Attempts of reforming secondary inpatient medical care in pilot regions of Ukraine and their results

Abstract. Background. The relevance of scientific research stems from the need for an analytical synthesis of the experience gained from the reform of the national secondary medical care. The pilot project for the reform of secondary inpatient care in Ukraine covered Vinnytsia, Dnipropetrovsk, Donetsk Regions and Kyiv, where structural & organizational, functional rearrangements of the health care system, in particular its inpatient sector took place owing to the Law "On the Procedure for Reforming the Health Care System in Vinnytsia, Dnipropetrovsk, Donetsk Regions and the City of Kyiv" dated July 07, 2011 No. #3612-VI (2) and the Resolution of the Cabinet of Ministers of Ukraine dated October 24, 2012 No. #1113 "On Approval of the Procedure for the Establishment of Hospital Districts in Vinnytsia, Dnipropetrovsk, Donetsk Regions and Kyiv" (1). The purpose of these transformations was to expand the possibilities for providing affordable, quality medical care to the population thanks to increasing the efficiency of using budget funds, introducing new approaches to the organization of work of health care institutions. The purpose of the study was to analyze the results of the reforming secondary, in-patient care in pilot Regions in order to plan the correct progressive steps for regional reform, taking into account the results of the pilot project in these Regions and the city of Kiev, in particular. Materials and methods. In the process of research, methods of structural and logical analysis, semantic evaluation of medical, scientific and regulatory documents were used. Results. For the effective provision of secondary medical care, in particular of its inpatient sector, the creation of hospital districts with functional associations of health care facilities providing secondary inpatient care was legally determined within the pilot Regions. Considerable work was done on differentiating the functions of primary and secondary medical care, but not in all pilot Regions such functional and structural units as the hospital district were created, each region had its own peculiarities of the organization of provision of secondary inpatient medical care, which should be considered in the future. Conclusions. It was established that the chosen direction of reforming secondary medical care, in particular its inpatient sector, based on the model of hospital districts, was not widely implemented in pilot Regions. Hospital districts established in Vinnytsia Region did not perform the function assigned to them concerning the improvement of the quality of medical care provided that rational use of material and technical resources was present, since the capacity of the Intensive Care Hospitals (ICH) and Planned Treatment Hospital (PTH) and the population they serve did not comply with economically justified recommended European standards. Keywords: health care reform; secondary inpatient medical care; hospital district.

Introduction

Analysis of the international experience of reforming inpatient care in developed health care systems shows the diversity of its areas in Europe.

In Ukraine, the legislative framework for reforming the sector was established by the Law "On the Procedure for Reforming the Health Care System in Vinnytsia, Dnipropetrovsk, Donetsk Regions and the City of Kyiv" dated July 07, 2011, No. #3612-VI [2] and by the Resolution of the Cabinet of Ministers of Ukraine dated October 24, 2012 #1113 "On Approval of the Procedure for the Establishment of Hospital Districts in Vinnytsia, Dnipropetrovsk, Donetsk Regions and Kyiv" [1].

The pilot project implies carrying out the structural & organizational, functional reorganization of the health care system in certain Regions during 2011-2014 in order to improve the quality and access to medical services for the population, introduce new approaches to the organization of work of health care institutions, increase the efficiency of using budget funds.

According to the Law, secondary medical care is provided in inpatient settings of multi-profile Intensive Care Hospitals (ICH), Rehabilitation Hospitals (RH) and Planned Treatment Hospitals (PTH), hospices, and specialized medical centers.
The purpose of the study was to conduct analysis of the results of the reform of secondary in-patient care in pilot Regions in order to plan the correct progressive steps of regional reform, taking into account the results of the pilot project in certain Regions and the city of Kiev, in particular.

Materials and methods

In the process of research, methods of structural and logical analysis, semantic evaluation of medical, scientific and regulatory documents were used.

