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ANALYSIS OF PATIENTS 'OPINION ABOUT THE QUALITY OF ORGANIZATION OF HIGH-TECHNOLOGY CARDIOLOGICAL CARE IN THE NAVOI REGION OF THE REPUBLIC OF UZBEKISTAN

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Abstract: The method of questioning 366 patients of the cardiology department of the Navoi regional multidisciplinary medical center made it possible to reveal the opinion of patients about the quality of the provision of outpatient and inpatient care. The majority of patients rated the organization of work and the professionalism of the medical staff of the center as good and satisfactory. The main complaints of patients are related to the quality of the communication process of the doctor-patient couple and the organization of meals in the hospital of the center.

Keywords: questionnaire, multidisciplinary medical center, healthcare, medical personnel, quality of medical care

According to world statistics, more than seventeen million people die from diseases of the heart and blood vessels every year in the world, which is one third of all causes of death.¹ According to the forecasts of WHO experts, the severity of the problem of world health associated with a further increase in morbidity and mortality from diseases of the circulatory system (CVD) will only increase in connection with the aging of the population, an increase in the number of other non-infectious diseases correlated with this pathology and the peculiarities of the lifestyle of a modern person.² In the structure of the morbidity of the population of the Republic of Uzbekistan, BSCs occupy a rather low ranking position³, explained by the low average age of its inhabitants⁴, which in 2020 was 26.3 years. However, in the structure of population mortality, diseases of the circulatory system occupy a leading position, so in 2020 the share of this pathology was 59.3% of all other causes. According to the WHO, the standardized mortality rate in Uzbekistan from ischemic heart disease is 323.2, and from cerebrovascular lesions is 146.5 per 100,000 population.⁵ In addition, as in other countries, the number of people in older age groups most susceptible to CDS and death from them increases from year to

¹ The world health report 2008: Primary health care is more relevant today than ever. 2008 [Electronic resource]: http://www.who.int/whr/2008/whr08_ru.pdf?ua=1 (03/23/15).

¹ Iskakov EB Epidemiology of cardiovascular diseases // Medicine and ecology. - 2017. - No. 2. -S. 19-28.

¹Stozharova N.K., Analysis of the incidence of diseases of the circulatory system in the population of Uzbekistan / N.K. Stozharova, M.D. Makhsumov, Kh.A. Sadullaeva, S.A. Sharipova- Text: direct // Young scientist. - 2015. - No. 10 (90). - S. 458-462. - URL: <https://moluch.ru/archive/90/18713/> (date of access: 12.03.2021)

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¹ Vsemirnyy atlas profilaktiki serdechno-sosudistyx zabolevaniy i borby s nimi. // Under ed.: Mendis S, Puska P, Norrving B. - Vsemirnaya organizatsiya zdravooxraneniya. - Geneva. - 2013. - 155 p.

year in Uzbekistan¹. According to statisticians' forecasts, with modern indicators of growth in life expectancy and a low level of overall mortality in the country, the population over the age of 60 by 2030 in the age structure of the country's population will reach 30 - 35%, while at the moment it is less than 10%.² In such a situation, the organization of measures to combat non-communicable diseases, including BSC, becomes one of the main directions in the protection of public health. This determined the basic concept of radical improvement of the health care system for the period up to 2019 - 2025 approved by the Decree of the President of the Republic of 07.12.2018 No. UP-5590, where one of the most important areas is to increase the efficiency of the organization of medical care, including ensuring the availability of high-tech medical care (HTMC) at all its stages of its provision, due to "the organization of the health care system of the regions on the basis of the" cluster "approach, which provides for the unification into a group of different-level medical organizations, complementary and mutually reinforcing each other."³ According to WHO experts, one of the four indicators of the provision of quality medical care for the ILC) population is patient satisfaction with medical care.⁴ However, until now, insufficient attention has been paid in the works of researchers to the study of the satisfaction with the ILC provided in the institutions of the third - highly qualified and highly specialized link.⁵ The opinion of patients is a criterion that reflects the subjective characteristics of the activities of any institution in the organization of the treatment and prophylactic process, the sanitary and anti-epidemic state of the institution, social and consumer services for patients.⁶

Purpose of work: analysis of the opinion of patients of the multidisciplinary medical center of the Navoi region of the Republic of Uzbekistan on the quality of the provision of highly qualified cardiological care.

