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Winter 2017



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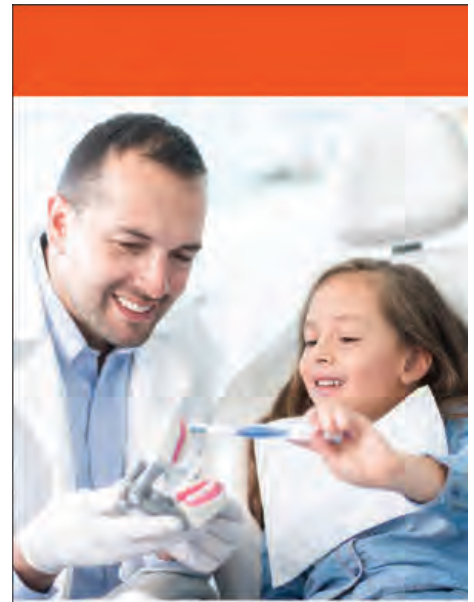
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TABLE OF CONTENTS

5	President's Letter
6	HDA Convention
11	Property Management
14	Member Profile
18	Marketing
22	Risk Management
28	Classifieds
28	Mission Statement



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STAFF & CONTACT INFORMATION

Irish Edsman, Director of Operations
Antonia Perez, Administrative Assistant
PH (808) 593-7956 | TOLL-FREE (800) 359-6725
FAX (808) 593-7636
EMAIL hda@hawaiidentalassociation.net
WEBSITE www.hawaiidentalassociation.net

ADVERTISING CONTACT

Dan Hartzog, LLM Publications
PH (800) 647-1511 x2229 | EMAIL danh@llmpubs.com

DESIGNER

Benjamin Caulder, LLM Publications | EMAIL ben@llmpubs.com

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HDA President
Chris Lee, DDS

Aloha HDA Members

The last couple of months have been busy to say the least. I want to extend a warm mahalo to all of the members who continue to support the HDA and especially to our members who continue to volunteer their time to keep the association at the forefront of our profession. At the top of that list is Dr. Steve Wilhite who has not only served as a great leader this last year, but has also devoted an incredible amount of personal energy and hours as our interim Executive Director. The search for a new ED has been a learning experience, and has taken a lot longer than we had anticipated. However, we are in the final stages of our Executive Director search, and I hope to have something official to announce to the membership soon. Please be assured that Dr. Wilhite (and myself) will not rest until this is done, literally.

Although we currently do not have an Executive Director, the transition from the Hawaii Dental Association President-elect to President has been quick and smooth. One very important thing that I have realized over the last few months is how blessed I am to have great friends and passionate mentors to help with the transition.

This year we hope to further strengthen the HDA's position as the recognized authority on dental health in the state of Hawaii as we join together to promote better oral health in our community. Our Give Kids a Smile program, through our energetic Young Dentists Group, continues to grow and will soon be able to accept charitable donations through our new foundation which is in the final stages of approval for its 501(c)(3) status.

I also want to take this opportunity to thank all of our member volunteers who worked extremely hard to make this year's convention a success. I hope that everyone who attended the meeting was able to catch up with old friends and make some new ones. What a great opportunity to continue learning and, to quote Dr. Terry Tanaka, "...go broke saving money." Our convention would not exist without remarkable dedication from our education committee and so many other volunteers.

Lastly, thank you to all of our members for continuing to support the HDA. We want to wish all of you a happy, healthy, and prosperous 2017!

Mahalo,
Chris Lee
2017 President
Hawaii Dental Association



HDA Convention 2017 Recap

By Wayne Leong, DDS

The 2017 Hawaii Dental Association Convention was a huge success once again, giving member dentists and their staff members numerous opportunities to obtain continuing education credits, and to view, compare and purchase dental equipment, supplies, and services.

Over 800 dentists, dental residents, dental/hygiene students, and about 1,200 dental team members registered for the two day session.

The Convention also gave all of those participating time to catch up and reminisce with old friends and to make new acquaintances along the way. 🦷



Women's Breakfast and Lecture

By Shelly Kawamoto, DDS MS

The Hawaii Dental Association Women's Breakfast and Lecture is an event that provides a friendly and relaxing venue for female dentists to network and foster the recruitment and retention of women dentists in the HDA.

