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INTEGRATED ASSESSMENT OF HEALTH CARE QUALITY AND AVAILABILITY IN PRIMARY HEALTH CARE CONDITIONS

Annotation. This work provides the results of the population survey on the issues of health care quality and availability in primary health care conditions. The investigation was conducted in 7 regions of the city of Almaty. The comprehensive analysis results of the obtained outputs show low level of quality and availability of medical assistance in day hospital form both in outpatient-polyclinic level and in in-patient level. On the basis of these data the main directions of the government bodies and health care institutions on improving the availability and quality of health care at the primary care level were determined.

Keywords: quality, availability, primary health care (PHC).

Тірек сөздер: сапа, қолжетімділік, алғашқы медициналық-санитарлық көмек.

Ключевые слова: качество, доступность, первичная медико-санитарная помощь (ПМСП).

Ensuring and management of health care quality are priority issues in the field of health care. Significant amount of financial means are spent on the development and improvement of the strategic management system in the organization of medical aid.

An evaluation of the quality of health care in primary care facilities provided in the article assumes carrying out a comprehensive evaluation of the quality and availability of medical aid.

Continuous monitoring of results of quality control of medical services provides an opportunity to assess the managerial decisions, focused on improving organization of medical care in PHC. The challenges facing public health at the present stage depend on many factors, but their decision depends on both the level of organization and management effectiveness.

For safe operation and development of the system we need a feedback, based on the assessment of their interaction and the results of their activity. In case of necessity of additional information on health care system operation, the quality and availability of medical care to the public, as well as for ensuring the right information to the managers of all levels of the health management different methods of sociological research are used to study of public opinion.

Questionnaire for research contained various blocks of questions concerning the availability of medical assistance for the population; its quality on a particular territory; satisfaction with the results; awareness of consumers of medical services on various issues.

Investigation methods

Investigation design

Cross-sectional, full-design study was conducted in 38 out-patient-polyclinic organizations (OPO) in 7 regions of Almaty city.

The subjects of investigation – OPO patients. Inclusion criterion was a verbal consent from the patient, the exclusion criterion is disagreement of the patient to participate in the questionnaire.

Statistical processing of the received materials and their graphical indicators were performed on the PC with the application of «Stats of Statistica 7.0» and «Office Excel 2007» applied programs.

Analysis: Sample consisted of not less than 5% of patients from the actual number of visits to each APO.

The period of investigation – 2012-13.

Results

In the course of investigation 3288 respondents were interviewed in administrative regions for 2013 (2 186 - 2012).

Investigation results showed that 98,18% are the city inhabitants (93%-2012), and 1,82% are the residents of the village (7%-2012).

Distribution of respondents by districts showed that 17,8% of the residents are from Zhetisu region, 17,9% - Almaty, 17,2% - Tyurksib, 15,8% - Auezov, 17,3% - Bostandyk, 5,5% - Medeu, 7,8% - Alatau region.

