

Ministry of Education and Science of Ukraine
V. N. Karazin Kharkiv National University

**WORK ORGANIZATION OF MEDICAL ESTABLISHMENTS
AT DIFFERENT STAGES OF MEDICAL SUPPORT OF THE
RURAL POPULATION**

Methodical recommendations
to prepare 3rd–4th year students for practical classes
for the discipline of «Social Medicine, organization of health care»

Electronic resource

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Work organization of medical establishments at different stages of medical support of the rural population: methodical recommendations to prepare 3rd–4th year students for practical classes for the discipline of «Social Medicine, organization of health care» [Electronic resource] / compilers : O V. Bobrova, N. H. Tsukor. – Kharkiv : V. N. Karazin KhNU, 2024. – (PDF 33 p.)

The methodical recommendations set out the main aspects of the work organization of medical establishments at different stages of medical support of the rural population for 3rd–4th year students to prepare for independent work in the discipline «Social Medicine, organization of health care». Methodical recommendations contain a list of tasks for performing situational tasks, test questions, a list of recommended and additional literature from the main sections of the course.

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INTRODUCTION

The curriculum of the discipline “Social medicine, organization of health care” is developed in accordance with the Educational Program of specialists’ training at the second (master's) degree for 222 "Medicine" Specialty in the field of knowledge 22 “Healthcare”.

Characteristics of the academic discipline "Social medicine, organization of health care"

Name indicators	Field of knowledge, direction of training, educational and qualification level	Characteristics of the academic discipline full-time education
3 rd -4 th	Specialty: 222 "Medicine"	Normative
		A year of training
		3 rd -4 th
		Semester
The total number of hours is 180		3 rd -4 th
		Lectures
	Educational and qualification level: master's degree Qualification: doctor	30 hours
		Practical training
		60 hours
		Independent work
		90 hours
		Type of control
		Differentiated scoring

The purpose of teaching the discipline

The purpose of the "Social medicine, organization of health care" discipline is to provide sufficient knowledge of research, analysis and evaluation of public health indicators, the health care system and to improve the organization of medical care and public health structure for medical students.

RECOMMENDATIONS FOR STUDYING THE TOPIC

Lesson goal: learn the basics and features of medical care rural population.

To know:

- stages of medical care for the rural population;
- the influence of natural and socioeconomic conditions, conditions demographic processes, incidence and disability on the organization medical care;
- medical staffing problem dispensary of family medicine;
- organization of outpatient, inpatient and emergency medical assistance to the rural population;
- the essence of the organizational, methodological and information-analytical work of district and regional hospitals;
- current state of medical care in the village;
- place of the family doctor in the village;
- reform and development prospects of rural health care.

As a result of self-training, the student must know:

- Influence of natural and socioeconomic conditions of demographic processes, morbidity and disability on organization of prophylactic measures.
- The problem of staffing school in rural health workers medical station.
- Medical institutions of various stages of heals care and their task.
- Organization of outpatient and inpatient care to residents living in the in the rural districts.
- The essence of organizational and technical information and analysis of district and regional hospitals.
- Features of Ambulance rural population.
- Functions and structure of institutions of rural medical stations.
- Possible formation of a network of rural medical stations.
- Organization of specialized medical care for the rural population to the hospital.

As a result of studying the subject, the student should be able to:

- Master the task of the regional hospital, especially its structure and activities clinic and hospital.
- Determining appropriate location appropriate healthcare various stages.
- Identification and assessment of health indicators of the rural population and to medical institutions in different stages.

Questions for self-preparation of students for practical training:

1. Features of the structure of the Central Regional Hospital (CRH) and its mission.
2. Organization of specialized medical care for the rural population to the hospital.

Methodical support:

1. Samples of documents:

- medical card of ambulatory patient (form 0.25/a);
- statistical coupon for registration of final (specified) diagnoses (form 025-2/a);
- coupon of ambulatory patient (form 025-6/a) or (form 025-7/a);
- medical card of the inpatient (form 003/a);
- statistical map of the patient, who is out of the hospital (form 066/a).
- control card of dispensary supervision (form 030/a).
- report of treatment-and-prophylactic institutions (form 20).