This year the guest speaker was Makana Chai who shared her views on work/life balance for busy women. Makana is an attorney, a massage therapist, a stress and wellness consultant with the Canadian Institute of Stress, a facilitator of forgiveness training with the Stanford Forgiveness Project, and an instructor of yoga and pilates. Her seventeen years as a stress management instructor has led her to author a new book, *Be Fit in No Time: Transform your Body, Mind, Heart and Spirit with Mindful Multitasking*. She graciously shared ideas from her book on ways to relax and reduce stress in our busy lives.

Over thirty female HDA members attended the event and learned how to manage stress through physical fitness,

mental wellness, emotional well-being, spiritual being and simply the ability to make time to do what we love. Makana's inspiring and motivating interactive presentation proved to be very enlightening, reminding us of how important it is to be mindful of maintaining our own personal wellness while managing our personal and professional roles. 🦋



ACD-HI Breakfast Meeting

By Larry Fujioka, DDS

On the morning of Thursday, January 12, 2017, Fellows of the American College of Dentists, the International College of Dentists, the Pierre Fauchard Academy, and the Academy of Dentistry International gathered for a joint breakfast meeting prior to the start of the Hawaii Dental Association Convention. A heartfelt invocation was given by Dr. Ted Kanamori prior to the meal and Dr. Ed Cassella led the audience through the recitation of the Pledge of Allegiance. ACD-Hawaii Section Chair, Dr. Gary Umeda emceed the program which included an update of ACD

activities by Dr. George Stratigopoulos, ACD Regency 7 Regent, and the keynote address by Dr. Terry Tanaka. Dr. Tanaka delivered an interesting and humorous reflection on his life, his unlikely path to USC Dental School and his 50-plus year career as a prosthodontist, researcher, educator and humanitarian. His message to always do what is right for your patients, to be humble, to pursue excellence, and to give back to the community was inspirational and motivated everyone in the audience to be a better dentist and person. 🦋



HDA Life Members

Update

By Dr. Bill Scherrer, DDS

For the “old-timers” attending the convention has a different meaning than it does for the practicing dentist. I always look forward to the Lifetime members lunch as it provides time to renew old friendships and meet fellow old-timer HDA members for the first time. For instance, this year I happened to sit between Willie Miyasaki, a downtown GP who I have known for many years, and Stanley Masaki, an orthodontist that I was meeting for the first time. Looking around at all the Life-timers enjoying themselves I couldn't help but think there had to be at least five thousand years of dental wisdom present (150 Life-timers multiplied by 35 practice years equals 5250 years of wisdom). Thank you HDA for the Life Member lunch.

We have 280 life members. Criteria for life members are as follows:

- Members who have been a member for thirty consecutive years or forty total years and are age sixty-five years or older.
- Members must meet both of the requirements in order to qualify for life membership.
- Life membership status is attained the calendar year following the year that requirements are fulfilled.
- Member must maintain membership in the constituent and component dental societies in order for life membership to continue in the ADA.
- Life membership is broken down into two subcategories: active life and retired life membership.
- To qualify for retired life membership the member must submit an affidavit for retired membership form for approval. 🗳️

Young Dentist Group Report

By Scott Morita, DDS

This past Hawaii Dental Association Convention the Young Dentist Group organized a two-lecture track. This year's speaker Steven Anderson, the Founder of Total Patient Service held a captive audience discussing the points of “Why Dental Practices Fail, Secrets of a Top Practice.”

In the afternoon, a panel of experts discussed contemporary topics relating their field to dentistry. This session used a unique instant polling format in which the audience texted their questions to the panelists and voted on specific discussion topics in real time like “Choose your own Adventure” books. Steve Anderson spoke on patient case acceptance and the importance of the dental team. Brenda

Ashwell, co-founder of Practice Genius, gave unique insight on the current movement of websites and trends in social media and online reviews. Andrew Ventura, Senior Business Development Manager of Wells Fargo, discussed the process of financing a practice and student loans.

