

ORTHODONTIC OFFICE DESIGN

The Hostess Concept: The Ultimate Practice Builder

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Second and third opinions are common nowadays because of the economic climate in some parts of the country. Many parents believe that treatment results do not vary significantly from office to office. As a result, practices that do not project a good initial impression of their service may lose 20-40% of their initial contacts.¹ With most orthodontists offering free initial examinations, non-starts are costly in terms of staff and doctor time as well as practice growth.

Since patients' and parents' perceptions of an office are often formed during the first visit, the importance of designing an office that handles patients efficiently in a warm and friendly setting cannot be overstated.^{2,3} The more unique and personal your method of introducing patients and parents to the office, and the more adept your staff at handling the examination visit, the higher your acceptance rate will be.

Consider the reassuring first impression made on a parent who received a reminder call the day before and then is met in the reception

room by a smiling staff member before reaching the front desk, greeted by name, taken to a pleasant room, and helped to fill out the health history and other forms. Contrast this with the common routine of walking up to the front desk and being handed a clipboard with several pages to be filled out in the reception room before being met by an assistant.

A conference conducted in a comfortable room with an unhurried atmosphere by a well-trained professional can gently establish a connection with the patient and parents. A good listener will be able to pinpoint their apprehensions or special concerns. Early in the interview, the parents can be put at ease by being told that the doctor will explain any orthodontic problems, length of treatment (if necessary), and a fee range. The staff member can skillfully and proudly explain the philosophy of the practice, tell them they will be working with a caring staff, and mention the doctor's training and accomplishments. Combined with her presentation of outstanding results, this will let the parents know that the office is right for them.

In a successful practice, internal marketing does not stop at the first visit. Successful practices sustain and build on the positive relationships developed at the first visit throughout the entire treatment period. This is the best type of internal marketing, and it leads to a constant stream of new referrals from loyal patients. Whether at the first visit or the debonding appointment, a well-trained, understanding staff member dedicated to public relations can make a significant contribution to the practice.

We call this the "hostess concept", since the vast majority of such orthodontic employees are women (although other practices may choose different titles). The desirability of having a host-



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ess functioning in your office is difficult to dispute. Because taking on another employee is always a difficult economic decision, however, the introduction of a hostess generally occurs in one of two situations:

1. A growing practice that wants to grow faster.
2. A larger, busy practice that wants to protect its patient base by developing a warm, service-oriented ambiance while continuing to operate with efficiency.

The Hostess in a Growing Practice

Once a practice staff has reached three employees, it is not too early to reap the benefits of the hostess concept. At first, the hostess may be a part-time employee. As the practice grows, her value will soon become evident, and her duties will expand into a full-time job (Table 1). Thanks to the efforts of the hostess, the improved economics of the practice will then justify adding a fifth employee in the role of a treatment coordinator/office manager.

A properly trained hostess can temporarily perform some of the duties that eventually will fall into the domain of a full-time treatment coordinator, such as helping the doctor during examinations. The hostess's schedule should always be flexible, however, and not tied up with long, time-consuming assignments. Only then will she be able to interact with the clientele on a one-to-one basis and have time for the many public-relations opportunities that contribute to practice growth.

Experience in handling some of the treatment coordinator's activities will be helpful in the future, however, since the hostess will need to have a great deal of interaction with the full-time treatment coordinator. In a busy practice, the coordinator will often need to work 20 or more new patients into the monthly schedule and budget her time for a similar number of case presentations. In addition, because treatment coordinators are often promoted from chairside assistant positions, they are sometimes called on if the operatory schedule is behind or a staff member is absent. At such times, the hostess will need to fill

in for the coordinator.

Another example of how the hostess can help the treatment coordinator is in tracking initial exam patients who remain genuine prospects, but for reasons such as finances or insurance, do not choose to start treatment immediately. Interaction with these people, who fall into a category called "patient pending" or "the suspense list", requires a patient, nurturing attitude. The more flexible schedule of the hostess, compared to that of the treatment coordinator, may allow more casual and relaxed conversations with the parents. In fact, the hostess often becomes a sounding board for concerns that parents might hesitate to discuss with the doctor or other staff members.

This important additional function of the hostess fulfills the role of what Charlene White calls the "new patient coordinator".⁴ Such staff members have produced dramatic results in terms of converting exams and observation recalls into new starts. This contradicts a common misconception of the hostess concept—that her main contribution to the office is only greeting, smiling, and making sure the coffee is warm.

An orthodontist who is reluctant to take on another employee might rationalize that a treatment coordinator can handle her job plus the hostess's duties. This is a serious misconception. It is impossible for even the most well-trained and dedicated treatment coordinator to handle both jobs effectively. Eventually, the hostess's duties will fade away, until all that remains is a busy, traditional treatment coordinator.

