Summer 2010

APEX

BULLETIN OF THE STANISLAUS DENTAL SOCIETY

MARK YOUR CALENDARS!

August

4 **Wednesday**
National Chocolate Chip Day (yessss!)

27 **Friday**
Oil Industry Appreciation Day (perhaps not)

September

2 **Thursday**
SDS Board Meeting

6 **Monday**
Labor Day Holiday — CDA/SDS Office closed

9-11 **Thursday - Saturday**
CDA Presents, San Francisco

16 **Thursday**
Staff Appreciation
Del Rio Country Club, 6-9 pm

October

1 **Friday**
World Vegetarian Day (refer back to August 4)

15 **Friday**
Course-Supra-gingival Dentistry-Jacob's Fine Dining

21 **Thursday**
General Membership Meeting, Jacob's Fine Dining

President's Message

Dr. Michael E. Cadra, 2010 SDS President

It is hard to believe that the celebration of Independence Day has come and gone, meaning that more than half my term of office as President has come and gone. I hope all are enjoying a wonderful summer.

I am sure by now, all members are aware of the hazards of bisphosphonate use and invasive dental treatment. Hopefully all are updating health histories on a routine basis and specifically questioning patients regarding the use of oral and now intravenous use of these medications.

The February 2010 issue of the Journal of Oral and Maxillofacial Surgery contains a study regarding the prevalence of osteonecrosis in patients with oral bisphosphonate exposure. Doctors at Kaiser Permanente Northern California conducted the study at three sites, Oakland, Sacramento and Santa Clara Kaiser facilities.

The survey had over 8500 respondents to a survey mailed to nearly 14000 members who had received oral bisphosphonate treatment. Interestingly, nearly 25% of the respondents reported oral symptoms that warranted investigation. After clinical examinations and review of dental records the prevalence was found to be 1 in 952 (~0.1%), which is a bit higher than previously published estimates of prevalence.

In the orthopedic literature a new risk of prolonged bisphosphonate therapy has been noted. Reports of "peculiar" fractures of the femur have been noted since 2005, but only recently have been confirmed by other researchers. These "peculiar" fractures occur with low energy and are typically transverse or slightly oblique in nature.

Interestingly, a second unrelated study showed that bisphosphonate use improved structural integrity early in the course of treatment, but these gains were diminished as treatment extended beyond 4 years. This study confirms the recommendations of an editorial published in the Journal of the American Medical Association in 2006 suggesting that bisphosphonate treatment should be discontinued at the 5-year mark and that the evidence showed no additional benefit from continued therapy.

The conclusion from the conference of the American Association of Orthopedic Surgeons (Abstracts 241 and 339) was that women who are being treated with bisphosphonates should take a drug holiday if they have been on them for 5 years. There was also a recommendation that women that have been on bisphosphonates for more than 5 years have a test to measure their bone turnover.

Currently we are using the C-terminal telopeptide (CTX) in our practice for patients on bisphosphonate treatment as a marker for bone turnover. Although the use of the test remains somewhat controversial, it is the best test we currently have.

In closing, I thank the Nominating Committee and those that responded to the committee. Three highly qualified individuals were interviewed to fill the position of secretary of the society. Results of the Nominating Committee will be announced soon for election of Officers at our October general membership meeting.

2010 SDS Committee Chairs

Bylaws
Lee W. Mettler, DDS

Communications
APEX
Jodi Sceville, DDS
Media Relations
Bruce Valentine, DDS
Website
Brad Pezoldt, DDS

Community Health
Nicholas Poblete, DDS

Continuing Education
Corey R. Acree, DDS

Dental Liason
Lawrence J. Bartlett, DDS

Ethics
Michael J. Gerber, DDS

Forensic Odontology & State Emergency
Garry L. Found, DDS

Legislative
Andrew P. Soderstrom, DDS

New Professionals
Clarke V. Filippi, DDS

Peer Review
John C. Swearingen, DDS

Program
Michael P. Shaw, DDS

Staff Relations
Clarke V. Filippi, DDS

Well Being
Lee Mettler, DDS

Toll Free Numbers

ADA . . . . . (800) 621-8099

CDA . . . . . (800) 232-7645

TDIC . . . . . (800) 733-0634

1201 Financial . . . . (800) 726-5022

Denti-Cal Referral (800) 322-6384

2011 SDS Calendar of Events

Thursday, January 13 – SDS Board Meeting

Friday, January 14 – CE - OSHA/Dental Practice/Infectious Control

Thursday, January 20 – General Membership Mtg

Thursday, February 17 – General Membership Mtg.

