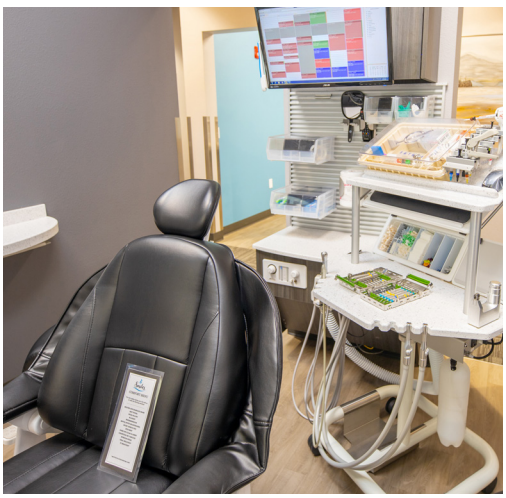
The answer was very clear. You simply cannot wash or vibrate set resin cement off of instruments! Maybe ever. And that's a good thing considering that we cement crowns with these materials! This established a foundational principle. The objective of pre-cleaning is to remove bioburden. And you make this easier by keeping the bioburden moist, not by sticking your instruments in a cabinet with a red light to dry. Oh, and the only way the resins come off is before they set at chairside, (the easy way) or with cold hard steel (the hard way) after that. That's the principle of "Soak/Wash/Cook."

IMPORTANT POINTS ON CASSETTE USE

The benefits of using cassettes can be heightened even further with a few sensible rules:

1. **Be consistent with instrument order**
   When we say "every item has a place" we mean it. Don't simply put the required instruments in the cassette; make sure they go in the same slot every time. Utilize photo references as described for tubs and bins. If a consistent order is used, errors in set-up can be identified more quickly. It also makes instrument passing faster and more reliable.
2. **Have a system for dealing with incomplete cassettes**
   Accidents happen. Instruments break or go missing. To reliably maintain the "every slot is full" aspect of cassettes, never close one in the operatory if it is missing an item. Instead, leave it open, and put it in a designated spot in the sterilization area for later updating.
3. **Clean all debris off instruments in the operatory**
   Sterilization is not meant to remove bioburden. And pretty much *nothing* will remove cements after they've set. (See the example on page 53.)
4. **Schedule inspection**
   The rubber strips inside cassettes eventually wear out. This can cause instruments to become loose, allowing them to get out of order or be damaged. Be sure to include inspection on one of your monthly checklists, and replace these strips as needed.
5. **Don't forget to review contents!**
   Just like adhesives, burs, or other materials, reviewing your cassette setups once in a while will ensure that they remain as effective as possible. Does the team think something is missing? Is a particular item simply unnecessary? We review ours frequently, but you should do this annually at the very least.
6. **Make sure your autoclave isn't a bottleneck**
   We recommend units with large internal chambers. Working within an efficient system, one autoclave can process about nine cassettes per hour, depending on load.

   A standard autoclave load would contain approximately the following:
   - (2) – 14 instrument cassettes
   - (3) – 9 instrument cassettes
   - (4) – 7 instrument cassettes
   - (6) – Bags (handpieces, scaler tips, etc)



CASSETTE BEST PRACTICES

Q: What is the main difference between the cassette manufacturers?

A: While quality may vary somewhat, the primary difference comes down to price.

American Eagle Instruments® – Has a nice finish, but a thin construction
HuFriedyGroup (a STERIS company) – Expensive, but well made
Integra® Miltex® – In our opinion, the best all-around value
Avoid plastic units – They can discolor over time

Q: Can I use cassettes without a dishwasher/instrument washer?

A. Unfortunately, without an instrument washer there's no great way to clean bioburden off instruments in cassettes. Ultrasonics aren't effective because the rubber strips which hold the instruments in place act as shock absorbers, degrading cavitation.

Q: Can I leave cassettes soaking overnight?

