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Effective Contract as Method of Optimization and Growth of the Income of Workers of Health care

ABSTRACT

The purpose of creation of any system of compensation is the motivation of workers on improvement of quality of the made production or service, in a case with health care this service is medical care, besides is solved, and a problem of attraction of new qualified personnel. In this article we tried to consider one of methods of optimization and growth of workers of health care, namely the conclusion of the labor effective contract. For this purpose we offer not only new functions, but also criteria of overall performance of the medical personnel, thus are surely considered also social guarantees of the worker. As a result of this work the data which allowed speaking about recommendations about effective use of a manpower and formation of an average salary above than in region economy were obtained.

Keywords: salary, efficiency, effective contract, health care economy, health care, labor relations, function of a medical position, social package, guarantees, indicators.

INTRODUCTION

For this purpose under the Decree of the Russian President of May 7, 2012 No. 597 "About actions for realization of the state social policy" "road map" according to which a certain wage level has to be provided to the health worker who is competitive with other sectors of economy was developed. For the solution of this task "the effective contract" – the employment contract with the worker in whom his functions, work terms of payment, indicators and criteria of an assessment of efficiency of activity for purpose of the stimulating payments depending on results of work and quality of the rendered state (municipal) services, and also a measure of social support are concretized is entered.

Updating of qualification requirements for positions of employees of healthcare institutions is provided; formation of system of professional standards on the basis of skill levels, specialization and the generalized requirements to workers determined by the corresponding indicators.

Concrete indicators of criteria of an assessment of efficiency of activity of the doctor are defined by the head of healthcare institution with number, density, age and sexual structure of

the population, an incidence, geographical and other features and have to be accurately measurable.

Now rationing of work of doctors in health care de facto doesn't exist, only norms of duration of reception and settlement indicators (which aren't establishing the actual size of a salary) of norm of business hours (loading) on medical sites for a salary rate are centrally established. As in health care all restrictions of limit volumes of medical loading are set by subordinate regulations, the established norms of function of a medical position for a rate of a salary serve only for work rationing, and is conditional for payroll calculation.

The program of improvement of compensation focuses on increase of efficiency of activity of each worker, establishment, and branch. In health sector the concept of efficiency needs to be corrected. Efficiency as economic category, as a rule, is the relation of useful results to the spent resources that assumes achievement more a good result concerning expenses, i.e. also and achievement of former result with the smallest expenses. The last is inapplicable to evaluation of the work of health workers whom there is a problem of improvement of quality, productivity (efficiency) of work, including with possible increase in expenses, for example, of labor costs, material investments, etc. On the basis of it there is actual a question of studying of introduction of effective contracts and development of recommendations about its results.

Purpose: to offer the introduction mechanism of "the effective contract" on the basis of State budgetary institution of the Republic of Sakha (Yakutia) "Medical center of Yakutsk". (MCY)

Research methods: analytical, statistical, and economic.

RESULTS OF RESEARCH AND DISCUSSION

At the first stage carrying out the detailed analysis by definition of functions, tasks and amounts of works of each worker which are formalized in the relevant departmental regulations is necessary. On the basis of what in the subsequent there is an entering into employment contracts of workers of more detailed conditions of payment of the compensatory and stimulating extra charges and surcharges. "The effective contract" counterbalances a reward with results of activity of a certain worker. Its payment isn't guaranteed, it can vary and essentially to differ for various workers. Its size directly depends on results of an assessment of individual work.

Table 1

Planning of fund of the district doctor

№ sector	Population Quantity	Number of points	Plan of the sum of expenses, 1.000 rubles
1	1236	449	258
2	1152	388	284
3	1296	416	270
……	……	….	
27	1238	446	299
Total	**68 236**	**11 135**	**3 297**

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In MCY the labor relations between the employer and workers based are accepted: on the volume of the state task and target indicators of overall performance (it is approved as the founder); on system of rationing of work of employees of institution (it is approved as standard industry acts); on system of the compensation considering distinctions in complexity of the performed work (it is approved as the employer); on quantity and quality of the spent work (it is approved as the employer).

As the second stage it is necessary to plan financial means for a forecast period. Each of points of the movement of financial means has to be counted on many indicators: For example, a hospital – on a profile of beds, number of hospitalization, treatment cost, expenses on a profile of beds, duration and a turn of beds, etc.; policlinic – on a visit profile (quantity, cost, etc.); paraclinic (laboratory, functional and radiodiagnosis, physiotreatment) – by types of medical services (quantity, cost).

For a bright example we will give calculation on the doctor of a therapeutic sector.

