REVIEW ARTICLE

CONTENTS

Organization of secondary level medical institution operations in the context of implementing the Medical Guarantees Program

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ABSTRACT

Aim: The study aims to investigate the organization of work in a secondary-level medical institution regarding the implementation of the MGP.

Materials and Methods: The assessment of MGP implementation at the secondary level was conducted using observation, analysis, synthesis, grouping, and generalization methods.

Conclusions: Organizing the work of secondary-level healthcare institutions for MGP implementation requires strict adherence to the program's provisions and standards regarding patient care within state-guaranteed services. This is achieved through contracts with the National Health Service of Ukraine (NHSU), ensuring patient access to relevant services, compliance with NHSU-established tariffs and service packages, and maintaining electronic documentation in accordance with MGP requirements.

KEY WORDS: healthcare system reform, secondary (specialized) level of medical care, Medical Guarantee Program

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Medical Care (MC)
Medical Guarantee Program (MGP)
Healthcare System (HCS)
National Health Service of Ukraine (NHSU)
Municipal Non-Commercial Enterprise (MNCE)
Center for Disease Control and Prevention (CDCP)

INTRODUCTION

The differentiation of MC into emergency, primary, secondary, tertiary, palliative, and medical rehabilitation levels—based on specialization, complexity and severity of patient health conditions, technical sophistication, and cost—has enabled a more effective redistribution of financial resources among healthcare institutions [1]. This stratification has facilitated the implementation of a state-guaranteed MGP package, introduced new financial mechanisms at each level of care, and supported the modernization of material, technical, human, and informational resources in medical institutions [2].

AIM

The study aims to investigate the organization of work in a secondary-level medical institution regarding the implementation of the MGP.

MATERIALS AND METHODS

The assessment of MGP implementation at the secondary level was conducted using observation, analysis, synthesis, grouping, and generalization methods.

REVIEW AND DISCUSSION

Primary care, based on family medicine, has become the cornerstone of the HCS. General practitioners provide the bulk of services to the population, including preventive

care. The majority of patient requests for healthcare are addressed at the primary care level. When further treatment is required, patients are referred by their physician to secondary or tertiary care institutions. Specialized medical care is needed by no more than 20% of patients.

Secondary (specialized) medical care includes multispecialty hospitals, medical facilities for rehabilitation and planned treatment, hospices, and specialized medical centers of various profiles. It is provided either on a planned basis or in urgent cases by state and municipal healthcare institutions when a patient's condition requires specialized diagnostic and treatment methods delivered by narrow-profile specialists in hospitals or outpatient settings.

Secondary care is provided free of charge, provided that state and municipal healthcare institutions have concluded a contract with the NHSU for medical care provision, ensure patient access to appropriate services, maintain electronic medical records in accordance with MGP requirements, and comply with the tariffs and service packages established by the NHSU.

Since January 1, 2020, healthcare institutions at this level have transitioned to a new financing model based on the volume of services provided. The cost of services is determined according to the applicable medical service tariffs [3]. The 2021 MGP included 35 service packages; in 2022, the list was expanded to 38 packages. In 2023, the MGP was adapted to wartime conditions. By 2024, the MGP included 44 service packages. In 2024, the total payment under the MGP amounted to UAH 151.3 billion, covering medical services provided to 24.4 million patients. In the Rivne region, total payments under the MGP reached UAH 5,526.1 million, with 910530 patients receiving services [4]. The volume of payments to MC providers by type of service in Ukraine and the Rivne region is presented in Table 1.

The implementation of the MGP in 2025 provided funding of UAH 175.5 billion and included 44 medical service packages [5]. More than UAH 25 billion was allocated for primary care services, nearly UAH 11 billion for emergency medical care, over UAH 122 billion for specialized and palliative care, and more than UAH 6 billion for medical rehabilitation [5].

The activities of a healthcare institution are aimed at providing high-quality and effective medical care to the population. They are based on key principles, namely: accessibility for all segments of the population, adherence to modern quality standards, continuity of care at all stages, transparency and accountability of institutional operations, and efficient use of resources.

