

Preliminary Results of a Study by a New Model for Checking the Quality of Health Services

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Abstract

The current problems are this pre-pandemic reform phase involved many changes, mainly involving regulation, funding, recruitment/ training/ retraining/ mastering. The development and refinement of healthcare, introduction of complex measures for betterment allow to maintain and continuous improvement of the health of the whole community. We conducted an original study that focused on health care quality control research. In such an important and ongoing process, there is a list of problems that need to be addressed by consolidating specialists in many areas. Clinical and economic analysis of the activities of a particular doctor and nurse provides for the following types of management accounting: analysis of the volume of medical care and financial costs at each stage of medical care; elimination of processes that do not add value; making managerial decisions to improve the system for the provision of polyclinic care; reducing the variability of the processes. Systematization, analyzation and summarizing this date are very important for improvement healthcare in Georgia and other countries in the world.

Keywords: quality indicators; continuous medical training system; patient safety.

1. Introduction

In the world, the pandemic caused by COVID-19, have changed the current healthcare system. The pre-pandemic reform phase involved many changes, mainly involving regulation, funding, recruitment/ training/ retraining/ mastering. Nowadays, health and its protection is not a simple relationship between a doctor and a patient. Healthcare is a dynamic-functional system of society.

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The development and refinement of healthcare at every step is essential to the introduction of complex measures aimed at each individual, ultimately enabling the maintenance and continuous improvement of the health of the whole community. In such an important and ongoing process, there is a list of problems that need to be addressed by consolidating specialists in many areas. One of the major problems in Georgia is the implementation of measures to improve the primary health care system. Despite many attempts and sufficient financial support from both international donors and the Georgian government, the reorganization is not being carried out at a sufficient pace, sometimes the problem itself is deep and difficult to eliminate. This can be evidenced by the negative assessments of the population as well as the medical staff employed in the primary health care facility and distrust towards the primary health care system. This is facilitated by the creation of numerous alternative services. We conducted an original study that focused on health care quality control research.

2. Materials and Methods

- Our research was like this. We examined patient responses to health services against the backdrop of technology standardization. The model provides for process optimization, including optimization of wage systems, and the search for additional sources of funding;
 - development of the material technical base of the institution and supply management;
 - continuous personnel training system; high social protection of employees, including through alternative sources of funding;
 - managing resistance to innovation, including through adequate staff motivation;
 - ensuring patient safety (risk management);
 - continuous improvement of quality indicators.
- Optimality criteria were taken as the basis for the quality improvement strategy.

3. Results

The basis for the fulfillment of the assigned tasks was the use of economic motivation of employees: remuneration for the final result of work. Monitoring, which includes elements of personalized accounting for the actual costs of medical services provided, allows a differentiated approach to the distribution of income among medical departments. Clinical and economic analysis of the activities of a particular doctor and nurse provides for the following types of management accounting: analysis of the volume of medical care and financial costs at each stage of medical care; elimination of processes that do not add value; making managerial decisions to improve the system for the provision of polyclinic care; reducing the variability of the processes.

4. Discussion

We conducted an original study that focused on health care quality control research. There is no doubt about the advantages of setting up diagnostic centers, family medicine centers, and emergency centers. For example, financial contributions increase in the employment rate of doctors and so on. However, often such institutions fail to meet requirements such as access to the primary health care system, patient satisfaction (adequacy and

high quality of medical care provided). Meanwhile, a so-called Vicious circle is developed. The state, foreign donors, and the medical community, despite many attempts, have failed to ensure a perfect management of material base and resources. One of the goals of the structural-organizational changes of the system may have been to reform the primary health care institution into family medicine centers. In this regard, with the help of foreign donors quite significant work was done in the 90s in Georgia. Nevertheless, serious shifts in the system still failed. Today, trained family doctors working in family medicine centers are well able to realize the acquired qualifications. The Municipal Social Insurance Program has long proven the superiority of family physicians over district therapists and pediatricians. Data from the World Health Organization confirm this. According to the pre-pandemic period, considering the purchasing power parity of the population of Georgia, the share of own funds spent by one patient is much higher compared to most countries in Europe and Asia. Currently, under pandemic conditions, this difference is maintained. A comprehensive analysis of the socio-economic effectiveness of primary health care will enable us to develop and expose scientifically sound recommendations based on the results obtained. In this regard, we consider it necessary to conduct research in the following areas: a) to identify the features of the main strategies for the development of the primary health care system in Georgia; b) Analysis of the main stages of reform of the primary health care sector, the impact of this process on the socio-economic situation of the society and the health care of the population; c) Determining the tendencies and qualitative similarities of the country's primary health care sector in approaching international standards; d) the importance of primary health care in the strategic development plan of the country (the urgency of this direction has increased even more in the conditions of COVID-19); e) To determine the impact of socio-economic determinants on access to primary health care (the urgency of this direction has increased even more in the context of COVID- 19). Summarizing the results in the above direction and discussing the issue will ensure the development of an algorithm for refining and perfecting the modern primary health care circle.

5. Conclusions

The choice of quality indicators is undoubtedly a crucial step. We gave priority to the critical points of the treatment and diagnostic process. To assess the work of general medical practices, level indicators were used. Due to the introduction of the presented management model, positive dynamics have been achieved in the clinical, economic and social results of the multidisciplinary polyclinic. Total quality management programs have become a sine qua non condition for competing in today's markets. This is especially important in a pandemic caused by a new coronavirus.

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