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– Deena Ali, vice president, practice development, Enhanced Hygiene



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Efficiency In Group Practice is published six times a year by Share Moving Media • 1735 N. Brown Rd. Ste. 140 • Lawrenceville, GA 30043-8153
Phone: 770-263-5257 • Fax: 770-236-8023 • www.dentalgrouppractice.com

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The DSO Roadshow



Q1 is a busy time of the year for travel if you follow the group practice / DSO roadshow

of meetings. Heidi Arndt of Enhanced Hygiene held her first ever Dental Group Evolution meeting in Austin, Texas in mid-January. It was well attended by emerging dental groups and DSOs that took advantage of the various breakout sessions for startup and mid-market dental group practices.

In early February, the American Academy of Dental Group Practice held their annual conference. This year the theme was Building Better Groups... Together. Some of the stand out speakers included Katherine Eitel Belt, David Waltzer, Tom Clark, Roy Shelburne and one of our very own contributors, Dr. Katherine Schrubbe of Dental Associates. Henry Schein also conducted a pre-meeting event for several group practices and DSOs prior to the AADGP conference.

Late in February, on the Wednesday prior to the Chicago Mid-Winter meeting, McGuire Woods held their 14th annual Healthcare and Life Sciences Private Equity and Finance conference at the Four Seasons. While not strictly a dental event, the private equity conference did have a dental sector breakout session that included a panel made up of Rich Beckman of Great Expressions, several executives from private equity firms invested in DSOs, and Michael Kryza of The Guardian Life Insurance Company. Guardian Life currently owns two geographically different DSOs and is looking to grow its presence. The highlight of the conference was the keynote speaker, Ben Stein, who moderated a discussion around the Affordable Care Act and the Trump administration's repeal and replace strategy.

The biggest DSO event of the year will have already occurred by the time you read this issue. The ADSO is holding their annual summit in Orlando, Fla., at the Walt Disney World Swan. Last year, the ADSO had their largest meeting ever, with close to 800 attendees, and this year's event should be even bigger. ADSO summit attendees will take over the entire hotel so networking opportunities will surely abound. I was also asked to participate in a panel discussion called "Promoting the DSO Story." I will have the opportunity to discuss our mission here at *Efficiency in Group Practice* and how we assist DSOs in getting their message out to industry partners, dental students, practices owners and dental career seekers.

If you haven't had the opportunity to attend any of these meetings, it is worthwhile to set some time aside to network with peers in the DSOs space. There is plenty of collaboration that occurs at these events, and the networking opportunities are extremely valuable.

As you read the pages of this issue of *Efficiency in Group Practice*, please take note of our feature story on the ever-increasing importance of your hygiene team. Speaking of teams, we get some feedback from Kool Smiles and their commitment to building and maintain well-functioning dental teams for the sake of creating the best patient experience. Check out these articles and a whole lot more in this March/April issue.

William S Neumann

Bill Neumann



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Improving Lives

Editor's note: *When it comes to supporting the community and helping to ensure that patients have access to essential dental care, ADSO members are first in line. Efficiency in Group Practice recognizes those who make community giving a priority. This month: Great Expressions Dental Centers and Affordable Dentures & Implants®.*

Affordable Dentures & Implants® recently announced it is partnering with Brighter Way Dental Institute of Phoenix, Ariz., to deliver free dental implants, oral surgery and prosthetic treatment to hundreds of U.S. military veterans and homeless citizens. The network of affiliated dental practices expects to contribute about \$3.25 million in pro bono implant and prosthetic services in 2017 alone. About 400 volunteers – including affiliated practice owners, dental technicians and other auxiliary staff members – will travel from across the U.S. to Phoenix as part of the effort.

The pro bono program will take place at Phoenix-based Central Arizona Shelter Services. Brighter Way Dental Institute will facilitate six three-day sessions throughout the year. Formerly known as the CASS Dental Clinic for the Homeless, Brighter Way Dental Institute provides comprehensive dental care and a dental home to adults, homeless individuals and military veterans, many of whom do not receive dental benefits through the U.S. Department of Veterans Affairs. Dr. Kris Volcheck, Brighter Way Dental Institute CEO and founder, and Dr. Justin Moody will oversee clinical care at each of the sessions.

“This program reflects our affiliates’ shared commitment to deliver tooth replacement care with dignity and respect to those who often have nowhere else to turn,” says Doug Brown, President and CEO of Affordable Care, the dental support organization affiliated with Affordable Dentures & Implants. “As a national dental support organization, we have a special opportunity to use our network size and resources to give back to underserved communities.”

“This program reflects our affiliates’ shared commitment to deliver tooth replacement care with dignity and respect to those who often have nowhere else to turn.”

– Doug Brown, President and CEO of Affordable Care

Twelve Affordable Dentures & Implants affiliates participated in a successful pilot session in late 2016, delivering free care estimated at \$440,000.

Affordable Dentures & Implants’ participation in the 2017 Brighter Way program will build upon a record year of volunteer service and charitable work. In 2016 alone, the dental provider network reached out in the following ways:

- Over 100 dentists, lab technicians and business support staff gave their time at more than 20 Mission of Mercy pro bono events across the U.S. Throughout the year, technicians produced more than 700 partial dentures and other appliances at Mission of Mercy events.
- Affordable Care renewed a significant annual contribution to America’s Dentists Care Foundation and to more than 20 state-level Mission of Mercy organizations.

In addition, over 200 dentists within the affiliated practice network have taken part in international implant volunteerism since 2014, including through a partner clinic in Guadalajara, Mexico, performing more than an estimated \$5 million in implant surgery and related services in that time frame.

For more information about Affordable Dentures & Implants®, visit www.affordabledentures.com. ■

Giving back

Great Expressions Dental Centers makes it a point to provide more than great dental care. They become part of the fabric of the communities they serve by making donations to dental schools; participating in local partnerships, charities and events; visiting schools to educate students about brushing, flossing and diet; and educating people about the importance of their oral care.

Last year alone, GEDC was a sponsor of the Michigan Missions of Mercy – the state's largest free dental clinic – and the Jarvis Landry Camp in Miami, Fla. GEDC set up its SmileCenter at the two-day camp, and team members handed out water bottles and Oral B Travel Kits to the children, as well as raffled off a signed, Jarvis Landry football both days. In addition, GEDC participated in:

- **Backpack Donations.** Over 600 backpacks stuffed with dental and school supplies were donated to school classrooms across the country. GEDC patients nominated the classrooms on its Facebook page, and GEDC presented the winning classrooms with backpacks and an oral hygiene presentation.
- **NOVA Scholarship.** Each year, GEDC awards a partial scholarship to a NOVA Dental student.
- **Feeding Children Everywhere.** GEDC team members have packaged over 100,000 meals annually.
- **Breast Cancer Awareness Month.** Together with the Breast Cancer Research Foundation, GEDC helped raise awareness throughout the month of October.
- **Dental Deputies.** GEDC introduced its Dental Deputies to the Texas market, encouraging partnering schools to collect oral hygiene donations for victims of domestic violence.
- **Michigan Dental Association.** When GEDC learned that MDA was \$8,000 short of its 2016 fundraising goal, it stepped up and donated the exact amount.

The DSO has continued its community support and service this year. To honor Martin Luther King, Jr's dedication to community, GEDC marked the national holiday by donating 5 percent of all revenue generated through patient services from all of its offices that day. (Through the years, GEDC has donated over \$400,000.) In addition, it is participating in GEDC's own Dental Deputies program throughout the year, where the DSO raises donations for women's shelters via school presentations and oral care products given to the school and shelter. The program will expand



to include women's shelters in Atlanta, Ga., Cleveland and Columbus, Ohio, and Texas. Upcoming events scheduled in 2017 will include helping raise awareness during Oral Cancer Awareness Month, Missions of Mercy, Team Smiles and more.