The MGP for secondary-level medical care includes five priority areas: treatment of acute myocardial infarction, acute stroke, neonatal care, obstetric care, and endoscopic and screening examinations for early cancer detection. These types of medical services are reimbursed by NHSU at elevated tariffs.

The organization of a healthcare institution's work encompasses activities related to planning, management, coordination, control, and evaluation of the achievement of established goals and objectives [6, p. 29]. The main aspects of organizing the work of a healthcare institution are presented in Table 2.

The functioning of a healthcare institution is influenced by both external and internal factors. External economic factors include GDP growth rate, increasing inequality in the distribution of material goods and access to services, the volume of domestic and foreign investments, inflation, and the exchange rate. Political factors encompass levels of bureaucracy and corruption, as well as national and global political conditions. Social factors include the population's educational level, their adoption of new technologies, and patterns of internal and international migration [9]. Economic and demographic aspects also play a critical role. The contracting of medical service packages depends on population size, while the availability and variety of services are influenced by the number of displaced persons.

Internal factors affecting the operation of a healthcare institution can be divided into:

- *Medical-technological factors:* the level of material and technical support and medical technologies, the cost of medical materials and equipment from suppliers, the qualification level of medical staff, and optimization of patient pathways;
- *Economic-managerial factors:* the cost of medical materials and equipment, the financial potential of the institution, the level of management and marketing, and the cost of medical services;
- *Organizational-legal factors:* licensing requirements, standards for medical office equipment, requirements for medical facilities, and public attitudes toward paid medical services [9, p. 12].

Granting autonomy to medical institutions has heightened the importance of addressing economic and managerial factors. Key economic aspects of organizational activity include the efficiency of using material and financial resources. Managerial factors involve the personal qualities of leaders, organizational culture, communication systems, staff motivation and values, availability of human and material resources, information technologies and their effective

Table 1. Payment volumes to healthcare providers under the Medical Guarantee Program in Ukraine and the Rivne region in 2024

	Amount of payment (UAH)	including in Rivne region	Number of providers	including in Rivne region
By type of assistance:				
emergency	1498683336	344298705	25	1
primary	23514364474	838137409	2600	124
specialized	117293454504	4343628798	2399	97
By form of ownership:				
state	1190360923	-	13	
municipal	143692546353	5416315824	2163	84
Private (without sole proprietorship)	4937012564	51215825	523	16
Individual entrepreneur	1486582475	58533263	926	55

Compiled from: [4, pp. 49, 116]

Table 2. Key areas of organization of a healthcare institution's work

Areas	Components
Management of the institution	Strategic planning and operational management, development and improvement of organizational and staffing structures; formation and use of financial resources, ensuring financial stability and efficiency; staff motivation and control of their activities; management decision-making.
Organization of medical care	Implementation of modern methods of diagnosis and treatment; rational use of equipment; organization of the work of medical personnel; coordination of the work of the institution's departments.
Interaction with patients	Ensuring the availability of medical care, providing information to patients, resolving conflict situations.
Quality control of medical care	Implementation of a system for monitoring and evaluating the quality of medical services.
Financing of the medical institution	Ensuring stable financing of the facility; optimizing costs and effective use of funds; cost control; attracting additional sources of financing; implementing a financial accounting and reporting system.
Human resources policy	Recruitment, training, and development of medical personnel; creation of favorable working conditions; motivation and control of personnel work.
Patient and staff safety	Compliance with sanitation and hygiene rules, ensuring the safety of medical equipment and premises.
Information and communication technologies	Implementation of electronic document management, use of medical information systems; ensuring the confidentiality of medical information.

Compiled from: [6; 7; 8]

use, and marketing strategies for promoting medical services to the population.

Managing these factors is a complex, multidimensional process that requires consideration of situational variables, potential risks, and effective decision-making. In healthcare provision, several risks are present, including: provider risk related to staff qualifications, physical, financial, psychological, social risks, and the risk of time loss.

