

# IMPROVING QUALITY STANDARDS IN DENTAL MEDICINE THROUGH WORK PROTOCOLS AND EUROPEAN PROJECTS

**Oprea Valentin BUȘU, Assistant, PhD**  
University of Craiova, Teaching Staff Training  
Department  
Craiova, Romania  
Elena Cristina ANDREI, Student  
University of Dental Medicine of Craiova  
Craiova, Romania

**Abstract:** This article is based on research about the practice of dental medicine of the 21st century which represents a highly competitive sector both on the Romanian and international markets. Current dentistry tends to discard traditional therapies, but also some past preconceptions about how to manage a dental office. Today's modern, state of the art dental medicine strengthens its evolving path through the implementation of work protocols designed to streamline the treatment plan, reduce work time and maximize profit. Another way dental cabinets can improve their quality standards is by accessing European funds either for the purchase of new appliances and equipment or for either location and equipment.

**JEL classification: I15, Z19**

Key words: critical; dental management, modern dentistry, work protocols

## 1. INTRODUCTION

Classical dentistry was based on the minimization of this area, in the sense that it was strictly reported to a cabinet with a dental unit and a sterilizer, and from the point of view of the medical staff it was represented by the dentist and assistant or just a dentist. At present, this medical sector is a much more complex one and has many connections with both the general medicine and IT and pharmaceutical technology.

According to the World Health Organization, dental medicine is a medical branch that has to fulfill a number of objectives:

- Prevention of stomatological illness at both individual and community level by the application of prophylactic treatments from early ages;
- Providing optimal curative dental treatments;
- Combating pain by applying modern therapies;
- Conservation of physiognomy function, masticators and phonetics;
- Ensure optimal hygiene and sterilization rules in order to prevent over-infestation of the already existing outbreak (Luchian, 2005, p. 16).

The equipment of the dental cabinet with state-of-the-art gear is no longer considered a "fad", but contributes to the good development of the medical act, greatly reducing the occurrence of risks as well as intraoperative accidents. According to the

M.S.P. order no. 1662/2007 (published in the Official Gazette no.742 / 01.11.2007) the dental office / dental clinic manager has the obligation to conclude a contract with the Medical Device Technical Office (MDTO) for the periodical checking of the medical equipment, their operating parameters, as well as the development of a document certifying the results obtained.

Medical devices are classified into three classes: First Low Risk Class, Second Moderate Risk Class, and Third Increased Risk Class (NMDM). In a dental cabinet there are first and second class devices, the latter requiring servicing over a certain period of time (3 years for new devices and 24 months for a device that has exceeded normal use).

One aspect that should not be neglected is represented by the ambiance of the dental office. Brightness, chosen colors, music from the background, perfume, all are elements that help to relax the patient, increase his confidence. A dental office should avoid white or blue colours (cold shades), because they tend to induce a feeling of hospital in the patient. It is advisable to choose warm colors such as peach, pink, turquoise. The red color is contraindicated because it causes a state of agitation, nervousness.

Brightness should be adequate, but not too strident, as it can lead to tiredness (Gueguen, 2006, pp. 144-145). Music in a dental clinic should be chosen with great care, aiming at pacifying the patient, inducing relaxation and habituation to the dental sphere, as well as removing anxiety. Recent studies have also shown that music also has an antialgic effect through the mechanism of release of endorphins in the nervous system, maximizing the effect of the local anesthetic.

## 2. OBJECTIVES

The aim of this paper is to highlight the need to use working protocols within a dental office and to outline the opportunity for dentists to modernize the clinic in which they work. These two strategies both come to the benefit of the medical personnel through the ability to perform with high-quality devices while having a safe and comfortable working environment for doctor and patient alike, because they are no longer exposed to various intra or postoperative accidents or complications.

## 3. METHODOLOGY

This article is based on the meta-analytical method. Numerous data on how to organize and conduct dental work were also collected from a dental office in Craiova. The effectiveness, but also the openness of patients to the application of standard work protocols was analyzed. At the same time, the succession of the stages started to set up a dental office with the help of European funds or to access these funds for the purchase of new devices was brought to the fore.

## 4. ANALYSES

### 4.1 *WORK PROTOCOLS IN MODERN DENTISTRY*

Frequently, in a dental office, we see a payment fee per procedure (Naicu, 2013). For example: a 100 lei obturation, dental bleaching 1,000 lei, detour 100 lei, etc. A working protocol involves the inclusion of more medical services at a lower cost, as opposed to the fact that the maneuvers would be carried out separately in separate sessions. At the same time, there was an opening to the application of the working

protocols to the extroverted physicians who focus their attention and interest on the people around them (Kummerov, 2002, p. 18). We take as a clinical example the dental whitening procedure, which is in high demand as of recently:

Dental bleaching: 1,000 lei - this procedure is not intended to be practiced in the absence of complete oral cavity hygiene, otherwise the results will not only be lacking, but can lead to aggravation of the already existing pathology. Sanitation involves the following operations: ultrasonic dentistry (100 lei); professional brushing (50 lei); air-flow (100 lei); fluorination is a postoperative procedure, after the bleaching, in order to remineralize the dental structure (100 lei).