A. No! Cassettes should be cleaned before leaving for the night or weekend. Leaving instruments in solutions overnight can cause rust and corrosion.

Q. Should I wrap the cassettes?

A. The short answer: at a bare minimum, you must follow the protocols required by your local governing board. The longer answer: you probably should.

We recommend following a single system; either bags, or wraps. Following more than one just adds complication. Both have benefits and drawbacks:

- Wraps look neater in storage, store more easily, and you only need to stock one size of wrapping material. Wrapping, however, does take longer than bagging.
- Bagging, on the other hand, is significantly faster. However, it is more expensive, doesn't store as neatly, and requires stocking different sizes.

Regardless of which method you use, documentation is essential. While some states require bio-strips in the cassette when wrapping, most recommend dating, initialing, and including the serial number of the autoclave used for the cycle. We recommend this also, as it provides a paper trail to address any sterilization failures. If one cassette in a run fails sterilization, then every instrument in that cycle must be considered non-sterile. Proper documentation will help address this more quickly.

The bottom line is that you must always have a plan.

3.5 BURS

Many times when we visit offices, we see one practice with as many as five different bur blocks. There is one for operative, one for crown and bridge, one for veneers, one for endo, etc. Really, we're not kidding. We've even seen offices with different bur blocks for veneers and onlays! How does this happen?

You go to a course, and the guy giving the course demonstrates techniques using certain burs.

The course is sponsored by the bur company. The block has their name on it.

There is a special. You buy the block...

Repeat.

The reality of this familiar story is that there were probably only two or three special diamonds on that block you bought. The rest were virtually identical to what you already had. Now you're faced with ever–increasing inventories and the endless project of finding and stocking the burs that you really want. How does the story end?

- **You will lose burs and control over your inventory.**
- **Your staff will misplace the ones you have.**
- **Ask us how we know...**

The simple truth is, you only need one bur block and one endo block (and, perhaps, a pedo block – which will also get used for patients with a limited opening). Here's how you make this work:

1. Take all of the burs and diamonds that the entire practice needs. Gather them together along with all users. If you have five doctors, have them all in attendance.
2. Gather all the burs into categories (round, fissure, coarse reduction, fine shoulder, etc.). **Anywhere you find two similar burs or diamonds, pair them together.**
3. Then take the pairs and query all participants; "Which one do you like better or use more?" For example, if you want a large reduction diamond and a medium of the same or similar profile, which one do you want? Same goes for a number 1 and a 1P bur. They do the same thing.

Once you go through this process, you will likely find that you have less than 30 implements (some offices get down to 10!). **If you can't get it down to 30 burs then return to the beginning and start over.**

Following this exercise, we have never had an office fail to simplify their bur blocks. In fact, the most common issue is when you only need 18 items and have a 20–item block. If so, do not leave empty spaces. If you have gaps, fill them with spares of your most commonly used burs. That way when you open a block and see that all slots are full, you know you will have what you need.

UNIVERSAL BUR BLOCK

FRONT ROW left to right

- Thin Fine Flame Diamond
- Thick Fine Flame Diamond
- Short Fine Round End Parallel Diamond
- Super Coarse Beveled Cylinder Diamond
- Coarse Round End Taper Diamond
- Long Coarse Flame Diamond
- Short Coarse Flame Diamond
- Super Coarse Needle Diamond
- Super Coarse Round End Taper Diamond
- Medium Depth Cutting Diamond

MIDDLE ROW left to right

- Fine Diamond Football
- Pointed Carbide Football
- Long Fine Round End Parallel Diamond
- Extreme Cut Round End Fissure Carbide
- Flat End Fissure Carbide
- Tapered Fissure Carbide
- Pear Carbide
- #2 FG Round Carbide
- #4 FG Round Carbide
- #6 FG Round Carbide

BACK ROW left to right

- Large Carbide Football
- Carbide Flame
- Fine Needle Diamond
- Extreme Cut Round
- End Fissure Carbide
- Large Coarse Football Diamond
- Extra Fine Flame Diamond
- Mandrel
- #2 SS Round Carbide
- #4 SS Round Carbide
- #6 SS Round Carbide

