МЕДИЦИНСКИЕ НАУКИ

DRIVES TO IMPROVE THE QUALITY AND EFFECTIVENESS OF MEDICAL CARE

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Review article

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The meaning of quality of medical care is usually perceived as a sum of a number of medical care attributes, reflecting its ability to meet the needs of patients, taking into account medical standards that are relevant to the current stage of medical development. Access to medical care is a real opportunity for the population to receive the medical care they need, regardless of social status, welfare level, and place of residence. In other words, quality of medical care is timely medical care provided by qualified health care providers and complies with statutory acts, standards of medical care, contractual or customary expected requirements [17, 18].

According to Alexeyev's approach, the notion of the quality of medical care is the ability of the main links of the medical process to provide adequate care to the needs of all participants in the process [2].

The following characteristics are classified as the main criteria for the quality of medical care:

Access to health services is the free access to health services, regardless of geographical, economic, social, cultural, organizational and linguistic barriers. Access to medical services is enshrined in the constitutions of many countries, regulated by the free medical care and service regulations, and by national legal norms. This regulation is conditioned by a number of factors: compliance with state funding and services, right to free medical facility and doctor, provision of timely medical care, health promotion and enhancement, public education, disease prevention [10, 19, 37].

However, the above mentioned does not mean that States have access to all types of medical care and services. In developing countries, such restrictions are widely applied, and in developed countries such restrictions apply only to expensive and difficult to access research. In addition, different countries apply confidential restrictions such as queues, bureaucratic scrutiny, non-inclusion of different services in the basic services package, etc. [44].

The main factor affecting access to medical services is the economic situation of the country. Excessive health care costs lead to rising prices and competitiveness of medical services. Therefore, understanding of resource limitation is fundamental to medical service delivery opportunities [12, 22].

According to Kharabchiev's opinion, access to health care can be achieved by dividing the requirements by the minimum (mandatory) and the optimal (required) volume, which is provided by medical instructions and includes expensive types of care [20].

Equivalence. According to WHO experts, the adequacy of medical services is in line with public needs and expectations within medical service technologies and patient-friendly outcomes. Equivalence includes elements of access and timeliness of medical care that are presented as being convenient to the patient, in a time of need, in a timely, necessary, and acceptable range [27].

Continuity of medical care - Coordination of activities by different medical institutions, different hours and different specialists. Continuity of medical service is provided by standard requirements for medical records [4], technical equipment, process and personnel. Such standardization of activity guarantees the stability of the treatment process and the end result [25, 26].

Effectiveness - Compliance of the volume of medical service delivered with the end result. Effective health care should provide optimal medical care rather than maximum volume [9, 16].

Patient orientation and satisfaction - means patient involvement in decision making and decision making and satisfaction with outcomes. This approach applies not only to quality medical services and care, but also to the attentive attitude of the medical staff, the patient's consent to intervene, and the protection of other patient rights [1, 28, 30].

Safety - ensuring the life and health of the physician and patient, adverse side effects, and guarantees of sanitary safety. The effectiveness and safety of treatment are directly dependent on the amount of information available to the physician. Reducing unfavorable conditions for patients and fair treatment for patients is a priority from the perspective of health policy [41].

Modernity of medical care -providing medical services and care as needed, that is, according to medical instructions, as well as promptly and without queues. [29]

Scientific-technical level - an important component of the quality of medical services is the scientific-technical level of used medical methods, diagnostics and prevention, which enables to assess the integrity of the service provided. Very often this index is included in the equivalence index [37].

Sector Standardization - An analysis of international experience shows that medical standards ensure the effectiveness of medical care qualty elements. Standards are the most important scientifically-based mechanisms that allow a decision to be made or to limit any intervention [40].

The three-component approach to health service quality assessment is most widely used in the world [28].

1. Resources (or Structure) - which includes an assessment of the resource base standards (personnel, medical equipment, conditions required for patients and staff to work).

2. Process - includes treatment technologies, diagnostics and prevention.

3. Outcome - Includes treatment outcomes, prevention, resuscitation and other standards.

After all, systemic standardization in the health sector is aimed at creating and enforcing a normative regulation of the sector that ensures universal access to and high quality of medical care in the following areas:

- medical technologies,
- sanitary-hygienic technologies,
- educational standards,
- organization and management technologies;
- information technologies,
- drug delivery technologies;
- technologies regulating medical technology issues [29, 30].

Clinical-economic standards applied in a number of countries include complex methods of assessing the quality of medical care with indicators of reducing medical errors and efficient use of resources. In other words, appropriate quality medical service is provided by a qualified physician in accordance with regional standards and is reflected in the absence of medical error [33, 40].

