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Ways of Optimizing Inpatient Medical Care on the Secondary Level

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Abstract

Ways of optimizing inpatient medical aid of the secondary level are proposed. They consist in creation of the hospitals of new type on the base of their differentiation depending on the intensity of medical care. It is recommended to undertake the structural changes after administrative-and-territorial reform. In addition to restructuring it is recommended to introduce contemporary financial and economic mechanisms.

Keywords: inpatient medical care, quality, effectiveness, increase, new type hospitals, financing, contemporary mechanisms.

1. Introduction

Numerous publications show that inpatient medical aid does not meet the needs of patients ^[1, 2]. At the same time the number of inpatient departments is more than twice larger compared to similar index of European countries ^[3]. Secondary medical aid is provided mostly by multi-profile city and regional hospitals. At the same time there exist wide network of specialized hospitals and that effects negatively complex medical care ^[4].

Patients who need intensive care, anti-relapse treatment, medical-and- social assistance, terminal patients receive medical aid on the same hospital beds while providing assistance to various groups of patients requires the application of different technologies and appropriate organization of medical-and-diagnostic process ^[5]. The level (21.9%) and duration of hospitalization (13.3 days) in Ukraine significantly exceed the medium European indices (19.2% and 10.4 days) and indices in the countries of the EU (18.0% and 9.2 days) ^[6]. From 30 to 50% of patients are hospitalized unreasonably ^[7, 8].

The shortcomings of the existing in Ukraine model of health service system are manifested in: focus on deciding the problems of branch but not on meeting the medical needs of population ^[9], the ineffectiveness of the system structure and the deformed structure of health services ^[10], deficiency of financing from public sources, which leads to the violation of the principles of justice and solidarity ^[11], fragmentation and ineffective use of available resources ^[12]. In General, the existing system of financing health care does not provide effective protection of population from financial risks associated with the necessity of medical services payment in case of sickness ^[13, 14] and is not conducive to effective use of system resources ^[15].

The system of inpatient care in Ukraine requires consistent and deep institutional and structural reforms aimed at improving the health of the population and satisfying it's just needs in medical care.

Goal of the paper: to propose the ways of increasing the effectiveness and quality of inpatient medical care on the secondary level with the increase of rationality of resources use.

2. Materials and methods. Bibliosemantic, conceptual modeling, structural-and-logical analysis, systemic approach.

3. Results and Discussion.

Basing on the data of demonstrative management and the best world experience and in order to improve the quality of secondary medical care with simultaneous increase of the efficiency of the use of available resources, eliminating unnecessary duplication of medical services we propose the differentiation of hospitals, depending on the intensity of care provided into:

- Hospitals of intensive care – for providing round the clock medical aid and treatment

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of Patients with acute state who need highly intensive treatment and care (for example, myocardial infarction, insultus, acute bleeding etc). Resources ensurance of this type of hospitals requires intensive technologies, specialized expensive diagnostic and treatment equipment, presence of resuscitation and intensive therapy service, emergency diagnostics service;

- hospitals of planned treatment – for repeated courses of anti-relapse treatment and prolonged treatment with the use of standard schemes of treatment;
- hospitals of recovery treatment – for recovering the functions impaired after sickness or injury in order to prevent disability or disabled persons rehabilitation - require special equipment (physiotherapeutic, trainers for therapeutic physical training);
- hospices – for providing palliative care and psychological support to terminal (hopeless) patients - require special equipment for providing assistance and care, as well as specially trained, mostly nursing staff and the widespread involvement of volunteers;
- Institutions of medical and social assistance – providing care and social and palliative assistance to chronic patients. This type of institutions requires minimal diagnostic and therapeutic equipment, maintenance is provided mostly by nursing staff.

Principal role is given to multi-profile hospitals which provide intensive care and first of all emergency medical aid, because the life and health of patients depends on their activity. These hospitals in the developed countries make up about 90% of all inpatient establishments. For effective activity such a hospital must serve not less than 150 - 200 thousand of people, perform not less than 3000 of surgical interventions and receive not less than 400 births per year.

It is desirable to carry out the implementation of above listed changes after administrative-and-territorial reform. Hospital district should be created within the measures of new administrative territories.

The structure of the hospital district includes: multifunctional hospital of intensive treatment (it is organized on the base of powerful central district hospitals or city hospitals); hospitals for rehabilitation – according to needs; hospice – one in a district; institutions of medical-and-social assistance/nursing care (all these types of institutions are organized on the base of Central District hospitals, district hospitals or city hospitals, which are not used as intensive treatment hospitals); hospital for planned treatment of chronic patients - in each existing before reform rural administrative district, city without district division or city with district division area of Western Division (organized on the base of Central District hospitals, district hospitals or city hospitals that are not used as hospitals for intensive treatment, rehabilitation or as hospice). Providing diagnostic studies for the needs of primary care and planned outpatient specialized aid will be carried out in polyclinics of planned treatment hospitals and in consultative-and-diagnostics polyclinics. Specialized outpatient aid in acute cases will be provided by the specialists of intensive treatment hospitals.

Gradual, measured combining of multi-profile and mono-profile or specialized institutions is recommended.

All types of establishments should be additionally equipped or reequipped according to determined functions. Performed calculations show that the costs of additional equipping of already existing departments of intensive therapy in proposed model of secondary care organization is at 27.4% less than

expenses for the corresponding retrofit of the existing network. Concentration of intensive care will lead to improving its quality by raising the qualification level of medical staff due to the increased volume of operations.

Combining financial resources for providing secondary medical care at regional level is the condition for carrying out structural reforms of the secondary level of medical aid. That will give possibility to rationalize planning of the networks of institutions, eliminate irrational fragmentation of health service system and create real managerial mechanisms for solving the problems of restructuring the network of establishments of regional health service, in particular, the functional differentiation of inpatient departments depending on the intensity of provided hospital care.

Alongside with structural reorganization it is planned to change the order of financing healthcare institutions: transition from budget funding basing on the indices of capacity institutions and preserving extensive development orientation, to state order on the base of agreements between the customer and an accredited provider of medical services, depending on the needs of population in certain kinds of medical care. In this case it is planned to use contemporary methods of payment for medical services. This is "global budget" for inpatient departments of secondary level depending on the structure and volume of provided care. Further planned autonomy of health care institutions is recommended.

4. Conclusion

Creation of a new type of hospitals is proposed in order to improve the quality of inpatient medical care and efficient use of resources. It is also proposed to put the differential approach depending on the intensity of the treatment process in the foundation of restructuring proposed. It is recommended to implement structural changes after administrative-and-territorial reform. In addition to restructuring it is recommended to introduce contemporary financial and economic mechanisms.

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