For more information about community and charitable events sponsored by Great Expressions Dental Centers, visit the organization's website at www.greatexpressions.com.



By Dr. Sami Bahri, DDS

Dr. Sami Bahri is the author of “Follow the Learner: The Role of a Leader in Creating a Lean Culture,” and of the DVD “Single Patient Flow: Applying Lean Principles to Healthcare”. The book won the 2010 Shingo Prize for Research and Professional Publication and the video won the same award for 2013. The Shingo Prize Conference also recognized Bahri as the “World’s First Lean Dentist.” He is a sought-after speaker and lecturer nationally and internationally on implementing Lean management in dentistry. Dr. Bahri can be reached at Sami@bahridental.com

How to Make the Hygiene Department More Profitable

Hygiene is undoubtedly the beating heart of a practice. When the hygiene department is busy we are, when it is not, we are not. Thankfully, hygiene is well organized in most practices, but as we like to constantly improve, we want to make it more and more productive.

What will make that possible? Systems thinking; more specifically lean thinking where one views hygiene not as a separate entity, but as a component of a larger managing system of a practice – or even multiple connected practices. Here are a few ideas on how to move closer to a unified management system where hygiene and dentistry are not two separate departments.

Organizing work

The element around which you organize work will determine how you run your hygiene department.

Organizing work simply means that, at the center of the organizing diagram, we place the most important element – the one element around which everything needs to revolve. Change that center element and you will change how you navigate the system efficiently. For a simple analogy, you would navigate the solar system differently if you thought that the planets revolved around the earth, instead of the sun.

In dentistry, we can put either the provider or the patient at the center. This choice will determine how we run the schedule and consequently, how efficient we are. So far we have placed the provider at the center of the dental universe. We have scheduled according to provider time and assistant time – in the hygiene case, according to the hygienist’s time. Conversely, the new lean way puts the patient at the center, and organizes the schedule around how much work they wish to do and when. We like to perform all that work in one visit, if the patient conditions allow, and if it leads to patient satisfaction.

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In the following paragraphs I will attempt to show the difference between the two schools of thought.

Organizing around the provider

Organizing work around provider tasks is the most widespread concept in business and dentistry today, but not the most productive.

Here, hygiene functions as a separate department. Some even call it a “Profit Center” and manage it as an independent business. Peter Drucker, the legendary management guru, originally coined the term profit center around 1945. He later recanted, calling it “One of the biggest mistakes I have made.” He then asserted that there are only cost centers within a business, and “The only profit center is a customer whose check hasn’t bounced.”¹

In this line of thought, you calculate the department’s production independently from its contribution to the profit of the entire practice. When you make changes or introduce new services, you try to increase the production of each hygienist independently, and when checking the results of that change, you look at the hygiene production report (As we will see later, Lean looks at a different report)

The biggest flaw in this system is that when you improve profit centers independently, they tend to grow at different rates and the whole system tends to become dysfunctional. It is like placing tires of different sizes on a car, or an excessively powerful engine.



In dentistry, we can put either the provider or the patient at the center. This choice will determine how we run the schedule and consequently, how efficient we are.

Organizing around the patient

If you organize work around the patient experience, you will try to finish the patient’s treatment in one visit. Your schedule will revolve around their schedule.

In such an environment, hygiene cannot be viewed as a separate department anymore, but as one component of the patient’s treatment.

You will study the influence of hygiene on the profit of the whole practice, not only on the hygienist’s work.

If you introduce a change in hygiene, you will study its influence not in the hygiene production report, but in the practice profit and loss statement. The perspective here is more global than when you look at hygiene as a separate department.

You will seek to improve whole system metrics like patient satisfaction, treatment plan acceptance rate, lead time – the time it takes to complete the entire patient treatment.

The most profitable hygiene department is the one that does not exist separately unless the patient needs hygiene treatment only.

There is no problem thinking of hygiene as a separate department when only the hygienist is involved in the treatment – like when a patient needs a simple cleaning, for example.

Any other time, when more than one provider is involved, it would be more profitable to look at the hygiene department as an inseparable part of the entire dental practice managing system. The hygienist will come to clean a patient’s teeth during treatment, in the dentist chair. This becomes even more practical if you use CAD/CAM technology. While the crown is milling and while it is fired in the porcelain oven, the hygienist comes to do the cleaning. That saves an appointment and makes the treatment flow efficiently.

Combining functions in this manner is called “crossing the functional barriers.” It is not to be taken lightly. Talking from experience, I can assert that it is a very important factor in increasing productivity and most importantly, facilitating a smooth flow of treatment, which in turn reduces the level of stress dramatically. ■

¹(Drucker, Peter F. (2002). *Managing in the Next Society*. New York, New York 10010: St. Martin’s Griffin. p. 84. ISBN 0-312-32011-6.)

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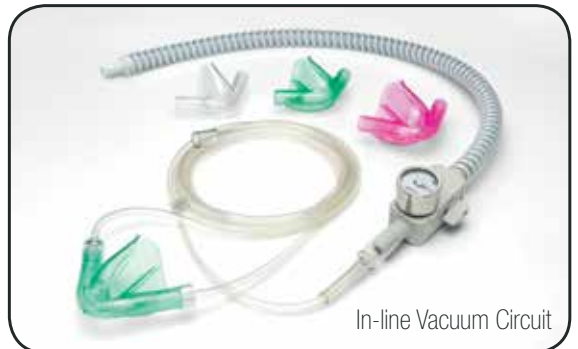
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Weighing the Risk of Termination

By Stuart Oberman, Esq., Oberman Law

Editor's note: *Unpleasant as it may be to fire a staff member, it's sometimes necessary to protect the practice from risk. An understanding of employment laws can make the termination process less complicated.*

Dental practices are subject to a variety of local, state, and federal employment laws. While dental practice owners assume they are justified in their reasons for firing employees, employment laws can make the termination process complicated.



Claims may arise from bad employment decisions. These claims may be asserted by any employee and could include – but are not limited to – workplace discrimination or retaliation, harassment, breach of contract and defamation. Employment litigation can bring its own set of challenges, including attorney's fees, loss of time, disruption of services and stress.

Hiring an incompetent employee could lead to certain claims against a dental practice. The practice could be held liable for the unlawful action of employees. Hiring dishonest employees may also cause difficulties in running the practice.

Practice owners should balance the relative risks and choose among an assortment of different options when it comes to handling employment matters. They should ensure that their employment decisions are justifiable and fully supported by employee evaluations and other documentation. When possible, they should give employees notice of their

deficiencies and a reasonable opportunity to correct the problems. Even the most frustrating employees are to be treated with dignity and respect. Finally, if a decision to terminate an employee has been reached, careful planning of the actual termination and the handling of the transition is important.

Every dental practice owner should consider the following before making the decision to terminate an employee:

- Are the employee's problems serious enough to interfere with the efficient delivery of dental treatment and quality patient care?
- Is there a larger point to be proven?
- Is the timing of the termination decision risky because the employee has asserted his or her legal rights?
- Is the employee's behavior toxic to the workplace, placing the practice owner at risk of losing valued employees?
- Will the practice's retention of a difficult and/or incompetent employee cause harm to its reputation within the community?

There will be situations where the above factors outweigh the risk of liability for employment discrimination, and the dental practice has no choice but to accept the risk. At this point, the dental practice has an option to offer a severance package with a release agreement, prepare a vigorous defense, or reach a reasonable settlement. ■

Editor's note: Stuart J. Oberman, Esq. handles a wide range of legal issues for the dental profession including employment law, practice sales, OSHA and HIPAA compliance, real estate transactions, lease agreements, non-compete agreements, dental board complaints and professional corporations.

