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* Principles of providing medical care in an outpatient setting. Organization of work of general practitioner-family doctor. Day and home hospitals.

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2022

*Medical care

* ***Medical care*** - actions of professionally trained medical workers aimed at prevention, diagnosis, treatment and rehabilitation in connection with diseases, injuries, poisonings, pathological conditions, as well as in connection with pregnancy and childbirth.

Medical care includes several types:

* Primary medical care
* Secondary medical care
* Tertiary medical care
* Palliative medical care
* Emergency medical care

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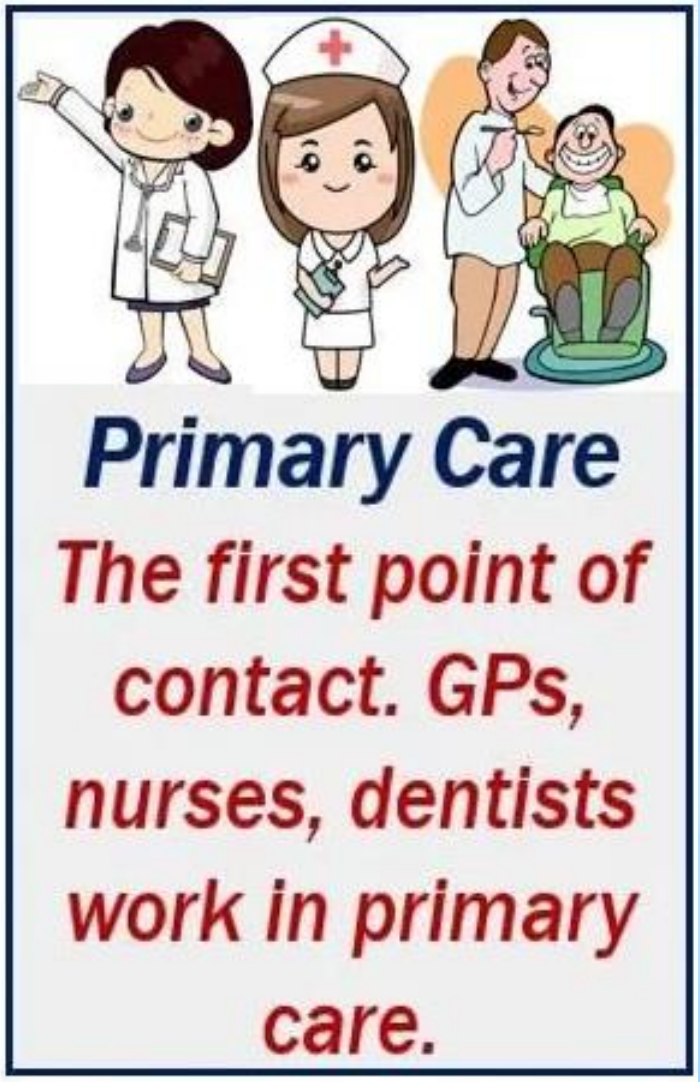
Primary care

- ***Primary medical care*** - medical care provided in an outpatient setting or at the place of residence of the patient by a general practitioner (GP) - family doctor (FD); it provides consulting, diagnosis, treatment and prevention of the most common diseases, injuries, poisonings, consulting, monitoring and management in case of physiological conditions (during pregnancy).
- Primary medical care institutions in Ukraine include primary medical care centers, district centers for rural population, outpatient clinics, and private medical offices.

Primary care

- Primary care involves the widest scope of health care, patients seeking to maintain optimal health, and patients with all acute and chronic health issues.
- Primary care is often the first point of contact for people in need of healthcare, usually provided by professionals such as primary care physician, also called a general practitioner or family physician.
- Depending on the nature of the health condition, patients may then be referred for secondary or tertiary care.



