# PRINCIPLES FOR IMPROVING MEASURES TO CENTRALIZE KINETIC DIAGNOSTIC LABORATORY ANALYSES IN FAMILY POLYCLINICS

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**Introduction.** Delivering effective, high-quality care while continuing to innovate patient care is a common goal in the healthcare industry. To address the numerous issues that our healthcare system is currently and will continue to face globally, innovation is essential. The number of persons with one or more chronic illnesses is rising, along with the need for treatment, partly because of an aging population, while the healthcare workforce is drastically declining. As the overall demand for care rises, access to primary care in particular—a crucial component of healthcare performance—becomes more difficult. A well-organized and successful diagnostic process is essential to maintaining access to primary care since it serves as a vital link between primary and secondary care [1,2,3]. Therefore, using innovation to improve the diagnostic process can help satisfy future care demands. The organization of the diagnostic process in primary care has changed, becoming more complex as a result of innovation in the diagnostic process, including the creation and commercialization of novel diagnostic tests in recent years. Innovation is frequently seen favorably. However, not every diagnostic advancement has been successful in producing the intended results. In order to ensure that innovation satisfies the demands of patients and daily practice healthcare professionals—that is, the "end-users" of the diagnostic process—these experiences recommend taking a system-level approach, taking into account relationships and dependencies between stakeholders and their contexts. There is little data on what these end users hope to see in terms of primary care diagnostic process innovation. Further understanding of the various viewpoints of these end customers may yield fresh concepts and opportunities for diagnostic process innovation. In order to get insight from one another's viewpoints, we gathered a group of end users. A technique that can help with this learning from various disciplines and viewpoints is the change laboratory [4,5,6].

**The main purpose** of the presented manuscript is to conduct a brief analysis based on the results of authoritative scientific works on the principles of improving measures for the centralization of kinetic diagnostic laboratory analyses in family polyclinics.

**Methods.** Opportunities and directions were investigated in two study groups with nine and ten participants, respectively, who had four change lab sessions over the course of four months. The participants included patients, general practitioners, and medical experts. The Cultural-Historical Activity Theory served as the theoretical foundation for the analysis. This theory offers fresh perspectives for thinking, learning, and acting from and with one another by illuminating the various healthcare systems in which individuals find themselves and related conflicts and contradictions [3,4].

**Results and discussion.** Numerous improvements have been developed in recent years with the goal of enhancing primary care diagnostic procedures. There is little data on how those who are directly involved in those procedures—patients, general practitioners, and medical experts like radiologists—perceive innovation in the primary care diagnostic process. End-user perspectives are essential to ensuring that activities aimed at improving the diagnostic process are successful. As a result, end users investigated possibilities and paths for the primary care diagnostic process with the help of change laboratory methodology, which uses conflicts and divergent perspectives as a source of motivation and education. Together with the participants, we identified conflicts and inconsistencies that exist both within and between various activity systems that are pertinent to primary care diagnostic procedures. Examples of these conflicts include those that may occur when more and quicker diagnostics are available in primary care or when cooperating parties have different motivations and interests in innovations. Participants have developed innovative directions and opportunities for the primary care diagnostic process by identifying these conflicts and inconsistencies. In addition to identifying specific artificial intelligence imaging techniques as promising to enhance the diagnostic process for acute complaints at the point-of-care, end users recognized a need for improved interchange and/or access to test results performed in hospitals to general practitioners. We developed criteria to be taken into consideration for recognizing successful innovation initiatives by exploring these paths and potential for improving and advancing the diagnostic procedure [5,6].

**Conclusions.** End users of diagnostics were able to identify opportunities and innovation directions for the diagnostic process by identifying conflicts and contradictions operating within and between various systems. End users learned from one another by bringing these conflicts and inconsistencies to light. As a result, new methods and perspectives for the diagnostic procedure emerged. A list of eight factors to take into account that raise the possibility of delivering promising innovation projects was also produced as a result of analyses of the inconsistencies raised by end users.

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