

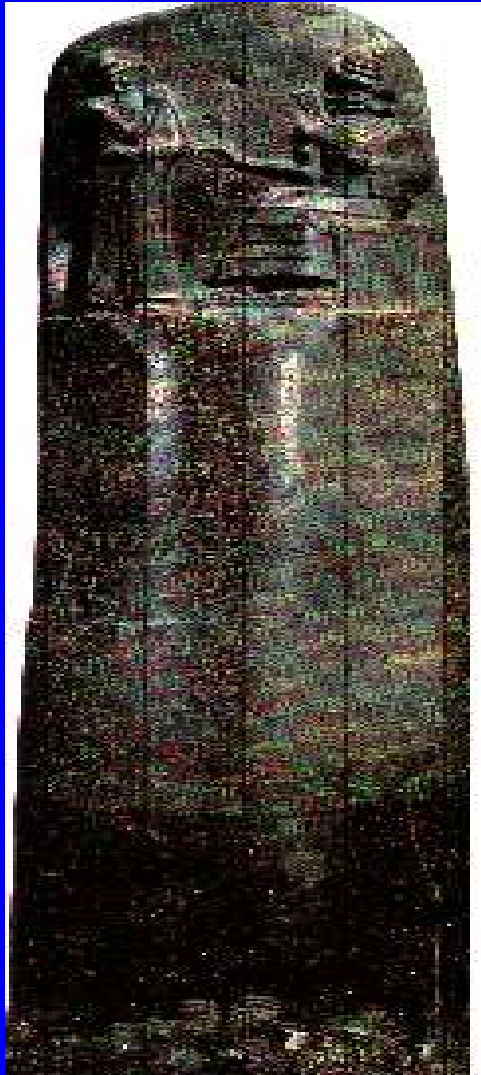


«The organization of medical care. Basics»

**"Health Organization -
is social hygiene in
action"**

Semashko N.A.

Law Code of Hammurabi (1792 BC)



- «**Paragraph 218**» . If a physician make a large incision with the operating knife, and kill him, or open a tumor with the operating knife, and cut out the eye, his hands shall be cut off.
- 219. If a physician make a large incision in the slave of a freed man, and kill him, he shall replace the slave with another slave.
- 220. If he had opened a tumor with the operating knife, and put out his eye, he shall pay half his value.

The principles of the health protection for citizens of the USSR

- 1. State and socialist nature of health care;
- 2. Medical care is free and publicly available;
- 3. Preventive direction;
- 4. The unity of medical science and practice;
- 5. Participation of the population in health care.

The health protection principles of citizens in the Russian Federation

- **Federal Law №323 FZ of November 21, 2011 «About the basis of public health protection in the Russian Federation»**
- **Chapter 2**
- **Article 4 The basic principles of health care are:**

Article 4 The basic principles of health care are:

- **1. Follow the rights of citizens in the field of health and the associated rights of state guarantees.**
- **2. The availability and quality of care.**
- **3. The priority of preventive measures in the field of public health protection.**

The principle of respect for human and civil rights ...

- **1. The Constitution of the Russian Federation;**
- **Federal Law №323 FZ of November 21, 2011 «About the basis of public health protection in the Russian Federation»**
- **3. Federal Law №326-FZ of November 29, 2010 "About compulsory medical insurance of Russian citizens "**

The principle of accessibility ...

- - Close to the place of residence, work, study ...
- - Staffing and the level of their skills ...
- - Choice of health care facilities and physician ...
- - The use of orders and standards ...
- - A guaranteed amount of aid ...
- - The possibility of using communication and transport means by medical workers in case of the threat of life.

The priority of prevention ...

- - Medical examinations;
- - Preventive inoculations;
- - Clinical examination;
- - Sanitary, education work and promotion of healthy lifestyles;
- - The implementation of anti-epidemic (preventive) measures.

The principles of health protection for citizens in the RF (Law 2011)

- **4. Inadmissibility of medical care refusal under the threat of human life.**
- **5. The priority of the patient's interest during providing medical care.**
- **6. Compliance with medical confidentiality.**
- **7. The priority of children's health protection .**
- **8. Citizen's social protection of in case of loss the health.**
- **9. The responsibility of public and local authorities, officials of the organizations for ensuring the citizen's rights in the health sector.**

Features of modern health care

- The trend toward worsening health status;
- Not balanced system of funding;
- The system of state guarantees;
- Primary Health Care Priority;
- **Quality of care problem;**
- Formation of non-governmental health sector.

