

IMPROVING THE SYSTEM OF HEALTHCARE INSTITUTION MANAGEMENT IN CONDITIONS OF PANDEMIC THREATS

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Abstract: *The article is devoted to analysing activities of the infectious disease unit of a medical institution in one of Ukrainian regions. The unit is designed for intensive care of patients. The study main goal is to develop a strategy for further development of this unit to improve quality of its services and patient satisfaction. During the research, the initial conditions for the in-patient medical care provision were discussed. A comprehensive analysis of activities and structural problems within the infectious unit was carried out. Based on the study results, a strategic plan for further development was generated to enhance the unit efficiency and quality of its provided medical services. During analysing the infectious unit work, it was found that the in-patient care provision meets the worldwide infectious care norms. In the conditions of reforming the Ukrainian medical industry, many issues remain unresolved (in particular, restructuring and improvement of the healthcare system as a whole and that of the infectious disease unit). The latter plays an important role in creating a high-quality national program for medical service provision by healthcare institutions. Therefore, we succeed in improving resilience in the face of public health threats and risks. The analysis showed current positive trends in understanding the importance of this structural unit activities within the healthcare system. Besides, new ways of its modernisation are found. The authors substantiate this area development requires the national quality control indicators, the marketing policy improvement as well as the strengthened organisational and methodological role of the infectious disease service in healthcare institutions. Specific recommendations were formulated regarding ways to develop the infectious disease unit. They will help raise service satisfaction among patients of medical institutions. The obtained results are of practical importance and can be used in managing healthcare institutions at the national and regional levels.*

Keywords: COVID-19; infectious disease department; healthcare institution; management; medical industry reformation; treatment.

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Introduction. In December 2019, the first case of the COVID-19 coronavirus disease was detected in the Chinese city of Wuhan. A 41-year-old woman was diagnosed with SARS-CoV-2 using a specific diagnostic PCR test. Chinese doctors informed the World Health Organisation about detecting “pneumonia of unknown origin” among patients. On 31 December 2019, the WHO received reports of 27 such cases. In January 2020, two deaths related to COVID-19 became known. On 11 March 2020, the WHO officially declared COVID-19 as the worldwide pandemic.

This disease also spread in Ukraine. In March 2020, the first confirmed cases of COVID-19 were registered in the country (Sumy). Initially, patients from the Sumy Region were treated in the Z. Krasovyskyi Sumy Regional Infectious Clinical Hospital. However, with the increased number of patients, a decision was made to repurpose somatic hospitals into infectious ones and deploy temporary infectious hospitals (Rosokhata et al., 2020; Khomenko et al., 2021). In August 2020, the communal non-commercial enterprise “Clinical Hospital 5 of the Sumy City Council” began admitting patients with the confirmed COVID-19 diagnoses and suspicions. A study of infectious unit activities was conducted. The pandemic has become a global problem that humanity has practically overcome. Yet, there are still problems at the regional level in providing quality care for in-patients.

Literature review. The issues of public health and stable medical system were research topics of many scientists (Barzilovich, 2020; Condes et al., 2021; D’Ambrosio et al., 2020; Markina et al., 2016; Nacoti et al., 2020; Nguyen et al., 2020; Remuzzi et al., 2020; Semchuk et al., 2020; Turchak, 2019; Mathur et al., 2022; Gurbanov et al., 2022; Didenko et al., 2023). The scientific literature review on infectious diseases, particularly COVID-19, and the features of infectious disease management in medical institutions was conducted. A sample of the 2019-2022 Scopus sources was used for analysis. The keywords “COVID-19 AND respiratory diseases”, “COVID-19 AND infectious diseases” and “COVID-19 AND health” were used for search (Table 1).

Table 1. The thematic orientation of publications according to the keywords: “COVID-19 AND respiratory diseases”, “COVID-19 AND infectious diseases”, “COVID-19 AND health”

The thematic focus of publications	“COVID-19 AND respiratory diseases”	“COVID-19 AND infectious diseases”	“COVID-19 AND health”
Number of publications	85,919	23,468	157,183
Number of secondary documents	459	1,214	31,694
Number of patents	5,025	4,424	5,981

Sources: generated by the authors

The literature review revealed that the largest number of publications (85,919) was devoted to “COVID-19 AND respiratory diseases”. The number of publications related to “COVID-19 AND infectious diseases” is 23,468. “COVID-19 AND health” is 157,183. Additionally, relevant secondary sources and patents were found.

Special attention was paid to the USA, China, Italy, the United Kingdom, India, Germany, France, Spain and Canada. Among organisations involved in researching COVID-19 and respiratory diseases, we can detect the Harvard Medical School, the University of Milan, the Huazhong University of Science and Technology, the London Imperial College, the University of Oxford, the Tongji Medical College, the Tehran University of Medical Sciences and the University of Toronto. Research funding in the field of COVID-19 and respiratory diseases is carried out by both public and private organisations. For example, the World Health Organisation, the National Institute of Allergy and Infectious Diseases in the USA, the European Commission, the Bill and Melinda Gates Foundation and medical centres of various countries provide financial research support.

