

Publications de l'Administration de l'Hôpital Necker-Enfants Malades (depuis 1999)

FOUGERE S., BEYDON L., SAULNIER F.

Field 4. Environmental safety practice in the intensive care unit.

Ann. Fr. Anesth. Réanim., 27 (10), e71-e76, 2008

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Medical devices are known to carry risks from design to scrap. Accident reports in ICU show that medical device account for only 20 % of accidents. Formation of users and providing a postmarketing incident reporting are thus essential in health institutions. Clinical and engineering departments should cooperate to produce and secure procedures which should be applied during the lifetime of each clinical device. Several points should be especially fulfilled: close cooperation between clinical departments and biomedical engineering departments with available technicians, computer-based inventory of all devices, evaluation of specifications required before purchasing a new device, education of users on utilisation and maintenance, technical follow-up of devices and keeping maintenance and repair logs, ability to provide users with replacement devices, provision of check-lists before use, forging criteria to decide when device should be discarded. These principles are simple and should be considered as mandatory in order to improve medical device related security.

POISSON-SALOMON A.S., de CHAMBINE S., LORY C.

Patient-related factors and professional practices associated with postoperative pain.

Rev. Épidémiol. Santé Publ., 53 (Suppl. 1), 47-56, 2005

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Background: Unrelieved postoperative pain is reported despite of widely defined standards for postoperative pain management. The objective of this study was to identify the relationship between patient characteristics, medical practices and outcomes (severe post-operative pain and patient satisfaction). Methods: Using a cross-sectional observational study in 18 departments of adult surgery from 5 hospitals, medical records were audited according to a set of explicit criteria (patient characteristics and professional practices). Postoperative pain severity was measured with a 0 to 10 visual numerical scale and patient satisfaction using a six-level verbal rating scale (from very satisfied to very unsatisfied). The surgical procedures were classified into three levels of expected severe pain frequency (high, median, low). The relation between severity of pain, satisfaction on one hand, and process and patient characteristics on the other, was studied with chi(2)-test and logistic regression. Results: 625 patients were included. 41.8% suffered from postoperative pain and 81.6% were satisfied. Pain measurement before leaving the postoperative anesthesia care unit ($p < 0.02$) and protocols for analgesia in painful surgery ($p < 0.05$) were associated with a lower frequency of pain. Three patient characteristics were associated with a higher frequency of severe postoperative pain: painful surgical procedure ($p < 0.001$), mental pain ($p < 0.005$), and preoperative pain ($p < 0.0001$). The lack of administration of analgesia was a major explicative factor: 64% of patients with severe Postoperative pain, did not receive all analgesics ordered. Patient satisfaction was higher when the patient was requested to notify pain ($p < 0.05$) before surgery and lower after painful surgical procedures ($p < 0.05$). Conclusion: There are two ways to improve pain management: first the quality of the analgesic prescription

particularly for painful surgical procedures and secondly the administration of the prescribed analgesia.

LE FAOU A.L., SAINT-MAURICE C., DO ROSARIO M., BOYER C., MOULIN F.

The lessons of a medical cooperation 1995-1998: emergency training for young teams in two pediatric hospitals in Romania.

Archives Pédiatrie, 8 (11), 1195-1202, 2001

(Services cités : Administration Hôpital)

A cooperation programme, aimed at improving the running of pediatric hospitals in Bucharest (Romania) was conducted by a team of Assistance Publique-Hopitaux de Paris from 1995 to 1998. Material and methods. - The introduction mentions the context of the health care system in order to help to follow the role of emergency services. The method to improve the child health services was based on an initial evaluation of emergency structures and procedures. A questionnaire was filled in after a four-year programme to test the impact of the counselling concerning the organization of the casualties and emergency division, the medical and nursing training and the use of equipment. Results. - The results show: a centralization of the emergencies and the implementation of an intensive care unit in one out of the two hospitals. The discussion points out the criteria of efficacy for cooperation programmes and gives examples of medical cooperation in eastern countries. Conclusion. - The conclusion insists on the multidisciplinary approach of medical programmes, with training of young teams. (C) 2001 Editions scientifiques et médicales Elsevier SAS. [References: 8]