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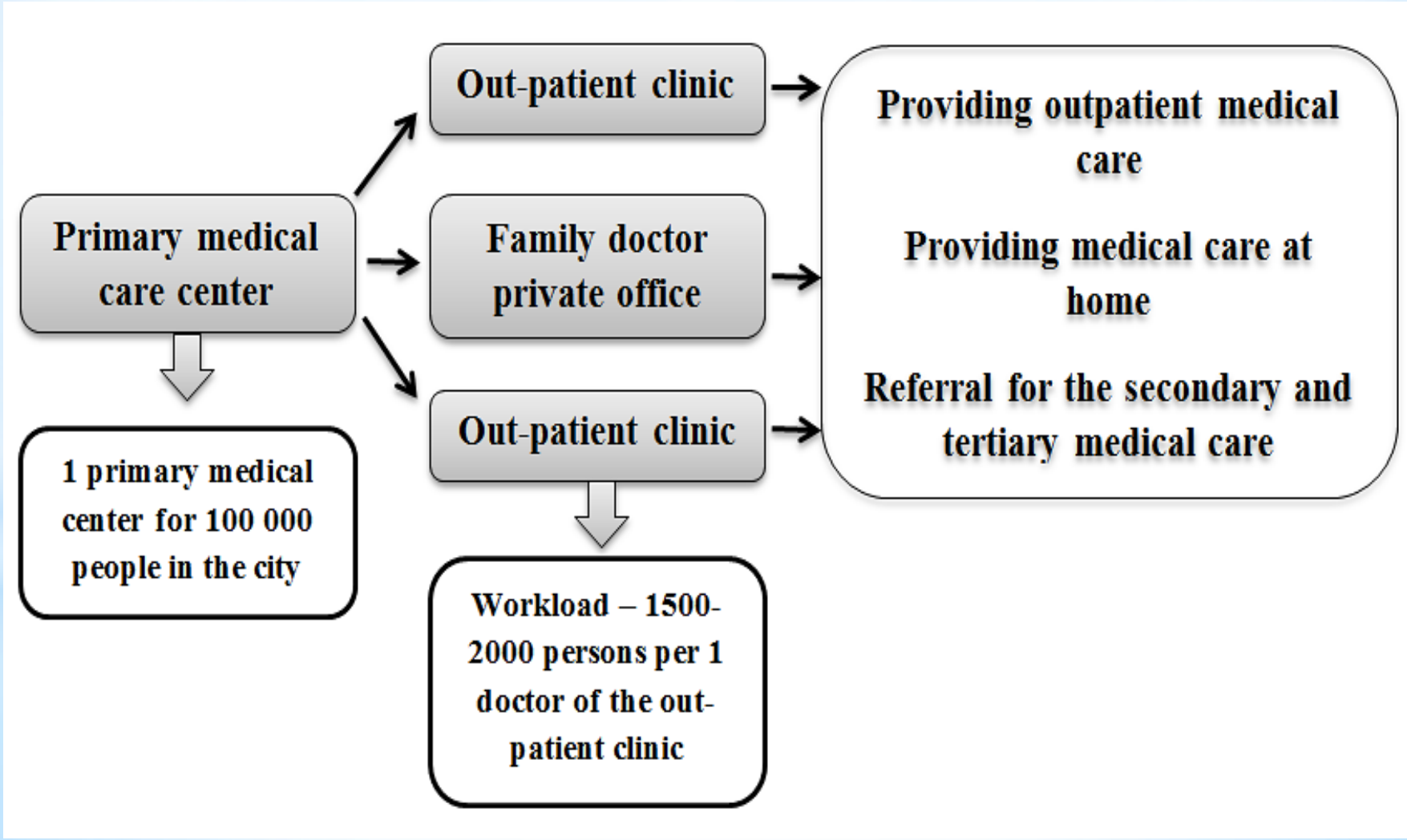
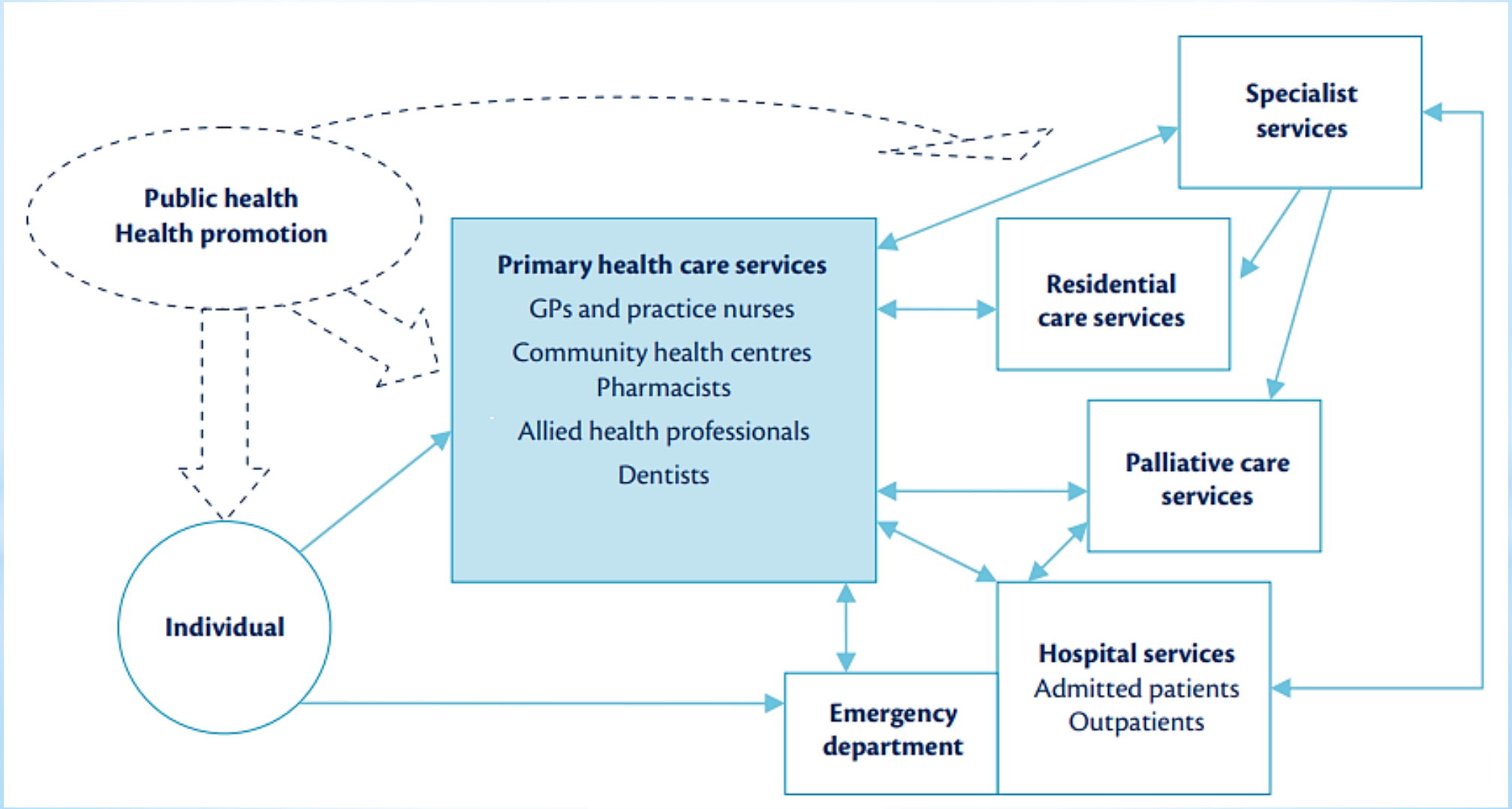
Organization of primary medical care in Ukraine (urban areas)



*The role of primary medical care in health care system



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Primary health care centers

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*Secondary medical care

Secondary medical care is also called specialized medical care. It is provided in outpatient or inpatient settings by doctors of the relevant specialization as planned or in emergencies and provides consultation, diagnosis, treatment, rehabilitation and prevention of diseases, injuries, poisonings, necessary scope of specialized medical care in case of physiological conditions (during pregnancy and childbirth).

