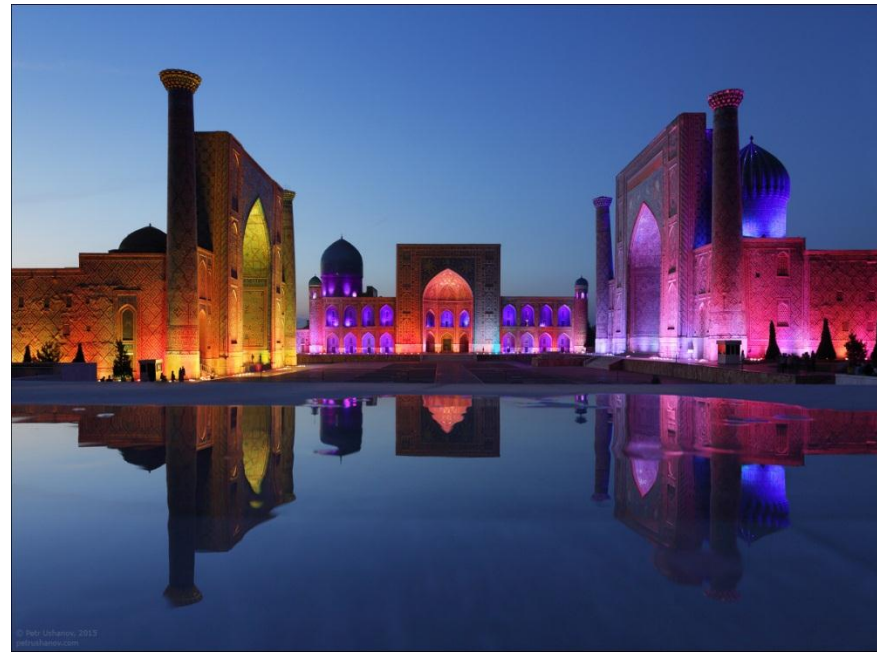


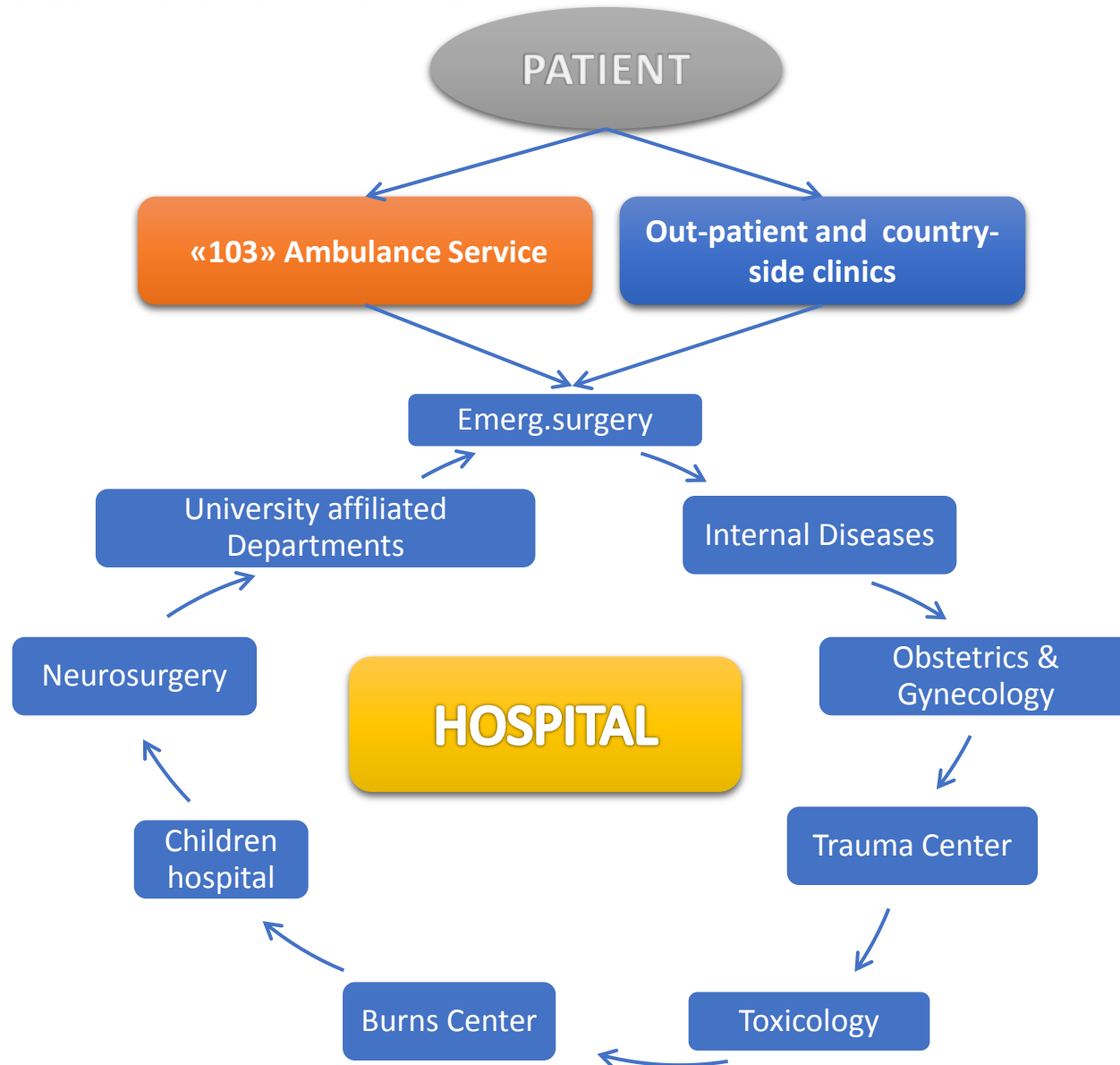
EMS in Uzbekistan: Achievements and prospective

Khikmat ANVAROV, *MD,MS*
Deputy director, RRCEM

April 20, 2018
Antalya, Turkey



OLD SYSTEM OF EMERGENCY CARE, USED DURING SOVIET UNION



ACHIEVEMENTS OF HEALTH PROCESSING OF THE REPUBLIC OF UZBEKISTAN

1. Reforming the primary healthcare system to the population, and first of all, rural areas.
- 2. Establishment of an effective system of state-guaranteed emergency care.**
3. Improving the protection of health of mothers and children.
4. Ensuring sanitary and epidemiological stability in the country.
5. Establishment of high-tech specialized medical centers in the country that meets world standards.
6. Improvement of healthcare financing system.