Both lectures were well-attended and well-received by both young and seasoned dentists and their team members. Even our speakers were impressed with the turnout, crowd participation, and interactive use of technology. We look forward to continuing to provide this great opportunity for the association. 🗳️

2017 Dental Ethics Course

By Wayne Leong, DDS

To fulfill the annual ethics requirement for dental license renewal, the HDA offered a Dental Ethics course on the evening of January 12, 2017. Light pupu's and refreshments were made available for all attendees before the everyone settled in for three straight hours of lecture.



Dr. Steve Wilhite, Immediate Past HDA President and Interim Executive Director, introduced the speaker, Art Curley, Esq. from TDIC. Mr. Curley kept the lecture both interesting and entertaining, covering how to recognize current ethical issues in the dental practice, avoiding and preventing potential clinical ethical problems, and resolving problems if they occur. The course capped off the end to a very long first day at the Convention. 🇺🇸





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Understanding the Significance of Signage

for Dental Tenants

By Jeff Grandfield and Dale Willerton—The Lease Coach

As we explain in our new book, *Negotiating Commercial Leases & Renewals FOR DUMMIES*, it's much easier for patients to find your practice if you have a prominent sign with your practice name on it out front. The bigger the sign, the better—and the more attractive the sign, the better too.

Don't just assume, however, that your landlord shares your vision of a large sign identifying your dental practice on or in front of his or her property. Dental tenants can easily overlook that their landlords may want to restrict all tenant signage on the property. Tenant requests for more or larger signage are often rejected by landlords.

Landlords impose signage criteria and restrictions mainly because whatever they allow one tenant to do signage-wise, the other tenants may also want to do. Most landlords prefer an uncluttered property without extra signage simply because it looks more attractive. If your landlord does allow you to place a sign on the property, creating and maintaining it is your responsibility. This extra work on your part, however, can be beneficial:

- Signage can make your practice easier to find for patients who are specifically looking for you. Obviously, if you're located in an area with a sea of shopping plazas or office buildings, a sign with your name on it makes it much easier for patients to pick you out of the crowd.
- Signage can bring in patient traffic. People visiting other retailers in the property and shopping for other items may see your sign and be reminded to drop in or call to book a teeth cleaning appointment or a complete

dental checkup. If your sign reads, in part, "Accepting new patients," all the better!

- Signage will become recognized by local residents who will see you as they commute to and from work daily. These residents are eventually more likely to visit your practice because they are familiar with your name.

With that being said, note that your landlord may allow certain types of signage but not others. Typically, the landlord usually requires graphic drawings of your sign for written approval or provides you with a signage criteria package that you must follow as part of your lease agreement. Read this information carefully and understand that your landlord may consent to one type of signage, but not another. To give you a better idea of what may or may not be allowed, here are the most common types of signage:

Building signage

This is the signage that almost every dental practice location will have and it will generally appear directly above your main entry door. However, do not overlook the possibilities of having signage on multiple sides or even the rear of the commercial property if that will provide you additional exposure to walk-by or drive-by traffic.

Monument signage

A monument sign resembles a tombstone coming out of the ground and, typically, advertises just one or a few select tenants. Monument signs are not that common, but they can make your dental practice look more substantial if you can get one.

continues on page 12 >

Pylon signage

The tall sign by the roadway that tells passers-by what tenants are in the plaza is called the pylon sign. A property may have several pylon signs, which all display the name of the plaza at the top of the sign. Don't just assume that you will automatically get a panel of the pylon sign. There are often more tenants in a property than sign panels available, so make this a part of your offer to lease or lease renewal. Ideally, try to pick your actual panel (both front and back), because a panel higher up on the pylon sign is usually more visible and read first.

Sandwich board signage and banners

Dental tenants may wish to utilize these forms of signage to advertise limited time specials; however, landlords may say no. If these are of interest to you, negotiate for them in advance. The Lease Coach will often negotiate predetermined times when the tenant can use these signs... landlords may

