‘Help! Things have got to change!’

Sally McKenzie, CEO

You want to change your practice. You know that you need to change the culture, the systems, perhaps even the staff. You have the desire, but desire alone doesn’t prepare you for the climb when you are standing at the base of what seems like Mt. Everest.

Singlehandedly achieving real change in the dental practice can be a truly Herculean effort. Team dynamics, history, patients, practice culture and technology all play significant roles in the transformation efforts, and each can erect seemingly insurmountable barriers to achieving the goals unless outside help is brought in to effectively and constructively remove those barriers.

Most likely, what you really want is not just change, but excellence. Excellence can be an intimidating concept. After all, an entire industry has been built searching for it since Tom Peters released his best-selling book in 1982.

With all the guides, books, formulas and motivational speakers who have dedicated countless pages of wisdom and endless hours of inspiration, we’ve learned this: Achieving excellence comes down to hard work, commitment and, most importantly, leadership.

At the root of excellence—or even just “very good”—is change. Change in any organization, be it a corporate giant such as Microsoft or your own dental practice, is a huge undertaking. In fact, studies have shown that 60 to 90 percent of the efforts to change the way things are done never come to fruition.

Why? It’s because the culture of most every business is “hard-wired” from the top down. In other words, if those driving the train don’t change course, everyone else is just another cart on the same track, along for the same journey, and on their way to the same destination yet again.

Creating change begins with you

The beauty of the dental practice is that if you, Mr. or Ms. Dentist, are not satisfied or don’t like the direction of your practice, you have the power to change it. In reality, only you have the power to change it. Yes, you need your team to be actively involved, but real change begins with you.

From there comes the development of the plan, which involves asking a few fundamental questions, starting with: What’s your vision for your practice? What does a really good dental practice do differently? How do we get there?

Next is fact finding. Talk to your patients about their experiences. You don’t need to conduct a formal survey, although it’s helpful if you can. At a minimum, ask how your practice can do things better.

Just remember that only a handful will be honest with you. Those who share less than stellar comments are doing you a huge favor in offering their candid opinions.

Studies indicate that if one person complains, at least seven others have had the same negative experience and each of them has told nine others about the problem.

This means that at least one negative comment about your practice has been shared with 63 others in your community. Thus, this is not exactly the word-of-mouth marketing you want circulating.

Begin to assemble the building blocks of practice excellence by examining each individual system and how it fits into the vision of the office that you have chosen to create.

What does the new patient experience involve in a practice that is dedicated to setting itself apart from others in the community? How do patients feel when they call a practice that is committed to excellence? How is the team involved in carrying out the practice culture that the dentist wants to create?

Once the broad-brush concepts are identified, take an honest look at how your team currently handles specific systems. Don’t sugar coat it.

Then ask your employees for their input. What do they see as...
Dental pain can make anyone edgy

With Articadent® DENTAL, everyone can sit back and relax

Articadent® is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. Articadent® with epinephrine 1:100,000 is preferred during operative or surgical procedures when improved visualization of the surgical field is desirable. Reactions to Articadent® (pain and headache, for example, or convulsions or respiratory arrest following accidental intravascular injection) are characteristic of those associated with other amide-type local anesthetics. Articadent® contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. Accidental intravascular injection may be associated with convulsions, followed by central nervous system or cardiorespiratory depression and coma, progressing ultimately to respiratory arrest. Dental practitioners and/or clinicians who employ local anesthetic agents should be well versed in diagnosis and management of emergencies that may arise from their use. Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use. Articadent®, along with other local anesthetics, is capable of producing methemoglobinemia. The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips, fatigue and weakness. If methemoglobinemia does not respond to administration of oxygen, administration of methylene blue intravenously 1-2 mg/kg body weight over a 5-minute period is recommended.

For more information, call 800.989.0826, or visit www.dentsplypharma.com

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4% Antical™ DENTAL with epinephrine 1:100,000
(artecaine hydrochloride 4% (40 mg/mL) with epinephrine 1:100,000)
4% Antical™ DENTAL with epinephrine 1:200,000
(artecaine hydrochloride 4% (40 mg/mL) with epinephrine 1:200,000)

BRIEF SUMMARY. [See Package Insert For Full Prescribing Information]

USE
Antical™ is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. For most routine dental procedures, Antical™ with epinephrine 1:200,000 is preferred. Articaine hydrochloride provides a longer duration of anesthetic and postoperative pain relief than lidocaine hydrochloride, provided anesthetic and local anesthetic failure is considered.