Thursday, March 3 – SDS Board Meeting

Thursday, March 17 – General Membership Mtg.

Thursday, April 21 – General Membership Mtg.

Thursday, May 5 – SDS Board Meeting

Thurs-Sat, May 12-14 – CDA Presents, Anaheim

Thursday, May 19 – General Membership Mtg.

Friday, June 17 – FIELD DAY!

Thursday, July 7 – SDS Board Meeting

Friday, July 15 – CE – Pearls of the Practice

Thursday, September 1 – SDS Board Meeting

Thursday, September 15 – Staff Appreciation Night

Thurs-Sat, September 22-24 – CDA Presents, San Francisco

Thursday, October 20 – General Membership Mtg.

Thursday, November 3 – SDS Board Meeting

Robin's Relevant Remarks

Happy Not as Hot as it Could be Summer! There's good stuff going on at Stanislaus Dental Society.

APEX
As you may have noticed, this and all future APEX newsletters will be in an electronic format from now on. You will receive future issues by email and past issues will be included in the archive under the APEX tab on our new website, in .pdf format and available for download. Also, because it is in an electronic format we are not restricted by mailing cost parameters which means more information can be included, if need be. Member dues supported cost saving measure? You bet!

CDA Compass
I receive many calls from members and their staff with questions about employee policies, OSHA procedures, dental plan issues, patient management, and more. I tell them, "Go to http://www.cdacompass.com/ and check out the overwhelming amount of practice support information and look at all the free downloadable templates they include! Why, even if your member is too busy with patients to browse through the site they can certainly designate one person from your office to access everything needed to positively and productively make a practice practically perfect!" (Ok, some paraphrasing going on here.) I receive so many return calls saying, "Wow! I had no idea that resource existed and that it provided so much information on there! Thanks, you're wonderful!" (Ok, more paraphrasing here but the responses are kinda like that.) Like Mikey says, "Try it! You'll like it!"

Directory
Any moment now you will have in your hands the last hard copy of the Stanislaus Dental Society directory. All practice contact information about our members will now be provided on our new searchable website which means changes to member data will occur in real time; no more outdated information! Personal information about SDS members (i.e. home address, phone number and email address) can only be accessed by SDS members with a secret squirrel password and only if you've given permission to release it; it will not be seen by the general public. Another major cost setting measure? You know what I'm talkin' about!

Website
Whew! Is it really going to happen? You bet! We're working out the kinks and bugs of assuring complete privacy of information about our members and I won't let it out of my grubby little hands until I am sure that our member data is safe and secure (actually I do wash my hands from time to time). The website development company is working on the final details and you'll receive an electronic Tah-Dah! the moment it's ready to release. It's taken us a long time to catch up with technology and I appreciate your patience as we go through our growing pains but we want this to be right. It will be well worth the wait!

Facebook
Ok, now we're really catching up with technology! Stanislaus Dental Society has an official Facebook page! http://www.facebook.com/home.php?#!/pages/Stanislaus-Dental-Society/133872003315160?ref=ts. I encourage you to be its friend; it won't bite. On-time information, pictures and newsy stuff will be included. Please stop by and say hi!

That's all I have for now!

SDS members; preserving the dental health of the earth's population, one patient at a time!

CDA Presents... The Art and Science of Dentistry

September 9-11, 2010 in San Francisco, California

With workshops, free lectures and other C.E. opportunities, CDA Presents is the most convenient way for you to meet your license renewal requirements. To register, go to http://www.cdapresents.com/Attendees.aspx and click on the Register Now link on the left.

Stanislaus Dental Society Presents……

"Supra-gingival Dentistry… Excellence with Metal-free Posterior Indirect Onlays, Full Crowns and Fixed Prosthesis."

presented by Jose-Luis Ruiz, DDS

What: A Continuing Education course brought to you by the fine folks at Stanislaus Dental Society
When: Friday, October 15th 8:00am – Registration, 8:30am-1:30pm course (5 Units, incl. breakfast)
Where: Jacob's Fine Dining, 2501 McHenry Ave. Modesto 95350
Why: Because we want to help you learn more things!