Results and discussion

For the effective provision of secondary medical care within the pilot regions, the necessity of creating hospital districts (HD) is legally determined, namely organizational & functional associations of health facilities providing-secondary medical care, in particular ICH, RH, PTH, hospices, clinic and diagnostic centers.

According to the analysis of the research materials, the implementation of the Law of Ukraine "On the Procedure for Reforming Health Care System in Vinnytsia, Dnipropetrovsk, Donetsk Region and the City of Kyiv" of July 7, 2011 #3612-VI and the Resolution of the Cabinet of Ministers of Ukraine dated October 24, 2012 #1113 "On Approval of the Procedure for the Establishment of Hospital Districts in Vinnytsia, Dnipropetrovsk, Donetsk Regions and Kyiv" began in due time, but in connection with the military events in the Eastern part of Ukraine, the Donetsk Region was removed from the pilot project. In other pilot Regions, the reform of health care, in particular of the inpatient sector, was partially implemented and there was a pronounced regional peculiarity.

So, in the Dnipropetrovsk Region, the results of the reform of the secondary medical care did not lead to the creation and operation of the declared hospital districts, there are only plans for the creation of hospital districts, the main structural element of which will be 14 multidisciplinary intensive care hospitals [3].

The positive result of the reform of the secondary medical care in this area was the introduction of funding for all institutions from the Region budget, which made it possible to establish uniform norms of food and medicine expenditures. Gradually, the bed fund decreased (by 2.1% since 2012), the provision of the population with beds decreased (to 62.5 per 10 thousand of the population). Active work was carried out on the delimitation of functions between primary and secondary medical care and the intensification of alternative forms of provision of inpatient care (53 Primary Medical Care Centers were established in the Region, 30 of them in cities, 23 in rural administrative areas). The staffing by doctors in the centers was 77.0% and 68.0% respectively. The percentage of outpatient surgical interventions in 2014 was 43.9% of the total number of surgical operations. As a result of such changes, the level of hospitalization in the Region has decreased from 20.7 in 2012 to 19.2 in 2014 for 100 people.

In the same way, secondary medical care reform in Kyiv was carried out. Hospital Districts were defined only at the planning stage in the amount of 7 multi-profile ICH (5 for adults, 2 for children), and 11 PTH are planned to be opened within these Hospital Districts. The latter should have beds for rehabilitation treatment, specialized treatment and palliative care. The number of hospital beds has decreased (from 2012 - 3.0%), the availability of beds in 2014 reached 62.9 per 10 thousand population, in 2012 - 64.9 per 10 thousand population, ambulatory surgical intervention made 46.5% of all surgical interventions. At the same time, there was a reform of primary, secondary and emergency medical care, at the end of 2014; half of the population of the capital (51.9%) was covered by medical care on the basis of general medical practice.

According to the reporting materials on the implementation of the pilot project of the Department of Health and Resorts of Vinnytsia Region State Administration [3], in accordance with the decision of the session of the Regional Council, in the Region three multidisciplinary ICHs, five PTHs were functionally united in 3 Hospital Districts. The Surgical Medical care and the Medical Assistance in Delivery Babies were concentrated within ICH, transferring the available high-tech equipment to their balance, after which the compliance of material and technical support to the boards of equipment for ICH was not more than 50.0-75.0%.

The bed fund of the newly formed ICHs remained low-power: 230 in Bershad, 160 in Kryzhopil, and 260 in Mohyliv-Podilsky, which does not meet the European guidelines for rational allocation of resources. According to European criteria, high-quality and effective medical care can be provided if it is provided by the ICH with a capacity of approximately 450-600 beds and is designed to provide medical care to a population of 100–150 thousand people, and the ratios of the beds of the therapeutic and surgical profile are 1:2:1 respectively. Created PTH – in Mour-Kurdylovs, Pischans, Teptyls, Chernivtsi, Chechelnitsk – have a bed fund of 92, 81, 119, 81 and 75 beds, respectively, and are limited in terms of resource support.

