



## **Full Episode Transcript**

**With Your Host**

**Dr. Tarun Agarwal**

## Ep # 17: Seven Things to Enhance in Your Office for a Positive Patient Experience

Welcome to *T-Bone Speaks* with Dr. Tarun Agarwal where our goal is to change the way you practice dentistry by helping you achieve clinical, financial, and personal balance. Now, here's your host, T-Bone.

**T-Bone:** Welcome back everyone. How's everybody doing today? I hope you had a great day. I'm unbelievably excited because there has been such Sasquatch sighting. Chuck McKee is back. Chuck, how are you doing?

**Chuck:** I'm doing awesome. How are you doing?

**T-Bone:** Good. Where have you been?

**Chuck:** You name it, I have been there.

**T-Bone:** You know I've done a lot of episodes without you

**Chuck:** I saw that.

**T-Bone:** I actually gotten feedbacks saying that never bring you back.

**Chuck:** That's not true.

**T-Bone:** It is not true.

**Chuck:** It is not true.

**T-Bone:** But it hurt your feelings for a second didn't it?

**Chuck:** You know, it's funny I see all these updates come through on my phone, I'm like, how is there seven updates on a podcast I'm co-hosting and I'm like, I haven't been here.

**T-Bone:** Because T-Bone don't stop.

**Chuck:** We've had a - took some family vacation, took some work vacation, took some work trips.

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**T-Bone:** Haven't you got serious about your work for a little bit?

**Chuck:** No, better than that.

**T-Bone:** I think that's what happens in April.

**Chuck:** April's a very busy time for us.

**T-Bone:** And that's really what got - that's when we start getting off track.

**Chuck:** Yup, usually April. Yes, but we're finishing up our fiscal year and there's a lot of installation, a lot of training and with the busy April comes a busy May.

**T-Bone:** Especially when you care and you want to take care of your peeps.

**Chuck:** Absolutely. Integration - selling is the easy part, integration is always something that takes the most amount of time and is the hardest. So anyway, looking forward to tonight. We've got a lot of good things to talk about.

**T-Bone:** But they may be listening in the daytime.

**Chuck:** What's that?

**T-Bone:** The people may be listening in the day time.

**Chuck:** It may be in the morning. I talked to a fellow yesterday in Chapel Hill and we're talking a little bit about his commute and someone knew I've started working with so he wanted to listen to our podcast. I said, tell me a little bit about your commute. He said, it's 10 minutes. I'm like, are you kidding me? Who has a 10 minute commute? So you might be able to get through just a little bit of one and maybe catch [crosstalk]

**T-Bone:** Well that's where the AskTBones come in.

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**Chuck:** Right, are they 10 minutes or less?

**T-Bone:** About 8-12 minutes long.

**Chuck:** Yes, they're going good. So how's everything with you? I saw you last week in your office for just a second but I don't feel like I've been here in a month.

**T-Bone:** It's been crazy, dude. My life, I've had so many people look at me and tell me that I look like I'm just about to die.

**Chuck:** What's that all about?

**T-Bone:** I don't know. I don't know. I mean, I feel like it's been for years like this, you know. But I've had more people lately tell me. I've got some - my health isn't as good as I want it to be, certainly. I got some things going on there but nothing major. Nothing more than the usual from being a little bit heavier guy. But - I've just been - a lot going on. I'm busy. My practice is busy. We've got some challenges that we're dealing with there. Speaking is just crazy. The seminars, they're doing very well, so I got a lot to be thankful for, but with that thankfulness comes the - honestly, Chuck, my issue is I'm looking at the next step already.

**Chuck:** Right.

**T-Bone:** I'm like, okay, I started a training center. I've got a busy - we're up to 20 classes, 20 workshops a year, and I'm like, "What's next?".

**Chuck:** Yes, I look back at some of the stuff that you're doing, you know some of that comes at a cost sometimes, right?

**T-Bone:** It does. It usually comes with the cost of family.

**Chuck:** We talked about balance. We got to work on the balance so maybe when things are going really well on one bucket, you can take your foot off the gas a little bit now there, but we'll get to it. We are

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young. The [unclear] years. It's suppose to be a little bit harder right now.

**T-Bone:** I know. So, listen, here's what we're going to talk about today. We're going to talk about patient experience and we have a list of seven things that we want you to look at and when it comes to patient experience. Now certainly, I won't say that this is a comprehensive list or the end all be all list, but it's seven things and what's really sad is in my mind when we were talking through this and planning this out, I was like, these are just logical things, but there's seven things that honestly I haven't thought about in months. Maybe even half a year or a year. I haven't really sat down and thought about these things so I think it's a great episode to take an introspective look at your practice.

I wrote a great blog post probably about two years ago about what I learned from the barber shop and I talked about what your practice looks like from the outside, from the inside, the patient's perspective and this episode is kind of like that. So ultimately, I think the patient experience drives everything. So how you're perceived, perception is reality. How you're perceived is not just how good of a dentist you are, it's all about how you make people feel and the truth is, listen, the absolute truth is that there are always newer, better looking offices that can be shining new objects that can catch a patient's eye. In fact, we have - not that we don't have enough dentists in this area as it is, we have another office coming up next door. Did you see that being built?

**Chuck:** I didn't even know that.

**T-Bone:** Yes, I saw in that lot that's about a block and a half from us. A dentist bought that and the building, a freestanding building right there, so we're going to have, my guest, it will be two dentists because I know who own the lot and what it costs. That's a pretty

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big undertaking there So just another couple of dentists in the neighborhood.

**Chuck:** You know, we do this part - and something that we've been there for a long time and we always call it though the eyes of your patient. And that's something that you folks can't take for granted. Often you walk in the back door, your assistants or your team members walk in the back door. You want your staff door and sometimes you forget to walk in the front door. The other thing we do when I look into the eyes of the patient's so many thing has changed when you lay a patient back and they're in supine position when's the last thing you were that way in your own office and really looked around.

**T-Bone:** I do that it was like that Saturday afternoon. I had a frenectomy done with a laser. It's interesting. I remember the last time I really had the aha moment when I had a root canal done, I was like, God, not that it hurt but I was like, that sucks sitting on the chair for that long.

**Chuck:** Well you know not only that, I want you to think about the minute you're supine. Just go into your main operatory go into the hygiene room and just look around. We saw a lot of dental equipment with this exercise, okay, so we lay somebody back in their chair and what's the closest thing to their head, probably three feet away at eye level.

**T-Bone:** It's your crotch.

**Chuck:** There's that, right. That's a funny story. I got to tell you a funny story about a doctor wearing scrubs too tight that their staff told me this about and said, "how do we address the doctor with their scrubs that are way too tight?"

**T-Bone:** [unclear] [Laughs]

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**Chuck:** We got to stay on task but you see a trash can with a big biohazard sticker, it's got a bloody gauze on that's right beside their head. My favorite thing too is when you look at your patient your opertory light. So many times you folks [crosstalk]

**T-Bone:** It's got junk all in their.

**Chuck:** You wipe it off with Cavicide and then you're not really suppose to do that. Once you wipe it off you're supposed to also then go back with soap and water and clean that Cavicide off at the end of the day. Well that looks horrible. Then, if you've ever used any type of ferrous sulfate or viscostat that stuff's stains everything. And if you got a dental chair holding a three year old and your sterilization techniques are good, I promise you you're disinfectant has discolored it and everyone wonders why are those hoses brown? Why is that? And it just goes on and on and on.

