The Nineteen Most Important Questions to Ask Before Remodeling a Dental Office

By Patrick Crowley

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1. How do I begin the design process?

The first step in the planning process is to define the project. This can be best accomplished by developing lists of both your needs and your wants. These will be two distinct lists. For instance, you may need another operatory, while you may want a private office and restroom.

The second area is that of your personal work habits. The practice of dentistry is unique in the medical field in that it is highly individual. Some dentists work alone, many with one assistant, others with two. Your preferred method of instrument delivery also greatly affects the design process. Do you use split carts? Do you use the over-the-patient method?

In developing your lists keep in mind that at this point it isn’t necessary to become bogged down in too much detail because the skilled dental office designer can assist in taking you through the planning phase.

2. What is the best way to select a qualified designer for my dental office?

The field of dental space planning, interior design and construction is highly specialized because of the specific technical expertise required. Therefore, it is only prudent to retain the services of an experienced dental office designer, who is thoroughly knowledgeable in all aspects of dental office operations and just as important, is experienced and knowledgeable in commercial construction.

The firm with dental experience will save you money because it understands your business and equipment needs. You won’t be spending your time with training. Although you should be involved as much as you feel necessary, your most profitable time is spent in the operatory.

Selecting a dental office designer, along with the correct builder is a major decision. To assist your decision making process, it is helpful to choose firms that possess specialized medical/dental education and training, and are experienced in construction management.

Ask about the firm’s experience in designing and overseeing construction of dental offices. Check references, ask previous clients about the value they added to the design process. Were they skilled in establishing a realistic budget? Did they assist you in soliciting and evaluating proposals from contractors? Were they on-site during construction to represent your interests and monitor construction? Were they understanding and helpful with staff? Were they attention-oriented? Were they pleasant to deal with?

If the doctor had another project, would the
firm be hired again? Were they able to establish and monitor the construction schedule? Also ask about the completeness of the plans and specifications (inadequate plans always lead to additional costs and frustration at some point). Most importantly, make sure you are comfortable with the firm.

Designing and remodeling your dental office can be a substantial financial and emotional investment that may take months to design and build. By failing to select the right construction crew, the process may be disruptive to your practice and your income.

Quality dental office design costs no more to build, while poor dental office design may cost you many thousands of dollars if it has a negative impact on your office productivity and the comfort of your patients.

3. How much time should be involved in the design and planning phase?

If you have selected a designer with dental/medical experience, and you have prepared your needs and wants lists, the average dental remodeling project can be defined in two to four work sessions of an hour or two each. The length of the process depends, to some degree, on the size of the project and the number of partners involved.

The experienced dental office designer can save you money because the firm understands your business and your equipment needs. The firm will utilize a series of space planning checklists with questions focusing on each aspect of your operation, from seating area to the sterilization center to your preferred method of delivery.

4. How can I minimize disruptions to my practice during remodeling?

The most prudent approach for remodeling a dental office is the “off-hours” concept in which crews only work when your office is closed. Typically, crews work from 5:00 p.m. on Friday through 7:00 a.m. Monday Morning.

Many times the office will be closed on a Friday as well to allow the construction crew additional time to perform the necessary renovation. Construction work is usually confined to one or two rooms at a time.

Imagine coming into work on Monday morning to find a new operatory cabinets or sterilization center, without the slightest trace of construction activity. All adjacent surfaces should be protected during work and thoroughly cleaned prior to your arrival. Taking advantage of this approach, you do not experience a loss of revenue.

If you decide to go this route, it is your best interest to select a dental designer and a construction firm that is experienced in this method of construction. Working “off-hours” demands rigorous planning, careful scheduling and expert project management. The lumber yards aren’t open at 2:00 a.m.
5. What are the requirements for complying with handicap access?

Just as there are more regulations affecting your practice, the same is true of the design and construction industry, especially when it comes to improving access for the disabled.

It is necessary to comply with both the regulations of your particular state handicap codes and the provisions of the Americans with Disabilities Act Accessibility Guidelines (ADAAG).

Both have sections that regulate improved access for patients and staff of medical offices. Make sure that the dental designer and builder you select are both familiar with all sets of regulations pertaining to improving access for the disabled.