Total amount of expenses on a sector without division into components is planned (a hospital, paraclinic, "narrow" experts). At per capita financing when the district doctor is an asset holder, approximate calculation can be presented on the example of table 1 where one point is equal to number of visits. Discrepancy in points as on therapeutic sites the number of the population in various age groups is various is visible.

The number of medical services in certain age groups exceeds average figures in comparison with other age groups, for example: in group till 60 years – by 4,9 times; in group till 45 years – by 2,1 times.

The number of medical services in certain age groups exceeds average figures in comparison with other age groups, for example: in group till 60 years – by 4,9 times; in group till 45 years – by 2,1 times. Patients of the senior age groups are more often than others need preventive visits and to a thicket are ill. At a planning stage for the purpose of alignment of financing terms in these age groups conditional and estimated sizes were applied (UOV = 4,9 and 2,1). The local therapists having more patients on a district are more senior than 65 years; receive under financing calculation bigger number of points.

The 3rd Stage is the accounting of expenses. Primary documents of the operational accounting of expenses on sites are: out-patient card; statistical coupon; leaf of the accounting of medical services. All data on financial expenses are collected and processed in information and analytical department.

The 4th Stage is the analysis of expenses. The analysis of expenses is carried out on 3 main units: own activity; "narrow" experts; paraclinic, emergency medical service. The approximate structure of expenses on a therapeutic site is presented in table 2.

Table 2

Structure of expenses of a therapeutic sector No. 18

Kind of activity	Number of services	Expenses, 1.000 rubles	% от общих затрат
Local therapist	6210	168	54
"Narrow" experts	1661	32	10
Paraclinic	4580	40	13
Emergency medical service	43	71	23
Total	**12494**	**311**	**100**

Note. Number of adults on a site - 2357; the general incidence – 1957.0 on 1000; settlement expenses - 373 100 rub, additional points 4,9. On each site the actual expenses are compared to the planned means on the example of table 3.

Table 3

Accounting and actual expenses on sites in a quarter

№	Expenses, thousand rubles		
	Accounting	Actual	Deviation
1.....	84,4	86,7	-2,3
27	98,8	81,2	+17,6
Total 1	**1113,0**	**1000,0**	**+111,3**

For local therapists the information and analytical department prepares output tables in which the movement of flows of patients together with financial means on all stages of delivery of health care is detailed. The district doctor has to have opportunity to analyze the actions and in due time to take measures for elimination of defects.

The 5th Stage is examination of quality of medical care, calculation of penalties. Penalties are applied only to an additional salary ("a bonus bonus"). The approximate list of penalties is given below:

1) mortality on a site is higher than the general, on establishment – deprivation bonus from 50 to 100%;

2) untimely or unreasonable direction: on hospitalization – from 10 to 30%; on consultation to the "narrow" expert – to 20%;

3) insufficient inspection in out-patient and polyclinic conditions – to 20%;

4) untimely or incomplete inspection on dispensary supervision – to 20%;

5) excessparaclinical actions – to 20%;

6) violation of labor discipline – to 30%;

7) reasonable complaints of the population – from 20 to 70%;

8) violation of volumes of preventive actions – to 30%;

9) violation of the sanitary and epidemiologic mode – to 30%.

During the pilot project, especially in its initial stage, penalties in relation to certain local therapists made from 10 to 40% of bonus fund.

The 6th Stage is change of methodological approaches in MCY to formation of fund of compensation:

a) calculation of volume of medical services in each profile, taking into account number of the medical services entering the standard is carried out:

Bedding set (i) × Sm (ij) = to Ohm (ij), where:

Bedding set (i) – planned number of patients according to the state task on an i-profile, Sm (ij) – number of the j-medical services entering the standard of delivery of health care on an i-profile, Ohm (ij) – the volume of j-medical services in an i-profile.

b) The total amount of the medical services chosen on each profile of the state task is calculated:

To ohm (ij) + …. + to Ohm (ij) = to Ohm (j), where:

To ohm (j) – the volume of j-medical services of the state task.

c) The fund of the working hours which is required on performance of volume on each medical service is counted:

To ohm (j) × Nvou (j) = Frv (j), where:

To ohm (j) – the volume of j-medical services of the state task, Nvou (j) – norm of time for rendering j-medical service (is defined by a settlement way, individually for each medical organization with the applied technologies), Frv (j) – fund of working hours on performance of volume of j-medical service.

d) The general fund of the working hours necessary for performance of the state task is counted:

Фрв (j) + … + Frv (j) = Frv, where:

Фрв (j) – fund of working hours on performance of volume of j-medical service,

Фрв – fund of working hours on performance of the state task.

e) Man-hour cost on region economy is calculated:

Szpr × 12/Frvg = Schch, where:

Szpr – an average salary in the region, Frvg – fund of working hours annual, is determined according to a production calendar for the corresponding year, Schch – man-hour cost by region economy.

e) The fund of compensation for the concrete medical organization is counted:

Фрв × Schch = FWH*, where:

Фрв – fund of working hours on performance of the state task, Schch – the average cost of a man-hour on economy in the region, the FWH – fund of compensation of establishment.