**T-Bone:** Well let' s not give away the content here. Let's get into the seven things, okay? Again, we're going to talk about seven things patient experience that you can look at in your office that you need to do almost right away. So let's start with number one, Chuck. And number one is, how does your team look? So talk to us about that.

**Chuck:** Yes, that's something really interesting to me. There's a lot of different ways to look at your team. You see the classic what we call the - the Bill Dofman Law. Everybody's in black. Everybody has a white T-shirt on underneath their scrubs. Everyone's hair looks a certain way. Everyone wears makeup. The doctor has a certain coat on that stands out. There's staff look. And then there's just a good uniform look. You know everything is - is your staff predominantly - the industry is made up of females. Fifty percent of dentists are female dentists. So, how does your staff come to work. Is it, put her hair up and roll out of bed and put her scrubs on? We talk about the frompy look sometimes. Everyone has his really, really nice scrubs

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but - you know it's fun that we finally have scrubs that fit nicely and that the ladies they can feel great. [crosstalk]

**T-Bone:** A little stretchy.

**Chuck:** Yes, they feel great. They're more fun. They're not as frumpy but at the same time, we've got this really nice big bell bottom look and it drives me nuts when I walk into an office and I see someone's scrubs are dragging behind them on the floor.

**T-Bone:** Because they're too long?

**Chuck:** They're too long. Then you see, what kind of shoes are you wearing? Are you really wearing Crocs to work? I mean, come on.

**T-Bone:** The dentist or the team member?

**Chuck:** Either one. Crocs?

**T-Bone:** What's wrong with Crocs?

**Chuck:** Are you gardening? Are you putting an implant in? I mean, you always have to ask yourself when you walk in to a facility and you're looking at your team, they're doing - you don't have to do a major surgery on people and you always have to treat it that way and so, it's a matter of confidence. Do you have blue jeans on and Crocs and a T-shirt? We can't take that for granted, right? So I always talk about how your team look and how should they look? I think that's something that's entirely up to your brand. If you're a practicing, you want that uniform look. You don't have to be over the top and this doesn't have to look like everybody's a supermodel and you went to a glamour shots before you came in. But I think it's something that everyone should have pride in starting with the doctor.

When you walk in, how does everyone look at you? Are you fresh? Have you had a good night sleep?

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**T-Bone:** Have you had your nails done?

**Chuck:** Had your nails done?

**T-Bone:** I got called up the other day for my shoes. Take a look at my shoes, Chuck. You know, see I make too much money to have shoes that have big stains and scratches all over them and I got called out for that and it's important not by [unclear] a patient, but I'm sure patients have noticed and so yes, you need to do. So let me - my thoughts, here's my thoughts, I think a lot of it has to do with personality. I think your office has to have a personality. But here are the non negotiables. My wife is unbelievably good about this. She's like almost [9:59 unclear] about it. Number one, I believe everybody should have a uniform.

**Chuck:** Right.

**T-Bone:** Okay, so, in our office for example, all our clinical team members wear scrubs. The scrubs have a logo on it.

**Chuck:** Right.

**T-Bone:** Okay, so, I don't believe that it's a good enough to just have scrubs. I want our scrubs to have a logo on it. That's important to me.

**Chuck:** Do you all match everyday? Do you have a day they're [crosstalk]

**T-Bone:** No. We have the same color. We used to try that and then somebody would wear blue one day, and somebody would wear green one day, and they wouldn't match each other. Depending on the detergent they used, the one blue may not look the same blue anymore. So we've gone to the same color scrubs for everybody everyday to make it easier for the team. I believe our scrubs are black. I don't believe they are - they are black and then the key to me is that the top of the scrub, the scrub top itself has our logo on it. Now we also have our assistants and all clinical team members also have a jacket, meaning one of those are blacks, not like a lab coat

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jacket but one of those you know what I'm talking about this, the assistant's jacket. And same thing there that also has a logo embroidered on it.

**Chuck:** Okay.

**T-Bone:** Our admin team all wear black pants and then they're allowed to wear the shirt of their choice, professional. And then we have our cardigans sweater for them. I don't know if it's a cardigan, it's button off sweater deal.

**Chuck:** Right.

**T-Bone:** And that also has a logo embroidered on there. So our belief is that we want to have our logos on things. We want people to know where they belong and we want everybody to have a roughly the same uniform. And that we also want to get people some ability to express themselves in terms of what's going on. And what I have found is that some people will say, well, you know this brand pants don't fit me very well. So like, look, I made it easy. We give everybody stipend. Go buy black pants. Bring them to us, let's make sure that we like them. Make sure they fit. And we're particular about - I'm particular about how tight things are, how loose things are. I'm particular about those things. And then I'm also particular about how low cut the shirt is or not low cut, so I want everybody to be professional and what I found is that when you leave professional up to the eyes of the clothes wearer, it can be very not so good.

**Chcuck:** Right. Well, let's talk about the doctor. You do a lot of lecturing. You visit a lot of different dental offices. You have a lot of friends that you talk to about their practice. What do you see most people wearing? I know everyone's can be different and it's a way for you to express yourself a little bit, but I mean, I see you wear usually not khakis, but you wear [crosstalk]

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**T-Bone:** No, I don't wear those cotton khakis. I wear khaki dress pants.

**Chuck:** Right.

**T-Bone:** And I wear a polo shirt. Not like Polo, the Ralph Lauren polo, but like a golf shirt. Let's call it. And again it has a logo on it as well.

**Chuck:** I see more of that often. And what about when you're doing surgery?

**T-Bone:** Same thing.

**Chuck:** You gown that much?

**T-Bone:** Not really.

**Chuck:** Okay.

**T-Bone:** Because we're not doing - so we're not doing any major surgery. We're not doing - again when you're guided, you're doing the type of implant work that we're doing. It's not major surgery. When we have days that we're doing major surgery, then certainly I'll wear a coat that day.

**T-Bone:** Yes, so we do ask them to wear it up.

**Chuck:** Wear it up, okay. Do you see a lot of people wearing much makeup, that kind of thing?

**T-Bone:** You know, that really depends on - I'm not into the whole - dictating how much make up they were. It's an uncomfortable conversation for me. It's something I'm not very good at, but I generally want people to be professional. And honestly, if somebody really looks out of place in terms of the amount of makeup they wear, I probably have some of the other team members, I'll just politely say, "Hey, that's a little bit odd." Like I used to have one person that worked for me that wear the most obnoxious perfume and it's just - it was

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obnoxious to me and selfishly I didn't like the smell of it so I actually asked her, "I told her that it made me have a headache."

