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Basic Principles of Organizing Surgical Care in Uzbekistan

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A B S T R A C T

In modern surgery, the introduction of innovative technologies and principles of organizing surgical activities should a priori contribute to a steady increase in quality and safety in the broad sense of these concepts. The formation, evaluation and development of quality medical care in any medical organization should be done in three directions: developing the structure, introducing innovative technological processes and improving the principles of assessing the effectiveness of clinical work. On the model of national surgery, the order of surgical care can be considered under the structure, standards and clinical recommendations can be considered under the processes, but unified standardized indicators have not yet been accepted as modern generally accepted criteria for the outcome of surgical activity. It is the formation of a systematic approach to solving national problems facing the country's surgical service that all management decisions of recent years have been subordinated to.

Keywords: *surgery, quality management, safety of medical activities.*

Introduction

Modern surgery is certainly an example of a very technologically and knowledge-intensive area of professional medical activity. A priori, the introduction of innovative technologies and principles of organizing surgical activities should contribute to a steady increase in quality and safety , both in the broad and applied meaning of these concepts [1]. The system for organizing surgical care has always been not only complex, but also complexly dependent, at a minimum, on the scientific, technological, material, technical, human and managerial resources of the industry [2]. However, attempts to remove surgery from the list of obviously safe forms of healing in the traditions of archaically established practices are quite understandable, but are absolutely irrelevant and detrimental to the search for ways and directions of progress in the medical industry [3].

In successful foreign healthcare models, the management of a modern medical organization is characterized by ideas that emerged more than 50 years ago about what the conditions for the effective functioning of healthcare institutions should be, and on this basis the entire system of assessing and analyzing the work of modern clinics and hospitals is built.

According to these views, quality medical care in any medical organization should be formed, assessed and developed in three directions: developing the structure, mastering and introducing innovative technological processes and improving the principles and criteria for assessing the effectiveness of a healthcare institution. The structure should be understood as the following: personnel, premises, equipment, consumables, information systems, services and structural divisions of the institution, etc. Innovative technological processes can be divided into basic ones that directly provide diagnostic, therapeutic, preventive, rehabilitation functions, and providing/supporting, aimed at meeting the personnel, household, utility, energy, and information needs of the clinic, patients, and staff, including medications, consumables, personnel training, etc. [5].

Speaking about the quality of the result, it should be recalled that all activities of a modern healthcare institution should be built taking into account the achievement of certain criteria of medical/clinical, economic and social efficiency to an equal extent. It is in this structure that the public and private healthcare systems should formulate their target priorities, not ignoring, but exploring, among other things, the social needs of society [6].

It is noteworthy that in many countries, including Uzbekistan, it is state regulated for medical organizations of any form of ownership to carry out regular monitoring of indicators of social efficiency of their activities (usually through various kinds of sociological studies among different groups of the population of the region and medical personnel) with communication of the results of this work to the general public, for example, through the clinic's website and various social networks [5, 6, 7].

If we consider the principles of organizing surgical care in our country through the prism of the Donabedian triad , then at the most general approximation, under the structure we can consider the order [8] of providing surgical care (establishes the rules for providing medical care to the adult population according to the profile "surgery" in medical organizations), under the processes - standards and clinical recommendations, but unified standardized indicators have not yet been accepted as modern generally accepted criteria for the outcome of surgical activity.

MODERN ORGANIZATION OF SURGICAL CARE IN UZBEKISTAN

The discussion of the current state of the organization of surgical care should begin with the cardinal centrifugal trends initiated by the country's leadership to change the basic paradigm for building the entire surgical service of the country. The fateful decision, enshrined in the legislation of the Republic of Uzbekistan, was to change the sequence and qualitative content of the initial principle of organizing the organization of surgical care from the basic algorithm: “orders - standards - clinical recommendations” to a more logical, dynamic and generally significantly more progressive: “orders - clinical recommendations - standards."

According to the Procedure for the provision of medical care to the adult population in the field of surgery [8], in our country it can be provided in the following conditions:

• outpatient (in conditions that do not provide round-the-clock medical supervision and treatment);

• in a day hospital (in conditions that provide medical supervision and treatment during the daytime, but do not require round-the-clock medical supervision and treatment);

• inpatient (in conditions that provide round-the-clock medical supervision and treatment). Medical care in the “surgery” profile is provided in the form of: primary health care; emergency, including specialized emergency medical care; specialized, including high-tech, medical care.