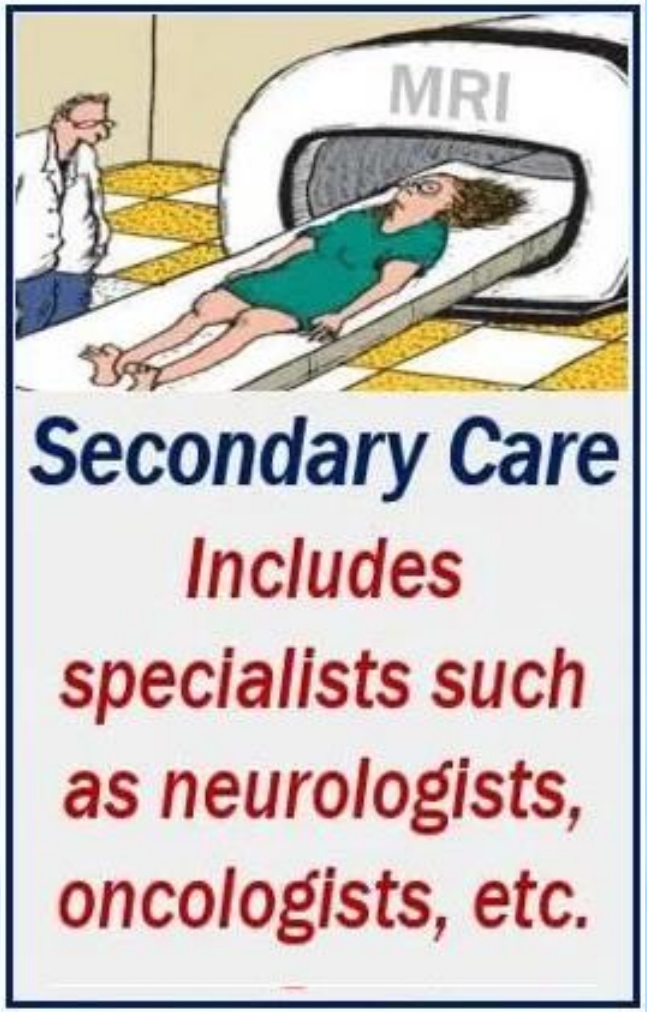
Secondary (specialized) medical care is provided by health care institutions:

- in inpatient conditions - hospitals (including emergency and planned hospitalizations), rehabilitation centers, hospices, specialized medical centers;

- in an outpatient setting - consulting and diagnostic departments of hospitals, medical consulting and diagnostic centers.

Secondary care

- Medical specialists and other health professionals, who typically don't have initial contact with patients, provide secondary care (hospitals or medical consulting centers).
- Secondary care, which is sometimes referred to as hospital and community care, can either be planned (elective) care such as a cataract operation, or urgent and emergency care such as treatment for a fracture.



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*Tertiary medical care

- ***Tertiary or highly specialized medical care*** **- medical care provided in an outpatient or inpatient setting, routinely or in emergencies and provides consulting, diagnosis, treatment of diseases, injuries, poisonings, pathological conditions, management of physiological conditions (during pregnancy and childbirth) using high-tech equipment and/or highly specialized medical procedures of high complexity.**
- **Provision of tertiary medical care is carried out by highly specialized multidisciplinary or single-profile health care institutions. Tertiary care services include such areas as cardiac surgery, cancer treatment and management, burn treatment, plastic surgery, neurosurgery and other complicated treatments or procedures.**

Tertiary care

- Tertiary care refers to highly specialized treatment such as neurosurgery, transplants and secure forensic mental health services. Patients being treated requiring a higher level of care in a hospital may be considered to be in tertiary care.
- Physicians and equipment at this level are highly specialized.