2. Forms of the documents.

BASIC THEORETICAL MATERIAL FOR PREPARATION TO THE LESSON

Half the world's people currently live in rural and remote areas. About 70% of the world's 1.4 billion people who are extremely poor live in rural areas.

Access to healthcare services is critical to good health, yet rural residents face a variety of access barriers.

In general, medical assistance is provided to the rural population on conventional health principles, however, implement it similarly the provision of medical care to the urban population is impossible. It due to a number of circumstances, among which are:

- 1) large dispersal of the population, and therefore low population density;
- 2) the specifics of agricultural labor;
- 3) the condition of roads within the rural area;
- 4) features of the age-gender composition of residents (large specific weight of female population, elderly, etc.);
- 5) a significant number of settlements with a small number resident.

Ideally, residents should be able to conveniently and confidently access services such as primary care, dental care, behavioral health, emergency care, and public health services. Access to healthcare is important for:

- Overall physical, social, and mental health status
- Disease prevention
- Detection, diagnosis, and treatment of illness
- Quality of life
- Avoiding preventable deaths
- Life expectancy

Only a comprehensive and systematic approach can address these inequities.

ORGANIZATION OF PREVENTIVE CARE FOR THE RURAL POPULATION

Globally, it has been found that regardless of their level of economic development, there is a lot of difficulty in achieving health equity to meet the health needs of their population, especially of the vulnerable and disadvantaged groups living in rural and remote areas. Approximately half of the global population lives in rural areas, but these areas are served by only 38% of the total nursing workforce and by less than a quarter of the total physician workforce.

Organization of preventive care for the rural population can conditionally be divided into several stages:

- *the first stage* is an outpatient clinic of general practice (family medicine) providing the provision of medical, qualified primary health care, feldsher-midwife station (FMS), feldsher point (FP), medical centers of temporary base;

- *second stage* - district medical institutions providing primary and secondary health care. Primary

primary health care centers provide health care public assistance, secondary Central district hospitals,

consultative diagnostic centers or clinics;

- *the third stage* - regional medical institutions (regional hospitals, dispensaries) that provide specialized and highly specialized medical care;

- *the fourth stage* - interregional, republican medical institutions, clinics of research institutes that provide specialized and highly specialized assistance.

CONDITIONS AFFECTING THE PROVISION OF MEDICAL CARE TO THE RURAL POPULATION:

- Socio-economic
- Medical demographic
- The state of morbidity and disability
- Natural

- Development of a common infrastructure and network of medical institutions

Socio-economic:

- Social and living conditions in rural areas
- A significant portion of poor housing
- Inadequate level of community and cultural services
- Seasonality of work
- Specific labor conditions
- Regional-national features and customs
- Disproportion in the distribution of health funds between city and village, as well as between rural administrative territories

Medical and demographic:

- The nature of the resettlement of residents
- Service radius
- Low density
- Irregular communication with health facilities
- Weak technical support and communications
- Diversity of demographic composition of small settlements

(frequent deviations from the "normal" sex-age structure: in some localities women predominate, in others - men, in some - large large families, and secondly, a high level of aging)

Features:

- The principle of phasing
- Organization of traveling and mobile forms of medical care
- High proportion of first aid

FIRST STAGE OF RENDERING HEALTH CARE TO THE RURAL POPULATION

Outpatient family medicine. In modern conditions the most rationally provide the population with primary health care on the principles of family medicine in special institutions - outpatient clinics general practice (family medicine).

A family medicine outpatient clinic can be organized as:

- independent outpatient institution,
subordinate to the relevant Primary Health Center
assistance to the population;
- unit of a community outpatient institution;
- division of a non-governmental medical institution;
- private medical institution (severa doctors).

In the regions and cities of Ukraine, various organizational forms of primary health care. Family operated outpatient clinics with one doctor, department of family doctors (team). More appropriate to consider group practice.

The outpatient clinic should have:

- registry doctor's office;
- inspection room; manipulation;
- express laboratory;
- functional diagnostics room;
- physiotherapeutic cabinet;
- surgical dressing room;
- sterilization room;
- room for medical staff;
- utility room;
- ward for day
- patient stay.

