

УДК 35.08

N. Datsii,

doctor in public administration, professor, professor of faculty of economic theory, intellectual property and public administration in Zhytomyr national agroecological university

FEATURES OF THE ASSESSMENT OF THE QUALITY OF MEDICAL SERVICES IN THE HEALTH CARE SYSTEM OF UKRAINE

Н. В. Дацій,

д. держ. упр., професор, професор кафедри економічної теорії, інтелектуальної власності та державного управління Житомирського національного агроекологічного університету

ОСОБЛИВОСТІ ОЦІНКИ ЯКОСТІ НАДАВАННЯ МЕДИЧНИХ ПОСЛУГ У СИСТЕМІ ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ

Based on the analysis of current trends in the development of consumption, it is determined that they are accompanied by an increase in welfare and a change in the structure of consumer priorities, characterized by a sharp increase in the role of services in the system of human needs. It is established that the main object of national interests of the advanced countries of the world is a person as the main productive social force. And human possibilities are determined primarily by the level of her life.

Based on the analysis of scientific papers, it is proved that the quality of medical services is a characteristic that reflects the degree of adequacy of technologies chosen to achieve the goal and adhere to professional standards. It is inappropriate to use a quantitative criterion in relation to the category "quality of medical services". The emphasis is placed on the fact that at a certain point in the functioning of the system, the further improvement of the efficiency of the provision of medical services leads to a reduction of the final result.

It is proved that social policy is a key resource of a social state — a set of theoretical principles and practical measures that are developed and implemented by state and non-state bodies, organizations and institutions, which are aimed at creating the necessary conditions for life, meeting social needs of the population, creating a favorable social climate in society.

На підставі аналізу сучасних тенденцій в розвитку споживання визначено, що вони супроводжуються підвищенням добробуту та зміною структури споживчих пріоритетів, характеризується різким зростанням ролі послуг у системі потреб людини. Встановлено, що основним об'єктом національних інтересів передових країн світу є людина як головна продуктивна суспільна сила. А можливості людини визначаються насамперед рівнем її життя.

На підставі аналізу наукових праць доведено, що якість надання медичних послуг є характеристикою, яка віддзеркалює ступінь адекватності технологій, вибраних для досягнення поставленої мети і дотримання професійних стандартів. При цьому недоцільно використовувати кількісний критерій у відношенні до категорії "якість надання медичних послуг". Зроблено наголос на тому, що в певний момент функціонування системи подальше підвищення ефективності надання медичних послуг призводить до зниження кінцевого результату.

Доведено, що ключовим ресурсом соціальної держави є соціальна політика — сукупність теоретичних принципів і практичних заходів, що розробляються та реалізуються державними і недержавними органами, організаціями й установами та які спрямовані на створення необхідних умов життєдіяльності, задоволення соціальних потреб населення, створення в суспільстві сприятливого соціального клімату.

Key words: provision of health services, quality assessment, health care system of Ukraine, social state, social policy.

Ключові слова: надання медичних послуг, оцінка якості, система охорони здоров'я України, соціальна держава, соціальна політика.

INTRODUCTION

Among the main subsystems (sectors) of the healthcare sector, as is known, are the following: medical and preventive care, maternal and child health care,

sanitary and epidemiological service, as well as medical assistance, medical and social examination, medical education and science, sanatorium and resort assistance, etc.

The key resource of the social state, as is known, is social policy, which is regarded as a set of theoretical principles and practical measures that are developed and implemented by state and non-state bodies, organizations and institutions, which are aimed at providing the necessary living conditions, meeting the social needs of the population, creating in a society of a favorable social climate.

Among the main directions and priorities of social policy at the present stage of development of Ukrainian society, it is necessary to distinguish the reformation of the public health system in order to ensure availability of medical and sanitary care, sanitary and epidemiological welfare of the population, monitoring of the state of health of the population, combination (preservation main positions) of the state health system and the creation of the market of medical services, the introduction of insurance medicine, etc.

Today, the problem of in-depth study of the essence and content of the provision of medical services to the population in the health care system of Ukraine as an important component of the social policy of the state in the context of the latter's orientation towards the formation of social security of man and society appears to be particularly acute.