The Hostess in the Large Practice

A large, profitable practice should have little hesitation in hiring an employee who can contribute so much to its continued growth and success. Because orthodontic clients generally belong to a socioeconomic group that expects extra courtesy in its daily business activities, they are quick to notice when the service they receive in an orthodontic office falls short. The cold efficiency of seeing many patients per day should not replace the warmth that prevailed dur-

ing those eager growth years. An enthusiastic hostess can recapture and sustain the caring environment that patients and parents experienced during their initial examination visits. *Strong practices pay attention to the little things to remain strong.*

A roving hostess whose entire job is dedicated to public relations and practice building can

also have an excellent effect on the performance of the rest of the staff. It is always a morale booster at staff meetings when the hostess describes random acts of kindness she has observed between the staff and the patients and parents. She can also make staff members aware of the compliments she hears about the practice through her daily contacts with patients and parents.

**TABLE 1
HOSTESS JOB DESCRIPTION**

Examination Process

1. Ideally, initial phone call is transferred to hostess, who gathers information.
2. Sends pre-examination material to patient's home.
3. Makes reminder call the day before examination appointment to answer any questions and give directions to office.
4. Greets parents entering reception room, invites them to private area, and assists them in filling out information form.
5. Gives parents introductory tour of office (optional).
6. Remains to assist doctor during exam, discusses financial arrangements, and sets up appointments (these functions may be performed by treatment coordinator).

Post-Examination Process

1. Makes thank-you call and writes follow-up letter to family dentist regarding exam status.
2. Confers with treatment coordinator about patient status and placement on "pending list" (if necessary).
3. Schedules observation appointments or follow-up visits with pending patient.
4. Maintains continuing relationship with parent, offers to assist with insurance, and discusses any problems delaying treatment.

Public-Relations Activities

(these duties vary widely from office to office)

1. Responsible for greeting patients; maintains general appearance and neatness of reception area.
2. Keeps bulletin boards of patients' activities current.
3. Personally acknowledges patients' birthdays and achievements.
4. Coordinates debonding-day activities and patient gift packages.
5. Conducts mini-consultation with parents if treatment coordinator is busy.
6. Attends "lunch and learn" activities with other offices.
7. Builds relationships with referring secretaries and hygienists; delivers seasonal gifts to referring offices.
8. Schedules doctor's lunches with other dentists.

Design and Location of the Hostess Area

The design, size, and location of the hostess's area will affect her ability to interact with parents and patients. It can vary from a small, separate office (Fig. 1) to a large, open counter adjacent to the reception room (Fig. 2). In any case, it should have a full view of the game rooms, children's alcoves, and reception room, and should be close to the main traffic lane used by patients as they enter and leave the office (Fig. 3).

In practices with large reception rooms, a small desk is sometimes stationed in the seating area with the idea of the hostess coordinating traffic as operator chairs become available. We do not recommend this approach, because there are other ways to bring patients into the operator without tying up valuable hostess time. She should have her own space, with reasonable privacy from the reception room, to be free for her important public-relations activities.

Similarly, a practice should not make the mistake of trying to use the hostess behind the main appointment desk, which is too congested already in a large practice with at least two appointment secretaries. Nor should she be involved with time-consuming financial negotiations or collection problems. While there may be a temptation for the doctor or front-desk staff to expect the hostess to pitch in, in the spirit of teamwork, this would undermine her true mission in the office. The treatment coordinator should be the only position in the office with whom the hostess, in her role as a new patient coordinator, may have overlapping duties.

For those who did not include a hostess area in their original floor plans, a consultation room near the reception room or a business office apart from the front desk can often be redesigned to accommodate hostess activity. Some minor remodeling, such as the addition of a window with a good view of the reception area, may be required.

Dr. Richard Jones of Indianapolis can attest that a hostess makes a growing practice grow faster. Because of his positive experience with



Fig. 1 Generous-size windows in hostess area allow complete view of computer sign-in, reception desk, and seating area in office of Dr. Mel Walters, Rocklin, CA.



Fig. 2 Hostess's open counter provides full view of entrance, reception, game, and children's areas in office of Dr. Carey Noorda, Henderson, NV.



Fig. 3 Patients going to operator pass both hostess and reception desks in office of Dr. Joseph Meckler, Albuquerque, NM. Hostess area has its own consultation table and curved glass window for optimum viewing.

the concept, in the floor plan of his next office, now under construction, he has placed the hostess's office in an ideal position to produce maximum results (Fig. 4). The hostess will be able to observe the reception room entrance, the whole seating area, the coffee bar, the children's areas, and the entire front desk as parents come and go

and make appointments. She is just around the corner from the exam-consultation room, which doubles as the office of the treatment coordinator. Also within easy range is the stand-up consultation area, if the doctor wants the hostess occasionally to give patient instructions or do a mini-consultation.

