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Private Dentistry

PROMOTING EXCELLENCE IN PRIVATE TREATMENT

HOW I DID IT

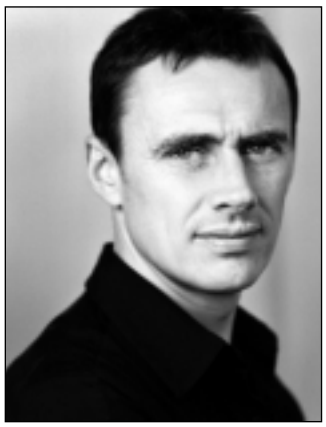
WITH THE HELP OF ARCHITECT RICHARD MITZMAN, ANDREW MOORE CREATED THE PRACTICE OF HIS DREAMS. HERE, THEY BOTH EXPLAIN THE PROCESS

ANDREW MOORE:

How seldom can a dentist have the pleasure of building a dental practice from scratch? This was a privilege afforded to me when Richard Mitzman designed my new practice, which not only looked special but also was designed from a cross-infection prevention and ergonomic standpoint. After qualifying in 1988 I started work as an associate in Chelmsford and soon built up a large patient list. After attending a number of post-graduate courses directed towards the private sector I decided to set aside weekly sessions for private treatment. This allowed me to see patients earlier as my appointment book was full for eight weeks. It also allowed more time with patients and to provide more extensive treatment.

In 1997 I went on Ashok Sethi's implant course. I remember going in to his practice and thinking that this was exactly the type of practice I would like to develop for my own patients. This was all the motivation I needed to convert to private practice and start providing implant treatment. In

Figure 1: The original doctor's surgery



Andrew Moore BDS is principal of Advance Dental Clinic, Chelmsford

Figure 2: The outside of the new practice from the front

2001 I bought the goodwill of my own patients from my principle, Tony Clough, and rented a surgery whilst providing my own materials and paying my own staff. This allowed me to set up a practice in Chelmsford without the usual three mile barring-out clause when my contract expired after two years. As property for a dental practice was scarce I began to look around the town for something suitable. By chance a commercial estate agent had just received a call about a doctor's surgery that required a valuation before being sold to a neighbour. This was three houses away from the practice I had worked at for the past twelve years. The doctor had retired and the building was falling in to disrepair. I put in an offer direct to the doctor for the freehold and was successful.

I required the services of an architect. I had seen a feature in *Independent Dentistry* about a Harley Street practice designed by Richard Mitzman and gave him a call to see if he was interested. Richard took the project immediately coming up with innovative ideas to fit in his concept used successfully in a number of previous practices he had designed. Perhaps I should let Richard take over at this point of the story.

Richard Mitzman writes:

There were initially some problems.

Firstly the building site area was relatively small and long and narrow. Secondly my original plan was for a two storey L-shaped building and since car parking was difficult, a car park was planned to go under the first floor. I also submitted a design for a modern concrete building with a flat roof but the council rejected this and insisted on a single storey building also built in red brick and with a pitched roof. My solution was to use a stepped pitched roof to form the clerestory windows as in a cathedral and use as little red brick as I could get away with, with the maximum amount of glass. The brick used was all stack bonded so that it looked modern, not 'cottagy'.

The second problem was the size and shape of the building site had the potential of being very dark. I therefore designed the practice to be totally top-lit through skylights over every chair, sterilising area, toilets and access corridor. The latter had clerestory windows running from floor to ceiling along the full length of the patient corridor to bounce light off of the sloping ceiling.