I have seen many dental office plans that failed to incorporate even the most elementary provisions for improved access. For instance, one client was given a set of drawings in which the openings were 6” narrower than the code requires, while another showed a new rest room which failed to meet the handicap codes and was not acceptable to the local building officials. As a result, building permits were not issued, and the design process had to be started over again.

6. Can I utilize my existing equipment when remodeling?

With careful planning, you should be able to relocate while continuing to use your present equipment.

First, if you are adding operatories or hygiene rooms, be sure there is ample capacity in the compressed air and suction systems. Often, at least one of these will need to be upgraded. Second, consider a partial upgrade, such as reusing your existing chair, but adding a new center island module or 12 o’clock treatment center. If your budget permits, then by all means complement your newly remodeled operatory with the most efficient chair and delivery system. Not only will staff productivity and morale improve, but also your patients will be reassured by your investment in their comfort and safety.

7. Should I be responsible for coordinating my equipment relocation and installation?

No. A qualified and experienced dental designer/builder will be able to manage or recommend a team that can be responsible for the entire project from design through construction and equipment installation. Many times, I have heard dentists complain that most contractors refuse responsibility for integrating and coordinating the installation of the dental equipment.

Again, by selecting an experienced dental designer and a qualified builder this problem can be avoided. Your dental equipment company is also a good resource for handling the equipment relocation phase of your project. Remember, your primary goal is treating patients and maximizing your income, not spending your time and energy on the phone dealing with electricians and plumbers.

8. What are the inexpensive ways to give my existing office a quick, economical face lift?

There are several ways to get more for your money. Since color is the most dynamic element of change, there are a number of ways to actually “change” your dental office by introducing new colors.

First, the walls. If your office is paneled (and probably dark), then covering over it with new
sheet rock (sometimes referred to as drywall) and a fresh coat of paint will make a major difference in the overall appearance of the space. Consider adding a wallpaper border for another little splash of color.

Flooring coverings become dirty and dreary quickly, especially in the seating area and hallways. New carpet in these areas and vinyl in the operatories, lab, and rest rooms make a notable impact.

In a dental office, the ceilings are a prime area for attention since patients focus on them while in the chair. Acoustical grid systems offer many exciting options for maximum change at minimum expense.

At the same time, old lighting fixtures can be replaced with new fluorescent units which provide much better ambient lighting (poor lighting is a common complaint we hear from dentists). If you have fluorescent lights now, simply replacing the lamps and lenses can create an entirely new appearance. Consider using recessed incandescent or sconce lights in the seating area for a softer and more inviting atmosphere.

If your cabinets and countertops are outdated or worn, they can easily be replaced with new units to meet your exact needs. Many possibilities exist in using cabinets to improve the appearance and efficiency of your dental practice.

Combining these elements will make an office sparkle. Many times, they can be accomplished in only one or two weekends. Imagine the impact of walking in on a Monday morning to find that the old dark cabinets have been replaced with new modern units, and the old paneling has been transformed to new bright walls. Everyone will notice the difference - especially your patients.

9. What steps can be taken to improve patient flow?

The path taken by patients through your office is key to optimum dental office planning. I recommend to dentists what I call The Crowley Pyramid Space Plan.

Imagine your seating area as the base of a pyramid. From this point, fewer people pass to the hygiene level, since parents, siblings, spouses...
and friends remain in the seating area. After hygiene, even fewer patients pass to x-ray, and fewer still move to an operatory. Only a very few pass all the way to your private office.

The Crowley Pyramid Space Plan allows the clustering of many staff functions, again for increased efficiency, higher staff productivity and most importantly, increased revenues.

Grouping staff areas such as the lab darkroom and sterilization in between operatories or off the main corridor not only minimizes staff movement time between duties, but also keeps these areas out of the patients’ path of travel.

10. How can I make my patients more comfortable?

Patient comfort is a concern in both the seating area and the operatory. Time spent sitting in the seating area is often a tense time for patients. Comfortable seating is very important, as well as an environment in the seating area that is aesthetically pleasing. Rest rooms should be well marked, easily accessible, well lit, vented and always clean.

A play area for children is a “must have” feature with toys, coloring books, and maybe even a separate TV or video area. Not only will the parents be pleased but patients without children won’t be disturbed.

