

# Organizational And Methodological Work As A Mechanism For Improving The Management Of Dermatovenereological Services

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*Annotation: Interventions carried out by health authorities should be aimed at reducing the incidence of STIs in the population, improving the effectiveness of diagnosis and treatment, reducing the likelihood of infection, and changing sexual behavior (T. A. Syrneva, 2002). Given the high incidence of STIs in the population, the low level of prevention against the background of commercialization of the industry, the priority tasks are to improve the efficiency and quality of preventive work in dermatovenerology (I. G. Shakurov 2002, A. A. Kalininskaya, 2004).*

## 1. RELEVANCE OF THE TOPIC

The high incidence of sexually transmitted infections (STIs) persists throughout the world. This determines the huge not only medical, but also social significance of the problem (Yu. K. Skripkin et al., 1996, A.V. Shumov, V. I. Starodubov et al., 2001).

There is an urgent need to improve organizational and management technologies in the Arsenal of dermatovenereological care. The importance of organizational and methodological work (OMR) in the organization and improvement of the quality of the medical and diagnostic process increases. The reorganization of organizational and methodological activities in accordance with the main strategic directions of the industry development is becoming extremely urgent. The multiplicity and, often, inconsistency of information that health care organizers in dermatovenerology have to deal with when developing and making management decisions is a serious problem that requires scientific study for its solution.

The imperfection of the regulatory and legal framework, the lack of unified quality control systems for dermatovenereological care, as well as the imperfection of organizational and methodological work as a management mechanism in Dermatovenerology determine the relevance of this study.

## 2. PURPOSE OF THE STUDY

Scientific substantiation of ways to improve organizational and methodological work in order to improve the quality of dermatovenereological care.

## 3. RESEARCH METHODOLOGY AND ORGANIZATION

the research program included an in-depth study of medical and organizational assistance in the Samarkand region. The paper uses a set of statistical and sociological methods.

Objects of observation: regional skin and venereal dispensaries; city dispensaries, dermatovenerological departments (offices).

Observation units: patients of state medical institutions providing dermatovenereological care. Research units are patients of dermatovenerological medical institutions. Map of anonymous survey of patients of state dermatovenerological institutions -100 maps. Sociological research included an anonymous survey of patients of state medical institutions

providing dermatovenerological care in the Samarkand region. The developed and completed questionnaires were subsequently subjected to statistical processing of 100 sociological maps. The method of a.m. Merkov and L.E. Polyakov (1974) determined the representativeness of the sample. Statistical processing of the material was carried out on a Pentium 366 personal computer and included calculations of extensive, intensive indicators and errors of the sample population.

#### **4. RESULTS OF THE STUDY**

From 2010 to 2018, the number of dermatovenerologists in state institutions in the Samarkand region decreased by 7.7% (from 0.78 to 0.72 per 10 thousand population). The analysis showed that the frequency of visits of dermatovenerologists to state dermatovenerological institutions for the period 2010-2018 decreased in the region by 26.9% (from 346.3 to 253.2 per 1000 population). In cities, this indicator decreased by 30.6% during this period (from 364.1 to 252.8); in villages - by 13.8% (from 295.0 to 254.3). The frequency of visits to dermatovenerologists for diseases per 1000 residents of state dermatovenerological institutions during the same period decreased by 35.6% (from 249.1 in 2001 to 160.4 in 2005). In cities, the indicator for this period decreased by 39.3%, in villages - by 13.5%.

The frequency of visits by dermatovenerologists to private medical institutions for diseases increased by 4.9 times (from 3.4 to 16.5 per 1000 population). This picture is a consequence of the active filling of the dermatovenerological market of the Samarkand region with the services of private medical institutions. In this regard, there is a need to conduct a sociological survey among patients who seek medical care in state and non-state medical institutions that provide dermatovenerological care.

Sociological surveys of patients showed that 55% of respondents initially applied to a private medical structure, 45% started examination and treatment in public health facilities. 21.2% of respondents rated the impression of past applications to state dermatovenerological institutions as positive; 48.1% - neutral, and 30.7% - negative. Financial expenses when visiting state dermatovenerological institutions were estimated as follows: insignificant - 50%, significant - 30.8%. Time costs were estimated as significant 78.8%. Among the respondents of public health institutions, persons with higher and incomplete higher education made up 15%, and among those who applied to private structures - 80%.

At the same time, 58% of respondents of state health care institutions indicated that they used paid services. Respondents of non-governmental institutions in 98% used paid services. 76% of the surveyed patients of state medical institutions had venereal diseases in the past, 34% of them repeatedly, and 86% and 32% of patients of non - state institutions, respectively.

45% of respondents, respectively, considered themselves well-informed about the prevention of sexually transmitted infections. Most of the respondents were informed about the high incidence of STIs, but had very approximate knowledge about the STI clinic. Patients of non-governmental organizations preferred to get knowledge about STI prevention from the Internet.

