

EXAMINATION OF THE QUALITY OF CASES OF SURGICAL CARE WITH A FATAL OUTCOME: EXPERT ASSESSMENT METHODOLOGY

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Abstract: The purpose of the study is to develop principles for organizing a targeted examination of the quality of medical care provided in surgical departments, and a methodology for expert assessment of cases of medical care with a fatal outcome.

Keywords: Targeted examination of the quality of medical care with a fatal outcome, method, treatment, expert assessment methodology, surgical care.

INTRODUCTION

When conducting a quality assessment, the expert must answer a number of questions: about the presence of defects in medical care, about the achievement of the planned result, and about the cause-and-effect relationships between defects in medical care and the outcome. The expert's work methodology, which allows answering these questions, lies outside the scope of regulatory documents and is currently determined by the personal experience of the quality expert.

MATERIALS AND METHODS

Examination of the quality of medical care is a relatively new direction in expert activity; currently it does not have an extensive scientifically based methodological base and is at the stage of formation and scientific development of methods and approaches.

To a certain extent, similar problems and methods for their scientific and practical solution belong to the scientific specialty of forensic medicine. A number of domestic and foreign authors discuss and propose expert methods for identifying defects in medical care, assessing the results of medical care and the cause-and-effect relationships of defects in medical care with an unfavorable outcome within the framework of a commission forensic medical examination based on materials from "medical cases." [1, 2].

The work was carried out in a cohort retrospective study design. The study group was formed according to inclusion and exclusion criteria.

Inclusion criteria:

- male and female persons, age 18 - 75 years;
- presence of acute surgical disease;
- inpatient surgical care;
- death;
- pathological or forensic examination of a corpse.

Exclusion criteria:

- oncological diseases,
- acute and chronic leukemia,
- acute and chronic mental illnesses.

RESULTS AND DISCUSSION

In the analysis of the immediate causes of death, we identified two groups of cases. The first group consisted of 83 cases (40.8%) with a direct cause of death associated with surgical pathology (outcomes caused by complications of surgical pathology - acute blood loss, hemorrhagic shock, sepsis, severe purulent complications, peritonitis, multiple organ failure

etc.). The second group consisted of 120 cases (59.2%) with a direct cause caused by decompensation of a pre-existing or acutely emerging competing somatic pathology (acute heart failure, acute left ventricular failure, acute cerebrovascular accident, pulmonary embolism, nosocomial pneumonia, respiratory failure, acute liver failure, acute renal failure). Significantly more often $p \leq 0.05$ (Chi-square test) in cases of medical care provided in the surgical department, there were cases with a direct cause of death unrelated to the main surgical disease for which the patient was admitted to the hospital.

In 183 cases, there was concomitant pathology: arterial hypertension – 45%, coronary heart disease – 21%, rheumatic heart disease with valve defects 4%, atrial fibrillation – 8%, varicose veins of the lower extremities – 15%, dissecting aortic aneurysm – 0.5%, type 2 diabetes mellitus – 27%, autoimmune thyroiditis – 2%, chronic pyelonephritis – 7%, glomerulonephritis – 2%, peptic ulcer – 17%, COPD – 12%, bronchial asthma – 5 %.

In 81% of cases, experts identified nominal defects in the provision of medical care and maintenance of medical documentation. The presence of a nominal defect does not give grounds to assert that it has a direct connection with a fatal outcome. Answering the question of the cause-and-effect relationship between defects in medical care and the outcome based on the identified defects and the outcome requires the use of a special method.

To navigate this complex multifactorial system, it is necessary to determine the patient's chances of survival in a specific clinical situation. We used data from modern medical literature on mortality for various nosological forms (Table 1).

Table 1

Probability of death and relationship between major defects and outcome

| Probability of death as a percentage | Probabilities of death (by group) | Relationship between major defects and death |
|--------------------------------------|-----------------------------------|--|
| 100%-76% | Very high | Absent, the outcome is determined by the severity of the disease |
| 75%-51% | High | The fatal outcome is likely due to the combined influence of factors: severity of the disease, concomitant pathology, defects in the provision of medical care |
| 50%-26% | Average | Perhaps the main defect was one of the factors leading to death |
| 25%-0% | Low | The main defect is associated with death |

CONCLUSION

1. 59% of deceased patients in general surgery departments died from a direct cause of death not related to surgical pathology. These are mainly elderly patients with severe concomitant somatic pathology.
2. In 81% of cases, experts identified nominal defects in the provision of medical care and maintenance of medical records.
3. In 21% of cases with a direct cause of death associated with surgical pathology, major defects were identified that were interconnected with the progression of pathology and death.

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