STUDY ABOUT CONTINUITY, AS A DIMENSION OF MEDICAL SERVICE QUALITY, AT THE LEVEL OF INTERNAL MEDICINE DEPARTMENT OF THE CITY HOSPITALS

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Abstract: *This study is part of a more extensive approach of medical service quality assessment of the inpatients from the city hospitals. The three care levels, primary, secondary and tertiary, were evaluated based on the continuity dimensions. The aim of the study was to evaluate with self-administered questionnaire, the continuity of medical services provided to the inpatients from the internal medicine department of city hospitals. The study involved 14 city hospitals, 2 hospitals per each region of development. 54 patients for each department were randomly selected. Data collection took place during July - September 2009. The results prove a good relation of the patients with their family doctor, 50% of them used to visit their family doctor at least once per month. 90% of the patients have received medical care after discharge from their family doctor and ambulatory specialists and hospital doctors. At discharge, more than 80% of all patients received a medical letter for their family doctor. Almost all of these patients gave to their family doctor this document. Thus, it can be concluded that there exists a convenient level of medical services continuity for the studied population.*

Rezumat: *Prezentul studiu face parte dintr-un demers mai amplu de evaluare a percepţiei populaţiei internate în spitalele orăşeneşti, privind calitatea serviciilor medicale accesate, la toate cele trei nivele primar, secundar şi terţiar, prin prisma dimensiunilor continuităţii. Scopul studiului a fost să evalueze, pe baza unui chestionar autoadministrat, continuitatea serviciilor medicale oferite pacienţilor internaţi în secţiile de medicină internă din 14 spitale orăşeneşti, câte 2 spitale din fiecare regiune de dezvoltare. Au fost selectaţi randomizat minim 54 de pacienţi pentru fiecare secţie de spital. Colectarea datelor a avut loc în perioada iulie – septembrie 2009. Rezultatele evidenţiază că pacienţii au o bună relaţie cu medicul lor de familie, 50% dintre ei îl solicită cel puţin o dată pe lună. 90% dintre pacienţi au primit îngrijiri medicale după externare atât de la medicul de familie, cât şi de la medicii specialişti din spital şi ambulator. Peste 80% dintre pacienţi au primit documente medicale la externarea din spital, documente pe care le-au prezentat medicului lor de familie. In concluzie, se poate aprecia un nivel general convenabil al continuităţii serviciilor medicale pentru populaţia studiată.*

INTRODUCTION

The Romanian health system is based on social health insurance that implies the compulsory payment of contribution and the free choice of the health services provider at any level of medical care. The system is based on the primary care provided by family doctors that act as gatekeepers.

However, some patients access directly the tertiary medical services, hospital services, from the in charge and from the medical care after discharge.

Continuity, a dimension of health services quality, represents the capacity to provide care over time and in a coordinated manner. In all medical specialties there are three types of continuity: informational continuity, continuity of case's management and relational continuity.

AIM OF THE STUDY

The evaluation of the continuity of medical services provided by the family doctor and the internal medicine department from city hospitals.

The hypotheses are:
- Some patients access the hospital services on one's own initiative and they don't ask their family doctor for this;
- In the health system there are duplicate works of the professionals and a waste of resources, because there are deficiencies in the informational continuity insurance;
- There are many problems regarding compliance and patient satisfaction because there are deficiencies in the case's management;
- There are unsatisfactory patient needs, because there are deficiencies in the relational continuity.

MATERIAL AND METHOD

The study belongs to the evaluative research of the health systems. This study is a descriptive type with a transversal approach. The study population was established by successive selections.

1. The national representation was ensured by selecting 2 city hospitals per each development region. The criteria for this selection was:
- Each hospital has 4 departments/compartments: internal medicine, general surgery, paediatrics and obstetrics-gynaecology;

- The bed number for each department/compartment: minimum 10;
- Less than 2000 validated cases per hospital in 2008;
- Hospitals without external departments;
- For each region it was selected the hospital with at least 2 departments with extreme Case-Mix Index (maximum and minimum);
- At least 45 inpatients per department and per quarter validated in 2008.