One of the key conclusions from the conducted analysis is the importance of developing and implementing measures to prevent the spread of infectious diseases. These measures include vaccination, use of protective equipment, compliance with hygiene rules and social distancing. Besides, it is important to increase the level of population awareness about symptoms, transmission ways and treatment methods for infectious diseases.

In general, the literature review confirms the relevance of infectious disease problems (including COVID-19) as well as needs for constant improvement of the infectious disease unit management in medical institutions. Using the VOSviewer software (2023), we identified five clusters of studies related to the COVID-19 impact on public health (Figure 1).

Cluster 1 (red) – human aspect, stress, unemployment, psychological aspects, gender differences, other human factors of the pandemic.

Cluster 2 (green) – severity of illness, mortality rate, pathology, clinical features, biological markers.

Cluster 3 (blue) – severe acute respiratory syndrome, study of virology, immunology, vaccination, genetics, other aspects.

Cluster 4 (yellow) – coronavirus and other infectious diseases, environmental risks and impacts.

Cluster 5 (purple) – age characteristics, the coronavirus disease impact on patients of different age.

These results highlight the importance of understanding aspects of the COVID-19 influence on public health and needs for further research in this area.

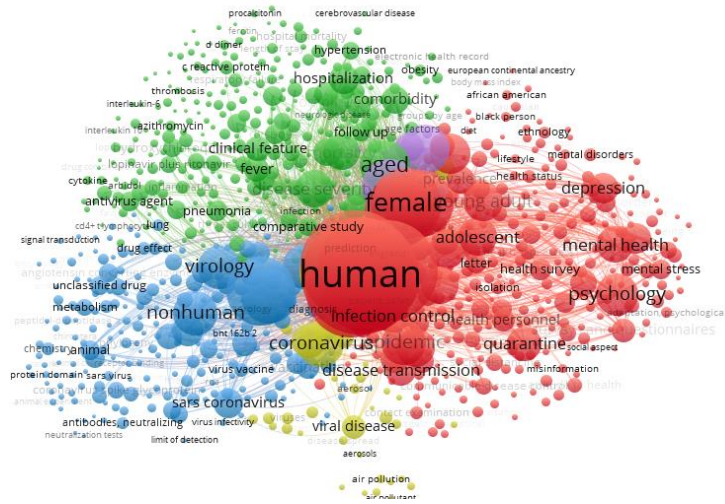


Figure 1. Research clusters for the 2016-2022 Scopus sources using TITLE-ABS-KEY filters “COVID-19 AND health”

Sources: generated by the authors

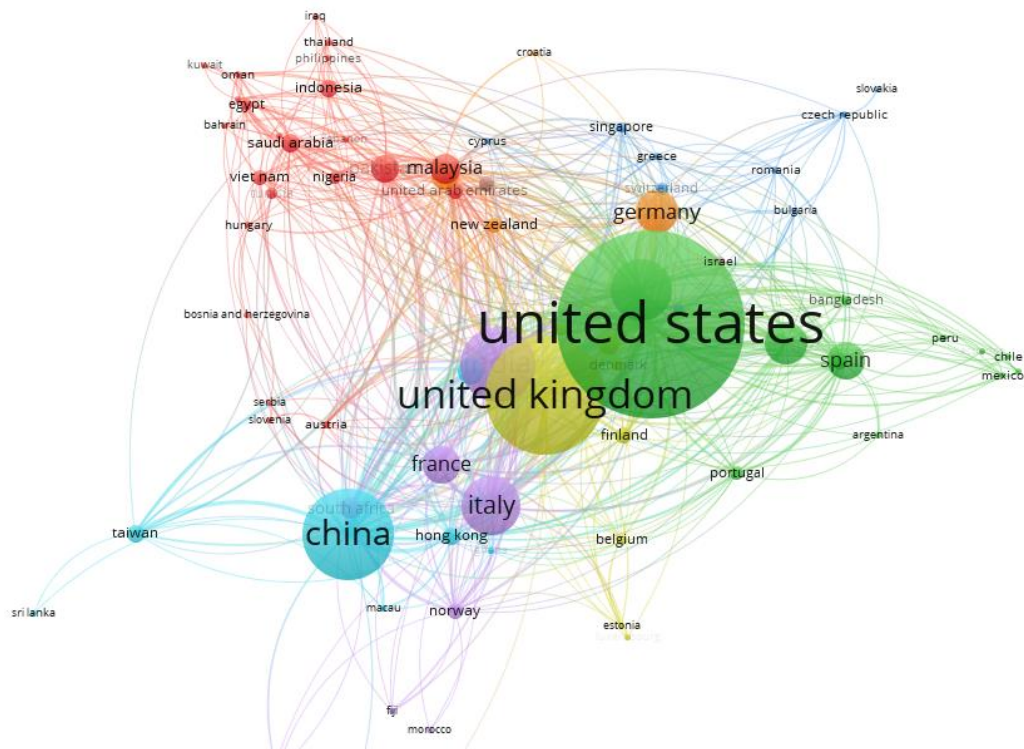


Figure 2. Research clusters of authors' countries investigating health issues in the context of the COVID-19 pandemic