Materials and methods: A specially developed questionnaire and data from annual reports of the multidisciplinary medical center of the Navoi region of the Republic of Uzbekistan were used as a tool. In total, 366 patients of the center who were treated in the cardiology department from 2017 to 2020 took part in the study. The sample of participants in the anonymous survey was made by a simple random method, during their repeated visit to the clinic of the center. When questioning children under 14 years old, the child's parents or legal representatives took part in the questionnaire. This ensured greater objectivity of the data obtained. The survey data were analyzed using the Microsoft Excel 2010 software package, using a library of statistical functions with the calculation of the arithmetic mean (M), standard deviation (σ), standard error (m), relative values (frequency, specific gravity in %), Student's test (t) with the calculation of the error probability ($P < 0.001$). Differences in statistical values were considered significant at a significance level of $P < 0.05$.

Results and discussion:

¹ Kamilova, D. N., Saydalikhujaeva, S. K., Rakhmatullaeva, D. M., Makhmudova, M. K., & Tadjieva, K. S. (2021). Professional image of a teacher and a doctor. *British Medical Journal*, 1(4).

² Axmedov D, Kuchera T. Perspectives of demographic development of the Republic of Uzbekistan for the period 2018-2050 gg. // Fond OON in the region of narodonaseleniya in Uzbekistan. - Prague - Tashkent. -2019. – 63p.

³ Decree of the President of the Republic of Uzbekistan dated 07.12.2018 № UP-5590 "On complex measures for the modernization of the health care system of the Republic of Uzbekistan" // Assembly of Legislation of the Republic of Uzbekistan.-10. 12. 2018.- N 49, st. 933

⁴ Ibragimov A.Yu. Approaches to the restructuring of the system of medical assistance to the rural population of the Republic of Uzbekistan // Bulletin of the Association of Physicians of Uzbekistan, 2012. № 3. p. 97-100.

⁵ Kamilova, D. N., & Saydalikhujaeva, S. Kh., Abdashimov, ZB, Rakhmatullaeva, DM & Tadjieva XS (2021) Employment relations and responsibilities of medical institutions workers in a pandemic in Uzbekistan. *Journal of Medicine and Innovations*, 2, 13-19.

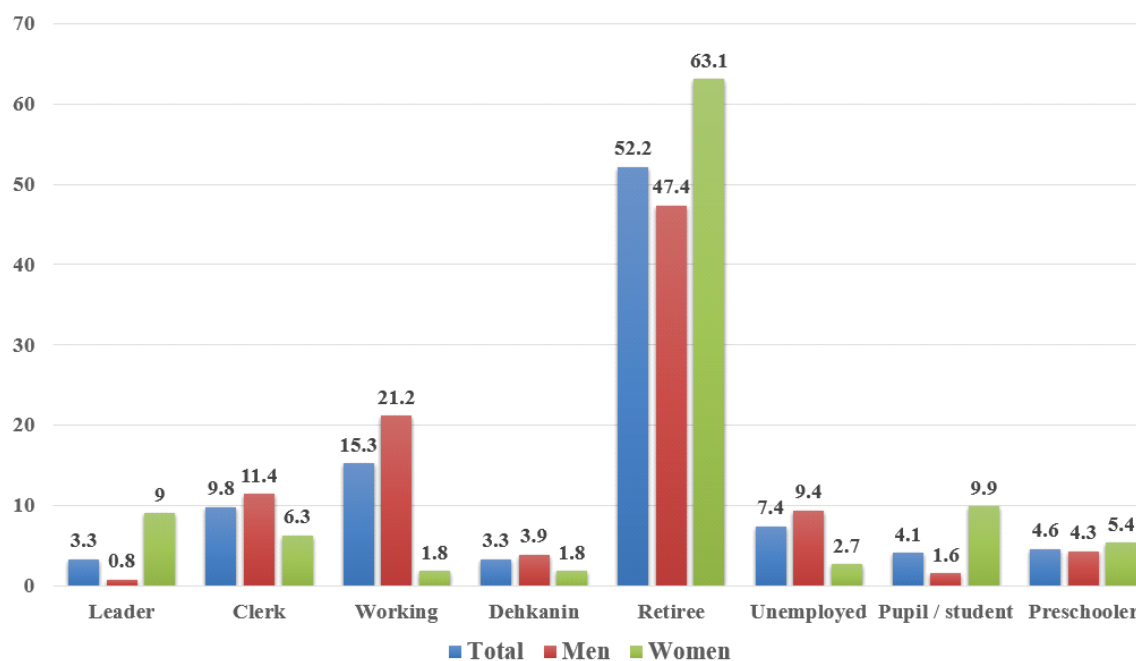
⁶ Menshikova L.I., Dyachkova M.G., Morodovsky E.A. Assessment of the reliability of the opinion of patients about the quality of inpatient medical care // *Health Manager*. -2014. -№5. - S. 18-24.