RESULTS

An analysis of recent scientific studies by Ukrainian authors and individual normative and legal documents testifies to the considerable attention of scientists to the problem of social policy [1; 2] and demonstrates the intentions of state and industry leaders to form a new paradigm of Ukraine's public health policy.

Philosophical thought defines development as a characteristic of qualitative changes of an object, the appearance of new progressive properties in it, along with the transformation of its internal and external connections, as well as structures. Expressing, first of all, the processes of progressive changes, development implies maintaining the systemic quality of developing objects [1, p. 3].

Modern trends in the development of consumption, accompanied by increased welfare and changing the structure of consumer priorities, is characterized by a sharp increase in the role of services in the system of human needs. This condition is conditioned, firstly, by the high level of development of the sphere of material production, thus achieving full commodity provision of the population with a decrease in the number employed in this area. Secondly, the essential moment in the expansion of the service sector is a new understanding of the content of quality and standard of living (health, nutrition, housing, household goods, including clothing and footwear, cultural support, working conditions, rest conditions, social security, socio— living conditions, etc.). Humanity is increasingly aware of the extent of its human dignity, adding narrowly material approaches to the definition of living conditions.

The main object of national interests of the advanced countries of the world is Man — as the main productive social force. And human possibilities are determined primarily by the level of her life.

In the system of values valued by any civilized nation, a special place takes health. From the point of view of the

formation of a separate human biography, and at the level of development of society, it is difficult to find another phenomenon whose health would be inferior to its role, deep intrinsic value and influence on different aspects of life. Among other features of the individual's ability to health is distinguished by the fact that it is not only the highest individual value, but also largely determines the development and implementation of the whole complex of other properties-abilities of people and is the basis for improvement, modification, improvement of these various qualitative human characteristics [2, p. 49].

The standard of living, as is known, is the system of quantitative and qualitative indicators of the general consumption of natural, material and spiritual goods by the population, the degree of satisfaction of needs in these benefits at this stage of the development of social production and production relations. The level of life reflects the well-being of the population and is characterized by the volume of real per capita income, the level and structure of consumption of goods and services, the level and dynamics of prices for the main objects of consumption and services, the duration of working and leisure time, recreation, living conditions and services of the natural environment, level of education, medical care, health, average life expectancy, as well as the ability to meet other human needs.

We fully agree with the opinion of the researcher on the problem of public administration in the field of public health Ya.F. Radish [2] states that the quality of the provision of medical services is a characteristic that reflects the degree of adequacy of technologies chosen to achieve the goal and adhere to professional standards. In other words, it is a complex of such indicators:

- efficiency — the ratio of the real result obtained with the expected result in ideal conditions;
- profitability — the ratio of real costs to regulatory funds;
- adequacy — the ratio of provision of medical services to the needs of medical services (scientific and technical level, timeliness, accessibility, sufficiency);
- safety — medical interventions should not be more harmful to the patient's life and health as those causing the pathological condition and through which they occur (non nocere);
- scientific and technical level.

To assess the quality of provision of medical services today in health care facilities use two groups of criteria: the criteria for the quality of outpatient and polyclinic care and the quality criteria of inpatient care, the content of which is given below.

A) Quality criteria for ambulatory — polyclinic provision of medical services.

1. Criteria for organizing the doctor's workplace:
 - the availability of clarity in the organizational principles of work (rational compilation of the schedule of work);
 - fixed hours of outpatient admission, home care, medical examination, etc.;
 - definition of days of high attendance.
2. Quality criteria for outpatient admission.
 - according to the analysis of ambulatory stories of the disease;

— according to the data of the outpatient admission of the doctor, carried out by the head of the department (the form of admission).

3. Criteria for the quality of dispensary work of the doctor:

— evaluation of indicators of active and early detection of diseases and factors of increased risk of their occurrence.

4. Quality criteria of continuity in the work of clinics of the in-patient department and the clinic of outpatient-polyclinic care (ADF):

— assessment of continuity in the direction of the patients: ADF clinic — clinics of the in-patient department;

Assessment of the quality of succession in the direction of patients: clinics in the clinic — ADF clinic.