Formation and stages of development of the EMS in Uzbekistan

1998

Presidential Decree No. PF-2107

"On the State Program of Reforming the Healthcare System of the Republic of Uzbekistan"

2003

Resolution 537 of the Cabinet of Ministers

About measures on further enhancement of emergency medical service to the population

2009

Decree of the President of the Republic of Uzbekistan PP-1114

"About perfection of activities of the emergency care system"

2017

Decree of the President of the Republic of Uzbekistan No. UP-4985

"On Measures for Further Improvement of Emergency Care"

2017

Decree of the President of the Republic of Uzbekistan PP-2838

About measures for further enhancement of activity and strengthening of material-technical base of emergency care service

2018

Decree of the President of the Republic of Uzbekistan PQ-3494

About measures for further accelerated development of emergency care service in 2018-2020

National
sanaviation



Tashkent
Ambulance



Branches

13



Sub-branches

173

Uzbekistan EMS Structure

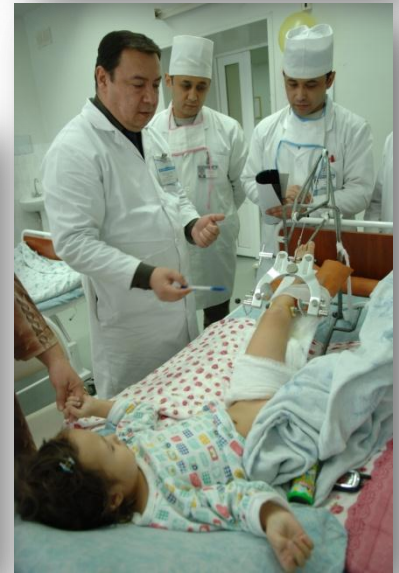
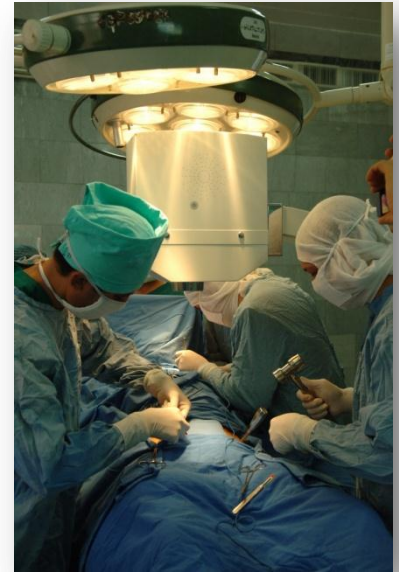
RRCEM and branches



Population 32.5 M

Basic principles of EMS

- a) openness to the whole population
- b) efficiency
- c) based on modern standards
- d) step-by-step



ORGANIZATION OF EMERGENCY CARE IN DISASTERS:

Mobile teams and Emergency aid points:

1. In the structure of RRCEM and its Regional Branches there are 39 specialized quick-preparedness medical teams.
2. In the structure of Sub-branches there are 173 mobile emergency teams

Hospitals of Emergency Medicine System:

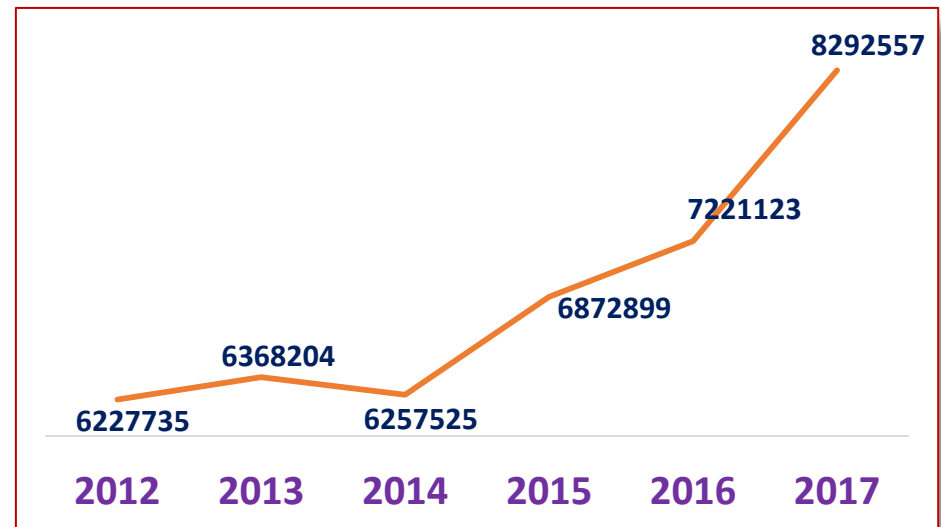
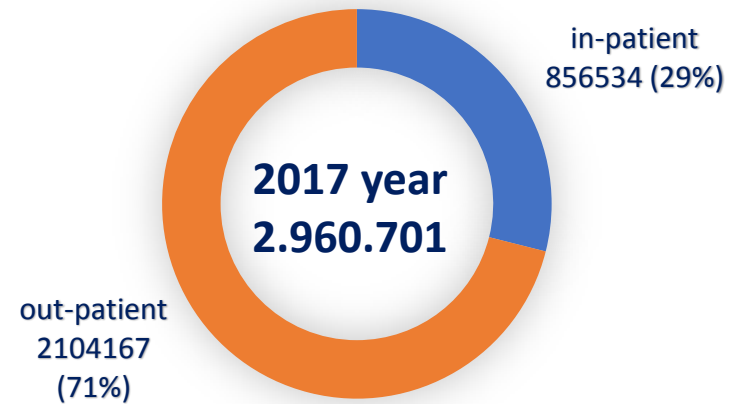
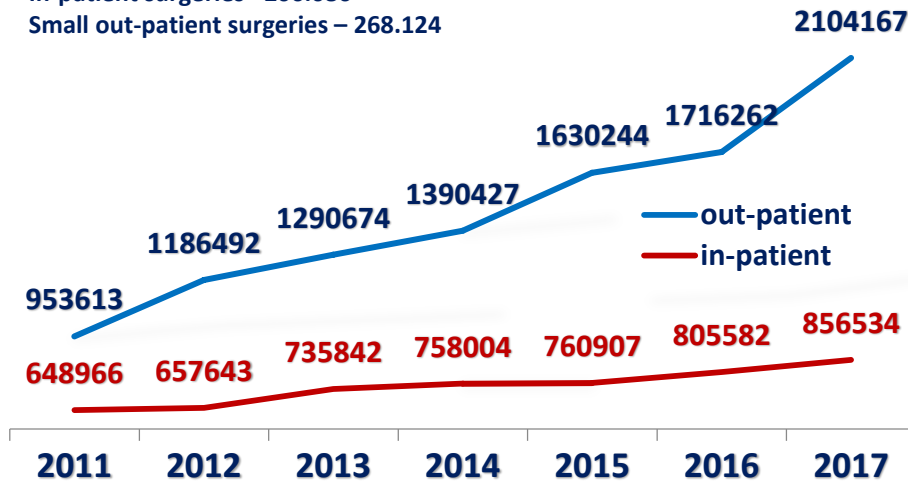
1. RRCEM and its 13 Regional Branches—providing of specialized emergency medical aid
2. 173 district sub-branches of RRCEM – qualified medical aid



