

- **FEDERATION OF TRADE UNIONS OF UZBEKISTAN**

HEALTH IMPROVEMENT IN UZBEKISTAN: FROM AVICENNA TO MODERN INNOVATIVE APPROACHES

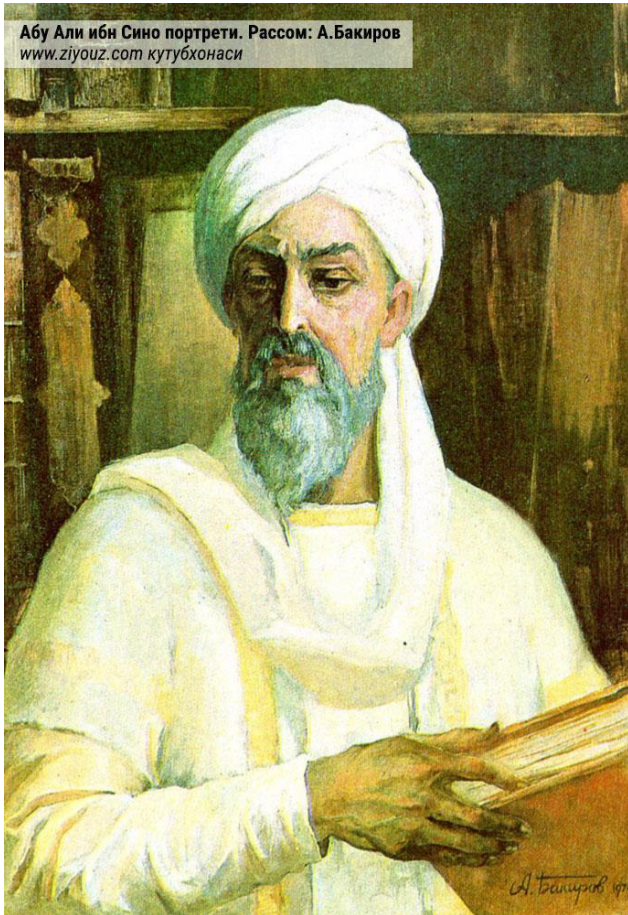


*Deputy of head of department MD, PhD, DSc
Zokhid Abdurakhimov
zohid1970@mail.ru*

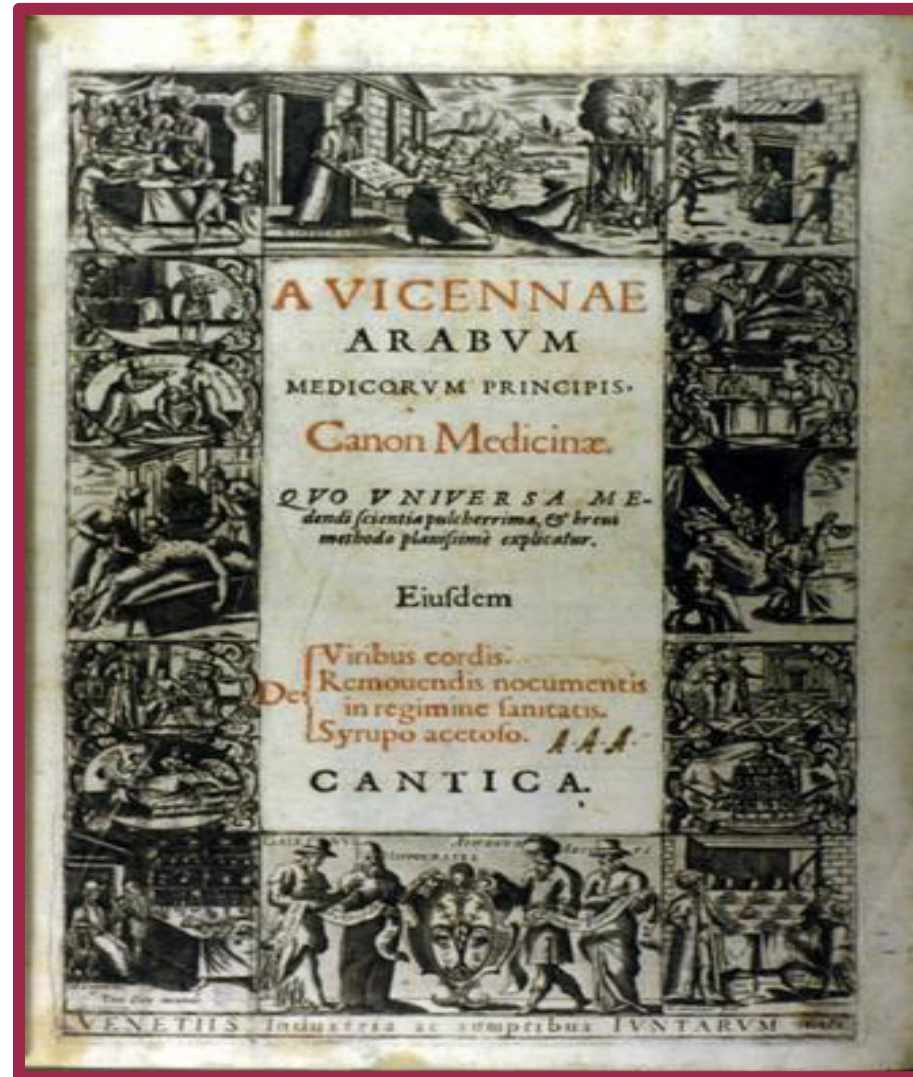
Modern aspects of sanatorium treatment, medical rehabilitation and tourism