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A Fresh Approach

As the role of hygienists continues to evolve, DSOs must offer new training protocols and guidelines

By Laura Thill

Dental hygiene today means much more than it once did. Whereas hygienists traditionally focused on teeth cleanings and basic hygiene procedures, they've come to play a key role in preventive care and practice development.

That's not to say they haven't always been essential to the dental practice. "Hygienists have always been given the opportunity to help build the dental practice by engaging with patients and the entire dental team to provide outstanding clinical care," says Deena Ali, vice president, practice development, Enhanced Hygiene. But, they often were hired to perform dental cleanings and help sustain the patient recall system, she points out. By contrast, hygienists today "are viewed as a vital part of the dental practice and a leader within each practice," she notes. "The DSO model really puts a lot more positive focus on highlighting hygienists and recognizing this position." In turn, hygienists' role is evolving beyond basic teeth cleaning, as they become "a critical component in the clinical team and true periodontal therapists. Today they are recognized as practice builders

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and encouraged to engage in developing their individual role and hygiene departments, and to take their services and skills to the next level.”

“In the past, the role of dental hygienists was that of a loss leader, meaning they generally performed only very basic hygiene procedures,” says Marisa Dolce, RDH, national hygiene director, Great Expressions Dental Centers. “There wasn’t much in the way of a comprehensive approach to hygiene. Routine dental visits provided an opportunity for the dentist to conduct an examination to assess for patient restorative needs.” Today, however, as attention has shifted to the value of interceptive and preventive care, the role of hygienists in dental practices and DSOs continues to grow. “Hygienists now are utilized more fully to their professional potential in this setting,” she points out. “Today patients receive comprehensive treatment by both doctor and hygienist.”



New role, new responsibilities

As dentistry continues to expand and evolve, so, too, do the responsibilities of hygienists – a transition that they and their dental employers generally embrace. “As the latest research is coming out, hygienists are responsible for staying current with these changes,” says Ali. “In addition to the new CDT codes continually introduced, hygienists must be on the forefront of technological advances. Electronic medical records and digital imaging are no longer a novelty, but a common practice, and staying

updated on the advances the software has to offer is important.”

Hygienists are responsible to help sustain the periodontal health of each of their patients, so having a clear grasp and understanding of restorative dentistry, orthodontic procedures such as Invisalign® and oral surgery also is essential,” she continues. “Dental hygienists should be versed in discussing implant therapy, such as All-on-4® implants, CAD/CAM dentistry, such as CEREC, and other 3D imaging and laser therapy.”

Dolce agrees that “the scope and purpose” of hygienists’ responsibilities have changed. “Regular and thorough screening and assessment for dental diseases is paramount to current dental hygiene practice,” she says. “The approach to treatment is now more proactive, and periodontal disease is treated earlier and more aggressively because of the overall health implications. It is important for hygienists to take on these responsibilities and act as healthcare providers who do more than just clean teeth.” Not only are hygienists more involved in disease prevention and management, they owe as much to their patients, she adds. “Hygienists are helping educate patients more and more about their oral care and the

importance of regular dental visits. These changes have served to elevate the practice of dental hygiene in the DSO setting.”

GEDC works to create a culture that supports hygienists and encourages them to embrace their new responsibilities, says Dolce. “We want to maintain excellence in hygiene practice, service and quality while promoting the needs of the patient and communities we serve. We want to ensure the best patient care possible.” In her experience, most hygienists are dedicated healthcare providers who welcome their growing responsibility. “Of course, there are many who may have been practicing in a more traditional manner and do resist changes, just as in any field,”

“Consistency throughout a large dental group practice drives change. With consistency comes a reassurance that each patient is given the highest level of dental treatment available, each and every time.”

– Deena Ali, vice president, practice development, Enhanced Hygiene

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she says. “Education is the key to dealing with these hygiene providers.”

For the most part, dentists, too, tend to embrace the evolving role hygienists play, says Dolce. “I believe dentists at DSOs welcome the role of hygienists,” she explains. “That said, dentists and hygienists come to clinical practice with different skill sets. Those dentists who resist giving up control may not recognize the level of expertise or competency their hygienists possess. They may not understand that the delegation of duties can actually improve patient care and ultimately lead to improved treatment outcomes.”

Indeed, while most hygienists and dentists regard hygienists’ evolving role as a positive step in patient care, there will always be those who resist change. “Most hygienists have a very deep connection with their patients and want to ensure the information and services they are providing are the best for their practice,” says Ali. But “fear of change, or the unknown of how to

implement the change” holds them back. The unknown can be scary and cause some hygienists to doubt their abilities, she points out.

Similarly, whereas the more proactive dentists recognize their success comes from surrounding themselves with a strong team – and most dentists appreciate the important role hygienists play in the practice – some struggle with how to develop this role, says Ali.

But, staying static and not embracing growth is a recipe for disaster, she adds. “Hygiene remains one of the most crucial roles in the dental practice, and group practices and DSOs are looking for hygienists who have that internal drive to grow and take on responsibilities.”

It’s important to educate hygienists on the value they offer to the dental practice, as well as show dentists that a strong hygiene department with more responsibilities (all within legal and ethical guidelines) is actually legally safer and can lead to a greater economical gain for them, Ali says. “Most of the time, with proper education and by getting dentists involved, dentists begin to feel more open to changes and embrace hygienists taking on additional responsibilities. The key here is open communication and written guidelines to help keep everyone current and on the same page.”

Consistency across the group practice

Consistency throughout a large dental group practice drives change, according to Ali. “With consistency comes a reassurance that each patient is given the highest level of dental treatment available, each and every time. Preventive care guidelines that are clear and

“A DSO must have a way to communicate with each team member so that information is provided in a timely manner.”



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simple for everyone to follow are the foundation of a successful multi-provider dental hygiene department, and having “everyone on the same page” ensures greater “clarity, structure and flow” for the entire dental team. Conversely, practices that do not have clear guidelines tend to lack unity, which leads to inefficiency in billing, scheduling and overall practice performance, she points out. Furthermore, when patients sense the organization is unified, they tend to feel well cared for, she points out. And, patients who respect and trust their dental practice are more likely to return.

Indeed, a universal protocol enables hygienists to work in multiple practices without skipping a beat, says Dolce. “This is why some DSOs have set up the protocol of same philosophy of care. At GEDC, we have set up exactly such a process and support it through weekly meetings with our regional hygiene directors, who are responsible for helping set the philosophy of care in their regions; a National Doctor Panel, where we can

work with the doctors on hygiene; and Great Expressions Dental Centers University (GEDCU), a training department for all employees that helps educate them about hygiene care.”

It can be challenging to find the time and resources to implement an education program that leads to effective oversight and ensures consistent clinical compliance throughout the organization, notes Dolce. “This oversight becomes increasingly challenging as the size of the DSO expands,” she says. But, by providing group training, investing in the right education tools, leveraging technology and having a strong clinical team that supports hygiene, it’s possible, she adds. “A structured program with written guidelines for practice is essential,” she says. “It’s especially important to have staff in place to facilitate the education and coaching process. Hygiene directors as leaders in the DSO are vital to the education process and hold responsibility for ensuring that the hygienists who work under them to maintain

A Growing Role

As hygienists take on leadership roles, education and training are more important than ever.

As group practices continue to grow and staff more hygienists and doctors, experts fear that patients are at risk of slipping through the cracks. For instance, when patients are not seen at repeat visits by the same hygienist and dentist, signs of inflammation or changes in the oral cavity or in restorations are sometimes missed, leading

infections, Wingrove points out. In addition, hygienists must accurately assess the need for treatment, and be able to communicate this need to dentists. "This also applies to home-care recommendation," she says. "If each hygienist tells a patient something different, it can become very confusing for that patient."

of training that allows them to comprehensively evaluate patients' health history and problem areas (i.e., restorations that need to be replaced), as well as signs of pathology, periodontal or peri-implant disease.