As for other significant additions to the organization of safety and risk minimization in the practice of national surgery, then, according to changes in PP-323 [11], the organization of medical care (Article 37) now assumes that medical care (with the exception of medical care provided in within the framework of clinical testing) is organized and turns out:

1) in accordance with the Regulations on the organization of medical care by type of medical care, which is approved by the authorized Republican executive body;

2) in accordance with the Procedures for the provision of medical care, approved by the authorized Republican executive body and mandatory for execution on the territory of the Republic of Uzbekistan by all medical organizations;

3) based on clinical recommendations;

4) taking into account the standards of medical care approved by the authorized Republican executive body.

The standard of medical care is developed on the basis of clinical recommendations approved and approved in accordance with this article, in the manner established by the authorized Republican executive body, and includes average indicators of the frequency of provision and frequency of use [11].

The prescription and use of drugs, medical devices and specialized medical nutrition products that are not included in the relevant standard of medical care or not provided for by the relevant clinical recommendation are allowed in the case of medical indications (individual intolerance, for health reasons) by decision of the medical commission [11].

It must be understood that clinical recommendations are documents containing structured information based on scientific evidence on the issues of prevention, diagnosis, treatment and rehabilitation, including patient management protocols (treatment protocols), options for medical intervention and a description of the sequence of actions of a medical worker taking into account the course of the disease. diseases, the presence of complications and concomitant diseases, and other factors influencing the results of medical care [10].

The most important features of the fact that clinical recommendations have acquired a higher substantive status and on their basis, at least once every three years, standards for the provision of surgical care will be approved, are two key circumstances. Firstly, now the process of technological re-equipment of the entire surgical service of the country has been given the status of an issue of national importance, and secondly, direct and key participation in the widespread modernization and implementation of modern management and clinical technological processes in the work of the entire surgical service, from the surgical office of a rural clinic to National Research Medical Center named after. A.V. Vakhidov and other surgical research centers, is hosted by the Association of Surgeons of the Republic of Uzbekistan and associated non-profit professional associations of specialists in clinical disciplines related to surgery.

SOME INDICATORS OF THE ORGANIZATION OF SURGICAL CARE IN THE REPUBLIC OF UZBEKISTAN

The clinical/medical effectiveness of surgical activities in our country is extremely rarely analyzed in the scientific literature. Firstly, this is a very complex, complex task. Secondly, for its implementation in the country, a long-term and multi-level scientific and statistical base must be created. Thirdly, the subject of analysis should not only be digital material, qualitatively collected according to uniform accounting principles, but also should somehow take into account the essential performance indicators of the surgical service at all levels.

The situation in the country related to surgical treatment of acute surgical diseases of the abdominal organs deserves a separate analysis. The structure of this so-called “emergency seven” in the period 2019-2021, from which it follows that 75% of the contingent of emergency surgical clinics consists of patients with acute appendicitis, acute cholecystitis and acute pancreatitis in approximately equal proportions.

The trend towards reducing the share of acute appendicitis (OA) in the structure of emergency morbidity of the abdominal organs from approximately 40% to the current 25% began about 20 years ago, when laparoscopic surgery began to be introduced in the country. appendectomy . Thus, in the middle of this 20-year period, in 2010, the share of patients with acute appendicitis in the overall structure of the emergency surgery departments of the country was 33 ■% [14], which indicates the steadyness and progression of the emerging positive trend.

CONCLUSION

One of the main trends in the organization of surgical care in our country is the compelling logic of reformatting priorities based on the dynamically developing achievements of medical science through the widespread implementation of clinical recommendations containing mandatory provisions. This fundamental reform in the industry makes it possible to strengthen the structure and, most importantly, improve the technologies for providing medical care and, on their basis, formulate standards and expertise for the provision of medical care.

A positive phenomenon in national healthcare is the steady increase in the proportion of operations performed annually laparoscopically in elective and emergency surgery . This had a positive effect on reducing the incidence of specific complications and on greater justification for the use of surgery, for example, in acute appendicitis and acute cholecystitis.