Avicenna was born and grew up in Bukhara, who based on the study of the activities of Hippocrates, Galen, other Persian and Arab scientists, as well as on the basis of his personal experience, wrote more than 150 books on the theoretical and practical foundations of medicine.



Абу Али ибн Сино портрети. Рассом: А.Бакиров
www.ziyouz.com кутубхонаси



Total 31 sanatoriums that successfully operate under the Federation of Trade Unions of Uzbekistan, which annually provide health services to more than 200 thousand workers and employees





- National Capital (2,100,000 in 1999)
- over 300,000
- over 100,000
- over 50,000
- other main city
- other city

To use of evaluation methods of the Joint Commission on Accreditation on improving the quality of medical services



A Framework for an Accreditation Program in Uzbekistan

Joint Commission International
Prague, Czech Republic
31 January – 4 February 2011



www.jointcommissioninternational.org

CRITERION #2 Review of credentials of physicians
There is a process to gather, verify, evaluate, and then authorize physicians to provide patient services that are appropriate to their licensure, education, training, and competence.

RISK LINK
Physicians work independently evaluating patients, making decisions regarding patient care and performing high-risk procedures such as surgery. Patients place high trust in their physicians. Organizations need consistent processes for gathering, verifying, and reviewing the credentials of physicians to ensure that patient trust is not violated and the services of physicians do not place patients at risk.

LEVELS OF EFFORT
Level 0: There is no process to gather and verify physician credentials.
Level 1: There is a process to gather credentials; however, it is limited to licensure and does not include verification from the source.
Level 2: There is a process to gather credentials and to evaluate the credentials and determine the privileges granted to the physician.
Level 3: The process includes the verification of the credentials from the primary source prior to the determination of privileges.

CRITERION #3 Review of credentials of nurses
There is a process to gather, verify, evaluate, and make job assignments for nurses to provide patient services that are appropriate to their licensure, education, training, and competence.

RISK LINK
Nurses are often the primary patient caregivers. They evaluate patients, provide certain nursing services independently, and carry out physician orders. Nurses often prepare medications and administer most medications to patients, two high-risk procedures. Nurses may have unique training and skills (for example, nurse midwives, intensive care nurses). The assignment of the nurse must be based on a careful review of qualifications to ensure patient safety.