The practice was designed for him to work between two

Figure 3: The entrance to the practice at night, showing the 'wow' factor

Figure 4: Entrance and reception with Andy waiting for his first patient

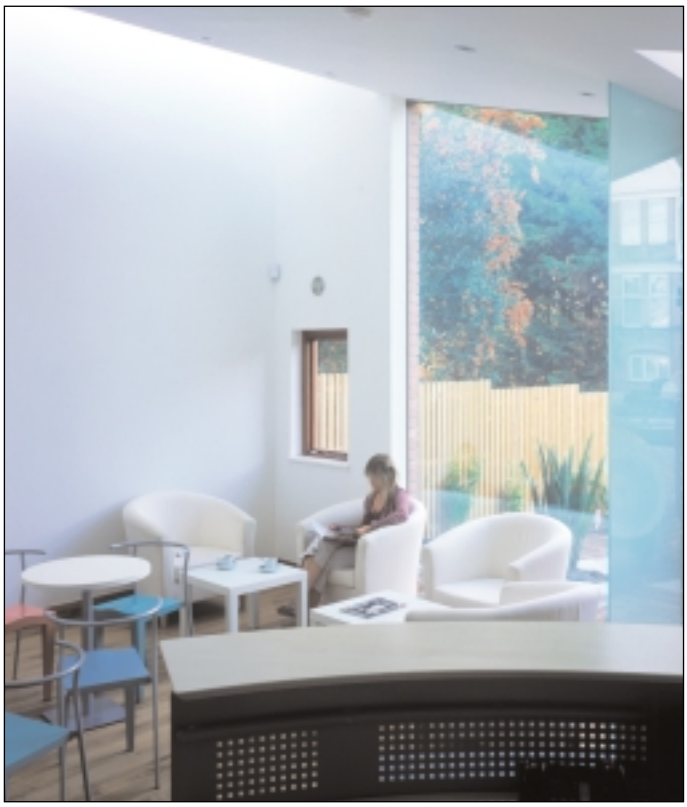


Figure 5: The waiting room from reception desk. Note picture window and light coming down from clerestory window

chairs so that he can finish one patient and go on to a new one in a totally clean surgery. There is thus minimum down time in getting the surgery adequately cleaned and sterilised.

Mobile cabinets are used for all disposables for everyday procedures. The polypropylene drawers are easy to clean and the glass tops can be used as ancillary work surface. The mobile cabinets are garaged under the glass shelf.

I have developed a concept over the last several years of designing minimal surgeries as an answer to the traditional kitchen cabinet around the dental chair. The less there is in a surgery the less there is to clean. I would like to think that this will be a model for which future dental surgeries can be developed.

Though this was a new build, it cost less to build and equip than the four-surgery Harley Reconstruction Centre where an existing building was converted.

The essence of the practice is that the four surgeries have my usual minimal plan with only a glass shelf in the surgery behind the dental chair - glass so that it is *seen* to be clean. This shelf is supported off a double access storage wall which I call 'steri-walls' which can access the sterilising area behind. Every surgery has a skylight above the chair so that the patient can look up and see the sky and the clouds. Glass screens borrow light from the top lit patient corridor. All this means there is a great deal of light, translucency and a calm, non-threatening environment.

Figure 6: Waiting area/coffee shop and reception desk

The dentist also has a separate consulting room formed as a 'glass box' at the end of the patient corridor in a corner of the special implant surgery. The sterilising area is linked with the reception and admin area and forms a staff corridor running the full left side of the building. The various areas are demarcated by surface covering. For example the dirty area is to the right of the steriliser and the clean to its left - both on seamless stainless steel worktops. There are clean and dirty sinks and the staff kitchenette area has a separate laminate worktop. There is also an instrument washer as well as a steriliser and the sterilising area is also top lit with skylights.

The patient's reception/waiting area is designed to look like a Starbucks coffee shop with an automatic espresso machine that dispenses cappuccino at the press of a button. There are also more conventional armchairs as well. The whole area is light-filled behind its enormous glass window looking out on to the street.

Richard Mitzman Architects also designed the landscaping, which resulted in the integration of the exterior with the interior.

Vehicular access was needed in the front for emergencies but we didn't want the forecourt to look like a car park. Pebbles were used to give local character but they were embedded in cement to give a hard surface. The rainwater gutters were further disguised and have a pebble infill instead of metal grilles.

A path had to lead from the

Figure 7: The waiting room showing 'coffee bar' and patient corridor with consulting room at the end

Figure 8: Patient corridor showing glass screens to surgeries, consulting room and clerestory window. Notice the light! This picture was taken without any artificial lighting

public footpath to the front door entrance with a rise of approximately two feet. This route had to be usable by disabled users as steps were not appropriate - this would have led to the use of a ramp with handrails along the sides. A handrail in such a small area would have looked ugly and a beautifully finished one would have added to the costs. As a solution, the whole forecourt was gently ramped so there is no danger of someone falling off or tripping over the edge of the ramp. The pathway was created using recycled railway sleepers that add character with low-level lighting along the side.