Too often hygienists are rushed, and only evaluate for periodontal disease and eliminate any calculus present, Wingrove explains. They often are not trained to remove biofilm, especially when a patient has a history of health risks, which can affect his or her overall health. "Biofilm removal is now the key to successful professional and at-home maintenance," she says. "The mouth is the mirror to the rest of the body. If it is healthy we have done our part in the patient's overall health."

Companies such as PDT offer continuous education, as well as product solutions that address today's dental challenges, says Wingrove. PDT's instrument innovations are designed to help clinicians work more efficiently and effectively, better adapt to tooth surfaces and evaluate patients more accurately. In turn, the patient experience is more comfortable and satisfying, she adds.

Hygienists today must assume a larger leadership role – something they can't do without proper education and guidance.

to systemic oral health risks, according to Susan Wingrove, RDH, BS and spokesperson for Paradise Dental Technologies (PDT), Inc.

It's essential to implement an educational system designed to evaluate and monitor all patients, consistently looking for signs of inflammation, bone loss, pathology, oral cancer and

Hygienists today must assume a larger leadership role – something they can't do without proper education and guidance, notes Wingrove. Typically, they spend a limited amount of time with patients, during which they must evaluate any potential problems and communicate this to the dentist. To do their job well, they require a level



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the organization's standard of care. Also, creating a liaison between doctor and hygienist is essential."

DSOs that recognize the importance of ongoing training and professional development are more likely to cultivate a successful dental hygiene department, says Ali. "DSOs must recognize that guidelines and protocols are essential. They must recognize the value in providing consistent messages and creating guidelines that are in accordance with the ADA and legal statutes. The guidelines must be in writing, with clear metrics attached, and enforced; changing them too often could confuse the teams." Hygiene teams must receive a clear message their professional growth enables them to provide a greater value to their patients, she adds.

"Guidance with consistent structure is important as the DSO grows and adds more teams," Ali continues. "A DSO must have a way to communicate with each team member so that information is provided in a timely manner. Dashboards with accurate metrics that are easy to follow and available on demand are important, too. Hygienists and their departments need to feel supported and not without leadership."

A look ahead

The DSO market is growing rapidly, says Ali, and access to patient care is becoming a bigger and bigger priority. In turn, she predicts hygienists will play an increasingly important role in dentistry. "Prevention and hygiene is – and always will be – the foundation of a successful dental practice," she says. "As advances continue, the hygiene role will continue to be necessary to ensure patients' needs are met. People are living longer, retaining their natural teeth and investing more resources in themselves. Hygienists play the only role in the dental office that helps maintain current health, as well as prevents future dental concerns. This responsibility will only become more necessary as the DSO sector increases in the market."

Dental hygiene will be a great career for years to come, adds Dolce. "In the DSO setting, hygienists are utilized in a much more comprehensive manner than in the average private practice; the expansion of DSOs may serve to move the profession along." ■

All for One

Teamwork leads to better care, better smiles, better lives

There's no better path to excellence in patient care than a unified dental team, says Arwinder Judge, DDS, chief clinical officer, Aspen Dental Management, Inc. (ADMI). "The doctors and dental practices that ADMI supports believe the patient experience will never exceed the team experience, so building great teams anchored by a strong culture is critical," he points out. "Knowing the fear and anxiety that often comes with going to the dentist, it is incredibly important that patients have a great experience from beginning to end. Aspen Dental practices are designed to make dentistry easier for patients, from evening and weekend hours to onsite denture labs

and always welcoming emergency and walk-in patients. At the end of the day, when you do what's right for the patient, you do what's right for the practice."

To do so requires that the entire team share the same set of goals, he continues. "This ensures that everyone – from the patient service representative who greets patients, to the dental assistants, hygienists, lab technicians, office manager and, of course, the dentist – has clarity on the role he or she plays in breaking down the barriers to better care, better smiles and better lives.

Dental support organizations like ADMI play a key role in making it easier for their doctors to build successful

practices, according to Judge. "It starts with helping doctors not only create a strong culture, but also become better leaders in their individual practices," he says. "That's why we have made huge investments in doctor development and mentoring programs." As a result, doctors at Aspen Dental experience "a sense of community and camaraderie" across the network, he notes. "Not only are these doctors colleagues, but also mentors and good friends. They collaborate on clinical, training and mentorship programs. And, they help one another continue to grow by serving as sounding boards as for doctors considering practice ownership, or as existing owners look to grow their teams and bring on partners.

"It's a real culture of collaboration, and we at ADMI do whatever we can to continue to foster that culture by bringing together doctors whenever we can," Judge says. "There's nothing more satisfying than seeing owner-doctors succeed." ■



Arwinder Judge

Creating Memorable Patient Experiences

A well-functioning dental team puts patients at ease

By Laura Thill

Building a strong dental team is not always easy, but it's essential to the success of the group dental practice. Particularly as dental practices work to set themselves apart from their competition, a unified team has the ability to work efficiently and effectively, and instill a sense of confidence and trust in their patients.

Indeed, the way staff members interact with one another impacts their ability to communicate with their patients, according to Kimberly Kelly, area business leader for Kool Smiles. She maintains that when the dental staff communicates well with one another, they are more likely to reach out to patients in much the same way. Kool Smiles patients receive information "in a pleasant and informative way," she says. "They can hear a smile over the phone; a smile in person is even more effective.

"At Kool Smiles, we focus on creating a memorable patient experience," Kelly continues. "We try to understand what more we can do in our group setting to give our patients exceptional care in an inviting environment. The teamwork amongst our dental staff, and their ability to work cohesively and efficiently, has a tremendous impact on the patient's overall experience. The way our team communicates, interacts and works together can be a major determining factor in whether or not we retain a patient and, in turn, whether that patient recommends us to others."

The goal is to make patients want to come back, Kelly explains. "If they have a pleasant experience – from their first phone call to the last dental assistant that walks them out – they are more likely to return to us. It really is a group effort."

The role of the DSO

Dental service organizations can help establish and implement programs that encourage a culture of teamwork, Kelly points out. For one, creating consistency and ensuring common practices throughout large group dental practices – whether across multiple cities or states – "ensures a seamless experience for both staff and patients," she says. Whether patients walk into a Kool Smiles office in Texas or South Carolina, they'll have the same experience, she points out.