PEDODONTIC BUR BLOCK

FRONT ROW left to right

- Flat End Fissure Carbide
- Short Coarse Flame Diamond
- Fine Round End Parallel Diamond
- Pear Carbide
- #6 FG Carbide

BACK ROW left to right

- Thick Fine Flame Diamond
- Extreme Cut Round End Fissure Carbide
- Large Football Diamond
- Long Coarse Flame Diamond
- Super Coarse Round End Taper Diamond

3.6 MOBILIZING TECHNOLOGY

Much of what we've covered has been focused on streamlining and standardizing everything needed to serve your 90% Procedure Profile. Your rooms are now equipped with identically stocked bins and tubs. Cassettes are ready for deployment. Burs are reduced and organized. You can efficiently and reliably perform your most common treatments in any operatory.

So what about your *least* common treatments?

10% PROCEDURES

Some of the 10% of procedures that fall outside your standard profile will be easily handled with a single auxiliary tub, for instance, the Whitening Kit Zirc tub on page 44. Others require more extensive materials or equipment and are natural candidates for mobilization.

In a general practice, such treatments frequently include endo, ortho, implants, and sedation. In addition to their relatively infrequent occurrence, these procedures often require a large variety of bulky supplies and instruments (e.g., ortho), or utilize very expensive equipment (e.g., endo). In either case, mobilization allows you to avoid unnecessary duplication, which both reduces costs and increases inventory reliability. It's the last piece of the puzzle that *really* allows you to treat "any procedure, in any room, at any time."

The endo cart setup below is one of the more common configurations and is extremely well suited to mobilization.

MOBILE CART SETUP FOR ENDO

Apex locator
System B
Electro-surge
Backfill System
Endo Supply Zirc Tub

- Paper Points
- Gutta Percha
- Insulin Syringes
- EZ-Fill
- Microscopes
- Air Abrasion Units

Lewis Bin 1

- All Rotary Files

Lewis Bin 2

- Pluggers
- Rubber Stops
- Syringes
- Formocresol, Hemostatic Sol'n and other medications
- Root ZX Tips
- Endo Blocks
- Backup Powders, Gels, etc.

SAME DAY SERVICE CART

Cart Top
- Air Abrasion unit
- Aquacut machine

Top Shelf
- Diagnodent
- Digi Wipes
- Power Charger

1st Drawer
- Abrasive Powder
- Valve Tubes

2nd Drawer
- Add'l Foot Pedal
- Replacement Parts for Air Abrasion Machine
- Distilled H2O Containers
- Desensitron Wetting Agent
- 2% Sodium Chloride

Foot Pedal on side of cart and Helium Tank on back (not visible)

SEDATION CART

Cart Top
- NIBP & Pulse Oximeter

Top Shelf
- AED
- King Tubes

2nd Shelf
- Emergency Medications
- Berman Oral Airway
- Arm Pads

1st Drawer (Lewis Bin)
- Tourniquet
- Arm Strap
- Vein Illuminator
- Lidocaine Cream
- Hand grip
- Extra Arm Pad
- Medical tape
- Alcohol Pads
- Band-Aids
- C02 canula
- 24-Gauge Needles
- 22-Gauge Needles
- BD Blunt Plastic Canal
- 1ml Syringe
- 3ml Syringe
- EKG Leads

2nd Drawer (Lewis Bin)
- KY Jelly
- 0.45% Sodium Chloride Injection
- Microdrip Sets

HIGH-BULK PROCEDURES (E.G., ORTHO, AS BELOW)

1st Drawer (Lewis Bin)
- Wire Cutter
- Distal End Cutter
- Ligature Director
- Three Beak
- Bracket Holder
- Two Beak

