

IF THESE WALLS *could talk*

What your business's appearance is saying about you

By Andrea Greer

Broken Windows

What do the chairs in your reception area have in common with the chairs in your treatment rooms? Since when does the burned-out light bulb over the practice bathroom mirror communicate to your patient? What does the reception desk covered with sticky notes and piles of insurance claims announce to every person that steps up to the counter? Quite a bit, it turns out!

The 'broken windows' theory was presented in the early 1980's by criminologists James Q. Wilson and George L. Kelling and its significance has been debated ever since. They suggested that a town that overlooks small crime, i.e. jaywalking, loitering, littering, etc., creates the perception that major crime is a problem. Allowing businesses to turn a blind eye to broken storefront windows and graffiti on the walls gives the impression that the area is in decline. It is all about the 'feeling' that is conveyed when it's clear that business owners and law enforcement take notice. The residents began to take more pride in their town, the sense of community increased and even littering decreased. Interestingly, the rate of major crime in the area did not vary much.

A decade later, Mayor Rudy Giuliani and New York City Police Commissioner William Bratton declared a 'war on crime' to improve the public perception of that city. But instead of concentrating on major crime, they focused on the 'little' annoyances and petty crime of fare-jumping and graffiti in the subway system; effectively putting the broken windows theory to the test. It worked. By cleaning up the appearance of an iconic symbol of the city (and other endeavors), major crime was reduced and public perception - residents and visitors alike - improved. I remember my employer in 2003 sharing an anecdote after this clean-up of the city – he and his wife took to hiding their maps and tourist books when they visited the Big Apple, because they were often approached by well-meaning passers-by asking if they needed directions or help!

But what does this have to do with your practice?

In my work with clients throughout the US over the last 10 years, I have noticed a laxness in some practices. Dust, stains, worn carpets, taped up paper signs that are halfway peeling from the walls, clutter, clutter and more clutter! I think we are all guilty of this in our homes and workspaces – we just stop seeing these details, although it isn't intentional. Granted, I have a love of all things décor and DIY, no doubt fostered by the myriad of television shows on HGTV assuring me that I can transform my space in an hour. So, I notice these things. But I promise you I am not the only one.

Many consultants will recommend that a practice does a 'refresh' of their decor every few years or so, and I certainly agree!

The small particulars, such as the dust, carpet stains, old magazines and the clutter tell a more immediate story to your patients and customers.

Broken Windows, Broken Business by Michael Levine applies the broken windows theory to businesses large and small and demonstrates with clear examples those businesses that fail because they choose to ignore their 'broken windows'. ¹

Imagine you are on a road trip. You need to use the restroom, but you do not need fuel, so you decide to stop at the next fast food restaurant. And because you are a respectful patron, you'll buy something to snack on when you are back on the road after using the facilities. As you enter the washroom, you cringe. The trash has overflowed and there are paper towels on the floor, the counter top has soap caked under the dispenser, and one of the commodes is clogged. Nice. It's bad enough that you have to use this restroom, but then you begin to wonder: what does the kitchen look like? If employees using this restroom overlook these obvious concerns, what do they feel is within reason in the food preparation areas? Are you regretting your choice to stop? That bathroom tells it all, doesn't it? Broken windows theory essentially states that anything that is 'broken' in your business, no matter how small, is a sign that you are apathetic to the customer.

So then. What story is your practice telling your patients about you and your team?

The Broken Windows Exercise

In the following pages, I am thrilled to share this fun and effective team building exercise with you! It is easy and will take 1-2 hours, depending on the size of your practice. It is a great way to engage teams and business owners together to improve a practice appearance. After completing the exercise, I will walk you through the brainstorming and implementation processes to create an Action Plan. Finally, I will share solutions and recommendations for common issues in businesses, including some specific to dental practices.

The rewards will be amazing! I have seen team members develop a sense of pride and ownership in how the practice appears. They embrace the idea that cleanliness is a direct reflection on them and their work ethic. They begin to notice details they didn't before and address them, rather than waiting for someone else to take care of it.

Patient families will comment on the changes and ask if major décor details, such as flooring and paint have been updated, when reality is that a simple clearing out and cleaning up have taken place. They compliment the airiness and make comments about how much brighter the office is.