The standard of medical service is a normative document that sets out the requirements for the process of providing medical care in a specific diagnosis, taking into account the methods of diagnosis, prevention, treatment, and rehabilitation that provide appropriate quality within the capabilities of the health system [38, 39].

In order to improve the quality and effectiveness of health system management, it is important to examine the opinion of consumers of medical services. Not only objectively, but also subjectively, information is important for evaluating the outcome of health system performance [6, 9, 14].

One of the most effective methods of obtaining information on the outcome component of the quality of medical care is the sociodemographic survey of patients. Ongoing monitoring of poll results has an important role to play in obtaining operational information. It can be used for multi-profile medical management and, in particular, important organizational decisions [7].

One of the most important elements in assessing the level of satisfaction with the quality of care provided to patients is service compliance. It should justify the expectations of the individual, the social group and the general public. The notion of "patient satisfaction" itself is a highly complex and multi-faceted social phenomenon [3].

Medical service quality monitoring and supervision. Expertise is the main condition and mechanism of quality assurance and control of medical service. Medical service quality testing is performed at different levels of the health care system. Any examination is aimed at identifying problems with the provision of medical services, as well as detecting or excluding medical errors [42, 43].

By referring to health care problems, we understand the inadequate implementation of a diagnosis, treatment, and medical service organization that has led to, or may lead to, an unfavorable outcome of the intervention. In essence, the problems of medical services are equivalent to iatrogenic. Jatrogeny is a medical service problem that manifests itself as a new disease or diagnosis. It results from both adequate and inadequate implementation of diagnostics, treatment, resuscitation, and rehabilitation interventions [31, 32].

Researchers find that the medical expertise and supervision of medical service delivery is planned on the basis of the decision of the appropriate authority. Departmental oversight of the effectiveness and quality of the medical service is the main type of control that is most closely related to the medical service provider. His results are compared with the results of an extra-departmental examination. The quality and effectiveness of the medical service can be used for the differentiated remuneration of health care providers. Departmental expertise is carried out through licensing and accreditation. However, there is an opinion that licensing and accreditation functions, as key components of health standardization, should be removed from the departmental system [23].

One of the most important elements in assessing the level of satisfaction with the quality of care provided to patients is the relevance of the service provided and the expectations of the individual, social group, and the general public. The notion of "quality of care satisfaction" itself is a very complex and multi-faceted social phenomenon. At present, the work of many authors is devoted to the study of this issue [15, 35, 44]. Literature research shows that the methods used to evaluate patient satisfaction with the authors used by the authors are varied, based on sociological research. These studies reflect the diversity of the phenomenon under study and the variety of grouping of accounting features [14].

In addition to state and regional indicators for medical care, indicators such as patient satisfaction with services provided, patient self-assessment before and after services are provided [3].

The traditional socio-hygienic approach to the study of health care quality factors is to assess the conformity of health care quality components to medical standards. According to the Comprehensive Socio-Hygienic Survey conducted by Russian and English authors, the main reason for the shortcomings in medical care is not the level of professionalism and material-technical capacity of the medical staff but the inadequate organization of medical care [23, 36].

Under such conditions of health care reform, quality management of medical care delivery and the creation of a statutory legal basis for quality medical expertise are essential components of the quality of medical services in modern multiprofessionals. The issues of increasing the quality and effectiveness of

medical care, reducing the risks and financial burden for patients are topical for all medical facilities [6].

One of the most effective methods of assessing the quality of medical care is to conduct surveys of patients. Monitoring of the data obtained as a result of a sociological inquiry has an important role in obtaining operative information. It can be used in managing a multi-profile medical facility and in making important organizational decisions [6].

Conditions in which contemporary Russian healthcare institutions operate are dictated by the high demands on the quality of medical services provided. At the same time, managers of medical institutions pay great attention to the quality of services provided [7, 11, 24] in order to ensure the competitiveness of organizations.

In order to improve the quality and effectiveness of management, it is imperative and very important to study consumer opinion immediately. In the healthcare system, the patient is the consumer. In order to evaluate the effectiveness of this system, it is important not only to have objective but also to have subjective information [5, 8, 13, 16].

Factor analysis revealed three groups of criteria that influence the level of patient satisfaction. The first group includes the attitudes of the doctor and the nurse, the professional knowledge of the doctor and the nurse, the factors of access to the information provided by the physician, the second group: the organization of patients' admission, the timeliness of appointing and carrying out research, the quality of life and medical conditions, security [10].