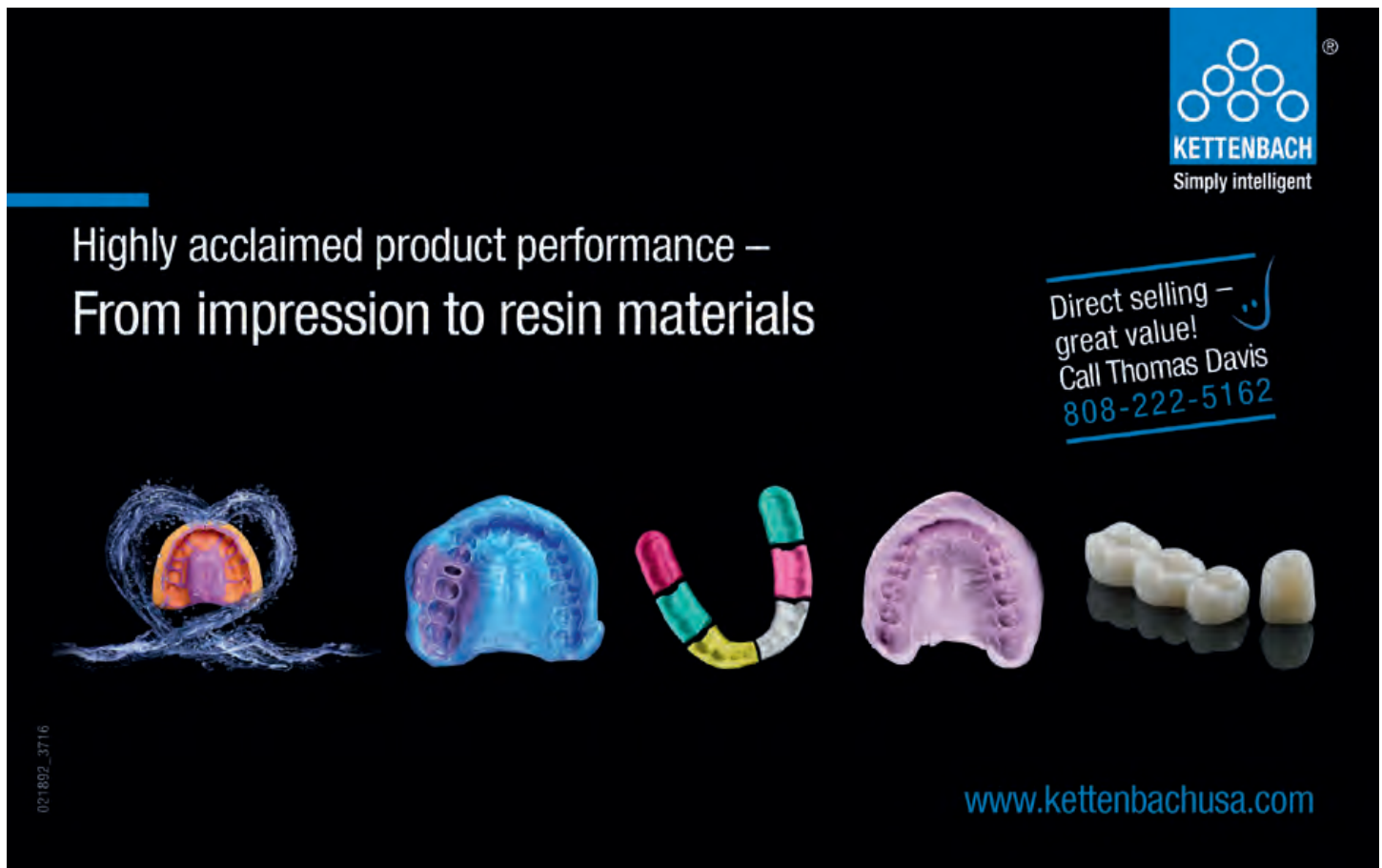
be more comfortable in knowing these signs will not be out all year and thereby not create signage clutter.

Temporary pull-away signage

These are the signs on wheels covered with images or business messages. Most landlords hate these signs and the problems that they create. Don't just assume that you may be able to have pull-away signage for your grand opening or some other special sale. Landlords think these signs clutter or obstruct their property and may only allow limited numbers of pull-away signs to be used (and shared) by many tenants throughout the year. Again, negotiate pull-away signage rights up front, because the landlord doesn't have to let you put these signs up if they are not included in the lease agreement.