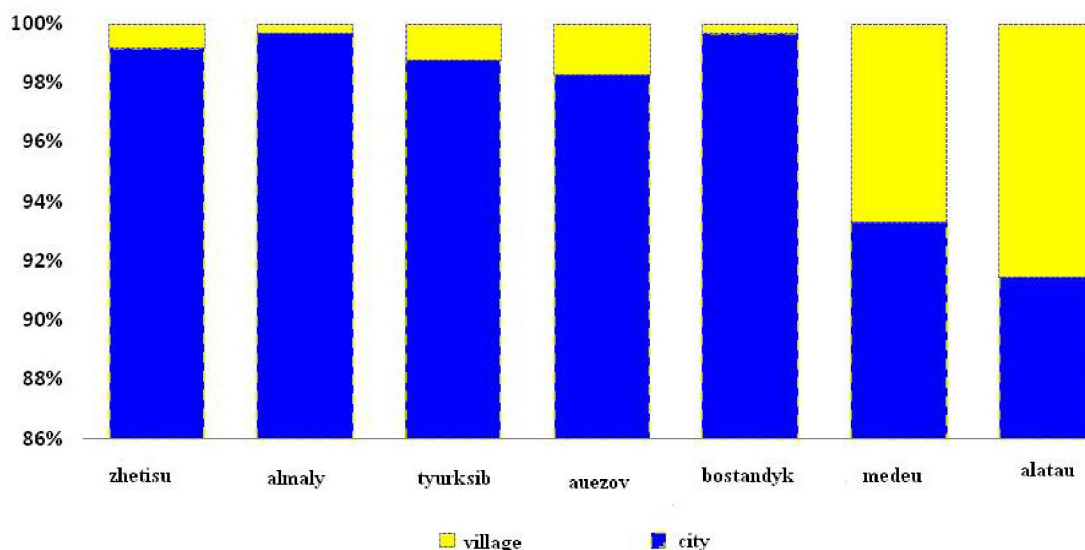


Figure 1 – Allocation of the respondents on the place of residence

Age of the respondents under 18 years - 10,82% (11,87%-2012), from 18 to 39 years - 46,22% (37,93%-2012), from 40 to 60 years - 27,36 % (31,47%2012.) and over 60 years of age - 15,59 % of respondents (18,74-2012).

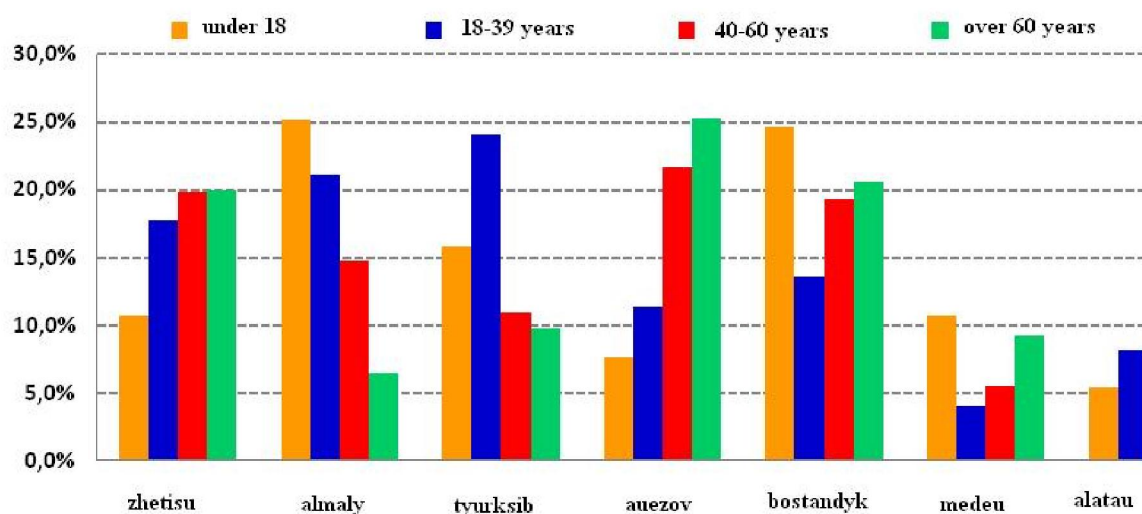


Figure 2 – Allocation of the respondents according to age in the regions, that took part in the survey

On the social status in the leading position are – the workers 49,51% (35.51%-2012), pensioners 19,57% (24,76%-2012) and the unemployed 13,57% (19,08%-2012).

The largest part (86,35% (81,6%-2012)) of respondents have implemented the right of free choice, and only 13,65% (18,4%-2012) preferred «territorial principle of choice».

84,31% (80,98%-2012) are content with the quality of home health care, 11,27% (14,82-2012) are not fully content, 4,42% (4,20%-2012) are not content.

Time of waiting the doctor at home «less than 3 hours» increased from 44.8% (2012) to 52,74% (2013), the number of, the number of the waiting «less than 6 hours» reduced from 23.3% (2012) to 12.93% (2013) and «more than 6 hours» from 10.46% (2012) to 1,86% (2013).

Table 1 – Satisfaction of respondents with the organization of health care in the regions

Question	Are you satisfied with the organization of health care in the institution (for example, operation mode of the offices, attendance enrolment organization, issue of vouchers and others)?		
	Yes	not fully	no
Answers			
Zhetisu	505 19,3%	76 16,6%	5 3,7%
Almaly	431 16,5%	82 17,9%	15 11,2%
Tyurksib	462 17,7%	86 18,8%	20 14,9%
Auezov	366 14,0%	89 19,5%	67 50,0%
Bostandyk	459 17,6%	96 21,0%	15 11,2%
Medeu	190 7,3%	4 0,9%	0 0,0%
Alatau	201 7,7%	24 5,3%	12 9,0%
<u>Total</u>	<u>2614</u>	<u>457</u>	<u>134</u>

81,56% (75.49%-2012) are satisfied with the organization of medical care in the institution, 14,19% (18.6%-2012) are partially satisfied, 4,18% (5.85%-2012) are not satisfied; 74,05% (68.05%-2012) are satisfied with the level of availability of medical aid, 15,04% (19.42%-2012) are partially satisfied, 0,34% (2.83%-2012) are rather not satisfied, 0,56% (68.05%-2012) are not satisfied, for 10,02% (7.72%-2012) it was difficult to answer.