**Chuck:** You know that's not uncommon. I hear that, believe it or not more than anything. So, when your talking about a professional team, it's not just about what they wear. I was in our office and we're really [14:03 unclear] at this. About 50 miles from here a while back. I'm not kidding, I walk up and it was 4:15, we still have about 45 minutes worth of patients left, three people standing outside the front door smoking. Now, that's okay, but - and I asked the ladies, why are you guys up front? Usually you're on the back? And they're like, "Well there's somebody back there on the phone so we come up front." Now, lets think about that, you're a healthcare professional, now what you do is up to you but - and the patients who come here may be smoking but that just seems a little bit like an oxymoron to me. It's the front door.

**T-Bone:** It's interesting you say front door. Hopefully my team members are listening to this, they'll probably get a good chuckle out of this. I refuse to use the front door in our practice. When I come here, even if I'm the first one on the building, I will walk around into the back door, come in out of the back door, but I leave for lunch 99% of the time, I leave up the back door. I'm just - I'm a bit odd about using the front door. I think front doors are for patients. I think front doors allow patients to see that I'm leaving. I don't want them to ever see me leaving.

I don't want them to think like I hurried on them, like I had to get out of here. I don't want them to see me coming in late, not that I come in late. I don't want them to see any of that stuff. I'm just very sensitive to that. And so I also ask my team to use the back door as well to leave and to come and go. I'm just particular about that. I'm very particular about where we park. I want our team members to use the very back of the parking lot. Too often I see dentist or

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dentists mainly use the very front parking spot and to me that's about your patients and not about you. And so I like to park in the very back of the parking lot in one of the corners and I want my team members to park back there as well. I want to leave all the best parking spots for the patients. I don't care if it's raining, snowing, icing, whatever it is, you leave the best spots for the patients, they're your customers.

**Chuck:** Absolutely. You know that's something I've been in a little more of a metro area for us and it's funny to say that again about North Carolina [crosstalk]

**T-Bone:** Metro area.

**Chuck:** But you know, one of the things about that experience is how is it to get in and out. We've built a ton of offices in the last 18-19 years here, believe it or not, I would have never have thought that was a big deal. I'm like, if you're lucky you'll have a patient see you two or three times a year, maybe four max. If it's hard to get out, it's only four times a year, but that is a very, very big deal for people getting out of an office. Again, it goes back to the patient's experience. If you're thinking about building an office, that is a very, very big deal. Do you have a parking garage?

**T-Bone:** Yes. So I want us to focus how does your team look, have nothing to do with that your building looks.

**Chuck:** Right.

**T-Bone:** But I'm guilty of that as well. So, let's go to number two. Number two is, does your facility reflect you or the type of dentistry that you're doing?

**Chuck:** You know, it's interesting, I had a client about 10 years ago. Again, I'm a very, very conservative rep and I want you to keep your money in your practice as long as you can before we really have to do

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something. And sometimes to a fault. I don't want the dentist do as much as I want to, I'm talking them out of a lot of things. So I had a dentist one day, great practice, probably doing \$1.4-\$1.5 million about 52% overhead, one doctor, two hygiene. So he comes to me, he's been in his practice for about four years that he had purchased from another dentist. He already paid it off. He said, "Hey, I'm thinking about building a new building."

I said, "What for?" He said, "Chuck, you know, I'm a [17:24 unclear] dentist. I do a lot of implants. I want you to look around. He said, "Is this place really like somewhere where you want to come and have implants done?"

I'm like, "It's fine. What don't you wait another 2-3 years, let's save up \$300,000-\$400,000 and then let's talk about it. He said, "Well, I agree with you but I want to do it right now. And again, his whole thing was, this facility doesn't reflect the kind of dentistry I'm doing on patients. And you know it was the dentistry taught me that. I never really thought about it. I thought, hey, you're successful, it's good enough, right?"

So that's something we talk about a lot to - especially when you have people who are stagnant, they're not growing. And we'll say, what is it? You're working hard, you got some new patients coming, but why aren't they enrolling in some of your treatment. Oftentimes, again, you folks are doing very, very complicated serious surgery. It may just be some bony impact at thirds, but that's major surgery. You're going to knock someone out, they're going to wake up an hour and a half later and we're are they going to wake up to? Is it old tile that's stained? Is it stained?

You know, when they wake up, what's the first thing they see? So often you have to think about that. That's something you've been through, two or three times now.

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**T-Bone:** Yes, you know and - but say, it's interesting. your focus even for example is really on the inside of the practice and I think oftentimes people overlook as I overthink the facility to a certain degree. To me, I don't believe anybody needs a Taj Mahal and I would say from the opposite side of what you're saying, too often our facility reflects something that we're not doing.

Our facility reflects ultra modern, ultra brand new, the greatest and the latest, but yet we're doing fillings and crowns all day long. And not that there's - again, not anything wrong with fillings and crowns, but why would somebody build a "Taj Mahal" type practice and only do fillings and crowns. And the other thing I look at and this is something I struggle with, This probably to do with how I was raised, not to care about landscaping is essentially to simply let the grass die because it's cheaper to want the grass the die is how your facility looks on the outside. You know, I used to have my sidewalk upfront. It was cement but it was this cement that had like pebbles on top of it. And what would happen over the last four or five years, we've had some snow events and I would always be proactive and put salt out on that cement and what would happen on this salt was slowly eating the top of that cement and those pebbles are starting to wash out and it was starting to crack.

There's a spot here, there in the beginning. No big deal, cut it out towards the side. I didn't see it much, but then those spots got much bigger and they got bigger and one year after the other and before you know it, we had these areas that were quite embarrassing quite honestly. And even then I still didn't do anything about. It's not big of a deal and then suddenly I started having patients say something about it. And that's when it was like, that's too much. And then, we had an area where the cement has a root that went under the cement it popped up a little bit and it wasn't quite level and then we

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had somebody tripped and fall on it and that's when it got really serious for me from a safety perspective, right?

**Chuck:** Right.

**T-Bone:** So we had to go through and spend a significant amount of money redoing our sidewalks. That stuff's unbelievably expensive and then the other thing that we had to do is I had to get more serious about our landscaping, in the sense that I wanted the grass to be cut and mowed regularly. I wanted it done on a specific day and the landscaping contractor I was using wanted to come and do it on a Thursday, but when our office is mainly open Monday-Thursday, why would I want to do it on Thursday because then it starts looking unkempt by Monday or Tuesday.

**Chuck:** Right.

**T-Bone:** So I wanted them to come and do it on Monday morning so that way it looked the freshest through the week. That fresh cut grass has that look, right? And I want that fresh cut look to be there Monday, Tuesday, Wednesday, selfishly those are the days I'm in the office. When I pull up to the office I wanted it to look that way and then I had to get more serious about replacing the mulch around the office a little bit more.

So those are the things that your facilities, not just the inside, the other thing that we get serious about, especially if you own a building or even if you're leasing a building, is how often do you have a power wash?

Here on the South we have pollen and we have this green stuff that crams up in the corner and starts looking bad or you get cobwebs. Little things like that and if that's what your patient's walking up to, whether you're doing comprehensive dentistry or single tooth dentistry, whether you're doing half a million or two million, eight million dollars a year, it doesn't really matter.

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Ultimately, you want your practice to be reflective, I wouldn't say reflective of the type of dentistry that you do but more reflective of the person that you are. I think that would probably be a more fair statement to say.

**Chuck:** Well, we'll take that a step further, when you walk in this is something to – it affects a lot of offices and one of the biggest things more than the parent's, the first thing is how that it smell?

