

IMPROVEMENT OF METHODS OF PROVIDING OUTPATIENT SURGICAL CARE IN PRIMARY HEALTH CARE

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Abstract

Outpatient care is the most widespread and accessible type of medical care; it is received by about 80% of all patients who apply to healthcare organizations. The availability of outpatient care is provided by a wide network of institutions. In 2012, more than 1.1 thousand outpatient clinics functioned, in which medical care was provided to more than 10 million people. The problem of improving outpatient care for the population is a priority, strategic direction of healthcare reform at the present stage. It is outpatient care that should be a mass public form of providing medical care to the population.

Keywords: surgical outpatient, organizational base, high-quality, medical and economic standards.

Introduction

A special place in the structure of PHC is the provision of surgical outpatient medical care, which is one of the most accessible, effective and cost-effective for patients (1, 3, 6, 11, 15). Currently, modern techniques and high technology have greatly pushed the boundaries of ambulatory surgery, but there is a discrepancy between the modern methods of treatment used by ambulatory surgeons and the outdated organizational base. In accordance with the "Concept of long-term socio-economic development until 2030" for the development of healthcare and medical science, in order to optimize the use of funds from the state federal budget, improve the activities of healthcare institutions, develop and introduce high-tech medical care, healthcare institutions are being merged, this is especially true for large cities such as the city of Tashkent.

According to the adopted program, a new multi-level system of medical care is being built in the city, which allows the patient to receive high-quality consultations and treatment. In this regard, there is a need to develop and scientifically substantiate ways to optimize the activities of both the outpatient service as a whole and its individual components, including improving the provision of the most demanded outpatient surgical medical care. A large number of scientific studies of recent years have been devoted to improving the organization of outpatient care, however, the assessment of

the provision of outpatient surgical care in the existing multi-level system for the provision of primary care and the development of ways to improve the provision of outpatient surgical care in the conditions of polyclinics of the first the level of a large city has not yet been the subject of scientific research.

Methodology and Research Methods

In the course of the study, a comprehensive research methodology was used, including the following methods: study and generalization of experience, statistical and sociological (questionnaire), expert method of comparative analysis, medical and economic methods, etc.

The collection of primary information was carried out by the methods of non-formalized interviewing and questioning of a group of surgical patients. The analysis of the results of the study was carried out using statistical research methods, such as the calculation of intensive and extensive indicators, the analysis of the reliability of the difference in indicators, analysis of variance. The object of the study were surgical patients who received surgical outpatient medical care. The unit of observation was a surgical patient over the age of 20 years.

The scope of the study was to study the outpatient surgical morbidity of 399 patients (220 men and 179 women) who received outpatient surgical care in the basic polyclinics of the Yakkasaray district of Tashkent for the period from 2021 to 2022. The study of the flow of patients who received outpatient surgical care, taking into account their place of residence, revealed that the largest share in the structure falls on patients permanently residing in the city of Tashkent, Yakkasaray district. In the course of the work, a list of diseases was determined, the surgical treatment of which is most often carried out in outpatient surgery.

When developing medical standards, nosological forms were grouped into 10 most common diseases:

- abscess, carbuncle, furuncle
- purulent Bartholinitis
- purulent hidradenitis
- felon
- festering epidermal cyst
- mastitis
- erysipelas
- phlegmon, adenophlegmon
- purulent wound
- acute bursitis

Implementation of preliminary medical standards of provision (what kind of standard, who developed and approved by whom when) medical care for patients with purulent diseases, on the basis of City polyclinics No. 57, 58, 59, 60 of the Yakkasaray district of the city of Tashkent.

A total of 399 (duplicate) examinations of the volume of outpatient medical care actually provided to patients with purulent surgical diseases were carried out (Table 1). The bulk of the cases were citizens' appeals for abscesses, carbuncles, boils (almost 51%) and felonies (about 18%).

Table 1 Distribution of patients "Outpatient purulent surgery" taking into account their number

Nosology	Number of observations (%)
abscess, carbuncle, furuncle	198(50,6)
purulent Bartholinitis	7(1,5)
purulent hyradenitis	6(1,3)
felon	72 (18,3)
festering epidermal cyst	31(7,7)
mastitis	14(3,4)
erysipelas	9(2,1)
phlegmon, adenophlegmon	22 (5,4)
festering wound	28 (6,9)
acute bursitis	12 (2,8)
Total	399(100)

In general, for the entire group of purulent surgical diseases, there is an incomplete implementation of medical standards in all their sections. In particular, the terms of treatment of patients in practice are much lower than those taken into account in the standards and average $62.3 \pm 2.2\%$ of the planned volume. The average number of medical visits per case was $63.4 \pm 1.5\%$ of the standards. Laboratory diagnostic services were performed in 50% of cases, instrumental diagnostic services - in 78% of cases, and non-drug therapy services - in 60%. In all the studied groups, there was a lack of consultations of a therapist, an endocrinologist, planned in 20-50% of cases. Despite the fact that in most cases patients of each group underwent physiotherapeutic procedures, not a single consultation of a physiotherapist was recorded. At the same time, a deviation from the standards towards overspending, reaching, sometimes, 362% of the planned volume.