The features of organizing the work of a secondary-level healthcare institution are illustrated by the example of the Municipal Non-Commercial Enterprise (MNCE) "Ostroh Multispecialty Hospital" under the Ostroh City Council, Rivne District, Rivne Region.

The hospital provides specialized secondary-level medical care to all individuals in accordance with Ukrainian healthcare legislation and the institution's Statute; it also implements disease prevention and public health measures. The hospital is owned jointly by the local communities of villages and settlements within the Ostroh territorial community.

The hospital includes the following units: a consultative polyclinic and departments (surgical, cardio-neurological, therapeutic, infectious, palliative, obstetric-gynecological, pathological, and emergency care with intensive care beds); a clinical-diagnostic laboratory; women's consultation; and a consultative polyclinic. The hospital operates 176 beds and

Table 3. Sources of financial resources for the MNC "Ostroh Multispecialty Hospital," Ostroh City Council, Rivne District, Rivne Region, 2022

Source of financial resources	Amount, million UAH	Share, %
NHSU	62	79
Local budget	5	6
Extrabudgetary	12	15
Total	79	100

Source: reports of the Ostroh Multidisciplinary Hospital, a municipal non-profit enterprise of the Ostroh City Council, Rivne District, Rivne Region

Table 4. Trends in key performance indicators of the MNPE "Ostroh Multispecialty Hospital," Ostroh District, Rivne Region, (for the first 9 months of 2021 and 2022)

N	Indicators	2021	2022	Trend
1	Maternal mortality	0	0	-
2.	Infant mortality	18.6(4)	9.3 (2)	
3.	Stillbirths per per 1000 live births	4.6	4.6	-
4	Birth rate	5.1	5.06	
5	Mortality rate from major causes (per 10000 population):	11.1	10.05	
6	Morbidity per 10000 population, %	559.6	781.06	
7	Cancer cases detected during medical examinations	13	19,1	
8	Neglected forms of tuberculosis in v/v	20	38.1	
9	destructive forms of tuberculosis in v/v	33.4	61.9	
10	Bed availability per 10000 people.	41.6	41.6	-
11	Births per 1000 women of childbearing age (15-49 years old)	12.3	11.3	
12	Number of operations in hospitals per 10000 people.	165.8	137.5	
13	Number of outpatient operations per 10000 people.	121.5	142.4	
14	Hospitalization rate	78.5	90.3	
15	Bed occupancy rate	158.5	164.5	
16	Mortality	2.7	1.7	

Source: reports of the Ostroh Multidisciplinary Hospital of the Ostroh City Council of the Rivne District, Rivne Region, for the first nine months of 2021 and the first nine months of 2022

employs 62 doctors and 123 nursing staff, serving 42,263 residents of the Ostroh territorial community and temporarily displaced persons [10].

Secondary-level healthcare institutions receive funding from the NHSU based on contracting medical service packages [11; 12]. The MNCE "Ostroh Multispecialty Hospital" provides medical care to residents of the Ostroh territorial community through 14 service packages, including:

1. Surgical operations for adults and children in inpatient settings.
2. Inpatient care for adults and children without surgical operations.
3. Maternity care.
4. Prevention, diagnostics, observation, treatment, and rehabilitation in outpatient settings.
5. Hysteroscopy.
6. Esophagogastroduodenoscopy.
7. Colonoscopy.
8. Cystoscopy.
9. Diagnosis, treatment, and management of individuals with HIV.
10. Inpatient palliative care for adults and children.
11. Mobile palliative care for adults and children.
12. Management of pregnancy in outpatient settings.
13. Day-surgery operations for adults and children.
14. Dental care for adults and children.

The hospital uses the medical information system "MEDIX," which allows patients to book appointments with their chosen physician online.

The hospital functions as a medical enterprise that transforms input resources into medical services. In this process, physical, human, financial, technological, informational, and other resources are consumed. In 2022, the hospital utilized financial resources totaling UAH 79 million. Of these, 79% were state funds (NHSU), 6% were local budget funds, and 15% were extrabudgetary resources (Table 3; Figure 1).

