

SUMMARY

Introduction

An essential element of emergency medicine is the subjective attitude towards a patient who receives medical services which are provided by the National Emergency Medicine on outpatient basis. Moreover, it is vital to get the patients' opinion of the quality which is related to any health service.

An inspiration to write the given thesis was the lack of empirical research dealing with medical services provided by medical emergency teams. On the other hand, the implementation of statutory regulations in 2006, which defined the organization, functioning and financing of emergency medicine, imposed the rules concerning outpatient care.

Objectives

The major objective of the following thesis is to evaluate how the statutory tasks were completed and assess the factors determining the quality of medical services provided by medical emergency teams in open population of the city of Rzeszów and Rzeszów district.

Materials and methods

The methods employed were the following: document analysis (classical technique of document analysis – qualitative and quantitative, diagnostic survey (anonymous questionnaire), estimation technique (scale) as well as statistical techniques. In order to achieve the research goals, the following research tools were used : original questionnaire used for collecting retrospective data concerning functioning of medical emergency, original questionnaire, surveys, respondents' assessment as well as General Health Questionnaire GHQ 28.

435 outpatients who used the medical care in the last 3 months participated in the research study. The research was conducted among patients hospitalized in two hospitals in Rzeszów which specialize in medical emergency.

Research findings

In 2010-2014 in podkarpackie voivodship, an increased number of medical services performed by medical emergency teams was observed (6,4%). A similar situation took place in the population of Rzeszów and Rzeszów district (15,0%).

Demographic projections dealing with the ageing process of Polish society indicate that among the population of the city of Rzeszów and Rzeszów district the number of medical services is going to increase especially in the age group over 65 years old

(in 2050 it is going to double in comparison with 2020). Similarly, in podkarpackie voivodship, in the city of Rzeszów and in Rzeszów district the most common reasons for calling an ambulance were: abdominal and pelvic pain, primary hypertension, fainting and collapse, sore throat and chest pain, epilepsy. Generally speaking, 94,0 % of respondents rated the quality of medical care very positively or positively. Huge majority of the research group (92,4%) had the feeling of safety when the emergency team arrived. The level of satisfaction with medical care was determined by the following factors: education, place of residence and age. Arrival time was the determining factor in the evaluation process. The shorter the arrival time of the ambulance, the better the opinion of the emergency team. Comparative analysis of characteristic health service indicators (arrival time, reasons for calling, procedures and patients' opinion) are different with reference to the median of arrival time. Median calculated by the ambulance dispatcher was more advantageous than the calculation taken from the surveys (about 4 minutes higher in the city and 3 minutes outside the city).

Conclusion

1. Systematic increase of medical services provided by medical emergency teams among the population of podkarpackie voivodship, the city of Rzeszów and Rzeszów district, especially with reference to the basic medical emergency units.
2. The people who used the health service provided by the National Emergency Services in the city of Rzeszów and Rzeszów district, rate the quality of outpatient care positively.
3. Such variables as age, sex, subjective health of respondents don't differentiate satisfaction with medical services performed by medical rescue team. The level of satisfaction with medical services performed by medical rescue teams is conditioned by such variables as education, occupation activity and place of residence.
4. Medical procedures and reasons for calling an ambulance are consistent with the scope of medical services provided by medical emergency teams and with the patients' opinion. However, the arrival time is not consistent.