Navoi region is one of the most industrial regions of the Republic of Uzbekistan with a developed mining, metallurgical, chemical and textile industries. The population of the region in 2021 exceeded one million people. The regional center is the city of Navoi. Healthcare institutions of the region are represented by rural medical centers, rural and urban family polyclinics, central district hospitals, etc., including the Navoi Regional Multidisciplinary Medical Center (NRMMC), created by the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 48 dated March 18, 2008. The center is funded in equal shares from the state budget and paid medical and non-medical services. Since 2017, a methodological branch of the Republican Specialized Scientific and Practical Medical Center of Cardiology has been created on the basis of the center. In addition, the center has departments of interventional cardiology, cardiac surgery, radiography and radiology. The Department of Interventional Cardiology performs angiography, stenting, correction of heart defects, angiographic examinations of other organs and stenting operations.

366 patients of the cardiology department of the hospital of the Navoi regional multidisciplinary medical center who were registered in the center's polyclinic from 2017 to 2020 took part in the survey. Among the respondents, a significant majority were men 255 people - $69.7 \pm 2.4\%$, women, respectively, 111 people - $30.3 \pm 2.4\%$ ($P < 0.05$). The average age of all respondents was 55.7 ± 0.9 years, women were significantly younger (52.7 ± 2.6 years) than men (57.0 ± 0.9 years) ($P < 0.05$). In terms of social status (Fig. 1), the respondents were distributed as follows: the majority were pensioners 52.2 ± 2.6 ; production workers 15.3 ± 1.9 ; employees 9.8 ± 1.6 ; unemployed 7.4 ± 1.4 ; preschoolers 4.6 ± 1.1 ; pupils (pupils and students) 4.1 ± 1.0 ; farmers and managers of different ranks made up $3 \pm 0.9\%$ each.

Picture 1.

Distribution of respondents by social group (per 100 people of the corresponding group)



The routing of the patient's referral to the NRMMC hospital provides for the mandatory appeal of the patient to the polyclinic at the place of residence to receive a warrant for hospitalization for treatment at the expense of the state budget. In the absence of a warrant or when using the patient's right to a free choice of a medical institution, patients turn to an advisory clinic. After consulting the doctors of the center's specialists and a corresponding examination in the diagnostic departments of the clinic and establishing a clinical diagnosis, as well as in the presence of indications and the patient's consent, he is given a referral in the established form for inpatient treatment in the specialized department of the clinic on a paid

basis.¹ Thus, the polyclinic link is one of the most important stages in obtaining specialized, highly qualified cardiological care. It should be noted that when asked about the organization of work in the polyclinic that sent you a good assessment, $17.8 \pm 2.0\%$ of respondents gave a good assessment, and among men, only $16.1 \pm 2.3\%$ of respondents held this opinion, and among women, their number was slightly higher than $21.6 \pm 3.9\%$, $70.1 \pm 2.8\%$ of men and $70.3 \pm 3.4\%$ of women rated the performance of the polyclinic as satisfactory; The work of the polyclinic was considered unsatisfactory by $11.8 \pm 2.0\%$ of men and $8.1 \pm 3.2\%$ of women ($P > 0.05$). Thus, the general assessment of the activity of the polyclinic unit does not differ in its characteristics among the male and female groups.

