Medical Education

Units of labor input of orthopedists during consultation for implants. Fixed restorations

Ye.V. Diev¹, T.V. Dieva¹, V.Z. Obidniak^{2*}, V.A. Labunets¹

Abstract

Implant-supported fixed restorations are widely used in practice with the aim of prosthetic rehabilitation of edentulous patients; however, in Ukraine, the aforementioned methods are currently not completely lawful due to the absence of departmental standards of time needed for orthopedists to manufacture such types of dentures.

In prosthetic dentistry, labor inputs are determined based on the average standard working time for professionals that not always correspond to the actual time expenditures which must be taken into consideration when determining the appropriate units of labor input.

The objective of the research was to determine the units of labor input of orthopediststo manufacture implant-supported fixed restorations.

Materials and methods. The object of the research involved clinical processes of manufacturing implant-supported fixed restorations. The units of labor input were determined based on the average time standards obtained in the result of timing measurements of clinical processes of providing appropriate care.

The conversion of the obtained time standards (TS) to the units of labor input (ULI) was performed according to the formula: ULI = Tts / T1uli

Results and discussion. Clinical processes of manufacturing 69 single implant-supported restorations by 15 orthopedists were studied. There were manufactured 13 crowns with screw-retained solid abutments, 21 crowns with screw-retained abutments, 17 single abutments, 18 screw-retained crowns with burn-out plastic abutments or abutments with a platform for attaching and pressing.

In addition, the work of 18 orthopedists who manufactured 30 implant-supported bridges including 8 prosthetic dentures with screw-retained solid abutments, 10 prosthetic dentures with screw-retained abutments, 12 screw-retained dentures with burn-out plastic abutments or abutments with a platform for attaching and pressing was investigated and timed.

The results of the research showed that the initial values of the labor input indicators when manufacturing single implant-supported fixed restorations were within the range of 1.5-1.5 ULI (the average values) and 3.3-3.5 ULI (the actual values) depending on the prosthetic construction. When manufacturing implant-supported bridges, the indicators were as follows: the average values – 2.1-2.3 ULI, the actual values – 3.6-3.9 ULI depending on the prosthetic construction as well.

Conclusions. The results obtained due to timing measurements of clinical processes of manufacturing implant-supported fixed restorations, their analysis as well as the calculations of the standard time showed that the units of labor input of orthopedists determined on the basis of the average time standards did not coincide with the units of labor input of manufacturing these prostheses determined on the basis of the actual time standards.

Keywords

units of labor input; implants; fixed restorations

Institute of Dentistry and Maxillofacial Surgery, National Academy of Medical Sciences of Ukraine, Ukraine Ivano-Frankivsk National Medical University, Ukraine

*Corresponding author: novodent.if@gmail.com

Problem statement and analysis of the recent research

The use of dental implants in daily practice of an orthopedist provides an opportunity to partially solve the problem of the need for orthopedic care in Ukraine which constitutes 58.0-84.9

Unfortunately, such methods of prosthetic rehabilitation are currently not completely lawful in our country being not approved by the appropriate Orders of the Ministry of Health of Ukraine that does not permit to implement such methods of treatment, especially in public health facilities [4, 5].

The presence of departmental standards of time needed for orthopedists to carry out some orthopedic manipulations with the aim of objective determination of their labor inputs is one of the mandatory conditions dental implantology needs to become lawful in our country [6].

Implant-supported fixed restorations are the most common types of prosthetic rehabilitation using dental implants. They differ in the methods of implant fixation - cement fixation and screw retention as well as in the type of the material - cobalt-chromium alloy, metal ceramics, metal composite,

metal plastic, ceramics, plastic [7-10].

In prosthetic dentistry, labor inputs are determined based on the average standard working time for professionals that not always correspond to the actual time expenditures which must be taken into consideration when determining the appropriate units of labor input (ULI) [11, 12].

The objective of the research was to determine the ULI of orthopediststo manufacture implant-supported fixed restorations.

1. Materials and methods

$$ULI = \frac{Tst}{T1uli} \tag{1}$$

ULI – the value of the units of labor input expressed in absolute numbers;

Tst – the value of time standard in minutes;

T1uli – the value of time 1 ULI in minutes.

The values of Tst and T1uli should be presented in the uniform units of measurements.

The value of T1uli is chosen conventionally; it is equivalent to the objective amount of time needed to manufacture a master model. In our case, it equaled to 60 minutes, that was the time needed to manufacture one conventional swaged crown.