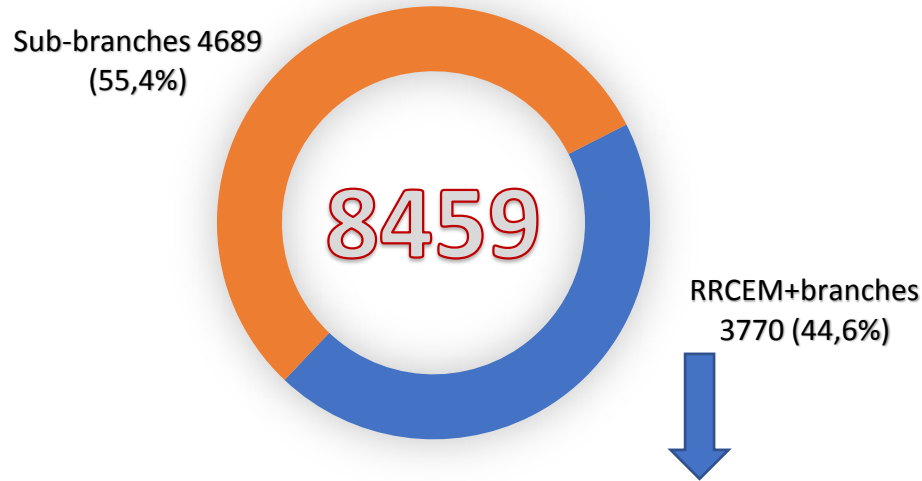
The experience shows, that whereas EMT is developed, the activity of medical aid in disaster is also successful.

Annual activity of EMS (2017 – 11.25millions admissions)

In-patient surgeries– 206.086
Small out-patient surgeries – 268.124



Beds structure in RRCEM



A. Surgery and ICU profile

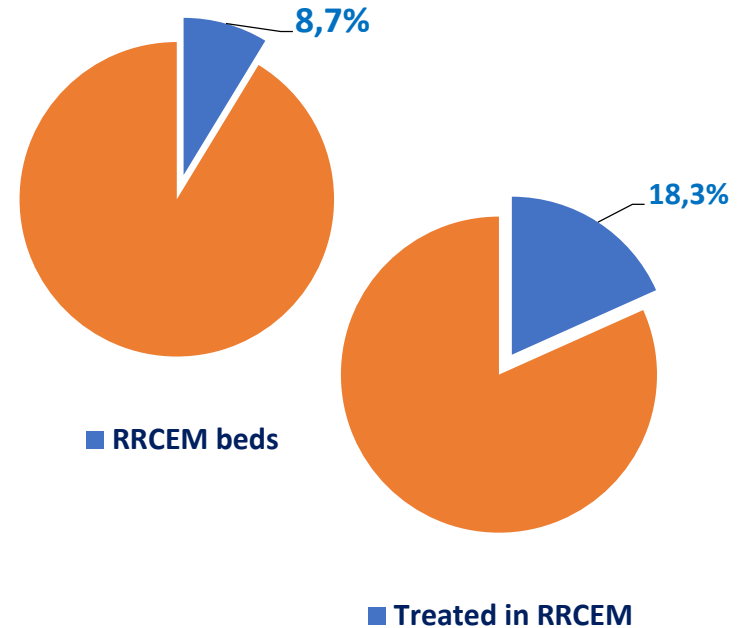
1. ICU
2. Abdominal and thoracic surgery
3. Angio- and microsurgery
4. Trauma and neurosurgery
5. Urology
6. Gynecology
7. Combustiology
8. Toxicology

B. Medical profile

9. Urgent therapy
10. Cardiology
11. Neurology

C. Pediatric profile

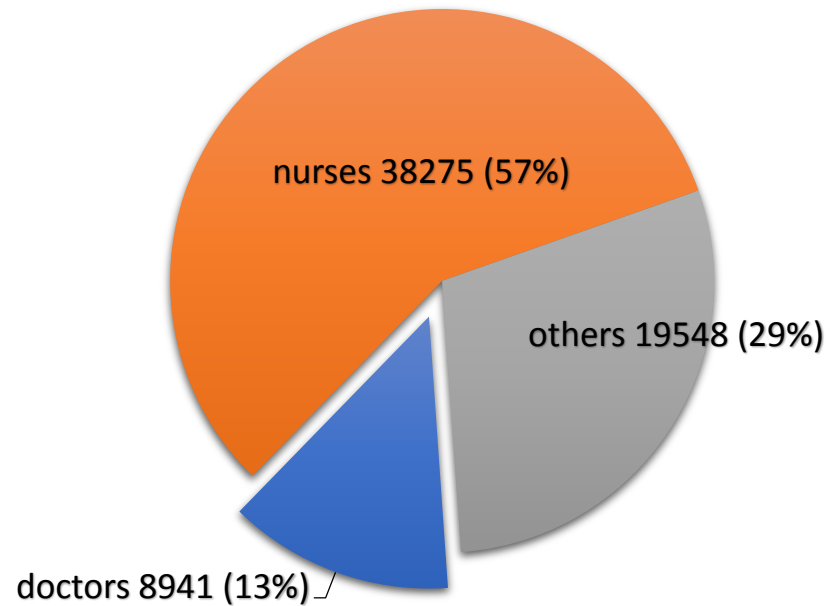
12. Children surgery
13. Pediatrics
14. Children trauma and neurosurgery



EMS staff (2016)

Total employees – 66764

Doctor/nurse ratio = 1/4.3



DSc 27

PhD 71

HIGH-TECH EQUIPMENT

USD 7,000,000

Japanese Grant (RRCEM)

USD 8,000,000

Spanish Credit line (RRCEM)

USD 23,000,000

**Islamic Development Bank Credit
line (12 Regional Branches)**

USD 22,000,000

**Kuwait Fund for Arabian Economic
Development (172 subbranches)**

USD 100,000,00

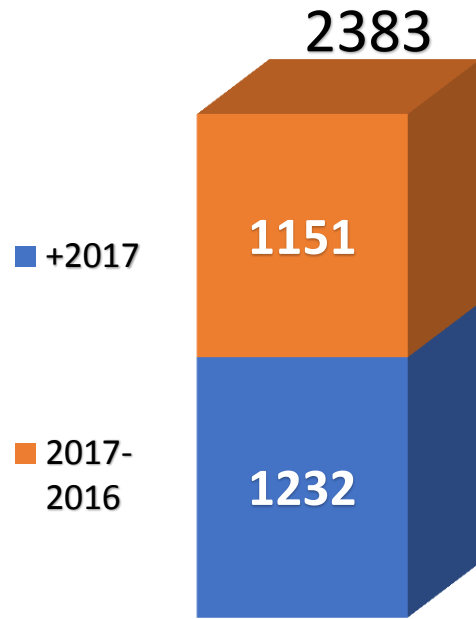
**A new project for RRCEM's re-
equipment for 2018-2021**