For a copy of our free CD, *Leasing Do's & Don'ts for Commercial Tenants*, please e-mail your request to JeffGrandfield@TheLeaseCoach.com. 📄

Dale Willerton and Jeff Grandfield - The Lease Coach are Commercial Lease Consultants who work exclusively for tenants. Dale and Jeff are professional speakers and co-authors of Negotiating Commercial Leases & Renewals FOR DUMMIES (Wiley, 2013). Got a leasing question? Need help with your new lease or renewal? Call 1-800-738-9202, email DaleWillerton@TheLeaseCoach.com or visit www.TheLeaseCoach.com.



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Steve Wilhite



Dental School Graduation

Steve Wilhite has been a member of the Hawaii Dental Association for 34 years. He recently completed a busy year as HDA president and currently he is our acting Executive Director while our search committee is working on finding a new one.

Steve was born in Evansville, Indiana on March 19, 1955. His father and mother are both from southern Indiana. He has two siblings—a brother living in Florida and a sister who lives near his parents. He attended high school in Evansville and then went to Indiana State University and the University of Evansville. He graduated in three years and started Indiana Dental School in 1976, graduating in 1980. He then did the general practice residency here at Queen’s Medical Center and he said, “I tell people the sand got in my shoes so I stayed.”



By HDA Member
Dr. Candace Wada

Steve’s son, Gavan, who is 28 years old, is a computer programmer who owns his own company in the Palo Alto, California area. Kate, his daughter, is 24 years old. She is just finishing up her Master’s degree in Social Work at the University of Washington. Steve loves to golf and despite this past year as the president of the HDA, he still carries a single digit handicap but is running out of single digits fast! He also loves to read and averages about two books a month.

It is very interesting how we all came to dentistry and Steve’s story is no exception. Steve said, “I always loved working with my hands growing up—fixing and making things. A friend of mine and I started a leather craft business in high school and we would custom-make all types of leather goods. A dentist saw some of these projects and started asking me to carve out peace signs (the late 60’s) out of sheet wax. He then would have them cast in metal and give to his patients.” He went on to say that “after this dentist’s suggestion about looking at dental schools, I starting thinking that it had everything I liked: being my own boss, working with my hands, and I could use my science background. Of course, it didn’t hurt to have a great dentist who never hurt us growing up, so I had no fear or preconceived ideas of dentistry. It’s funny, I never realized that I had a great dentist until I got to dental school and saw the X-rays and study models of his work.”

When asked to reflect on what it was like when he was at dental school at Indiana University in the late 70’s, he said, “Back in the day, when I think of dental school, I remember a lot of lab work. Many late nights in the lab redoing my castings and helping others with theirs. We also had to stack our own ceramics, set



Climbing a mountain

denture and partial denture teeth.” He said in speaking to some recent dental school graduates, “it seems like a lot of the lab work is sent out.” He was surprised that “some schools only require 1 PFG (porcelain-fused-to-gold crown) to graduate where we had to do 3–5, if I remember correctly.”

Steve has been in private practice for 35 years. He notes that there have been several big changes since he finished his training (and these are also his favorite things that have improved his practice): #1 digital radiographs, #2 digital photographs, #3 computerization of the practice management systems and clinical records, and #4 the requirement for wearing gloves/masks for every procedure and the sterilization set up for every patient.

Some things that he notes haven’t changed in all the years he has been practicing would be completion of a new patient exam and then scheduling a separate consultation before ever starting treatment—“inform before performing.” Steve’s advice to younger dentists would be to treat the patient and not the insurance plans/limits. He also feels that you should educate the patient on what’s best for them in the long term. 🦷



Steve today

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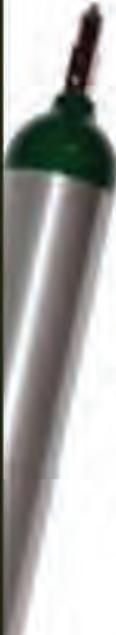
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Production Concerns * Keeping You Up at Night?

