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STATE EMERGENCY MEDICAL CARE IN TASHKENT IN 1963-1965.

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Abstract:

Main objective: 1963-1965, the state of emergency medical care provided to the population by employees of the sanitary and epidemiological supervision and station of Tashkent, and medical and clinical care intended for emergency medical care.

Keys: Ambulance, medical center, duty dispatcher, clinic, duty dispatcher, planned hospital, primary hypertension fund, coronary artery angiospasm, angina pectoris, natural disaster, earthquake.

Introduction: The article examines inpatient services provided to the population in Tashkent and the activities of the Tashkent City Health Department.

The procedures for hospitalizing patients, the shortage of personnel in emergency medical care centers, the insufficient staffing of medical centers in the regions, as well as inpatient care in the city in emergency situations, and the multifaceted activities of the Tashkent Medical Center were covered in greater detail.

Materials and methods: In 1963-1965 he was sent to Moscow, Leningrad and other cities to study the organizational forms of hospitalization of employees of the Tashkent city health department and the ambulance station. Planning the hospitalization of patients in the city.

Tashkent was carried out on the basis of the principle of district allocation of sites to hospitals, taking into account the provision of preferential services to workers and employees of industrial enterprises according to the placement approved by the Tashkent City Health Department. For medical, surgical, neurological, obstetric-gynecological patients, as well as narrow specialties (diseases of the ear, throat, nose, eyes), the principle of regional distribution and attachment (new and emergency planning) is planned. Emergency patients with diseases of the ear, throat, nose, and eyes were admitted to the clinic on duty according to the schedule, and terminally ill patients were hospitalized in the center for incurable conditions. In order to improve

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inpatient care for the population and ensure an even distribution of the burden on hospitals, the territorial assignment sections were revised several times. The buildings of some hospitals have been improved, a hospitalization department has been organized at the emergency medical station, where there are (3 doctors, 2 paramedics, a deputy chief physician for hospitalization), and in some hospitals, the therapeutic departments have introduced a planned hospitalization system for treatment.

The management of emergency and planned hospitalization of patients was carried out by the chief specialists of the treatment department of the Tashkent city health department and under the supervision of the inspector of the inpatient network. Hospitalization of patients for urgent indications was carried out by the emergency medical care admission department. Planned hospitalization of patients was carried out by heads of hospitals and outpatient clinics; if necessary, the ambulance station used transport to transport patients to the hospital. But despite several improvements in inpatient care, for many years the bed capacity could not fully meet the needs of the population, and its development lagged behind the population growth. According to the current norm, there should be 11.2 beds per 1,000 city residents, but on January 1, 1965, there were 8.5 beds, and on January 1, 1966, there were 8.8 beds. The earthquake of April 26, 1966, worsened this shortage of hospital beds, as some of the hospital buildings in the Kirovsky, Oktyabrsky, Leninsky, Kuibyshevsky and Chilanzarsky districts fell into disrepair (up to 30 percent of beds), survived, and the bed capacity was only sufficient for hospitalizing emergency patients and victims.

The party and Soviet bodies, the Ministry of Health of the Uzbek SSR and the Tashkent City Health Department took urgent measures to restore the lost places: some hospitals were transferred to the least affected areas, some to rest homes and sanatoriums in the suburbs, and temporary tents and bedrooms in summer pavilions were placed in existing hospitals. In this way, the bed capacity was restored; as of September 1, 1966, this figure was 90% of the number working before the earthquake. As a result of the relocation of hospitals, difficulties arose in the operation of the ambulance station during hospitalization, since some hospitals were located far outside

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the area and not in the designated area, which delayed the movement of vehicles and transportation time.

Thus, it mainly serves the population of the Kirovsky district. Multidisciplinary city hospital No. 17 is located outside the city, in the Karl Marx collective farm of the Kalininsky district; the Clinical hospital of emergency medical care, serving mainly residents of the Leninsky district, was located on the outskirts of the Chilanzarsky district.

There are no hospitals in the Frunzensky district, most of the children's somatic hospitals are in the Oktyabrsky district. Given the quarantine, children were hospitalized in somatic departments without territorial affiliation. Long-term reconstruction of children's hospital buildings after natural disasters, earthquakes, and an increase in the number of colds in the autumn-winter period led to the fact that up to 21% of emergency patients (mainly with pneumonia) remained at home under the supervision of local doctors. The lack of children's surgical and trauma beds (beds) in the city (up to 500) led to a significant overload of such beds in the only children's hospital No. 14. Thus, the workload in the day and night departments of Children's Hospital No. 14 was 16.1 patients (165 beds), and in Hospital No. 15 (adult) - 8.1 (120 beds). Inadequate boxes in hospitals have caused uneven loading due to quarantine. Long-term repairs of maternity hospitals No. 2, 3, 5, 6 have caused a significant load on hospitals and difficulties in hospitalizing emergency gynecological patients and women in labor.

At the station, in the dispatch department, a 24-hour duty doctor for hospitalization has been established, who, based on information about vacancies in hospitals, together with the Tashkent City Health Department, regulates the direction of patients. Especially in the first 2-3 months after the natural disaster, the lack of communication between the station and departments of a number of hospitals made it difficult to evenly distribute the load across the flow of patients. Thus, there was no communication with city hospitals No. 10, 17, emergency medical care, infectious diseases hospital No. 5, the Research Institute of Orthopedics and Traumatology, etc.