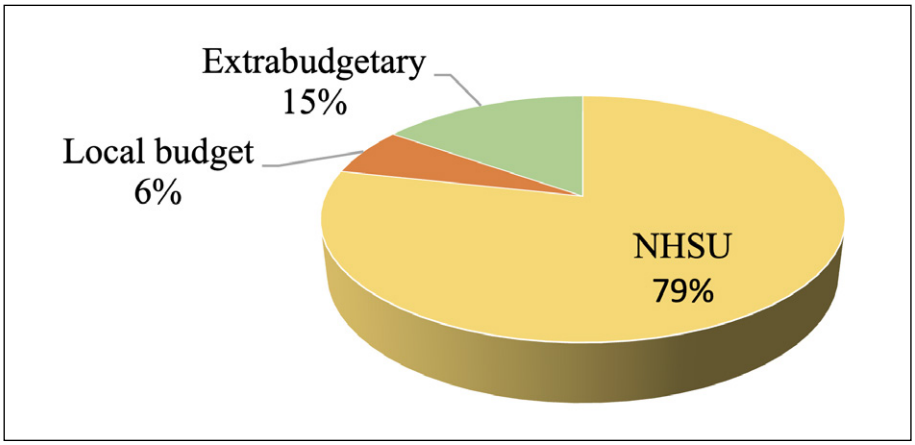

Fig. 1. Structure of financial resources of the Ostroh Multidisciplinary Hospital, a non-profit enterprise of the Ostroh City Council, Rivne District, Rivne Region, 2022. *Source: reports of the Ostroh Multidisciplinary Hospital of the Ostroh City Council of the Rivne District, Rivne Region*

Table 5. Work plan of the inpatient care service of the MNPE "Ostroh Multispecialty Hospital," Ostroh City Council, Rivne Region, 2022

No	Name of event	Date of implementation	Implementation
1.	Achieve the following hospitalization rates: a) urban – 140.0 b) rural – 159.5 c) total – 155.5	by 31/12	Deputy Chief Medical Officer, department heads
2.	Ensure average bed occupancy: BL – 340	-//-	-//-
3.	While maintaining the quality of treatment, ensure the average duration of treatment, days: according to BL – 8.0 In order to ensure the rational use of bed capacity, monitor compliance with the average length of treatment in the hospital by department: - therapeutic – 8.0 - cardiology and neurology – 6.7 - surgical – 8.7 - palliative care – 12.0 - infectious diseases –10.0 - obstetrics and gynecology – 7.0	-//-	-//-
4.	Ensure surgical activity indicators: - surgery – 55.1 - obstetrics and gynecology department – 40.1	By the end of the year	Deputy Chief Medical Officer, department heads
5.	Ensure the fulfillment of auxiliary services indicators: Physiotherapy service: a) implementation of treatment methods for 1 inpatient – 6.7 b) number of procedures per inpatient who has completed physiotherapy treatment – 9.9 c) number of massage procedures per inpatient who has completed treatment – 2.0 d) number of laboratory tests per inpatient – 44.2 e) number of functional examinations per inpatient – 1.0	-//-	-//-
6.	In order to improve the coordination between the polyclinic and the hospital, conduct an analysis of: - the completeness of examinations during planned hospitalisation; - the quality of medical record keeping in the hospital; - conduct medical examinations by day and week; for the rational use of bed capacity, develop average terms of treatment in the hospital by nosological units.	Once per quarter	Deputy Chief Medical Officer
7.	Regularly conduct inspections on the prevention of hospital infections.	Once per quarter	Infectious Disease Control Department
8.	Conduct classes among inpatients to actively promote sanitary and hygienic knowledge.	Continuously according to plan	Heads of departments
9.	Analyze the consultative assistance provided by regional specialists in the hospital.	By 30/12	Deputy Chief Medical Officer

