https://doi.org/10.32921/2225-9929-2024-2-56-10-15
UDC 614; 614.2; 614:33
IRSTI 76.75.75

Brief communication

Analysis of Medical and Preventive Services of a City Clinic

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Abstract

Preserving public health and reducing morbidity are the most important socio-economic tasks facing healthcare.

Purpose of the study: *to conduct an analysis of the medical and preventive services of the City clinic No.10 in Astana.*

Methods*. In this study, in order to analyze medical and preventive services, statistical data was studied, data extracted from the accounting and reporting documentation of the City clinic No.10 in Astana. We also analyzed reports on preventive examinations and screening studies, studied demographic indicators, morbidity rates, staffing, etc.*

Results*. The number of the population served in the medical organization increased by 2.6% compared to 2021 and by 3% compared to 2020. The share of all visits for 2022 under the guaranteed volume of medical care package and the compulsory medical insurance package was distributed almost equally, with a 2% advantage in favor of the guaranteed volume of medical care, 61% and 39%, respectively. The main reason (68%) of all visits was due to morbidity, then the reason for the visit was preventive services, there were also home visits and visits for the purpose of medical examination and others. It should be noted that compared to 2021, visits in 2022 increased by 42.27% and the number of visits doubled compared to 2020.*

Having analyzed the morbidity data, it was revealed that a significant part of the diseases (31.7%) were diseases of the respiratory system, then diseases of the heart and circulatory system, 6.17% hypertension, 7% diseases of the digestive system, and at the end there were diseases of the bones. -muscular system and anemia.

Conclusions. *Having studied the data and performance indicators of the City clinic No.10 in Astana, we came to the conclusion that the number of the population served in the medical organization is increasing, which accordingly leads to an increase in attendance. The morbidity rate of the population attached to this organization remains high, especially the morbidity of the respiratory system and, of course, diseases of the circulatory system, as in the whole country.*

Key words*: medical and preventive services, screening, preventive examination, morbidity, medical and demographic services.*

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J Health Dev 2024; 2 (56): 10-15
Recieved: 18-03-2024
Accepted: 12-04-2024

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Introduction

The health of the population always occupies one of the first places in the system of vital values of any state. Preserving public health and reducing morbidity are the most important socio-economic tasks facing healthcare.

"Draft Road Map for 2023-2030" presented and agreed upon with World Health Organization (WHO) member countries. to implement the global action plan for the prevention and control of noncommunicable diseases 2013-2030." includes a set of measures, the effective implementation of which, after adaptation at the national and regional levels, can contribute to achieving the objectives of the 13th WHO General Programme of Work by 2030 [1,2].

These goals include: improving health and well-being, achieving universal health coverage (UHC), and effectively responding to health emergencies for the additional "three billion" people living on the planet. To achieve the declared tasks and goals, WHO has identified five key priority areas of work, the implementation of which will have a direct and positive impact on the morbidity and premature mortality from noncommunicable diseases in the future, leading to a sustainable reduction in their burden at the national, regional and global levels [3].

These are the directions:

1) providing support to countries for an urgent paradigm shift towards preserving and promoting health, well-being and preventing diseases by addressing their root causes, all determinants of health that lie outside the health sector, and significantly increasing investment in countries;

2) reorientation of health care systems towards primary health care (PHC) and provision of UHC, reducing citizens' out-of-pocket expenses for services;

3) urgently strengthen health systems and create tools for emergency, epidemic and pandemic preparedness and response at all levels based on sound management and financing;

4) use of the capabilities of science, research innovations, epidemiological monitoring data and digital technologies as the most important tools for implementing measures to promote health and prevent diseases, timely diagnosis and management of patients, as well as for the prevention and early detection of epidemics and pandemics, and rapid response to them ;

5) strengthening WHO as the leading and directing body in the organization of health protection on a global scale, located at the center of the global health architecture.

Major non-communicable diseases are the leading cause of temporary disability, disability and mortality of the population. In accordance with the recommendations of the WHO, the main non-communicable diseases include cardiovascular diseases (diseases of the circulatory system), malignant neoplasms, chronic respiratory diseases and diabetes mellitus.

According to the International Agency for Research on Cancer (IARC) 2020 report, there were 19.3 million cases of cancer worldwide, resulting in nearly 10.0 million deaths from the disease [4]. Cancer is a major factor in mortality and a significant obstacle to increasing life expectancy in various countries of the world [5,6].