LEVELS OF EFFORT
Level 0: There is no process to gather and verify nurse credentials.
Level 1: There is a process to gather credentials; however, it is limited to licensure and does not include verification from the source.
Level 2: There is a process to gather credentials, evaluate them, and make job responsibilities and assignments based on the credentials.
Level 3: The process includes the verification of the credentials from the primary source

Czech Republic, 2011 y.

While searching for a solution acceptable in real conditions to the problem of evaluating the activities of sanatorium-resort institutions, we were convinced of the need to use as a methodological basis the evaluation systems of the Joint Commission used to determine

THE RATING OF MEDICAL INSTITUTIONS,

the key difference from other

- evaluation methods is that the criteria for determining the rating are set at an **optimally achievable level** and determine
 - **the goal** to which should be sought.

We have set ourselves the following goal

to improve methodological approaches to assessing the medical, organizational and socio-economic efficiency of sanatorium-resort institutions.

Pilot institutions:

- were identified for the study four sanatoriums ("Turon", "Chinobod", Buston and "Botanica") and
- for the control group two sanatoriums (of Aktash and Chartak).
- The regulation on the MPC in sanatoriums was also developed and approved, which included goals, objectives, methods of organization and was implemented in accordance with Order No. 88 of the Sanatorium Management of the Federation of Trade Unions of Uzbekistan dated May 1, 2017.
- Each criterion has 4 indicators, and the assessment is carried out according to a 4-point system, where 5 points are excellent, 4 points are good, 3 points are satisfactory and 2 points are unsatisfactory.

The internal assessment for 2019 showed that

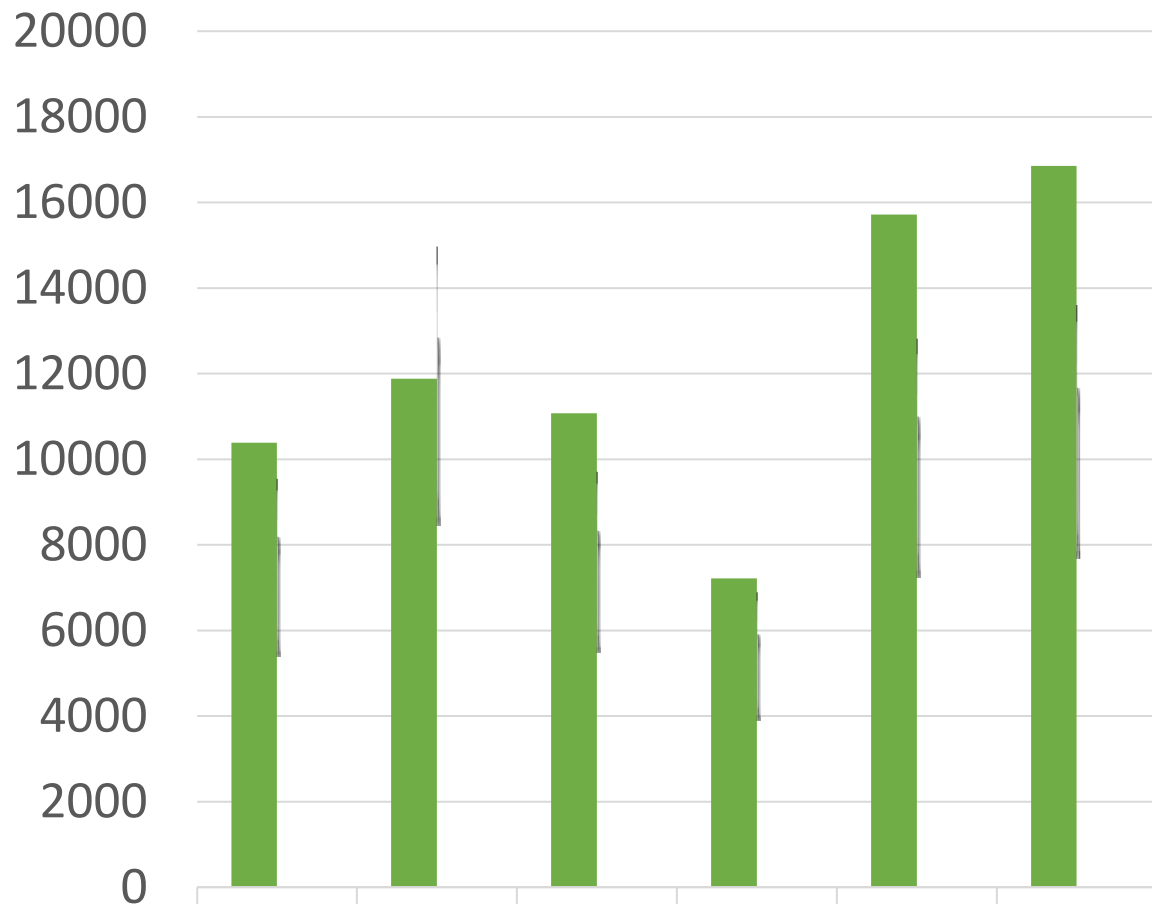
№	Name of resort	Criteria	Max. ball	internal assessment of result		
				Fact	(%)	Middle
1	2	3	4	5	6	7
Science group- t						
1.	Chinabad	160	800	633	79	4
2.	Turon	129	634	557	88	5
3.	Botanica	76	380	315	82	4
4.	Buston	57	285	251	88	5
	Total	422	2110	1756	83	4,5
Control group- n						
5.	Aktash	57	285	213	74	4
6.	Chartak	78	390	305	78	4
	Total	135	675	518	76	4,0