7 Tips to Carry You Through 2017 Worry Free

By Wendy O'Donovan Phillips

Every practice owner has been there: awake at 2 a.m. with the cold sweats, sure that the practice production is so far down the tubes that personal bankruptcy is imminent. Here are 7 tips to re-frame and right the situation:

1. Take stock.

F.E.A.R. stands for False Evidence Appearing Real. The mind can play real tricks when it comes to finances. Print four financial reports for the ultimate clarity: profit and loss (accrual basis), balance sheet, accounts receivable and accounts payable. The profit and loss (accrual basis) will show you any upcoming cases, or income, that will soon be in the bank. The balance sheet will show what you have in the bank and what you owe, which will allow you to calculate how much remaining assets and/or credit may exist to float you through a rough patch. The accounts receivable will detail any past-due collections. Call those patients now and get a credit card over the phone. The accounts payable will show any bills that you owe. Call those vendors now and arrange for longer terms. All four of these reports together paint a picture of exactly where you are now. Armed with this information, you have the opportunity to pivot.

2. Think big.

If the reports confirm your concerns, the next step, contrary to what your mind will tell you, is to think big. What is your dream production goal? Document it and decide to achieve it. In 1937, Napoleon Hill wrote *Think and Grow Rich*, and he reminds readers that wanting is not enough. Now is the time to decide to achieve your dream goal and to eliminate all other possibilities. This single step is critical in getting back on track—and soaring upward from there. The only way the team, your vendors, and you can help right this situation is for you to firmly decide exactly where you are going next.

3. Scale back... strategically.

The key word here is strategically. And I might add temporarily. The knee-jerk reaction is to cut costs at all costs. Don't cut anything that is making you money, such as the team, employee pay, employee benefits, or the marketing budget. All of those are investments, and they keep the practice running and production dollars arriving every day. Instead, renegotiate payment terms with suppliers, labs and other vendors. Call your marketer, share the facts and your goal and ask them to provide a new marketing strategy to get you there.

4. Rally the troops.

In wartime, generals have pep talks with the soldiers before asking them to fight harder. It's one of the toughest things to do as a leader: maintain a strong exterior when you feel depleted on the inside. Don't go it alone. Huddle with your marketers to develop communications to share with the team about the state of the practice, your goals and ways to inspire the team to take action. Set benchmarks toward completion of the goal, assign tasks to individual team members, and make it clear how they will be rewarded when they reach the goal. Your positive approach will be the clincher.

5. Refinance.

If you have existing practice debt, contact a lender that specializes in dental practice finance. Wells Fargo and MedTrust Capital are two of our favorites for their creativity and true understanding of small business. Explore with the lender of your choice options for refinancing. Savings of 2% on a \$100,000 loan adds up to \$2,000, and right now, every penny counts.

6. Reduce your lease payment.

Work with a reputable dental realty company like Carr Healthcare Realty to negotiate a better lease rate. A simple meeting with your landlord and the right broker can yield hundreds or even thousands in savings. By doing this, one dentist saved \$15 per square foot in a 3,000-square-foot practice. That's \$3,700 per month!

7. Surround yourself with success.

Stop listening to the naysayers. If you have a Nervous Nellie on the dental team, invite that person to seek fulfilling employment elsewhere. If you have a Debbie Downer in your family, kindly ask them to keep their negative thoughts to themselves. Seek out peers, mentors, consultants, and/or business coaches who will believe in you, lift you up and even help you get to your goal. You know what they say about birds of a feather. Flock with the sort that fly high!

Put your production worries behind you once and for all. Get a complimentary marketing plan that will ensure long-term success. 🦋

Wendy O'Donovan Phillips is president of Big Buzz, the only full-service dental marketing firm in the nation. They offer more than 35 different marketing solutions, all backed by real research. Her book, KABOOM!: The Method Used By Top Dentists for Explosive Marketing Results, helps dentists build thriving practices with marketing backed by strategy. The American Marketing Association has awarded her for excellence in her industry, and she is currently acting as an expert marketing consultant to the American Dental Association. In 2016, her agency formed a partnership with Seattle Study Club, and she will be lecturing to their clubs nationwide.

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Whose Story Is It Anyway?

Using Patient Images to Promote Your Practice



By TDIC Risk Management Staff

It's never been truer that a picture is worth a thousand words. As websites and social media increasingly become preferred channels for sharing our stories, photographs can be the best way to show exceptional experiences at your practice. Life-changing restorative work, happy patients and healthy smiles are all powerful stories. But whose stories are they to share? Yours or your patients?