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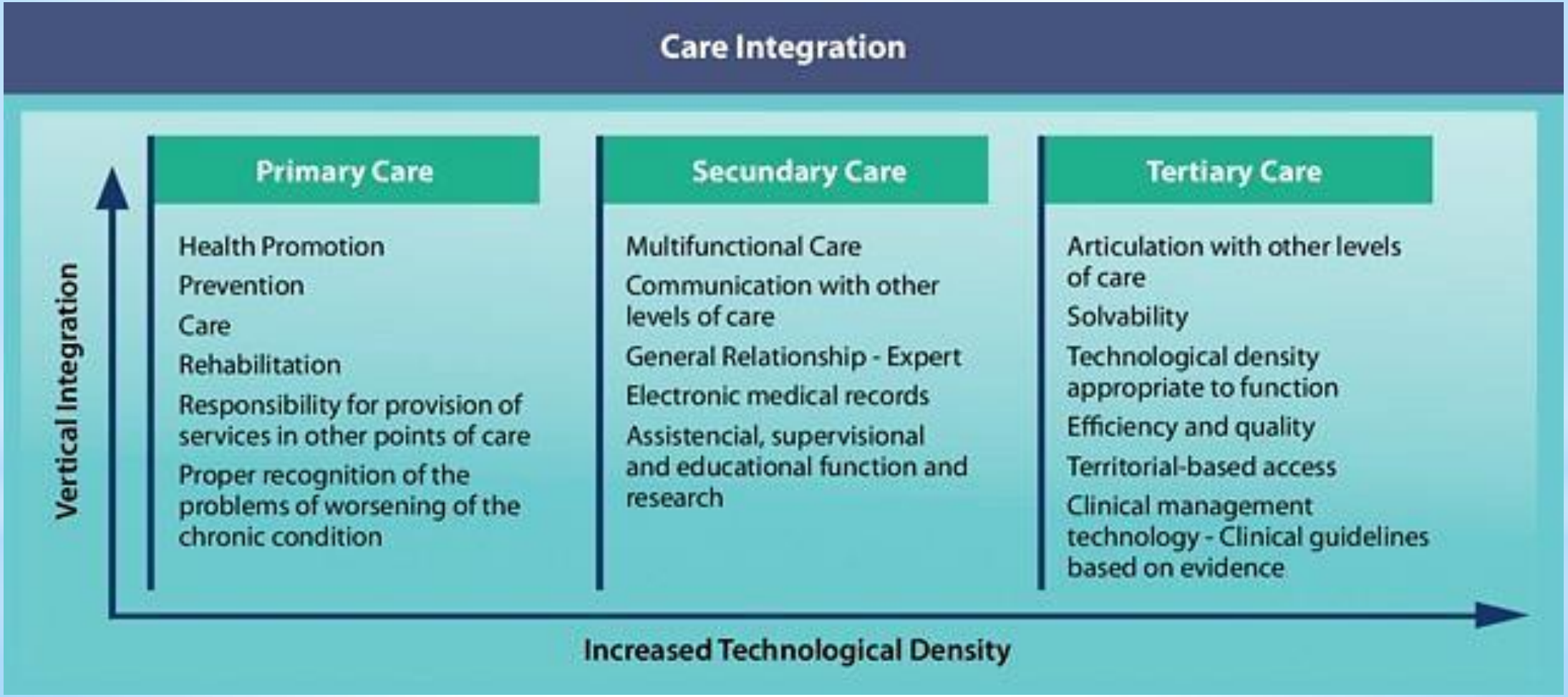
*Types of medical care



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*Quarternary health care

*The term quaternary care is sometimes used as an extension of tertiary care. Quarternary care includes uncommon, highly specialized and experimental treatment.

*Palliative care

Palliative care - is care in the last stages of incurable diseases.

*Palliative care is provided to patients, which includes a set of measures aimed at diminishing the physical and emotional suffering of patients, as well as ensuring psychosocial and moral support to their family members.

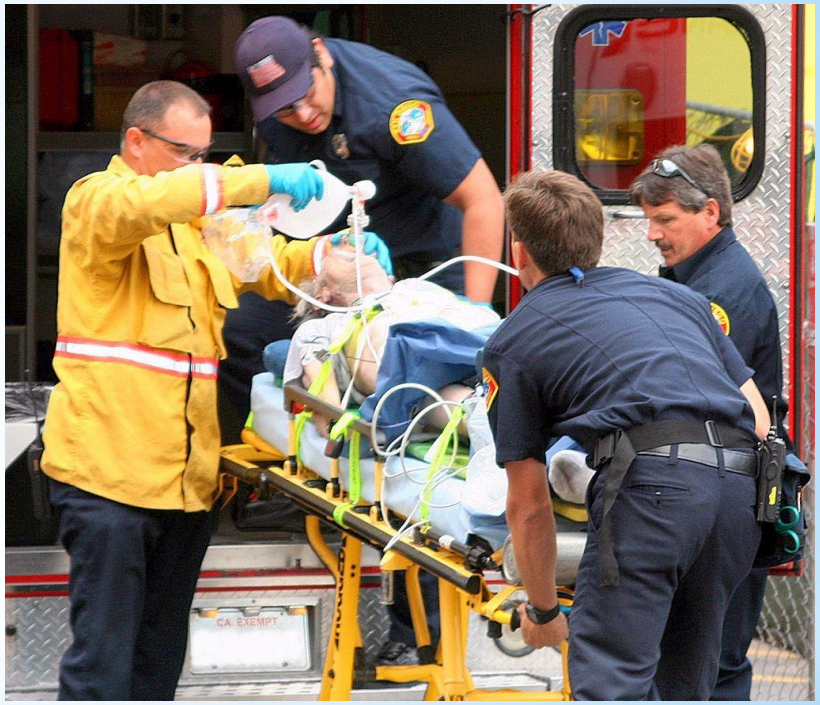
Providing palliative care includes:

*- assessment of the degree of pain;

*- treatment of pain (including prescription of narcotic drugs);

Emergency medical care

- **Emergency medical care** is medical care for patients with severe acute diseases and conditions. Its main task: saving and preserving human life in emergencies, minimizing the effects of such a condition on his health.
- It is provided by emergency medical care facilities in the shortest possible time of arrival to the patient at the place of call, during transportation and hospitalization.



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The main principles of management of patient by primary care physician

* duration and continuity of observation;
* multidisciplinary primary care;
* integrated approach to the patient;
* attitude to the family as a unit of medical care;
* focus on prevention;
* economic efficiency and expediency of assistance;
* coordination of medical care;
* the responsibility of the patient, his family and society to maintain and improve his health.

Duration and continuity of observation

- GP-FD and nurses constantly monitor the health of family members, create passports for each of its members, which indicate risk factors, heredity, living and working conditions, teach first aid and care for sick family members (administration of insulin, antibiotics, massage, emergency medical care, etc.).
- GP-FD and family nurse play the role of defenders of the patient's interests.
- Continuity of monitoring improves the detection of psychological problems of the patient, to some extent reduces the need for unjustified additional services for laboratory and instrumental methods of examination and, consequently, reduces the cost of medical services.

