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**ORGANIZATIONAL ISSUES AND QUALITY IN HEALTH CARE
UNDER PRESENT-DAY CONDITIONS**

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Abstract

One of the crucial social benefits is health, which, according to the Constitution of the Russian Federation, is subject to protection by the state. One of the approaches to the study of the availability and quality of medical care in the Russian Federation is to analyse the activities of polyclinics. In our work, we analysed the organization of medical care delivery using some statistical indicators: the workload of medical personnel, staffing levels and the number of people provided with medical care at the state autonomous health care institution “Engels Municipal Polyclinic No. 3”. When assessing the waiting time for the delivering medical care, the following data were obtained: the timing of consultations of medical specialists does not exceed 14 calendar days from the date of the patient encounter to a medical organization; the waiting time for an appointment by therapists at the moment is slightly longer than the norm and is on average from three to five days. The staffing of district therapists (due to the current epidemic situation (COVID-19)), does not reach 100 and is 76.6 %. At the moment, the polyclinic serves 30 sites, each of which has about 2200 citizens, while the norm is 1700 citizens. One general practitioner of the polyclinic accounts for 5.76 people per hour. Thus, the observance of the basic principles of medical care by the state autonomous health care institution “Engels Municipal Polyclinic No. 3” can be assessed as satisfactory.

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1. Introduction

The Constitution of the Russian Federation declares that medical care in state and municipal institutions is provided to citizens free of charge at the expense of the corresponding budget, insurance premiums and other revenues. One of the approaches to the study of the availability and quality of medical care in the Russian Federation is the analysis of the activities of polyclinics – medical institutions that provide the most widespread and popular types of such care as primary medical, sanitary and outpatient, in which primary care is provided to 80 % of the population. PHC is the key link in the Russian health care system, the well-coordinated work of which determines the effectiveness of medical care delivery to the population.

Legal norms are implemented, on the one hand, by a person taking specific actions to achieve the desired goal, and these actions must be performed without violating the law. On the other hand, the implementation of legal norms is a complex process in which the subjective attitude of a person to the requirements provided for by law is of great importance. The Constitution of the Russian Federation proclaims that medical care in state and municipal institutions is provided to citizens free of charge at the expense of the corresponding budget, insurance premiums and other receipts. Legal regulation of the realization of the right to health protection and medical care is carried out through the organization and implementation of appropriate measures:

- on the development, implementation of federal programs for the protection and promotion of health and on their financing;
- on the development of state, municipal, private health care systems;
- to stimulate activities aimed at maintaining the strengthening of human health and the development of factors of environmental and sanitary-epidemiological well-being;
- to establish measures of responsibility of officials of public authorities for non-observance of their powers in the field of health care, as well as for concealing information about circumstances that pose a threat to the life and health of people (Bogdanova et al., 2019).

When providing medical care, quality standards that are adopted at the legislative level are of particular importance. Today, there are more than 600 quality standards of medical care, which are applied as recommendations, that is, they are optional for implementation. Therefore, in practice, there are often cases of inadequate quality medical care, in connection with which the health of citizens is damaged. In order to exclude such problems, it is necessary to introduce quality standards for the provision of medical care, which are mandatory and have the same content throughout the Russian Federation (Ministry of Health of the Russian Federation, 2019; Realization of the Constitutional Right of Citizens..., 2018).

2. Problem Statement

The leading role in improving health indicators and the quality of medical care for the population is assigned to the primary care physician, whose activities are primarily aimed at prevention, early detection and treatment of all nosologies, and the provision of palliative care. The decline in disablement

and mortality rates largely depends on the degree of accessibility and quality of medical care provided. The increasing demand of the population for highly professional, fast and effective primary health care in Russia has led to the modernization of the primary health care.

