

A quality assurance programme for improvement of pain management during conservative care in Dental Center of Nantes Hospital: Methodology, preliminary results.

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INTRODUCTION:

In France, the quality of care has been a public health priority for several years. National programmes have been implemented to improve pain management [1]. In 2001, a first evaluation carried out by the French Society of Public Health [2] showed that the health professionals were becoming aware of this problem. In 2002, a new national plan was defined to prevent the pain caused by care and surgery [3].

To respond to its objectives, the Dental Center of Nantes carried out a quality assurance programme to promote the management of pain related to conservative care.

MATERIAL AND METHODS:

The quality assurance programme was undertaken in several parts:

1) A descriptive prospective study:

To characterize the symptoms induced by treatment and to assess pain management, a random sample of 258 patients were questioned using a numerical rating scale and a standardized clinical questionnaire.

The conclusions of this preliminary work brought out a lack of iatrogenic pain management in conservative care.

2) Proposals for Reference Operative Procedures for each type of conservative treatment. Drafting of advice for the patients.

3) Training of undergraduate students and practitioners for optimal control of iatrogenic pain.

4) Re-assessment:

Several dates were randomly fixed for the re-evaluation of pain management during conservative therapeutics.

RESULTS - DISCUSSION:

The first step of this quality assurance programme showed that iatrogenic pain was not a marginal event during conservative care (per-operative symptoms: 33%; post-operative symptoms: 24%). Because it was generally moderate, it was ignored

by both the practitioners and the patients, who considered this pain as a normal event. The conclusions of this study reveal a lack of information of the patients, as well as a lack of analgesic prescriptions and therapeutic means to prevent a possible per- and post-operative pain.

The Reference Operative Procedures were defined after analysis of these preliminary results and were proposed for each type of conservative care according to the pain risk. Emphasis was laid on prevention and control of pain during and after the treatment with simple and effective measures: informing patients of possible pain, proposing loco-regional infiltration before the operative act on teeth with vital pulp, systematic prescription of analgesics according to the intensity of the symptoms, etc.

The preliminary results of the re-evaluation stage show that some changes in iatrogenic pain management during conservative care have been reported. Nevertheless, other re-assessments should be performed before concluding that there is a long-term improvement in pain management.

CONCLUSIONS:

The quality assurance programme carried out by the Dental Center of Nantes Hospital should continue to succeed in changing the behaviour of both health professionals and patients towards dental pain during conservative care.

REFERENCES:

¹Ministère de la Santé et de la Protection Sociale www.sante.gouv.fr. (Rubrique : Qualité des soins).² Société Française de Santé Publique (2001) *Evaluation du plan triennal de lutte contre la douleur- Document de synthèse*. <http://www.sfsp.info/>.³ Ministère de la Santé et de la Protection Sociale (2002) *Programme de lutte contre la douleur 2002-2005. Circulaire N°DHOS/E2/2002/266 du 30 avril 2002*. www.sante.gouv.fr