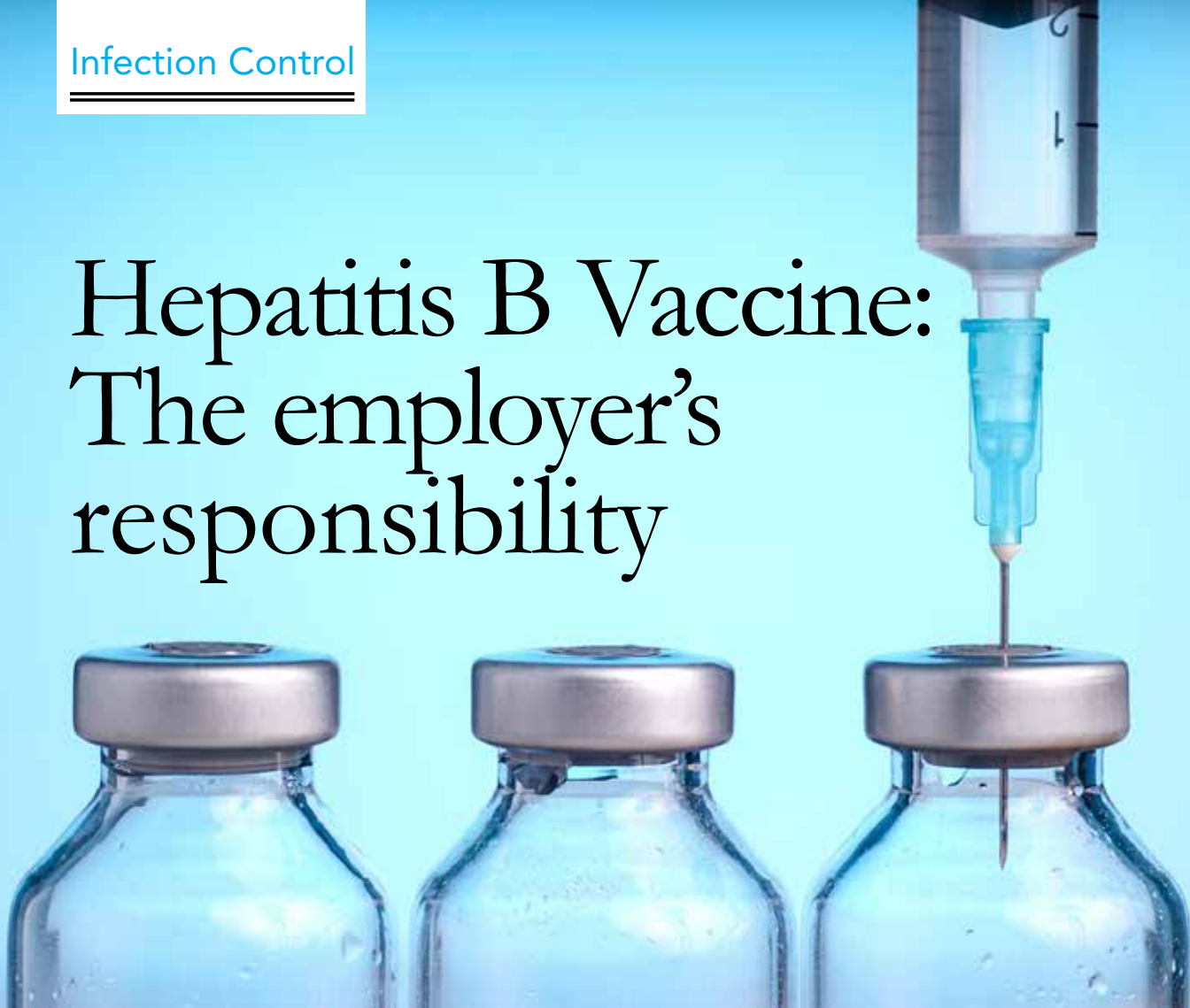
It's also important to incorporate fun at the workplace, she notes. "At Kool Smiles (and our support services organization, Benevis), teamwork and fun are two of our values, and we place a huge emphasis on both," she says. And this is apparent to their patients, she adds. "They can tell when they come through our doors that teamwork [and fun are] part of who we are as an organization. It's in our DNA!

Looking ahead, Kelly anticipates that teamwork and cohesiveness among the dental staff will become increasingly important. "Healthcare and the dental industry are ever-changing, and we have to be willing to change with it," she says. Advances in technology and tele-dentistry could present challenges, she notes, particularly as more work is accomplished remotely. "This [can be] a great time saver and it's popular with team members, but it's harder to create that team atmosphere when we're not all in the same place." Organizations such as Kool Smiles that have built their foundation on teamwork and communication will have an advantage, she adds.



Knowing how to have fun is key to building a strong dental team. Kimberly Kelly, area business leader for Kool Smiles, and staff members, dress up for Disney Day at one of the DSO's South Carolina-based offices.

Hepatitis B Vaccine: The employer's responsibility



By Katherine Schrubbe,
RDH, BS, M.Ed, PhD

Katherine Schrubbe, RDH,
BS, M.Ed, PhD, is director
of quality assurance at
Milwaukee, Wisc.-based
Dental Associates.

The following is part two of a two-part overview of the Bloodborne Pathogens Standard (BBP). Part one reviewed the first section of the Standard, including the importance of maintaining a current Exposure Control Plan in the dental practice; the meaning of universal precautions; the difference between engineering controls and safe work practices; and an overview of the Standard's position on personal protective equipment (PPE). Part two looks at the Hepatitis B vaccine and the employer's responsibility, including the use of signs and labels, training and record keeping.

Hepatitis B is a serious liver disease, which can be acute or chronic, and is a major contributing factor for liver cancer. Up to 2.2 million people are living with chronic Hepatitis B, and many are not aware of their infection.¹

The Hepatitis B virus (HBV) is 50–100 times more infectious than HIV², and dental patients who present with this infection can be a risk to dental providers. HBV is transmitted when blood, semen or another body fluid from a person infected with the HBV enters the body of someone who is not infected.³ HBV transmission in a dental healthcare setting is rare, particularly since standard precautions and routine vaccinations for dental workers were adopted (1985 and 1987, respectively).⁴

The best way to prevent an HBV infection is to be vaccinated. Hepatitis B vaccine has been successfully integrated into the childhood vaccination schedule, contributing to

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a 96 percent decline in the incidence of acute Hepatitis B in children and adolescents.⁶ The BBP Standard requires employers to offer the vaccine series to all workers who have occupational exposure, at no cost and at a reasonable time and place.⁵ The vaccine must be offered after employees have had initial training and within 10 days of their initial assignment, unless a worker has previously been vaccinated, antibody testing confirms immunity or the vaccine is contraindicated for medical reasons.⁵ If a new employee declines the vaccine, a signed declination form must be on file, stating that the worker declining the vaccine will be at risk for acquiring hepatitis B, and if he or she wants to receive the vaccine at a later date, the employer will make it available under the same initial terms.⁵

Post-exposure follow-up

There is an old saying: Nothing ever happens until it happens to you. Even an experienced practitioner can

have an accident and sustain an occupational exposure. The BBP has a provision in place to take care of workers in such situations. The employer has to make post-exposure follow-up available to any worker who sustains an occupational exposure. The medical evaluation is at no cost to the employee and includes documentation describing how the exposure occurred.

The Standard states, “The source individual’s blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual’s consent is not required by law, the source individual’s blood, if available, shall be tested and the results documented.

When the source individual is already known to be infected with HBV or HIV, testing for the source individual’s known HBV or HIV status need not be repeated.

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status: The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible. Post-exposure prophylaxis, when medically indicated, is recommended by the U.S. Public Health Service.^{7,8}

It is important to locate an occupational health clinic or a medical doctor nearby, so that a post-exposure follow-up can be completed in a timely manner.

Signs and labels

Using signs and labels to communicate hazards is the next provision of the BBP Standard. Biohazard labels should be affixed to regulated waste containers and any other containers that store, transport or ship blood or other potentially infectious materials (OPIM), as well as refrigerator and freezers containing blood or OPIM. Red bags or red containers may be substituted for labels.^{7,8} It is important for all dental team members to understand what these



Training is integral to maintaining worker safety in the dental setting. Training for employees with occupational exposure is critical.

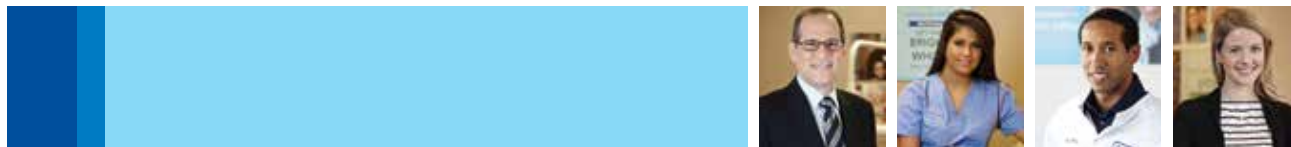
labels mean and to be cognizant of the contents.

