

Organizational and Methodical Recommendations on the Implementation of an Effective Contract for Medical Organizations in the Russian Federation

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ABSTRACT

The article highlights the basic concepts and provisions of the labor contract with medical workers of public health institutions in the Russian Federation. Recommended examples of indicators and criteria for evaluating the effectiveness of activities based on the labor functions of various categories of personnel and on an analysis of the effective contract practice in the Russian Federation are shown. The opportunities and risks associated with the implementation of an effective contract in the activities of a multidisciplinary health institution as a method of stimulating the improvement of the quality of medical care and the effectiveness of the institution are shown as well.

Keywords: work motivation, health care service, effective contract, labor contract, financial incentives, employee performance, salary, incentive payments.

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INTRODUCTION

The introduction of an effective contract into the activities of a medical institution requires norms consideration of the Russian labor legislation. When introducing an effective contract, in respect of each medical worker, his work function, indicators and performance evaluation criteria, amount of remuneration, procedure and amount of incentives for achieving complex results of labor must be clarified or changed [1]

RESEARCH OBJECTIVE

To highlight the basic concepts and provisions of the employment contract with medical workers of public health institutions, based on an analysis of the practice of applying an effective contract in the Russian Federation, to show the opportunities and risks associated with the implementation of an effective contract in the activities of a multidisciplinary health institution as a method of encouraging improved quality of care activities of the institution. Demonstrate recommended examples of indicators and criteria for evaluating performance based on the work functions of various categories of personnel.

MATERIALS AND METHODS

In the course of the work, printed materials were used on the problem of motivating the work activities of medical workers, Elibrary and Pubmed search engines, as well as methods for statistical processing of archival materials for monitoring economic processes in the Russian Federation health care.

RESULTS AND DISCUSSION

The approximate form of an employment contract with an employee of a public institution is given in the Appendix to the Order of the Government of the Russian Federation of November 26, 2012 No. 2190-p "On the program of gradual improvement of the salary system in state (municipal) institutions for 2012-2018." [2]. The document, among other things, highlights the following recommended elements of an effective contract:

1. General provisions in which the name of the position, profession or specialty of the employee can be determined; the name of the organization to which the employee is admitted; the name of the structural unit in which the employee carries out the work; the form of labor of the worker: main or part-time; terms of the contract.
2. Rights and obligations of the employee.
3. Rights and obligations of the employer.
4. The scheme of remuneration, which determines: the size of the official salary; size and factors contributing to additional payments.
5. Working time and rest time.
6. Social insurance and measures of social support for an employee as provided for by law, industry and collective agreement of this employment contract.
7. Other conditions of the employment contract.
8. Responsibilities of the parties to the employment contract.
9. Amendment and termination of an employment contract.
10. Final clauses.

All these clauses are, without doubt, an obligatory component of an employment contract; but it is also clear that the model contract proposed by the Government of the Russian Federation requires substantial clarification when introducing into the activities of medical institutions. Among the most significant components of an effective contract, which should establish a contract should highlight the criteria and performance of medical personnel, in accordance with the achievement of which is determined by their salary.

The analysis of the current practice of implementing effective contracts in Russia [3, 4, 5] makes it possible to form the following recommendations in relation to the formation of criteria and performance indicators laid down in an employment contract [6, 7, 8] as the main guideline for determining the quality of work performed by medical personnel:

1. The basis for the selection of criteria and indicators of an effective contract (established as an annex to the employment contract) should be laid down the following principles:

- The interrelatedness of the system of indicators of the effectiveness of the medical institution - the head of the institution - the employees;
- Objectivity, implying that the size of payments is tied to objective data;
- Measurability, according to which the value of criteria and performance indicators should be measurable;
- Individualization - means that the indicators and criteria are established in accordance with the specifics of the specialization of medical personnel;
- Openness and clarity, meaning the need to form clear indicators for employees at all levels.

2. Criteria and indicators of the quality of work of employees are formed for both medical and non-medical personnel of medical institutions.

