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Scientific substantiation of the quality of life management model of patients with myocardial infarction

 Cardiovascular diseases, including myocardial infarction, are the leading cause of death in most countries [1,2]. Myocardial infarction - a serious disease that significantly reduces the quality of life of patients with this pathology. Managing the quality of life of patients with myocardial infarction is a very important process, which is based on improving and enhancing quality through the participation and interaction of those who provide services and those who receive these services, taking into account all aspects [3].

The purpose of the study is to provide a medical and social justification and to develop a model of quality management of life of patients who have suffered a myocardial infarction.

Materials and methods The study included 500 people aged 34 to 85 years. The main group consisted of 310 patients with myocardial infarction, the control group included 190 respondents. Data from 310 statistical maps of patients who were discharged from the hospital were also copied.

Results and discussion Based on the study of risk factors that affect the development of myocardial infarction, studying the incidence of this pathology, assessing the quality of care and studying the quality of life of patients with myocardial infarction, we have developed a model of quality management of life of patients who have suffered a myocardial infarction. This model should be implemented at all levels: state, regional, group and individual. The model is determined by the purpose, principles and ratio of system elements. The main purpose of the proposed model is to provide conditions that will improve the quality of life of patients with myocardial infarction. The following principles were formed: focus on modern standards of health and medical care; making timely informed management decisions; ensuring effective interaction of health management bodies of all levels and forms of ownership in order to continuously improve the quality of medical care and quality of life of patients; availability of medical care and ensuring full coverage of patients with myocardial infarction; introduction of telemedicine technologies in the activity of the medical care system. The functional and organizational components of this model are the subjects of management, the object of management and the unit of scientific regulation. The subjects of management are health care institutions of all levels and public organizations. The object of management is the quality of life of patients who have suffered a myocardial infarction. The block of scientific regulation contains normative-legal, organizational-structural, resource, personnel, information, clinical and scientific components. Ways to improve this model are implemented through: Improving the efficiency of medical care for heart attack patients, Improving the regulatory framework, ensuring the effective operation of the methodological and information unit, improving the work of the medical and social sphere. One of the main elements of this model is the creation of departments of quality and safety of medical care at all levels. The establishment of quality and safety departments in health care facilities at all levels will reduce the number of cases of patient safety violations, thereby improving the quality of life of patients with myocardial infarction at all stages of treatment.

Conclusions The results of the study indicate the need to develop a model of quality management of life of patients who have suffered a myocardial infarction in order to improve and increase the quality of life of patients with this pathology.

References:

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