According to 63.3% of respondents, organizational and methodological work should include an assessment of the quality of dermatovenerological care at all stages of its provision. Organizational and methodological work should be carried out according to the same criteria in health care institutions of all forms of ownership - this was indicated by 73.3% of respondents.

In order to improve the quality of dermatovenerological care and anti-epidemic work, according to the majority of respondents, it is necessary to develop organizational and

methodological measures to work out the continuity and coordination of institutions' activities.

A functional model for building organizational and methodological work in dermatovenerology based on the principle of quality management. As a mechanism for implementing management decisions, dermatovenerology includes the following aspects: organizational, methodological, statistical accounting, analytical, coordinating, training, providing information, control, marketing (studying the market of services, evaluating the competitive position of the institution in the market, positioning, working with partners and contact audiences), preparation of management decisions.

The mechanism for preparing management decisions is based on quality control of medical services. Departmental quality control in public health facilities in the Samarkand region is carried out under the direction of the Ministry of health. And social services and includes information on the quality and level of diagnostic, treatment, rehabilitation process, the most significant defects at all stages of medical care; determining the final results of individual employees, departments of health facilities, medical institutions as a whole.

Quality control is carried out at five levels.

The first level (head of the structural division) solves the following tasks: determining the level of quality of each doctor's work, identifying defects in his work; evaluating the Department as a whole.

The second level (deputy Chief physician for expertise, medical unit) conducts a comparative assessment of the work of medical and diagnostic departments.

The third level (the expert Commission of the medical institution) evaluates the work of the institution as a whole.

The fourth level (an expert Commission consisting of the chief specialists of the regional administration) assesses the quality of medical care in the city's medical institutions, assesses the interaction of medical institutions at all stages of medical care.

The fifth level (an expert Commission consisting of chief specialists of the regional Ministry of health and social development) solves the problem of assessing the quality of medical care provided in the region. Evaluation of the quality of dermatovenerological care is carried out using the method of expert assessments using standards and models of final results.

Quality assessment using end-result models consists of developing a normative model, comparing it with the indicators of the actual model, and then calculating the integral coefficients that are used to evaluate the activities of this medical institution.

The standard level of indicators is established based on the analysis of reporting data on the activities of dermatovenerological institutions, examination protocols for the implementation of quality standards, including the analysis of indicators of morbidity and skin diseases. Regulatory models are developed separately for the region as a whole, for a city, rural area, a dispensary or medical institution, or a skin and Venereological office. Actual performance indicators for the reporting year are compared with standard levels, which serves as the basis for calculating integrated indicators. Integral performance indicators of a dermatovenerological institution are analyzed in dynamics in comparison with the incidence and performance indicators of a medical institution as a whole, which allows identifying problems in providing dermatovenerological care and promptly preparing recommendations for the heads of medical institutions and management bodies in healthcare.

Quality management in dermatovenerology should be considered as an independent management function designed to ensure the leadership of state dermatovenerological institutions in the production of socially important services in an increasingly competitive environment.

Quality management in dermatology consists of several components: clinical (interaction with a doctor, performing medical manipulations, servicing); laboratory (laboratory diagnostics); anti-epidemic (preventive measures), statistical (registration, accounting, reporting, analysis).

The transition to quality management involves creating a new quality of services, motivated by the emergence of new technologies, training staff in the field of quality assessment, motivating staff to improve the quality of services, legal and informational support of the quality system, ensuring technological quality control, operational quality management using clinical and organizational audit.

The strategy for the development of health care, including long-term and short-term goals, is based on the legal framework and unambiguous interpretation of laws, methodological support (standards for diagnosis, treatment, "D" observation, accounting and reporting documentation for health care facilities of all forms of ownership).

Currently, the activities of state medical institutions providing dermatovenereological care is aimed at maintaining a healthy epidemiological situation in the region.

## 5. CONCLUSIONS

1. Developed and tested in the course of the experiment, the methodology for assessing the quality of dermatovenereological care, based on the model of final results, should be used to prepare management decisions regarding personnel and the activation of preventive work. Quality management in dermatovenerology should be considered as an independent management function designed to ensure the leadership of state dermatovenerological institutions in providing dermatovenerological care to patients with socially significant diseases.

2. Testing in experimental conditions of the functional model of organizational and methodological work as a mechanism for implementing management decisions has shown that management in dermatovenerology should be based on quality management of the following components: clinical, laboratory, statistical, anti-epidemic.

3. Organizational and methodological work should be based on uniform algorithms and continuity of work for dermatovenereological institutions of all forms of ownership. As a mechanism for implementing management decisions, organizational and methodological work should include the following aspects: organizational, methodological, statistical accounting, analytical, coordinating, training, providing information, control, marketing study of the services market, assessment of competitive positions of the institution in the market, positioning, working with partners and contact audiences, preparation of management decisions.

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