* Note: at calculation of FWHOS by 2018 it is necessary to increase the received result on 2.

Methodological approaches to formation of a salary of the personnel:

a) Payroll calculation of the personnel:

Odes × Frvi + Vskh + Vsp = ZPP, where:

Odes – a salary official, Frvi – fund of working hours individual, necessary for implementation of obligations of the worker according to the contract in a month, Vskh – payments of the stimulating character, Vsp – payments for a social package. At the conclusion of the contract the fund of working hours depends on the list of services which will be carried out by the specific employee. At this approach carrying out individual rationing of work on concrete specialties taking into account the medical and not medical technologies applied in the organization is necessary.

b) Calculation of an official salary:

Обчч (1-3) × Kdo = Odes, where:

Who – coefficient for additional education ("Khan"), with a minimum of value of coefficient 1, further for each additional education – 0,2. Kdo = (1,0 + 0, 2+ …. + 0,2),

Обчч – the salary basic for a man-hour, is determined by categories of the personnel as follows: Obchch1 – 1 category (not demanding secondary or higher vocational education), Obchch2 – the 2nd category (demanding secondary vocational education), Obchch3 – the 3rd category (demanding the higher vocational education).

Obchch1 = not less minimum wage rate × 12/Frvg, Obchch2 = not less than 0,25Szpr × 12/Frvg Obchch3 = not less than 0,5 Szpr × 12/Frvg where the minimum wage rate – the minimum wage, Szpr – the average salary in the region determined by Rosstat annually by the previous period, Frvg – the fund of working hours annual, is defined according to a production calendar for the corresponding year.

Methodological approaches to payments of the stimulating character (Vskh).

Definition of the list and the amount of the stimulating payments to the personnel will be individually carried out on each office, division. Detailed studying of functional duties has to become a basis for payments.

Methodological approaches to payments to the personnel for "a flexible social package". At the offered approach "the flexible social package" has to become the additional tool for fixing of the personnel in the medical organization. Includes obligatory compensation payments and various social measures of motivation of workers (tab. 4).

Table 4

Formation of payments for "a flexible social package"

Name of payments	Basis of payments
Compensation for nightwork	Percent from Job Salary (Art. 154 LC RF)
Payments to the workers occupied at works with harmful (dangerous) working conditions	payment in the sum is possible (Art. 147 LC RF)
Compensation in off days and holidays	Percent from Job Salary (Art. 153 LC RF)
Payments for work in the conditions deviating from normal	Percent from Job Salary (Art. 152 LC RF)
Payments for work in districts with special climatic conditions	payment in the sum is possible
Payment of time of disability	Proceeding from an average salary
Payment of a break on rest and a lunch	Proceeding from an average salary
Insurance upon accidents	Payment in the sum
Payments for the "scarce" specialties	Payment in the sum
Granting the free parking	payment in the sum is possible
The help in education increase, professional preparation, retraining	payment in the sum is possible
Journey payment (compensation of gasoline of an individual transport)	payment in the sum is possible
Granting in use to workers of objects of rest and entertainments	payment in the sum is possible

Methodological approaches to distribution of FWHOS in the medical organization.

The FWH is distributed on categories of the personnel as follows: not less than 60% – on the PHOT of the main personnel (doctors and SMP), no more than 25% – on the FWH of support

personnel (MMP and the other personnel), no more than 15% – on AUP FWH (the chief physician, deputies, accounts department, economists).

Payments for quality of the performed works for employees of institution are defined in proportion to a ratio of the sizes of monthly (quarter) fund of compensation of each structural division of establishment to the general wages fund which developed for the reporting period, in general the individual coefficients (a share from FWHOS) structural divisions which determine further the maximum volume of the stimulating payments for each structural division are determined by establishment.

For determination of the sum of payments of the stimulating character for quality of the performed works in general on establishment (except for the head of establishment) it is necessary to subtract from a monthly (quarter) wages fund of the reporting period the sums of basic salaries, the sums of payments of compensation character, payments with application of the raising coefficients and payments with application of coefficients of qualification, an experience, academic degree and honorary title, and also to subtract payments of the stimulating character of the head of establishment (to 2 percent of allocations from a wages fund).