Comparative results of an external assessment of the activities of sanatoriums (2019)

№	Name of the resort	Total			Include								
					Medical activity n = 27			Social activity n = 28			Finance activity n = 4		
		Max	Fact	Rating	Max	Fact	%	Max	Fact	%	Max	Fact	%
Science group- t													
1	Turon (1)	285	250	88	135	120	89	130	113	87	20	17	85
2	Chinabad (5)	285	218	76	135	106	79	130	96	74	20	16	80
3	Botanica (2)	285	236	82	135	110	84	130	109	84	20	17	85
4	Buston (3)	285	231	81	135	111	82	130	102	78	20	18	90
	Total	1140	935	86	540	447	82	520	420	81	80	68	85
Control group- n													
5	Aktash (5)	285	217	76	135	104	77	130	96	74	20	17	85
6	Chartak(4)	285	220	77	135	108	80	130	96	74	20	16	80
	Total	570	437	77	270	212	79	260	192	74	120	105 ¹¹	83

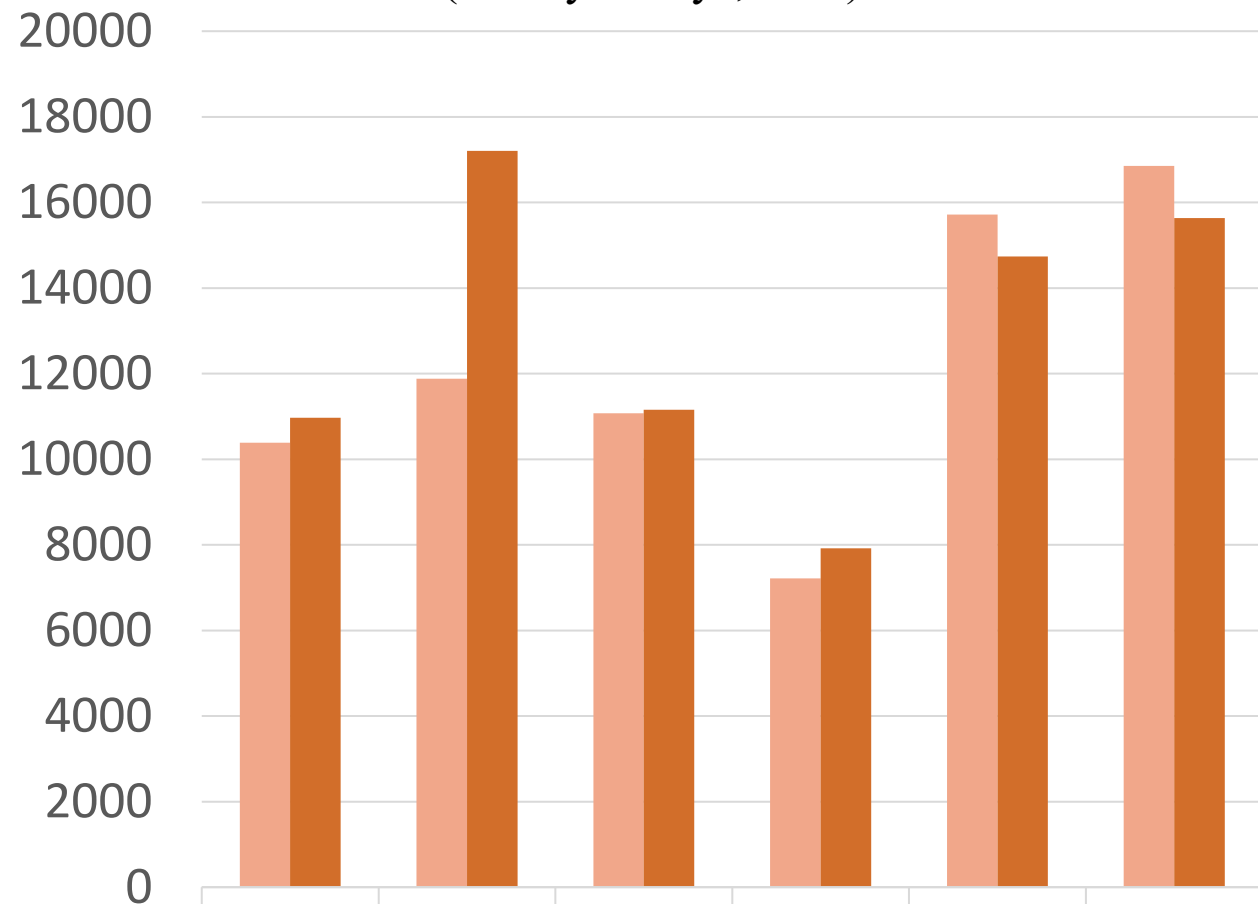
Number of vacationers

in 2019 year. - 47252
(2018 y. 40460, 115%)



Average duration of one day of hospitalization

in 2019 y 9,9 days
(2018 y. 9 days, 10%)