More What:
Dr. Ruiz will cover benefits, indication, and principles of tooth preparation for posterior metal free inlays, onlays, and all porcelain crowns and FPD, followed by impression, temporization, and different options for a sensitive free, easy cementation. Dr. Ruiz will also discuss patient education and motivation for this type of dentistry.

Learning objectives:

- Explain the many benefits of metal free inlays, onlays and full crowns.
- Distinguish between inlays, onlays, or all porcelain crowns systems and identify which one works best under a particular circumstance.
- Explain biomechanical principles of tooth preparation specific to metal-free inlays, onlays, and all porcelain crowns.
- Demonstrate temporization.
- Choose which bonding systems and cements are most appropriate for use with inlays and onlays and metal free full crowns.
- Understand the difference between porcelain and resin based composite restorative materials, and their individual applications.
- Describe sensitive free and easy cementation techniques.

Dr. Ruiz is the Director of the Los Angeles Institute of Esthetic Dentistry, and former Director of the "University of Southern California's Esthetic Dentistry Continuum" from 2004-2009. He is an Associate Instructor at Dr. Gordon Christensen's PCC in Utah, as well as an independent evaluator of dental products for CRA. He is Fellow of the Academy of General Dentistry and was recently featured on the March 2010 cover of Dentistry Today. **Dr. Ruiz was named as one of the "Top Clinicians in CE in 2006-2010" by Dentistry Today.**

"I have been working closely with Dr. Ruiz for several years and I know he is an excellent clinician and his programs are both practical and useful" **Gordon Christensen, DDS, PhD**

Look for a flier coming near you soon!
(contact Robin Brown, (209) 522-1530 for more info)

Final Paycheck Guidelines

When the employer/employee relationship ends, you need to ensure that their final paycheck is in order or you may be subject to several penalties.

When an employee gives at least 72 hours notice that they will be leaving your employ, you are required to have their final paycheck ready for them on their last day. If you receive less than 72 hours notice, you have 72 hours from the time of notice to produce their paycheck. If the Company is ending the relationship, then you must have their final paycheck ready for them on their last day.

If the employee agrees, you can have their final paycheck direct deposited in to their account, but it is best to get something in writing from the employee prior to their termination date so that there is no confusion as to the payment of their final wages.

What happens if an employee receives his/her paycheck late? In addition to paying the correct amount of compensation, employers are expected to pay it on time and in the manner required by law. Penalties for Failure to Pay Wages Due include: Payment to the employee of one day's wages earned multiplied by the number of days the paycheck was late up to a maximum of 30 calendar days.

Example: An employee who earns $20/hr, works 8 hours/day and is due to receive a paycheck on Friday but does not actually receive it until Monday would be awarded $160 x 2 days = $320 by the labor commissioner. Fines to the labor commissioner are $100 for an initial violation, and $200 for subsequent and/or intentional violations. In addition, the state may also impose a penalty equivalent to 25% of the amount of the wages not paid in a timely manner.

What should an employer do if the employee has disappeared and does not come in to pick up their final paycheck? In days past, you could simply put their final paycheck in the mail but now the Labor Commissioner advises employers to no longer follow this practice. Now, your safest bet is to try to contact the employee at their last know phone number and/or address and notify them that their final paycheck is available for them to pick up during normal business hours. Ensure that you document all attempts at contacting the employee for your own records.

As a final note, unless you have a signed consent from the employee on the day of termination, you can not take additional deductions

SDS Membership Status Update

254 Total members
201 Active Members
4 Permanent Disability
9 Lifetime Active
37 Lifetime Retired
5 Retired
3 Affiliates
2 New

SDS Welcomes its Newest Members!
General Practice
Patricia Van Kooten DDS – Turlock
Transfer from Santa Clara DS
Philip Chen DDS – Modesto
Returning member

TDIC Celebrates 30 Years of Service and Honors Founders

Thirty years after issuing its first professional liability policies to 5,500 CDA members, TDIC honored founders who trusted the idea of creating an insurance company to protect dentists and their practices from skyrocketing premiums.

To celebrate the anniversary, more than 400 original policyholders signed a commemorative art board in the member benefits center at CDA Presents in Anaheim. They also sported baseball caps embroidered with "I started TDIC".

Founders recalled the need for establishing The Dentists Insurance Company in 1980 at a time when high premiums and the chaotic professional liability marketplace had prompted many carriers to leave California.