The basic principles of the functioning of family medicine are:

- 1) focus on the implementation of national health policy on preserving the health of citizens of Ukraine and the doctrine of the WHO “Health for all in the 21st century”;
- 2) general accessibility for all citizens, regardless of the situation in society, age, gender, physical and mental development;
- 3) the use of science-based and oriented to modern technologies for prevention, diagnosis, treatment and rehabilitation, which are based on domestic traditions, best practices and advances in health science;
- 4) compliance with comprehensive social, medical, environmental and psychological approach to health;
- 5) preventive focus, maintaining health and the formation of a healthy lifestyle;
- 6) financing from various sources, including insurance funds;
- 7) the state guarantee of health care for families, lack of monopoly nature and the possibility of healthy competition.

The tasks of the outpatient clinic of general practice (family medicine) are:

- monitoring of health status, factors and conditions determining public health, the implementation of preventive measures and programs with assessment of their effectiveness;
- teaching the elements of hygiene, maintaining a healthy lifestyle, methods of providing self and mutual assistance;
- involvement in solving public health problems prepared sanitary asset, public organizations, employers, local governments;
- provision of a guaranteed volume in a fixed territory primary health care;
- providing emergency and emergency care for conditions, which threaten the life, injuries and poisonings of every person, regardless of place of residence, nationality, religion and economic condition;
- implementation of preventive work aimed at elimination of risk factors, identification of latent and early forms of diseases;
- dynamic monitoring of the health of everyone citizen of the fixed territory and members of his family throughout life, as well as people of other sites as they wish;

- active participation in the implementation of programs that provide promoting the health of citizens and their families, especially women and children;
- organization of the provision of all secondary (except primary) species medical care (specialized and highly specialized) in different polyclinic specialists and in stationary conditions;
- participation in the provision of medical and social assistance to persons with disabilities, persons of advanced age and other socially vulnerable groups population.

In outpatient facilities in which he works a group of family doctors in the amount of at least 5-7 people, you can

form an independent department of family doctors. A general practice / family medicine unit is organized for

providing qualified primary treatment and prevention assistance to the attached population according to the family-territorial principle. The Department of General Practice / Family Medicine is organized as

structural subdivision of an outpatient institution at the presence of 3 or more posts of doctors. Department of General Practice / Family The medicine is led by a general practitioner / family medicine who, appointed and released by the head physician institutions.

The objectives of the general practice / family medicine department are:

- providing qualified, including emergency medical care, the attached population in the scope of the specialty "General practice / family medicine "in the clinic and at home;
- referral of patients to a consultation with other doctors specialties of the clinic and, by agreement, to other medical treatment institutions;
- organization and holding consultations with the involvement of specialists polyclinics and other medical institutions;
- if there is evidence - the organization of the referral of patients to a hospital;
- conducting medical and social examination of temporary loss disability;

- ensuring continuity in work with outpatient departments and other health care facilities;
- implementation of complex of measures aimed at the prevention of diseases, injuries, poisoning, reduction of disability and mortality;
- providing health checks and monitoring his state of health;
- the organization and carrying out sanitary and anti-epidemic activities on the site;
- conducting sanitary-educational work among the population, promotion of healthy lifestyle;
- the introduction of modern methods of prevention, diagnosis, treatment, rehabilitation for different diseases;
- maintaining the registration and reporting medical documentation;
- consultation of the population of the area for medical, social, psychological issues of family planning.

Staff regulations of the medical staff of the department (outpatient clinics) of general practice / family medicine are established from calculation: 1 position of family doctor for 1100-1200 adults and children population in rural areas, 1400-1500 people - in urban areas. General Practice / Family Medicine Nursing Positions are introduced at the rate of 1.5 posts for 1 post of general practitioner / family medicine, 1 post of junior nurse is introduced from calculation for 3 doctors who are outpatients.

The feldspar-midwife station (FMS), formation criteria, tasks. FMSs are formed in villages located at a distance of up to 2 km from base village in the presence of 700 inhabitants, at a distance of 6 km or more if available 300 inhabitants and less.