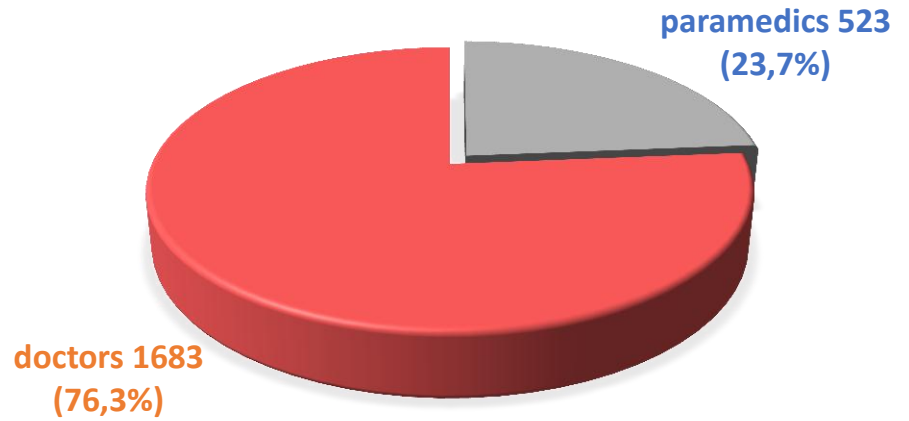
Dynamics in some pathologies

Pathology	Patients		Mortality rate		
	1998	2015	1998	2015	Decreasing
Strangulated hernia	5936	20299	1,0	0,3	67%
GI-bleedings	849	1336	7,4	3,3	55%
Appendicitis	62390	102331	0,06	0,02	67%
Cholecystitis	2723	9420	1,7	0,5	71%
Myocardial infarction	7806	11211	13,9	11,1	20%

AMBULANCE STAFF AND VEHICLE



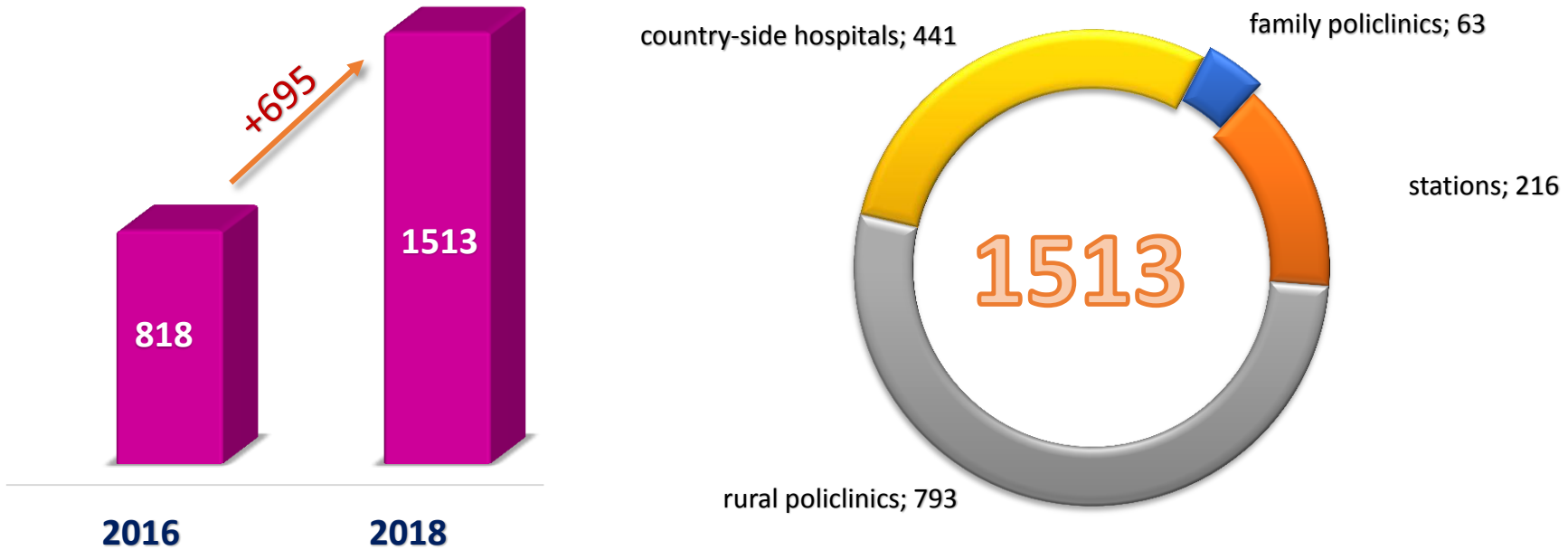
2206 ambulance teams



Ambulance vehicle number, 2017

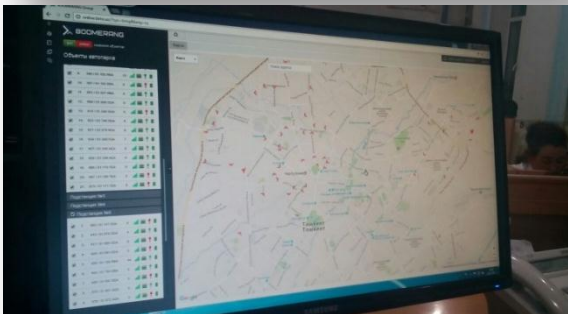
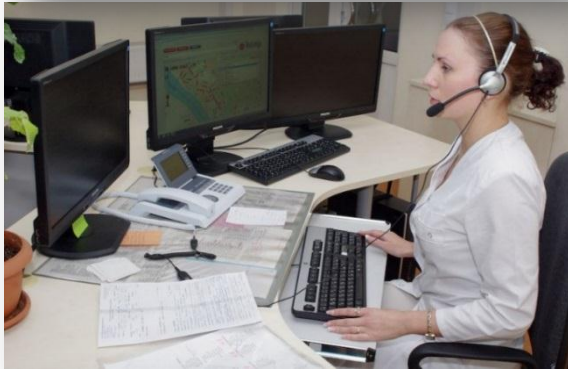


AMBULANCE TEAMS' LOCALIZATION



CALL CENTERS

Tashkent and regions



Call-center's tasks

Response and adequate dispatching by single phone No 103

Triage and consulting by phone

Coordination with other hospitals and emergency services

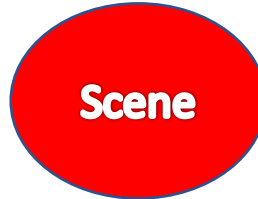
Team management and control

Medical coordination in disaster and catastrophes

Activity and scheme in disasters



Medical triage



MEoA troops



Nearest RRCM branch/ sub-branch

evacuation

Special medical teams



RRCM and branches

Principle: «Physician to patient»!