Prevention in FM

- By helping several generations of patients from the same family, the GP-FD and the family nurse know the family's internal and psychological problems, the family's attitude to the health of its members, to the sports and nutrition, the effects of environmental factors, presence of bad habits, etc.
- This gives GP-FD a unique opportunity to apply preventive measures before the development of the pathological changes at an early stage of the diseases.
- A FD has a motivated need to truly engage in prevention in the day-to-day work with the patients and their families cause he is interested in reduction of morbidity and mortality of the attached population.

*Preventive strategies in outpatient setting

1. population strategy aimed at reducing the impact of harmful factors specific to the population as a whole; the effectiveness of this strategy generally depends on the level of cultural and economic development of the country;
2. preclinical strategy aimed at reducing individual risk factors, preventing or slowing the development of certain chronic diseases using a wide arsenal of preventive measures;
3. clinical strategy - detection of chronic diseases and their complications in symptomatic patients and preventive measures aimed at reduction of complications and progression of the disease;

Integrated approach to the patient

- GP-FM is a clinical specialty that considers a person as a whole. It is the responsibility of the FD to provide primary care to any patient, regardless of age or gender.
- A comprehensive approach of the family doctor to the sick patient can often be the basis for conclusions that differ significantly from the conclusions obtained in a one-sided medical approach and improves the quality of family medical practice.

Unique features of the work of primary care physician

- GP-FD deals with undifferentiated diseases at an early stage of diagnosis;
- uses simple technologies;
- has a preventive focus;
- bears legal and moral responsibility for the health of the population it cares for;
- GP-FD has perfect skills of communicating with people, planning his time;
- GP-FD has differentiated use of resources.

What are the main duties of GP-FD ?

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Duties of the GP-FD

- Provision of primary health care to the population;
- Sanitary-educational work on education of the population in questions of formation, preservation and strengthening of health of family members, self-aid and mutual aid. Providing counseling to families on family planning, ethics, psychology, hygiene, social aspects of family life, running a "parent school“;
- Preventive work aimed at assessing the role of environmental factors, identifying early and latent forms of the disease and risk factors;
- Dynamic monitoring of the health of family members with the necessary examination and rehabilitation of an individual set of medical and health measures.
- Emergency medical care to patients, regardless of place of residence.

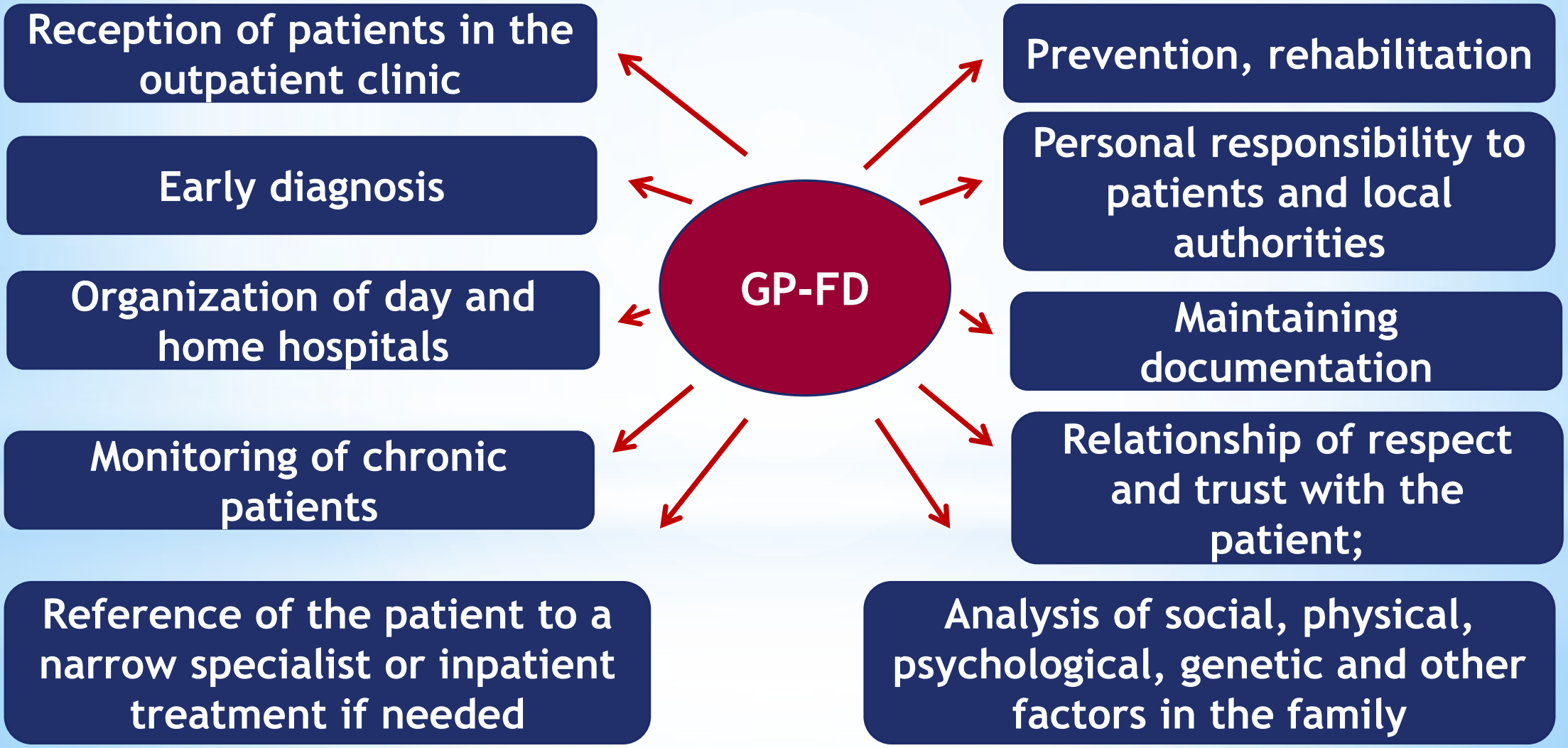
Duties of GP-FD -2

- Timely and full diagnosis and treatment of diseases in an outpatient setting, day and home hospitals and at home;
- Timely targeted referral of patients for medical care in cases beyond the competence of the family doctor; hospitalization of planned and urgent patients;
- Carrying out rehabilitation measures;
- Examination of temporary disability of patients in accordance with current legislation and referral for determination of the disability status in patients with chronic diseases;
- Timely diagnosis, early detection and appropriate treatment of infectious diseases, implementation of anti-epidemic measures;
- Carrying out immunoprophylaxis of diseases;