Table 1.
Distribution of respondents' opinions on the professionalism of polyclinic doctors (per 100 surveyed relevant groups)

Assessment level	Total		Men		Women	
	Aбс.	%	Aбс.	%	Aбс.	%
Good	83	$22,7 \pm 2,0$	53	$20,8 \pm 2,5$	30	$27,0 \pm 4,3$
Satisfactorily	266	$72,7 \pm 2,3$	190	$74,5 \pm 2,7$	76	$68,5 \pm 4,4$
Satisfactorily	17	$4,6 \pm 1,1$	12	$4,7 \pm 1,3$	5	$4,5 \pm 2,0$
Total	366	100	255	85,9	111	100

The professionalism of the polyclinic doctors (Table 1) was characterized as good by every fifth respondent $22.7 \pm 2.0\%$, the majority of respondents considered it satisfactory 72.7 ± 2.3 and only $4.6 \pm 1.1\%$ considered the work of doctors as unprofessional ($P < 0.05$). Opinions within the groups of respondents by gender were similarly distributed, and there were no fundamental differences between them. For the most part, $74.5 \pm 2.7\%$ of men and $68.5 \pm 4.4\%$ of women noted the professional qualities of polyclinic doctors as satisfactory ($P > 0.05$).

An important role in assessing the quality of the joint work of the polyclinic and the hospital is played by the consistency in the timing of hospitalization of patients from the moment of receiving the order to the day of admission to the hospital. In this case, the waiting times as unsatisfactory as a result of their duration were assessed by $9.4 \pm 1.8\%$ of men and $4.5 \pm 2.0\%$ of women ($P < 0.05$), in total 7.9 ± 1 were considered excessive waiting times for hospitalization. , 4% of respondents. Most of the respondents described this indicator as satisfactory ($72.4 \pm 3.4\%$), and every fifth patient ($19.7 \pm 2.1\%$) noted it as good.

The results of the patient survey showed that $74.3 \pm 2.8\%$ of them were satisfied with the duration, waiting conditions and the attitude of the staff in the admission department at the time of hospitalization, however, $7.9 \pm 2.8\%$ rated the assessment as unsatisfactory. At the same time, men turned out to be more demanding, as $9.4 \pm 1.8\%$ of them gave a poor rating, while women characterized the work of the admissions department as poor only in $4.5 \pm 1.9\%$ of cases ($P < 0.05$)

...

In assessing the professionalism of medical personnel (Table 2) of the cardiology department of the Navoi regional multidisciplinary medical center, more than half of the respondents, $55.2 \pm 2.6\%$, rated it as good, and $44.8 \pm 2.6\%$, while in the group of men and women the level the good grade was almost the same. Not a single patient gave an unsatisfactory assessment of the doctors' activity. A direct participant in the hospital treatment process is the

¹ Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 696 dated 05.09.2017 "On approval of the regulation on the procedure for the provision of medical care in medical organizations of the system of the Ministry of Health of the Republic of Uzbekistan at the expense of the State budget of the Republic of Uzbekistan // Collected Legislation of the Republic of Uzbekistan. - 2017. - No. 36. - P. 960.

nursing staff, the duration of communication with whom is much higher and more versatile for each patient than communication with a doctor. The professionalism of nurses was assessed by the respondents as good in $61.7 \pm 2.5\%$, as satisfactory in $44.8 \pm 2.6\%$ and as unsatisfactory in $2.2 \pm 0.8\%$ of cases ($P < 0.05$).

Table 2.