In the operatory, distracting the patient from the sounds and odors associated with the dental profession contributes to comfort. Windows and natural daylight are only the beginning. The room should be pleasant and comfortable, no dark paneling, yellowed ceilings, or badly chipped cabinets. Wall and ceilings should be bright, fresh and clean. Patients spend a lot of time looking at your ceilings.

Background music should be soothing. A ceiling-mounted TV or DVD player can be installed in the operatory. Patients will tell everyone about being handed a remote control for a ceiling mounted TV or headphones to listen to their favorite music!

When leaving the operatory, patients will enjoy having a vanity and mirror in the hallway to freshen up before leaving your office. Such thoughtfulness creates the right image for your practice.

11. How can the seating area be improved?

Individual chairs make patients more comfortable.

The most dramatic improvement may be done with a quick “face lift”, but there are other simple changes that can be made.

Get rid of any sofas. Patients are not comfortable sitting immediately next to strangers. Many people are nervous when visiting the dentist, so it is imperative that any discomforts or secondary fears, real or imagined, be eliminated.

Make sure that the rest room is well marked with signs visible from the waiting patients’ viewpoint. Avoid having a rest room door open directly to the seating area. It is best if the rest room is located off the main corridor, which also
allows exiting patients the opportunity to use it more freely.
If you don’t have a children’s play area or coloring table, it’s a feature that is worth considering in your new office especially since many adult patients bring children along to their appointments. If not properly diverted and amused, children can be disruptive to other patients.

12. What are the elements of an ideal reception area?

If at all possible, the receptionist should not face the arriving patients. Your receptionist should be able to turn easily to greet arriving patients, take care of any paperwork, and then continue with other tasks. Having the receptionist face away from the window discourages conversation with waiting patients and allows the necessary work at the front desk to accomplished. Your receptionist should not be there to entertain patients.

It is best to separate check-in and check-out activities by placing them at ninety degree angels from one another. The check-out process takes more time than the check-in process. By separating these activities, the check-in area is not tied up. Even more important, HIPAA now requires that these areas be designed to allow for private conversations with patients to protect their privacy. In many instances a vertical acoustic panel between these two areas is adequate to meet the HIPAA requirements. The check-out counter should be positioned to capture patients before they re-enter the seating area while still allowing them privacy to settle their accounts and schedule their next appointment.

13. How can I maximize my present office space?

Most of my dental clients do not want to move their offices, but they do want additional space. The challenge is to redesign the existing areas to achieve maximum space utilization.

Hallways typically account for the largest percentage of non-productive space in a practice. Corridors detract from the bottom line. Fortunately there are many space planning techniques that can be applied to minimize the amount of space allocated to the hallways.

Although dental offices never seem to have enough storage space, solutions to address this can be quick, easy and inexpensive. Additional cabinets and shelves can be installed in virtually every room to assist the staff in coping with an increasing inventory of everything from insurance claim forms to disposable masks and gloves.

14. Can a new design contribute to better staff productivity?

Absolutely! Even though your practice may be functioning fine now, design improvements can enhance productivity. Because time is money, more efficient dental office design reduces wasted staff time. For instance, the sterilization center should be centrally located to all opera-

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tories and designed with a logical flow that recirculates the contaminated instruments in the shortest amount of time by using a well designed system.

15. Are there construction materials that will help with infection control?

Infection control and bio-hazards are increasing problems for the dental practice. When remodeling, it is important for both the designer and builder to be thoroughly familiar with all the regulations that affect your practice.

It is critical to follow the guidelines for asepsis control. Many construction materials and techniques offer quick and simple solutions to infection control.

For example, a smooth sheet vinyl is excellent for operatory flooring because it is easiest to clean. Walls should be covered with either a vinyl wallpaper or finished with a paint that is washable.

Cabinets and countertops should have as few seams as possible. It is wise to upgrade existing plastic laminate counters to a solid surfacing material. There are several available that are almost 100% non-porous and are best for medical purposes as an aid in infection control.

Window treatment should be simple, such as smooth vinyl vertical blinds, which are easy to clean.

16. What is the best operatory layout?

Since the practice of dentistry is so uniquely individual, there can be no one right answer, except for the one that works best for you.