**T-Bone:** Yes.

**Chuck:** Now, and there's something that a lot of offices don't even realize it, but I challenge you to do this, when you're in your office all day long. [crosstalk]

**T-Bone:** This smells normal.

**Chuck:** Take your shirt off when you get home and smell it compared to your house. So, dental vacuums, if you really think about this, this is something that you should clean after every single patient. Not at the end of the day, not after surgery, but every single patient. And that smell over time is just unbelievable.

You don't think it's that bad but you know, we used to think [formacreasol] are duodenal is the smell that we associate with the dental office. Honestly, that's the biggest problem. 65% of the time I see or smell an office, it's the suction. What is that? Listen, you can't put enough plugins to hide that. You've got – I mean, honestly it's like putting a deodorant for yourself everyday. You've got to keep those dental vacuums clean. And the other thing we talked about a lot in a dental office and it drives me nuts, we used to sell a ton of cabinet tree and remember everyone would put three to four cabinets in their dental operatory but you see stuff on every countertop. Clutter is not organization. And if you're going to spend the money have a beautiful quartz countertop but yet you have it full

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of samples, you have it full of pictures and you have it all sitting there, there should be nothing sitting in your countertops.

**T-Bone:** Yes, I don't like drawers either.

**Chuck:** Right. We're just past that. We just don't need to stock these rooms up anymore. So, when you – you know we're talking about our facility, and we talk about technology, and we'll segue into something that's really interesting to me is your TV that we have. Everyone has TV's.

**T-Bone:** So number three, okay, is what channel is your TV on.

**Chuck:** Exactly. Don't be afraid to admit to yourself your patients are here to spend out some money with you. Whether it's just for a cleaning, whether it's for an exam, whether it's for a crown, they know that you're running a business. Now, what they want to trust from you is that you're going to only do what they need done, nothing more. So, when you're in there...[crosstalk]

**T-Bone:** I wouldn't say what they need done. I would say, the basic – they're not going to have you sell and convince them to do something, they want to have a trusting relationship and they want to choose what they buy. Some of times it's going to be what they want, not necessarily just what they need.

**Chuck:** Right. Often I'll ask someone and honestly it's my biggest pet peeve with technology and we've talked about this before – is it helping or is it hurting you? So when you walk into a dental office, why would you have negative news on? Why would you have – you know I've been to offices, unbelievable, we're talking of multi million dollar facility and when I walk in they have the movies playing chair side so loud that you can't even hear what's going on in the next operatory. Now I get what they're trying to do. They're trying to calm the patients down.

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**T-Bone:** Well, they're also tuning the patient out.

**Chuck:** More importantly, exactly. So if you want to tune the sound out, give them some nice Bose cancelling – noise cancelling headphones or something, but we just need – if you have the money that you spend on the technology, let's showcase the technology, right?

**T-Bone:** You know, it's interesting, I used to be a big proponent of having TVs. In fact, I have TV's in every ceiling for my patients to watch TV like cable news, cable TV while they're laying down. So now, what I used to have is I used to go for post op instruction and my patients weren't listening to me.

**Chuck:** Right.

**T-Bone:** They were like looking at whatever the hell they're looking at on the ceiling. So now what I do is, we give them – we come in and I'll walk them through what I'm going to do, we'll do our pre procedure routine then we'll offer the patient a remote and then what we'll do is we'll put on the channel that they want, we'll take the remote back and then when we're done with our procedure, Liz, my assistant will turn the TV off so that we can have a debriefing on the procedure that we just did and any important things that we want so the patient's tuned in to me.

So that's what we're trying to implement in the hygiene department now, and that's what I like the hygienist to do. So we try to break our hygiene department into fifteen, sorry, twenty minute segments of each visit, 20 minutes is on the information gathering, 20 minutes is on the cleaning and 20 minutes is on going over the treatment recommendations and that's the anatomy of the one hour appointment. And what I want is – I don't mind the patient watching TV during the 20 minutes of the cleaning but I don't mind the patients watching TV specially during the information gathering and the treatment review part of it, okay? So the first 20 minutes and last

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20 minutes, I really want us to get better about that and hygiene and a lot of it, it's just like what we do with our kids, just give them the iPad and they'll be quiet. Give them the TV so that they'll be quiet. Just give them the TV so their mind won't be worried about what in the world I'm doing to them. And what we're doing is we're tuning them out or allowing them to tune out from what it is that we're saying to them.

**Chuck:** Again, when you walk into much dental offices, most dental offices have kind of a shotgun approach if you will. Very few have a lot of loops and turns. It's usually everything's down one hallway. So one thing I would encourage you to do, you're not going to do sports clips where you sit down and five TV's going and it's really loud. Do everything in your power to control that volume so when you walk in, we remember that you're in a professional setting, that you're in a setting where we're going to be doing some cosmetic things. Not that we have sports on one thing and then we have [crosstalk]

**T-Bone:** Fox News, MSNBC.

**Chuck:** It's just overwhelming. It's quite overwhelming so just – that's something I would encourage you to do.

**T-Bone:** You know, on a side note, I don't – listen, I run the show so I guess I'll allow myself to go off tangent but not anybody else. Are you guys building more operatories with doors on them?

**Chuck:** No.

**T-Bone:** It's interesting. I want my consult room to have a door on it because nothing drives me bonkers than people walking by and being loud when I'm trying to have an emotional and serious discussion with the patient.

**Chuck:** A consult room is different.

**T-Bone:** No, no, a consult operatory.

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**Chuck:** First of all, you don't hear that a lot. That's an interesting term. I could see that. If you are going to do doors, the once we have done we see it's a glass door.

**T-Bone:** Across the door, something like that.

**Chuck:** Well, you can see through it because we need to see what you're doing when we walk by.

**T-Bone:** So it's some safety part of that.

**Chuck:** And also, you can look at somebody you know when you can bother them and when you can't. You can tell by the eye contact. So very rare, obviously in [unclear] we see it often but most of the time we just a dual entry.

**T-Bone:** And the dual entry is starting to drive me nuts a little bit. I need a way to tune out a little bit. I need a way to specially – because we have in our office, we have consult rooms which were we do financial arrangements and interviews and stuff like that with our patients. But then, we have the consult operatory, then we have operatory dedicated to where I see my consults and stuff like that and that's where we're having – we're really having emotional conversations with patients. These are patients that are coming in and we're talking about their sleep, we may be talking about losing their teeth.

At the end of the day we want to sell them the different services that we have and it drives me bonkers when I can hear what's going on. I can hear the TV, I can hear the radio, I can hear the hygienist walk, because when they walk by with the patient and the patient's leaving they're laughing, they're chitchatting and all the things I want them to do but then it's all right by me and I can see my patient, I'm talking to them and I'm not trying to be loud, but then I can see them having to lean in to hear me or I can see them get distracted by maybe what's going on in the background.

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**Chuck:** Well you know, it's interesting that operatory is always the last operatory a doctor has to outfit. So it's always the least favorite and it's always across from sterilization.