The evaluation of the quality of received medical help: 5 points-68,20% (87,03%-2012), 4 points-24,16% (11,24%-2012), 3 points-6,88% (1,44%-2012), 2 points-0,55% (0,29%-2012), 1 point-0,21%.

The survey covered the opinions of residents of Almaty on the following issues: organization and the level of availability of medical care, financial expenses of the patient on medical services during the treatment at the day hospital, additional expenses for medicine, waiting time after a call to the local doctor, quality of medical care at home.

Analysis of the survey results revealed the quality of the medical aid organization in Almaty regions. So, there residents of Zhetisu-19,3%, Almaly-16,5%, Tyurksib-17,7% regions gave a relatively high evaluation to the organization of medical care in PHC, while residents of Auezov region - (50%) are not satisfied with the organization of medical care.

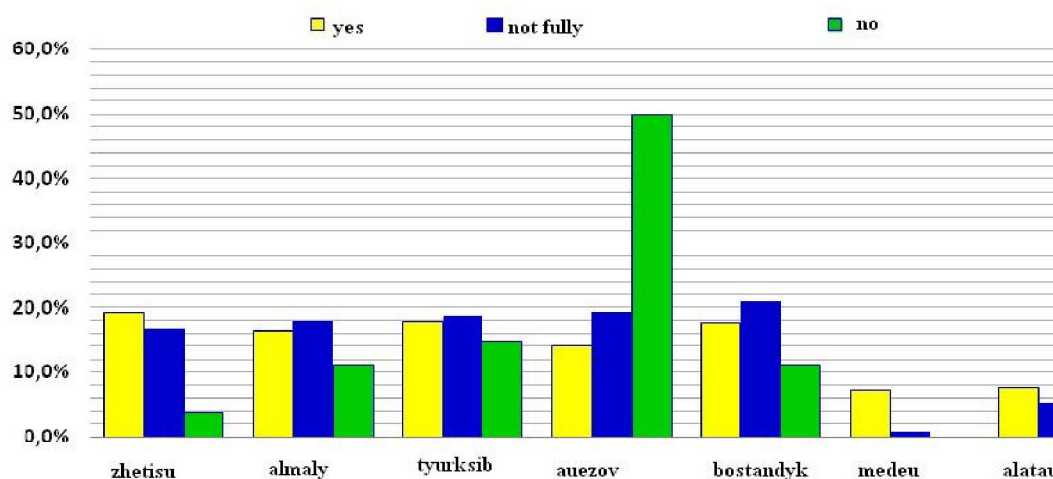


Figure 3 – Satisfaction of the respondents with organization of medical care

There respondents residing in Tyurksib (18,6%), Zhetisu (17,9%), Almaly (17,8%), Bostandyk (17,5%) regions are fully satisfied with the level of availability of medical aid, the residents of Auezov region (50%) expressed the highest dissatisfaction.

