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CONCEPT OF PROVIDING QUALITY OF CARDIAC CARE

Summary

The article describes the ways to improve the quality of cardiac care in the form of a literature review.

Key words: cardiac care, quality, cardiovascular disease, risk factors, day hospital, patient education

The problem of providing and improving the health care quality is relevant for all countries. Health care for the population of the Republic of Kazakhstan mainly occur in the budget part of the health system.

The current stage of development of health care is characterized by extensive use of economic management, increased self-management of health, increased responsibility of managers and labor collectives of medical facilities for the outcomes of the work and its quality, in-depth analysis of the state hospital and outpatient care to the population and reform them in the light of current and future needs.

One of the best methods available for realization and closest approach to the public health services are day hospitals at health facilities. They are cost effective for the national budget.

The main objectives of the organization and work of day hospital in a polyclinic are:

1. Conducting medical and rehabilitation measures aimed at accelerating recovery or improve the health of patients.
2. Conduct a comprehensive active treatment patients to the extent provided in a hospital, patients who, for whatever reason, could not be admitted to the hospital.
3. Follow-up care and adaptation of patients after treatment in hospital.
4. Carrying out of some complex diagnostic studies that require special training of the medical staff or the subsequent follow-up.
5. Shortening of the period of temporary disability of patients working age due to more intensive care than in an outpatient setting.
6. Scheduled prophylactic rehabilitation long and often ill patients consisting on the dispensary registration.
7. Temporary admission of patients who visit the clinic during any medical emergency for emergency medical care before arrival ambulance or to eliminate the state of emergency.
8. Solution of certain questions medical labor expertise, which requires daily medical supervision of the dynamics of the disease.

Treatment carried out in day hospital, is as effective as treatment in twenty-four-hour day and night clinics. Applied complex therapy provides a more expressed clinical effect and reduced duration of temporary disability, compared with patients receiving traditional outpatient treatment. A day hospital is one of the modern forms of health care provision, cost-effective, allowing optimum use of resources of clinics and for patients to maintain their traditional work and rest regime [1].

A variety of quality-improvement initiatives in health care management have been implemented in most health care systems. Countries such as Australia, New Zealand, the United Kingdom and the United States have a long tradition in, and established standards for, quality management in primary care. Primary care practices that completed the European Practice Assessment twice over a three-year period showed improvements in practice management. The findings show the value of the quality improvement cycle in the context of practice assessment.

Quality improvement requires a combination of educational, organizational and financial approaches, using both intrinsic motivation and external incentives.

Quality of care is a broad concept, which requires a mix of objective and subjective measures. One method is formative accreditation, which combines a broad set of quality measures and various improvement activities such as audit and feedback, and educational outreach visits. These strategies have been shown to be effective, and the context of practice accreditation might further add to their impact. Many methods for quality improvement have been shown to have only short-term effects at best. For instance, pay-for-performance has been introduced in many countries and has shown short-term improvements, but the evidence has not been compelling and most incentives were attached to meeting a set target rather than quality improvement. Audit and feedback have been shown to have similar short-term effects. The same applies to feedback given to primary care providers on patients' evaluations of care. This may suggest that such approaches need to be used as one part of a multiple-component strategy for quality improvement rather than used in isolation. The findings support the use and role of formative accreditation as one part of such a strategy.

There is an intrinsic benefit to practices undertaking formative accreditation in terms of practice specific quality improvement. The benchmark assessment motivates practices to improve their performance. The study provides a better understanding of how accreditation can help to improve quality of care by enabling practices to both meet set standards and to identify and address internal priorities for quality improvement [2].

The literature on the problems of quality cardiac care, considerable space is devoted to the discussion of the influence of risk factors for cardiovascular disease [3-9]. The possibilities of using different risk metric technologies were estimated in young people who had formal signs of health. Most young people belonging to a low absolute cardiovascular risk group, nearly 16% of this population was found to have a high relative cardiovascular risk due to the fact that they had a set of modifiable risk factors. These young people were at 7-8-fold greater risk of developing cardiovascular events at a working age than those of the same age who had no cardiovascular risk factors. Relative cardiovascular risk assessment technology should be used to form risk groups when implementing health-promotion programs among young people [10].