**T-Bone:** Yes, and that's exactly what mine is.

**Chuck:** Yes, so the reason that is, you should take the best room you have for that. But when you're building an office, no one outfits everything at one time, generally speaking so you grow into your space. The reason that is it's your last room. That is the room that's easily retrofittable, by the way.

**T-Bone:** I know mine is. I know that. But I'm just saying that, I'm surprised more people retrospectively, I would build my office with all doors.

**Chuck:** Now, let's talk about the monitor in that room. I've been there a hundred times but the monitor in that room seems much larger than you have in the other operatory?

**T-Bone:** We're replacing all the TVs. When we say monitor you're talking about the patient education monitor, the viewing monitor.

**Chuck:** Yes, and let's talk about where you put those.

**T-Bone:** Okay, so we have three monitors, we have three TVs, monitors in every room. In the twelve o'clock position we have the clinical monitor which is for our patient, for our assistant to do our practice management software and all of that.

In the ceiling we have a TV monitor which is dedicated just to entertainment, and in the upper right hand corner, as if you're the patient sitting in the chair in the one o'clock position, let's say, we have a patient education monitor, the viewing monitor which allows us to show the patient photographs; which allows us to show the patient X-rays and which allows us to show the patient anything that we want them to see.

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- Chuck:** What do you think is a good size on that? I mean...
- T-Bone:** Well in the beginning I wanted to them to be flat panels so they are cheap, so they were expensive so we will get 20 inch, 22 inch because that's all we could justify to spend but now we're going to 42 inches in each room and I think we've got two rooms left to update those two.
- Chuck:** Yeah so the traditional operatory in our market [Crosstalk]
- T-Bone:** 10x10; 10 x 11 maybe
- Chuck:** Actually you know were going 11 1/2 deep and at least 10 wide, we've gotten a little skinnier but we've got a little longer for our technology to park it so I think a 40-inch TV 42 inch is a perfect size I will tell you.
- T-Bone:** That's cheap. They're 300 bucks, max.
- Chuck:** If you have Cone beam it looks phenomenal on something that big so again just keep in mind what channel you have things on and make sure if you have it let's use it, let's bring it in for our patient. Another thing we talk about walking in the front door we're talking...
- T-Bone:** So now we're going to move on to number 4 so just to recap we talk about three things so far, 1) How does your team look; 2) How does your facility reflect the dentistry you do or the person that you are; 3) what channel is your TV on? and 4) is going to be, do you have I don't know why you call it these - the dairy queen windows
- Chuck:** This is the one every time we build an office every time we do remodel, every time we do anything we fight more with the business managers and the admin team on these.
- T-Bone:** The dreaded sliding glass window drives me bonkers.

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**Chuck:** Oh what's interesting is most of the time team members love it.

**T-Bone:** Yes because they want to tune everybody out.

**Chuck:** They want to close it off and they were like “hey I don't want to have this conversation where everyone can hear me”, well at the end of the day like you said there's a certain conversation shouldn't happen at the front desk anyway.

**T-Bone:** There should be a private area on the front desk.

**Chuck:** So nothing and I'm telling you, we see a lot of offices with the dairy queen window. It's not quite as small as it used to be. It's really nice glass, its' trimmed out nice and aluminum but there's nothing more that says, “hey I want to tune you out and let me slide that window open and close that window”.

Listen I get you want your privacy take that privacy somewhere else. There are things that we can do. We can build [ unclear ] we can build some division walls for check-in and check-out. You don't need a lot of space and I hear this often, “hey my office is too small it's too loud, trust me we've built so many on, you can have an 800 sq.ft. office and great privacy without glass.

So that is just something if you have that you've got to get rid of that and here's what's really funny. When we see dairy queen window there's four stickers on it always, Visa, Mastercard, ADA member and something health care and sometimes Under Armor [Laughs]

**T-Bone:** That's from the days when you guys are Under Armor distributors, buddy.

**Chuck:** So if you can, if you can stick something to it you should probably get rid of it just open it up and trust me you've got to get rid of that thing. That is just that's the biggest pet peeve of mine.

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**T-Bone:** You know I fought with my wife when we built her office about that because she want a sliding window as a medical practitioner you know she wanted that I said well then your front office is set up incorrectly or the people are incorrect because they need to have a ability to know which conversation can happen at the front and which conversations need to happen in a more private room whether it's on the phone or in person.

You know the other thing that drives me crazy about the front window? I absolutely hate it when our team members discuss financials at our front window. It drives me crazy, I don't even like them discussing financials with the check- out you know area counter "check-out counter" it drives me crazy and sometimes patients themselves automatically walk over to the front area, the front window to take care of the bill or to do whatever and I'm like how did that happen? You know that's when we ask the patient, "Do you mind Mrs. Jones if we can step back here we'd be happy to take over and look over this and that's the one of the reason I started doing a patient check-outs in the operatory was our ability to avoid that happening I want the patient to literally walk by the front door just say literally bye to everybody walk up by the front desk and say bye to everybody and not have to stop and have that dreaded visit with the front office person.

**Chuck:** Yes, so can we talk a little bit about the front office because that's part of the experience?

**T-Bone:** Yes we can of course.

**Chuck:** Ok so we're going to move on we'll going to call this number six.

**T-Bone:** No this will be number five.

**Chuck:** This is number five? We've got a lot I wish...

**T-Bone:** So what kind of Math are you doing?

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**Chuck:** I wish you guys could see, so Tarun has painted every wall in this lecture room, you've got to see this room it's probably is this 50x50 in here?

**T-Bone:** It's about 2500 square feet.

**Chuck:** So every wall in here is painted this

**T-Bone:** White board

**Chuck:** It's not whiteboard; it's kind of white board lacquer finish on it. So it's like Einstein was here, in here writing equations there's stuff written on every wall from your last class.

**T-Bone:** Yes.

**Chuck:** So every wall in here is just, you can write on.

**T-Bone:** And this is where I come to think, and this is where I come to work out problems with the team members.

**Chuck:** So in saying that [unclear] so

**T-Bone:** That's why instead of putting check boxes next to them you should put numbers obviously you're not that smart, Chuck. This is what happens when you take a break from my podcast.

**Chuck:** Ok so we talk about we came to the front door ok we've talk about that we've talk about the facility outside, we've talk about how it smells we talk about if it's organize, if there's clutter, we've talk about the TV in the front room we've talk about the TV's in the back, so let's...

**T-Bone:** Let's do number five which is the clip board. So it kind of goes with the front office window, right? So nothing drives, so there are two things that drives me absolutely crazy about when I go to medical offices. 1) They have a clip board; and 2) They have a pen on a chain.

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**Chuck:** It's always there, it's never changed.

**T-Bone:** I'm like holy smokes and it's always that black pen with like you know with the little chain on it and I just want to grab it and I just want to pull it and run out the door and see if they come chasing after me with it.

**Chuck:** So

**T-Bone:** For God sake you should go to discountmugs.com and buy pens for like ten cents each and just give them to patients with your logo on it.

**Chuck:** You know, there are a lot of different offices some have integrated iPads some you know integrated different tablets.