2. Results and Discussion

Timing measurements of clinical stages of manufacturing implant-supported fixed restorations by orthopedists were performed at the dental care institutions of various forms of ownership in Odesa, Kyiv, Mykolaiv, Cherkasy, Simferopol, Ivano-Frankivsk and Dnipro during the period 2010-2016.

Clinical processes of manufacturing 69 single implantsupported restorations by 15 orthopedists were studied. There were manufactured 13 crowns with screw-retained solid abutments, 21 crowns with screw-retained abutments, 17 single abutments, 18 screw-retained crowns with burn-out plastic abutments or abutments with a platform for attaching and pressing.

In addition, the work of 18 orthopedists who manufactured 30 implant-supported bridges including 8 prosthetic dentures with screw-retained solid abutments, 10 prosthetic dentures with screw-retained abutments, 12 screw-retained dentures with burn-out plastic abutments or abutments with a platform for attaching and pressing was investigated and timed.

The obtained results were recorded in a specially developed "Chart of timing measurements" and indexed in accordance with the approved method of establishing labor inputs in prosthetic dentistry for constant time expenditures (Tc) which do not depend on the prosthetic construction and the number of prostheses as well as for changeable recurrent time expenditures (Tcr) which completely depend on the aforementioned factors. The sum of this indicators was the time

standard being determined using the unified formula:

$$TS = Tc + N \times Tcr \tag{2}$$

TS – standard needed by a professional to manufacture a prosthetic restoration;

Tc – constant time expenditures;

Tcr – changeable recurrent time expenditures;

 N – the number of prosthetic restorations of the same construction.

The official method of establishing labor inputs in prosthetic dentistry involves the determination of the ULI of orthopedists based on the average TS of their work. The calculation of labor inputs based on the average TS as well as the actual indicators of the duration of clinical processes was presented through the example of the process of manufacturing from 1 to 8 individual abutments for one patient.

According to the obtained data, when manufacturing an individual abutment with plastic preform, constant time expenditures of an orthopedist constituted 127.23 min, while changeable recurrent time expenditures were 14.77 min. Thus, the values of the standard time for manufacturing the required number of individual abutments for one patient were as follows:

- 1. TS for manufacturing an individual abutment = $Tc + the number of abutments \times Tcr$
- 2. TS for manufacturing 1 individual abutment = 127.23 min + 1 abutment × 14.77 min = 142.0 min (the average TS for 1 abutment 142.0 min);
- 3. TS for manufacturing 2 individual abutments = 127.23 min + 2 abutments × 156.77 min = 156.77 min (the average TS for 1 abutment 78.3 min);
- 4. TS for manufacturing 3 individual abutments = 127.23 min + 3 abutments × 14.77 min = 171.54 min (the average TS for 1 abutment 57.18 min);
- 5. TS for manufacturing 4 individual abutments = 127.23 min + 4 abutments × 14.77 min = 186.31 min (the average TS for 1 abutment 46.6 min);
- 6. TS for manufacturing 5 individual abutments = 127.23 min + 5 abutments × 14.77 = 201.08 min (the average TS for 1 abutment 40.21 min);
- 7. TS for manufacturing 6 individual abutments = 127.23 min + 6 abutments × 14.77 min = 215.85 min (the average TS for 1 abutment 36.0 min);
- 8. TS for manufacturing 7 individual abutments = 127.23 min + 7 abutments × 14.77 min = 230.62 min (the average TS for 1 abutment 33.0 min);
- 9. TS for manufacturing 8 individual abutments = 127.23 min + 8 abutments \times 14.77 min = 245.39 min (the average TS for 1 abutment 30.7 min)

Then, according to the official method, there was calculated the weighted arithmetic mean which was considered as the average TS for manufacturing an individual abutment: (142.0 min + 78.3 min + 57.18 min + 46.6 min + 40.21 min)

 $+36.0 \min + 33.0 \min + 30.7 \min) / 8 = 463.99 \min / 8 = 58.0 \min.$

However, when calculating time standards of orthopedists' work according to this average index we have found that they did not correspond to the actual time expenditures; the average TS were lower than the actual data or equaled to them when manufacturing 1-3 abutments while they significantly exceeded them when manufacturing 4-8 abutments (Table 1).