Doctors and business owners have shared that they feel a sense of relief, because they see the team's involvement and pride. They are more willing to invest in upgrading the space, because they now share ownership with the team. I have been told that this exercise has been revisited annually with great success and is highly anticipated by the team.

Enjoy the exercise. Enjoy the process. And of course, enjoy the rewards!

¹Levine, M. (2005) *Broken Windows, Broken Business*. New York, NY: Business Plus/Hatchette Book Group

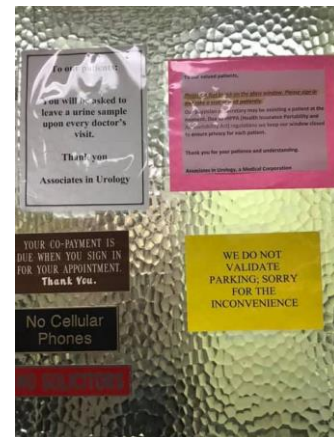
The Basics

- Everyone gets a clipboard and a worksheet (page 11)
- Everyone puts on their “patient eyes” – pretend you have never been in the office before.
- At each stop, look up. Then look down, then left and right. What do you see?
- Start in the parking lot, whether you own it or not and even if you are in a multi-story office building. The patient experience starts when they arrive in your parking lot! (Well really, it starts with the website and first phone call, but that is another discussion!)
- No talking or sharing! The idea is to see how many teammates notice the same things, because that will correlate with how many of your patients will also notice.
- Everyone writes down what things they see that would cost nothing to address, around \$50 or less to address, or more than \$50 to address. Just write, don't talk and don't try to find a solution now. Use the worksheet included for each team member.
- If there are improvements that are already scheduled to be completed, such as fresh paint, inform the team and there is no need to list it (unless you want more justification to do it!)
- Overall things to watch for throughout the Journey:
 - Stained ceiling tile (every office has at least one!)
 - Stained, scuffed and worn flooring. Frayed carpet edges, buckled linoleum, cracked tile.
 - Scuffed, faded or outdated paint colors or wallpaper.
 - Dusty plants, shelving or décor.
 - Light bulbs that are burned out or of different temperatures (seems small, but lots of people notice!!)
 - Clutter, clutter, clutter!! Clutter on horizontal surfaces read as dirty! Clear them off!
 - Squeaky doors – one practice had 15 doors in the hallways, and they all squealed! It was horrible!

The Journey

1. Stand in the parking lot, facing the front entrance. What do you see?
 - * How is the landscaping? Is there trash blowing about?
 - * What does the office signage (if applicable) look like? Well lit? Is the color bright (if it is designed to be) or faded? Is it easy to see from the street?
 - * If you are in an office building, is it easy to find you? Is the lobby/elevator/stairway clean and easy to navigate?
2. At your front entrance, stop again. Look up, down, left, right. What do you see?
 - * Light working? Filled with cobwebs or dead insects?
 - * Too many signs? Do you need them all? Are they professional in how they are adhered to the window?
 - * Windows clean? Sills dirty?
 - * Do you need to sweep? If you have one, is your welcome mat faded or frayed? Should you get one?
3. Enter the reception area. This is an important stop because it is your patients' first impression of YOUR space. They may give you grace in the parking lot, but not here.
 - * Are there 134,872 magazines? How old are they? Do they promote dentistry? Are they polarizing politically or socially?
 - * If you have children's toys or books, are they neat and orderly? Are they old or have they seen better days? Would you want your own children playing with them?
 - * Does the décor announce that you are 'modern, clean, and caring'? Or does it present that you are a bit behind the times, not in a hurry to make change, or too busy to notice?
 - * Sit in every seat. What does it feel like? Hard? Sunken? What do you see from this angle?
 - * Is the upholstery stained or outdated?
 - * Are the horizontal surfaces cluttered with signs, nik-naks or brochures?
 - * Are the plants dying and dusty or clean, vibrant and lush?
 - * Is the artwork current, nicely framed (preferably in matching or otherwise harmonious frames) and straight? Do the groupings of artwork make sense?
 - * What's playing on your TV (if you have one)? These should only be used to promote dentistry, your office, and to connect your patients with your team. That's called 'marketing'!
4. Staying in the reception area, approach the business desk.
 - * How many sticky notes can you count?
 - * Is there ANY patient information visible?
 - * Are there stacks of charts, paper or supplies on any of the horizontal surfaces?