Sources: generated by the authors

A bibliographic analysis of research on public health issues in the context of the COVID-19 pandemic made it possible to identify a significant number of clusters of scientific networks. The centers of these clusters are countries such as the USA (green cluster together with Spain and a much smaller number of studies by scientists from Portugal, Peru and Mexico), Great Britain (yellow cluster), Germany (orange cluster, in which research by authors from this country predominates), China (blue cluster, which also observes scientific alliances with representatives from countries such as Taiwan, Sri Lanka), Malaysia (black cluster), Italy and France (purple cluster). Notably, studies by authors from Ukraine were not included in sufficient numbers in any of these clusters.

Methodology and research methods. This study takes a data analysis and visual approach to examine the impacts of COVID-19 risk factors in the management system of national medical institutions. For a bibliographic study of this problem, the authors analyzed Scopus publications. The VOSviewer (2023) was used to visualize the obtained bibliographic results. The study subject is the priority strategic direction of developing and improving the infectious unit in the healthcare institution. The study object is the activity and structure of the infectious unit with beds for patients requiring intensive therapy.

Results. In 2022 beginning, a new revival of the COVID-19 epidemic was noted in the Sumy Region. Already in the middle of January, the disease rate doubled. The region took one of the leading places in terms of the disease spread. The dynamics of this new epidemic wave became the fastest during the pandemic.

The existing indirect signs indicated the spread of a new variant of SARS-CoV-2 (known as Omicron) in the Sumy Region. Repeated cases in the last two weeks reached a record level since the pandemic began, and their share among the total number of new cases was up to 10%. For the first time since the vaccination campaign, vaccinated people's incidence exceeded that of the unvaccinated ones in the first week of the year. The proportion of fully vaccinated among new SARS-CoV-2 cases was almost 50%. An increase in hospitalizations and positive test results for COVID-19 was also noted (Letunovska et al., 2021). Changes in the age structure of patients with a prevalence in the younger age group were observed. Moreover, there was a significant rise in the number of children's occupied beds, even compared to the peak weeks of the autumn wave (World Health Organisation, 2020).

The most affected territories were the Khotyn Village Council with an incidence of 756.1 per 100,000 population. The Sumy City Council incidence was 569.8. The Stepanivka rate was 447.9. Such settlements received in-patient care from Sumy medical institutions. The number of in-patients gradually increased. Although most infections were of moderate severity, the number of deaths was significant due to the intense epidemic. Within two months, COVID-19 led to the death of 389 people in the region (128 persons were Sumy residents. The highest mortality rate was observed among persons aged 70 and older (10.2%). About 94% of COVID-19 deaths involved people aged 50 and over. More than half of the deceased persons were over 70 years old.

For the second time in 2022, signs of COVID-19 worsening in the Sumy Region appeared in August and continued throughout September. Epidemiological and later laboratory data confirmed the beginning of a new COVID-19 wave caused by another virus strain. At the year beginning, the sequential analysis of SARS-CoV-2 samples showed the spread of Omicron BA.2 and Omicron BA.5 variants within Europe. In Ukraine, the BA.1 variant dominated.

The rapid development of the epidemic process was observed in the Sumy Region. During August, the number of COVID-19 patients rose by 7.9 times; during September, another 6.5 times. About 14,134 people were diagnosed with COVID-19 in September. Within these 1.5 months, the incidence was the highest compared with other Ukrainian regions.

This situation may be related to the war migration processes. Widespread population movements leaving for other country regions or abroad resulted in significant numbers of people returning home at the summer end. There was also internal migration from border areas and the arrival of displaced persons from other settlements (southern and eastern areas of Ukraine). The medical network active approach to testing the population for SARS-CoV-2 also impacted the COVID-19 spread. According to the survey indicators, the Sumy Region took one of the first places in September. The hospital base in the region and the city of Sumy was well prepared and ensured patients' availability of in-patient treatment. Despite this, the filling of beds did not lead to a significant overload of in-patients.

The monthly dynamics of COVID-19 morbidity, mortality and lethality in the Sumy Region and the city of Sumy for 2022 are shown in Table 2.