Distribution of the respondents' opinions on the professionalism of doctors at the NRMCC (per 100 surveyed relevant groups)

Professionalism	Good			Satisfy-tally			Unsatisfied tally		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
Doctors	55,2± 2,6	54,5± 3,1	56,8± 4,7	44,8± 2,6	45,5± 3,1	43,2± 4,7	0,0	0,0	0,0
Nurses	61,7± 2,5	62,0± 3,0	61,3± 4,6	36,1± 2,5	36,0± 3,0	36,0± 4,6	2,2 ±0,8	2,0± 0,8	2,7± 1,5

One of the most important elements of the organization of the treatment process in any hospital is the completeness of diagnostics (Table 3). In general, all respondents regarded the quality and completeness of diagnostics at the NRMCC as good in $70.8 \pm 2.3\%$ of cases, another $25.6 \pm 2.3\%$ described it as satisfactory, and only $3.6 \pm 1.0\%$ were not satisfied with this service ($P < 0.05$). At the same time, there were no statistically significant differences in the opinions of men and women. Another element of the quality of the treatment process is the completeness of treatment and the availability of essential medicines. The majority of the respondents $69.7 \pm 2.4\%$ agreed that the completeness of treatment and the organization of the provision of the treatment process with pharmacological agents deserves a good assessment.

Table 3.

Distribution of respondents' opinions about the main elements of the treatment process in the NRMCC (per 100 surveyed relevant groups)

Communication elements	Good			Satisfactorily			Unsatisfactorily		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
Completeness of diagnostics in the center	70,8±2,3	69,8±2,9	73,0±4,2	25,6±2,3	25,9±2,7	25,2±4,1	3,6±1,0	4,3±1,3	1,8±1,2
Completeness of treatment and availability of drugs	69,7±2,4	70,6±2,9	67,6±4,3	25,1±2,3	23,5±2,7	28,8±4,3	5,2±1,1	5,9±1,5	3,6±1,8
Availability of explanations	11,5±1,7	11,8±2,0	10,8±2,9	80,1±2,1	79,6±2,5	81,1±3,7	8,4±1,5	8,6±1,8	8,1±2,6
Availability of information materials	12,6±1,7	12,5±2,1	12,6±3,1	76,2±2,2	76,1±2,7	76,6±4,0	11,2±1,7	11,4±2,0	10,8±2,9

Every fourth respondent, 25.1 ± 2.3%, considered this element satisfactory, and only 5.2 ± 1.1% of patients were dissatisfied with the completeness and quality of treatment (P <0.05). At the same time, there were more patients dissatisfied with the treatment among men 5.9 ± 1.5 than women 3.6 ± 1.8, however, there were no statistically significant deviations in the opinion of the compared groups (P <0.05)

In the course of obtaining informed consent for high-tech intervention and treatment, the patient's awareness of the course, prospects and dangers of the chosen treatment method, which are discussed during conversations with a doctor and nursing staff, is of great importance; only every tenth person described the availability of explanations as good 11.5 ± 1, 7 of those interviewed during the study. In general, 80.1 ± 2.1% were satisfied with the interviews with the medical staff. The quality of communication between the patient and the medical staff was unsatisfactory by 8.4 ± 1.5% of the respondents (P <0.05). It should be noted that there was no significant difference in the opinions of men and women on this issue.

The greatest number of complaints among patients was caused by the process of organizing food in the hospital: no ratings were given well at all, 56.8 ± 2.6% of respondents considered nutrition to be satisfactory. At the same time, men were satisfied with nutrition in 54.1 ± 3.1% of cases, and women in 63.1 ± 4.6%. 45.9 ± 3.1% of men and 36.9 ± 4.6% of women were not satisfied with the quality of food in the hospital.

In general, 92.9 ± 1.3% of patients were satisfied with the quality of treatment in the Navoi Regional Multidisciplinary Medical Center, 3.6 ± 0.9% assessed the center's performance well, and 3.6 ± 0.9% were dissatisfied with the quality of the center's work. patients (P <0.05).

Conclusion

As shown by a survey of the opinions of patients of the Navoi Regional Multidisciplinary Medical Center, most of them were satisfied with the quality of medical care and the conditions of stay in the center. In most opinions, the waiting time for hospitalization and the organization of the work of the admission department were assessed as satisfactory. Every second patient rated the professionalism of the doctors and nurses of the center as good, and every third as satisfactory. The main complaints were expressed by the patients regarding the organization of meals in the hospital - the score was not given well by any patient, in addition, according to the patients, more attention should be paid to the medical staff talking with patients and their relatives.



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