Training

Training is integral to maintaining worker safety in the dental setting. Training for employees with occupational exposure is critical. The BBP Standard states that training must take place upon initial hire and then at least annually thereafter, at no cost to the worker and during work hours. This training must also allow for questions from workers, and it must be provided at an educational level and in a language the workers understand.^{7,8} Training records must include the date of training, the name of the person who conducted

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the training and the names/job titles of employees. The records must be saved for three years.⁷

The BBP Standard, Code of Federal Regulations 29 CFR 1910.1030, is comprehensive and follows OSHA's mission to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance.⁹

Maintaining records

In addition to addressing accurate labeling and training, the Standard includes a provision for the employer to maintain employee medical and training records. Medical records must be kept confidential and include information on the employees' hepatitis B vaccine status; all results of

examinations, medical testing and follow-up procedures; and medical opinions from healthcare professionals. According to the BBP, medical records must be kept for at least the duration of employment, plus 30 years.⁷

Lastly, a sharps injury log for the recording of percutaneous injuries from contaminated sharps must be maintained. The log should include the type and brand of the device, the area where the injury occurred and how the injury occurred, and it should protect the confidentiality of the injured employee.⁷ If the dental practice has had 10 or fewer employees at all times during the last calendar year, the owner does not need to keep OSHA injury and illness records, unless OSHA or the Bureau of Labor Statistics informs him or her in writing that records must be maintained.¹⁰ ■

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Waterline Treatment

Waterline disinfection helps ensure a safe patient visit

By Laura Thill



It may be rare for dental patients to develop waterborne infections. But, why take a chance? Aside from presenting a health risk for patients, outbreaks of infection linked to the dental waterline can be a liability risk for dental practices.

“Dental unit waterlines must be effectively and efficiently treated to maintain acceptable safe and approved colony-forming-unit (CFU) counts,” says Leann Keefer, RDH, MSM, director, educational and professional relations, Crosstex. “Municipal (source) water delivered to the office meets EPA standards. The perfect storm begins to brew when water is passed through the 6 feet of 2-mm-diameter dental unit waterline tubing. Narrow bore tubing, low flow rates with periods of stagnation, and an ongoing wet environment provide the perfect conditions for bacterial growth.”

For years, both the Centers for Disease Control and Prevention and the American Dental Association have promoted safe dental water standards. “As of 2000 in the United States, per ADA recommendations, dental water should contain no more than 200 colony-forming units per milliliter (CFU/ml),” says Jerod Mendolia, marketing assistant, Sterisil. “More recently, the CDC recommended this water meet EPA standards for drinking water of 500 CFU/ml. Comparatively, the U.S. Army has set its standard at <200 CFU/ml for non-surgical procedures. The European Union and Japan have gone one step further

and specified dental unit effluent water be maintained to ≤ 100 CFU/ml.”

To help dentists comply with safe water standards, companies like Sterisil and Crosstex continue to take measures to ensure water purity throughout the practice.

The sole focus

At Sterisil, the company’s sole focus is waterline disinfection. “That’s it,” says Mendolia. “Whether an office has 2 ops or 200, we can apply the knowledge gained from almost 20 years of waterline experience to help them meet their compliance goals. We not only develop products, we have created daily protocols and quality assurance programs that are manageable, effective and safe. Our new innovations, like the Sterisil Straw V2, features upgrades that simplify their use and free practitioners from time-intensive maintenance.

“Sterisil products are designed as a complete protocol to ensure the highest level of water purity is met,” he continues. “All Sterisil products come with a shock treatment and are backed by an EPA registration and a quantified claim for disinfection equal to or less than 10 CFU/ml. When it comes to success, we have low expectations – for bacterial content that is. Compliance with the CDC standard of ≤ 500 CFU/ml is easily attained when both the shock and maintenance routines are performed properly. The result is customers

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who are confident in their waterline treatment protocols and know they are providing safe dental water to their patients, staff and environment.”

A solution for any operatory

Dental practices installing a waterline treatment system must choose between an independent bottle-fed configuration and a municipal direct-feed configuration, Mendolia explains. There are pros and cons to both options, he adds. “An independent bottle-fed configuration offers the maximum control over what goes into the waterline,” he says. “In municipalities where there may be more than one municipal source, water quality can vary throughout the year. An isolated bottle reservoir using distilled water maintains consistent water quality despite changes in the municipal supply. Since OSAP recommends using a shock and daily maintenance component for complete waterline disinfection, independent bottles provide easy access to perform both, compared with other configurations.

“A bottle-fed configuration using distilled water in conjunction with a Sterisil Straw offers maximum reliability with

respect to water quality over the lifespan of the product, since the content of the water remains at a constant,” he says. “The downside of bottle-fed configurations is the level of daily involvement required from the staff to refill bottles when they run empty. If staff efficiency is the goal, they should look into a Sterisil System G4 configured for direct feed.

“Municipal direct-feed configurations, on the other hand, excel at reducing daily staff involvement,” Mendolia continues. “However, the variable quality of the public water supply will play a factor in the lifespan of the waterline product. Calcium buildup in handpieces and waterlines are common and can be costly to repair. With the Sterisil System G4, water quality is improved before it ever reaches a handpiece. Continuous monitoring via onboard sensors trigger an alarm when water quality degrades above a certain threshold, at which point staff would only need to perform a quick cartridge replacement and continue using as normal.”

Using distilled water in a bottle reservoir is the best solution for dental waterlines and chairs, and ultimately leads to the best disinfection results, Mendolia points out.

That said, “Sterisil recognizes this isn’t always feasible, which is why we have a full line of products to meet any office configuration,” he adds. The company also offers a line of accessories, including silver impregnated Biofree bottles. “Going one step further, periodic bacteria testing performed by a third-party lab specializing in dental waterlines can provide an accurate assessment of water purity,” he says. “Water testing is affordable and offers dentists assurance the protocols they have in place are effective. If an office fails a water test, Sterisil customer service will do an in-depth investigation into their protocols and configuration, and recommend a plan of action.”

Easier and more cost effective

Best practices are changing all the time, notes Mendolia. As recently as December of 2016, the EPA issued a final

“Municipal (source) water delivered to the office meets EPA standards. The perfect storm begins to brew when water is passed through the 6 feet of 2-mm-diameter dental unit waterline tubing. Narrow bore tubing, low flow rates with periods of stagnation, and an ongoing wet environment provide the perfect conditions for bacterial growth.”

– Leann Keefer, RDH, MSM, director, educational and professional relations, Crosstex

ruling, which established best management practices for amalgam separators and dental effluent water.

“The science behind biofilm growth shows us the dental waterline is an ideal breeding ground for pathogens,” he says. “According to the ADA, waterlines left untreated can easily exceed the drinking water standard of ≤ 500 CFU/ml. With the development of ion exchange delivery systems employed by Sterisil products, waterline treatment is easier and more cost effective than ever.” Some dentists may regard waterline maintenance as an unnecessary cost. But, “most skeptics, when presented with the evidence, will weigh the cost of treatment against the cost of a potential outbreak and come to the logical conclusion to treat their water.”

Education and sound solutions

Solid science compliance is key to successful dental unit waterline treatment protocols, according to Leann Keefer, RDH, MSM, director, education and professional relations, Crosstex. “As a leader in infection prevention and control, Crosstex is committed to scientifically based programming to address best practices of infection prevention to provide a safe dental visit for the patient, clinician and the practice,” she says. Indeed, the company is big believer in providing its dental customers with strong educational programs and sound solutions to help them protect their patients and staff.