The formation and development of behavioral risk factors for cardiovascular disease is largely determined by the social environment. Traditional behavioral risk factors - smoking, alcohol consumption, diet, stress, low physical activity, overweight - often closely related to the conditions

of work. Nutritional intervention in the workplace was studied in 45 research institute workers. Following 12 months, correction of behavioral risk factors associated with nutrition and low physical activity in a group of collective (Rational Nutrition-Related Health School) and individual preventive intervention resulted in a reduction of the spread of nutrition-dependent risk factors: hypercholesterolemia, hypertension, hyperglycemia, and overweight with positive changes in the mean values of blood pressure, total cholesterol, blood sugar, and body mass index. After 24 months, the positive remained in the intervention group: the findings were found to be stable within 2 years after School training [11].

Studies in recent years have revealed the relationship between social status and the severity of the most common risk factors for cardiovascular disease. The conditions for healthy life-style are less favorable among people with lower social status which is related too with the lower level of education. As a rule the higher level of education is associated with healthy life-style which is to be considered in planning and organizing the activities relating to cardiovascular disease prevention. The increase of medical competence of population about the role of risk factors of cardiovascular pathology is an obligatory organizational ground in developing healthy life-style and mastering the methods of self-care and self-control in the field of health protection and promotion [12-15]. Health school education is an effective system for training patients [16-17]. Common global practice of medico-social model is based on complex detailed medico-social aid. Management of patients by cardiologist, rehabilitation specialist and outpatient clinic's physicians provided uninterrupted staged rehabilitation, timely correction of pharmacotherapy [18]. Patient compliance can play essential role in preventing complications of the cardiovascular disease [19]. Observations from the large study of different countries indicate that the retention of a qualified and committed nurse workforce might be a promising area to improve hospital care safety and quality. Improvement of hospital work environments might be a relatively low cost strategy to improve safety and quality in hospital care and to increase patient satisfaction [20].

In many existing publications, researchers have laid out key areas of work to be done – for example, on healthy public policy [21-22], the aspects of the quality of health care assessment [23-27], improvement of preventive activities in cardiac pathology [28-30], a systematic approach to organizing and managing the quality of care [31-33].

Thus, issues of quality assurance cardiac care are complex and multifaceted. All processes of the health care quality assurance systems are interrelated. It is expected that management of operational activities of medical institutions, development of infrastructure of population medical care system, implementation of innovative technologies and evidence-based, guideline driven, standardized methods of delivering care, organization of interaction with international clinical institutions, development of legal and low decisions will make public health better at addressing the complex problems in the area of quality assurance cardiac care.

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Түжырым

КАРДИОЛОГИЯЛЫҚ КӨМЕК САПАСЫН ҚАМТАМАСЫЗ ЕТУ КОНЦЕПЦИЯСЫ

Л.Ғ. Қожекенова

Бұл мақалада кардиологиялық көмектің сапасын жақсарту жолдары әдебиетке шолу ретінде қарастырылды.

Түйінді сөздер: *кардиологиялық көмек, сапа, жүрек-қантамырлары ауруы, қауіп-қатер факторлары, күндізгі стационар, емделушінің үйренуі.*

Резюме

КОНЦЕПЦИЯ ОБЕСПЕЧЕНИЯ КАЧЕСТВА КАРДИОЛОГИЧЕСКОЙ ПОМОЩИ

Л.Г. Кожекенова

В статье рассмотрены пути улучшения качества кардиологической помощи в виде обзора литературных данных.

Ключевые слова: *кардиологическая помощь, качество, сердечно-сосудистые заболевания, факторы риска, дневной стационар, обучение пациента.*

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АСБЕСТ ШАҢЫМЕН 6 ГР Г-СӘУЛЕНІҢ БІРЛЕСКЕН ӘСЕРІНЕ ШАЛДЫҚҚАН ОРГАНИЗМНІҢ ИММУНДЫҚ СТАТУСЫНА ФИТОПРЕПАРАТТЫҢ ӘСЕРІ

Түжырым

Бұл зерттеулерде тритерпеноид фитосубстанциясының жасушалық иммунитет жүйесіне әсері зерттелген. Тритерпеноид лейкоциттер, лимфоциттер, СД3+, СД4+, СД8+ жасушаларының санын жоғарлатқан.

Негізгі сөздер: Радиация, асбест шаңы, иммунды статус, иммуномодулятор, фитосубстанция.

Радиацияның зардабын шегіп және асбест өндіретін өндірісте жұмыс жасайтын халықтың өмірлеріне осы бірлескен екі фактордың қаншалықты зияндылығын зерттеп, дұрыс бағa беру қажет. Зерттеу барысында