«103» Ambulance Service activity:
decreasing of late hospitalization rate

Pathology	2010	2015	Decreasing
Strangulated hernia	9,3	8,0	14%
Acute appendicitis	15,7	11,7	25%
Acute pancreatitis	30,7	25,1	18%

Management of polytrauma

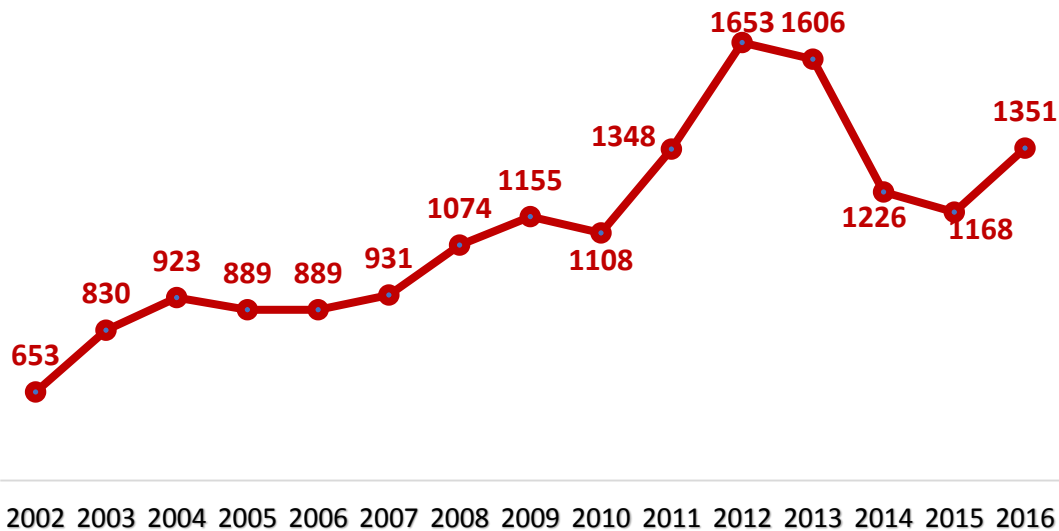
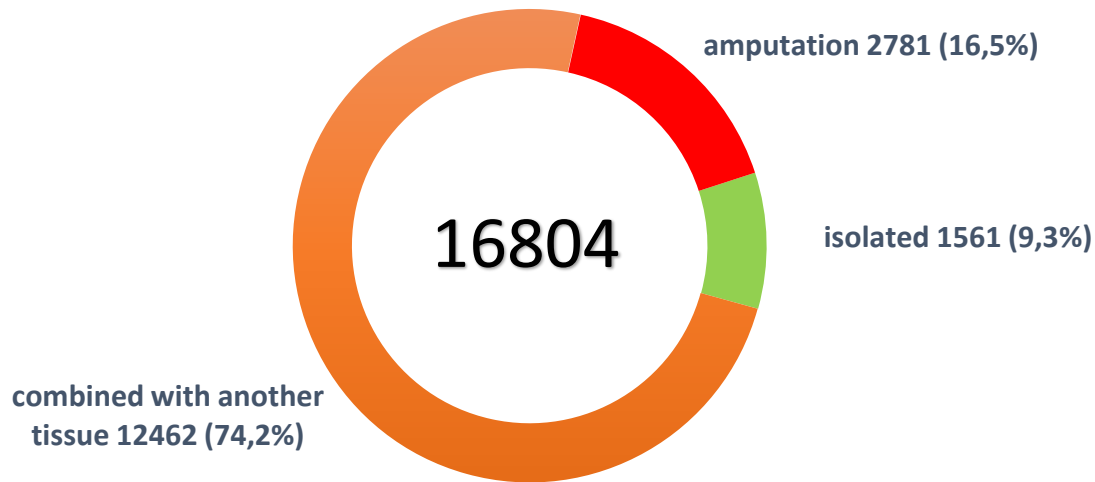


Сон суггининг остеосинтези ва эрта некрэктомия

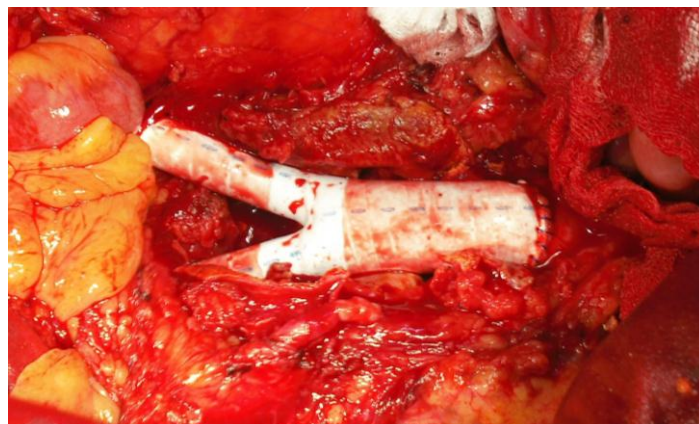
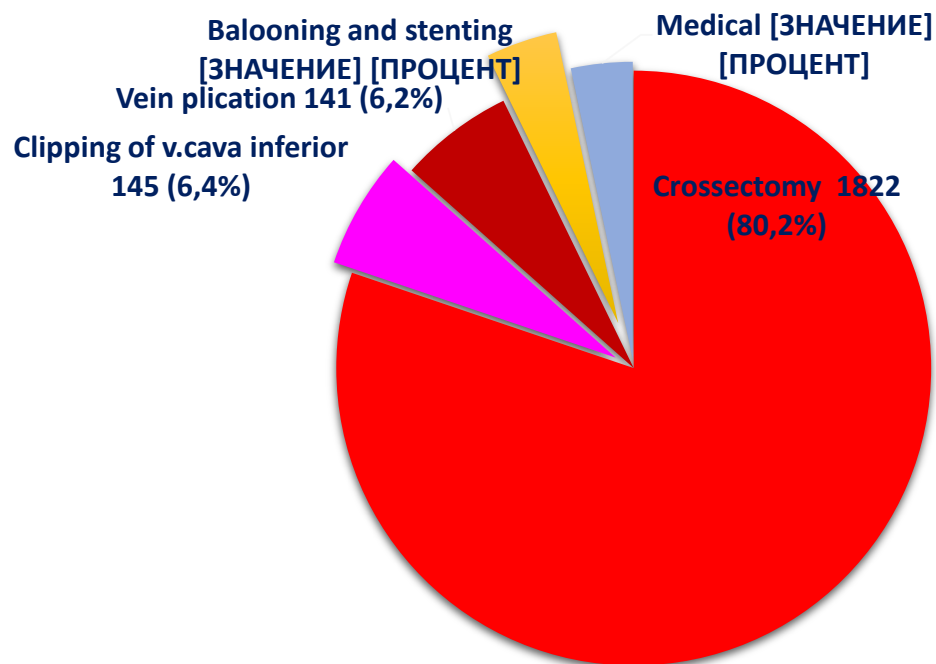