One of the health measures aimed at reducing the incidence of disease in the population is the implementation of medical preventive measures. Preventive measures also include screening. Screening studies are a complex of medical examinations of the population who do not have clinical symptoms or complaints, in order to identify and prevent the development of various diseases at an early stage, as well as risk factors for their occurrence.

The IARC defines an organized screening program as one that includes clear policies establishing specific age groups for screening, methods and time intervals, target audience, responsible leadership group for implementation of the program, medical personnel making decisions and providing care, and a monitoring system quality and methods of identifying cancer cases in the population [7,8].

Screening studies are carried out among the population from 30 to 70 years old for the early detection of arterial hypertension, coronary heart disease, diabetes mellitus, glaucoma, cervical cancer, breast cancer, etc. [9]. Screening programs are effective if they involve 70% or more of the population in the relevant age groups [10].

The purpose of this study is to analyze the medical and preventive services of the medical organization of the City clinic No.10 in Astana.

Materials and methods

In this study, in order to analyze medical and preventive services, statistical data was studied, data extracted from the accounting and reporting documentation of the State clinical hospital at the City clinic No.10 in Astana for 2021-2022.

Table 1 - The number of the population served at the City clinic No.10 in Astana for 2021-2022

№	Characteristic	2022		2021	
		N	%	N	%
1	Total population	84241	100	82054	100
2	of these are adults	54167	64.3	53359	65
3	of these are teenagers	3075	3.65	2685	3.27
4	of these children	26999	31	26010	31.69

In this study, we used such data as the number of population served; the number and structure of visits to the assigned population during the study period; mortality rates of the assigned population for 2022; coverage of screening examinations of the population.

According to the portal "Register of the Attached Population", we obtained the following data on the number of the population served - the total population is - 84241, including children under 14 years old - 26999 (31%), adolescents from 15 to 17 years old - 3075 (3.65%), adults – 54167 (64.3%) (Table 1).

We also analyzed reports on preventive examinations and screening studies, studied demographic indicators, morbidity rates, staffing, etc.

The following methods were used: data extraction, statistical method, analysis, comparative analysis.

Results

The number of the population served in the medical organization increased by 2.6% compared to 2021 and by 3% compared to 2020.

The number of visits at the City clinic No.10 in Astana for 2022 totaled 513.878, of which 313.867 were for the State Fund for Medical Care, 200.011 were for the compulsory medical insurance. Of these, there were 71.678 home visits, for morbidity - 351.570, for medical examinations – 1.439, for preventive examinations – 138.602, medical and social – 78 and others – 7.406. The structure of visits is presented in more detail in the table below (Table 2).

Table 2 - Number and structure of visits at the at the City clinic No.10 in Astana for 2020-2022

№	Characteristic	2022			2021			2020		
		GVFMC	CHIS	Total	GVFMC	CHIS	Total	GVFMC	CHIS	Total
1	Total visits	313.867	200.011	513.878	254.866	106.328	361.194	217.023	50.889	267.912
2	of these at home	71.678	-	71.678	62.212	-	62.212	36.625	-	36.625
3	of these, according to morbidity	221.746	129.824	351.570	186.999	65.219	252.218	118.913	43.431	162.344
4	of these, for medical examination	1.439	-	1.439	1.104	-	1.104	8.924	-	8.924
5	of these, preventive examinations	68.415	70.187	138.602	51.722	41.109	10.041	59.327	3.844	63.171
6	of these, medical and social	78	-	78	285	-	285	16.456	3.614	20.070
7	Other	7.406	-	7.406	4.715	-	4.715	884	-	884

The number of visits to the state public utility at the City clinic No.10 in Astana for 2021 was 361.194, and in 2020 the number of visits was 267.912.

The number of visits to the state public utility at the City clinic No.10 in Astana in 2022 compared to 2021 increased by 42.27%, and compared to 2020 in 2022 the number of visits almost doubled (91%).

The total morbidity rate was 74.333, among them respiratory diseases took the first place - 23.603, including acute respiratory viral infections - 13.618, followed by diseases of the circulatory system - 7.745, of which hypertension - 4.592, followed by diseases of the digestive system - 5.228, diseases of the musculoskeletal system amounted to 4.277 (Table 3).

The number of anemia among the attached population was 1.689, of which iron deficiency anemia was 1.135 and the number of people suffering from diabetes was 1.153.