2nd Drawer (Lewis Bin)
- Keys
- Spacers
- Coil Spring kit
- Weld Lingual Tubes
- Weld Lingual Buttons
- 3D Impression Jigs
- Dimple Pliers
- Cleaning Wire
- Clear Rotator Wedge
- K Hooks
- Stops
- Lower Arch Brackets
- Ultra Band-lok
- Wire Ligaturesde

3rd Drawer (Lewis Bin)
- Band Pushers
- Band Remover
- Band Cement
- Primer
- Bracket Cement
- Bracket Cards

INTEGRATING MOBILIZATION INTO YOUR SYSTEM

While mobilization is the last item in this chapter, it is not because it's the least important or beneficial strategy. In fact, the opposite is true. The reason this falls last is because without Consolidated Range of Motion and aggressively consolidated supplies, odds are there would be no room in the operatory *for* mobilized technology in the treatment room!

A growing percentage of new construction and renovation projects are allocating space outside the operatory to accommodate mobilization. These "cart bays" don't need to be large; five-and-half feet wide by two feet deep easily handles a typical four-cart array. They do, however, need to be located centrally to the practice workflow, and are often placed next to sterilization and resupply. Larger practices may have multiple bays (see plans, next page).

For best effect, use a cart specifically designed for the health-care industry, rather than a run-of-the-mill "office" cart. These units will typically offer the following value:

- **Greater stability**
- **Non-porous, solid surfaces for disinfection**
- **Capacity for industry-standard items** (e.g., Zirc and MegaTubs)
- **Electrical connections for high-tech equipment**
- **Dimensions suited to medical environments**

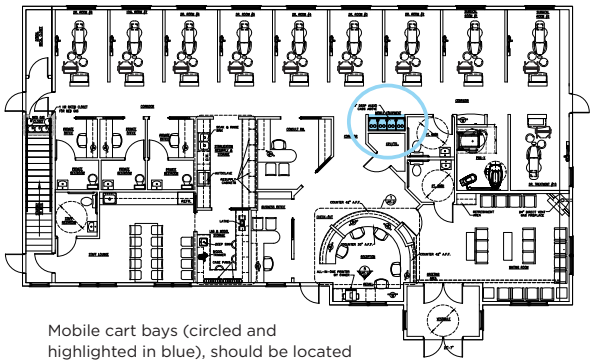
A well-designed cart can have a footprint as small as one-and-a-half feet wide by two feet deep, but still offer all the benefits listed above. This makes it possible for older practices to find space for them, and allows navigation around confined and/or busy clinical areas.

REDUCE SPECIALTY EQUIPMENT COSTS

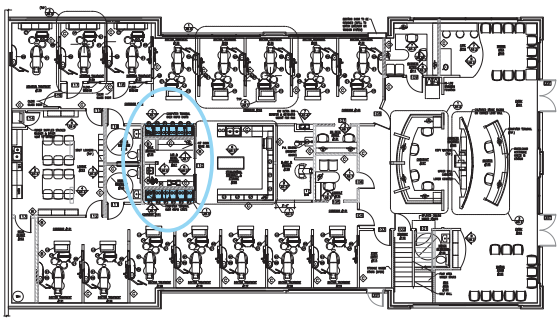
Nothing is gained by duplicating expensive, infrequently-used equipment. You really don't need an Apex Locator in every treatment room.

Mobilizing equipment of this type saves money and improves flexibility and responsiveness. What you mobilize depends on your practice profile.

The four-cart array shown here handles very different needs than those required by our example office which utilizes a sedation/endo/air abrasion/ortho array.



Mobile cart bays (circled and highlighted in blue), should be located as centrally as possible.



Two separate, identical mobile cart bays (circled and highlighted in blue) serve each "half" of this 15-op practice.

The four carts detailed on pages 58 and 59 will accommodate almost any procedure a solo practitioner is likely to encounter.

Double the amount of providers, and you double the chances that you'll need to do two root canals at the same time. Redundancy only becomes necessary as the office scales up in size.