2. The final choice of patients was obtained by random selection with mechanic step based on the in charge moment. In the study there were included the first 6 patients in charge at the beginning of each monthly decade. It was established a target of 756 patients and there were validated 735 questionnaires. Data collection took place during three months: July - September 2009.

A self-administered questionnaire was utilized as a tool. The questionnaire consists of 20 questions, out of which 14 closed answer questions, 4 open answer questions and 2 questions with partially closed answers. The questionnaire was utilized to highlight the three dimensions of continuity: informational continuity, case's management and relational continuity. The variables collected for each dimension were:

a) Informational continuity - medical documents: medical letter, referral from hospitalization;
b) Case's management: the ambulatory services requested, the last year's admissions, the surveillance and control after discharge, the home care and the recovery therapy;
c) Relational continuity: the requests of the family doctor, the family doctor surveillance and control after discharge, the reasons of satisfaction or dissatisfaction related to the family doctor.

The questionnaire has a section with demographic and socio-economic dates. The variables were: age, gender, having insurance and inclusion on family doctor list of capitation.

RESULTS

Based on the present methodology, there were selected 14 city hospitals from 7 development regions, Bucureşti-Ilfov region was deferral.
The questioned population are more than 18 years old and 50.48 % are female. 95.65 % of the patients were included in the health insurance system, 97 % of them were included on family doctor lists.
The results related to the dimensions of continuity, were:
1. Informational continuity is reflected in the medical documents:
a. One of these documents is the referral for hospitalization. The family doctors' referrals were solicited from them in different proportions: from 26.53 % in the South region to 63.98 % in the Nord-West region (figure no.1).

Figure no. 1. Modality of admission
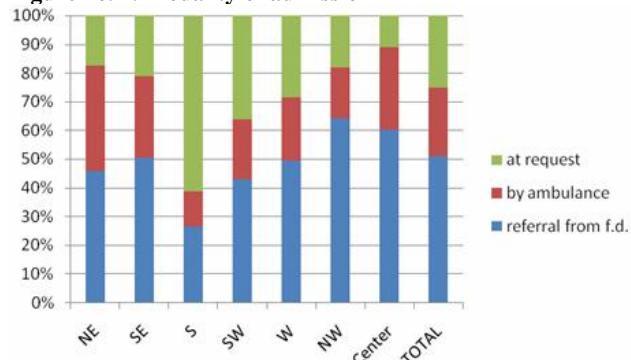
b. Another document is the medical letter. More than 80 % of patients received a medical letter at discharge (figure no. 2)
2. Case management is one of the patient's rights to benefit of continuous medical care until the amelioration of their health status or until cured. When the family doctor isn't accessible, the patients usually request hospital services 54.33% and ambulance services 39.98%.

In the last year, patients requested ambulatory medical services in variable proportions: from 41.94% in the Nord-East region to 81.82% in the West region. The most requested services were internal medicine, cardiology, neurology, etc. in proportion of 63.27%.

Over 52% of the questioned population requested hospital admission during the last year (figure no. 3).