One of the most important tasks of FMSs is the prevention of injuries and ensuring sanitary and epidemiological well-being. In general, the work carried out by medical personnel consists of two sections:

A. Treatment and preventive care for the population: outpatient reception of patients; home health care; performance doctor's prescriptions; participation in the clinical examination of patients with chronic diseases and people with risk factors;

help to the doctor at the reception of patients; patronage of pregnant women; medical assistance to women in childbirth; dispensary observation of children; organization of examination of temporary loss disability, etc.;

B. Sanitary and epidemiological measures: identification infectious patients; organization and conduct of ongoing disinfection; monitoring contact with infectious patients; carrying out preventive vaccinations; implementation of deforming measures; conducting current sanitary supervision of economic objects activities, schools, kindergartens, territory of settlements; the implementation of health education; sanitary preparation asset, control over its activities; implementation of activities prevention of agricultural injuries and poisoning pesticides.

SECOND STAGE OF PROVISION MEDICAL ASSISTANCE TO THE RURAL POPULATION

At the district center level, health care population carried out by primary health centers assistance to the population, which organize and provide primary health care to the population and the Central district hospitals with consultative diagnostic centers or clinics, dispensaries and other institutions for the provision of secondary health care. Emergency centers have also been set up in district centers (emergency) medical care to the population.

The main tasks of the *primary medical (health) center* are:

- 1) the organization of providing the attached population with primary health care;
- 2) ensuring the proper availability and quality of primary medical (health) assistance for the attached population;
- 3) organization of interaction with healthcare institutions, providing secondary (specialized) medical care, tertiary (highly specialized) medical care, as well as emergency medical care;
- 4) organization and provision of emergency medical care to the population;
- 5) planning the development of primary health care fifteen to the population;

- 6) carrying out organizational and methodological work to ensure primary health care;
- 7) implementation of financial, material and technical and personnel provision of primary medical (health) care;
- 8) ensuring interaction between the departments of the center primary health care to maintain and strengthen public health;
- 9) promotion of accessibility for the rural population in receiving emergency dental care;
- 10) organization and creation of conditions for the implementation of retail drug trade.

Primary health care (health) care:

- 1) provides public primary health care;
- 2) ensure fair and equal access to primary health care to the population through the development of a network of units primary health care and bringing it closer to places of residence of the population;
- 3) implements the right of citizens of Ukraine to freely choose their doctor providing primary health care (physician General practice / family practice, physician/pediatrician precinct);
- 4) ensure continuity and consistency of the survey the treatment and rehabilitation of patients in collaboration with other medical institutions;
- 5) if necessary, refer patients for receiving medical care at secondary and tertiary levels the provision of medical care;
- 6) organizes and carries out health examination of the population;
- 7) ensures the activity of acquisition, transportation, storage, use and destruction of narcotic substances, their analogues or precursors, substitutes and analogues, potent tools and psychotropic substances, in the presence of the license for implementation relevant activities in primary health care (health) care;
- 8) supports palliative care patients in the last stages current incurable diseases, which includes a range of activities, to alleviate physical and emotional suffering patients;

- 9) carries out sanitary-educational work, training of the population a healthy lifestyle, to provide self-help and mutual aid;
- 10) organize early detection and prevention of communicable and non-communicable diseases, including socially significant diseases;
- 11) sets the indications and performs selection of patients for sanatorium-resort treatment;
- 12) carries out medico-social examination of temporary loss disability;
- 13) directs persons with signs of permanent incapacity for work on medico-social examination of permanent incapacity for work, directs patients on medical-social rehabilitation;
- 14) writes prescriptions for preferential provision of medicines certain population groups in accordance with applicable law;
- 15) ensures interaction of the structural units of the center kindergartens, schools, social services, law enforcement agencies, enterprises, institutions and organizations, media, public organizations in the interests of preserving and strengthening health of the population;
- 16) provides control and monitoring of quality of rendering medical care;
- 17) carries out organizational-methodical work on all primary medical (medical and sanitary) assistance in structural units in the following areas: collection, compilation and control the reliability of statistical information; reporting in accordance with submission and timely submission of information; analysis of health status population; the study and forecasting of the needs of the population in primary health care; the planning of prevention and treatment activities in accordance with the needs of the population; analysis of availability primary health care for the population; development planning network and staffing;
- 18) organize the training, including continuous training without discontinuing work (along with higher medical schools);