The high level of professional knowledge and skills of the medical staff plays an important role in improving the quality of medical care. Continuous professional development as well as attestation are very important in this regard. Continuous supplementation and verification of professional knowledge enables the medical staff to be more alert, trained and informed in the advancement of modern health science and technology, which will ensure patient safety and high quality of care [19, 21, 33, 34].

REFERENCE

Акопян Л.А., Мардияан М.А., Чопикян А.С. Мониторинг удовлетворенности населения города Еревана поликлинической помощью как индикатор оценки качества медицинской помощи // Инновационные научные исследования: теория, методология, практика, 2017, №1, с.232-235.

Алексеев Н.А. Научное обоснование оптимизации организационных технологий в деятельности городского многопрофильного лечебно-профилактического учреждения // Автореферат дисс. на соискание ученой степени доктора медицинских наук, 2002, 34 с.

Карпова О.В., Татарников М.А., Марочкина Е.Б. Социологические исследования в системе управления качеством медицинской помощи // Социология Медицины, 2013, № 1(22), с.11-15.

Костырин Е.В. Организационная структура лечебно-профилактического учреждения и ее особенности при оказании медицинских диагностических услуг. Гуманитарный вестник, 2013, № 1, с.1-12.

Красильников А. В. Анкетирование пациентов как критерий оценки качества медицинской услуги // Проблемы управ/гения здравоохранением, 2005, №1, том 20, с.34-39.

Ледяева Н.П., Гайдаров Г.М, Сафонова Н.Г., Алексеева Н.Ю., Основные подходы к совершенствованию управления и организации контроля качества медицинской помощив многопрофильном ЛПУ, Вестник Росздравнадзора, 2013, №1, с.43-54.

Линденбратен А.Л., Ковалева В.В. Контроль качества организации медицинской помощи:современные подходы // Здравоохранение, 2011, №6, с.50-55.

Лихота А.И., Шишкина И.Б., Сорокина Н.В., Вардосанидзе С.Л. Мониторинг удовлетворенности пациентов качеством медицинской помощи в многопрофильном стационаре // Главврач 2006, №11, с.59-62.

Оганесян С.Г., Давтян Ф.Ю. Решение проблем обеспечения качества в отечественных и зарубежных исследованиях // «Армянская медицинская наука» Ереван 2012, № 2, с. 18-32.

Оспанова Ш.Х. Управление качеством медицинской помощи путем анализа мнения пациентов, Бюллетень медицинских Интернет-конференций (ISSN 2224-6150), 2013, том 3, №10, с.1112-1114.

Павловская О.Г. Управление качеством медицинской помощи детскому населению Оренбургской области // Медицинский Альманах, 2011, № 6 (19), с.22-24.

Петрова Н.Г., Малинин А.Н., Комличенко Э.В., Зубарева Т.М., Иванов А.В., Шевелева Т.С. О проблеме стандартизации в здравоохранении // Вестник РУДН, серия Медицина, 2011, № 1, с.91-94.

Плеханов А.Н., Занданов А.О., Семенищева Е.А., Вещицкий В.П. Пути повышения качества медицинской помощи населению // Главврач, 2005, № 1, с.24-28.

Светличная Т.Г., Цыганова О.А., Борчанинова Е.Л. Методика анализа удовлетворенности населения качеством медицинской помощи // Методические рекомендации, Архангельск, 2010, 51с.

Светличная Т.Г., Цыганова О.А., Зинькевич В.К. Уровень и структура удовлетворенности пациентов амбулаторно-поликлинических учреждений Мурманска // Здравоохранение Российской Федерации, 2012, № 3, с.3-7.

Семенов В.Ю., Самородская И.В. Оценка затрат: Стандарты медицинской помощи и клинико-статистические группы // Проблемы социальной гигиены, здравоохранения и истории медицины, 2014, с.35-40.

Тапенова А.Е. Доступность медицинских услуг ПМСП глазами топ-менеджеров// Менеджер здравоохранения Республики Казахстан, 2014, № 3(12), с.8-12.

Тер-Григорян А.А. Применение современных моделей организации и финансирования медицинской помощи в Республике Армения, Ереван 2004, 120 с.

Тревор Гиббс, Химион Л. В. // Непрерывное профессиональное развитие: продолжая учиться и развиваться // «Медицинское образование и профессиональное развитие», 2012, №2(8), с.53-57.

Шарабчиев Ю.Т. Современные вызовы XXI века и финансирование здравоохранения// Международные обзоры: клиническая практика и здоровье, 2014, №3, с.26-61.