Founder Myron Bromberg, DDS, remembered the difficult early days of TDIC, when trustees loaned the company money to stay afloat between 1980 and 1985. "When TDIC turned the corner it was smooth sailing from then on," said Bromberg. "Each year, I receive a dividend check from TDIC. For me, it's never about the money, but rather the great pride I feel having been a part of establishing that exceptional organization."

Today, TDIC insures more than 17,000 dentists nationwide in 40 states. Earning an A.M. Best rating of "A" for 11 consecutive years, TDIC underwrites policies for professional and business liability, employment practice liability, and building and business personal property.

TDIC will continue its 30-year anniversary celebration throughout 2010. In September, founders will be invited to participate in more festivities at CDA Presents in San Francisco.

Mission Trip to Guatemala:

An Interview with Dr. Tony Albertoni

In February 2010, Dr. Toni Albertoni was part of a mission trip. The following are some highlights of his trip:

What country and location? We worked in a small Indian village in Guatemala called Chirramos--we partnered with Global Community Health Evangelism that was started by a national physician there named Hugo Gomez. His purpose of having short term missions teams is to establish a full service Health Clinic and an evangelical church to serve these villagers, and he is actually making great progress.

Whom did you serve? The people of Chirramos are very poor, and their dental health is pretty bad--we were able to provide services to everyone from very young to very old.

Was it exclusively dental services? This mission was primarily medical--we had three MD's (Wally Carroll, an allergist from Modesto, Ryan Carroll [Wally's son], a pediatric emergency specialist, who now lives in Boston and teaches at Harvard, and Darrell Hansen, a family practitioner from Modesto). I was the only dentist. Wally and his wife, Lydia, were the team leaders and completely planned and organized this trip.

Did any auxiliaries go along? Tina Earl, an assistant with Drs. Toshi Hart and Bob Venn also came--the kids loved her. We had help from a man named Florentin who is actually a church-planting pastor, but has learned some basic dental skills. We also had teachers, a physical therapist, some students, a nurse and others who were great helps in providing adjunct services and setting up programs for the kids. There was also a big emphasis on teaching preventive care.

What procedures were performed? For dentistry, Tina and I were able to do everything from prophies to extractions. We also did amalgams and composites using a portable dental unit. Our "clinic" was the home of one of the villagers who graciously cleared out his house and offered it to us. The medical team did evaluations and treatment of medical conditions, dispensed glasses and dispensed medication in a make-shift pharmacy.

Any special memories from the trip? The whole trip is a very special memory for me. It is gratifying to be able to offer our help to people who simply don't have any level of dentistry or medicine available to them. The trip was very organized and executed by our team leaders, and the team members worked together very well.

Barriers Letter to the CDA

Dear Members:
At CDA's June Board meeting, we heard a special presentation on access to care, which affects that segment of the public who encounter significant barriers to obtaining necessary dental care. Included in this discussion was a presentation on dental workforce issues, which many of you know are being proposed by several states nationally. These are very important issues that CDA wants you to be aware of, learn more about, and stay engaged with the association to voice your questions or any concerns.

Through the various communication channels of CDA – the Update newsletter, CDA's new e-Update (CDA's e-mail used to communicate with members on critical issues in a timely fashion), and presentations by CDA leaders at CDA Presents, CDA wants to make sure you are aware of all the research and work it is doing to ensure that CDA is recognized by legislators, policymakers, and other stakeholders as the expert in access to care and workforce issues.

There is a sense of urgency around these issues due to the passage of national healthcare reform. CDA has been carefully assessing the increasing dental workforce activities in other states – proposed solutions by state legislatures, public policy organizations, foundations, and other stakeholders. As we have seen, "If we don't deal with the issue, others will," according to Dan Davidson, DMD, CDA's vice president and chair of the Policy Development Council.

The CDA House of Delegates adopted Resolution 36S1 in 2008, which affirmed CDA's support for improving access to oral health care for all Californians. The resolution also charged the president to have the appropriate CDA entity analyze the issues and consider a full range of solutions. CDA volunteers and leadership have been working hard on this issue and will provide an interim report to the 2010 House of Delegates.

To begin this work, CDA convened two working groups – comprised of CDA members – in 2009 to study existing access challenges as well as various workforce activities gaining national momentum. CDA has commissioned comprehensive and evidence-based studies in many areas that both inform and affect the issues surrounding access to care. These studies will provide important insight to the two volunteer committees that are guiding this body of work.