Their correspondence to the logistic boards is equal to 31.8–67.9% depending on the institution of Health Care. At first, the hospital does not plan to provide surgical care, therefore the surgical beds were actively reduced, but later they were deployed again, as it was discovered that a “therapeutic” approach to beds profile worsened population’s access to EMD, namely, surgical care.

In addition, in each area of the Region (with the exception of those where ICH and PTH are located), the operation of the Central district Hospitals with a bed fund of 100–340 beds continued, in particular, up to 200 beds – in 9 hospitals, 200-300 - also in 9 hospitals, more than 300 - in 1 hospital only, with providing medical care to the population in the amount from 21,762 (in the Orativ District) to 58,743 people (in the Kalinovsk District). In total, 629 beds have been reduced during the 2012–2014 period in the secondary medical care network of Vinnytsia Region. ICH in the area did not differ from the Central District Hospitals in terms of bed fund, and the created ICH were too low-power.
The reform of the Secondary Medical care in the Region took place in close conjunction with the reform of Primary and Emergency Medical Care. By the end of 2014 there had been 33 Primary Care Centers operating in the Region, in particular, 5 in cities, and 27 in rural administrative areas. The staffing of the Primary Care Centers by physicians was 89.0% and 69.0% respectively. In the Region, 93% of the population is covered by medical services provided by general practitioners - family doctors. Percentage of surgical interventions in outpatient settings amounted to 64.5% of the total number of surgical interventions, which significantly took the load off the inpatient round-the-clock health care facilities.

Conclusions

The obtained results of the analysis of the experience of reforming Secondary Medical Care in the pilot Regions testified to the fragmentation of the reforms, the complication of their implementation on the model of Hospital Districts, the lack of a clear structural and functional reorganization of all stationary capacities of the Secondary Medical Care with the allocation of beds among intensive, planned, rehabilitation, hospice care. The use of already established mechanisms of reduction of hospital beds and distribution of functions between ambulatory primary and inpatient Secondary Medical Care continued to be. Hospital districts established in Vinnytsia Region did not perform the function of improving the quality of medical care assigned to them provided that rational use of material and technical resources was present, since the capacity of ICHs and PTHs and the population they serve do not comply with economically justified recommended European standards. The creation of PTH in Kyiv was identified with the function of improving the quality of medical care with the allocation of beds among intensive, planned, rehabilitation, hospice care. The use of already established mechanisms of reduction of hospital beds and distribution of functions between ambulatory primary and inpatient Secondary Medical Care continued to be. A number of surgical interventions, which significantly took the load off the inpatient round-the-clock health care facilities.

Conflict of interest. The author declares the absence of any conflicts of interests that might be construed to influence the results or interpretation of their manuscript.

References

1. Law of Ukraine dated July 07, 2011 #3612-VI "On Approval of the Procedure for the Establishment of Hospital Districts in Vinnytsia, Dnipropetrovsk, Donetsk Regions and Kyiv";
2. Resolution of the Cabinet of Ministers of Ukraine dated October 24, 2012 №1113 "On Approval of the Procedure for Reforming the Health Care System in Vinnytsia, Dnipropetrovsk, Donetsk Regions and the City of Kyiv";
3. Закон України від 07.07.2011 № 3612-VI «Про порядок проведення реформування системи охорони здоров'я у Вінницькій, Дніпропетровській, Донецькі областях та місті Києві»;
4. Law of Ukraine dated July 07, 2011 #3612-VI "On the Procedure for Reforming the Health Care System in Vinnytsia, Dnipropetrovsk, Donetsk Regions and the City of Kyiv";
5. Bugro V. I. Analysis of results of planning secondary medical assistance, which significantly took the load off the inpatient round-the-clock health care facilities.

