

« Features and problems of medical care to villagers»

The proportion of rural residents

- In the Russian Federation - 27%
- In Ulyanovsk region in 2013
- - 25.97%

(331000 people)

Problems in rural areas

- **1. Budget cuts.**
- **2. The decline of agriculture.**
- **3. Funding by municipal budgets.**
- **4. The outflow of youth.**
- **5. Low employment of the population**

Problems in rural areas

(according to the board of the Russian Federation Ministry of Health May 2001.)

- - **The deterioration of health;**
- - **Insufficient sanitation**
(36% water plumbing, 25% of central heating, sewage, 45% is not high-quality water);
- - **The deterioration of health services**
(transport, staff, equipment, set the target return of 12-14% doctors);
- - **Rural health care model is not effective enough (Obligatory health insurance does not fund level 1, rural district hospitals, rural outpatient clinics)**

Population projections

(according to the data of Ministry of Health of the Russian Federation May 2001.)

- **1. Reduction of the rural population (migration);**
- **2. The high mortality of the population;**
- **3. The aging of the population;**
- **4. Convergence of the birth in the urban and rural populations;**

The average life expectancy in rural areas in the Ulyanovsk region

- **Women - 72.7 (71.9 Russian Federation)**
- **Men 56.3 (58.5 RF)**

Availability of physicians in rural areas below 2,5/10000

(The regional index of 4.3 / 10,000)

Low supply of obstetrician-gynecologists in rural areas

- 5,1/10000 in the Russian Federation;
- 4,4/10000 Ulyanovsk region;
- 3,2/10000 in rural areas in the Ulyanovsk region

The principles of health protection for citizens in the Russian Federation (Federal Law №323-FZ, dated 21.11.2011)

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

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 that affect the system of medical care to villagers

- **Low population density**
- **A large range of service**
- **The specificity of agricultural activities (seasonality, contact with the earth, animals, livestock, climatic instability, and others.)**
- **Condition of communication lines**
- **The complexity of creating optimal social and hygienic conditions**

Distinctive organizational forms of villagers medical care

- 1. Medical assistance is provided to the stages
- 2. Organization of exit form of medical care.
- 3. Creating a temporary hospitals (seasonal nurseries, health centers at field camps).
- 4. Changing work schedules of health facilities during the period of seasonal work.

Distinctive organizational forms of villagers medical care

- **1. Medical assistance is provided to the stages**
- **a) Rural medical district (first aid obstetric point, rural district hospitals, rural outpatient clinics, health centers, nurseries and others.)**
- **b) The district medical institutions (Central District Hospital, District Centre of Hygiene and Epidemiology, dispensaries, the number hospitals, dispensaries, etc.)**
- **c) Regional hospitals (Regional Clinic Hospital, Regional Center of Hygiene and Epidemiology, regional health centers, clinics, etc.)**

The structure of the rural medical sector

(content of aid: pre-medical and medical qualified)

Consular district hospital dominates

- first aid obstetric point
- rural outpatient clinics
- health center
- Nursery

Rural district hospitals:

The first category 75-100 beds;

Category II 50-70 beds;

Category III 35-50 beds;

Category IV 25-35 beds.

Terms of creating obstetric point

- **700 or more inhabitants;**
- **The distance to the nearest health facility 5 km**
- **The typical state**
 - **- Paramedic;**
 - **- Midwife;**
 - **- Orderly**

Obstetric point functions

- 1. Acceptance of the incoming patients
- 2. Maintenance of patients at home
- 3. First aid
- 4. Provision of medical care for children
- 5. Participation in emergency childbirth
- 6. Monitoring of working conditions
- 7. The sanitary and anti-epidemic work
(homestead rounds, working with infectious patients, etc.).

Obstetric point functions

- **8. Participating in the clinical examination**
- **9. Vaccinations**
- **10. The organization of health asset**
- **11. Health education**
- **12. The sale of medicines and hygiene products**
- **13. A study of health indicators and others.**

**The head of stage II is Central
District Hospital
(aid content : specialized medical - 12-15
species)**

- **1 category from 350 to 400 beds;**
- **2 category 300-350 beds;**
- **3 category 250-299 beds;**
- **4 category 200-249 beds;**
- **5 category 150-199 beds;**
- **6 category 100-149 beds;**

Features of the structure of the central district hospital

CDH management (chief physician assistants)

hospital for in-patients

hospital departments:

Polyclinic

- Branch accident and emergency.
- Organizational and Methodical cabinet

- therapy;
- surgery;
- obstetrics and gynecology
- children's;
- infectious
- interdistrict department.

Functions of organizational and methodical cabinet

- **1. Development of statistical documents.**
- **2. Preparation of annual reports and plans.**
- **3. Analysis of the reporting documentation.**
- **4. The organization of specialists equipage.**
- **5. Organization of scientific conferences and seminars.**

Functions of organizational and methodical cabinet

- **6. Organization of continuing medical education.**
- **7. Work to assess the quality of care.**
- **8. Organization of work on health insurance and commercial activities.**

The head of Stage III REGIONAL (national) HOSPITAL

is a leading medical diagnostic, scientific, organizational and educational center of the region.

(the volume of medical care: a highly skilled, highly specialized).

Structure features of the regional hospital

- **1. Consultative Clinic (17-22 specialized reception).**
- **2. Department of clinical, expert, organizational and economic work**
 - **a) clinical and expert department;**
 - **b) organizational and economic department;**
 - **c) department of medical statistics and computer technique .**

Structure features of the regional hospital

- **3. Methodological Diagnostic Center;**
- **4. The hospital with highly specialized departments;**
- **5. Branch of emergency and planned aid;**
- **6. Pension for patients visiting;**
- **7. Hostel for medical workers;**
- **8. Department of Pathological Anatomy**
- **9. Training courses.**

Specific indicators to measure health care organization for rural residents (continuity indicators)

- **1. The proportion of patients referred from CRH in Regional consultative clinics . (in the context of specialties)**
- **2. Percentage difference diagnoses CRH and Regional consultative clinics .**
- **3. The proportion of patients referred to the regional advisory clinic from rural medical stations bypassing CRH.**
- **4. The proportion of patients referred to an incomplete survey from CRH in the context of specialties.**
- **5. Доля больных, обследованных в ОКП в первые 3 суток.**

Specific indicators to measure health care organization for rural residents (continuity indicators)

- **5. The proportion of patients surveyed in the regional consultative polyclinic in the first 3 days.**
- **6. The percentage of matches (divergence) diagnoses of regional consultative polyclinic and hospital regional hospital.**

The main directions of improvement of medical aid to villagers

- **1. Development of general medical practice (at the level of rural medical sector and district level).**
- 2. Improving outreach kinds of specialized medical care.
- 3. Wider application of telemedicine.
- 4. Reorganization of rural district hospitals.
- 5. Development of hospital replacing technologies in rural areas.