5. Criteria for the qualification of a doctor

— systematic study by a doctor of periodicals;

— participation in the work of scientific societies, seminars, etc.;

— implementation of scientific and practical work: advanced training in a hospital, on courses of improvement, etc.

6. Pre-hospital defects.

B) Quality criteria for inpatient care.

1. Hospitalization:

— emergency;

— planned;

— primary;

the second

2. Lack of disease.

— sharp;

— chronic;

— exacerbation of chronic.

3. How many days the patient was treated to hospitalization in the ADF clinic for this disease.

4. The waiting time for hospitalization.

5. Number of days of stay in the hospital on the day of examination.

6. Diagnoses:

— the treatment-and-prophylactic institution, which directed the patient;

— clinical (basic);

— concomitant diseases.

7. The name of the operation.

8. On what day of stay in the hospital the patient is operated.

9. Postoperative complications (were, no).

10. Hospitalization:

— appropriate (yes, no);

— is substantiated to this therapeutic and preventive institution (yes, no);

— an emergency patient is hospitalized from the onset of the disease (timely, untimely).

11. Causes of untimely hospitalization:

— late treatment of the patient;

— the patient's refusal;

— refusal of the family;

— absence of places in the hospital;

— lack of transport;

— indifference to the doctor;

— late diagnostics at an outpatient stage;

— other reasons.

12. Quality of examination:

— substantiated (yes, no);

— timely (yes, no);

— full (yes, no);

— causes of incomplete examination.

13. Consultation:

— appointed (yes, no);

— conducted (yes, no);

— timely (untimely);

— additional consultation is advisable (yes, no);

— specialist profile for additional consultation (justified, ungrounded).

14. Causes of untimely or unreasonable diagnosis:

— absence of a specialist;

— unsatisfactory organization of consulting services in the hospital;

— the attending physician did not appoint a consultation;

— the attending physician appointed a delayed consultation;

— absence of a consultant;

— other reasons.

15. Diagnosis is established:

— right;

— wrong

— fully (yes, no);

— timely (untimely);

— there were complications (yes, no).

16. Quality of diagnostics:

— specified concomitant diseases (yes, no);

— if the diagnosis of the main illness in the hospital is not correct — to indicate the reasons (the peculiarities of the disease, the inattention of the doctor, the difficulty with the full examination, not the appropriate examination, the consultative capacity, the absence of the appropriate specialist, other reasons);

— therapy of the underlying disease (full and timely, full-fledged, but untimely, incomplete, on the day of examination is not started).

17. Quality of treatment:

— Causes of inferior treatment (peculiarities of the disease, diagnostic error, unsatisfactory organization of the medical process in the department, lack of appropriate medication).

18. Quality of care:

— satisfactory (unsatisfactory);

— Causes of unsatisfactory care (insufficient experience of service personnel, incompleteness of posts of sanitarians, incomplete posts of nurses, insufficient equipment of care).

19. Term of stay in a hospital:

— Causes of untimely surgical intervention (technical, anticipated tactics; presence of contraindications to surgical treatment; long-term preparation of the patient for surgical intervention; wait for the counselor; disrespectful attitude of the physician to the patient; other reasons);

— Causes of prolonged stay of the patient in the hospital (especially the course of the disease, irreversible form of the disease, the presence of concomitant diseases and complications, lack of efficiency in the examination and treatment of the patient, and other reasons).

Thus, the assessment of the quality of medical services is one of the most urgent problems of further improving the sanatorium and resort system of the population of Ukraine.

Based on the relevance of the issues of quality and efficiency of provision of medical services, we share the opinion of those authors who believe that in the comparative assessment of the provision of health services we are talking not about its quality, but about efficiency.

This is explained by the fact that medical care can not be more or less qualitative, but it may be qualitative or poor quality.