“Crosstex products, such as DentaPure® Cartridges and Liquid Ultra™ Solution, help ensure compliance with EPA standards for potable water,” says Keefer. DentaPure cartridges are EPA registered to provide water ≤ 200 CFU/mL, she points out. In fact, “the DentaPure cartridge uses the same technology developed for NASA to ensure that water consumed in space is safe from harmful levels of bacteria.” Similarly, when used as directed, Liquid Ultra is EPA registered to provide water ≤ 500 CFU/mL and is the only EPA approved in-line product that kills biofilm, she notes.

By providing educational resources to clinicians and distributor field sales reps and service technicians, and by arming sales reps with patient resources to share with customers, “Crosstex has created educational touchpoints in every arena of safe dental unit waterlines,” says Keefer. “Crosstex is an AGD PACE-approved provider with CEU programs at national meetings and on-site practice-based learning events, and through VIVA Learning for live and on-demand webinars. Our Client Care team and educational toll-free STERILE Helpline (1-8558-STERILE) are ready to address both clinical and regulatory questions.”

Easy maintenance

Dentists appreciate the value of infection control protocols, including waterline treatment. But, some may express concerns about managing the compliance process and



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How the best perform





“An independent bottle-fed configuration offers the maximum control over what goes into the waterline. In municipalities where there may be more than one municipal source, water quality can vary throughout the year. An isolated bottle reservoir using distilled water maintains consistent water quality despite changes in the municipal supply.”

– Jerod Mendolia, marketing assistant, Sterisil

maintaining records. Once installed, however, the DentaPure cartridge requires no monitoring or shocking for 365 days, or 240L of water usage if records are maintained, notes Keefer. “If an office is concerned about monitoring CFU counts, we recommend independent testing by an outside laboratory,” she says. “For offices that are concerned that the iodine level stays within the range provided in the DentaPure cartridge IFU, Crosstex offers iodine test strips.” Testing frequency – both for CFU counts and iodine levels – varies by practice, she adds.

As with any product, dental practices should follow manufacturer recommendations. Crosstex offers the following best practices:

- Flushing for 20 – 30 seconds between patients.
- Sterilizing all handpieces after each use.
- Emptying independent water bottles nightly and setting them upside down

to dry to avoid biofilm growth from untreated water remaining in the bottle.

- Wiping down the outside of the cartridge with a clean paper towel before replacing the bottle.
- Filling bottles with fresh water (tap or distilled) each morning before each use.

Minimizing your risk

Some dentists may not realize that improperly or poorly treated waterlines can place their patients and staff at risk for infection, as well as create a liability risk for their practice. Others may believe they are taking sufficient steps to reduce the risk, when, in fact, they are not. Indeed, using distilled water, cleaning bottles daily and refilling them with fresh water, and installing filters are not enough, according to experts. And, while waterline cleaner tablets provide a good start, total compliance is required each time the water bottle is filled, and the practice often doesn’t follow up to ensure tablet protocols are followed consistently.

Using products like the DentaPure cartridge reduces the amount of time the staff may need to dedicate to dental unit waterline treatment,” says Keefer. “Once installed, there are no monitoring or shocking protocols required. There is no need for daily tablets or routine shocking. And, one cartridge installation equals 365 days (or 240L of water if usage records are kept) of safe, compliant dental unit water.” ■

Editor’s note: All DentaPure claims are based on use with potable water.

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THE BACTERIA PROBLEM

Biofilm is made up of odor-causing bacteria colonies that adhere to the internal plumbing walls in dental chairs. If not properly treated, all waterlines and valves become coated with this bacteria that grows exponentially at room temperature and contaminates the water. The result is unpleasant odors and unsafe water.

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Safe dental water should be a priority at every practice

The quality of dental unit water has been a topic of discussion and research for many years. Indeed, outbreaks of infection linked to the dental waterline can be a health risk for patients and a liability risk for dental practices.

It's the ethical and professional responsibility of dental practitioners to provide safe dental water to their patients, and manufacturers, such as Hu-Friedy, make it a priority to keep them informed and provide optimal solutions for helping clean and maintain water used at their dental practice. Hu-Friedy offers a number of educational resources, including live continuing education courses, articles, on-demand webinars, step-by-step guides and customer service support. (To view their online resources, please visit: www.hu-friedy.com/education/infection-prevention-resources.)

According to the 2003 CDC Guidelines, "Dental unit water that remains untreated or unfiltered is unlikely to meet drinking water standards (303-309)." Dentists have several options for ensuring safe water standards at their dental practice, such as the following:

- Filtration devices with in-line filters to remove bacteria before water enters the handpiece or other devices attached to the waterline.
- Independent reservoirs with chemical germicides or cleaners to remove microbial accumulations and prevent attachment of microorganisms, such as Hu-Friedy's Team Vista Dental Unit Waterline Cleaner.
- Devices or cartridges that provide a slow release of chemicals.

Whichever method is chosen, it is critical to monitor waterlines on a periodic basis to ensure their efforts and product are working.

Common misconceptions

Contrary to what some dental professionals may realize, ALL dental waterlines – regardless of how new or old they are – must be cleaned and maintained. According to the CDC, "Research has demonstrated that microbial counts can reach <200,000 colony-forming units (CFU)/mL within 5 days after installation of new dental unit waterlines (305), and levels of microbial contamination <106 CFU/mL of dental unit water have been documented (309,338). These counts can occur because dental unit waterline factors (e.g., system design, flow rates, and materials) promote both bacterial growth and development of biofilm."

Additionally, it's essential for dental offices to understand that ensuring their source water meets CDC standards is a two-step process that involves both cleaning and maintenance. To help prevent waterborne organisms from attaching, colonizing and proliferating on the inner surfaces of water tubing, a complete dental unit waterline system should be used. Complete systems to control the quality of water delivered to patients include both periodic cleaning AND routine maintenance.

The CDC offers several steps to help dentists ensure the safety of their dental water:

- Use water that meets EPA regulatory standards for drinking water.
- Consult with the dental unit manufacturer for appropriate methods and equipment to maintain the recommended quality of dental water.
- Follow recommendations for monitoring water quality provided by the manufacturer of the unit or waterline treatment product.
- Discharge water and air for a minimum of 20-30 seconds after each patient from any device connected to the dental water system that enters the patient's mouth.
- Consult with manufacturer on the need for periodic maintenance of anti-retraction mechanisms.

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The Group Evolution Conference

Attendees learn strategies and solutions for developing dental groups

Enhanced Hygiene's first-ever Group Evolution

Conference held January 12-13 in Austin, Texas, generated positive feedback among the 200 attendees from new and emerging mid-sized dental groups. "Our goal was to provide attendees with strategies and solutions for developing a dental group," says Heidi Arndt, founder and CEO, Enhanced Hygiene. "We brought in speakers who have worked – or are currently working – in or with dental group practices or DSOs. Our experts covered a range of topics, from the doctors pathway to partnership, how and why it's important to form a DSO, associate agreements, doctor recruitment, clinical team development, operational development, acquisitions, banking and private equity discussions. We received some great feedback regarding the meeting content and its value to emerging dental groups."

Meeting highlights

The Group Evolution Conference offered a series of presentations and panels designed to take dental professionals

through every major stop on the way to dental group growth and success:

- Six stages of group growth.
- Employment issues.
- Acquisition trends.
- Recruiting dentists.
- Operational and clinical metrics.
- Managing productivity.
- Understanding the insurance landscape.
- HIPAA security.
- Proper PPO management.

A number of prominent speakers presented, including:

- Robert Trettin, president, Forward Dental, "Doctor Leadership & the Path to Partnership." The leader of one of the most successful dental groups nationwide, in 25 years Dr. Trettin has grown Forward Dental from 15 doctors, eight locations and \$11 million in revenue to 75 doctors



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across 35 locations and \$75 million, in addition to establishing a surgical practice that generates \$15 million. He discussed the evolution of his doctor group, the establishment of their social operating calendar, and the path to partnership for associates and the group's committee structure.