Whether it's a crown-turned-root-canal in the middle of your schedule in Room 3 or a hygienist selling same-day air abrasion, the need to transition deliverables on the fly is a very common occurrence. By turning what would cause most dental offices very real and stressful problems into opportunities, you gain a significant advantage over the competition. Your patients will love your ability to accommodate their needs, your team will love the ease with which these changes are handled, and you will undoubtedly enjoy the increased production that occurs as a result.

This concludes the physical/technical component to this guide. By transforming the physical space around you to be more conducive to production (as defined on page 6) you will begin to see some significant increases in per-hour performance. Augmenting that transformation with better organization of instruments and supplies will allow your normal procedures to run like clockwork. Everyone will know what to do and will have all required resources at hand during routine appointments, as well as when those unexpected procedures crop up.

In the next section, we'll discuss tactical improvements to the day-to-day processes in your practice. Applying intelligent systems to communications, scheduling, and case presentation will result in productivity levels you've only dreamed about.

DAVID J. AHEARN, DDS

WHY WE DO WHAT WE DO

"We'd like to thank you for taking the time to review this guide. We hope that the strategies detailed here will help make your practice a more fluid environment; one in which dentistry is accomplished more efficiently, with less effort, and with greater satisfaction. These changes will create substantial increases in your production, revenues, and profits. However, production improvement is only one aspect of our mission – in fact, it's really a means to a greater end.

Dentistry truly is a noble profession. We improve our patients' lives, health, and self-confidence, and we're well-rewarded for our efforts. That said, we firmly believe that it is our professional responsibility to give back to the communities that support us. This is the driving force behind our focus on revolutionizing dental productivity. The more dentistry you can perform, the more people you can help.

Our mission statement for Design Ergonomics, and its sister corporation Ergonomic Products, is not about "superior design services," "maximizing client goal-attainment," or providing "results-oriented, systemic innovations." Yes, we do all these things – and we're passionate about them – but they exist to further our mission;

Design Ergonomics and Ergonomic Products shall be advocates for those in our society who are in need of dental services, but who cannot afford them.

It is our expressed mission to engage 1,000 clients who are willing and able to provide service at no cost to these individuals. We will provide our clients with the solutions, strategies and systems that will enable them to do so effectively, and in so doing, significantly increase their charitable giving through performance improvement.

That's a reasonably expressed, if somewhat corporate-sounding, mission

statement. But corporations annoy me, and I want to leave you with a real sense of purpose. So here it is in simpler terms.

We help dentists become more efficient and produce at higher levels. Dentistry just becomes easier. We want you to take what you've learned and give back to those in need. What's that look like?

Practices can give back to communities through any number of ways, such as school mouth-guard clinics, group-home or assisted-living outreach programs, or through numerous foundations and organizations. We've been fortunate enough to work with Dentistry from the Heart for over 10 years. This organization gets it – and gets it right – helping participants plan and promote single-day events providing no-cost basic dental procedures (exams, cleanings, fillings, and extractions). On average, our practices provide almost $70,000 worth of dentistry during each event. The ability to accomplish this in one day comes not from working faster than the average practitioner, but from working more efficiently, in an environment that allows it, and within systems that promote it. For more information regarding this exceptional program, please go to www.dentistryfromtheheart.org.

If I can give 1,000 practices the ability to provide an ***additional $50,000*** *of annual dental services...that's an additional* ***fifty million dollars*** *of charitable dental care* ***each year.***

Finally, take a moment and thank yourself. Many dentists strive for improvement by focusing on their clinical skills and knowledge. While these are critical aspects to be sure, the fact is that the vast majority of the time and energy spent on your patients does not occur inside their mouths. By acknowledging that your practice is a functioning system which reaches far beyond the treatment zone, you are positioning yourself for positive change. And by focusing efforts on the broader landscape, you are creating the opportunity to treat more patients, do more dentistry, and ultimately help more people.

That's why we do what we do. I invite you to join me in this effort.

All the best,