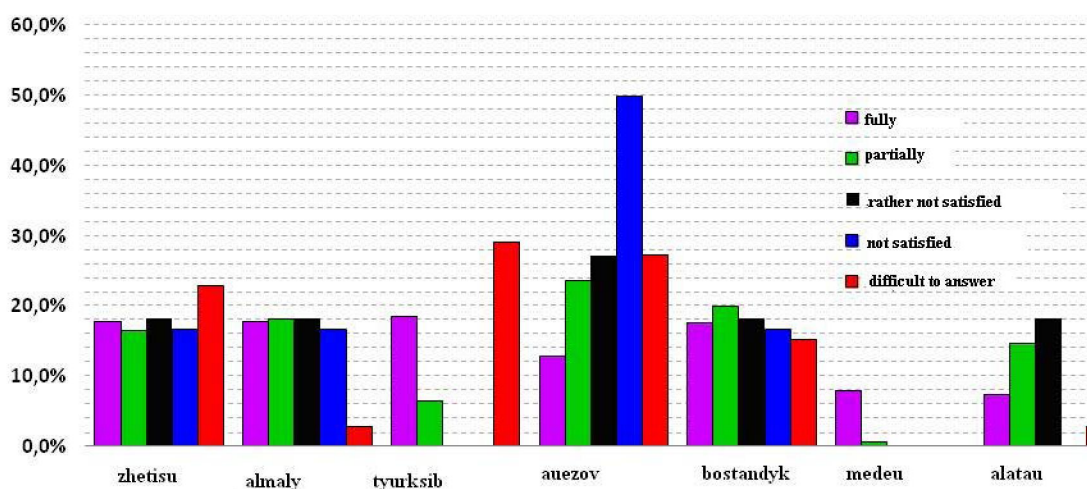


Figure 4 – Satisfaction of the respondents with the level of availability of medical care

The following regions were given the high estestimati on for the quality of home health care: Zhetisu - 20,2%, Bostandyk - 19,1%, Almaly - 18,4%, Tyurksib - 18,3%.

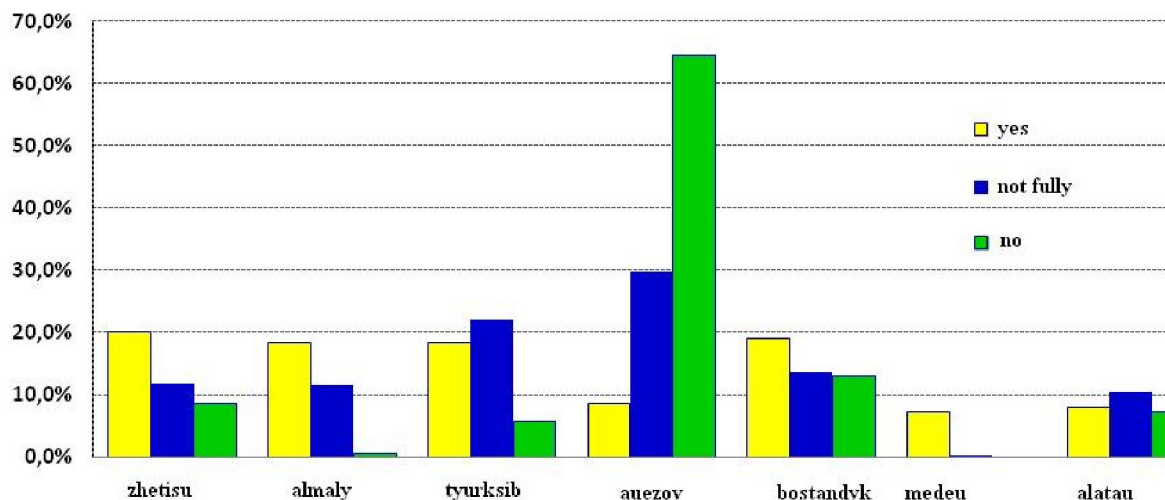


Figure 5 – Satisfaction of there spondents with the quality of home health care in the regions

Somewhat surprising is the fact that among the listed areas only Auezov region received the most negative assessment of the quality of PHC.

A possible explanation is the existence of higher requirements to the quality and availability of medical care in areas where the elderly «from 40 to 60 years» 21,7%) and «over 60 years of age»-25% prevail on the age composition, compared to the regions, where the proportion of the youth is more in relation to the elderly.

Let us analyze the obtained data in Almaty regions on 5 point scale. The respondents residing in Zhetisu, Almaly, Tyurksib, Auezov, Alatau regions are most satisfied (3 points or more) with the quality of medical care. In general in 7 regions level of satisfaction with quality of medical aid does not exceed the average rate for the region.

The evaluation of the quality of medical help in the regions (on 5 point scale)