- Vincent Cardillo, founder and CEO, Dental Collaborators, Dental Management Innovations, “The 6 Stages of Growth: Centralize, De-centralize or Outsource.” Vincent Cardillo explained the Six Stages of Growth he developed during his 20+ years in the dental industry.
- Brian Colao, director, Dykema Cox Smith, Dental Service Organization Group, “Regulatory Compliance.” Colao presented a comprehensive overview of the federal, state and local regulations governing DSOs. He reviewed recent trends in regulatory activity and investigations by a variety of governing bodies, and reviewed new and changing state statutes and regulations.
- Zachary Hoard and Arlene Stienfield, partners, Dykema Cox Smith, Dental Service Organization Group, “Labor and Employment Issues in

the Dental Workplace.” Hoard and Stienfield discussed various workplace hot topics, such as independent contractor vs. employee, ownership options, associate agreement and compensation structures, and new overtime regulations affecting dental group practices.

- Maria Melone, partner, MORR Dental Solutions, “Acquisition Trends & Activities in the Group Practice Market.” A buyer and seller of dental group practices for nearly 15 years, Melone discussed trends in structuring acquisitions, as well as in the group practice space, and the involvement of private equity.

Additional speakers included Heidi Arndt, founder and CEO, Enhanced Hygiene; Deena Ali, vice president, practice development, Enhanced Hygiene; and Paul A. Saueressig, vice president, Five Lakes Professional Service.

The conference concluded with a Dental Group Growth panel featuring experts in a variety of disciplines, who addressed the growth of dental group practices in the current climate. Attendees had an opportunity to ask questions relevant to their group's growth objectives.

Plans currently are underway for next year's Group Evolution Conference. For more information visit www.enhancedhygiene.com. ■



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Over **\$133,000** Raised = **\$1 Million** in Dental Care



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Dental Lifeline Network Generates \$1 Million in Care On Every Smile Counts Day

On February 23, 2017 – Every Smile Counts Day – more than 22 dental industry companies rallied together with dentists to raise money benefiting Dental Lifeline Network (DLN). Dental professionals purchased office supplies and dental equipment from participating companies who pledged to donate a portion of sales on this day to help save lives.

Over \$133,000 was raised to help those who desperately need comprehensive, and oftentimes, life-saving dental treatment. With every dollar raised nearly \$9 in care was generated.

“Bringing the industry together to support an incredible, philanthropic program was a rewarding experience for all who participated,” said Dentsply Sirona Executive Chairman and Every Smile Counts Day Committee Chair Bret Wise. “We thank both the dentists and participating

companies for their help in continuing to promote awareness for oral health care, and their dedication to improving the lives of those who so heavily rely on the work of Dental Lifeline Network’s volunteers.”

Millions of people throughout the United States with disabilities, or who are elderly or medically fragile don’t have the ability to pay for vital dental treatment. Through Donated Dental Services (DDS), DLN’s flagship program, 15,000 dentists and 3,700 dental labs donate their time and talent and serve more than 16,000 people each year who desperately need life-changing and life-saving dental care.

“We are grateful for the commitment and generosity of this community,” said Fred Leviton, president Dental Lifeline Network. “Through this effort DLN will be able to change more lives of people with significant dental concerns.” ■



INDUSTRY NEWS

Kool Smiles supplies teachers with free dental lesson plans and toothbrushes for Children's Dental Health Month

As part of its ongoing commitment to expanding dental health education in underserved communities nationwide, Kool Smiles supplied teachers with free dental health lesson plans and toothbrushes to use in preschool and Pre-K-5 classrooms during Children's Dental Health Month this February. The dental health lesson plans have become a popular educational resource from the children's dental provider, with more than 6,000 lesson plans downloaded and 154,000 toothbrushes distributed to classrooms throughout the country since Kool Smiles launched the program in March 2013.

"Teachers are some of our most important allies in the fight against childhood tooth decay, so we are thrilled to see so many educators utilizing these free resources in their classrooms," said Dr. Dale Mayfield, Chief Dental Officer for Kool Smiles. "Dental health education – including teaching children about the importance of brushing, flossing and healthy eating – can play a powerful role in reducing oral health disparities and shaping positive dental habits early in life."

Kool Smiles' dental health lesson plans include age-appropriate activities to generate learning and discussion about the importance of good dental health in preschool, grades K-2, and grades 3-5 classrooms. Interested teachers can download the lesson plans and order free toothbrushes for their classrooms directly from the Kool Smiles website at www.mykoolsmiles.com/dentallessonplans.

Great Expressions and executives honored for award-winning leadership

Great Expressions Dental Centers (GEDC) (Southfield, MI) has been recognized along with its executives for award-winning leadership and as a best place to work. Richard Beckman, Great Expressions' CEO, was named a Bronze winner for Executive of the Year by Best in Biz. Kristy Loomis, VP of human resources, and Wendy Flanagan, VP of operations Georgia North, were honored with the Bronze award for Female Executives of the Year by The Stevie Awards for Women in Business. GEDC as a company was recognized as an award winner for The Stevie Awards for Great Employers.



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Moods and Emotions

By Randy Chittum, Ph.D.

We have made much progress in understanding how emotions predispose us to behaviors, and even success. We have spent less time talking about moods, an important corollary. The best way I've heard the distinction expressed is that you can think of moods as the climate and emotions as the weather.

Climate (and moods) are reasonably prevalent and provide a long-term context for understanding, and even prediction. You generally know what to expect if you visit a tropical climate as opposed to a desert climate. Emotions, on the other hand, are less prevalent and more susceptible to change AND are heavily influenced by mood. This is also true in the weather analogy – the weather is influenced by the climate.

Language is important. In the same way that emotions do not equal “emotional,” mood is not the same as “moody.”

While emotions may be a response to a particular set of circumstances and may change rapidly from one circumstance to another – mood is much less likely to change over long periods of time. Some have argued that we have moods that stay with us a lifetime. My belief is that moods do change, though it may be years in the making, and may require significant desire and “internal” work.

Organization cultures (and sub-cultures) have moods. Julio Olalla is a significant figure in the world of linguistics, coaching, and organizations. He has proposed four primary moods.

Resentment. A person or organization in this mood rejects or opposes facts, which are primarily based in the past (Resentment may show up as bitterness).

Resignation. A person or organization living in resignation rejects possibilities, which are primarily based in the future (Resignation may show up as “giving up”).

Peace/Acceptance. A person or organization living in peace accepts the past – not just acknowledges it, but truly embraces and accepts it in its entirety, including mistakes and regrets (Acceptance may show up as centered, comfortable in “one’s own skin”).

Ambition. A person or organization living in ambition accepts and embraces possibilities (Ambition may show up as hopeful).

Can you imagine how someone living in a mood of ambition will approach life differently from someone living in resignation?

Can you assess your own dominant mood? If so, what strategies have you learned to help you stay effective? (Any mood in its extreme is likely to create barriers to effectiveness.)

How about others? Do you notice what others have as their dominant mood? How do you lead someone whose mood is resentful, or resigned?

Spend some time over the next few weeks noticing your prevalent moods. Do they change by circumstance, or as expected, are they somewhat more permanent? While we often wish to change what is around us, the big move may be changing that which is within us. ■



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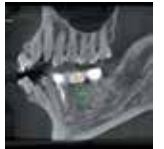
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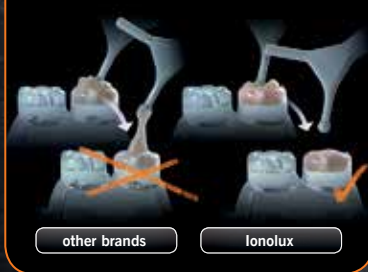
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