Чап томонлама торакоскопия, лапаротомия, спленэктомия, тос суюклари остеосинтези

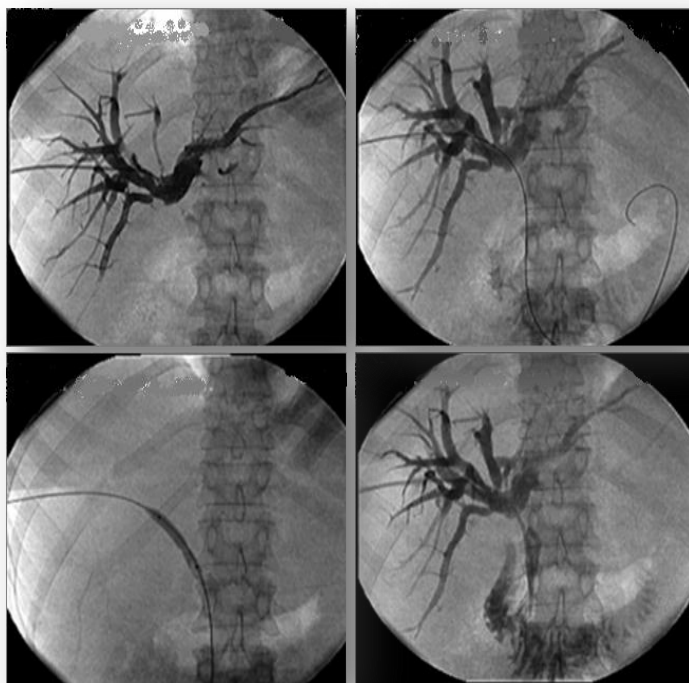
Trauma of magistral and peripheral vessels (RRCEM+branches, 2016)



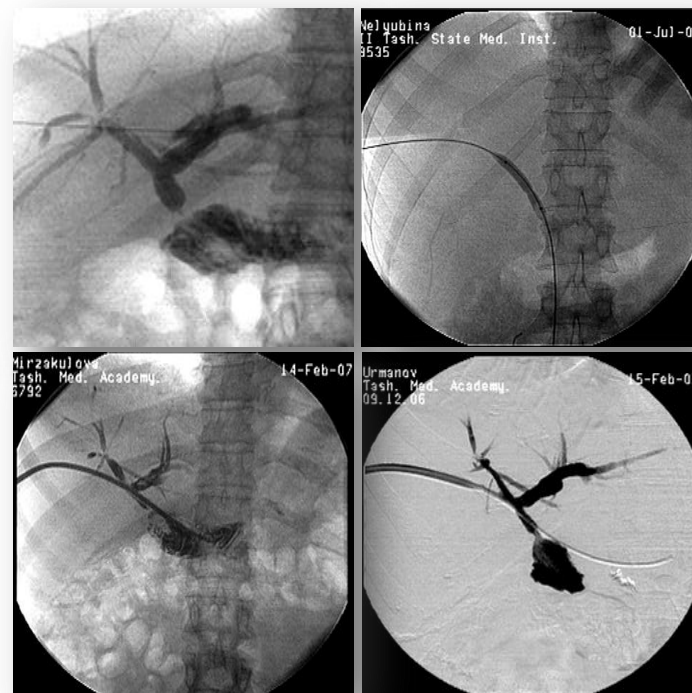
Acute ischemia of extremities (RRCEM, 2002-2016), n=1305