Шарабчиев Ю.Т., Дудина Т.В. Доступность и качество медицинской помощи: слагаемые успеха // Международные обзоры: клиническая практика и здоровье, 2013, № 4, с.16-34.

Шаронов А.Н., Ковалёв С.В. Государственный и ведомственный контроль качества и безопасности медицинской деятельности: разграничение полномочий между Росздравнадзором и органами исполнительной власти субъектов Российской Федерации // Вестник Росздравнадзора, 2013, №2, с. 24-29.

Шишкин С.В. с соавт. Здравоохранение: современное состояние и возможные сценарии развития: докл. к XVIII Апр. междунар. науч. конф. по проблемам развития экономики и общества, Москва, 11–14 апр. 2017 г. / Нац. исслед. ун-т «Высшая школа экономики», М. : Изд. дом Высшей школы экономики, 2017, 54с.

Щепин О.П., Дятлов В.Ю. Здравоохранение как социально-экономическая система // Проблемы социальной гигиены, здравоохранения и истории медицины, 2012, №3, с.3-5.

Якубовяк В. Международный опыт стандартизации в здравоохранении //Проблемы стандартизации в здравоохранении, 2002, №4, с. 3–5.

Busari J.O. Comparative analysis of quality assurance in health care delivery and higher medical education, Comparative analysis of quality assurance in health care delivery and higher medical education, 2012:3 121–127

Calman K.C. Quality of life in cancer patients – an hypothesis. Journal of medical ethics 1984; 10: 124-127.

Donabedian A. Evaluating the Quality of Medical Care // The Milbank Quarterly, Vol. 83, No. 4, 2005 (pp. 691–729).

Donabedyan A. Quality of care-Who is responsible for it? // American J. of Med. Qual. 1993, 32-36.

Donabedyan A. The role of Outcomes in Quality assessment and Assurance // QRB: Quality Review Bulletin. 1992; 18: 356-360.

Ewen S.C., Hollinsworth D. "Unwell while Aboriginal": iatrogenesis in Australian medical education and clinical case management. Advances in Medical Education and Practice. 2016;7:311-315.

Flessa S., Moeller M., Ensor T., Hornetz K. Basing care reforms on evidence: The Kenya health sector costing model. BMC Health Services Research. 2011;11:128.

Hackbarth G.J. and Boccuti C. // Transforming Graduate Medical Education to Improve Health Care Value.// Perspective from The New England Journal of Medicine. 2011.

IHI 90-Day R&D Project Final Summary Report: Improving Graduate Medical Education: Innovations in Primary Care and Ambulatory Settings. Cambridge, MA: Institute for Healthcare Improvement; October 2012. (Available at www.ihi.org).

Kennedy G.D., Tevis S.E., Kent K.C., Is There a Relationship Between Patient Satisfaction and Favorable Outcomes? Ann Surg. 2014 October; 260(4): 592–600.

Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson To Err Is Human: Building a Safer Health System, 2000, Committee on Quality of Health Care in America, Institute of Medicine, ISBN: 0-309-51563-7, 312p.

McDonald KM, et al., Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Technical Review 9 (Prepared by the Stanford University). AHRQ Publication No. 04(07)-0051-7. Rockville, MD: Agency for Healthcare Research and Quality. June 2007.

Piña IL, Cohen PD, Larson DB, et al. A Framework for Describing Health Care Delivery Organizations and Systems. American Journal of Public Health. 2015;105(4):670-679.

Saronga H.P., Duysburgh E., Massawe S., et al. Cost-effectiveness of an electronic clinical decision support system for improving quality of antenatal and childbirth care in rural Tanzania: an intervention study. BMC Health Services Research. 2017;17:537.

Savoia E., Lin L., Bernard D., Klein N., James L.P., Guicciardi S. Public Health System Research in Public Health Emergency Preparedness in the United States (2009–2015): Actionable Knowledge Base. American Journal of Public Health. 2017;107(Suppl 2):e1-e6.

Spencer C.S., Roberts E., Gaskin D.J. Differences in the Rates of Patient Safety Events by Payer: Implications for Providers and Policymakers. Medical care. 2015;53(6):524-529.

Takaki O., Takeuti I., Takahashi K., et al. Graphical representation of quality indicators based on medical service ontology. SpringerPlus. 2013;2:274. /146

Tashobya C.K., et al., Health systems performance assessment in low-income countries: learning from international experiences. Globalization and Health 2014, 10:5

Wen J., Schulman K.A. Can Team-Based Care Improve Patient Satisfaction? A Systematic Review of Randomized Controlled Trials. Hempel S, ed. PLoS ONE. 2014;9(7):e100603.