

## HOT TOPIC - TEMPERATURE CONTROL IN DENTAL PRACTICE



Some run hot; some run cold.

I am referring to people, not social trends, or rumors.

When I first started in the late 1970s, many dental offices were in traditional high-rise medical dental buildings.

Individual climate controls were not installed in each suite, meaning tenants had no ability to adjust the temperature.

Fans were commonly found throughout the office. Plug-in heaters sat under desks.

You got whatever temperature the building manager decided. Usually a man!

In many of these older buildings, the windows were originally designed to be operable but are now fixed shut. Building and safety codes changed over the years, and the windows were mandated to be permanently secured so they could not be opened.

So, imagine owning a dental practice in an older building where you cannot control the temperature.

If your office is on the south or southwest side of the building and has windows, you are going to suffer from solar heat gain during warmer months, requiring the installation of blinds.

I have seen excellent interior window coverings, and I have seen cheap, pathetic ones that are often out of order. Misaligned louvred blinds drive me mad when they are bent!



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And yes, we do have a facility scoring system for shoddy interiors.

### **Now let's talk about air handling**

Rooftop HVAC units commonly use damper controls, especially in single-story retail plazas.

PS: HVAC = Heating, Ventilation, and Cooling.

Dampers control the volume of fresh air permitted to enter the HVAC system. Most dampers have a maximum opening of 30% fresh air, which means that 70% of the air within the unit is recirculated.

The more fresh air you let in, regardless of the time of year, the more energy is required to heat or cool it.

### **More fresh air = higher heating and cooling costs**

If the landlord is responsible for paying for gas and electricity, chances are they have instructed the HVAC company to keep the dampers at a maximum opening of 10%.

But you can have a say in this – especially if you pay the utility bills.

For example, when ROI Corp. once occupied a ground floor office in a single-story building. I instructed the HVAC technician to increase the fresh air intake to 30%.

Yes, that increased my heating costs in the winter and cooling costs in the summer, but I noticed a distinct difference, not only in my own energy level but also in that of the staff.

More fresh air is beneficial. Less fresh air is not.

### **The thermostat battle**

I have seen many offices where the thermostat has a locked cover. You can see the setting, but no one can control it.

And yes, that does cause debate. Many dental office meeting agendas include thermostats.

### **Now, about older medical dental buildings and the bathrooms – sorry – back to the toilets - yet again!**

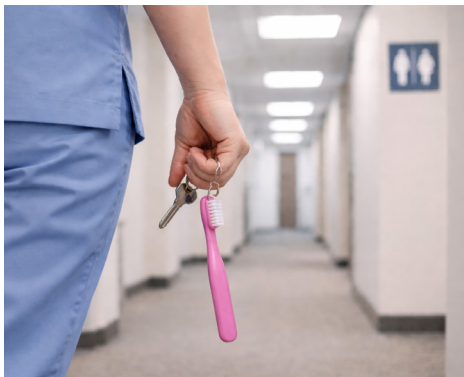
I was recently in one and needed to use the washroom.

The city required that accessible bathrooms be installed on all floors of the building. However, the building did not have enough space to accommodate separate men's and women's restrooms along with these requirements, so the landlord made a compromise.

The bottom line is that each floor now has an accessible washroom, but only alternating floors have gender-specific facilities. Odd-numbered floors have women's washrooms, and even-numbered floors have men's.



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So, depending on luck and the floor you are on, if you need to relieve yourself, not only do you have to leave your suite with the key - usually attached to a pink or a blue toothbrush - but you may also have to go up or down a floor to find the appropriate restroom.

Interestingly, one tenant told me that no one pays attention to any of

it. Everybody uses the accessible bathrooms as quiet protest against the bylaw requiring them.

These may seem like trivial details, but they matter to you and your staff.

From our perspective, a limited ability to control indoor air quality – alongside the low toilet count, results in a negative value adjustment for workspace/facility rating.

They are just a few of the many practical considerations when designing or purchasing a dental practice. My empirical appraisal system assigns a score for every single one of these factors.

Did you know that southwest exposure scores higher than northeast? Why is that?

Natural lighting matters.

Workspace matters.

Does your appraisal properly recognize and assign value to your unique workspace?

PS – those that think that cash flow and earnings are all that matter for appraisal do not work in dental offices. They could care less about toilets and temperature! They sit in lovely offices in ivory towers looking down on us little people... yes – just another shot across the bow of the DSO folks.

Will I get a reaction this time? They are often busy with their spreadsheets - grinding down the costs.

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