3. Research Questions

3.1. Consequences of social and economic changes in Russia

The socio-economic transformations in Russia over the past decades have led to a decrease in the standard of living of the population, which in turn has been reflected in the state of people's health. In this regard, in modern society, the state claims health care to be one of the priority areas of its activities, namely, ensuring the effective management of the population health protection system, i.e. implementing state guarantees for the provision of free medical care, increasing the availability and quality of care. Thus, the first stage of the reorganization of the healthcare sector is the transition to a new, higher quality level through the introduction of innovative IT technologies. The introduction of IT technologies at the outpatient clinics allows us to optimize and increase the availability and quality of this type of medical care.

Currently, in Russia there is an increased need for highly qualified medical care among the population. Due to various problems in organization of primary health care, such as deterioration of polyclinics, lack or obsolescence of medical equipment, vehicles, shortage and/or imbalance of medical personnel among the primary care, and in some regions – low salaries of medical workers, the quality of care in an outpatient setting becomes a rather difficult task.

In various studies, a sociological survey is most often used to assess the performance of polyclinics, but the results of this type of research instrument will be quite subjective, since they are usually based on the opinions of patients who do not understand either the structure or the specifics of the PHC organization as a whole. In this regard, in order to get an objective picture of the quality and availability of PHC for the population, we used some statistical indicators: the workload of medical personnel, staffing levels and the number of people served.

An important problem in the organization of medical care provided on an outpatient basis, especially in rural areas, is the problem of providing them with personnel and determining the workload of medical specialists (Bogdanova et al., 2019; Russian Federal State Statistics Service, 2019; Russian Statistical Yearbook, 2019; World Health Organization, 2020).

3.2. Modernization of medical care

Currently, in Russia there is an increased need for highly qualified medical care among the population. Due to various problems in organization of primary health care, such as deterioration of polyclinics, lack or obsolescence of medical equipment, vehicles, shortage and/or imbalance of medical personnel among the primary care, and in some regions – low salaries of medical workers, the quality of care in an outpatient setting becomes a rather difficult task (Russian Statistical Yearbook, 2019).

4. Purpose of the Study

The purpose of the study is to analyse the organization of assistance to the population on the example of the activities of the outpatient department located in Engels City, with a subsequent assessment of the quality of its provision.

5. Research Methods

In various studies, a sociological survey is most often used to assess the performance of polyclinics, but the results of this type of research instrument will be quite subjective, since they are usually based on the opinions of patients who do not understand either the structure or the specifics of the PHC organization as a whole. In this regard, in order to get an objective picture of the quality and availability of PHC for the population, we used some statistical indicators: the workload of medical personnel, staffing levels and the number of people served as exemplified by the state autonomous health care institution “Engels Municipal Polyclinic No. 3” (APHI EMP # 3).

To assess the management of the outpatient department, we used the most important statistical parameters: staffing of doctors and secondary medical personnel, provision of the population with polyclinic care, the indicator of the load of doctors per 1 hour of work, the average population per site. We also evaluated the waiting time for primary health care in cases of emergency, the waiting time for specialized (with the exception of high-tech) medical care, the waiting time for admission by district internists, the timing of diagnostic instrumental and laboratory tests. The necessary data for the calculation of statistical indicators were obtained from the specialists of the organizational and methodological department from the annual report (f.30) for 2018 and 2019, the availability of coupons to medical specialist was evaluated using the BARS medical information system (Prokhorenko et al., 2019; Shcherbakova, 2020).

6. Findings

According to Federal Law On the Fundamentals of Health Protection of Citizens in the Russian Federation, the availability and quality of medical care is ensured by the availability of the required number of medical workers and the level of their qualification.

According to the data for 2019, the state autonomous health care institution “Engels Municipal Polyclinic No. 3” is characterized by 100 % staffing with medical specialist is; patients are received by 22 different specialties, including a pulmonologist, a cardiologist, a rheumatologist (the only one in the city), a proctologist, an allergist, a gerontologist and others. The staffing level with district therapists is somewhat lower – 76 %; the level of staffing with nurses is 100 %.

