

MODERN APPROACHES TO PROVIDING SAFE MEDICAL CARE

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ABSTRACT

Currently, the quality and safety of medical activity are increased requirements, the observance of which is impossible without modern technical equipment of medical institutions in the introduction of advanced methods of treatment of patients, development of the regulatory framework and financial support diagnostic and treatment process. The Ministry of healthcare has provided stable development of the national health system, and today the implementation of the presented opportunities ensuring quality and accessible health care is largely dependent on the heads of the medical organizations.

Keywords: Quality of medical care, quality control, quality examination, criterion, rights of citizens in the field of health, compulsory health insurance, healthcare system, clinical practice guidelines, quality management system, standardization, internal control.

INTRODUCTION

The level of health of the population is one of the strategic indicators of the development of the state. The World Health Organization (WHO) has proved that improving the quality and increasing life expectancy of the population lead to the acceleration of the economic development of the state, the growth of its gross national product. It is impossible to achieve these results, which affect the progressive development of the state, without an effective system for providing high-quality medical care to citizens. The procedures and rules for the provision of medical care approve unified requirements for the conditions for the provision of medical care and are licensing requirements for the subjects of its provision.

METHODOLOGY

The article discusses the main problems faced by manufacturers and consumers of paid medical services. The growth in the volume of rendered reimbursable medical care prevails in the fields of dentistry, diagnostics and cosmetology. Undoubtedly, promising directions in domestic health care will be the expansion of voluntary medical insurance in almost all areas of medicine, further digitalization and the phased development of the commercial outpatient clinic. Indeed, at present every

fourth outpatient medical organization is non-state. In this regard, taking into account the foreign and domestic experience of modernizing the medical services market, the work comprehensively analyzes the development trends of commercial medicine within the framework of legal, organizational and socio-economic regulation of the healthcare industry. Marketing tools for optimizing the system for the provision of paid services are presented. The key role of public-private interaction mechanisms in health care management has been substantiated. The integrative approaches to the problems of the introduction and development of reimbursable medical services, considered in this study, will make it possible to systematize and adjust the extrabudgetary activities of medical organizations while simultaneously increasing the availability and quality of medical care.

The standards of medical care and the method of payment for medical care by clinical and statistical groups, in turn, are an economic component for planning in health care and calculating the cost of medical care.

All these implemented activities provide the heads of hospitals and the medical community with a sufficient basis for the organization of quality medical care, and it is extremely important that this basis is used effectively.

Achieving this task, in our opinion, is impossible without the use of resource-saving technologies in healthcare, which include:

- provision of conditions for round-the-clock loading and continuous effective use of medical equipment, including expensive, as well as specialized expensive units of medical organizations, such as operating rooms, intensive care units, laboratories, sterilization departments, etc .;

- centralization of the system of procurement of medical products for the needs of medical institutions and their structural divisions, including taking into account the possibility of using generic drugs, as well as the use of approaches of pharmaco-economic analysis;

- routing of patients depending on the profile and severity of the pathology;

- optimization of the number of medical organizations of all forms of ownership.

RESULTS AND DISCUSSION

In order to improve approaches to overall quality management, including in health care, various quality management systems have been developed and are being implemented in the world. When analyzing them, we found that today XI is the most

cited program (mentioned in more than 91% of publications) devoted to accreditation issues. Accreditation systems for medical organizations operate in almost all countries of the world on a voluntary (majority) and mandatory basis.

The specified base, along with the optionality of its implementation, is not enough to implement an effective approach to the system of organizing internal control of medical organizations, in connection with which an important direction for the further development of the medical industry is the introduction into the clinical practice of medical organizations of the procedure for internal quality control and safety of medical activities based on standardized approaches to its implementation. Standardization is the activity of establishing rules and characteristics for mandatory and voluntary reuse, aimed at achieving orderliness in the provision of health care. The structure, process and result are subject to standardization in health care.

An important section in the further standardization procedure is the unification of a number of processes directly in medical organizations. This applies to such areas in their activities as the personnel management system; identification of the identity of patients; epidemiological safety (prevention of infections associated with the provision of medical care); drug safety; quality control and safety of medical devices handling; organization of emergency and urgent care in the hospital; continuity of medical care; prevention of risks associated with surgical interventions, transfusion of donor blood and its components; organization of patient care, prevention of bedsores and falls; organization of medical care based on evidence-based medicine data and clinical guidelines.

Well-developed health systems must be able to accommodate the increasing complexity of the health care delivery process, which increases the human factor and the risk of making mistakes. For example, a hospitalized patient may be given the wrong medication due to an error caused by a similar appearance of the package. In this case, the prescription for dispensing the drug goes through a number of stages from the attending physician to the hospital pharmacy and the nurse who gave the patient the wrong drug. If there were control and verification procedures at each stage, such an error would be promptly identified and corrected. However, factors such as the lack of standard procedures for storing medicines in similar packages, poor interaction between different participants in the process, the lack of a verification procedure before dispensing a medicine, and insufficient patient participation in the process of providing medical care could lead to an error. In normal practice, the individual who dispenses the wrong drug (who has committed a

so-called active error) will be found guilty and may be subject to punishment. Unfortunately, this approach does not imply taking into account the presence of the above-described factors (so-called latent errors) that created the conditions for the occurrence of an error. It is the confluence of many hidden mistakes that leads to an active mistake, the victim of which becomes the patient.

It is human nature to make mistakes, and it is impossible to expect perfect work from people in difficult, stressful conditions. Relying on the impeccable actions of every employee is a delusion that will not improve safety. Eliminating the human factor will allow the creation of mechanisms that insure against errors and the proper organization of working systems, tasks and procedures (8). Thus, the first step in improving patient safety should be to analyze the properties of the system that made harm possible, but this requires openness and transparency, i.e. a true culture of patient safety. Safety culture is an environment in which great importance is attached to beliefs, values and attitudes related to safety, and in which these beliefs, values and attitudes are shared by all members of the team.

CONCLUSION

In conclusion, I would like to once again focus on the fact that in the constantly changing conditions of a steady trend in the development of the domestic health care system, standardization of the organization of medical care is extremely necessary and should affect both the requirements for the conditions for the provision of medical care, payment for medical services, and processes and resources within medical organizations, as well as have a patient-oriented focus, which requires close attention at all levels of the organization of the management and treatment process.

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