Bugro V. I. Analysis of Results of Planning Secondary Health Care Reform in Ukraine at the Regional Level // V. I. Bugro, V. V. Gorachuk // Mathematical Morphology [Electronic Mathematical and Biomedical Journal]. — 2015. — Т. 14, Вып. 4. — Режим доступа: http://www.smolensk.ru/user/sgma/MMORPH/N-48-html/TITL.HTM.

Received 30.01.2019
знішов широкого втілення в пілотних регионах. У Вінницькій області створені госпітальні округи не забезпечили покладену на них функцію підвищення якості медичної допомоги за умови раціонального використання матеріально-технічних ресурсів, оскільки потужність лікарні інтенсивного лікування (ЛІЛ) і лікарні планового лікування (ЛПЛ) та чисельність населення, яке вони обслуговують, не відповідають економічно обґрунтованим рекомендаціям європейським нормативам. 

Ключові слова: реформування охорони здоров’я; вторинна стаціонарна медична допомога; госпітальний округ

Бугро В. І.
Національна медична академія послідньоголідного образования имени П. Л. Шуляка, г. Київ, Україна

Попити реформування вторинної стаціонарної медичної допомоги в пілотних регіонах України і їх результати

Резюме. Актуальність наукового дослідження обумовлена необхідністю аналітичного обговорення нарахованих опит реформування інтенсивної стаціонарної медичної допомоги. Пілотним проектом реформування вторинної стаціонарної медичної допомоги в Україні були охвачені Вінницька, Дніпропетровська, Донецька області і г. Київ, де проходили здійснені дослідження з формування структурно правильних структурних елементів стаціонарної структури. Має бути отримано підтвердженьниця, покладену на них функцію підвищення якості медичної допомоги при умовах раціонального використання матеріально-технічних ресурсів, оскільки потужність лікарні інтенсивного лікування (ЛІЛ) і лікарні планового лікування (ЛПЛ) та численність населення, яке вони обслуговують, не відповідають економічно обґрунтованим рекомендаціям європейським нормативам.

Ключові слова: реформування охорони здоров’я; вторинна стаціонарна медична допомога; госпітальний округ

Резюме. Актуальність наукового дослідження обумовлена необхідністю аналітичного обговорення нарахованих опит реформування інтенсивної стаціонарної медичної допомоги. Пілотним проектом реформування вторинної стаціонарної медичної допомоги в Україні були охвачені Вінницька, Дніпропетровська, Донецька області і г. Київ, де проходили здійснені дослідження з формування структурно правильних структурних елементів стаціонарної структури. Має бути отримано підтвердженьниця, покладену на них функцію підвищення якості медичної допомоги при умовах раціонального використання матеріально-технічних ресурсів, оскільки потужність лікарні інтенсивного лікування (ЛІЛ) і лікарні планового лікування (ЛПЛ) та численність населення, яке вони обслуговують, не відповідають економічно обґрунтованим рекомендаціям європейським нормативам.

Ключові слова: реформування охорони здоров’я; вторинна стаціонарна медична допомога; госпітальний округ

Резюме. Актуальність наукового дослідження обумовлена необхідністю аналітичного обговорення нарахованих опит реформування інтенсивної стаціонарної медичної допомоги. Пілотним проектом реформування вторинної стаціонарної медичної допомоги в Україні були охвачені Вінницька, Дніпропетровська, Донецька області і г. Київ, де проходили здійснені дослідження з формування структурно правильних структурних елементів стаціонарної структури. Має бути отримано підтвердженьниця, покладену на них функцію підвищення якості медичної допомоги при умовах раціонального використання матеріально-технічних ресурсів, оскільки потужність лікарні інтенсивного лікування (ЛІЛ) і лікарні планового лікування (ЛПЛ) та численність населення, яке вони обслуговують, не відповідають економічно обґрунтованим рекомендаціям європейським нормативам.

Ключові слова: реформування охорони здоров’я; вторинна стаціонарна медична допомога; госпітальний округ