Table 2. Monthly dynamics of COVID-19 morbidity, mortality and lethality in the Sumy Region and the city of Sumy for 2022

Month	Incidence (per 100,000 people)			Lethality (%)			Mortality (per 100,000 people)		
	Ukraine	Sumy Region	Sumy City	Ukraine	Sumy Region	Sumy City	Ukraine	Sumy Region	Sumy City
I	1109.6	2133.4	4470.6	1	0.7	0.5	11.3	15.2	20.3
II	1968.9	2751.6	4069	0.8	0.8	0.7	15.1	21.4	29.6
III	332.8	165.8	58.9	1.5	4.1	7.9	4.9	6.8	4.7
IV	84	66.1	99	1.3	2.1	2	1.1	1.4	1.9
V	27.5	51.1	85.8	1.5	2	2.7	0.4	1	2.3
VI	12.3	29.8	59.7	1.8	0.6	0	0.2	0.2	0
VII	22.3	36.9	65.1	0.9	1	0.6	0.2	0.4	0.4
VIII	78.5	291.6	464.8	0.4	0.3	0.2	0.3	0.9	0.8
IX	317.3	1329.3	2503.9	0.3	0.2	0.2	1	3.1	3.9
X	355.6	424.9	439.8	0.7	0.9	0.6	2.6	4.1	2.7

A comparative analysis of indicators reflects extremely high levels of COVID-19 incidence in the Sumy Region. The main share of these indicators is formed due to the city of Sumy, where the incidence in some months exceeds the values in other region settlements several times. This situation is typical for most diseases. It is explained by greater accessibility and the population's ability to seek medical help. Also, that is caused by greater opportunities for diagnosis and active identification of patients, which affects the registration factor.

The mortality rate in both COVID-19 waves was lower than the national average. These positive indicators result from high-quality and timely medical care provided to patients.

Medical institution readiness is important in the national and local strategy for combating infectious epidemics. More beds, better infrastructure, efficient staff and equipment management, safety, and advanced training are key strategic measures in the fight against the infectious disease crisis (World Bank, 2021).

Against COVID-19, medical care for Sumy City and Sumy Oblast residents is provided by the Infectious Unit at the Clinical Hospital 5 of the Sumy City Council. It is equipped with comfortable wards to ensure proper conditions for patients. Currently, the unit is being considerably renovated. There are 16 wards for COVID-19 patients, including 4 wards with intensive therapy.

The main unit tasks and functions are:

- hospitalization of patients with a confirmed COVID-19 diagnosis or suspicion;
- reliable isolation of patients with infectious diseases;
- provision of diagnostic and treatment assistance to the city and regional population at the hospital stage;
- provision of emergency medical care to COVID-19 patients;
- provision of post-operative care for COVID-19 patients;
- advanced methods of diagnosing and treating COVID-19 patients.

A strategic direction for diagnosing and treating improvement is developed in the infectious unit of Clinical Hospital 5 of the Sumy City Council. It plays an important role in the fight against increased infectious diseases. One of the main advantages of the infectious unit is the use of advanced medical equipment with modern technologies, which allows for diagnosing and treating effectively. The professionalism of the medical staff is another strength that guarantees high-quality care.

Besides, the infectious unit has an opportunity to provide anesthesia support via various methods. It reduces the risk of operative complications. The compact and efficient unit structure and proper hospital location contribute to patients' convenience and ensure quick access to medical care.

Also, the infectious unit has external opportunities: hospital support, contracts with the Ukrainian Ministry of Healthcare, and new diagnostic methods. The wide competitive market of medical services and the growing number of private centers facilitate unit development. Strict adherence to international care norms, modern equipment and highly qualified staff are key factors to ensure the quality of unit services.

An analysis of the quality of medical care for patients of the infectious disease department in the studied medical institution was carried out. The study was conducted through a questionnaire (a structured and organised set of questions, each is logically related to the study main purpose) of patients who were provided services in this department. Patients were asked to complete a survey after completing treatment. Within the sample, 49% are men and 51% are women. The average sample age is 48 years. The questionnaire contains

several multiple-choice questions. As the study results showed, the main source of information about the infectious disease department is doctors who refer patients and patients who have already received care (Figure 3).

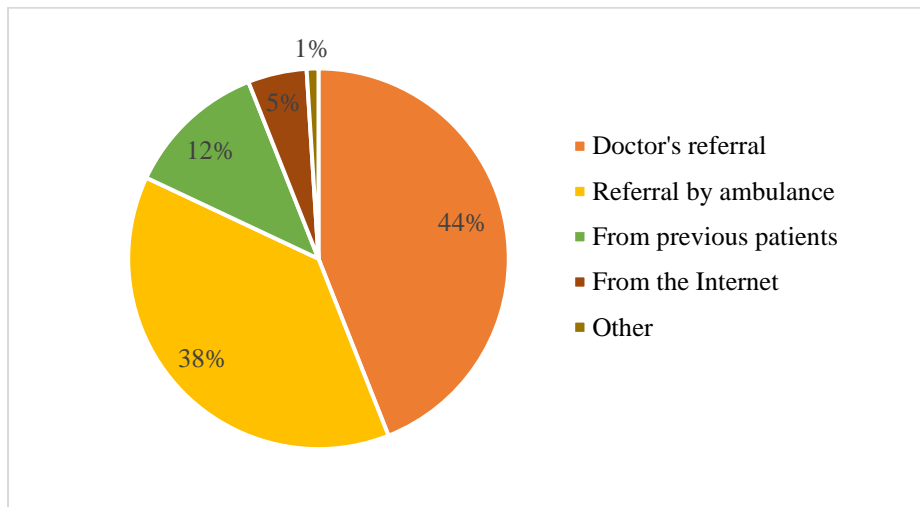


Figure 3. Distribution of respondents' answers regarding the sources of obtaining information about the infectious unit of Clinical Hospital 5 of the Sumy City Council