Duties of GP-FD -3

* Assistance in the organization of medical, social and domestic care together with social protection and charity services for single people, the elderly, the disabled, and the chronically ill.
* Analysis of the state of health of the population served by a family doctor.
* Maintaining approved forms of statistical reports and medical documentation.

*Duties of GP-FD : summary



*GP-FD relations with other services

- With the head of the department, receiving tasks from him and submitting reports on his work.
- With doctors of medical institutions in order to provide patients with various types of specialized and highly specialized diagnostic and therapeutic both outpatient and inpatient care.
- With the ambulance station for emergency and urgent medical care.
- With the organs of the epidemic control the issues of current sanitary supervision, sanitary and anti-epidemic measures.

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*Relations with other med services

- With the principals of schools, children's preschools located on the territory of the service, on the issues of preventive measures, annual examinations, vaccinations.
- With pharmacies in the implementation of medical support for patients.
- With departments of registries, boards of trustees, departments for family and youth affairs, social protection of the population of city, district state administrations.

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When GP-FD should refer the patients to the hospital?

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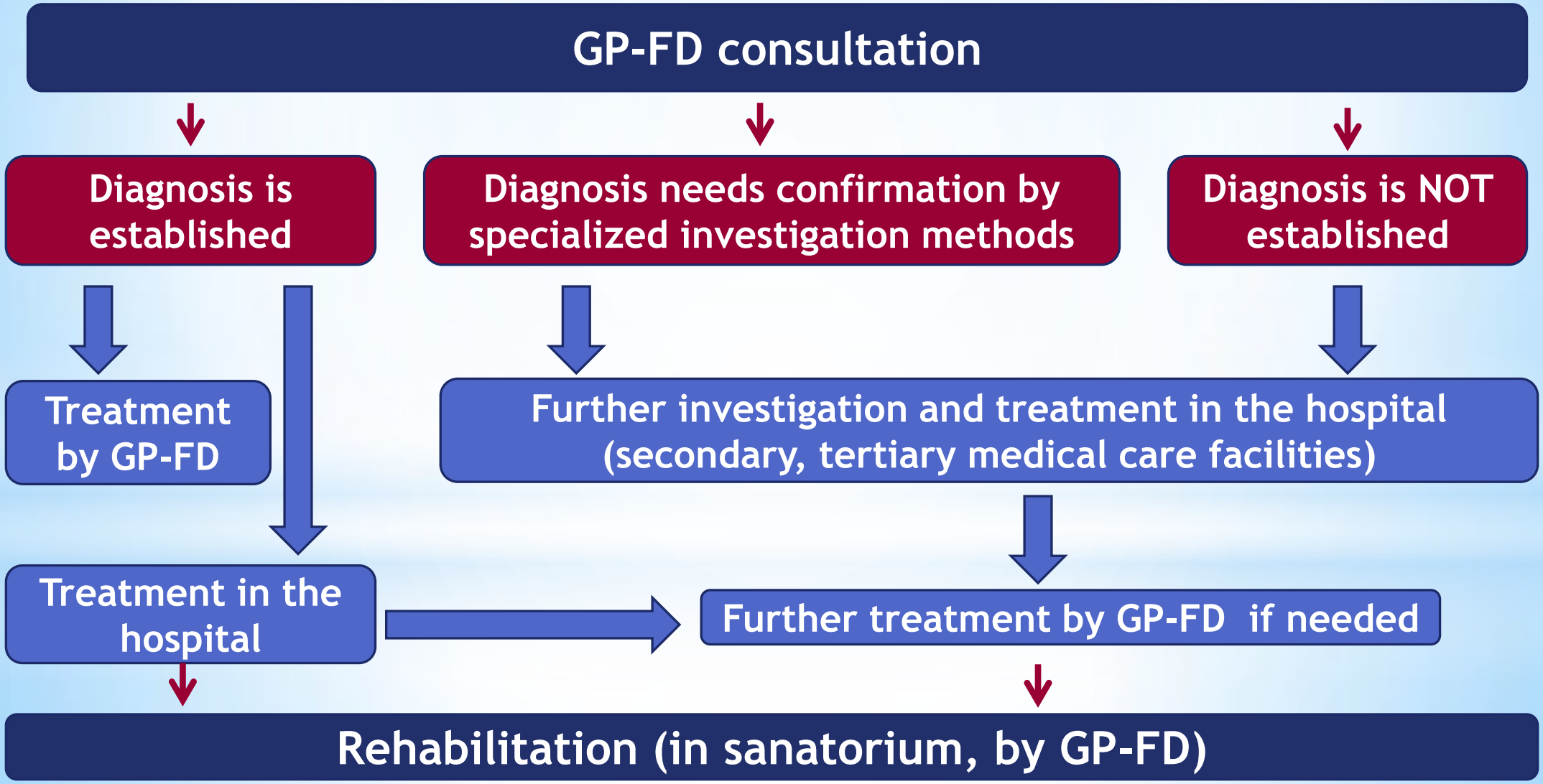
Hospitalization of the patients

Indications for hospitalization of patients to the secondary or tertiary medical care facilities are:

* impossibility of establishing a reliable diagnosis using the means available to the doctor of primary care;
* severe condition of the patient or the threat of its deterioration and the need for intensive treatment with constant monitoring of medical staff.