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Information on patient movements and bed occupancy in these hospitals was collected primarily by station workers who went out to the sites once a day, but the hospitals were unable to report changes overnight or they were reported late by mobile teams. Communication with some of the above hospitals was not established until the end of 1966. In addition, direct communication with 18 hospitals was terminated due to the transfer of some hospitals and the station itself to other buildings. The unfavorable epidemiological situation for acute intestinal diseases and the deterioration of living conditions for part of the population due to the earthquake required special care in carrying out preventive and anti-epidemic measures, therefore, the epidemiological transport of an ambulance with instructions on preventive measures

The maximum number of patients with acute intestinal diseases among those identified during the examination of calls was hospitalized. Thus, 47.5% of patients in the first half of 1966 and 92.4% in the second half of 1966 were hospitalized by ambulance. The results of the analysis of materials received from the ambulance station in 1965-1966 show that in 1966, as a result of ambulance calls, 32.6% of patients were delivered to hospitals, of which 76.6% were delivered by ambulance workers, 23.4% were carried out on an outpatient basis by doctors from polyclinic institutions. In 1965, respectively, by 28.6%, 73.8%, 26.2%, i.e. in 1966 compared to 1965, the percentage of calls from emergency medical workers increased slightly, while that from outpatient doctors decreased. In addition, due to the relocation of some hospitals, the need for ambulances to transport patients from hospital to hospital increased. Thus, with the opening of large evacuation hospitals in August 1966, the number of such transports amounted to 32% of all hospitalized patients.

In 1966, the largest percentage of people who were denied hospitalization were patients with kidney and urinary tract diseases (79%). These are mainly patients with urolithiasis, who, according to the urologist's conclusion, were denied hospitalization due to the improvement of their condition and the disappearance of pain. It was in this group of patients that the largest number of discrepancies in diagnosis were accepted (21%). Therefore, a specialized urological team was created at the emergency medical

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station. The refusal to hospitalize is explained by the lack of urological beds in the city, and the fact that the single emergency urology department (100 beds) of City Hospital No. 15 cannot provide the necessary level of hospitalization of patients. A significant percentage of non-hospitalized patients are traumatologists, primarily with soft tissue injuries, bruises, fractures and simple fractures of tubular bones.

Patients were discharged home after receiving appropriate care: wound treatment, suturing, plastering, tetanus vaccination, etc. Some of those who were not hospitalized with soft tissue injuries were taken to hospitals on the evening shift for tetanus toxoid vaccination, as this vaccination was time-consuming at a time when emergency personnel were pressed for time. Despite the shortage of surgical and trauma beds in the city, hospitals kept the necessary beds for emergency patients.

In the neoplasm group, patients who were not hospitalized accounted for 41%. These were mainly patients with bleeding from rotten tumors, taken to surgical departments, because oncology hospitals do not have emergency medical care on duty. After the bleeding had stopped, patients were sent to the oncology dispensary. Only patients whose bleeding was life-threatening and could not be localized in the emergency department were admitted to the hospital.

Patients with acute diseases of the abdominal organs accounted for 36.9% of those who refused hospitalization, the main reason for which was an unconfirmed diagnosis (mainly acute appendicitis). If the diagnosis was confirmed (partial intestinal obstruction, coprostasis, exacerbation of chronic hepatocholecystitis), assistance was provided only in a hospital setting, and after a one-day stay in the hospital, patients were discharged home in a satisfactory condition.

There are individual cases of refusal of surgery and hospitalization of patients and their relatives with confirmed acute disease of the abdominal organs.

Refusal to hospitalize patients with cardiovascular diseases (35%) is mainly explained by the lack of places in hospitals. Patients with arterial hypertension, coronary cardiosclerosis with angiospasm, angina pectoris were discharged home after appropriate additional medical care. Patients with bleeding from the eyes, ears, throat,

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nose, or bleeding after tooth extraction were denied hospitalization due to the need to provide medical care by specialized doctors not covered by emergency medical personnel. In the group of poisonings (medicines, pesticides, alcohol and its surrogates, etc.), 33.9% of patients who were denied hospitalization accounted for 33.9% of patients who received emergency medical care in the emergency room itself. Sometimes emergency services personnel at the scene of the incident did not provide the necessary amount of medical care. This situation is explained by the fact that some doctors do not have the appropriate level of training to provide emergency medical care.

Thus, due to a shortage of personnel at the ambulance station, the Tashkent City Health Department sent hospital doctors to temporary ambulance stations.

Due to the large number of diagnostic and tactical errors, temporary doctors often sent patients to hospital without justification.

Conclusion.

In 1966, the diagnostic quality of emergency medical station physicians and all temporary workers was as follows: ratio - 86.6%, difference - 13.4%. Thus, the main error in hospitalizing patients in the emergency medical service was caused by insufficient bed capacity and a shortage of qualified personnel at emergency medical stations, as well as their lack of medical knowledge.

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