With permission from your patients, you can use their photos to promote your practice on your website, as well as for articles, lectures, and advertisements. Without permission, there are significant headaches and legal risks.

In a recent case, a dentist used before-and-after photographs on his practice site to showcase his excellence in restorative work. The images were only of the patient's mouth, and no patient-identifying information accompanied them. However, when the patient saw and

recognized her own smile online, she became distressed due to embarrassment about her "before" photos. She also expressed that she didn't want others to know her smile had been restored, and moreover that she hadn't agreed for the practice to use her photographs. Though the patient had signed a release before treatment, the release did not specify possible use of the patient's photos. The patient is now demanding that her before-and-after images be removed from the site, all photos taken of her at the practice be released to her and financial compensation for unauthorized use of her photos. The situation could have been avoided with a simple line specific to use of photos within the dentist's existing release form.

Even with signed authorization, patients can be sensitive to how their images are used. In a separate case, a patient

continues on page 24 >



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was surprised to see her photo on the website of the practice where she receives treatment, even though she had signed a release that did include permission to use photos. The photo did not show, and no other information revealed, the type of treatment she'd received. She expressed unhappiness simply from the fact that others now knew she was receiving dental care at the practice. Though the dentist in this case was legally protected by the signed release, the issue still created stress for the patient.

The use of patient photographs shouldn't be determined by legal requirements alone. It must also be solidified by patient relationships and practice reputation. For example, if an individual featured on a practice website is no longer an active patient or the patient relationship has since changed, it's prudent to replace the photo. And, if a patient will be prominently featured on the site, it's respectful to have an image release on file.

Of course, it's not just patients who need to consent to use of their photos. If members of your practice team are featured on your website, you'll want to have signed releases from them as well. Whether featured in their professional roles or as patients of the practice, the same considerate photo releases measures should be taken.

The Dentists Insurance Company, TDIC, provides policyholders access to a full library of forms and templates to help mitigate risk, including an Image Release Form. Whether you choose to use TDIC's form or create your own, your release should include:

- Language that specifies consent to use photos in print and electronically, including on your practice's website.
- A distinct section with language that specifies use of photos that must be consented to and signed.
- Details how their images may be used and through which channels.

An image release allows your patients to have more awareness of giving consent to use photographs, instead of "skim reading" as they complete many other forms. In addition, it allows patients to decline consent to use their photos.

Remember, the stories you share through photos aren't just the stories of your practice's success. They can also be your patients' personal stories of transformational moments of regained confidence in their new smile. Foster trusting relationships by communicating early and gaining consent to share those stories through pictures. 🦷

Call TDIC's Risk Management Advice Line at 800.733.0634.

Follow-Up Protocol

When Office Staff Inadvertently Give Treatment Advice

By TDIC Risk Management Staff

Most of us have been at that point in life when we just need someone to tell us everything will be alright. That what we're going through is normal. That we're not alone, and we'll get through it. That the difficulty we're experiencing is temporary. "Hang in there," "It'll be alright," "Don't give up" are all words of encouragement we've heard at one time or another.

In dentistry, however, those seemingly innocent words can have unwanted consequences. When patients call to report pain or discomfort following a procedure, they sometimes need more than a sympathetic ear—they need the dentist's advice and necessary assessment. When well-intentioned office staff attempt to problem-solve without bringing the issue to the dentist, patients can be left without

the follow-up care they need, leading to possible complications.

Sometimes, office staff provide more than consolation, they provide actual treatment advice. Most do so unwittingly, assuming they are simply being helpful. They may not want to bother the doctor with "minor" complaints. Other times, they do not take the patient's concerns seriously. Whatever the case, the result can often be devastating for a practice.

In one case, a patient suffered complications following the placement of implants. She called the day after the procedure, and complained that she was sore at the implant site and her lip was still numb. Without consulting the

continues on page 26 >

Dentist by One



The American Dental Association and the American Academy of Pediatric Dentistry recommend that children should see their dentist within six months of getting their first tooth - and no later than their first birthday.

Please help us deliver this message to your patients, in conjunction with HDS's oral health initiative - "Dentist by One."