Sources: constructed by the authors according to the patient survey results

Almost half of the people who applied for aid are satisfied with its provision location. Although the same number of patients is neutral about it (Figure 4).

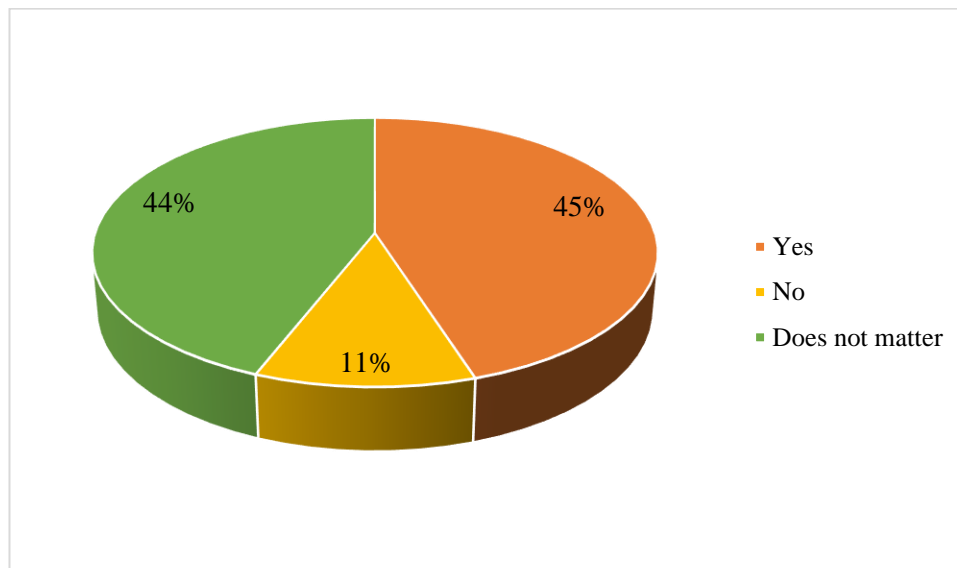


Figure 4. Distribution of respondents' answers regarding the location convenience of the infectious unit of Clinical Hospital 5 of the Sumy City Council

Sources: constructed by the authors according to the results of the patient survey

For more than 60% of patients, the initial examination lasted up to 15 minutes during the initial visit to the department (Figure 5). During the daily morning round in most patients, the examination lasted for 10-15 minutes (Figure 6). The treatment process duration is usually 5-10 days and only in isolated cases it exceeds 10 days (Figure 7).