3. Used in practice, the performance indicators of individual categories of personnel and evaluation criteria can be divided into the following groups:

Group 1 - indicators of patient satisfaction with the quality of service (level of assessment of the quality of services provided by the citizens served (survey method); substantiated complaints (according to the results of internal and departmental control); satisfaction with the quality of medical care provided (according to a sociological survey;% of respondents) and etc.).

Group 2 - indicators of the quality of documentation of a medical institution (defects in the design of medical records, maintaining full electronic medical records in information systems, etc.);

Group 3 - indicators of qualification and intensity of self-education of medical institutions (participation in scientific conferences, in the work of professional societies, associations, the availability of printed works, the introduction of the practice of mentoring, work in commissions, etc.);

Group 4 - specialized indicators, formed in accordance with the specifics and functions of certain categories of medical personnel, for example:

- Indicators of the head of the department-specialist doctor: defects in organizational (diagnostic, advisory, medical, preventive) work in the department, identified by the results of inspections by higher and supervisory bodies, the work of the medical commission.
- Indicators of a specialist in a therapeutic (pediatric) profile: discrepancy between the clinical and pathologic diagnosis of the 2nd and 3rd category.
- Indicators of a surgical specialist: complications after surgical interventions, including purulent-septic; the discrepancy between the clinical and pathologic diagnosis of the 2nd and 3rd categories.
- Indicators of a doctor (paramedic) of the field ambulance or emergency team for children and adults: discrepancy of the diagnosis established by the doctor (paramedic) from the diagnosis established in the emergency department of the medical organization;
- Indicators of a midwife (antenatal clinic, maternity hospital, perinatal centre): the facts of iatrogenic complications associated with the violation of the procedures; facts of violation of the sanitary-epidemiological regime (including the facts of purulent-inflammatory diseases that occurred after invasive interventions, as well as the facts of positive results of bacteriological control of the quality of sterilization of instruments); the proportion of

pregnant women and puerperal examined according to a plan approved by the head of the antenatal clinic, etc.

The methodological foundations for the implementation of an effective contract in the activities of modern medical institutions are largely related to the existing experience of commercial structures for encouraging employees to adapt to the specifics of medical institutions. In this regard, it is possible to distinguish such methodologies for developing a system of performance indicators as the concept of a balanced scorecard (BSC) and key performance indicators (KPI) [9]; FMEA (Failure Modes and Effects Analysis), which allows using proactive methods to determine where in the process errors are possible [10] and others.

However, given the initially more obvious "commercial" orientation of these methods, their applicability is to a certain extent limited in relation to medical institutions and requires substantial adaptation. For example, if, within the framework of the SSP methodology (balanced scorecard), four "projections" are distinguished within which the entire system of performance indicators — finance, customers, personnel, and processes — are built, then for a medical institution, especially a state institution, these estimated projections cannot be disclosed to the same extent as for commercial organizations. Thus, in the absolute majority of state medical organizations there are no expenses for marketing and advertising, which reduces the possibility of detailing the "clients" projection, a similar situation will be observed in relation to the "processes" projection, in which it is required to formulate targets for the organization's business processes. Not all processes of a medical institution, especially a state institution, can be transferred strictly to the "business plane" [11, 12].

CONCLUSION

Labor motivation of health care workers based on an "effective contract" is associated with the presence of a number of features that manifest, above all, the need to create a balance between the economic side of the labor agreement, the psychological characteristics of the employee, his qualifications and the objectives of the medical institution to ensure effective medical institutions and a high level of satisfaction of medical personnel and ultimately consumers of medical services.

Thus, the introduction of an effective contract into the activities of a medical institution in the Russian Federation requires, on the basis of taking into account the formulated fundamental provisions, firstly, the construction of a system of criteria and indicators of quality of activity that correspond to the overall goals and objectives of the medical institution; secondly, the formation of the legal content of the employment contract with each category of medical personnel adequate to the tasks of the medical institution; thirdly, individualization of criteria and indicators, according to specializations and functions performed by individual specialists.