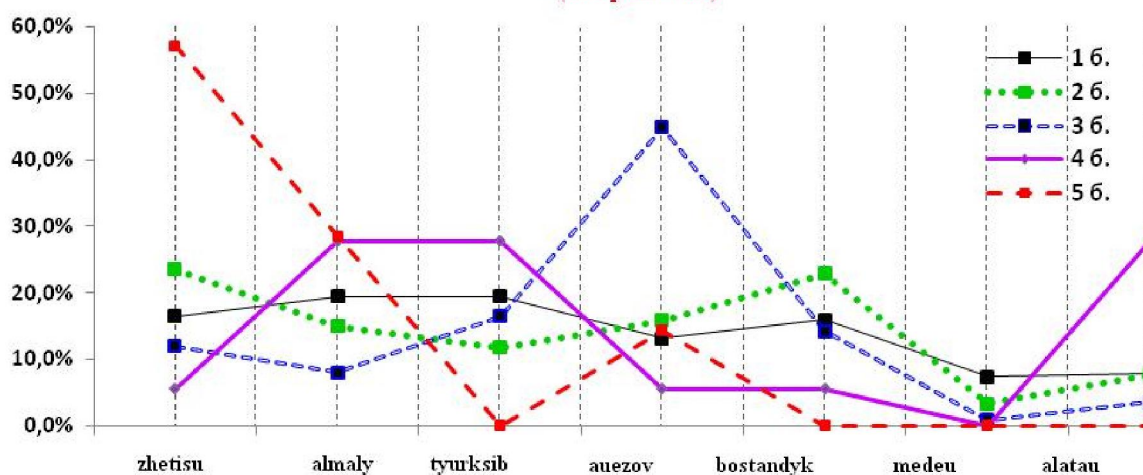


Figure 6 – The evaluation of the quality of medical help in the regions on 5 point scale

The share of positive answers on all indicators in the regions is below 30%, i.e. less than half of the respondents are satisfied with the quality, organization and availability of medical assistance, as well as the quality of medical care at home.

Low satisfaction is mostly connected with the following reasons: queue in medical institutions; the attitude of medical workers to patients is poor (rudeness, boorishness, irresponsibility negligence, failure to perform their duties); lack of specialists, especially the specialized doctors; low level of professionalism

of medical workers; poor quality of service of health care workers; insufficient number of free medicines; lack of necessary medicines in the list of free recipes.

Consideration of the results.

Based on the statistics and formulated suggestions of respondents, we can conclude that improvement of the quality of medical care in PHC and development of hospital-replacing technologies are becoming nowadays a key factor for the growth of competitiveness of health organization, on this basis the increase of revenues of the subjects of health and social development of the territory are possible.

To improve the quality of medical care it's necessary to consolidate the quality control system and the availability of medical care in PHC; to ensure the staffing level of specialists; to unload the queues and reduce the waiting time, provide access to online registries. And, organize awareness-raising activities on PHC to increase the trust from the public.

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Резюме

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АЛҒАШҚЫ МЕДИЦИНАЛЫҚ САНИТАРЛЫҚ КӨМЕК БЕРУ КЕЗІНДЕГІ МЕДИЦИНАЛЫҚ КӨМЕКТИҢ САПАСЫ МЕН ҚОЛЖЕТІМДІЛІГІН КЕШЕНДІ БАҒАЛАУ

Мақалада тұрғындарға жүргізілген денсаулық сақтау мекемелеріндегі алғашқы медициналық көмек көрсетудің сапасы мен қолжетімділігі туралы сауалнаманың нәтижесі көрсетіледі. Алматы қаласы бойынша 7 ауданда зерттеу жұмысы жүргізілді. Зерттеу жұмысының нәтижесінде алынған кешенді сараптама амбулаторлы-емханалардағы, сондай-ақ ауруханалардағы күндізгі стационарлық медициналық көмек сапасы мен қолжетімділігінің деңгейі айтарлықтай жоғары дәрежеде еместігін көрсетеді. Осы мәліметтер негізінде денсаулық сақтау мекемелері мен басқару органдарында алғашқы медициналық-санитарлық көмектің сапасы мен қолжетімділігін арттыру мақсатында жүргізілетін жұмыстардың негізгі бағыттары анықталды.

Тірек сөздер: сапа, қолжетімділік, алғашқы медициналық-санитарлық көмек.

Резюме

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КОМПЛЕКСНАЯ ОЦЕНКА КАЧЕСТВА И ДОСТУПНОСТИ МЕДИЦИНСКОЙ ПОМОЩИ В УСЛОВИЯХ ПЕРВИЧНОГО ЗВЕНА ЗДРАВООХРАНЕНИЯ

В работе представлены результаты опроса населения по вопросам качества и доступности медицинской помощи первичного звена здравоохранения. Исследование проводилось в 7 районах города Алматы. Результаты комплексного анализа полученных результатов свидетельствуют о невысоком уровне качества и доступности медицинской помощи в виде дневного стационара как при амбулаторно-поликлиническом уровне, так и на уровне стационара. На основании этих данных определены основные направления работы органов управления и учреждений здравоохранения по повышению доступности и качества медицинской помощи на уровне первичного звена здравоохранения.

Ключевые слова: качество, доступность, первичная медико-санитарная помощь (ПМСП).

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