Table 1. Duration of manufacturing individual abutments by an orthopedist according to the average and actual time standards

| No | Type of dental prostheses | Conventional number of prosthetic restora- tions in one patient | Average time standard (minutes) | Actual time standard (minutes) |
|----|---------------------------------|--|---|---|
| 1 | Individual abutment | 1 2 3 4 5 6 7 8 | 58 116 174 232 290 348 406 464 | 142 156.77 171.54 186.31 201.08 215.85 230.62 245.39 |
| | Stage of change | | 58 | 14.77 |

Similar situation was observed when manufacturing all the other types of implant-supported fixed restorations. Thus, the calculations of the ULI indicators when manufacturing the aforementioned types of prostheses by orthopedists based on the average and actual indicators produced the following results (Table 2, Table 3).

When determining time standards for manufacturing single fixed restorations the restorations themselves are considered, while when determining time standards for manufacturing bridge prostheses the number of prosthetic abutments are taken into account since labor inputs of orthopedistswhen working with prosthetic ponticare insignificant and they can my easily distributed to manufacture prosthetic abutments.

An important indicator for determining the labor inputs of manufacturing implant-supported fixed restorations is the "stage of change" – a certain value of the difference of standard indicators of the process when changing the amount (not the quality) of the input data. In our case, when determining the average ULI, it equaled to the average indicator of labor inputs of manufacturing one prosthetic restoration and when determining the ULI using the actual TS, it equaled to the labor equivalent of changeable recurrent time expenditures of an orthopedist to manufacture implant-supported fixed restorations.

3. Conclusions

The results obtained due to timing measurements of clinical processes of manufacturing implant-supported fixed restorations, their analysis as well as the calculations of the standard time showed that the ULI of orthopedists determined on the basis of the average TS did not coincide with the ULI of manufacturing these prostheses determined on the basis of the actual TS.

References

- Zablotskyi YaV, Didyk NM. Poshyrenist ta struktura defektiv zubnykh riadiv u naselennia m Lvova ta Lvivskoii oblasti. Visnyk stomatolohii. 2005;1:78–87
- [2] Zablotskyi YaV. Planuvannia, klinichne obhruntuvannia ta otsinka efektyvnosti dentalnoii implantatsii u neznimnomu protezuvanni: avtoref. dys. na zdobuttia nauk. stupenia doktora med. nauk: spets. 14.00.21 "Stomatolohiia". Lviv: 2006. 27p
- Labunets VA. Potrebnost v nesyemnykh zubnykh protezakh i obespechennost imi gorodskogo naseleniya Ukrainy. Visnyk stomatolohii. 1999;2:43–45
- [4] On approval of protocols of medical care in specialties "Prosthetic Dentistry", "Therapeutic Dentistry", "Surgical Dentistry", "Orthodontics", "Paediatric Therapeutic Dentistry", "Paediatric Surgical Dentistry". The order of Ministry of Health of Ukraine of 23.11.2004, No 566.
- On approval of standards of medical care and indicators of medical care quality. The order of Ministry of Health of Ukraine of 28.12.2002, No 507.
- [6] Diev EV, Labunets VA, Shnaider SA, Dieva TV. The urgent problem of dental implantation in connection to the conception of complex implantologic aid in Ukraine. Innovatsii v stomatolohii. 2014;2:72–77
- [7] Zablotskyi YaV. Novaya filosofiya ortopedicheskogo lecheniya vklyuchennykh defektov zubnykh ryadov nesyemnymi protezami s ispolzovaniem implantantov. Chast pervaya. Otsustvie odnogo zuba. Sovremennaya stomatologiya. 2003;2:93–102
- [8] Zablotskyi YaV. Novaya filosofiya ortopedicheskogo lecheniya vklyuchennykh defektov zubnykh ryadov nesyemnymi protezami s ispolzovaniem implantantov. Chast vtoraya. Otsustvie dvykh i bolee zubov. Sovremennaya stomatologiya. 2003;3:85–94
- [9] Kuts PV, Skripnik IL. Vykorystannia implantatntiv pry vrodzhenii adentii. Implantolohiia, Parodontolohiia, Osteolohiia. 2007;3:49–55
- [10] Vasilev NI, Rashtanikov AP. Implantanty s vintovoy fiksatsiey. Denatlnaya implantologiya i khirurgiya. 2014;1(14):32–35