There are several universal design characteristic which all dentists seem to appreciate.

A. A patient should enter the operatory and walk freely to the chair, not around or through the assistant’s area.

B. The patient should face away from the corridor to minimize distractions and provide a feeling of privacy. Also, the patient should not be able to see the sink and counter areas.

C. The dentist should be able to enter the operatory, use the sink, and sit at the right side of the patient (if you are right-handed) without encountering obstructions.

Many dentists are now opting for two sinks, one on the assistant’s side and the other on the dentist’s side. Many practices are even installing sensor style faucets which automatically turn on when there’s movement under them or foot activated faucets as another alternative.

D. The location and style of cabinets will depend on your preferred method of delivery, and whether you use carts. Many options exist with cabinets and counter, such as special openings in the top for waste and a wide selection of drawer configurations to match your preferences.

E. Writing space should be provided for both dentist and assistant.

F. No longer is it necessary to position the dental chair in the traditional straight manner. Additional space can be gained and better cabinet layout achieved by turning the chair at an angle. Traditional chair placement may result in wasted space.

G. Operatory layout and storage should be standardized for maximum efficiency. By storing all items in the same place in each operatory, it is easy to remember for example, that burrs are always in the third drawer on the right.
17. Should operatories have doors?

Although some dentists like having operatories with doors, the trend is away from closed openings.

The dentist, assistant and hygienist should be able to enter and leave an operatory as easily as possible. Also, opening and closing doors only distracts the patient and creates another surface that needs to be disinfected.

Doors should be used in two situations. If the space permits, it is beneficial to have a “quite room” to see problematic patients. And, if the operatories are located immediately next to the seating area, then doors may be advisable for patient privacy.

18. Should an operatory have more than one entrance?

In the past, operatories have typically had one entrance. As dentists see more patients each day, two entrances can be more efficient, and almost a necessity for the high volume practice where the dentist must enter and begin the procedure as quickly as possible. With two openings, movement patterns for the dentists, staff and patients can be much smoother and less time-consuming.

Even though two entrances may be ideal, there are times when building an additional entrance is too costly because of existing wall construction or the location of existing mechanical systems. Whether one or two entrances is provided, each should conform to the applicable codes.

I have seen professionally prepared plans that failed to meet the minimum width requirements for handicap access. The wider openings also make it easier for movement of equipment between operatories and for servicing existing chairs.

19. What is the most efficient way to handle disposables?

This is really a two-part question, and should include qualifiers: “prior to use” and “after use”. Prior to use can be solved with improved storage methods. Since office space is expensive, the best approach is to create storage capacity at each point-of-use. For example, each operatory should hold at least a day’s supply of masks, gloves and so forth.

Bulk or central storage should be utilized in less expensive space such as a basement. Staff members can stock each room at the end of each shift, so that each work station will be ready for the next morning.

Post-use disposables are an ever increasing burden to the dental practitioner, in terms of both cost and storage. The best solution to the storage side of this problem is to create separate and isolated waste containers for bio-hazard waste and non-contaminated waste. Many options exist in providing specialized cabinets that are specifically designed and manufactured for collecting and holding dental waste products.
The relationship between efficient design and dental income:

When considering improved dental office efficiency, it is important to look at both sides of the business: The clinical areas (operatories, lab, sterilization, x-ray) and the administrative areas (reception, seating area, manager’s office, filing). It is the dental designer’s task to achieve the optimum balance between the two areas.

It is absolutely essential to have the best possible dental office design because good design actually saves remodeling costs and increases office income. In fact, proper dental design makes three major contributions to the overall success of the dental practice:

A. Good design increases staff productivity and allows you to see more patients per day, without increasing staff expenses.

B. Good design assists in marketing your practice by showing your patients that you are willing to invest in their comfort and safety. Adding a new operatory can be marketed to show that there will be less waiting.

C. Good design gives you an edge on the competition because your office is patient-oriented. Handicap accessibility makes it easier for parents with strollers and older patients who may have problems climbing stairs.

A new office, and fresh, attractive rest rooms mean a more pleasant environment for everyone. A simpler check-in area and a more private check-out area indicate that you care about your patients.

For additional information regarding how we can help you update your office, visit our website:

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