A well-known researcher on the quality of medical services provision A. Donabedian [3] believes that the quality of medical services involves the harmonious combination of its three components: structure (resources), process (technology) and outcome (efficiency). With the balanced functioning of the subsystems mentioned above, medical care becomes effective. It should be emphasized that the first two subsystems (resources and processes) are interconnected by the principle of complementarity and receive internal dynamics at the expense of positive connections. The third subsystem (result) may be interconnected with the first two components of the quality of the provision of medical services by negative feedback, which provides the system as a whole self-regulatory and serves as a marker of the quality of the provision of medical services.

That is why it is inappropriate to use the quantitative criterion for the "quality" category, but, based on the fact that "the quality of the provision of medical services" is a systemic concept, there is the content to discuss the system of quality provision of medical services. At the same time, it should be emphasized that the quality of the provision of medical services can "impunity" increase its potential to a certain level, the marker of which has a positive final result. The paradox is that at a certain point in the functioning of the system, the further improvement of the efficiency of the provision of medical services leads to a reduction in the final result.

The central element of the concept of human development is human potential, which is determined by a set of characteristics that unite into its components:

- socio-demographic potential, including population size, gender and generation balance, health status and life expectancy, population education level;

- socio-economic potential is reflected in the level and structure of economic activity and employment of the population, its qualification-professional composition, the nature and working conditions, the level of welfare of the population, the degree of demand and use of intellectual resources;

- activity potential embodied in the innovative activity, business qualities and creative potentials of individuals and opportunities for their implementation;

- the socio-cultural potential, which is determined by the state of science, education and culture, the peculiarities of the mentality and outlook of the population, its motivation, value orientation and cultural integration of different segments of the population.

The basis of the formation and implementation of human potential lies in the activities of the population, the effectiveness of which, in turn, is determined by the quality of components of human potential.

Proceeding from the above, the concept of human development is characterized by such principled features [1, p. 32]:

- emphasis on the activity of people as subjects of the process of their own development;

- attention not only to actual or potential employees, but to all people in general, including disabled and not economically active;

- permanent monitoring and analysis of the implementation of human development opportunities, wide horizons of analysis;

- the approach to education as a process of independent value as an important component of the general culture of mankind, and not only as a condition for improving productive abilities of people;

- recognition of the high importance of non-productive activities of women, maintenance of equality of women in society and enhancement of their status;

- giving priority to those sectors that contribute to improving the quality of life, even if they do not directly affect the production of income (housing, environmental protection, sanitation, etc.);

- support for self-realization and development of the individual not only from the economic and financial institutions, but also from non-governmental, public organizations, cultural establishments, churches, etc.

CONCLUSIONS

Thus, social policy is a key resource of a social state — a set of theoretical principles and practical measures that are developed and implemented by state and non-state bodies, organizations and institutions, which are aimed at creating the necessary conditions for life, meeting the social needs of the population, creating a favorable social climate in society.

The main directions and priorities of social policy at the present stage of development of Ukrainian society are: reforming the system of public health care in order to ensure the availability of medical and health care, sanitary and epidemiological welfare of the population; monitor the health of the population; promotion of active development of private medical activities; creation of the regulatory framework for the introduction of compulsory state social medical insurance.

It is established that it is inappropriate to use a quantitative criterion in relation to the category "quality of medical services". The emphasis is placed on the fact that at a certain point in the functioning of the system, the further improvement of the efficiency of the provision of medical services leads to a reduction of the final result.

References:

1. Libanova, E.M. (2007), *Liuds'kyj rozvytok rehioniv Ukrainy: analiz ta prohnoz* [Human development of regions of Ukraine: analysis and forecast], *In-t demohrafii ta sotsial'nykh doslidzhen' NAN Ukrainy*, Kyiv, Ukraine.

2. Radish, Ya.F. (2001), *Derzhavne upravlinnia okhonoioi zdorov'ia v Ukraini: henezys, problemy ta shliakhy reformuvannya* [Public health management in Ukraine: genesis, problems and ways of reform], *Vyd-vo UADU*, Kyiv, Ukraine.

3. Donabedian, A. (1980), *The definition of quality and approached to its assessment*, *Health Administration Press*, London, GB.

Стаття надійшла до редакції 31.01.2018 р.