Percutaneous draining in mechanical jaundice



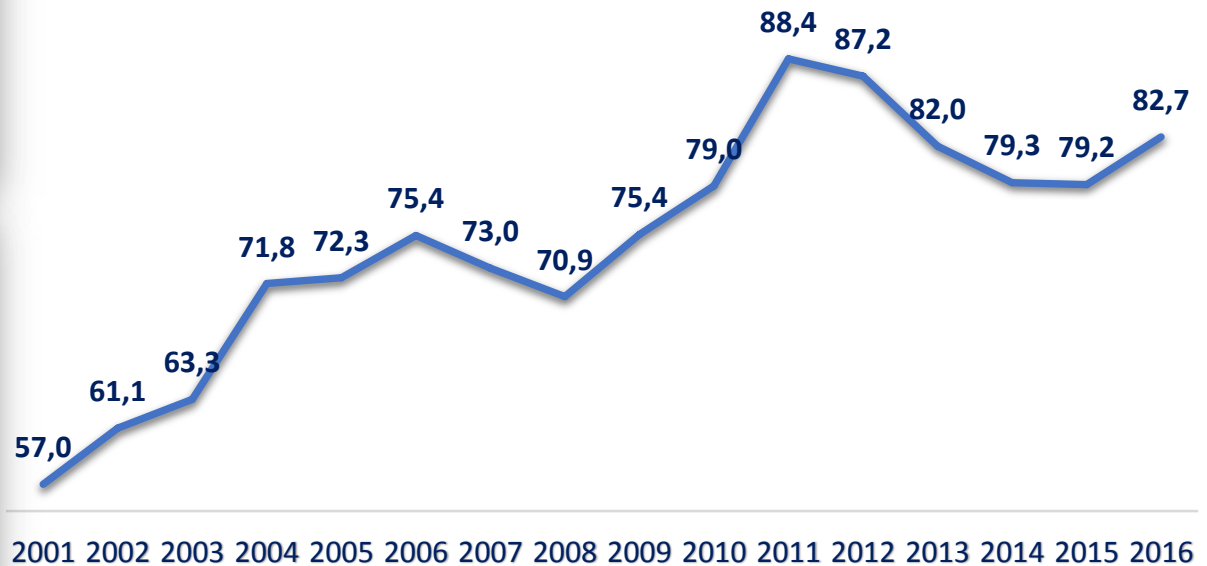
CBD ballooning and stenting



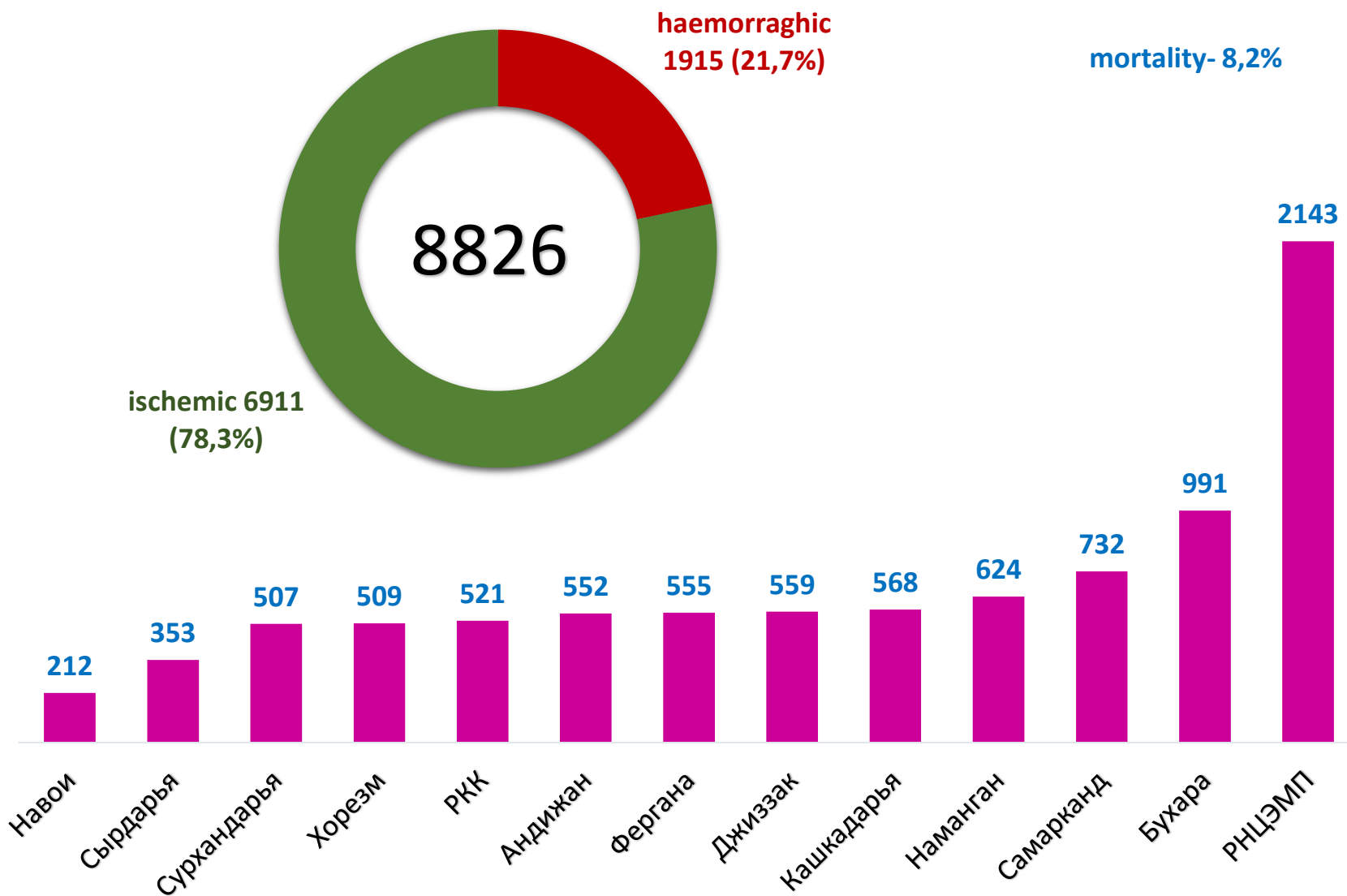
Балонная дилатация и каркасное дренирование при стриктуре билиодигестивного анастомоза

Характер эндобилиарного вмешательства	Всего, n=333	
	абс.	%
ЧЧХС (наружное дренирование)	59	17,7
ЧЧХС (наружно-внутреннее дренирование)	274	82,3
ЧЧХС + низведение камня	52	15,6
ЧЧХС + балонная дилатация	59	17,7
ЧЧХС + балонная дилатация + низведение камня	131	39,3
ЧЧХС + балонная дилатация + каркасное дренирование	28	8,4
Всего ЧЧХС + дополнительные вмешательства	270	81,1

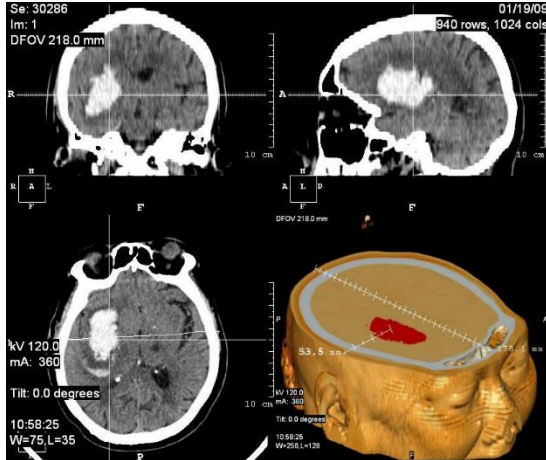
Dynamics of the number of specialized operations conducted in the RRCEM and its branches, x1000



Strokes in RRCEM and its branches, 2016



Stroke diagnostics, 2016, RRCM



Brain CT-scan

2440

CT-angio

91

Brain MRI

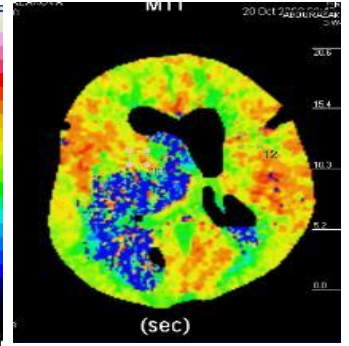
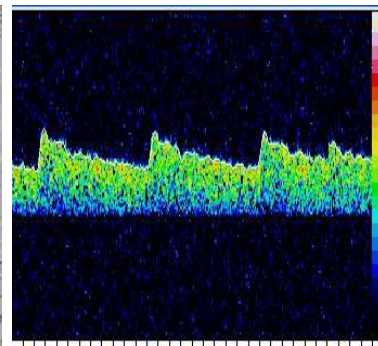
210