Source: reports from the Ostroh Multidisciplinary Hospital, Ostroh City Council, Rivne District, Rivne Region

Table 6. Composition, structure, and staffing levels of the MNPE "Ostroh Multispecialty Hospital," Ostroh City Council, Rivne Region, 2022

No	Personnel category	Number of persons	Actual, %	Difference between full and actual occupancy, %
1	Doctors	54	77,1	-22.9
2	Pharmacist	1	100	-
3	Specialists with higher non-medical education (biologists)	2	88.9	-11.1
4	Junior specialists with medical and pharmaceutical education	124	95.2	-4.8
5	Junior medical staff	71	95.3	-4.7
6	Other (non-medical) staff	54	84.4	-15.6
	TOTAL	306	89.5	-10.5

Source: reports of the Ostroh Multidisciplinary Hospital, Ostroh City Council, Rivne District, Rivne Region

Extrabudgetary resources are generated from paid services, including professional examinations, laboratory tests, rental fees, and humanitarian aid.

As observed, the hospital received the largest share of its funding from the NHSU under the MGP. The structure of fund utilization in 2022 was as follows: 89% for salaries, 6% for the purchase of medications, 1% for meals, and the remaining portion for other material expenses.

The performance indicators of the hospital for 2021 and 2022, presented in Table 4, reflect trends related to the overall complex social conditions in the country. Especially in the context of the war with the Russian Federation [13]. These include a general increase in population morbidity, particularly for social diseases such as destructive and neglected forms of tuberculosis. The detection of oncological diseases during population screenings also increased. At the same time, overall mortality, including infant mortality, decreased. The number of outpatient surgeries increased, while the number of inpatient surgeries decreased significantly.

The hospital has established an effective management system. Each year, a development plan for the following year is prepared, identifying the main directions of activity based on the assessment of results from the previous period. Data regarding resource provision and expenditure are analyzed.

Based on the evaluation of the hospital's performance, strategic directions for development are determined. These include the implementation of modern technologies, provision of medical care to children and women during pregnancy and childbirth, emergency medical services, epidemiological measures to prevent infectious diseases, participation in mass informational and diagnostic campaigns for early disease detection, improvement of preventive health check-ups through targeted population monitoring, implementation of mass screening programs, digitalization of healthcare, and ensuring compliance with medical ethics by healthcare staff.

The hospital management sets goals and priority tasks for socio-economic development for the planning period with specific performance indicators, namely:

1. **Population health improvement:** reducing infant mortality; preventing maternal mortality (target: zero maternal deaths); reducing the incidence of primary disability among the working-age population and children.
2. **Preventive work:** achieving 100% coverage of pregnant women with two ultrasound screenings before 22 weeks of gestation; preventing cardiovascular, cerebrovascular, oncological diseases, and tuberculosis.
3. **Accessibility and quality of medical care:** postoperative mortality for acute surgical conditions – 0; hospitalization rate – 158.9; bed utilization – 340.0.
4. **Strengthening the hospital's material and technical base:** carrying out current and major repairs of departments to improve patient conditions and service provision (e.g., renovation of the traumatology department).

Planned outpatient and polyclinic activities are preventive in nature. They focus on controlling the quality and effectiveness of monitoring patients under regular or first-time observation, early detection of oncological pathology during preventive examinations (primarily in early stages), organizing comprehensive screenings for specific population groups (agricultural workers, industrial employees in hazardous working conditions, medical staff, Chernobyl disaster cleanup participants, war-disabled persons, combatants, families of fallen soldiers, and schoolchildren), and screening for diabetes using

glycated hemoglobin and blood glucose tests in high-risk groups. Other priorities include early detection, diagnosis, and treatment of infectious diseases, timely reporting to the CDCP of emergency cases, and intervention in cases of patients violating isolation or epidemiological requirements, providing women of reproductive age with cancer screenings and cytological examinations, regular hospital infection prevention audits, and analysis of population mortality structures. A system of measures is being developed to reduce overall mortality among the working-age population.