The overall morbidity rate among the children's population of the at the City clinic No.10 in Astana for 2022 was 21.089, among them, in first place, similar to the adult population, respiratory diseases - 14.439, of which ARVI - 7.133 and pneumonia - 787, in the next diseases of the digestive system are located here - 1.527, anemia is also common among children - 568, including iron deficiency anemia - 168, diseases of the musculoskeletal system - 180, diseases of the circulatory system - 32, diabetes mellitus - 15, obesity - 5.

As a result of screening examinations, 74 patients with arterial hypertension were identified, with ischemic heart disease - 2 patients, glaucoma - 6 people, diabetes mellitus was detected in 4 patients, breast cancer was detected in 2 patients.The effectiveness of the management system is assessed through the effective work of personnel. We studied the personnel composition of a medical organization. The total number of medical employees of the institution for 2022 is 522 people. Of these, doctors - 209 (40%), nursing staff - 313 people, which amounted to 60%.

Among the performance indicators of the personnel of a medical organization, an important place is occupied by the level of qualifications of the organization's personnel.

In this regard, we also analyzed the qualification indicators of the staff at the City clinic No.10 in Astana. A total of 131 employees have a category, of which 70 employees have the highest category, 34 have category 1, and 27 employees have category 2. Among doctors, 56 (26.79%) employees had the category, 22 (10.52%) doctors had the highest category, 19 (9.09%) doctors had category 1, and 15 or 7.17% of doctors had category 2. Also, among the nursing staff, only 75 employees had the category, of which 48 employees had the highest category, 15 employees had category 1, and 12 mid-level employees had category 2.

The gender composition of the medical organization's employees was also studied, so 80% are women, which corresponds to 416 employees and 20% male employees. There is a slight difference in the gender composition among doctors: female doctors - 117 or 56% and male doctors - 92 or 44%. Among middle-level personnel, female employees predominate - 95.5%

Table 3 - Morbidity among the population at the City clinic No.10 in Astana for 2022

№	Name of classes and individual diseases	Total cases							
		Total		Children		Teenagers		Adults	
		1		2		3		4	
		Abs.	per 100 thous. popul.	Abs.	per 100 thous. popul.	Abs.	per 100 thous. popul.	Abs.	per 100 thous. popul.
	All diseases	74333	90590.3	21089	81080.4	1693	63054.004	51551	96611.63
1	Anemia	1689	2058.4	568	2183.78	45	1675.9777	1076	2016.53
	including iron deficiency anemia	1135	1383.24	168	645.905	22	819.36685	945	1771.023
2	Diabetes	1153	1405.17	15	57.6701	7	260.70764	1131	2119.605
3	Diseases of the circulatory system	7745	9438.91	32	123.03	22	819.36685	7691	14413.69
	hypertension	4592	5596.31	-	-	-	-	4592	8605.858
	cardiac ischemia	1759	2143.71	-	-	-	-	1759	3296.539
	including acute myocardial infarction	41	49.9671	-	-	-	-	41	76.83802
	cerebrovascular diseases	414	504.546	3	11.534	-	-	411	770.2543
	including Acute cerebral circulatory disorder	104	126.746	3	11.534	-	-	101	189.2839
4	Respiratory diseases	23603	28765.2	14439	55513.3	763	28417.132	8401	15744.3
	incl. ARVI	13618	16596.4	7133	27424.1	340	12662.942	6145	11516.33
	incl. pneumonia	1361	1658.66	787	3025.76	13	484.17132	561	1051.369
	including other chronic obstructive pulmonary disease	128	155.995	-	-	-	-	128	239.8846
	including asthma, status asthmaticus	290	353.426	94	361.399	10	372.43948	186	348.5822
5	Digestive diseases, total	5228	6371.41	1527	5870.82	77	2867.784	3624	6791.731
7	Diseases of the musculoskeletal system	4277	5212.42	180	692.042	66	2458.1006	4031	7554.489
8	Obesity	20	24.3742	5	19.2234	3	111.73184	12	22.48918

The main share of employees were aged 35-45 years (34.6%), 27.4% of employees were aged 46-50 years, the number of employees under 35 was 21%, 11.7% of employees were over 51 -60 years old and employees over 60 years old were 5.2%.