"Primary Health Care"

- «It is not a simple replacement of general practitioner to "family doctor" but "area of the first contact between a person (family, community) and the health care system»

Alma-Ata Declaration, WHO, 1978

"Fundamentals of Legislation on citizens health protection»

1993

- **"Primary health care is a basic view of health care, accessible and available free to every citizen and includes: the treatment of the most common diseases and injuries, poisonings and other urgent states ..."**

The main priorities of the national health project in the 2006 - 2007 years

- 1. Development of primary health care**
- 2. The development of preventive health care**
- 3. Provision of the population by high-tech medical care**

The range of health care institutions

- Therapeutic and prophylactic establishments:
 1. Hospitals;
 2. Outpatient clinics;
 3. Clinics;
 4. Institutions maternal and child health;
 5. Establishment of emergency medical care and blood transfusion institutions;
 6. Leprosarium
 7. Sanatorium

The range of health care institutions

Sanitary-and-prophylactic establishments:

1. The sanitary and epidemiological institutions;
2. Health education institutions.

The range of health care institutions

- Institution of Forensic Medicine.
- Pharmaceutical institutions.

The structure of primary health care and preventive care

- - Outpatient - 80-85%
- - Hospital - 15-20%

The range of outpatient clinics

- 1. Feldsher midwife points;
- 2. Rural outpatient clinics;
- 3. Rural district hospitals;
- 4. The central district polyclinics;
- 5. Regional (territorial, republican) consultative clinics;
- 6. City clinic;
- 7. Female consultations;
- 8. Medical sanitary unit;
- 9. Specialized clinics (dental, children);
- 10. Clinics;
- 11. Departmental polyclinics

Organization of outpatient care in Russia. History.

- 1089 - Kievan Rus "gratuitous doctoring" outpatients at churches;
- 1620 - "secular" (civilian ambulance);
- 1738 - It was a position of doctor for the poor at the Apothecary order (order is central authorities in Russia XVI - early XVIII centuries);
- 1804 – Yuriev University - began teaching polyclinic practices;
- In 1913, there were 1 230 clinics in Russia.
-

PRECINCT territorial principle:

- **Therapeutic (1700 inhabitants);**
- **Pediatrics (800 children);**
- **Obstetric and gynecological (2 therapeutic area or 2000 reproductive age women 15-49 years);**
- **TB (incidence);**
- **Rural medical district (5-7 thousand);**
- **Workshops sector.**

Typical structure of the polyclinic

- 1. The leaders (chief doctor and his deputies);**
- 2. Registry;**
- 3. Department of prevention;**
- 4. Treatment and prevention units;**
- 5. Auxiliary diagnostic unit;**
- 6. Day hospital;**
- 7. Cabinet for Health Statistics;**
- 8. Household units**

Registry departments

- Centralized:

1. **Appointments to the experts;**
2. **Preferential reception;**
3. **Inquiry office;**
4. Record of calls to the house;
5. Registration of medical records;
6. Registration fee-based services.

- Decentralized:

1. **Record to the obstetrician-gynecologist;**
2. **Recording a pediatrician;**
3. **Record to the dentist;**
4. **Writing to the guild doctor (workshop)**

Options of registry

- **appointment record organization**
- **Distribution of streams**
- **Storing medical records**
- **Informing the public**
- **Filling documents (ticket outpatient f.№025 / 14U, card to see a doctor, medical records outpatient f.№025u)**

The structure of the prevention department

- 1. Cabinet receive first-aid;**
- 2. Cabinet preventive examinations;**
- 3. The Cabinet of the clinical examination;**
- 4. Anamnesis cabinet;**
- 5. Cabinet of sanitary and education work;**
- 6. Examination rooms**

First-aid cabinet functions

- **Emergency action**
- **Clarifications route**
- **Pre-medical examination (blood pressure, pulse, height, weight, temperature, etc.)**
- **Directions repeated tests**
- **Issue of repeat prescription**

"Dispensary method - a powerful conductor of prevention"

Semashko N.

- 1. Identification of patients in the early stages of pathology;**
- 2. Full clinical examination;**
- 3. Complex treatment (outpatient, hospital, sanatorium and others.);**
- 4. Accounting and dynamic monitoring;**
- 5. Identify hazards;**
- 6. Promotion of healthy lifestyles;**
- 7. Periodic analysis of the clinical examination effectiveness.**

Forms of medical work organization

- The precinct principle;
- «Flexitime»;
- Active call;
- Load: 5 people per hour in the clinic, 2 persons per hour at home;
- Clinical examination;
- Continuity with the hospital.

Evaluation of the clinic work

- **I. Indicators of ambulatory care availability:**
- - Staffing completeness ;
- - Pooh-Bah coefficient;
- - The frequency of visits to one patient per year
- (7-9).
- **II. Performance indicators:**
- - An indicator of the precinct;
- - Load at the precinct

Evaluation of the clinic work

- **III. Quality indicators:**
- - **Clinical examination indicators;**
- - **Mortality rates;**
- - **Indicators of neglect (oncology, tbc and etc.);**
- - **Morbidity.**
- **IV. Indicators of financial and technical equipment:**
- - **Frequency instrument, laboratory study per patient per year (ECG Ultrasound, X-ray, and others.)**