Therefore, the execution of the procedures separately would lead to a total of 1,350 lei. In this situation, the doctor will propose to the patient a Dental Whitening Package that will cover all these interventions, but at a price of 1,200 lei. It should also be stressed that the patient's economic approach is closely related to human behavior (Becker, 1994, p. 9). According to J. Bentham (1963), there are two aspects that define the entire human species, namely pleasure and pain, which can be used for economic purposes. "Nature has placed mankind under the rule of two sovereign masters, pain and pleasure." Thus, the concept of "PACKAGING" has a much greater impact on the patient, as it achieves a reduced time treatment and a series of procedures at a lower price than on a separate basis.

Of course, another advantage of working protocols is that it prevents the occurrence of infections and post-operative complications. For example: dental extraction is an average cost surgery between 100 and 300 lei depending on the complexity of the case. Most practitioners are confined to the work itself, without first performing a cavity hygienisation. In the absence of hygiene prior to extraction, a number of diseases can arise such as: bacteraemia, infectious endocarditis. In recent years, due to the special importance and awareness of the risk of post-extractional infectious endocarditis, a percentage reduction in the disease was observed. And for this work it is possible to make a "Surgical Package" and will cover the proper sanitation and extraction.

#### *4.2. GRADUAL BUT EFFECTIVE DENTAL CABINET PROFIT GROWTH STRATEGIES*

A first step is the loyalty of patients and the continuous promotion of the medical services that the dental clinic offers. Many doctors regard the concept of patient loyalty only from the economic point of view, namely the implementation of price cuts. However, looking at the situation in more detail, we will notice that if there is no well-established patient-to-medic relationship, neither the patient's enthusiasm for the reduction will be as expected. An essential step in gaining patient confidence is to produce an anamnesis that involves collecting data about the patient's health, his lifestyle, his personality, daily habits, etc. (Popescu R.M., 2014, p. 10). Omitting this stage for various reasons can lead to compromising the entire dental act.

For example:

The "age" section has the following features:

- in the case of young children: Due to the fact that the neocortex has not reached the optimum maturity, the child does not have the ability to accurately describe the type of pain, and some disorders (eg dental pulpitis) may present a symptom of lower symptomatology than in adults; this leads to the superficial treatment of the pathology by considering it as

something non-invasive, reaching only within a few hours dental gangrene, thus compromising the tooth;

- elderly patients: they omit to identify other systemic illnesses they have, as well as the medication they take, which makes it difficult or even jeopardizes dental treatment; also this type of patients often move with difficulty, which guides the dentist in choosing a treatment plan involving a small number of visits (Mercut, 2016, p. 40);
- adolescent patients: frequently present in the dental office with concerns related to the improvement of the physiological aspect (dental bleaching treatments, lip augmentation). Being at a rather difficult stage in life, in which introspection prevails, as well as contradictions with others (especially adults), approaching them is done in a different way. It is very important that we do not contradict them, not tell them no at first to what they want. One solution is to appreciate how they thought about change and why it is not the right time to do so, with concrete arguments for explaining the consequences in the future (Pașca, 2006, p. 299);
- in the case of 50 years old women during menopause, an exaggeration of aesthetic requirements can be observed, being extremely demanding, with sometimes unrealistic expectations (Mercut, 2016, p. 40).

In order to achieve a performance framework and good cooperation with dental clinic staff, it is important that the manager recruits the appropriate persons who meet the requirements of the job. For this reason, the job description is indicated to be described in detail, being specified from the start the behavior that the employee is obliged to have at the workplace, and also information about the technology and equipment with which he will work. At the same time, the job description should not relate strictly to the tasks the employee will perform, but must also address the psychological profile of the future employee in order to harmonize his / her abilities and capacities with the activities of the post (Chraif, 2013, p. 38 ). Considering the fact that the human resource management system is experiencing a greater difficulty, the manager often faces difficulties in making decisions, it can appeal to the OELM principle. This method is to write on a file four defining questions about the choice to be made: "Honest?", "Ethical?", "Legal" ?, "moral?". If the answer is YES to all four questions, the manager will have simplified the complex decision-making process.

Also, a good manager is one who has a solid foundation in the economic sciences and understands their contribution to the good management of the clinic (Chang, 2014, pp. 20-21).

#### ***4.3 FUNDING DENTAL PRACTICES FROM EUROPEAN FUNDS. STAGES. REQUIREMENTS. BENEFITS***

With the integration of Romania into the European space (2007), we were made aware of the existence of structural programs that have as main objective the development of the economy, the increase of competitiveness in the labor market, the support of research in various fields, and the integration of unemployed and fresh graduates in the workplace (Barbulescu, 2005, p. 11). Since 2000, the European Commission has shown its interest in the health sector by implementing a strategy to improve the quality of life by promoting information on the prevention of certain diseases, maintaining health through compliance with hygiene standards and

encouraging the medical sector to do research (Lupu, 2014, p. 20). Structural funds are divided into three distinct categories:

- European Regional Development Fund: it targets the SME sector and contributes to financing projects in the fields of health, information technology, tourism, transport, education and the environment;
- Cohesion Fund: targets infrastructure and environment projects;
- European Social Fund: aiming to increase the number of jobs and to provide continuous education courses (Banacu, 2010, pp. 30-31).