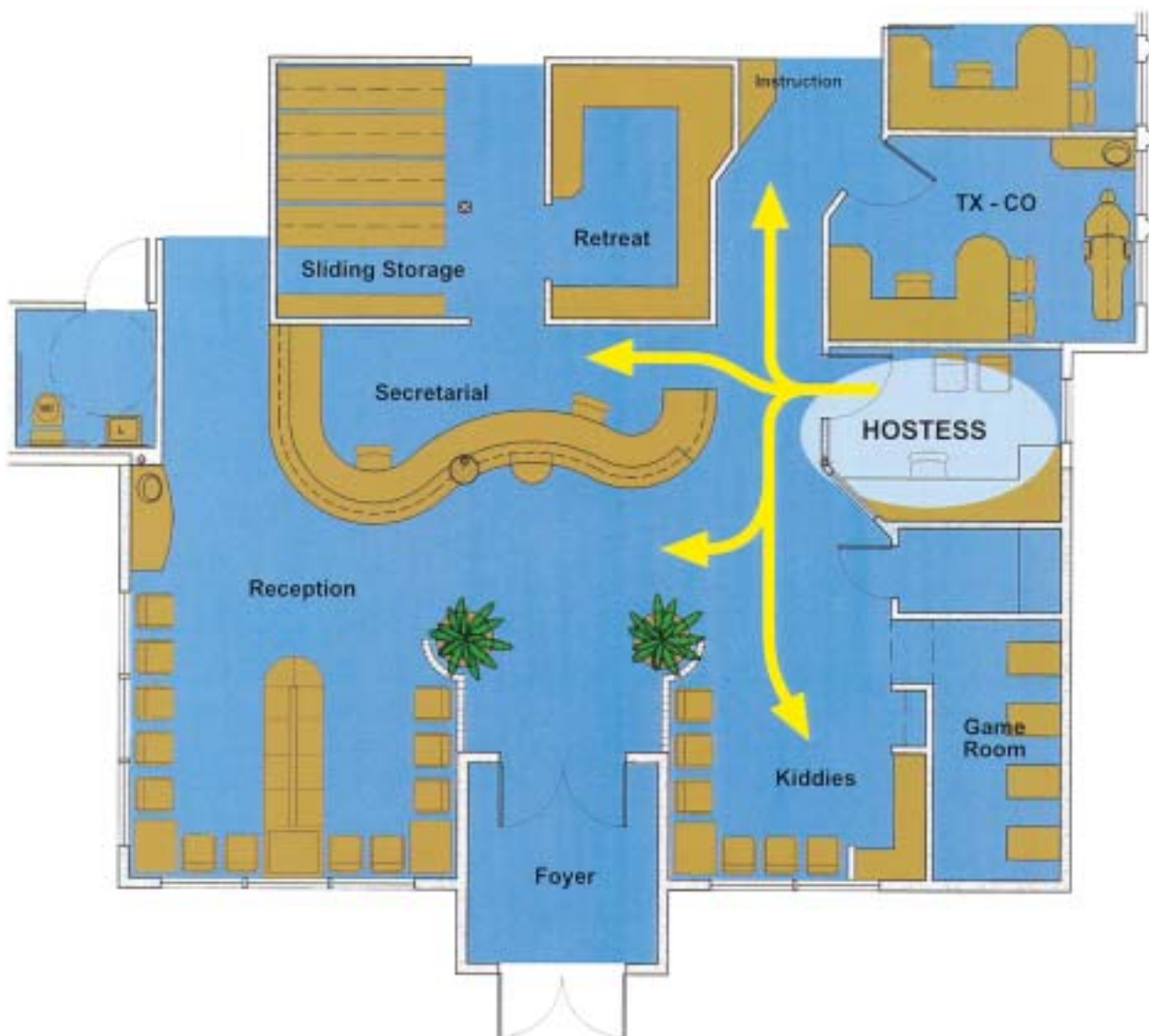


Fig. 4 Convenient placement of hostess area allows wide range of activities in office of Dr. Richard Jones, Indianapolis.

Conclusion

The cost-effectiveness of a hostess will be a subjective decision. Some busy practices in less competitive parts of the country can get by with a minimum amount of internal marketing. But in most areas, practices need to pay close attention to marketing and public relations, both inside and outside the practice, to be successful. An enthusiastic, well-trained hostess will provide the competitive edge required to make a practice grow faster, or to bring personal warmth back to a large office that wants to remain on top.

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