REFERENCES

1. Kadyrov F.N. A new form of employment contract in the framework of the implementation of an effective contract / F.N. Kadyrov // Health Care Manager, № 4, 2013, p. 54 - 59.[Kadyrov F.N. Novaya forma trudovogo dogovora v ramkakh vnedreniya

- effektivnogo kontrakta / F.N. Kadyrov // Menedzher zdravookhraneniya, № 4, 2013, s. 54 – 59.] (InRuss.)
2. Decree of the Government of the Russian Federation of November 26, 2012 No. 2190-p "On the program for the gradual improvement of the salary system in state (municipal) institutions for 2012-2018." // "Collection of the legislation of the Russian Federation", 03.12.2012, N 49 Art. 6909. [Rasporyazheniye Pravitel'stva RF ot 26 noyabrya 2012 g. № 2190-r «O programme po etapnogo sovershenstvovaniya sistemy uplaty truda v gosudarstvennykh (munitsipal'nykh) uchrezhdeniyakh na 2012 - 2018 gg.» // "Sobraniye zakonodatel'stva RF", 03.12.2012, N 49, st. 6909.] (InRuss.)
 3. Order of the Ministry of Health of the Murmansk region from 08.07. 2013 No. 423 "On Approval of the Model List of Evaluation Criteria for the Activities of Medical Workers of the State Regional Health Institutions Subordinated to the Ministry of Health of the Murmansk Region". [Electronic resource] / Ministry of Health of the Murmansk region. URL - <http://minzdrav.gov-murman.ru/files/pr-423.pdf> [Prikaz Ministerstva zdravookhraneniya Murmanskoy oblasti ot 08.07. 2013 g. № 423 «Ob utverzhdenii Primernogo Perechnya kriteriyev otsenki deyatel'nosti meditsinskikh rabotnikov gosudarstvennykh oblastnykh uchrezhdeniy zdravookhraneniya, podvedomstvennykh Ministerstvu zdravookhraneniya Murmanskoy Oblasti». [Elektronnyy resurs] / Ministerstvo zdravookhraneniya Murmanskoy oblasti.] (InRuss.)
 4. Order of the Ministry of Health of the Penza Region of September 1, 2015 No. 302 "On Approval of Recommendations on the Establishment of Indicators and Criteria for Evaluating the Effectiveness of the Workers of the Nursing Medical Personnel". [Electronic resource] / Ministry of Health of the Murmansk region. URL - http://health.pnzreg.ru/files/health_pnzreg_ru/zdravokhran/pokazateli_rekommendacii/prikaz_mzpo_n_302_ot_01_09_2015_-_pokazateli_effsti_srednego_med_personala.docx. [Prikaz Ministerstva zdravookhraneniya Penzenskoy oblasti ot 01.09.2015 g. № 302 «Ob utverzhdenii Rekomendatsiy po ustanovleniyu pokazateley i kriteriyev otsenki effektivnosti deyatel'nosti rabotnikov, odnosyashchikhsya k kategorii srednego meditsinskogo personala» ». [Elektronnyy resurs] / Ministerstvo zdravookhraneniya Murmanskoy oblasti.] (InRuss.)
 5. Order of the Department of Health of the Kirov region "On approval of the performance criteria of institutions subordinated to the Department of Health of the Kirov region, their managers and employees" [Electronic resource] / Department of Health of the Kirov region. URL - <http://www.medkirov.ru/docs/id/29EF5B> [Rasporyazheniye Departamenta zdravookhraneniya Kirovskoy oblasti «Ob utverzhdenii kriteriyev effektivnosti deyatel'nosti uchrezhdeniy, podvedomstvennykh departamentu zdravookhraneniya Kirovskoy oblasti, ikh rukovoditeley i rabotnikov» [Elektronnyy resurs] / Departament zdravookhraneniya Kirovskoy oblasti.] (InRuss.)