Table 2. ULI of an orthopedist when manufacturing single implant-supported restorations according to the average and actual time standards

| No | Type of dental prostheses | Conventional number of prosthetic restorations in one patient | Conventional average time standard (ULI) | Actual time standard (ULI) |
|----|---------------------------|---|--|----------------------------|
| | | 1 | 1.5 | 3.3 |
| | | 2 | 3 | 3.8 |
| | | 3 | 4.5 | 4.3 |
| 1 | Cemented crown with | 4 | 6 | 4.8 |
| 1 | screw-retained solid | 5 | 7.5 | 5.3 |
| | abutment | 6 | 9 | 5.8 |
| | | 7 | 10.5 | 6.3 |
| | | 8 | 12 | 6.8 |
| | Stage of change | | 1.5 | 0.5 |
| | | 1 | 1.6 | 3.5 |
| | | 2 | 3.2 | 4.1 |
| | | 3 | 4.8 | 4.7 |
| 2 | Cemented crown with | 4 | 6.4 | 5.3 |
| 2 | screw-retained abutment | 5 | 8 | 5.9 |
| | | 6 | 9.6 | 6.5 |
| | | 7 | 11.2 | 7.1 |
| | | 8 | 12.8 | 7.8 |
| | Stage of change | | 1.6 | 0.6 |
| | | 1 | 1.6 | 3.5 |
| | | 2 | 3.2 | 4.2 |
| | Screw-retained crown with | 3 | 4.8 | 4.9 |
| 3 | burn-out plastic abutment | 4 | 6.4 | 5.5 |
| 3 | or abutment with a | 5 | 8 | 6.2 |
| | platform for attaching | 6 | 9.6 | 6.8 |
| | and pressing | 7 | 11.2 | 7.5 |
| | - | 8 | 12.8 | 8.1 |
| | Stage of change | | 1.6 | 0.65 |

- [11] Diev EV, Ilyk RR, Labunets VA, Dieva TV. Opredelenie normativnoy i fakticheskoy prodolzhitelnosti obshchikh zatrat rabochego vremeni stomatologa-ortopeda na izgotovlenie nesyemnykh odinochnykh konstruktsiy s oporoy na implantanty. Medychnyi forum. 2016;8(08):52–55
- [12] Diev EV, Obidnyak VZ. Metodicheskie aspekty ustanovleniya norm truda stomatologa-ortopeda na izgotovlenie mostovidnykh zubnykh protezov s oporoy na implantanty. In: Zbirnyk naukovykh robit uchasnykiv mizhnarodnoii naukovo-praktychnoii konferentsii "Suchasni tendentsii u medychnukh ta farmatsevtychnykh naukakh" Kyiv: 2016. p. 20–446
- [13] Labunets VA, Hryhorovych VR. Metodolohichni aspekty unifikovanoii systemy obliku, kontroliu pratsi stomatolohiv-ortopediv i zubnykh tekhnikiv v Ukraiini: metodychni rekomendatsii. Odesa: ; 1999. 12 p

Received: 21 February 2017 **Revised:** 16 March 2017

Accepted: 16 March 2017

Table 3. ULI of an orthopedist when manufacturing implant-supported bridges according to the average and actual time standards

| No | Type of dental prostheses | Number of prosthetic bridge abutments | Conventional average time standard (ULI) | Actual time standard (ULI) |
|----|---|---------------------------------------|--|----------------------------|
| | | 2 | 2.1 | 3.6 |
| | | 3 | 3.2 | 4 |
| | Cemented bridge | 4 | 4.3 | 4.4 |
| 1 | with screw-retained | 5 | 5.4 | 4.8 |
| | solid abutments | 6 | 6.5 | 5.2 |
| | | 7 | 7.6 | 5.6 |
| | | 8 | 8.7 | 6 |
| | Stage of change (for an abutment) | | 1.1 | 0.4 |
| | · | 2 | 2.5 | 3.9 |
| | | 3 | 3.7 | 4.4 |
| | Cemented bridge | 4 | 4.9 | 4.9 |
| 2 | with screw-retained | 5 | 6.1 | 5.4 |
| | abutments | 6 | 7.3 | 5.9 |
| | | 7 | 8.5 | 6.4 |
| | | 8 | 9.7 | 6.9 |
| | Stage of change (for an abutment) | | 1.2 | 0.5 |
| | | 2 | 2.1 | 3.4 |
| | | 3 | 3.1 | 3.8 |
| | Temporary | 4 | 4.1 | 4.2 |
| 3 | implant-supported | 5 | 5.2 | 4.6 |
| | cemented bridge | 6 | 6.2 | 5 |
| | | 7 | 7.2 | 5.4 |
| | | 8 | 8.3 | 5.8 |
| | Stage of change (for an abutment) | | 1 | 0.4 |
| | Screw-retained bridge with | 2 | 2.3 | 3.8 |
| 4 | burn-out plastic abutments | 3 | 3.5 | 4.3 |
| | or abutments with a plat- form for attaching and pressing | 4 | 4.7 | 4.8 |