CDA is committed to a thorough and deliberative process to examine ways to reduce the barriers to care for those populations that are not receiving care. If the profession is to have impact, we must be prepared with comprehensive, accurate, and evidence-based information. It is equally important to engage our members and key stakeholders in open dialogue about our work.

CDA has dedicated a section of the website to share all of the background information, CDA activities, activities in other states, frequently asked questions, and news articles and other resources about barriers to care. Please go to the CDA website at cda.org, under the "Quick Links" tab and click on "Access – Understanding the Barriers. Answering the Need." Your questions and concerns are very important and encouraged. You may contact me or Dr. Stewart or send your questions to CDA at access@cda.org.

Dr. Stewart and I ask you to be an active participant in this process — become fully informed about the issues and challenges and engage the leaders of your association as we move the profession in a positive direction.
Regards,

Elizabeth A. Demichelis, DDS
Component Trustee

Tom Stewart, DDS
CDA President

New Strategies to Protect Yourself when Negotiating or Renewing Your Dental Office Lease-Part 3

by Law Offices of Barry H. Josselson, A Professional Law Corporation*
(This is the last of a three-part series)

In the prior two installments in this three-part series, we saw that during challenging economic times (such as that which the dental profession is currently confronting), the terms and provisions of your dental office lease contribute significantly to the financial success of your dental practice. All office leases deal with issues such as (i) annual rent increases, (ii) the right to sublease or assign your dental office lease to another dentist who purchases your practice, (iii) the right to exercise an option to renew to remain in your premises at your election, (iv) the allocation of responsibility between you and the landlord for making and paying for repairs, and (v) the landlord's right to recapture or take back your premises should you decide to sell your dental practice.

Your or your dental real estate attorney's discovering these hidden provisions in the lease, negotiating fairly these critical terms of your lease with the landlord, and being proactive in structuring your lease to address your long term professional and financial needs are a prerequisite for securing a fair lease and establishing a satisfactory landlord-tenant relationship

4. Pass through of operating expenses to tenant. Many leases pass through operating expenses of the building or shopping center to the tenant for reimbursement to the landlord. Study carefully your lease to determine if some, most, or all of the operating expenses are passed through to you and what items remain the landlord's sole responsibility (e.g., repairs to the roof, foundation, or exterior walls). When comparing multiple locations from which to choose your ideal dental office, each prospective landlord needs to provide you with its track record of operating expenses and the amount of costs borne by each tenant throughout the year. Try to "carve out" certain identifiable capital expenditures which remain the landlord's responsibility (e.g., roof, foundation, or exterior walls). Or try to put a cap or ceiling on certain capital expenditures incurred by the landlord and for which you may be responsible (e.g., heating, ventilation, and air conditioning systems). Or you may wish to negotiate a warranty given by the landlord that certain equipment will be and remain in good operating condition for a specified period of time and during such period the landlord shall be financially responsible for repairs. The most important factor is to know in advance what repair items are your financial responsibility, and what expenses remain the landlord's obligation to pay. Then, try either to shift certain repairs back to the landlord or to place a dollar ceiling beyond which you will not be liable when paying for such repairs.

5. Recapture of premises by landlord. Many leases provide that the landlord may take back, "recapture", or reacquire the premises merely upon your request to the landlord to sublease or assign the office to another dentist. Please note that this right by the landlord to take back the premises is not predicated upon your being in default or in breach of the lease. Instead, even if you are in perfect compliance with the lease, many leases provide the landlord with the right to regain the premises subsequent to your notifying the landlord of your intent to sell your practice or to sublet any part of your office to another dentist. Protect yourself from this onerous provision by deleting it from your document.

All of the recommendations in this three-part series should be employed to make your lease more fair. All leases are drafted in favor of the landlord because they have been prepared by the landlord's legal counsel. The only question is whether such lease has been prepared slightly, moderately, or extremely in favor of the landlord. Your and your dental real estate attorney's responsibility is to make it equitable for both you and the landlord.

