

308: IMPROVEMENT OF THE QUALITY IN THE HEALTH SERVICES AFTER IMPLEMENTING A WORK APPROACH FOLLOWING THE ROLES OF STANDARD ISO 9000 (VISION 2000) IN A DENTAL FACILITIES

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Objective:

To investigate if the use of Standard ISO 9000 ed.2000 improves the health services in dental facilities

Methods:

In a dental facility four dentists working in association for 10 years decided to introduce a change in the work organization following the principles of Standard ISO 9000 ed.2000 :
1- Patient centrality, 2- Leadership, 3- Staff involvement, 4- Process approach, 5- Global vision of the facilities, 6- Decisions based on the reliable data, 7- Constant improvement, 8- Mutually utility with the suppliers.

The authors analysed the health services performed into two years (from March 1998 - March 2000) , analysing all the specialities (hygiene, conservative, surgery, periodontology, dental implantation, prosthesis, orthodontics, gnatology and temporo-mandibular disease).

The authors valued and quantified the failures. These was valued not only from a clinical point of view but also from an economic point of view.

At this point the dentists decided, by the technical advice of specialists in the Standard ISO 9000 for health services, to start the improvement following the roles of Standard ISO 9000.

This work went on one year.

At the end when dental facilities were in accordance with the Standard ISO 9000, the authors analysed the dental services performed into the following two years (from March 2001 to March 2003), quantifying the failures and the patient satisfaction.

Results:

In the first period before the introduction of ISO 9000 (March 1998 - March 2000), 1,023 patients were studied.

Single dental services were also analysed:

1,300 sittings of oral hygiene – 1,005 conservative services – 302 oral surgery services – 351 parodontology services – 402 titanium dental iplantation – 513 prosthesis services – 201 orthodontics services – 55 gnatology services and 45 temporo-mandibular disease.

The analysis of the results attested the mean per cent of the failures was 12%.

The failures and the complications resulted in a 16% increase in costs.

To put right a failure costs more than to do right at first.

The same study was repeated one year later when the change following the roles of Standard ISO 9000 was finished.

In this study the number of the patients were 1,150.

The authors also analysed the single dental services:

1,495 sittings of oral hygiene – 1,150 conservative services – 345 oral surgery services – 402 parodontology services – 460 titanium dental implantation – 575 prosthesis services – 230 orthodontics services – 63 gnatology services and 51 temporo-mandibular disease.

The analysis of the results attested the mean per cent of the failures was 8%, with an increase of costs to 8%.

Conclusions:

From the analysis of data the authors conclude that there has been a significant decrease in failures (in the first period from March 1988 to March 2000 it was 12%, than in the second period, after ISO 9000, from March 2001 to March 2003 it was 8%).

This improvement resulted in more satisfaction for the patients and for the clinicians.

The dentists used the saved time to increase the dental services in the same working hours and so the costs to put right the failures reduced more (in the period from 1998 to 2000 it was 16%, in the period from 2001 to 2003 it was 8% of sales).

This saving will be devoted to improvement the devices or to reduce the costs of dental services for patients.

The fatigue long one year to improve the organization by the Standard ISO 9000 was rewarded.