 6. Korostelev S.A., Pesennikova, E.V., Gridnev O.V., Marchenko S.D. "Motivational Mechanism of Management of a State Medical Institution" herald of new medical technologies, electronic journal - 2018 - N 5, p. 85 -89 [Korostelev S.A., Pesennikova, Ye. V., Gridnev O. V., Marchenko S. D. «Motivatsionnyy mekhanizm upravleniya gosudarstvennym meditsinskim uchrezhdeniyem» vestnik novykh meditsinskikh tekhnologiy, elektronnyy zhurnal - 2018 - N 5, str. 85-89] (InRuss.)
 7. Kuchits S.S., Gridnev, O. V., Pesennikova, O. V., Gadaborshev, I. I., Vartanyan, E. A. "Features of Work Motivation of Public Medical Institutions" Problems of social hygiene, health care and medical history. 2018. Vol. 26. No. 6. P. 452-456. [Kuchits S.S., Gridnev O. V., Pesennikova Ye. V., Gadaborshev M. I., Vartanyan E. A. «Osobennosti trudovoy motivatsii sotrudnikov gosudarstvennykh meditsinskikh uchrezhdeniy» Problemy sotsial'noy gigiyeny, zdravookhraneniya i istorii meditsiny. 2018. T. 26. № 6. S. 452-456.] (InRuss.)
 8. Shipova V.M., Gridnev O.V., Kuchits S.S. "Rationing of labor in health care under an effective contract" Problems of social hygiene, health care and medical history. 2019. T. 27. No. 1. P. 41-44. [Shipova V. M., Gridnev O. V., Kuchits S. S. «Normirovaniye truda v zdravookhraneni v usloviyakh effektivnogo kontrakta» Problemy sotsial'noy gigiyeny, zdravookhraneniya i istorii meditsiny. 2019. T. 27. № 1. S. 41-44.] (InRuss.)
 9. Abuova Kh. Zh. "Application of the balanced scorecard in the management of a medical organization": Methodical recommendations / H.ZH. Abuova, K.A. Ergaliyev. - Astana, - 2014. - 29 p. URL - [http://www.rcrz.kz/docs/metodic/Methodics% 20 to% 20 SST.pdf](http://www.rcrz.kz/docs/metodic/Methodics%20to%20SST.pdf) [Abuova KH. ZH. «Primeneniye sistemy sbalansirovannykh pokazateley v upravlenii meditsinskoy organizatsiyey»: Metodicheskiye rekomendatsii / KH.ZH. Abuova, K.A. Yergaliyev. - Astana, - 2014. - 29 s.] (InRuss.)
 10. Kondratova N. V. Method FMEA: a proactive approach to risk management [Electronic resource] / N.V. Kondratova // Journal of Health, October 10, 2015 URL - <http://e.zdravohrana.ru/article.aspx?aid=416243> [Kondratova N. V. Metod FMEA: proaktivnyy podkhod k upravleniyu riskami [Elektronnyy resurs] / N.V. Kondratova // Zhurnal «Zdravookhraneniye», № 10 oktyabr' 2015 goda] (InRuss.)
 11. Korostelev S.A., Belostotsky A.V., Pesennikova E.V., Marchenko S.D., Bolshakova E.V. "Formation of the image of a medical institution" Diary of Kazan Medical School. 2018. T. 21. No. 3. S. 57-61. [Korostelev S.A., Belostotskiy A.V., Pesennikova Ye.V., Marchenko S.D., Bol'shakova Ye.V. «Formirovaniye imidzha meditsinskogo zavedeniya» Dnevnik kazanskoy meditsinskoy shkoly. 2018. T. 21. № 3. S. 57-61.] (InRuss.)
 12. Korostelev S.A., Belostotsky A.V., Pesennikova E.V., Marchenko S.D., Bolshakova E.V. "Improving the

motivation of medical workers”, Kazan Medical School diary. 2018. T. 21. No. 3. S. 47-51. [Korostelev S.A., Belostotskiy A.V., Pesennikova Ye.V., Marchenko S.D., Bol'shakova Ye.V. «Sovershenstvovaniye motivatsii meditsinskikh rabotnikov» Dnevnik kazanskoy meditsinskoy shkoly. 2018. T. 21. № 3. S. 47-51.] (InRuss.)