**T-Bone:** You know it would be great is if Eaglesoft allowed us to do that.

**Chuck:** So you're going to be very excited about what we were launching.

**T-Bone:** Ok here we go, here we go some garbage BS.

**Chuck:** So I've heard you we have an awesome cloud base system that we're getting ready to launch in the next six seven months  
[Crosstalk]

**T-Bone:** Is this another service club fee?

**Chuck:** I hope so. [Laughs] so I get it for right now you know we have different services where you can have your forms on your website you can download them it's PDF and fill them out some of them are interactive some aren't but let's just talk about.

**T-Bone:** No one does it well by the way.

**Chuck:** No one does it well, no one does it well and you know I talk about this before our dental industry there's only about 150,000 that's been running around and unfortunately it's not a big enough priority for everyone.

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- T-Bone:** Both BS it's you guys charge us enough that you guys, when I say you guys it's every manufacturer by the way should make it a priority that I should no longer have to have a computer in my office other than for technology ok.
- Chuck:** I get it.
- T-Bone:** Ok I mean there is nothing in dental software that can't be done on iPad. So that says I can do Photoshop in my iPad.
- Chuck:** So we'll talk about that in a little bit so we're going to have a clipboard we're going to have something to fill out paper work. Again I know there's still ... [Crosstalk]
- T-Bone:** You have another portfolio.
- Chuck:** There you go that is our next point so let's talk about that so you had your paperwork and what?
- T-Bone:** A leather padfolio.
- Chuck:** Ok and it's close let's not stock from the counter with six of them ready to go, right?
- T-Bone:** No, no we have a pre made we try to put it together when the patient comes in we'll try you know we populate some information that we gather from them on the phone call correct, so we try to print out that sheet of paper with the information already fill out so the patient don't have to fill that out again so we have that we hand them a pad folio, we have a nice pen with our logo on it. I'm like Nascar I want a logo on everything for God's sake and so we hand that to the patient and you know we just wanted to be, we just wanted to be just one step above what's sad is the pad folio cost us \$8.00 I mean just go on amazon.com and type in pad folio.

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**Chuck:** What about the paper? Talk to me about that is that something you just run through the copier or is it stationery they are just things you print it on?

**T-Bone:** No for us it's let's not run through the copier it's printed so when you run through the copier what I find was that it has streaks on it that has some areas where you know you can see the copier edges so we don't put it on our letter head or stationery but we do via laser paper for the office and we do print everything out a fresh for the patients.

**Chuck:** Ok that's what I am asking that's important.

**T-Bone:** We don't actually copy much at all I find the copies look horrible.

**Chuck:** Well, a little side bar on that so if you're going to use nice good paper where check ends somebody in again when you touch good paper if you even have an equipment order or if you have something somebody presented to you did you not notice when it's nice.

**T-Bone:** Yes I prefer it to be an iPad.

**Chuck:** Ok so when we do have paper that we have to deal with then we have to scan it the smart docs

**T-Bone:** Chuck just rolled his eyes at me.

**Chuck:** Smart Docs whatever, the better the print, the better the paper, the better it looks in your software. [Crosstalk]

**T-Bone:** Absolutely, no question. It would be great if you could just sign in on iPad and automatically goes on to your software.

**Chuck:** Can you tell that we're both just a little ADD and OCD about this stuff so...

**T-Bone:** So get rid of the clipboard and get rid of the pen.

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**Chuck:** Right

**T-Bone:** Bottom line, get a pad folio and by the way even our consent and everything like that in the back you know even our consent, our financial arrangement you know thinking about this along the same line is what happened, what do you give your patients a treatment planning, what do you give him your financial menu in? We give it to him in a folder, our folder with our logo on it.

**Chuck:** Is it a sticker?

**T-Bone:** No, no it's custom printed we buy a thousand at a time it lasts a year ok they cost they probably cost three hundred bucks.

**Chuck:** When can I place for it?

**T-Bone:** Just like you guys, you guys everything with you reps is doc just one more crown and it pays for this.

**Chuck:** [Laughs] you know it's because that's how you folks think, right?

**T-Bone:** That's how other folks think?

**Chuck:** You can relate to that but yes I'll tell you a little point on printing things. If you're last minute like T-Bone then you can go to OfficeMax hold everything but VistaPrint is a good one, what's other Uprint is another good one?

**T-Bone:** Yes I mean I use gotprint.com to get to get all my printing done I use 99designs.com to get a lot of my designs done I think there's so many options on ways to get things designed and ways to get things done, you can use a site called upwork.com to get some of your freelancing work done, to get some of your mundane tasks that you want done that's where I get my podcast edited and uploaded for me so I can focus on delivering the content.

So we've talk about let's see here five things now, we've talk about how does your team look, does you facility reflect you and the

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dentistry that you do, what channels your TV on, do you have the dairy queen window and do you have that clipboard and the pen with the chain on it.

So let's go to number six because we're going to run out of time Chuck and I promise them seven things, ok. Number six is having Debbie downer so this was yours so I'm going to let you go on this one then we can't go forever here ok, Chuck?

**Chuck:** These we always talk about the front desk person or the concierge or if you have a business manager. A lot of offices have one or two people that are admin, a lot of people have one some have multiple, but whoever that first person is, you're clients 'touch listen they've got to be a rock star and they've got to be happy and they've got to be sincere **there's nothing that ruin a business like a personal friend whose a little bit of a Debbie downer** and listen we all have a bad day and that's ok.

I want to tell you great quick story about an officer I called on for a long time and I saw this folks on Monday and I'm telling you this is a ten year relationship walk in every other Monday, "hey how are you doing?" Then we'll call the lady Samantha. Samantha how is it going? Well Chuck you know it's Monday. Isn't that great we just had a three day weekend. She's like said yes but here you have know how it is on Mondays.

So this went on for about six, seven, eight years and I finally when I asked her you know let's talk about Mondays. Do you have Fridays off and she said well we do, I said ok so you have three day weekend, most people in America cannot relate to that you walk and you tell me every Monday is the same? What is the problem with your Monday? And she said you know our patients don't show up on Mondays. I said, has it been that way for these many years? She said yes, and she said we also have a lot of emergencies on Mondays. I said why is that? What do you do on Thursday that

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weren't emergency on Monday? So I finally told her I said look this is a day that should be your best day. You've got a lot of energy, you have three day weekend and if you came to me and said it's Wednesday I know you're exhausted but on Monday is the day you should have right and if these two things keep on happening to you every Monday then you need to change something. So you know I did some Math on Monday the average person used to be 94 1/2 17% of our lives is Monday. So if you're in the dental field and you're having a tough day on Monday that's the day you'll have to polish and get right.

**T-Bone:** I don't think you'll have to figure out if they're 94 years old and Monday is 17% whatever because Monday is 1/7th of our life.

**Chuck:** Whatever.

**T-Bone:** I'm just trying to say you see you Americans ok you do not understand Math like the Asians ok so we, Asians especially the Indians can do Math like nobody's business.

**Chuck:** Well one of the thing about that person is not just when they come to your office that they need to be excited, listen folks have a lot of options now when it comes to dental practice and every single person needs to seem like they're appreciated and that you're grateful that they're there.