The coefficients (share) of structural divisions estimated in the settlement way and by that the maximum volumes of the stimulating payments for each structural division are defined are applied to the received sum of payments of the stimulating character for quality of the performed works. Further the sums of the stimulating payments of structural divisions share on the greatest possible performance of number of points (the planned – 100%) and by that the planned cost of 1 point, individual for each structural division is defined. For determination of the real (actual) sum of payments of the stimulating character it is necessary to increase the planned cost of 1 point by the actual number of the points executed for the reporting period.

At non-performance of criteria for quality of the performed works money is subject to redistribution in reserve fund. Following the results of realization of stages of administrative mechanisms "the effective contract" for each worker is developed for MTsYa standard.

The main registration medical documents at an assessment of overall performance of the therapist of the district police officer are: medical record of the outpatient (registration form No. 025/u-04); the passport of a medical site (a registration form No. 030/u - I rubbed); the sheet of the accounting of medical visits in out-patient and polyclinic establishments, at home (a registration form No. 039/u-02); control card of dispensary supervision (registration form No. 030/u-04); coupon of the ambulatory patient (registration form No. 025-12/u); the card of the

citizen having the right to a set of social services according to the accounting of holiday of medicines (a registration form No. 030-L/u).

The following criteria of activity of the therapist of the district police officer are used: stabilization or decrease in level of hospitalization of the attached population, decrease in frequency of calls of an emergency medical service to the attached population;

increase in number of visits of the attached population with the preventive purpose; completeness of coverage by preventive inoculations of the attached population: against diphtheria – not less than 90% in each age group; against hepatitis B – not less than 90% of persons aged till 35 years; against a rubella – not less than 90% of women aged till 25 years; implementation of the plan of preventive inoculations against flu; stabilization or decrease in an indicator of mortality of the population at home: at cardiovascular diseases, at tuberculosis, at diabetes; decrease in number of the persons who died at home of blood circulatory system diseases aged till 60 years and not observed within the last year lives; stabilization of an incidence of diseases of social character (tuberculosis, arterial hypertension, diabetes, oncological diseases), completeness of coverage of actions for dynamic medical supervision over a state of health of separate categories of the citizens having the right to a set of social services, including provision of medicines, sanatorium and recovery treatment; validity of prescription of medicines and observance of an extract of recipes to the patients including having the right to a set of social services; number of medical examinations of the subject age groups.

Thus, the offered advanced system of work incentives promotes increase of efficiency of activity due to coherence of the general financial and economic results of their activity and individual quantitative and qualitative results of work of each worker. The size of the funds allocated for "the effective contract" is in full competence of the medical organization, is fixed in constituent documents, in the Provision on awarding.

Salary increase, including with application of additional incentive measures of workers due to existence at the employer of the flexible social package (SP) I involved new qualified specialists, and also allowed to hold skilled shots from change of a place of work. The structure of the joint venture is rather volume and isn't limited to the list which is given above. The employer establishes a concrete set of the privileges and compensations provided to workers itself depending on specifics of the activity and financial opportunities. Establish the joint venture the employer can as in labor (the Art. of Art. 9, 40, 41, 56 of the Labor Code of the Russian Federation), and in "the effective contract" (Art. 5 of the Labor Code of the Russian Federation).

Perhaps, this standard contract can provide the right of the worker to refuse some privileges that to it increased compensation by this sum.

Following the results of the carried-out work, having analysed the received information, we created a scale of indicators of an assessment of activity of "the effective contract" (tab. 5)

Table 5

Indicators of an assessment of activity of the effective contract

Indices	Indicators	Target value, %
Financial security	% from GNP	7, but not less than 5
Expansion of non-budgetary sources of financing	Share in the general consolidated budget	30
Salary increase	In comparison from an average economic salary on the region	200
Staffing	Completeness shots Ratio doctor / nurse	85 1/4
Satisfaction of the population with medical services	% of affirmative answers	on 6
Knowledge of the population of a place, look, terms of providing the medical services	Existence of Information on the site, in mass media, registry, a reception	100

Thus, the effective contract is aimed at providing interest of health workers in the end results of work. Introduction of this system of compensation will allow not only to keep, but also to increase the former level of a salary of health workers.