A continuous run of slatted timber screens from the front along the whole length of the side passageway give a sense of continuity and hide pipes running down the neighbouring property. To soften the front, and to gently screen off neighbours' walls of differing material, bamboo was planted along the sides. Finally, a square planter placed off-centre adds a point of interest with a hidden light within it directed at the banner for Advance Dental Clinic.

PATIENT FLOW

As can be seen from the plan the practice is divided in to three. On the right is the practice access corridor (yellow), in the centre the clinical areas (pink) and on the left the staff areas (blue). This means that staff and patients can circulate through the practice completely independently. There are no bottlenecks and this design - as in all my designs - produces a calm and stress-free environment. Andrew Moore can now complete the story.

ANDREW MOORE WRITES:

As the new building was close to the practice in which I was working I could pop in to see how it was progressing. It progressed quickly but the deadline of 1 May to begin work still seemed a trifle unrealistic. My patients were informed of the move with an article in my newsletter. This created publicity for the new practice and helped bring it in to conversation with patients. The next step was to provide a practice identity so I employed Ominor Graphic Designers who designed a logo and all the practice literature. They also set up a website so I could direct patients to it for updated information on progress.

Once the building was watertight I could then chose internal finishes and equipment. As implant surgery was a major part of my work I equipped the practice with a high quality vacuum autoclave and Miele instrument disinfector. One of the four surgeries was designed specifically for surgery and a consulting room. As with all of Richard's practices the sterilising corridor created an

Figure 9: A typical surgery showing skylight over dental chair, glass shelf and steri-walls

Figure 10 (above): The minimalist surgery with minimal clutter. The glass shelf means that patients can see it is clean

area away from the chair and kept the surgeries very minimal and uncluttered.

The practice hardware was ordered from Dell and the management software from Software of Excellence.

Because we were running behind schedule I arranged for the computer network to be set up in my house so we could carry on with staff training away from the dust and mess of the building site. Once the practice was ready I transferred the whole of this in the back of my car and re connected it in the surgeries. To my surprise it worked first time!

I also went digital with the radiographic equipment opting for the Trophypan OPG and RVG sensors. These are a big hit with patients and create part of the 'wow' factor the practice provides.

On 12 May the practice opened its 'temporary' front door to a full day of patients. My nurse of the past 14 years became practice manager - it was good for patients to see a familiar face in the new

Figure 11 (below): Sterilising area showing sterilisers and instrument washer and back of steri-walls

Figure 12: The consulting room in a 'glass box' on corner of the implant theatre

surroundings. We held an open day for the patients, new and old, and received an excellent response.

Since the practice has opened we have received 30 new patients a month, mostly recommended by existing patients. The practice also receives a steady stream of referrals for implant treatment. We have a part-time periodontist, Roberta Lambertenghi, who also takes referrals for surgical and non-surgical periodontal treatment and two part-time associates for general dentistry.

I can now operate 'two surgery dentistry' using two or three nurses - which is precisely what it was designed for. This maximises my time enormously. One team member prepares the surgery for a patient while I treat another in the adjacent surgery. When treatment is finished I leave the nurse to thoroughly clean the 'dirty' surgery. I can then begin treatment on another patient in the other room. This allows the nurses more time to chat to the patient and creates a relaxed friendly environment for patients and staff.

I often provide 'one to one' surgery using the Ankylos implant system in the large implant surgery for referring dentists or colleagues wishing to learn more about implant treatment.

Overall the design of the new practice has allowed me to work more efficiently in a stress-free environment that has been a big hit with all the patients - they all love the new surroundings and are recommending us to their friends and family.

I can now actually say that I look forward to going to work! PD

The practice is holding an open evening at the end of February. For details, please contact the practice on 01245 268494

Photography by Nicholas Kane

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Figure 13: Plan of the practice showing patient access. Corridor (yellow), clinical areas (pink) and staff areas (blue)