Sometimes it's just a phone call, when the person calls for the first time I'm not saying don't be just genuine you should be very sincere about every single thing, make eye contact. When a person walks in the front that's the only thing that matters I get a little push back from people that I don't answer my phone very much during the day. Now if you send me a text and you have emergency I will step outside and I will take that call but I'm not going to answer my phone when I'm with you, I'm not going to answer my phone when

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I'm with Matt, I'm not going to answer my phone when you know I'm with Bruce or whoever because you know that's their time.

Now if you have an emergency and you send me a text I'm going to step out and excuse myself and then take that call but that's one thing I think there's definitely a lost art of customer service when it comes to listen these folks have a lot of options now you know what there's so much parity in the dentistry especially in this market. Everyone around you is a really, really good dentist and it's always a coin flip on who they go to.

**T-Bone:** Well it's interesting I was just thinking about this, probably the least paid person in everybody's office is the front office person "receptionist" and it's probably one of the most important position in your practice.

**Chuck:** Well that person usually doing your schedule and that's a whole...[crosstalk]

**T-Bone:** They're the ones that answer the phone; they're the one that greet the patient that come in. They've got to be right, they've got to be nice, and they've got to be overly nice, they've got to be overly never defensive, they've got to be the customer is always right

**Chuck:** Absolutely and sometimes I might be an entry level position that's someone make an extra amount but that position should be the person who wants to grow.

**T-Bone:** Yes, you know I wrote a blog post and we can link to it in our show notes it was a ten business lesson from the show madman and I talk them there about how Peggy Olsen from the show started off as a secretary and then she became a creative director and that was somebody that you brought in, you hone them I call it replacing yourself who wants somebody to be in a new position every couple of years in your practice.

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So we've talk about six things now and the other thing on the Debbie downer deal ok, I think to me the worst part of it is they infect the team the rest of the team when you're having a - Look when I come in and I'm tired and have had a bad day, and it's after a course weekend I only have half a day for a weekend and you know I'm tired on Monday I can see my tone sets the tone for the rest of the team and if you have Debbie downer that sets the tone for the rest of the practice.

**Chuck:** Correct, so it starts with you obviously. We always say attitude is a reflection of leadership.

**T-Bone:** Yes, absolutely, attitude is a reflection of leadership. Number seven how does your equipment look. This isn't necessarily what kind of equipment you have but how does it look.

**Chuck:** Yes this is something really interesting we give you some tidbits too and a couple of notes on.

**T-Bone:** This is coming from the sales guy who will tell you something.

**Chuck:** Actually I add some ways to get a little more life out of your equipment and also how to cover up some work on blemishes if you will.

**T-Bone:** So talk to us Chuck.

**Chuck:** So the biggest thing that we deal with equipment is that kills it is disinfecting it, you know.

**T-Bone:** That's why I choose to simply not to clean my stuff.

**Chuck:** [Laughs] whatever so either it goes back to the ages thing what kills the [unclear] we only have to sterilize it. The worst thing we can do to high speed [unclear] is to sterilize and we actually have to do that.

**T-Bone:** I choose not to sterilize them.

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**Chuck:** He is just kidding ok. Just in case the patient listening to these he's just kidding so you know one thing that happens is you know when you use Cavicide or you use Virex all these stuff has a little bit of a tint to it.

**T-Bone:** I use a Chinese version from Alibaba

**Chuck:** So when you take your brand new chair whatever you have you have this nice ultra-leather

**T-Bone:** Why can't it be royal?

**Chuck:** Whatever it is that has a temper pedic padding underneath it, when the patient's gone you guys rip off the bag which is place underneath the chair cover you take off the chair cover and then you disinfect it like you're supposed to do.

**T-Bone:** We don't use a dental pull chair we use a poly bag from Amazon.com.

**Chuck:** Ok that works ok so quit interrupting me this is driving me nuts tonight. Ok so why you're supposed to do that's really critical if you call any manufacturer they're going to tell you you're supposed to clean with soap and water.

We all know that you can't do that right. You're going to have to disinfect it, what they mean by that is once you're done disinfecting your chair at the end of every single workday you should have a spray bottle with soap and water and you spray your chair down and you're going to wipe off that residual, Cavicide or Virex or whatever that you use because if that's stuff if left overnight is very sticky and eventually it dries out the plastic, it dries out the ultra-leather, it dries out all the silicon tubings that we use and that's why it gets that stained look.

**T-Bone:** The brown look.

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**Chuck:** Exactly, so.

**T-Bone:** I love it when they come like we suction up impression material into our suction tube. I don't know why we use impression material by the way as a digital office, it drives me bonkers, but we suction up the impression material and then Jerry who happens to be my paracrine service technician by the way every time he comes in it cost me I think it's a 180 bucks to just to sniff our parking lot and so he comes in and so he do our chair I like him as our part time by the way,

**Chuck:** if you spend more money that would be last to say no.

**T-Bone:** Oh yes because if I just have to even better other equipment that we already have so when he comes in he put a new hose on right and I'm like wow that hose is beautiful because it makes you realize how ugly old hoses are.

**Chuck:** So let's talk about your upholstery on your dental equipment. Ok so when the patients sits down a lot of times again just wiping it down and that's something I tell you if you have a new patient you talk about look when you look around a little bit these is top the art equipment. Always be proud of what you have because the patients don't know and listen it sounds crazy but when you show him your hand piece and everything you should not use that hand piece in front of the patient until you open that sterilization pack in front of your patient.

Ok when you look around this equipment is a you know we have it for you know few years this top line we love it one thing you'll notice maybe if it is discolored you need to talk about it the chemicals that we have one of the reason the customers that this chemicals are hard on our equipment it stains it that's why we have to replace it a lot but one thing you should do to hide those blemish is something that you should be doing anyway is you should be using a lot of

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barriers and I know dentists hate barriers, I know hygienists hate barriers but you can take a really nice clear chair cover put over your unit tie a knot in the back and then also you put some barriers on your tubings, ok? Believe it or not it will clear a little bit to glare the patients can't just see that brown stuff they can't see that viscous stain.

The other thing we got to look at is we talk about is your equipment is look at your overhead light.

**T-Bone:** That's why we got rid of those.

**Chuck:** They're disgusting and you know what we know they're clean but when you wipe them off with a disinfectant wipe and then you turn it on most of them are halogen not everyone's got an LED.

**T-Bone:** The other thing I see is you know because there's gap in the lens cover dust gets inside of it, and when is the last time you really clean inside of it so you know and I'm dead serious about this we got rid of all the overhead lights in our practice we have everybody wearing headlights. Our headlights are in today's world is three four hundred bucks six hundred bucks maybe I have seen no reason to have an overhead light anymore to me everybody should have a headlight and everybody all your clinicians, which means your dentist and hygienist should have loops.

**Chuck:** You know on that note again I'm talking about the patient's experience this is something new folks just do but you know there really is something to be said about the image that that portrays when you have that on that give you guys a little bit of an edge the way you look. I mean you can't joke about it because you do it every day. I love it when I see hygienist who invested on nice loops and nice lights and I know it's not going to make them better clinically but you know what does that do for the patient when they look at that they say wow I didn't see that in my last dentist.

