

HOW WELL DOES YOUR OFFICE FLOW?

Learn how to design for enhanced productivity.

For most dentists, workflow challenges don't announce themselves clearly. They show up as small daily frictions: instruments backing up in sterilization, assistants crisscrossing the office, rooms that feel cramped at peak hours or staff finishing the day more exhausted than they should be. Over time, those inefficiencies affect more than morale – they can compromise safety, patient confidence and the overall productivity of the practice.

According to Tim King, a longtime Patterson Dental office designer who's helped design thousands of practices, workflow optimization is about disciplined, intentional design rooted in how dentistry actually happens.

"The idea of doing the right thing in sequence is the most important thing in sterilization, I think," King says.

From sterilization centers to treatment rooms, labs and even restrooms, workflow design touches nearly every aspect of clinical operations. When done well, it protects against risk, improves efficiency and creates a calmer experience for both staff and patients. When done poorly, the consequences ripple throughout the practice.

Below are a few key considerations that clinicians should keep in mind when they're evaluating or redesigning their office workflows – with a focus on both safety and productivity. You may be able to make small, but effective, changes without undertaking a major redesign.

STERILIZATION: WHERE SAFETY AND EFFICIENCY BEGIN

If there's one area where workflow errors carry the greatest risk, it's sterilization. Regardless of practice size or specialty, the fundamental requirement is the same: a clear, uninterrupted flow from contaminated to clean.

King emphasized that sterilization must always move in one direction. "It's always a process, never backing up. Backing up is a bad thing," he explained.

In practical terms, this means designing a sterilization center where instruments travel step by step from disposal and ultrasonic cleaning, through washing, wrapping, autoclaving and finally into clean storage without crossing paths or retracing steps. Whether



the layout is linear, galley-style or L-shaped depends on the available space, but the principle never changes.

This consistency is critical because most practices don't have staff dedicated solely to sterilization. As King noted, "Most doctors have an assistant who's working chairside also doing sterilization."

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but we get there a lot faster."**

– Tim King, Patterson Dental office designer

A clearly designed workflow allows a staff member to step away and return without confusion, minimizing errors and lost time. "If that person has a process laid out, they know where they are at any given point in the process and can pick up from that point," King said.

Cross-contamination serves as the greatest safety risk in sterilization. Even properly autoclaved instruments can be compromised if they pass back through contaminated zones or are stored incorrectly. "We can contaminate even from the outside of a wrap if we're not careful," King warned.

Designing clean storage away from contaminated areas, and ensuring instruments never travel backward through the process, is essential for protecting patients and staff.

Many practices face space constraints, especially those expanding in urban or high-cost real estate markets. The good news is that efficiency doesn't require excessive square footage. King pointed out that modern cabinetry and equipment configurations allow practices to compress workflows without sacrificing safety. "We can take that 24 feet [of sterilization countertop] and compress it down to 10 to 12 feet," he explained.

Stacked autoclaves, drawer-based wrapping systems and integrated storage reduce unnecessary movement and bring critical tools within reach. "Instead of working in a 24-foot countertop, I'm working a 12-foot countertop. Everything is easier, closer, better accessed," King said. The productivity impact is immediate: fewer steps, less physical strain and faster turnaround times.

TREATMENT ROOMS: CONSISTENCY DRIVES SPEED

Workflow optimization extends beyond sterilization into treatment and hygiene rooms. King strongly recommends standardization – setting up the rooms as consistently as possible. That way, every staff member knows exactly where to find everything they need. Relying on muscle memory rather than extra mental effort reduces errors, lowers fatigue and increases efficiency.

"If we need to reach to a drawer in room one or room seven, it should be in the same location," King said. "Repetition and knowing where to reach speeds the day along."

In an ideal setup, hygiene rooms, which follow highly repeatable processes, should be placed closer to the front of the office, with treatment rooms further back for greater privacy. That placement limits visual and auditory distractions, enabling clinicians to focus during more complex procedures. "We put treatment areas in the back where the doctor can focus more on what's going on instead of the traffic," King said.

Standardized rooms also create flexibility. If a hygiene patient needs a quick restorative procedure, the practice can often accommodate it without rescheduling or needing to free up a treatment room. That can prove to be a benefit when it comes to case acceptance, too. "It's convenient for the patient and ensures the doctor gets that procedure taken care of," King said.

LABS: NO ONE-SIZE-FITS-ALL SOLUTION

No universal blueprint exists for dental labs. Their design depends entirely on how the practice operates, whether it relies on traditional impressions, digital workflows, in-house milling or a combination of all three. "I can't tell you how to set your lab up until I find out how you're planning to work," King said.

He added that most dentists, when asked how large their lab should be, will respond: "As small as you can make it." Although it makes sense to prioritize patient-facing areas, under-sizing the lab can limit future scalability, which can prove counterintuitive to

supporting new digital capabilities and in-house services.

King noted that wet labs require containment due to dust, debris and noise; they're typically kept out of patient sight. "You can't keep it clean just because of plaster dust and wet plaster," King said, joking that when a photo shows a pristine wet lab, it's usually because it hasn't been used yet.

Beyond appearance, trimming models can generate significant noise, which is another reason to position wet labs away from patient corridors and treatment areas. Proper placement protects both workflow and the overall patient experience.

Digital labs, on the other hand, generate far less debris. King pointed out that they can become a focal point in the office because of their marketing potential. Most patients are fascinated by same-day crowns and advanced technology, so that visibility can reinforce confidence in the practice while differentiating it from competitors.

As with sterilization, lab design should reflect not only how the practice operates today, but also how it may evolve over the next five to ten years.

PRIVACY AND COMPLIANCE

Most workflow discussions focus on semi-private clinical areas, but public and private spaces also require thoughtful placement. Public areas – including reception and patient restrooms – are designed for open access. Placing patient restrooms just beyond the reception area, rather than directly off the waiting room, enhances privacy, cleanliness and overall comfort.

Private zones, which include labs, staff lounges and the doctor's office, should be positioned away from patient traffic patterns. "There's no reason a patient ever needs to go back there," King said of staff-only areas like lounges.

Maintaining these boundaries does more than protect staff workflow. It supports HIPAA compliance and reduces noise transfer between business and clinical areas. King suggests buffering reception and treatment rooms with a consultation space to ensure financial and clinical discussions occur out of earshot of other patients.

Even the placement of the doctor's private office should reflect workflow priorities. "You don't make any money in your private office," King said. "It needs to be an area where you can get in and get back to work."

STAFF INPUT

One of the most consistent themes in King's work is the value of staff involvement. Doctors understand clinical outcomes, but staff members frequently have a deeper understanding of the minute-by-minute reality of how work gets done.

That additional input can save time on both the front and back end of the planning process, King explained. "When the staff is involved, we usually get to the same place, but we get there a lot faster," he said.

King has found that when staff aren't brought into the conversation early enough, costly redesigns can follow. Even if it means revisiting a plan more than once, that's preferable to building an environment that doesn't work. "I'd much rather be told I messed it up and get it right the second time than build an office that doesn't work," King said.

DESIGNING FOR THE FUTURE

Workflow optimization also must account for growth. Practices evolve: adding providers, adopting digital tools or expanding services. Planning for current needs is essential, but clinicians also should consider how their workflows may scale in the future.

"Just because it works today, you don't want to outgrow it in five years," King cautioned.

Asking forward-looking questions during the design phase helps prevent today's choices from becoming tomorrow's regrets. ●



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