Let's work together to reach out to all Hawaii families, particularly those with Medicaid and in underserved communities, to educate them for a lifetime of healthy smiles.

Please contact our Professional Relations Team today for free Dentist by One resources like flyers, posters, and more for your office and patients.

HDS
Hawaii Dental Service

Take Your Child to the DENTIST BY ONE!

The American Dental Association and the American Academy of Pediatric Dentistry recommend that a child should go to the dentist within six months of getting their first tooth - and no later than their first birthday.

HOW TO CARE FOR YOUR BABY'S SMILE

- CLEAN:** Clean your baby's gums with a damp washcloth after eating and drinking.
- RUB:** Once the first tooth shows up, use a soft toothbrush and water to brush your baby's teeth and gums. Brush in soft gentle circles two times a day.
- NO BOTTLE IN BED!** Don't let your baby fall asleep with a bottle of milk or sugary drinks as they can rot or stain teeth.
- GIVE WATER:** Give your child water. Do not give your child drinks with added sugar, such as soda or juice.
- DON'T SHARE FORKS, SPOONS OR FOOD:** If you put food or eating utensils in your mouth, do not put them in your child's mouth because sharing spreads germs that can cause cavities.

BABY'S FIRST VISIT TO THE DENTIST

- At the first check-up, the dentist will:
- Check your child for cavities.
- Show you how to brush and floss your baby's teeth.
- Teach you about food, drinks and habits that can cause cavities.
- Talk about fluoride and how it can prevent cavities.
- Check your child's bone growth and development.
- Give you information to prevent accidents as your baby grows.

Visit www.HawaiiDentalService.com for more info.

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www.HDSOnline.org

dentist, the front office staff member told her it was normal. Two days later, the patient called again, reporting pain and numbness. Although her dentist was not available, she was seen that evening by another dentist in the practice, who prescribed pain medication.

Months went by, and the patient's pain and numbness continued, so she demanded the implants be removed. It wasn't until that time that the operating dentist was made aware that she had called the day after the original procedure complaining of pain and numbness. However, the dentist stood by the action of the front office staff, explaining that it was office protocol to tell patients to wait to come in until their next scheduled postoperative appointment, because "patients often exaggerate pain."

The patient eventually filed—and won—a negligence lawsuit, claiming the dentist didn't care about the pain or numbness she was experiencing. Had proper protocols been in place, and the front office staff informed the dentist of the situation immediately, the outcome may have been different.

In another case, a patient emailed his orthodontist's office with concerns about his new retainer. He complained about the device affecting his speech, causing a lisp. The treatment coordinator explained that lisps are normal for the first few days, and recommended the patient exercise his tongue and mouth with the new retainer in place. The patient emailed again weeks later and complained of sensitivity and pain in his back teeth. The treatment coordinator again explained that his experience is normal, as his shifting teeth caused his bite to be off, causing sensitivity. She told him to "hang in there," and recommended he continue wearing the retainer despite the discomfort. However, the treatment coordinator later spoke to the dentist, who recommended he not wear the retainer.

A week later, the patient emailed again, complaining that his bite was off dramatically and he was experiencing sharp pains. In the end, the patient insisted on coming in and speaking to the dentist directly. He lost confidence in the promised treatment outcome and requested a full refund. The dentist should have inserted herself and personally addressed the patient's concerns from the beginning.

Despite the positive intentions of well-meaning employees, providing treatment advice, whether on the phone, over email or in person, can put your dental practice

at risk. When staff take it upon themselves to handle patient complaints without involving the dentist, they are, essentially, practicing dentistry without a license. Needless to say, this can open dentists up to liability claims, as they are ultimately responsible for all employee actions.

However, having a proper protocol in place for follow-up care can help mitigate some of the potential fallout. Your employees should be advised to report all feedback, whether good or bad, and let the dentist decide what needs to be done. You should encourage open communication between front and back office staff, and remind your employees that it is far better to over-communicate than under-communicate.

Your front office staff are often the first contacts a patient has with your practice. They are your eyes and ears, fielding phone calls and interacting with patients. Trusting these key players of your team is essential, and empowering them to handle patient issues legally and ethically is crucial to the long-term success of your practice. 🦷

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