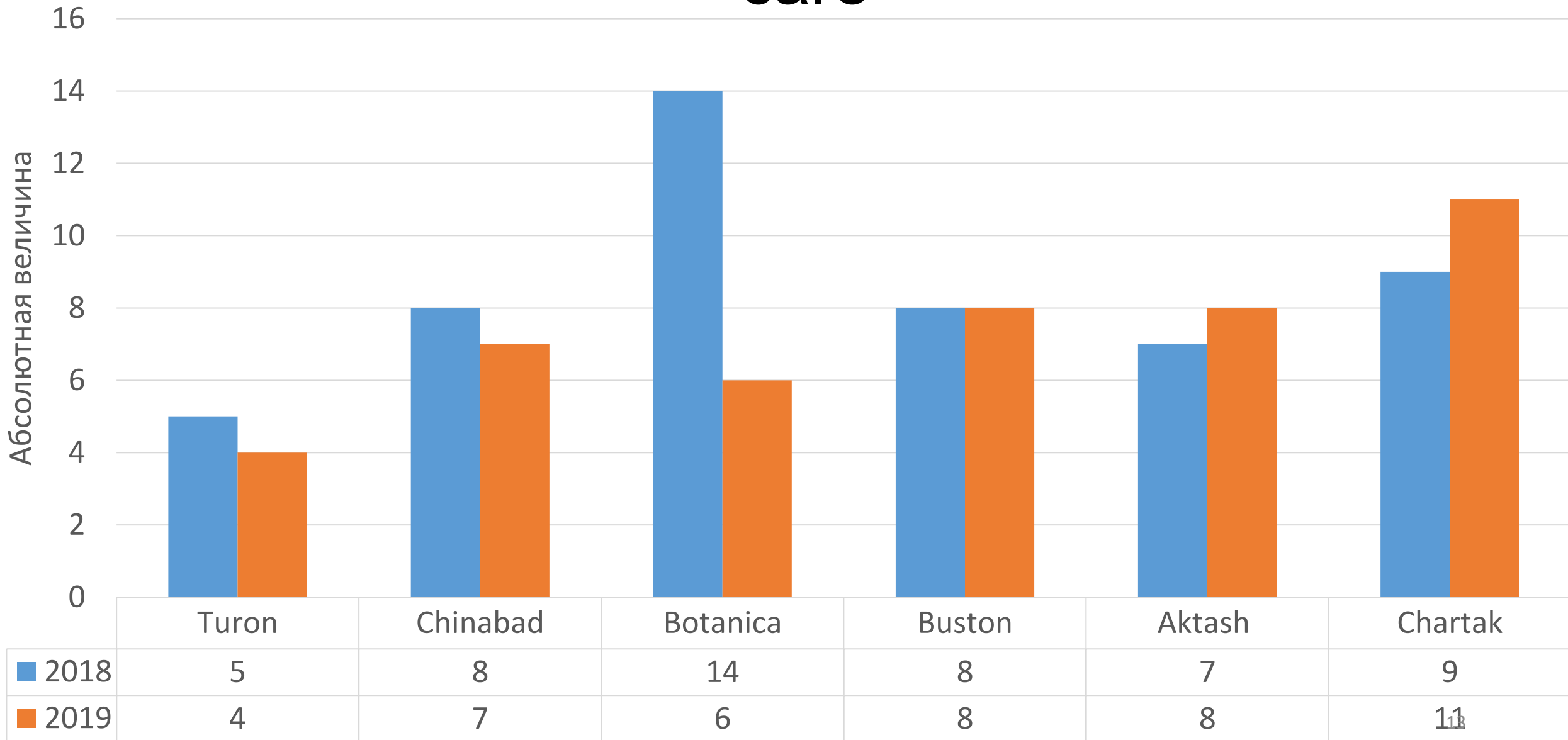


Абсолют сондаги кўрсаткичлар

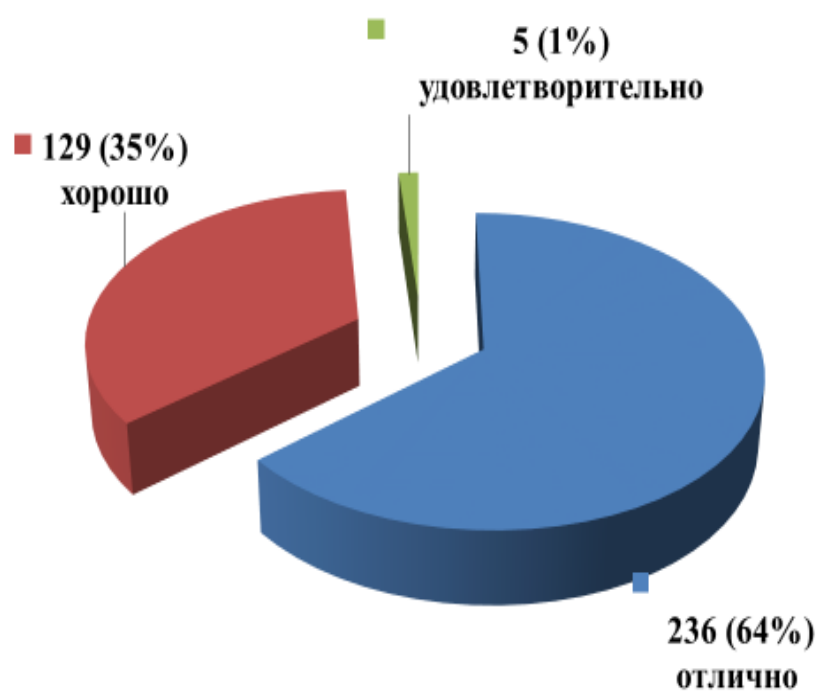
■ 2018	10384	11885	11074	7217	15714	16854
■ 2019	10968	17208	11153	7923	14739	15632