In general, the results of the conducted studies revealed a significant discrepancy between the volume of medical care actually provided in outpatient clinics for patients with purulent surgical diseases and those provided according to medical standards. This trend is observed in all 10 groups of patients, which can be explained both by the imperfection of the prepared standards and by the incomplete readiness of outpatient doctors to transfer their work within the framework of work taking into account medical standardization. The volume of outpatient surgical care provided by all the main indicators after the introduction of medical standards significantly differs upwards from the volume of medical services provided before the medical standardization of the treatment and diagnostic process. Obviously, the analysis of the results of the examination of the volumes of outpatient surgical care provided within the framework of medical standards to patients with pyoinflammatory diseases made it possible to show a trend towards an increase in the volume of services. This positive phenomenon undoubtedly indicates an increase in the quality of surgical care for patients with purulent diseases and its approach to adequate parameters. After the introduction of medical standards, the parameters of medical care provided to patients with infectious and inflammatory diseases have noticeably come closer to those stated in the standards. It is also obvious that the identified shortcomings of the software product used to develop medical and economic standards, and, accordingly, the developed standards themselves, prompt the need to continue activities for their further adjustment.

In addition, the identified shortcomings in the organization of the treatment and diagnostic process in polyclinics, the discrepancy between the volumes of actually provided outpatient surgical care for patients with infectious and inflammatory diseases and those stated in the medical and economic standards make it possible to draw the attention of the APU administration to the significant economic losses of these medical institutions. This circumstance necessitates the adoption of organizational decisions by the management of polyclinics. As a result of the examination of the volumes of implementation of medical standards for outpatient surgery, the need for ongoing monitoring and examination of the volumes of medical care provided in order to timely adjust the content of medical standards has been proved. Parameters have been developed according to which it is necessary to analyze cases of non-fulfillment of medical and diagnostic measures stated in the medical and economic standards.

The implementation of the priority National Healthcare Project provides for the development of uniform standards for treatment and diagnostic measures in medical institutions of various licensing ranks. The system of standardization in healthcare contributes to a large extent to improving the management of the industry, ensuring its integrity through unified approaches to planning, regulation, licensing and certification, improving the quality of medical care, rational use of human and material resources, optimizing the treatment and diagnostic process, integrating domestic healthcare into world medical practice. The system of standardization acquires the most important importance in surgical activity, which is currently differentiated according to the conditions for the implementation of the treatment and diagnostic process in inpatient

or outpatient medical institutions. The hospital replacement technology in this context is of particular importance.

As a result of the work carried out, it can be concluded that the standardization of medical care makes it possible to bring the activities of the outpatient surgical service to a new effective level, significantly reducing the economic costs of inpatient medical care and improving the quality of its provision in the outpatient department. Further efforts of surgeons in this regard, it is probably advisable to carry out precisely in the direction of a clear regulation of medical services provided in the framework of outpatient surgical care, taking into account the economic component of this process.

Conclusions

1. Conducting an examination of the volume of medical care provided in outpatient surgery should be one of the leading activities administration of an outpatient clinic when planning treatment process and monitoring its progress. With absence proper control by the management of the medical institution without making timely organizational decisions, it is impossible to support necessary level of medical care in accordance with medical and economic standards.
2. List of medical standards for outpatient surgery should include not only direct standards for the provision of surgical care in outpatient clinics with certain diseases, but also: medical standards for anesthesia, provision of surgical interventions performed on an outpatient basis; medical and economic standards of rehabilitation treatment of inpatients undergoing surgery, as well as medical economic standards for infection prevention measures in the surgical area intervention.
3. The system of medical standardization in outpatient surgery, providing unified approaches in the implementation of medical technologies in healthcare in Tashkent and creating conditions for optimizing planning the volume of medical care by calculating the necessary costs for the implementation of the program of state guarantees of medical support population, can significantly improve the quality of outpatient care, surgical care for the population of the metropolis.

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