An analysis of employees by work experience shows that the largest share had employees with work experience of more than 1-5 years (30%) and with work experience of 5-10 years (21%), 18% of employees have more than 15 years of work experience, 17% of employees have 10-15 years of experience and 14% of employees whose experience was less than a year.

Having analyzed the information in this graph, we can conclude that the medical organization is experiencing a "rejuvenation" of personnel, an influx of young specialists into the clinic.

Discussion

When analyzing the data and conducting the study, it was found that the total number of the attached population of the clinic is – 84241, of which one third are children, more than half are adults and 3.65% are teenagers. The number of the population served in the medical organization increased by 2.6% compared to 2021 and by 3% compared to 2020.

The share of all visits for 2022 under the guaranteed volume of medical care package and the compulsory medical insurance package was distributed almost equally, with a 2% advantage in favor of the guaranteed volume of medical care, 61% and 39%, respectively.

The main reason (68%) of all visits was due to morbidity, then the reason for visits was preventive services, there were also home visits and visits for the purpose of medical examination and others. It should be noted that compared to 2021, visits in 2022 increased by 42.27% and the number of visits doubled compared to 2020.

Having analyzed the morbidity data, it was revealed that a significant part of the diseases (31.7%) were diseases of the respiratory system, then diseases of the heart and circulatory system, 6.17% hypertension, 7% diseases of the digestive system, and at the end there were diseases of the bones. -muscular system and anemia.

We also studied the morbidity rate of children assigned to the City clinic No.10 in Astana. As among the adult population, among children the majority of diseases are respiratory diseases and amounted to 68.4%, and acute respiratory viral infections accounted for 33.8% and pneumonia accounted for 3.7%. Unlike the adult population, diseases of the gastrointestinal tract are common among children - 7.2%, anemia is also more common in children - 2.69%, diseases of the musculoskeletal system account for 0.85%, diseases account for 0.15% circulatory system, also 0.07% diabetes and 0.02% obesity.

After screening, glaucoma was found in 8% of all patients, diabetes mellitus in 5.4% of patients, coronary heart disease in 2.7%, and the same number of patients with breast cancer. When managing a medical organization, it is important to evaluate the organization's personnel policy.

So we analyzed the staffing indicators of the clinic. The bulk of the employees, more than half of the staff, are nursing staff - 60% are female. Most employees have the highest category. The number of paramedical staff with a category is greater than that of doctors.

The age composition of the clinic is also different. More than a third of employees are aged 35-45 years, the other third of employees are between 45 and 50 years old. You can also note the staff turnover of the clinic, since the majority of employees have less than a year of work experience and more than 20% of employees have experience from 5 to 10 years.

Conclusions

Having studied the data and performance indicators of the City clinic No.10 in Astana, we came to the conclusion that the number of the population served in the medical organization is increasing, which accordingly leads to an increase in attendance. The organization's attendance has almost doubled over the past two years. The morbidity rate of the population attached to this organization remains high, especially the morbidity of the respiratory system and, of course, diseases of the circulatory system, as in the whole country.

After analyzing population health indicators and mortality rates, we can conclude about the importance of screening and preventive services.

Conflict of interest. The authors declare no conflict of interest.

Financing. There are no external sources for this research. The work was carried out as part of the dissertation work of the first author.

Authors' contributions. S.B.N. - conceptualization, methodology; D.S.B. - drafting, finishing, data collection and analysis; K.A.K. - conceptualization, methodology, editing; T.A.M. – conceptualization, editing.

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Қалалық емхананың емдеу-профилактикалық қызметін талдау

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Түйіндеме

Тұрғындардың денсаулығын сақтау және аурушаңдық деңгейін төмендету денсаулық сақтау саласының алдында тұрған маңызды әлеуметтік-экономикалық міндеті болып табылады.

Зерттеудің мақсаты: Астана қаласы әкімдігінің №10 қалалық емханасының емдеу-профилактикалық қызметіне талдау жүргізу.

Әдістері. Бұл зерттеуде медициналық-профилактикалық қызметтерге талдау жасау мақсатында статистикалық деректер зерделенді, Астана қаласы әкімдігінің №10 қалалық емханасы есепке алу-есептік құжаттамасынан алынған мәліметтер алынды. Біз сондай-ақ профилактикалық тексерулер мен скринингтік зерттеулер бойынша есептерді талдадық. Демографиялық көрсеткіштер, аурушаңдық деңгейі, кадрлармен қамтамасыз ету және т.б. көрсеткіштер зерделенді.