- * Is there an excess of personal photos, or inappropriate signs or cartoons?
BTW – cartoons are not décor. They are only appropriate for ‘employee only’ areas of the practice or framed and intentionally placed in a pediatric dental office.
- * Are there a lot of signs taped or adhered to the wall exclaiming that fees are collected that time of service, to turn off cell phones, etc.? Do they convey a friendly reminder, or a stern tone?
- * If you still have paper charts, are they orderly? Is there a bunch of other items or supplies stored in the shelves that should not be there?
- * Be sure to stand at the check out counter and ask these same questions.



Do you have 'sign-u-sitis'?

5. Begin your journey into the treatment rooms.

- * Sit in every patient chair. Is it comfortable? Would it be comfortable for an hour or more?
- * Are the light clean and the bulbs of the same temperature?
- * Are the countertops free of clutter?
- * Are there signs taped to the walls shouting your x-ray policies?
- * How about personal photo overload?
- * Are the delivery unit cords tangled or dirty?
- * Is the computer dusty? Keyboard cover seen better days?
- * Burs on the counters (big no-no!) How about other supplies (they belong in drawers)?

6. Evaluate the hallways.

- * Artwork – outdated?
- * Adequate lighting?

7. Evaluate the restrooms.

- * I often find a lot of quirky (old) art in bathrooms – it's like the last stop before being donated! Your bathrooms should still reflect the tone you want to convey in the whole office.
- * Does the faucet drip or the commode run?
- * Is it immaculately clean?

8. Sterilization room MUST present a clean environment to the patient!

- * Dirty trays and instruments out of site?
- * Is there a very clear delineation between 'dirty' and 'clean' equipment?
- * Supplies out of site and neatly organized? Any supplies on the counter?
- * Signs taped to walls?

The Brainstorm

Once the Journey has been completed, come back together and on a white board or large flip chart, consolidate the lists you all made. Notice how many people noted the same things. Also notice which list is the longest. In every case that I have done this exercise, it has been the 'No Cost' column!

Next, brainstorm how everyone can contribute to getting these things checked off the list. Block some time in the schedule and ask everyone to come in for a morning or staying for an afternoon of 'Practice Refresh' to get tasks done. Perhaps you will need more than one, or some things must wait till later. Give everyone assignments and use page 12 to create your Action Plan. Give everything a due date, or a date that it will be re-visited. Use this for accountability.

Teams: understand that the Doctor(s) cannot do it all! They need your help to get these things done! They will be more willing to spend money on the 'Practice Refresh' if they see that you take pride in the workplace and strive to keep it clean.

Doctors: understand that teams will be more willing to participate in improving patient perception if they know you will contribute to the 'Practice Refresh' by checking off some of the items that require investment.

The Solutions

- If you have a landlord that is responsible for landscaping, parking lots or updates inside your space, approach them about any concerns you uncover. Offer to help with upkeep, such as trash pickup or potted greenery in front of your door, in an effort to keep their property looking nice.
- Artwork should be current. If your artwork was popular in the 70's, 80's, or 90's, it is time for a refresh. Also, if you have themed artwork, attempt to group it by theme, rather than scattered throughout the office.
- A great way to create a uniform look with smaller artwork of different sizes is to use matching frames. This creates a sense of harmony, which is more relaxing to the eye and mind.
- Minimize signage as a communication tool. Instead, focus efforts on arming team members with excellent verbal skills and communication tools to educate patients about policies and address concerns they have. If you must have a sign posted, place it in a nice frame (please, not one of those cheap plastic stands) and if it must be on the wall, use picture hanging hardware, or 3M Command Strips.
- Speaking of signs, I typically recommend an office does not post the standard sign stating which cards are accepted in the outside window: it should be a given that you accept credit cards, and no one pays attention to these ubiquitous placards. Also, only post the most current year of organization membership if you are provided this with your dues. Your patients do not need to see that you have been an ADA member every year since 2007. It just looks cluttered.
- Carpets should be professionally cleaned twice a year; more often if you live in an area where dirt and/or mud is tracked in frequently.
- Invest in a low-cost label maker and use it throughout the practice. Avoid “cutesy” fonts and symbols.
- Laminate maintenance logs and ‘chore’ lists that must be posted. Ideally keep these posted inside cabinets, or at least out of site of your patient family.
- Replace plastic keyboard covers in the treatment rooms often. When they are yellowed and warped from frequent cleaning, they cannot appear clean. Alternately, it is preferred to use disposable plastic covers or appropriate wraps and change between patients.
- Clear off horizontal surfaces, especially in the treatment rooms. Use wall mounted dispensers for gloves, and keep burs, cotton supplies, and disinfection supplies in cabinets and drawers. Mount shelves for personal photos and products for sale.
- Doors to supply rooms, employee only areas and doctors’ offices should always be closed. If keeping doors closed is an ongoing problem in the office, investigate having automatic door closers installed. Lubricate door hinges to keep them quiet.