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**T-Bone:** Yes, you know and everything in its perception is reality you know other thing I would say on how your equipment looks is maybe I'm just overly critical about this, I get my chairs reupholstered you know I think nothing refurbishes a piece of a chair, a dental chair which probably one of the most expensive non technology items and all the chairs are becoming a technology items now, a non-technology items in your practice you can get them re-upholstered. We had them, ours re-upholstered and look unbelievable; you can have them re-upholstered with the tempurpedic mattress inside of it. We had ours with massagers built into it and you know yes it wasn't cheap as the \$600 re-upholstery but for like thirteen, fourteen hundred dollars we had all our chairs re-upholstered each, thirteen hundred bucks each and they looked brand new and I will say they look better than the day we got them.

**Chuck:** Well I tell you I'm glad you brought that up. Often we see you know you're trying to create that experience for your patient and too often I see someone the way a different type of tempurpedic liner on top of their chair. Now I want you think about that that's something that always bother me a little bit because there's some that look like a thin sleeping bag and somewhat like a mat.

**T-Bone:** And then but they hold dust and stuff on them.

**Chuck:** I think it's a patient and then lay on somebody else's bed sheet because I mean how can you really disinfect that?

**T-Bone:** We do sprays, I don't know.

**Chuck:** Oh it's just but you guys don't have that but I think about that with people.

**T-Bone:** We used to have that and you know it's interesting why we got that because my chairs got holes in it from the screws in the chair seat because I didn't change the upholstery enough.

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**Chuck:** That's because of the brand you bought. But we'll leave it at that.

**T-Bone:** You guys sell that brand now. I'm just saying

**Chuck:** We have that brand I mean we sell that brand.

**T-Bone:** I was just saying you have it.

**Chuck:** So anyway one thing I want to talk about because I know we're running out of time is the office tour.

**T-Bone:** We suck at this.

**Chuck:** And this is something you and I talked about this is just the other day you and I saw a patient of yours here videoing a CEREC. We talked about that right so let's talk about the office tours let's spend three minutes on this and then will move on.

When you bring a patient in you spend a lot of money on your facility I mean whether it's just the floors you know you walk and pass the I love me wall whether you walk in my posture x-ray, whether you have a Cone Beam or you have a digital fan hey did you notice the digital fan we have? Now sometimes we don't have to use as uncomfortable sensor anymore you can do your routine x-rays with your Panorex. Did you know that we also treat TMJ we have these machine here that we can look at your TMJ joint?

Now that's something simple to me and you but the patient doesn't know that. Walk them pass sterilization and don't be afraid to talk about money hey did you know that it cost us fifty five dollars for you to sit in our chair let me show you why so we have to talk about this [unclear] we have to talk about patches, we have to talk about the labor just to turn that [crosstalk]

**T-Bone:** How about the stupid strips I have to put on my cassettes now.

**Chuck:** We have the strips, we have the tape, we have the particular paper we have the cleaner.

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**T-Bone:** The log sheet

**Chuck:** Yes, so all those different things walk them pass your sterilization I will tell you it will also make your team – it will force your team to keep that clean I promise you when they walk by there's not going to be bloody third moral laying on a tray on your granite counter top ok.

The other thing is showcase your CEREC technology I know you all do a lot of this restorations all the time and you're used to that I'm telling you two or three out of five patient have still never heard of this and these are your patients. Walk them pass your room where you have your implant mirror, walk them by the room where you keep your laser. Walk them by and show them your [unclear] one of the things we love about Dr. Agarwal, we love about Dr Kay is that most of the things we can do is we can all do it here. These guys are so educated they reinvested so you don't have to keep coming back so the office tours are huge. Everyone's horrible at it and that's something we should do we should showcase it.

**T-Bone:** Yes, so we talk about seven things that will enhance your patient experience 1) was how your team looks; 2) was how your facility reflects who you are or the dentistry that you're doing; 3) What channel is your TV on; 4) Do you have the dreaded dairy queen. No offense to dairy queen well if you look from my belly I kind of look like dairy queen so do you have the dairy queen window; 5) was do you have the dreaded clipboard and pen on the chain; 6) was do you have a Debbie downer in your practice and; 7) was how does your equipment look and does it reflect again the type of dentistry you do or have you been taking care of it and all the little things that you can do to do that.

You know I wanted to go back to one thing Chuck that you talked about and that was the smell in the office. I think one of the great things that we invest in I stole this idea from somebody else was we

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bought a Westin smell machine so if you go to westin.com you can buy the smell machine and I don't know it's a hundred twenty bucks or so I plug in to the wall and then they so filter the last once a month and it cost forty bucks and it makes the place smell great. In fact I need to get another one so we can put it back in the clinical area and it really allows the office to smell to have that nice relatively fresh fragrance not overwhelming fragrance but a nice refreshing fragrance in the practice.

So you know I tried to end every podcast with little rant not in a negative way but an inspirational rant you know too many people don't love their profession and I think they don't love their profession because they don't take pride on what they do and then these are the same people who complaint about being burnt out complain about not doing the type of dentistry they do, complain about the types of patients that they have and a lot of it has to do how you reflect. Do you dress nicely? Does your team dress nicely? Do you have rules in place? Do you have policies in place and we all hate rules and we all hate policies but we have to have them you know I remember Ronal Reagan I'm not trying to be political he always wear a tie when he work you know as a president because he believe that that was the thing to do.

So you have to have a culture and you have to have an experience and that experience in your practice is based on the culture that you as the dentist you as the leader, you as the office manager, you as the hygienist set because every department has a leader, we have a lead hygienist, we have a lead front office person, we have a lead assistant, we have a lead dentist you know we set the culture and the experience and I will tell you this. All dentist are becoming a commodity if you're not making a difference, if you're not separating yourself because we're all doing the same thing at the end of the day, we're not doing enough stuff, we're not you know separating ourselves it's going to come down to experience. What does your

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patient perceive about your practice? What does it look like? Like for example, just a simple thing in my practice we need to repaint the parking lot lines in our building because they're getting faded patients are saying some of them are crooked you know the last person I got off Craigslist to do them did a bad job. So these are the little things that you got to do in your practice to make sure that people know that you're maintaining it not just on the inside, not just the equipment and technology it's not enough, ok I would say that if you have places dilapidated and it's old invest on how the things look and feel before you invest in technology because you got to get people to buy, you got to get people to be confident in your practice and a magical technology isn't going to make them be comfortable in covering your practice but how they look and feel and how they feel that feeling they get when they walk in will make a difference.

So thank you again, I would love it if you guys could do an iTunes review for us. It would make my day the dental the guys on Dental Hacks, Allan and Jason good friends of mine they have a hundred and some reviews I've got seventeen so I need you guys to do that for me it's very important.

Number two I need you guys to submit questions the questions are slowing down a little bit, the questions that you submit drive our podcast the content we deliver, the content that we haven't ask T-Bone and then I really need you to help us spread the message.

We invest a lot of time, energy and some money in doing this podcast and we don't have sponsors and we don't do any money in fact I don't even promote my courses in the podcast and so really I want to reach more people I want to deliver a message and so your help will be greatly appreciated and thank you for listening.

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Thanks so much for listening to *T-Bone Speaks* with Dr. Tarun Agarwal. Remember to keep striving for excellence and we'll catch you on the next episode.