Нәтижелері. Медициналық ұйымда қызмет көрсетілетін халық саны 2021 жылмен салыстырғанда 2,6%-ға, 2020 жылмен салыстырғанда 3%-ға артқан. Медициналық көмектің кепілдік берілген көлемі пакеті мен міндетті медициналық сақтандыру пакеті шеңберінде 2022 жылға арналған барлық келулердің үлесі медициналық көмектің кепілдік берілген көлемінің пайдасына 2% артықшылықпен, тиісінше, 61% және 39% дерлік тең бөлінді. Барлық келулердің негізгі себебі (68%) аурушаңдық, одан кейін келу себебі профилактикалық қызмет, сонымен қатар үйге бару және медициналық тексеру мақсатында бару және т.б. Айта кету керек, 2021 жылмен салыстырғанда 2022 жылы емханаға жүгінулер саны 42,27%-ға, ал келулер саны 2020 жылмен салыстырғанда 2 есеге артқан.

Аурушаңдық деректерін талдай келе, аурулардың айтарлықтай бөлігін (31,7%) тыныс алу жүйесі аурулары, одан кейін жүрек және қан айналымы жүйесі аурулары, 6,17% - гипертония, 7% - асқорыту жүйесі аурулары құрайтыны анықталды. Тізімнің соңында сүйек-бұлшықет жүйесінің аурулары мен анемия болды.

Қорытынды. Астана қаласы әкімдігінің №10 қалалық емханасы деректері мен нәтижелік көрсеткіштерін зерделей келе, біз медициналық ұйымда қызмет көрсетілетін тұрғындардың саны артқанын байқадық. Ұйымға бекітілген тұрғындардың аурушаңдық деңгейі, әсіресе, тыныс алу жүйесінің және, әрине, елдің барлық аумақтары секілді, қан айналымы жүйесінің ауруларының жоғары деңгейі сақталуда.

Түйін сөздер: емдік-профилактикалық қызмет, скрининг, профилактикалық тексеру, аурушаңдық, медициналық-демографиялық қызмет.

Анализ лечебно-профилактической деятельности городской поликлиники

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Резюме

Сохранение здоровья населения и снижение заболеваемости являются важнейшими социально-экономическими задачами, стоящими перед здравоохранением.

Цель исследования: провести анализ медико-профилактических услуг Городской поликлиники №10 акимата города Астана.

Методы. В данном исследовании с целью анализа медико-профилактических услуг были изучены статистические данные, проведена выкопировка данных из учетной и отчетной документаций данного медицинского учреждения. Также нами были проанализированы отчеты по проведенным профилактическим осмотрам и скрининговым исследованиям, изучены демографические показатели, уровень заболеваемости, укомплектованность кадрами и т.д.

Результаты. Численность обслуживаемого населения в медицинской организации увеличилось на 2,6% по сравнению с 2021 годом и на 3% по сравнению с 2020 годом. Доля всех за 2022 год посещений по пакету гарантированного объема бесплатной медицинской помощи и по обязательному социальному медицинскому страхованию распределились почти поровну, с перевесом в 2% в пользу гарантированного объема бесплатной медицинской помощи, 61% и 39% соответственно. Основная причина (68%) всех посещений по заболеваемости, далее, причина посещения - это профилактические услуги, также были посещения на дому и посещения с целью диспансеризации и прочие. Нужно отметить, что по сравнению с 2021 годом посещения в 2022 году выросли на 42,27% и число посещений увеличились вдвое по сравнению с 2020 годом.

Проанализировав данные по заболеваемости, было выявлено, что значительная часть болезней (31,7%) приходится на болезни органов дыхания, далее болезни сердца и системы кровообращения, 6,17% - гипертоническая болезнь, 7% приходится на болезни органов пищеварения, в конце расположились болезни костно-мышечной системы и анемия.

Выводы. Изучив показатели деятельности Городской поликлиника №10 акимата города Астана, мы пришли к выводу, что численность обслуживаемого населения в медицинской организации увеличилось. Заболеваемость прикрепленного к этой организации населения остается высокой, особенно заболеваемость органов дыхания и, конечно, болезнями системы кровообращения, как и в целом по стране.

Ключевые слова: медико-профилактические услуги, скрининг, профилактический осмотр, заболеваемость, медико-демографические услуги.