This shortage of specialists may be primarily due to the shortage of doctors of the district service in the Volga Federal District (VFD) and the fact that the lowest level of wages is officially registered in the Saratov region in comparison with other regions of Russia (Sheiman & Sazhina, 2018). A number of experts believe that reducing the differences in the pay of medical workers of PHC subjects in different regions of the Russian Federation by establishing a base salary for professional qualification groups at the federal level will reduce the outflow of personnel to regions with higher pay rates labor (Russian Federal

State Statistics Service, 2019) and, accordingly, to increase the rate of staffing with district therapists not only in EMP No. 3, but throughout the Saratov region.

An important criterion influencing the quality of delivery of health care services is the number of the population served. Initially, the polyclinic was designed to serve 30 thousand citizens, but now this figure has increased by 2.2 times. Since 2012, the number of patients has increased by 18 % and by 2019 amounted to more than 65 thousand people.

The organization of the provision of primary health care is carried out according to the territorial-district principle. At the moment, the polyclinic serves 30 sites, each of which has about 2200 citizens, while the norm is 1700 citizens. At the same time, the number of district therapists does not correspond to the number of areas served, which is reflected in the degree of workload of medical personnel. In 2019, there are 5.76 people per hour per one therapist of the EMP No. 3 (at a norm rate of 4).

When assessing the waiting time for the provision of medical care, the following data were obtained: the timing of consultations of medical specialist does not exceed 14 calendar days from the date of the patient's appeal to a medical organization; the waiting time for reception by therapists at the moment are slightly higher than the norm and are on average from three to five days. Normally, waiting time constitutes no more than a day from the moment the patient turns to the clinic. However, one should take into account the understaffing among general practitioners, the high number of the population served and the prevailing epidemic situation (COVID-19 pandemic). The waiting time for the provision of primary health care in case of emergency does not exceed two hours from the moment the patient contacts a medical organization. The timing of diagnostic instrumental and laboratory studies also does not exceed two weeks.

The provision of the population with primary health care in the state autonomous health care institution "Engels Municipal Polyclinic No. 3" was 6.53 visits per 1 patient in 2019 and 6.79 in 2018.

7. Conclusion

Analysing the data obtained, we can conclude that the organization of health care delivery to the population in the state autonomous health institution "Engels Municipal Polyclinic No. 3", in general, meets all standards and norms.

- The doubling of the number of people served is mainly due to the fact that private houses were replaced with multi-storey, multi-apartment buildings on the territory of the polyclinic service. In addition, in order to ensure the right of citizens to choose a doctor and a medical organization, it is allowed to attach patients who live or work outside the service area of a medical organization to internists for medical supervision.
- The increase in the number of citizens assigned to the site largely depends on the indicators described above. The shortage of district internists in the polyclinic and the excess of the population served in it negatively affect the efficiency of doctors. The workload of doctors at this level leads to a reduction in the time of patient admission, which entails insufficient collection of anamnesis and examination during a limited time, contributing to the untimely detection of a number of diseases at early stages, leading to an increase in the level of morbidity, mortality and disability.

- The indicator of provision of the population with polyclinic care over the past year has slightly decreased in comparison with 2018. This difference is due to an increase in the number of the attached population and a decrease in the number of medical visits to the polyclinic (including at home), taking into account the epidemic situation in the country.
- The staffing of district internists, (due to the current epidemic situation (COVID-19)), does not reach the mark of 100 and is 76.6 %.
- The majority of primary health care is provided by medical specialists, who predominate in large multi-specialty clinics. However, this model of organization of medical care leads to excessive specialization of outpatient care, insufficient attention to the training of district doctors and in the future to their shortage.

Thus, the organization of health care at the state autonomous healthcare institution “Engels Municipal Polyclinic No. 3” is in compliance with the basic principles of providing medical care and can be assessed as satisfactory. Despite the excessive workload, the polyclinic performs its work with dignity, most of the indicators of the activity of this institution correspond to the accepted state standards.

To solve the identified problems, it is necessary to increase the staffing of district internists in the Engels Municipal Polyclinic No. 3 by attracting young qualified personnel, increasing the salary of district internists, and reducing the workload of the general practitioner to the accepted standards.

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