Figure no. 2. Medical letter of discharge
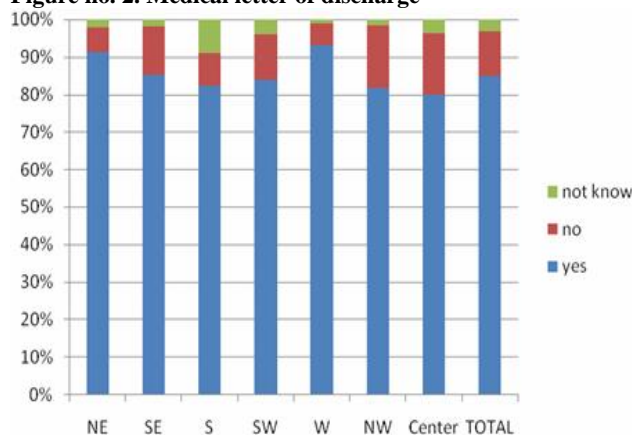
Figure no. 3. Admission in the hospitals during last year
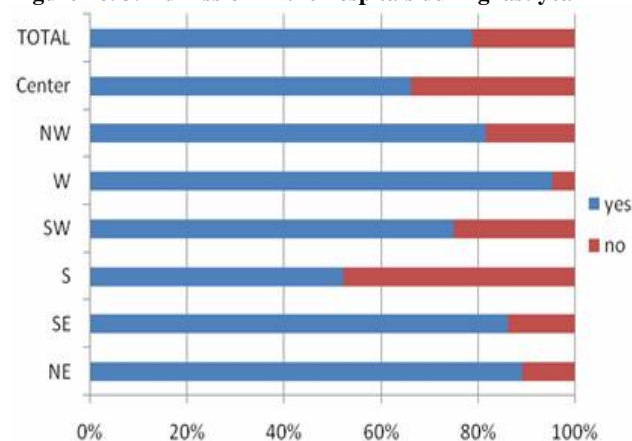
After discharge, the patients have received medical care from their family doctor 54.09%, from hospital doctors 19.50% and from ambulatory specialists 15.09%. At the same time, the patients have received home care in percentage 16% and recovery therapy in percentage 28%.
3. Relational continuity is represented by the family doctor-patient relationship.

The patients request the family doctor at least once per month in different percentages on each region: from 34.44% in the South region to 56.25% in Center region (figure no. 4).

At same time, patients gave the medical documents received at the discharge to their family doctor in percentage 82.31%.

The main reasons of satisfaction and dissatisfaction on the family doctor-patient relationship are presented using table no. 1.
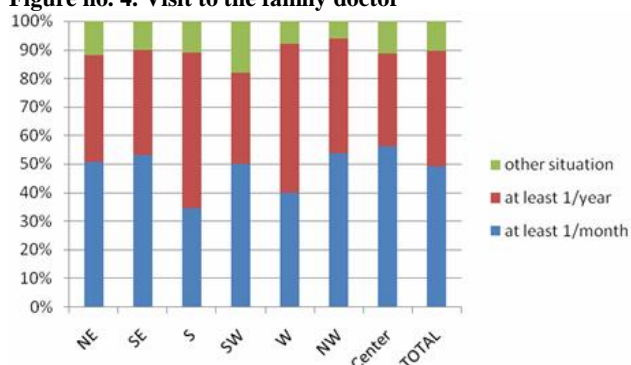
Figure no. 4. Visit to the family doctor

Table no. 1. The main reasons on family doctor-patient relationship

The satisfaction reasons	1. The behaviour with patients	185
	2. Prescription of the compensated recipes	128
	3. Good professional	101
The dissatisfaction reasons	1. Over crowdedness / increased waiting time	90
	2. Breach of schedule / lack of a daily programme	57
	3. Inadequate / superficial demeanour	41

CONCLUSIONS

The continuity of medical services was perceived by the patients according to their expectations of coherence and correlation regarding the medical services.

The existence of informational continuity was highlighted in that though only 50 % of the patients requested a referral for hospitalization from their family doctor, more than 80 % of the patients received medical documents at discharge and gave them to family doctor.

Case management for a hospitalization episode was ensured through surveillance and control after discharge provided by the family doctor (54%) and by the hospital doctor (19.50%), as well as home care (16%) and recovery therapy (28%).

Relational continuity evidenced by family doctor-patient relationship indicates good coverage: more than 91% of patients were included on the family doctor capitation list; 50% of them to visit their family doctor at least once per month.

Therefore, it can be inferred that there exists a convenient level of the medical services continuity for the study population.

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