CONTRAINDICATIONS
Antical™ is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type, or in patients with known hypersensitivity to sodium metabisulfite.

WARNINGS
Accidental Intravascular Injection may be associated with convulsions, followed by central nervous system depression, hypotension, and respiratory depression. The use of epinephrine in patients with cardiac disease may cause cardiac arrhythmias. Cardiac arrhythmias can be avoided if patients are monitored for at least one minute after giving the drug. Intraarterial injection may result in local tissue destruction and may cause systemic toxicity. Systemic toxicity may cause cardiovascular collapse, respiratory depression, and death. The use of epinephrine in patients with cardiac disease may result in significant cardiovascular depression. The use of epinephrine in patients with cardiac disease may result in significant cardiovascular depression. The use of epinephrine in patients with cardiac disease may result in significant cardiovascular depression.

Adverse Events:
Intravenous injection should be avoided. To avoid Intravascular injection, aspiration should be performed before Antical™ is injected. The needle must be repulsed and no return of blood can be detected by aspiration. Note, however, that the absence of blood in the syringe does not guarantee that Intravascular injection has been avoided.

Antical™ contains epinephrine that can cause local tissue necrosis or systemic toxicity. Usual precautions for epinephrine administration should be observed.

PRECAUTIONS
General: Local anesthetic agents, oxygen, and other resuscitative drugs should be available for immediate use (see WARNINGS). The lowest dose that results in effective anesthesia should be used to avoid high blood levels that could produce toxicity with epinephrine. The maintenance of adequate ventilation during and after anesthesia is important to avoid cerebral and coronary ischemia. Respiratory depression may occur under certain conditions. Tasmania, Helix, American Heart Association.)

ADVERSE REACTIONS
Antical™ is characterized by those associated with other amide-type local anesthetics. Adverse reactions to this group of drugs may also result from excessive plasma levels (which may be due to overdosage, unmonitored intravenous injection, or slow metabolic degradation), injection technique, volume of injection, patient disposition, or a combination of these factors.

The reported adverse events are derived from clinical trials in the US and UK. Table 1 displays the adverse events reported in clinical trials where 892 individuals were exposed to Antical™ with epinephrine 1:100,000 and 197 individuals were exposed to Antical™ with epinephrine 1:200,000. The incidence of 1% or greater in patients administered Antical™ with epinephrine 1:100,000 and Antical™ with epinephrine 1:200,000 is presented in the following table.

Table 1: Adverse Events in Controlled Trials with an Incidence of 1% or Greater in Patients Administered Antical™ with epinephrine 1:100,000 or Antical™ with epinephrine 1:200,000

<table>
<thead>
<tr>
<th>Condition</th>
<th>Incidence</th>
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<tbody>
<tr>
<td>Nausea</td>
<td>18%</td>
</tr>
<tr>
<td>Pain</td>
<td>10%</td>
</tr>
<tr>
<td>Headache</td>
<td>6%</td>
</tr>
<tr>
<td>Rash</td>
<td>6%</td>
</tr>
<tr>
<td>Cough</td>
<td>3%</td>
</tr>
<tr>
<td>Dizziness</td>
<td>3%</td>
</tr>
<tr>
<td>Numbness</td>
<td>1%</td>
</tr>
</tbody>
</table>

The following list includes adverse and intolerance events that were recorded in 1 or more patients, but occurred at an overall rate of less than one percent, and were considered clinically relevant. Patient assessment, nursing, and concomitant therapy, as determined by the physician, are the ultimate factors in the treatment of cardiovascular depression. The use of epinephrine in patients with cardiac disease may result in significant cardiovascular depression. The use of epinephrine in patients with cardiac disease may result in significant cardiovascular depression. The use of epinephrine in patients with cardiac disease may result in significant cardiovascular depression.

Body as a Whole: abdominal pain, accidental injury, anemia, back pain, injection site pain, burning sensation above injection site, malaise, neck pain.

Cardiovascular System: hemorrhage, migrane, syncope, tachycardia, elevated blood pressure.

Dysguesia System: constipation, diarrhea, dysphasia, glossitis, gum hemorrhage, mouth ulcers.

Endocrine System: nausea, appetite.