Thus, the solution to pressing clinical problems in modern surgery is most reliably based on a number of principles: clear goal setting, especially taking into account the resources available in the surgical clinic; on evidence-based medicine; on a reasonable compromise between standardization and personalization of selected treatment strategies or individual clinical actions. All this will make it possible to radically influence overcoming the lack of consistency in professional and public consciousness, which should facilitate the introduction of technologies that improve the quality of surgical treatment and safety, not only of patients, but also of our colleagues.

References:

1. Кадыров Р. и др. Эндоскопические методы гемостаза при кровотечении из варикозно расширенных вен пищевода //Журнал проблемы биологии и медицины. – 2017. – №. 4 (97). – С. 44-47.
2. Ахмедов Ю., Кадыров Р. Сочетанный эндоскопический гемостаз при язвенных кровотечениях //Журнал вестник врача. – 2017. – Т. 1. – №. 1. – С. 11-14.
3. Ахмедов Ю. М. и др. Особенности патологического протеолиза в развитии ожоговой пневмонии у детей //IVсъезд комбустиологов России: сб. науч. трудов. М. – 2013. – С. 44-45.
4. Akhmedov Y. M. et al. X-ray planimetric methods for the diagnosis of obstructive uropathy in children //Saratov Journal of Medical Scientific Research. – 2007.
5. Ravshanov D. M. Frequency and peculiarities of localisation of parasagittal meningiomas of the cerebral hemispheres //International Journal of Health Sciences. – 2022. – №. II. – С. 6035-6041.
6. Ravshanov D. M. Some Features of the Clinical Course of Parasagittal Meningiomas of the Brain //Asian Journal of Case Reports in Medicine and Health. – С. 19-23.
7. Шодиев А. и др. К особенностям клинического течения и лечения нетравматических внутримозговых кровоизлияний у детей //Журнал проблемы биологии и медицины. – 2018. – №. 2.1 (101). – С. 128-131.
8. Sh S. A., Ravshanov D. M. Determination of the efficacy of the use of nootropes in the treatment of brain concusion in the acute period //Web of Scientist: International Scientific Research Journal. – 2022. – Т. 3. – №. 6. – С. 515-519.
9. Равшанов Даврон Мавлонович ПАРАСАГИТТАЛНЫЕ МЕНИНГИОМЫ БОЛЬШИХ ПОЛУШАРИЙ ГОЛОВНОГО МОЗГА (ОБЗОР ЛИТЕРАТУРЫ) // Достижения науки и образования. 2022. №6 (86).
10. Shodiev Amirkul Shodievich, Norkulov Najmiddin Uralovich, Ravshanov Davron Mavlonovich. (2023). TO THE RESULT OF IMPROVED DIAGNOSIS AND TREATMENT OF CERENERLAL TUMORS. *Journal the Coryphaeus of Science*, *5*(5), 98–102.
11. Ravshanov Davron Mavlonovich. (2023). DIFFUSION-WEIGHTED MRI IN THE DIFFERENTIAL DIAGNOSTICS OF THE DEGREE OF MALIGNACITY OF PARASAGGITAL BRAIN MENINGIOMAS. *Journal the Coryphaeus of Science*, *5*(5), 51–56.
12. Ravshanov D. HISTOLOGICAL AND IMMUNOHISTOCHEMICAL CHARACTERISTICS OF PARASAGGITAL MENINGIOMAS OF THE BRAIN //Science and innovation. – 2023. – Т. 2. – №. D7. – С. 37-42.
13. Mavlonovich R. D. Some Features of the Clinical Course of Parasagittal Meningiomas of the Brain //Asian Journal of Case Reports in Medicine and Health. – 2022. – Т. 8. – №. 1. – С. 19-23.
14. Ravshanov Davron Mavlonovich PARASAGITTAL MENINGIOMAS OF THE BRAIN HEMISPHERES (REVIEW) // Достижения науки и образования. 2022. №6 (86).

15. Примов З. А. Ў., Равшанов Д. М., Шодиев А. Ш. ДИСК ЧУРРАЛАРИ РИВОЖЛАНГАН БЎЙИН ОСТЕОХОНДРОЗЛАРИНИНГ ЭТИОПАТОГЕНЕЗИ ВА КЛИНИК МАНЗАРАСИ //Academic research in educational sciences. – 2021. – Т. 2. – №. 6. – С. 578-583.