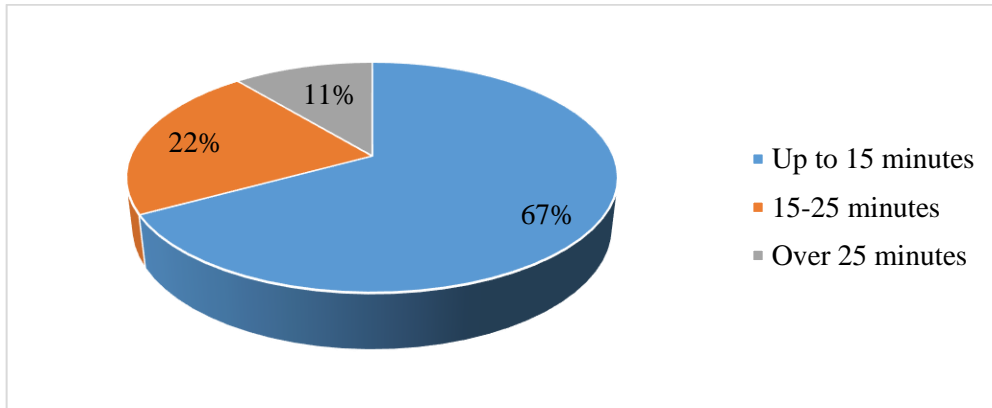


Figure 5. Response of patients regarding the initial examination duration

Sources: constructed by the authors according to the patient survey results

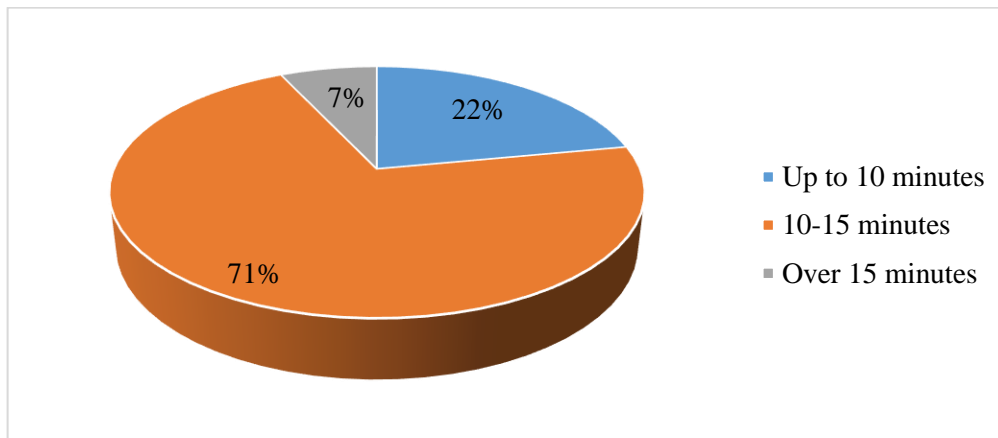


Figure 6. Response of patients regarding the daily morning examination duration

Sources: constructed by the authors according to the patient survey results

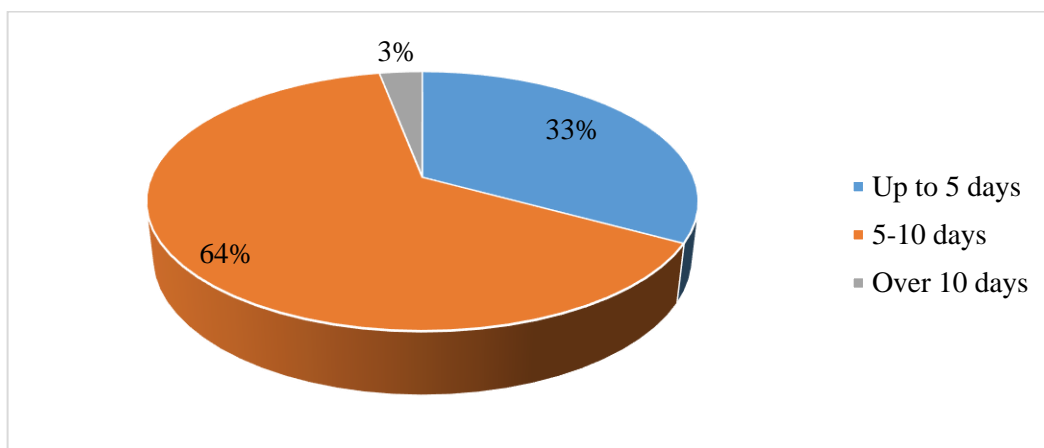


Figure 7. Response of patients regarding the treatment duration in the infectious disease department

Sources: constructed by the authors according to the patient survey results

Most patients were satisfied with the quality of service provision and the qualifications of specialists. Most patients are ready to recommend the infectious department to other patients.

Thus, the vast majority of surveyed patients, as consumers of services, positively evaluated work of the infectious department in Clinical Hospital 5 of the Sumy City Council. It can be concluded that Clinical Hospital 5 of the Sumy City Council made the right decision to open an infectious disease department and ensure its functioning in accordance with the requirements.

The clinic achievements include improving medical care, providing timely and effective treatment to patients with infectious diseases. The hospital commitment to providing exceptional care is reflected in the careful selection of highly qualified medical experts. These people have extensive work experience, stay abreast of the latest treatment methods, complete advanced training. Such qualities are necessary for effective provision of emergency care. Another hospital advantage is its convenient location, which allows patients to get medical services without difficulty. Additionally, the hospital recognises the trust importance between patients and healthcare professionals. Staff communication plays a significant role in building positive relationships with patients. When patients feel comfortable and trust their healthcare providers, it improves the overall experience and outcomes. However, despite their achievements, they also face several internal and external problems that must be solved to improve the quality of diagnostic and treatment services.

Based on the conducted GAP analysis of unit activities, the main problems were identified and the prospects for the institution's development were determined. Considering differences between desired and real affairs, the GAP analysis defines what changes should be made to achieve the highest care level.

One of the problems identified as an analysis result is the unmet need for medical care. To improve this situation, we should introduce high-quality equipment, modern treatment and diagnostic technologies, work optimization, skilled staff, advanced training courses, and internal audits. These measures can improve the medical care quality and satisfy the population's needs.

Another analysis problem is the difficulty in getting to the medical facility during war combat. To improve this situation, we should use ambulances equipped with oxygen tanks and vital monitors. It is also advisable to allocate doctors and paramedics, who contribute to prompt medical care in difficult situations.