In planning inpatient care activities, hospital administration follows principles of accessibility, quality, and rational use of bed capacity. Key directions and objectives include:

1. Maximizing the fulfillment of inpatient care needs for the district population, with priority given to specific groups (children, war veterans, designated groups, and monitored patients).
2. Implementing a differentiated approach in the reorganization of inpatient care.
3. Introducing new diagnostic and therapeutic methods and best practices.
4. Organizing sanitary and hygienic regimes.
5. Managing the diagnostic and therapeutic process in inpatient care.
6. Personnel management.
7. Ensuring medical security and patient care.

Planning is carried out with specific performance indicators to be achieved in each department, with designated executors and deadlines (Table 5).

In terms of staff numbers, the MNPE "Ostroh Multispecialty Hospital" is a major enterprise within the Ostroh territorial community. The staff structure is as follows: physicians – 17.6%; biologists and pharmacists – 1%; junior specialists with medical and pharmaceutical education – 40.5%; junior medical staff – 23.2%; non-medical personnel – 17.7% (Table 6).

In the organization of hospital operations, personnel management plays a pivotal role. The primary tool for managing staff is remuneration. Although the average salary at the hospital exceeds regional and national levels, the freedom for personnel to seek employment and better pay in other sectors or countries stimulates the mobility of medical staff both in the healthcare system at large and specifically within the MNPE. The base salary for physicians is 20,000 UAH, and for junior medical personnel – 13,500 UAH [14]. Young doctors are offered dormitory accommodation within the MNPE for full-time employment, with the possibility of receiving land from the city council for housing construction in the future.

The hospital faces a shortage of doctors, as only three-quarters of positions are filled according to the staffing schedule. Some physicians work part-time, while others exceed their workload, further exacerbating staffing issues. Of the total number of doctors, 40% are of retirement or senior retirement age. Personnel aged 70+ for men and 65+ for women account for one-fifth of the staff. This situation necessitates a revision of the institution's human resource policy.

The quality of medical care largely depends on the qualifications of the medical staff. In hospital planning and organization, numerous measures are undertaken to enhance professional training, recruitment, allocation, and utilization of medical personnel. These include participation in clinical-theoretical conferences, specialized seminars for clinic physicians, training programs for junior and mid-level medical staff, patient education through lectures in the inpatient department to promote sanitary and hygienic knowledge, and familiarization of staff with relevant directive documents. During operational meetings in hospital departments, performance indicators are analyzed, staff motivation issues are reviewed, and labor discipline is assessed.

Monitoring and control are implemented to ensure the effective organization and application of scientific achievements, new organizational work forms, scientific, informational, medical-statistical, innovative, and inventive activities; computerized processing of medical-statistical data; and participation of doctors, nurses, and junior medical personnel in educational and scientific events (conferences, seminars, and trainings). According to the established plan, physicians are responsible for public health education through local media, public speeches, and publications to support community health policy development.

Amid the ongoing war with Russia, the hospital adapts to wartime challenges, maintaining uninterrupted operations under limited resource conditions. Medical care is provided to affected individuals and temporarily displaced persons, with psychological support offered to both patients and staff.

On January 1, 2025, medium-term contracts were introduced with medical institutions, transitioning to agreements of up to three years for primary care, emergency care, cluster, and supra-cluster hospitals. This reform aimed to improve financial and operational planning and reduce administrative burdens associated with annual contract renewals. A new monitoring system was implemented to track contract compliance, enhancing data verification processes to improve transparency and the efficient use of budgetary funds [2].

CONCLUSIONS

The organization of secondary (specialized) healthcare facilities under the Medical Guarantees Program (MGP) is focused on strict adherence to program provisions and requirements, ensuring patient access to services guaranteed by the state. This is achieved through contracts with the National Health Service of Ukraine (NHSU), guaranteeing service accessibility for patients, compliance with NHSU-established tariffs and service packages, and maintaining electronic documentation in accordance with MGP requirements.

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CONFLICT OF INTEREST

The Authors declare no conflict of interest

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