Hepatic and Lymphatic System: cholestasis, xanthoma.

Metabolic and Nutritional System: uric acid, weight gain.

Musculoskeletal System: arthralgia, myalgia, osteomyelitis.

Nervous System: dizziness, drowsiness.

Respiratory System: phorophy, rhinitis, sinus pain, sinus congestion.

Skin and Appendages: pruritus, skin disorder.

Special Sensory: conp.in, taste, dark adaptation.

Urogenital System: dysmenorrhea.

Persistent parasthesia of the lips, tongue, and oral cavity has been reported with use of artecaine hydrochloride. With no, intolerance to the use of artecaine hydrochloride. With no, intolerance to the use of artecaine hydrochloride. With no, intolerance to the use of artecaine hydrochloride.

Bowel syndrome: hemorrhage, migrane, syncope, tachycardia, elevated blood pressure.

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the strengths and weaknesses of practice systems and protocols? What changes would they recommend to improve them?

What protocols could be developed to reduce stress and improve the critical experience, productivity and the total culture of the office?

Develop your plan for each area and put it in writing. Focus on the specifics of each practice system and create a timeline for addressing individual areas.

Remember, keep it manageable and establish realistic goals. Change efforts can fall short and quickly become overwhelmed. Some system changes can be implemented in a few weeks while others may require up to a full year.

When to seek additional help

Face the reality of your individual situation. In other words, recognize that there are many dental teams that simply cannot make the necessary changes on their own. Some dentists can successfully direct true system and cultural change in the practice on their own.

However, most don’t have the time, the energy or the mental fortitude to push through when seemingly everyone else is pushing back.

Often, dentist and staff are too close to the situation to be able to objectively consider what is truly working and what needs to be corrected.

Tough decisions are no longer made by personalities, turf wars and personal vendettas. In those circumstances, objective consideration is needed.

Like dentists, there are excellent consultants, good consultants and, unfortunately, bad consultants. Companies can lump all practice management consultants in the same category, I suggest you conduct a simple evaluation. Consider the following questions.

First, is the practice-management consulting firm you are considering endorsed by a credible outside organization, such as your state dental society?

For example, McKenzie Management is the only national practice management company endorsed by the California Dental Association. Does the company or consultant you are considering come to you or must you and your team go to them?

Certainly, it’s valuable for your team to go off-site for a team retreat and continuing education, but there is no substitute for what happens on-site, day-after-day in your practice.

If you are trying to make major changes to critical systems, a consultant cannot make effective recommendations until he or she stands in your office, witnesses the challenges you face, understands your goals and vision, studies your practice data on-site, evaluates the demographics and psychographics of your community and stands alongside the team that makes or breaks your success.

Does the company have a record of proven success? You want numbers, you want data and you want references. The credible companies and consultants will not hesitate to share this information with you.

Can this company tailor its recommendations to address the specific needs and uniqueness of your practice? Perhaps yours is a specialty practice or maybe you have certain economic challenges in your community.

Change in the dental practice is tough, and you may not be able to go it alone. The first step is admitting that you assistance. The next step is knowing how to choose a reputable company to help you achieve the goals you’d like to set before you give up on them out of frustration. (Photo/www.sxc.hu)

Possibly yours is an HMO office or maybe your practice is in a rural setting. Certainly, there are management systems that every practice must implement — such as scheduling, collections, production, etc.

Yet, no two practices are exactly alike. You want a consulting company that has the experience and breadth of knowledge to address the uniqueness of your practice.

What type of follow-up will this company or consultant provide? Is this a once-and-done operation? Does the company representative spend a day or a few hours with you, hand you a manual to follow and leave you to implement the recommendations on your own?

In most cases, that’s a strategy for failure. The dentist cannot make major changes in his or her practice singlehandedly. Alternatively, are the consultants on-site for as many days as the dentist would like? Regardless of the number of onsite days, it is imperative that you have a partner walking through the change process with you and your team for a full 12 months.

Ultimately, you want to work with a consulting firm that is prepared to provide individual attention and specific assistance to your practice over the long haul. (Photo/DT)

**About the author**

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist’s Network Newsletter at www.thedentistsnetwork.net; the e-Management Newsletter from www.mckenzie_mgmt.com; and The New Dentist” magazine, www.thenewdentist.net. She can be reached at (877) 777-6151 or sallymck@mckenziemgmt.com.