2011 SDS Board of Directors Slate of Officers

At the Thursday, October 21 General Membership meeting members in attendance will be voting for the following board positions:

President – Michael Shaw DDS
President-Elect – Corey Acree DDS
Treasurer – Brad Pezoldt DDS
Secretary – Matt Swatman DDS
Editor – Jodi Sceville DDS

Regulatory Compliance

AUTOMATED EXTERNAL DEFIBRILLATORS

California state law (Health & Safety Code §1797.196) provides that owners of automated external defibrillators (defibrillator or AED) are not liable for any civil damages resulting from any acts or omissions in the rendering of the emergency care under subdivision (b) of Section 1714.21 of the Civil Code, if that person or entity does all of the following:

- ❑ Complies with all regulations governing the placement of an AED.
- ❑ Ensures that the AED is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, and the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.
- ❑ Ensures that the AED is checked for readiness after each use and at least once every 30 days if the AED has not been used in then preceding 30 days. Records of these checks shall be maintained.
- ❑ Ensures that any person who renders emergency care or treatment on a person in cardiac arrest by using an AED activates the emergency medical services system as soon as possible, and reports any use of the AED to the licensed physician and to the local EMS agency.
- ❑ Ensures for every AED unit acquired up to five units, no less than one employee per AED unit shall complete a training course in cardiopulmonary resuscitation and AED use that complies with then regulations adopted by the Emergency Medical Service Authority and the standards of the American Heart Association or the American Red Cross. After the first five AED units are acquired, for each additional five AED units acquired, one employee shall be trained beginning with the first AED unit acquired. Acquirers of AED units shall have trained employees who should be available to respond to an emergency that may involve the use of an AED unit during normal operating hours.
- ❑ Ensures that there is a written plan that describes the procedures to be followed in the event of an emergency that may involve the use of an AED, to ensure compliance with the requirements of this section. The written plan shall include, but not be limited to, immediate notification of 911 and trained office personnel at the start of AED procedures.
- ❑ When an AED is placed in a building, building owners shall ensure that tenants annually receive a brochure, approved as to content and style by the American Heart Association or American Red Cross, which describes the proper use of an AED, and also ensure that similar information is posted next to any installed AED.

Automated External Defibrillators continued…

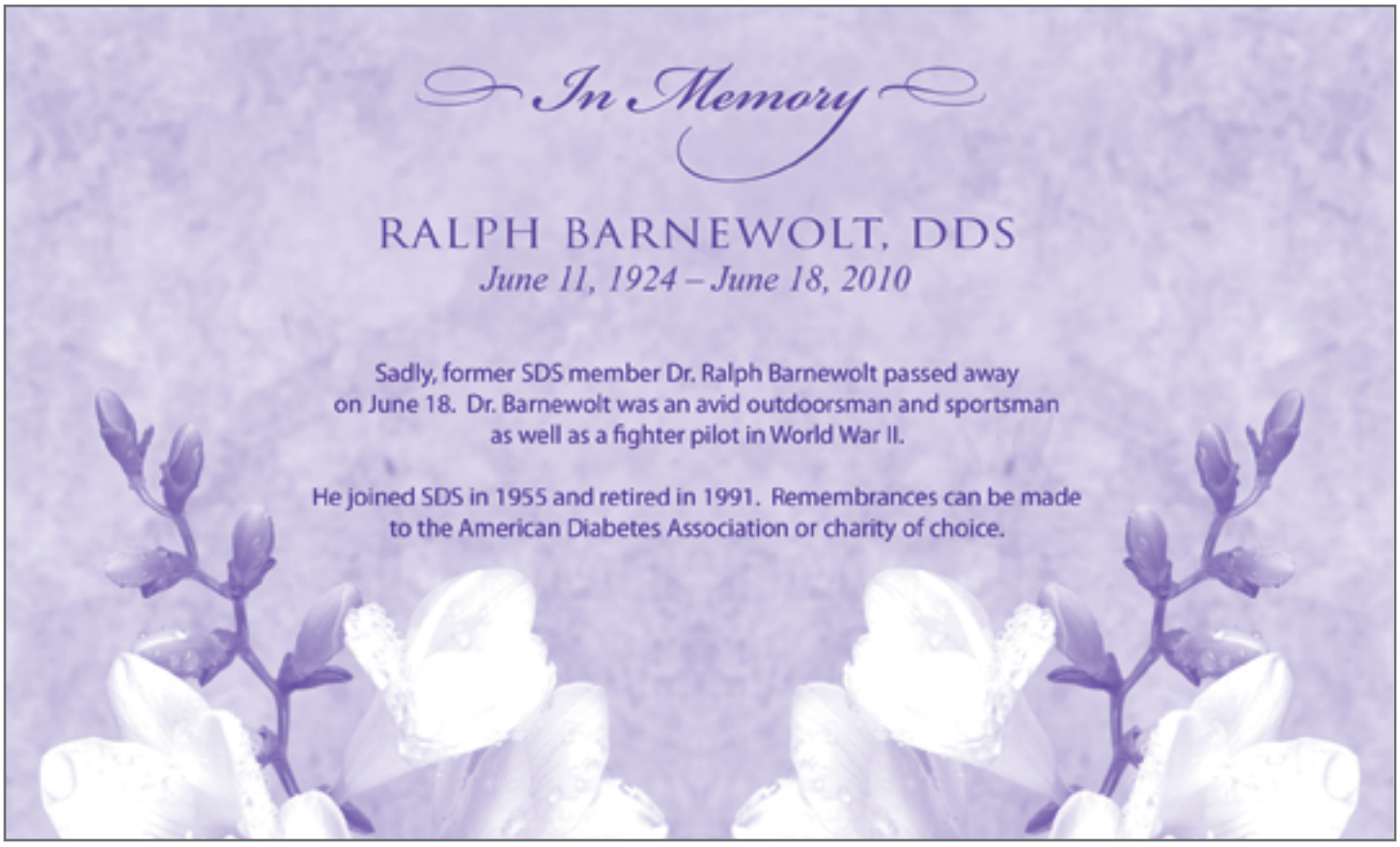
- ❑ When an AED is placed in a building, no less than once a year, building owners shall notify their tenants as to the location of AED units in the building