■ 2018	10384	11885	11074	7217	15714	16854
■ 2019	10968	17208	11153	7923	14739 ¹²	15632

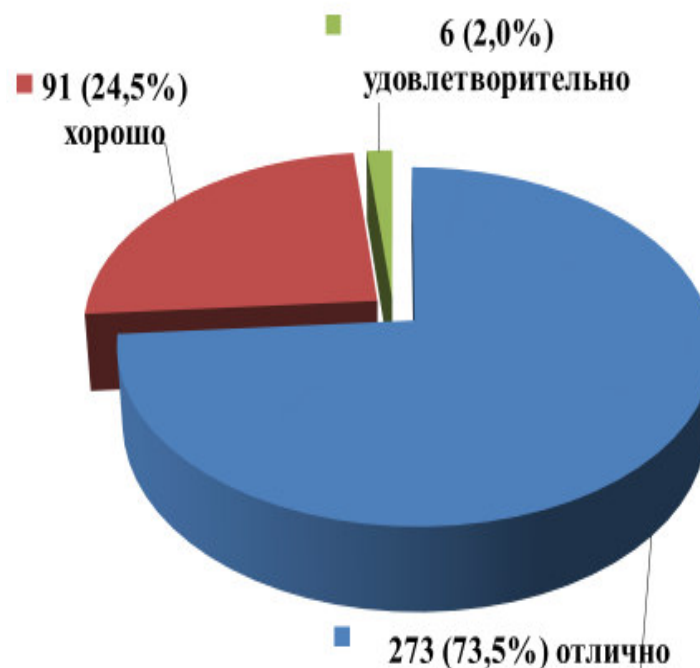
To improve the provision of sanatorium-resort care



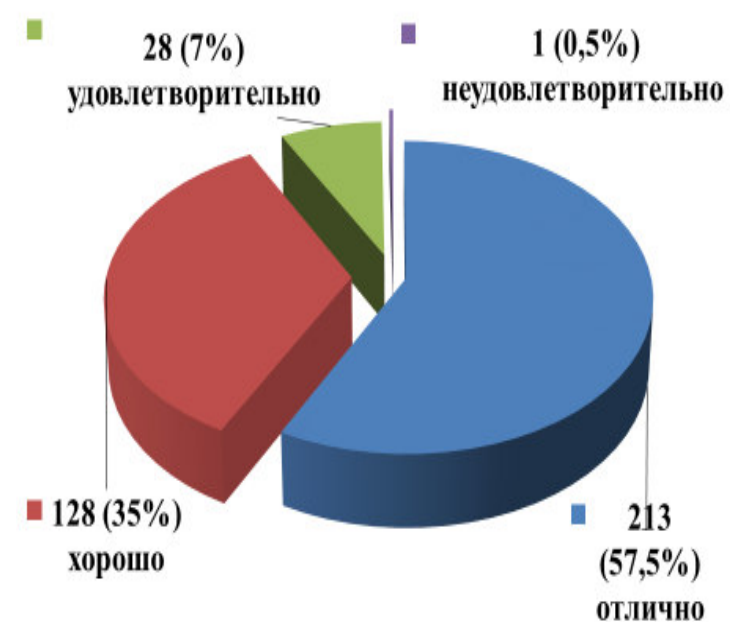
To establish feedback between patients and sanatoriums



Quality of sanatorium care



Activities of the nursing staff



Therapeutic nutrition

Conclusion

Thus, the implementation of the evaluation system optimizes their activities and has a direct impact on the level of efficiency of the sanatorium-resort institution. The introduction of the questionnaire method helps to establish feedback between vacationers and sanatoriums. The determination of the rating will stimulate their work on continuous improvement of the quality of spa services.

**Thank you for your
attention**