Also, there are high costs for modern medical equipment. To solve this problem, search for additional funding sources, partners and cooperation with other medical institutions is necessary. This will provide the necessary modern equipment and will increase medical services.

The population is insufficiently aware of the infectious unit's functioning. To stimulate the sale of services, it is necessary to advertise hospital and unit measures and communicate with the public. This will attract more employees and ensure high medical care.

The GAP analysis identified the main infection unit problems that require solving immediately.

To improve the care quality, the hospital implements various strategies: medicine development, adherence to in-patient treatment protocols, quality standards, and constant Internet communication with patients.

To raise patient satisfaction, efforts should be focused on improving the care provision in repaired and modernized facilities. Besides, effective electronic customer services and facility website management can contribute to a positive patient experience.

The unit management rise involves attracting additional funds and financial efficiency. These activities provide necessary resources to support growth and improvement initiatives.

Along with the evolution of modern healthcare facilities, monitoring patient needs is essential to meet market expectations properly. Therefore, the hospital and unit management must ensure the introduction of new services based on the latest technologies. It will allow the hospital to offer a comprehensive package of services.

By carrying out anti-crisis measures in the infectious unit, which includes intensive care beds, the medical institution could achieve:

- better demand, quality and possibilities of medical services;
- less low-cost services and more profitable ones;
- higher quality of medical and diagnostic services;
- more sponsors to support hospital initiatives;
- better material and technical infrastructure;
- higher staff salaries;
- more highly qualified employees;
- better hospital and unit reputation;
- implemented telemedicine technologies.

Within COVID-19, infectious unit management requires involving foreign experts. While COVID-19 treatments keep evolving worldwide, it is necessary to consider the optimal choice of drug therapy and

optimize the treatment process. The complexity of studying pathogens and their impact on patients contributes to different approaches to organizing and managing hospitals for COVID-19. Although no universal approach exists, the World Health Organisation offers constructive guidelines based on successful strategies in different countries.

In the Sumy Region, attention should be focused on some key areas for improving the management of in-patient infectious disease services:

- application of modern COVID-19 treatment methods, global medical and diagnostic expertise;
- isolation and testing of COVID-19 contacts at the initial stage;
- provision of personal protective equipment (PPE) in medical and pharmaceutical facilities;
- creation of specialized units to triage patients, and collect case records and passport data;
- employment of additional staff to provide medical assistance through online and telephone channels;
- development of basic care charts on the hospital website.

Conclusions. The infectious unit research shows compliance with worldwide infectious care standards. This confirms the importance of the infectious disease service in forming a comprehensive and high-quality program of medical aid. However, the Ukrainian medicine reform is urgent and requires time and reconsideration. The current legal framework should be reviewed, revised and improved (to match the regulation of infectious disease care with legal principles). Foreign experience is necessary for improving the infectious unit and hospital management. We should introduce funding allocation models, produce national quality control indicators, enhance marketing policy, and strengthen organizational and methodological roles of infectious disease services.

Use of software tools for data analysis (Scopus and VOSviewer) identifies current research topics, top countries with a high level of interest and financial sponsors in infectious disease care. It determines the advantages and disadvantages of the infectious disease unit, which gives effective development and management strategies. Analysis of COVID-19 morbidity and mortality in the Sumy Region showed the relevance of permanent monitoring and improvement of the pandemic resistance system (particularly, by developing preventive measures and improving medical care). In general, the article's results emphasise the importance of reforming the medical system, improving infectious disease services and providing quality medical care to patients. This requires systemic approaches, cooperation between various structures and implementation of innovative practices in healthcare.

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References

Barzilovich, A.D. (2020). State regulation of market mechanisms in the Ukrainian healthcare system. *Public Administration: Improvement and Development*, 5. [\[Google Scholar\]](#) [\[CrossRef\]](#)

Condes, E., & Arribas, J. (2020). Impact of COVID-19 on Madrid hospital system Impacto de COVID-19 en el sistema hospitalario de Madrid. *Enfermedades Infecciosas y Microbiología Clínica*, 39(5), 256-257. [\[Google Scholar\]](#) [\[CrossRef\]](#)

D'Ambrosio, F., de Belvis, A.G., Morsella, A., Castellini, G., Graffigna, G., & Laurenti, P. (2020). Life after COVID-19: Rethinking the healthcare system and valuing the role of citizens' engagement in health prevention. *Frontiers in Psychology*, 11, 589249. [\[Google Scholar\]](#) [\[CrossRef\]](#)

Didenko, I., Kurovska, Yu., & Dzwigol, H. (2023). Theoretical research aspects of the key COVID-19 trends and transformation of indicators in the healthcare sphere. *Health Economics and Management Review*, 4(1), 90-102. [\[Google Scholar\]](#) [\[CrossRef\]](#)

Gurbanov, N., Yagublu, N., Akbarli, N., & Niftiyev, I. (2022). Digitalization and the COVID-19-led public crisis management: An evaluation of financial sustainability in the Azerbaijan business sector. *SocioEconomic Challenges*, 6(3), 23-38. [\[Google Scholar\]](#) [\[CrossRef\]](#)