*Algorithm of work of GP-FD



Some basic investigations done in family medicine ambulatory in Ukraine

- Complete blood test with leukocyte formula.
- General urine analysis.
- Fasting plasma glucose.
- Total cholesterol (lipid profile).
- Measurement of blood pressure.
- Electrocardiogram (ECG) at rest.
- Chest X-ray
- Measurement of weight, height, waist circumference.
- Rapid tests for pregnancy, troponins, HIV, viral hepatitis.

*Documents of FD

The registration form	Number
History of development of child	F. 112/o
Individual card of pregnant	F. 111/o
Check-card of dispensary observation	F. 030/o
Check-card of dispensary observation in the risk groups for development of occupational disease	F. 030-3/o
A card of appeal for antirabies help	F. 045/o
Card of vaccination	F. 063/o
Case history in day hospital and hospital at home	F. 003-2/o
The card for sanatorium-and-spa treatment	F. 072/o
The children card for sanatorium-and-spa treatment	F. 076/o
Appointment card for medico-social expert commission	F. 088/o
Appointment card for obligatory preventive examination of worker	F. 093/o

*Documents of FD

The registration form	Number
The record books of GP-FD in out-patient's clinic	
Family book of district	F. 025-8-1/o
Book of record of maternity help at home	F. 032/o
Book of record of medical certificate	F. 036/o
Book of record of hygienic education among population	F. 038/o
Book of record of visits in out-patient's clinics, dispensary, at home	F. 039/o
Book of record of outpatient surgery	F. 069/o
Book of record of the death	F. 151/o
Book of record of new-born	F. 152/o
Book of record of emergency case	F. 155-1/o
Book of record of infectious diseases	F. 060/o
Book of record of vaccinations	F. 064/o

*Documents of FD-2

The registration form	Number
Doctor advisory opinion	F. 086/o
A medical certificate about temporary disability (sick leaf)	F. 095/o
Certificate about the term of temporary disability for insurance company	F. 094-1/o
List of statistical accounting forms	
The list of record of morbidity and death reasons in medical establishment (among children up to 14 years old inclusive)	F. 071/o
The list of record of morbidity and death reasons in medical establishment (among an adult population up to18 years old)	F. 071-1/o
The list of record of the new cases of traumas and poisonings in medical establishment	F. 071-2/o
A report about morbidity among district population	12

* Organization of day and home hospitals.

*Hospital replacement services advantages

*- reducing the cost of providing medical care;

*- rational use of bed capacity;

*- high level of medical services;

*- the possibility of providing medical and social assistance;

*- strengthening the activity of the consultative and diagnostic service.

Day hospitals

* Day hospitals based on outpatient clinics are designed to carry out preventive, diagnostic, therapeutic and rehabilitation measures using modern low-cost medical technologies in accordance with the standards and protocols for managing patients in individuals from groups with an increased risk of morbidity, sick and disabled people, pregnant women, not requiring round-the-clock medical supervision.

In outpatient clinics, day hospitals are structural subdivisions of outpatient clinics, polyclinics, medical and sanitary units, antenatal clinics.

*Day hospital functions:

*1) carrying out complex preventive and health-improving measures to persons from groups at risk of increased morbidity, including occupational, as well as long-term and often ill patients;

*2) carrying out complex diagnostic studies and treatment procedures that do not require round-the-clock medical supervision and long-term hospitalization;

*3) carrying out a comprehensive course of treatment with the use of modern medical technologies for patients who do not require round-the-clock medical supervision;

*4) implementation of rehabilitation and health-improving complex course treatment of sick and disabled people, pregnant women;

*5) conducting an examination of the state of health, the degree of disability of citizens and solving the issue of referral to a medical and social examination.

Categories of patients who need day hospitals-1

- persons for whom, after carrying out certain diagnostic procedures, therapeutic measures, including surgical interventions (for example, surgical treatment of benign neoplasms, intervention for an ingrown nail, uncomplicated phlegmon, panaritium, etc.), it is necessary to carry out short-term (within several hours) medical supervision;
- patients who may develop adverse reactions after intravenous infusion of blood-substituting fluids and other solutions, after specific hyposensitizing therapy, etc.;
- persons in need of long-term intravenous infusion of drugs;- patients who need various procedures (baths, mud applications, massage, etc.) with mandatory subsequent rest;

Categories of patients who need day hospitals-2

- patients requiring special training to perform some diagnostic studies;
- patients in need of complex medical procedures (puncture of the pleura with removal of pleural fluid, arthroscopy, etc);
- patients requiring emergency care for conditions that have developed during their stay in the polyclinic and in the surrounding area (an attack of bronchial asthma, paroxysm of tachycardia and tachyarrhythmias);
- patients whose condition requires follow-up treatment after treatment in a 24-hour hospital (postoperative, poststroke, postinfarction conditions, etc.);

Categories of patients who need for day hospitals-3

- persons in relation to whom it is necessary to study complex issues of medical and labor expertise using laboratory and functional research;
- persons in need of controlled treatment (adolescents, the elderly, pregnant women, etc.);
- patients in need of complex rehabilitation measures, etc.