The positive moment of the effective contract is orientation of compensation depending on quality of the provided services, and also from a personal contribution of each employee regardless of length of service. For the first time for many years compensation in health care is attached to results of activity of the worker. Introduction of the effective contract is directed, first of all, on the new qualitative level of payment for work (by results). Besides, at the effective contract each head is interested in salary increase of the personnel as in this case also its salary

will grow. Official salaries of heads are established in the multiple relation to an average salary of employees of institution.

Thus, direct link between an average salary of the personnel and a salary of the head stimulates the last to increase of level of compensation of workers by minimization of number of the personnel. Establishments were granted the right to determine the sizes and conditions of payments of the stimulating character by collective agreements, agreements, local regulations. Payments of the stimulating character to the medical personnel for quality of the performed works are established according to criteria of quality of medical services. Criteria of quality are approved by the head of establishment taking into account opinion of a representative body of workers for concrete structural division. The amount of monthly earnings is determined in many respects by the stimulating extra charges which are based on a skill level and extent of performance or excess of standards taking into account the personified functions. Criteria and the principles of distribution of the stimulating fund are developed by establishment therefore this process has to be objective and open. The indicators developed by each establishment depending on objectives and order of stimulation have to be clear to each worker at an assessment of results of his work. The worker has to know, for as when the stimulating extra charges are paid to him, and also, how many he will receive for efficiency of the work. That is the clear algorithm of calculation of the stimulating payments has to work: on an entrance – work indicators which the employee can really influence, at the exit – the amount of its stimulating payment.

The adoption of the stimulating payments in establishment has to happen with participation and coordination with trade-union committee and labor collective. This process shouldn't be formalized. Consultations, negotiations, other processes of discussion of new system of compensation can be effective only at collective approach to it of the head, worker and public body. The main objectives which the new form of compensation has to solve: to raise the real income of employees of institutions, financially to interest the worker more effectively to work. According to the monitoring which is carried out in health care in 2013, the increase in an average salary is observed on all categories of workers: at doctors and pharmacists for 14,7%; at the medical and pharmaceutical personnel of the first level for 10,8%; at the average medical and pharmaceutical personnel for 13,8%; at working all-branch positions for 15,2%; experts and employees on all-branch positions for 10,7%. At decrease in total number of employees of institution the fund of compensation in comparison with 2012 grew by 17,1% and made more

than 36,5 million rubles, thus the fund of compensation of heads of establishment decreased by 1,1%.

Authors offered uniform recommendations about establishment and development of indicators and criteria of overall performance taking into account the following principles:

a) objectivity – amount of remuneration of the worker has to be defined on the basis of an objective assessment of results of his work;

b) predictability – the worker has to know, what reward he will earn depending on results of the work;

c) adequacy – remuneration has to be adequate to a contribution of each worker to result of activity of establishment, its experience and a skill level;

d) timeliness – remuneration has to follow achievement of result;

e) justice – rules of definition of remuneration have to be clear to each worker;

e) transparency – making decisions on payments and their sizes taking into account opinion of a representative body of workers.

Thus, for improvement of the operating system of compensation we suggest to develop methodical recommendations about establishment of criteria of an assessment of activity of employees of healthcare institutions for groups of positions: the health workers giving stationary help surgical, therapeutic, pediatric and other profiles, the health workers giving out-patient and polyclinic help, health workers of paraclinical services, workers of all-branch positions, pharmaceutical workers, etc.

CONCLUSIONS

We consider that introduction of this system of compensation will allow not only to keep, but also to increase the former level of a salary of health workers. It should be noted that at all appeal of "the effective contract" as way of motivated work, also a number of essential shortcomings and defects is defined:

1. The quantity of types of works and services in medicine is so great that for full their coverage it is necessary to form, establish, update and supplement with rationing tens and even hundreds of thousands norms and standards. Costs of establishment and maintenance of similar regulatory base are so great that they become commensurable with costs of carrying out types of rated works and services.

2. Not all types of medical works and services give in to a partition on uniform, same units for which norms and standards can be established.

3. Within service units same by the form on which standard standards of labor costs for branch of health care or even on separate medical institution are established, the considerable dispersion of labor costs which is objectively caused by specifics of diseases and the contingent of the served patients, level of ensuring processes of treatment can be observed.

4. There are methodical difficulties in achievement of compliance between desire of the employer and readiness of the worker for new forms of calculation of a salary.

5. Lack of stability on monthly obtaining identical level of a salary, and, as a result, difficulties of planning of the family budget of the worker.

6. Introduction of "the effective contract" involves the certain expenses caused by need of regular estimation of achievement of indicators of quality, productivity and overall performance of each worker. These expenses can be minimized by introduction of an automatic assessment by means of use of electronic technologies with the appropriate computer program.

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