Khomenko, L., Saher, L., Letunovska, N., & Jasnikowski, A. (2021). Segmentation as a base for digital marketing strategies in blood service: A cluster analysis for classifying healthy regional subjects. *E3S Web of Conferences*, 307, 03001. [[Google Scholar](#)] [[CrossRef](#)]

Letunovska, N., Yashkina, O., Saher, L., Alkhashrami, F.A., & Nikitin, Yu. (2021). Analysis of the model of consumer behaviour in the healthy products segment as a perspective for the inclusive marketing development. *Marketing and Management of Innovations*, 4, 20-35. [[Google Scholar](#)] [[CrossRef](#)]

Markina, I.A., & Shirafi, M.A.A. (2016). Adaptation of the concept of sustainable development in the practice of state crisis management in healthcare. *Journal of Economic Reforms*, 4, 29-33. [[Google Scholar](#)]

Mathur, M., & Ray, A. (2022). Excess COVID-19 infections, mortality and economic development in India. *Business Ethics and Leadership*, 6(4), 100-107. [[Google Scholar](#)] [[CrossRef](#)]

Nacoti, M., Ciocca, A., Giupponi, A. et al. (2020). At the epicenter of the COVID-19 pandemic and humanitarian crises in Italy: Changing perspectives on preparation and mitigation. *NEJM Catalyst*, 1(3). [[Google Scholar](#)]

Nguyen, L.H., Drew, D.A., Graham, M.S. et al. (2020). Risk of COVID-19 among front-line healthcare workers and the general community: A prospective cohort study. *The Lancet Public Health*, 5(9), e475-e483. [[Google Scholar](#)] [[CrossRef](#)]

Remuzzi, A., & Remuzzi, G. (2020). COVID-19 and Italy: What next? *The Lancet*, 395, 1225-1228. [[Google Scholar](#)] [[CrossRef](#)]

Rosokhata, A., Letunovska, N., & Jasnikowski, A. (2020). Current issues of a healthy economy in the region: Marketing aspects. [[Google Scholar](#)]

Semchuk, I.V., Kukel, H.S., & Roleders, V.V. (2020). Implementation of new approaches to healthcare institution management in a market environment. *Effective Economy*, 5. [[CrossRef](#)]

The VOSviewer software (2023). Retrieved from: [[Link](#)]

Turchak, D. V. (2019). Essence and significance of public-private partnership in healthcare. *Public Administration and Administration in Ukraine*, 10, 127-131.

World Bank (2021). Ukraine overview. Retrieved from: [[Link](#)]

World Health Organisation (2020). COVID-19 strategy update. Retrieved from: [[Link](#)]

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Удосконалення системи управління закладу охорони здоров'я в умовах пандемічних загроз

Стаття присвячена аналізу діяльності інфекційного відділення медичного закладу одного з регіонів України. Відділення призначене для інтенсивної терапії пацієнтів. Основною ціллю дослідження є розроблення стратегії подальшого розвитку цього відділення для підвищення якості надання послуг та задоволеності ними серед пацієнтів. У ході дослідження були проаналізовані вихідні умови надання стаціонарної медичної допомоги. Здійснений комплексний аналіз діяльності та структурних проблем інфекційного відділення. На основі отриманих результатів дослідження був розроблений стратегічний план подальшого розвитку з метою покращення ефективності роботи та якості медичних послуг, що надаються відділенням. При аналізі роботи інфекційного відділення було виявлено, що надання стаціонарної допомоги відповідає нормам інфекційної допомоги світового рівня. В умовах реформування української медицини все ще залишаються невирішеними багато питань у сфері перебудови та удосконалення роботи як системи охорони здоров'я в цілому, так і інфекційної служби. Остання відіграє важливу роль у формуванні якісної національної програми надання медичних послуг лікувальними закладами, що суттєво поліпшує результативність навіть в умовах загроз та ризиків громадського здоров'я. Аналіз показав наявність позитивних тенденцій щодо розуміння важливості діяльності даного структурного підрозділу системи охорони здоров'я та пошуку шляхів для його модернізації. Автори обґрунтовують, що розвиток цієї сфери потребує як створення національних індикаторів контролю якості, так і покращення маркетингової політики та посилення організаційно-методичної ролі інфекційної служби в закладах охорони здоров'я. Були сформульовані конкретні рекомендації щодо шляхів розвитку інфекційного відділення. Ці рекомендації здатні помітно підвищити задоволеність послугами серед пацієнтів медичного закладу. Отримані результати мають практичне значення та можуть бути застосовані в практиці управління закладами охорони здоров'я національного та регіонального рівнів.

Ключові слова: COVID-19; інфекційне відділення; менеджмент; заклад охорони здоров'я; менеджмент; реформування медичної галузі; лікування.