o I love, love, love tilt-bin style storage for dental supplies. They come in a variety of bin sizes, but the length is standardized so they are uniform and very professional in appearance. I know of a beautiful office that installed them in two 5-foot-high cabinets within sight of the patients being escorted to treatment rooms. They ended up removing the cabinet doors because they are so orderly. Tilt-bins are also very conducive to efficient inventory control – it is easy to see what is running low and must be ordered. Check out www.simplastics.com for more information. Their photo gallery shows a number of applications for these bins.

o For business office supply storage, I love Deflecto Stackable Cube organizers. They also come in a uniform size and a variety of configurations and make it very easy to see and store office supplies. They can be ordered from office supply companies, such as Staples and Office Max.

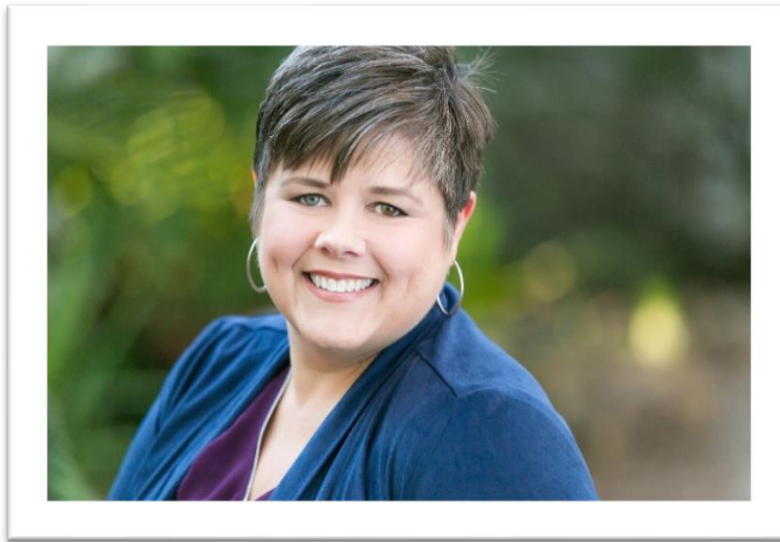


Congratulations! Now that you have completed the exercise, cleaned up the office space, and perhaps made a plan to implement some of the higher dollar ticket items, it is time to celebrate! Over the next couple of weeks, jot down comments and compliments from patients. Plan a celebratory potluck lunch to share the comments and how the ‘practice refresh’ has improved the office morale. Make a commitment to do this exercise once a year – what a great activity to incorporate as part of your end-of-year annual planning session for the following year! You can share ideas for continuing to improve the practice and better serve your patient family! After all, serving your patients well is at the heart of your business.

No Cost

Less than \$50

More than \$50



With over 25 years of experience in the dental industry, Andrea Greer brings a unique perspective to audiences throughout the US. Founder of On Point Dental Consulting, LLC, her combined knowledge of clinical excellence, workflow management, Dentrix training experience and communication expertise allows Andrea to connect with team members and doctors alike. Now, with the launch of On Point Space, Andrea brings her love of design and professional organizing experience to solopreneurs and dental practices to elevate their creativity, efficiency and productivity. Contact Andrea today for more information.



Andrea Greer RDH BS
www.OnPointSpace.com
Andrea@OnPoint.Consulting
970.218.2209