- 19) introducing modern methods of prevention, diagnosis, treatment and rehabilitation care, excellence in organization of primary health care, and modern information technologies;
- 20) introduces and improves the quality management system provide primary health care;
- 21) analysis of the state financial support of the center primary medical (medical and sanitary) aid and its structural units and developing financial plans;
- 22) purchases of medicinal products medical devices, medical equipment, other funds necessary for the functioning of primary health care (health) aid and its units;
- 23) ensures the maintenance of buildings, constructions and technical facilities centers of primary medical (medical and sanitary) assistance and units in good condition;
- 24) ensures proper operation and functioning medical equipment in the divisions of primary health care (health) care;
- 25) carries out the control over use of material and technical resources in the divisions of primary health care (health) care.

The structural units of the Center for Primary Health Care are:

- administrative part / management: chief physician; deputy Chief Medical Officer (1 position for 25 doctors, but at least 1 position); Deputy Chief Physician for Interim Examination disability (1 post for 25 doctors, but not less than 1 post); head nurse; Chief Accountant; business manager part;
- information and analytical office: the head of the office; medical statistics; software engineer;
- health care facilities: family outpatient clinics a doctor; feldspar-midwife stations (FMSs); paramedic points (PP); temporary medical facilities;
- household part: accounting; economist; department inspector personnel; legal adviser; Secretary labor protection engineer (50 and more employees); electrician (750 electric points); others.

CDH - center of organizational and methodical work on the organization secondary treatment-and-prophylactic work with the population of the district.

Efficiency in the provision of secondary preventive health care depends on the creation of specialized medical institutions. In currently in rural areas, these are Central district hospital, which in future are likely to be reorganized into the territory of the hospital district. In the Central regional hospital is currently staffed by physicians 18-20 the field, which provide together with consultation treatment centers or clinics for treatment or prevention of secondary medical care.

The task of the Central district hospital are:

- providing secondary health care to the population of the district (outpatient and inpatient);
 - providing emergency medical care to the population area;
 - introduction in practice of work of medical institutions the area of modern methods and means of prevention, diagnosis and treatment patients;
 - Advisory-diagnostic help to the population area;
 - organizational-methodical guidance of the work consultation liaison center (clinic) departments and offices
- providing secondary treatment-and-prophylactic aid to the population and control over their activity;
- development and implementation of methods aimed at improving quality of care;
 - development, organization and implementation of measures to improve training of health workers, rational use, efficient use of material and technical base.

Organizational and methodological work CDH includes the following events:

- analysis of health indicators of the district;
- analysis of performance indicators of health facilities district;
- the study and dissemination of advanced experience;
- planning and organization of professional development of doctors and nursing staff;
- planning and organization of visits of CDH in rural medical sites for Advisory assistance to the district's population and doctors;
- the development of measures to improve the quality of medical security of the population.

In the state of CDH are also top specialists from the area: surgeon, a therapist, a specialist for the protection of motherhood and childhood, their role is to:

- the immediate authority of the medical process;
- analysis of health indicators;
- the introduction of new methods of diagnostics and treatment of patients;
- planning increase the knowledge of experts in their fields;
- the examination of the volume and quality of health staff;
- the implementation of organizational and methodological guidance organization and conduct of the examination.

THE THIRD STAGE OF ASSISTANCE TO THE RURAL POPULATION

At the third stage, medical institutions are involved regional center or subordinates to it.

At the 3rd stage, the rural population is highly specialized preventive care in the regional combined clinical hospitals, dispensaries, specialized hospitals (oncological, ambulance and emergency care, etc.), but the main institution for providing highly specialized medical care remains Regional Clinical Hospital.

Its tasks are:

- providing the population of the region in full highly specialized inpatient and outpatient care;
- organization and provision of emergency and advisory medical assistance in the region;
- introduction of modern methods into the practice of the hospital and methods of diagnosis, treatment, work experience of the best hospitals;
- advanced training of doctors and nurses healthcare facilities of the region;

- organization, management and control of statistical accounting and reporting, preparation of general reports, analysis of performance indicators healthcare facilities of the region;
- development of activities aimed at improving quality medical support and improving public health.