In the case of a dental office, the European Regional Development Fund will be used. Currently, one of the most popular and effective projects is the Start-Up Nation Program on Dental Assistance Activities starting in 2017. The program implies the possibility of accessing grants of up to €44,000 provided that the person concerned not to have previously owned a business or been associated with a company. Also, another important condition is that there are at least two employees who have the status of fresh graduates or unemployed. Dental activity is identified by CAEN 8623 (CAEN = classification and codification of activities in the national economy) and includes the following sections: dental nursing activities of general or specialized nature, eg dentistry, endodontics, pediatric dentistry (pedodontics), oral pathology; orthodontic activities; dental surgery activities.

There are also a number of activities and procedures that are incompatible with the dental care activities, although they are closely related to the field of dentistry: the manufacture of artificial teeth, prostheses and prosthetic devices performed by dental laboratories (CAEN3250); hospital care activities for interned patients (CAEN 8610); activities of dental paramedical staff such as paramedics of dental hygiene (CAEN 8690).

**I. Identification** - represents the stage in which we establish the dental sector we want to develop: surgery, implantology, aesthetics, pedodontics, prosthetics, endodontics, periodontology. In the case of a clinic that has more cabinets, several sectors can be developed. Currently, modern dentistry focuses predominantly on the development and innovation of implantology and dental-facial aesthetics, as they are areas of great interest for a large part of the population.

**Preparation** - involves the elaboration of a business plan, but also the obtaining of documents necessary for the establishment of the company. The structure of the business plan will be as follows: title (suggestive, clear); the main purpose of the project; secondary targets; abstract (summary); the applicant's presentation; the financier's presentation; detailed description of the project by specifying the impact on the efficiency of the quality standards in the health care sector, the increase of the quality of life of the patients, the socio-economic development; human resources involved in the project; budget; project planning; project sustainability analysis; economic and financial analysis; analysis of possible risks that may arise during the project development (Banacu, 2010, p. 21).

The business plan is characterized by a series of attributes designed to give it objectivity and a good understanding for the analyst. Among these attributes we mention: avoiding exaggerations, avoiding personalization, identifying a target group of people to turn to these services promoted by the cabinet and projections for the future.

Also, attachment of the CV is a particularly important stage, because through this document it is possible to highlight the skills, the qualities of the future manager,

but if not properly drafted, it can lead to omission of significant aspects at the start and during the development of the business.

**III. Evaluation** - consists in checking the documents submitted in order to determine their eligibility. Also, the business plan will be verified if it is a true profit generator, and profit is also the common interest of all business environments regardless of the service provided, in this case medical services (Andronic, 2000, p. 35).

**IV. Implementation** - the duration of this phase is variable from a few months to several years and begins at the time of signing the financing contract. It is a complex stage involving a series of procedures: procurement, advertising, contracts with service providers.

**V. Monitoring** - represents the stage preceding the completion of the project implementation and aims at the following aspects: maintaining the funded activity and the created jobs, obtaining the profit, achieving the proposed objectives.

## 5. CONCLUSIONS

In conclusion, it can be said that both the implementation of the working protocols and the opportunity to access European funds are key elements contributing to the financial-economic development of the dental clinic. Also, one must not disregard or minimize the professional training of the medical manager who, besides healthcare knowledge, must have good training in the economic and administrative sector.

## REFERENCES

1. Andronic, B.C. *Performanța firmei*. Iași: Editura POLIROM, 2000.
2. Banacu, C.S. *Finanțarea firmelor din fonduri europene*. București: Editura Tribuna Economică. 2010.
3. Becker G.S. *Comportamentul uman. O abordare economică*. București: Editura ALL, 1994.
4. Chang H.J. *Economia. Ghidul utilizatorilor*. Iași: Editura POLIROM, 2014.
5. Chraif, M. *Tratat de psihologia muncii*. București: Editura Trei, 2013.
6. Gueguen, N. *Psihologia consumatorului*. Iași: Editura POLIROM, 2006.
7. Kummerov, J.M. *Stilul de muncă și tipul psihologic*. București: Editura Teora, 2002.
8. Luchian, M. *Management sanitar*. Iași: UMF Iași, 2005.
9. Lupu, M.M. *Fonduri europene 2014-2020*. Transilvania: Editura Steaua Transilvaniei, 2014.
10. Mercut, V. *Tratamentul edentației parțiale prin punți dentare*. Craiova: Editura SITECH, 2016.
11. Naicu, V. *Calculul onorariilor în cabinetele de medicină dentară*. Revista Actualități Stomatologice. Martie, 2013
12. Popescu, A.M., Stefan, M. A. *Training the educator for methodological alternatives and paradigm changes in education*. Revista de Științe Politice, (43), 171-183, 2014.
13. Popescu, R.M. *Protetica dentară. Clinica și terapia protetică a leziunilor odontale coronare*. Ediția AII-a. Editura Medicală Universitară, 2014.