The protections specified above do not apply in the case of personal injury or wrongful death that result from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of an AED.

AED suppliers/vendors must notify an agent of the local EMS agency of the existence, location, and type of AED acquired by a local individual or entity. The supplier/vendor also is required to provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

Amendments to this code section are scheduled to take effect January 1, 2013. Amendments will require:

- the owner of the AED, instead of the supplier/vendor, notify the local EMS agency of the existence, location and type of AED;
- any person who renders emergency care or treatment on a person in cardiac arrest by using an AED to contact the emergency medical services system and report any use of the AED to the licensed physician and to the local EMS agency; and
- that a licensed physician be involved in developing a program to ensure compliance with regulations and requirements for training, notification, and maintenance.



APEX
STANISLAUS DENTAL SOCIETY

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Robin Brown

Your contributions in the form of articles, photos and/or ideas are greatly appreciated. The APEX Staff is currently accepting articles of general membership interest. This can include an accomplishment, interesting hobby, innovative idea, volunteer effort, etc. Please feel free to submit an article or call for an interview. All articles are subject to editorial review. Requests for donations may be made by members but must be limited to 50 words or less.

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APEX
STANISLAUS DENTAL SOCIETY

920 Fifteenth Street
Modesto, California 95354

APEX Editor Letter

What do you like to do in your down-time? I can think of many things outside the office, but what about production time in the office when a patient unexpectedly cancels or the appointment just can't be filled? I have decided that instead of worrying about the schedule or glaring and at my treatment coordinator, I have made a list of a few things that deserve my attention. A business consultant, Walter Hailey, once said, "I do what I ought to do, when I ought to do it, whether I want to or not, no debate!"

Now, many of you reading this may have an office manager that you rely on to handle administrative things, but there is no better feeling than looking through things yourself. A few items on my list include reviewing all employee files to ensure information is accurate, up-to-date, and complete.

How about your office policy manual? Has it been reviewed and revised in the last decade? I am a huge fan of CDA Compass, an online support network for CDA dentist members. I have found their resources incredibly helpful to find templates and outlines for policy manuals and all sorts of forms.

I certainly don't like an empty spot on the schedule, but it is a great time to review the flexible costs in the office to identify ways to save money and time. Review the supply orders (both front and back office) and talk to the team about ways to save without compromising quality patient care. You may be surprised what a big difference even small savings can make in the bottom line at the end of the year.

And speaking of patient care, it can be valuable to have a spur of the moment training session with team members to review ways to improve things like new patient appointments, efficiency during procedures, scheduling and general upkeep and esthetics of the treatment areas.

If we are truly committed to excellence, paying attention to details will make a big difference in our practice. There's no better time than now.