At regional hospitals there are boarding houses for patients coming for a consultation or examination, a hostel for medical professionals and a powerful center for medical statistics Department of Health at the regional state administration with the following departments: statistics, economic statistics, analytical, computer processing of medical and statistical information. Center employees control the quality of statistical accounting and health care reporting, accept reports and compile summary data on their data reports on the area, analyze them and compile a report on the network and activities of health facilities (Form No. 47-healthy). Center staff also study health status of the population, preparing materials for publication in print.

The structural unit of the design bureau is an advisory clinic CDH. Its tasks are as follows:

- providing highly qualified medical care to patients in the areas of medical facilities in the region;
- solving issues of further treatment with the definition of medical tactics and places of treatment;
- attracting highly qualified consultants specialists of both practical health care and universities, research institutes;
- referral to hospitals that referred patients for consultation, conclusions about the established diagnosis, prescribed treatment, recommendations;
- development of proposals (instructions) for healthcare facilities on the procedure and indications for referral for consultation;
- organization and conduct of field consultations of doctors;
- a systematic analysis of cases of discrepancies in diagnoses referring patient and consultative clinic;

- analysis of errors made by doctors of the healthcare facility during the examination and treating patients on the eve of referring them to a clinic consultation;
- health reviews and newsletters and the level of medical and preventive work in the region and medical institutions of the region.

In the in-patient department of the rural outpatient clinical there are all specialized departments for rendering specialized and highly specialized medical care the population of the region.

The main sections of the organizational and methodological work of the CDH are:

- assessment of the health status of the population;
- analysis of the activities of health facilities and the development of measures to improve their work;
- study, synthesis and dissemination of best practices;
- advanced training planning;
- organization of planning and advisory calls to districts and cities areas of medical specialists;
- organizational and methodological assistance to health authorities and health facilities in the area. CDH takes part in the organizational and methodological work the main specialists of the field: surgeon, therapist, obstetrician-gynecologist, pediatrician, leading specialists of CDH, as a rule, these are heads of departments of all profiles of the treatment process: leading surgeon, therapist, ophthalmologist, etc.

Of particular importance in the organizational and methodological work is planning trips of specialist doctors to hospitals in rural areas, where the following work is carried out:

- consultation of patients with the participation of attending physicians;
- conducting operations in conjunction with specialists of a medical facility;
- conducting preventive and pathological anatomical conferences;
- verification of the organization of medical and preventive assistance, implementation of recommendations of previous visits, etc.;

Based on the results of visits, specialists draw up a status report medical care of an appropriate profile with recommendations to improve medical and preventive work in the area.

THE FOURTH STAGE OF ASSISTANCE TO THE RURAL POPULATION

If necessary, the rural population may be directed to provide therapeutic and prophylactic care at stage 4 medical care, which is represented by interregional or government centers, republican hospitals, clinics research institutes of the Academy of Medical Sciences, clinics higher educational institutions, etc. In these institutions is highly specialized care that others cannot provide medical institutions.

Currently, we can distinguish the main areas further improve treatment and preventive care to rural population, among them:

- improving the relationship between the stages of the provision of therapeutic help;
- improving the quality of emergency (emergency) and emergency medical care;
- a set of measures to improve the work of rural health facilities, primarily providing them effective drugs, improving the material and technical base.
- the establishment of institutions for the social protection of the elderly and organization of medical observation of them.

TEST QUESTIONS FOR SELF-CONTROL

1. Primarily, when rural medical stations are created is taken into account:
 - A) Age structure of the population
 - B) Building type
 - C) Area of territories
 - D) The social status of the population
 - E) Economic features of area
2. What multipurpose institution is intended to provide the highly specialized and narrowly specialized medical care to residents of the region?
 - A) Regional Hospital
 - B) Feldsher-midwife station
 - C) Clinic of the general practice of family medicine
 - D) The central district hospital
 - E) Rural health center
3. Which of the main goals of a rural medical station?
 - A) Organization of planned consultative visits of doctors-experts and specialists
 - B) Advanced training of doctors and the paramedical personnel of treatment-and-prophylactic institution of area
 - C) Provision of the highly specialized and specialized medical care
 - D) Conducting of sanitary and epidemic actions
 - E) The organizational and methodical management of all health care institutions
4. The main district therapist studied the mortality rate of the rural population from chronic diseases. This direction of the central district hospital work is:
 - A) Preventive
 - B) Research
 - C) Advisory
 - D) Medical and diagnostic
 - E) Organization and methodical
5. What official provides health management in the rural area?