Day hospital: admission and discharge procedure

- A referral to a day hospital is issued by primary care physicians. Hospitalization is usually planned.
- On admission to a day hospital, the patient should be first examined by a day hospital doctor, since the treatment plan (date of treatment start, duration of treatment, examination methods, time of arrival and duration of stay in the day hospital, etc.) is determined by the day hospital doctor for each patient individually.
- Before discharge from the day hospital, a final examination of the patient is made by a day hospital doctor, and, if necessary, by a polyclinic primary care physician who sent the patient to a day hospital. On the day the patient is discharged from the day hospital, the outpatient card is transferred to the GP-FD through the registry with a completed epicrisis.

Organization of work of day hospital

- The mode of operation of the day hospital is determined by the head of the medical and prophylactic institution, taking into account the volume of medical activities carried out - as a rule, in 2 shifts.
- Typically, the day hospital is open every day for at least 10 hours a day with a 6-day working week. The day hospital is closed on Sundays and holidays.

Types of the day hospitals

Day hospitals can be

- therapeutic,
- surgical (including trauma),
- obstetric-gynecological,
- neurological,
- otorhinolaryngological, ophthalmological,
- dermatological
- and others.

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Contraindications for day hospital treatment-1

- the general serious condition of the patient, which necessitates round-the-clock medical supervision and medical care;
- the need for round-the-clock parenteral administration of medications;
- the need for patients to comply with strict bed or dietary regimen;
- significant limitation of the patient's ability to move independently or self-service;
- regular deterioration of the patient's health (exacerbation of the disease) at night;

Contraindications for day hospital treatment-2

- the presence of diseases in which the patient's stay in the open air on the way to and from the day hospital can cause a deterioration in his health;
- severe concomitant disease, complications of the underlying disease;
- some forms of socially conditioned diseases (open forms of tuberculosis, active forms of venereal diseases, contagious skin diseases, acute mental illnesses etc.);

*Discharge from the day hospital

Discharge from the day hospital is carried out:

*when recovering;

*with persistent improvement;

*if necessary, transfer to another healthcare organization.

Before discharge, a final examination of the patient is performed; on the day of discharge, he is given a copy of the epicrisis and a certificate of temporary disability.

The first copy of the epicrisis is pasted into the "Card of the patient of the day hospital of the polyclinic", the second - into the outpatient card. After the patient is discharged, his "Card of the patient's day hospital of the polyclinic" is drawn up and submitted to the medical archive.

Home hospitals

- The purpose of organization of hospitals at home, depending on the profile, is the treatment of acute forms of diseases, aftercare and rehabilitation of chronically ill patients, medical and social assistance to the elderly, observation and treatment at home of persons who have undergone simple surgical interventions, etc.
- It is mostly used in pediatrics and geriatrics.

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*Home hospitals benefits

The organization of hospitals at home makes it possible to reduce :

* the number of planned hospitalizations in a hospital,
* the percentage of unjustified hospitalizations,
* the bed capacity without impairing the availability of treatment and prophylactic measures, while expanding the volume of outpatient care.

One of the possible forms of rehabilitation of patients is the on-site form of rehabilitation treatment at home for chronic patients and disabled people with severe functional impairments and completely immobilized patients.

Organization of work of home hospital

- The selection of patients is usually carried out by primary care physicians, the head of the department together with the doctor of the hospital at home, the mode of operation is regulated by the management of the medical facility.
- The course of treatment in a hospital at home lasts usually for 10 days. Patients are visited daily by a primary care physician or nurse.
- On Saturdays, Sundays and holidays, patients are monitored by doctors and nurses on duty. The hospital at home is provided with specially designated vehicles.

Organization of work of home hospital-2

* The organization of a hospital at home involves the daily observation of the patient by a doctor, laboratory and diagnostic examinations, drug therapy (intravenous, intramuscular injections, etc.).
* If necessary, the complex of treatment of patients includes some physiotherapeutic procedures, massage, physical therapy, etc.
* Patients in the hospital at home are provided with advice by doctors of narrow specialties.

The positive aspects of the home hospital are as follows:

- 1) treatment in hospitals at home is economically profitable (according to some data, treatment in a hospital at home is 5 times cheaper than in a hospital for a 24-hour stay) and, in cases corresponding to the indications, is not inferior in efficiency to treatment in a hospital for a 24-hour stay;
- 2) the patient during treatment is in his usual home environment, which creates greater psychological comfort in comparison with a hospital stay;
- 3) the adaptation of the patient takes place directly in the environment where he will live in the future. This, along with the active involvement of relatives in the rehabilitation process, significantly accelerates the patient's social reintegration, uniting the family to resist the disease.

Disadvantages of home hospitals

* 1) the complexity of the organization of medical monitoring of the patient's condition. This is especially true in critically ill patients. The doctor spends with the patient 2-3 hours a day, the remaining 21-22 hours with the patient are relatives or nurses. Despite the fact that the patient receives detailed instructions from relatives and constant sanitary and educational work, it is necessary to understand that relatives, as a rule, do not have a medical education;
* 2) the high labor intensity of the treatment is another unpleasant feature of the method. The doctor can serve no more than 3-4 patients per day.

*Disadvantages of home hospitals-2

*3) it is difficult to expand the multidisciplinary approach to the patient. Unfortunately, the involvement of additional specialists in the patient's treatment leads to an increase in the cost of treatment;

*4) some physiotherapeutic procedures are not available at home.

Contraindications for the home hospitals-1

- The presence of life threatening conditions: acute heart failure, acute respiratory failure, acute liver failure, acute renal failure, acute cerebrovascular accident, shock of various etiologies, acute poisoning, coma of various etiologies, acute myocardial infarction.
- The need for round-the-clock medical supervision.
- The impossibility of carrying out diagnostic and therapeutic measures in an outpatient setting.

*Contrindications for the home hospitals-2

- *The need to perform medical procedures around the clock.
- *The need to isolate the patient for epidemiological indications.
- *The presence of a threat to the life and health of others during treatment at home.

Thank you for your attention!