

WAYS OF EVALUATING THE MEDICAL SYSTEM, OVER TIME, THROUGH PERFORMANCE INDICATORS, GENERALLY ACCEPTED AT THE NATIONAL LEVEL

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Abstract

The parallelization of the management of the sanitary units in Romania, by emphasizing and highlighting the strong points as well as the less developed points, helps both in the field of the theory of hospital administration and in the field of the practitioners of the sanitary units. Through the research that follows, it will be possible to establish many mistakes in the field of hospital administration but also the objective possibility of avoiding some wrongly taken measures in the future. At the same time, the correct decisions taken regarding the management of hospitals must be highlighted, developed and supported as viable in the administration of health units.

In fact, the research of hospital administration by paralleling the two time periods, the centralized period and the decentralized period, is nothing more than a highlight of our ability to learn from the history lived in the last 20 years in the Romanian medical sector.

This abstract can be defined by the following slogan: "We learn from our past, we do not repeat the wrong measures, and effective decisions must be maintained and sustained."

Key words: decentralization, health services, hospitals, Faculty of Medicine and Pharmacy, Local Public Administration.

INTRODUCTION

In fact, the first question we can ask is in what form do we compare the two time periods?

Also, the next question we can ask is about quantifiable parameters specific to the medical sector, which may highlight certain positive or negative situations for these periods of time.

Some of these performance indicators, quantifiable from a numerical point of view but also qualitative, can be the following:

- the modalities of classification in the sanitary units with beds;
- the capacity to provide the necessary medicines in the hospital;
- level of cleanliness within the hospital wards;
- quality and quantity of meals served to hospitalized patients;
- number of nosocomial infections detected and reported in the hospital;
- waiting time at the UPU-SMURD emergency unit;

MATERIAL AND METHOD

In conducting this study, the main working method is the "analysis method". In addition, we also use the "comparison method". The data are obtained from official documents issued by the Local Council of Oradea, as well as by the City Hall of Oradea. (dispositions and decisions of the local council of Oradea municipality), of the Ministry of Health-ministerial order, decisions of the Senate of the University of Oradea.

RESULTS AND DISCUSSIONS

1. The modalities of classification in the sanitary units with beds can be of several types:

-clinical integration is a formula for concluding an employment contract between a hospital and a doctor, in a specific specialty, with the professional degree of specialist or mayor. This doctor must meet two sine qua non conditions, namely:

- to be employed at the Faculty / University of Medicine and Pharmacy on a teaching position, within a department / discipline;

- to request, to the sanitary unit with beds, the classification on 0.5 doctor position in the respective specialty;

Of course, there is specific legal legislation governing this form of hospitalization, which specifies all the approvals required to conclude such an employment agreement.

According to the latest legislation in the field, the last approval on clinical integration is given in the Board of Directors of the hospital, the administrative act of approval materializing in the form of a Decision of the Board of Directors, based on the decision of the majority.

-incorporation through competition / examination for filling the positions of doctors. Unlike the first method of classification in which no theoretical or clinical evidence for a doctor's position is given, in the second formula the hospitalization is made on the basis of a written test and a clinical test (at the patient's bedside). depending on the specialty of the job).

2. The provision of medicines for patients admitted to a health unit is a basic indicator, extremely important, a real barometer in terms of the smooth running of managerial activity in the hospital.

There are situations, in hospitals, in which the medical staff, usually the attending physician, asks the patient to purchase from outside the unit a certain type of medicine to be used in the treatment of the patient.

The rule of the hospital is that the management of the health unit and the medical department in which the patient is hospitalized to provide all the

medicines, prescribed by the attending physician, to help restore health before the onset of the disease.

Requesting to bring medicines from outside the hospital is a negative indicator for any hospital management. This barometer shows that there are some organizational or substantial deficiencies in the organization and operation of the hospital administration.

3. Cleanliness in the medical departments of the hospital, in the medical laboratories or TESA structures, is the indicator that highlights the manager's ability to provide optimal conditions for the provision of medical services in the hospital he manages.

4. The cleanliness of the hospital is closely related to another important factor in this administrative framework of the provision of medical services, namely nosocomial infections.

A comprehensive definition of nosocomial infection or inpatient infection is “that infection which is not present or which is not in the incubation period when the patient was hospitalized and adds to the disease for which the patient was hospitalized. Nosocomial infections may be related to deficiencies in hygiene, sterilization, maneuvers or medical care. [2] This type of infection occurs in a hospital, either between patients with different diseases who come into contact with each other, or from patients or caregivers from the care staff. Usually this infection is post-operative”¹¹.

5. Extremely important in a hospital is the quality and quantity of the meal served to the patient. Dietary assistance is an extremely important link between the doctor and the patient.

For example, in type 1 or type 2 diabetes, the patient's treatment of insulin or medication is directly related to the amount of carbohydrates in each meal. Specifically, the dietitian must establish and follow all the doctor's instructions in this regard. Incorrect calculation of the amount of carbohydrates served to the diabetic patient leads to failure to achieve the goal set by the diabetologist in treating the patient. Wrong calculation of the food served to the patient will lead to a state of hypoglycemia or hyperglycemia.

6. The waiting time of the patient in the emergency unit is extremely important from several points of view.

Strictly human, every second of waiting for a patient in the waiting room, is an eternity due to the acute pain he feels. However, paramedics have a duty to make a selection of cases according to the severity of each one. More specifically, a metatarsal fracture can be delayed if, at the same time, there is a victim of an accident in cardiac arrest.

CONCLUSION

All these performance indicators, which are part of the method of evaluating the organizational management of a hospital, must be evaluated strictly, objectively and professionally by competent personalities in the medical world. Only in these conditions can the strengths and weaknesses in the evaluation of the activity of administration and management of a sanitary unit with beds be quantified.

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