- A) Head of the structural unit of the polyclinic
 - B) Chief doctor of the district
 - C) Head of the regional pharmacy
 - D) Head of the department of the hospital (the central district hospital)
 - E) Resident physician
6. The child of village P was ill by measles at the age of 3. What doctor should render him medical care first of all?
- A) Pediatrician or the general practitioner of a rural medical station
 - B) Pediatrician or the general practitioner of a Interregional centers
 - C) Pediatrician or the general practitioner of a Regional hospital
 - D) Pediatrician or the general practitioner of the Central District hospital
 - E) The doctor is an infectious diseases of the Central District hospital
7. Identify the factors that affect the provision of medical care to rural population:
- A) Social and economic
 - B) Medical and demographic
 - C) Medical and social
 - D) An environment
 - E) All of the above
8. The main features of rendering of medical care to the rural population are all, except:
- A) Availability of medical care
 - B) A significant proportion of the prehospital care
 - C) Absence of the precinct principle (absence of division into districts)
 - D) Creation of mobile forms of Health services
 - E) Sequence
9. The patient was directed to the polyclinic of Regional Hospital from the Central District hospital with the main objective:
- A) Medical and social examination of permanent incapacity for work
 - B) Providing the highly qualified advisory medical care
 - C) Granting of primary medical care

D) Granting of the specialized advisory care

E) Realization dispensary supervision

10. Which of these institutions is a part of a rural medical station?

A) Regional hospital

B) Female consultation

C) Dispensary

D) Rural district hospital

E) Central District hospital

11. The second stage of medical care to the rural population is:

A) Feldsher-midwife station

B) Regional hospital

C) Dispensary

D) A rural outpatient clinic

E) Central District hospital

12. Which of the listed functions of the hospital includes diagnosis and provision of the specialized round-the-clock stationary care in sufficient volume, complex regenerative treatment, and disability examination (working capacity examination)?

A) Preventive

B) Organizational-methodical

C) Research

D) Therapeutic and recovery

E) Educational

Keys: 1- C, 2-A, 3- D, 4-E, 5- B, 6-A, 7-E, 8-C, 9-B, 10- D, 11-E, 12-D

SITUATIONAL TASK

. Using the following initial data, evaluate individual indicators of public health and the activities of medical institutions in two rural areas and develop measures to improve medical and preventive care for the rural population.

The number of doctors in the rural areas of A. and B. is 28.3 and 24.0 per 10 thousand people. The states of doctors in rural areas are 85% and 61% respectively. The number of visits to doctors per 1 resident of villages in these areas is 9.8 and 7.4. The prevalence of all diseases is 810 and 1200 ‰, including diseases of the circulatory system 210 and 350 ‰. The primary incidence is 580 and 720 ‰, including diseases of the circulatory system 22 and 31 ‰.

The completeness of dispensary observation of patients with hypertension and coronary heart disease, living in the villages, ranges from 51–47 and 43–35%. Provision of beds is 83.2 and 85.4 beds per 10 thousand people. Hospitalization levels reach 18.0 and 21.8 per 100 inhabitants, disability indicators - 60.4 and 66 per 10 thousand people, including those with diseases of the circulatory system, respectively 14.4 and 18.0.

When completing the assignment, it should be borne in mind that the age and gender composition of the population of the respective regions, as well as the state of the environment, do not differ significantly.

Table 1

Comparison of indicators of public health and the activities of health facilities in the region and two rural areas

Indicators	By region	District A.	District B.
Disease prevalence, ‰, including circulatory system diseases, ‰	1080,2		
	265,2		
Primary incidence, ‰, including circulatory system diseases, ‰	605,4		
	28,4		
Disability level (per 10 thousand people, including diseases of the circulatory system	65,3		
	15,8		
Number of doctors (per 10 thousand population)	26,2		
Staffing	87%		
Number of visits to doctors per 1 resident	9,5		

Number of beds (per 10 thousand population)	83,5		
Coverage by dispensary observation	56%		
Hospitalization level (per 100 inhabitants)	19,6		

Analysis and conclusions

Ministry of Health of Ukraine <hr/> Medical facility name and address <hr/>	MEDICAL RECORDS Form of primary documentation № 066/a APPROVED Order of Ministry of Health of Ukraine 2 6 0 7 1 9 9 9 № 1 8 4								
Identification code <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									

STATISTICAL CARD
OF THE DISCHARGED PATIENT FROM THE HOSPITAL №
 stay around the clock, day care at a hospital facility, _____
 day care at outpatient clinics, hospital at home _____

1. Data of hospitalization _____
2. Last name, first name _____
3. Gender: Male - 1, Female - 2. 4. Date of Birth
5. Urban resident – 1, or rural resident – 2 (write)
6. Address: residence registration

7. Who wrote referral (medical facility)? _____
8. The diagnosis by referral _____
9. Department for hospitalization _____
10. Bed profile _____
11. Emergency hospitalization – 1, planned hospitalization – 2
12. Terms of hospitalization (until 6 hours – 1; 7 – 24 hours – 2; later 24 hours. – 3)
13. Hospitalization for this disease in this year for the first time – 1, for the second time – 2
14. The result of hospitalization: recovery – 1, improvement – 2, worse – 3, no change – 4, died – 5, transferred to another hospital, healthy – 6
15. Data of discharge from the hospital _____
16. The patient spent _____ bed-days
17. Hospital diagnosis

Predominant diagnosis	Complications	Accompanying illnesses	Cod of predominant diagnosis
Pathoanatomical diagnosis			

18. In case of death, indicate the reason: _____

19. Surgical operations

Date	The name	Complications

20. Patient was examined for RW
 “ _____ ”
 200__ year
 HIV
 “ _____ ”
 200__ year

21. Category:
 invalid of war – 1,
 war veteran – 2;
 victim due to the Chernobyl accident – 3

Signature of doctor _____

Ministry of Health of Ukraine Medical facility name and address _____ Identification code <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												MEDICAL RECORDS Form of primary documentation № 025/a APPROVED Order of Ministry of Health of Ukraine <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">7</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">№</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">2</td> </tr> </table>	2	7	1	2	1	9	9	9	№	3	0	2
2	7	1	2	1	9	9	9	№	3	0	2													

OUTPATIENT MEDICAL RECORD № _____
 ” _____ ” _____ 20 ____ year.
(data of filling of notification)

1. Last Name, First Name, Middle Name _____

2. Gender: mail – 1, female – 2 3. Date of birth _____ 4. Phone . _____
(day, month, year)

5 _____ Address _____

6. Place of work, occupation _____

7. Dispensary group (yes - 1, no - 2)

8. Contingents: invalids of war - 1. participants of war - 2. participants of hostilities - 3. other invalids - 4. liquidators of the Chernobyl accident - 5. evacuated - 6. residents living in the territory of radio ecological control - 7. children who born from parents of 1-3 groups affected by the Chernobyl accident - 8. other privileged categories - 9 (enter) _____

9. Preferential Certificate Number _____

10. Registered _____ about _____ 11. Withdrawn _____ (reason) _____
(number, month, year) (number, month, year)

_____ about _____ (reason) _____
(number, month, year) (number, month, year)

SIGNALS

Blood group _____ Rhesus factor _____

Blood transfusion (when, how much) _____

Diabetes _____

Infectious diseases _____

Surgical operations _____

Allergic history _____

Intolerance to drugs _____

(specify which ones)

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Електронне навчальне видання комбінованого використання
Можна використовувати в локальному та мережному режимі

Боброва Оксана Вячеславівна
Цукор Наталія Григорівна

ОРГАНІЗАЦІЯ РОБОТИ ЛІКУВАЛЬНО-ПРОФІЛАКТИЧНИХ ЗАКЛАДІВ НА РІЗНИХ ЕТАПАХ МЕДИЧНОГО ЗАБЕЗПЕЧЕННЯ СІЛЬСЬКОГО НАСЕЛЕННЯ

Методичні рекомендації до практичних занять
для здобувачів вищої медичної освіти 3–4 року навчання з дисципліни
«Соціальна медицина, організація охорони здоров'я»

(Англ. мовою)

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