Cerebral angio

66

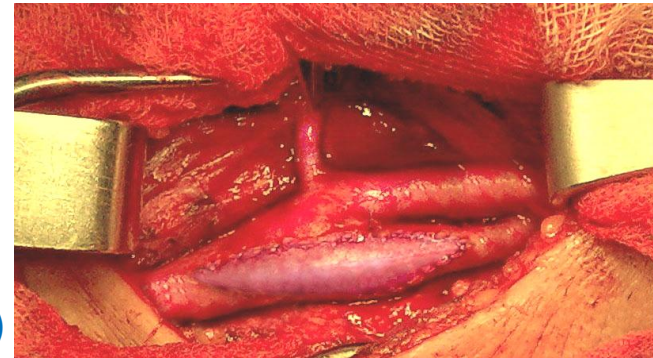
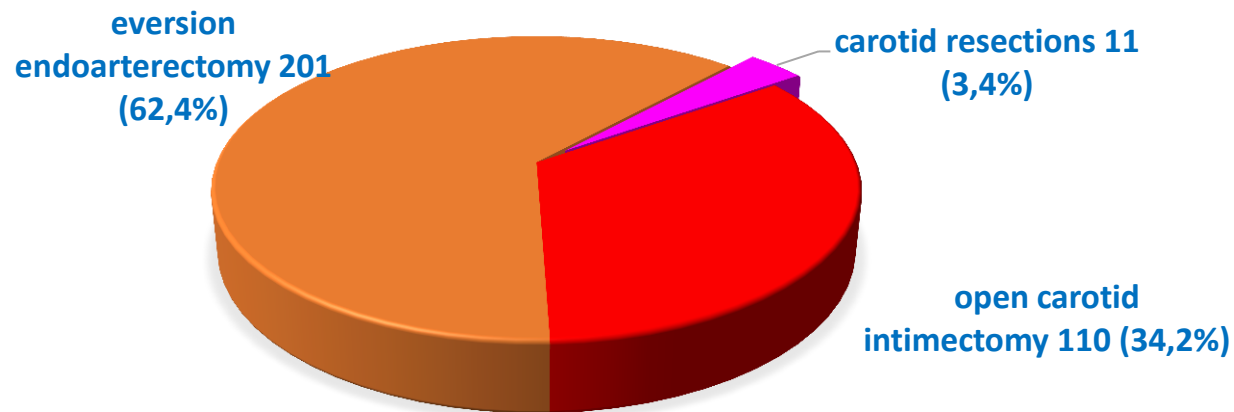
Doppler

1521

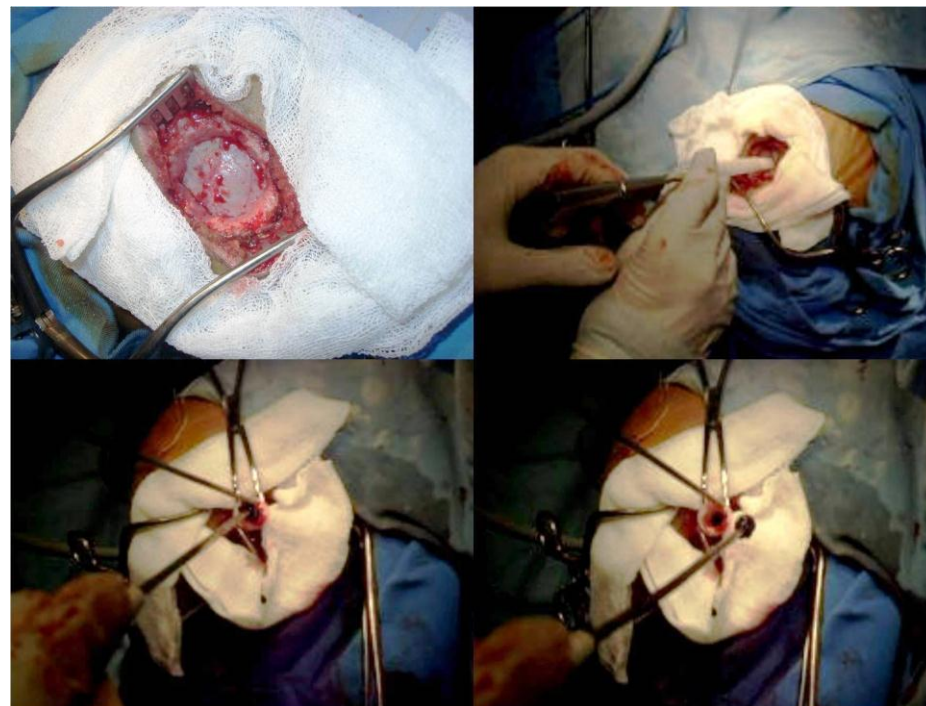
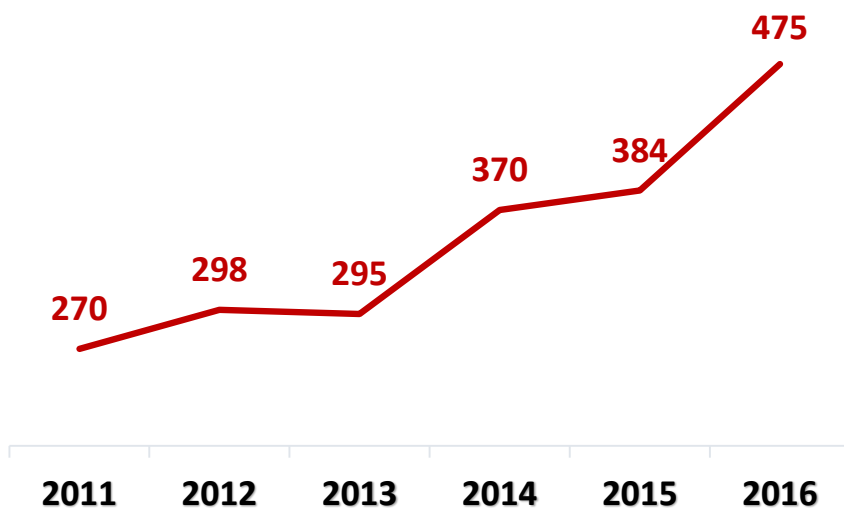


Brain' surgical revascularization

(RRCEM, n=322)



HAEMORRAGIC STROKES IN RRCEM, 2016



Brain vessel's aneurisms clipping



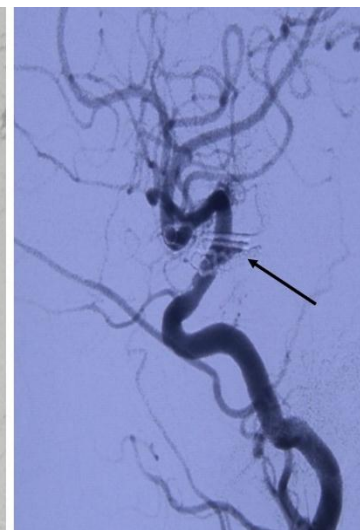
before



after



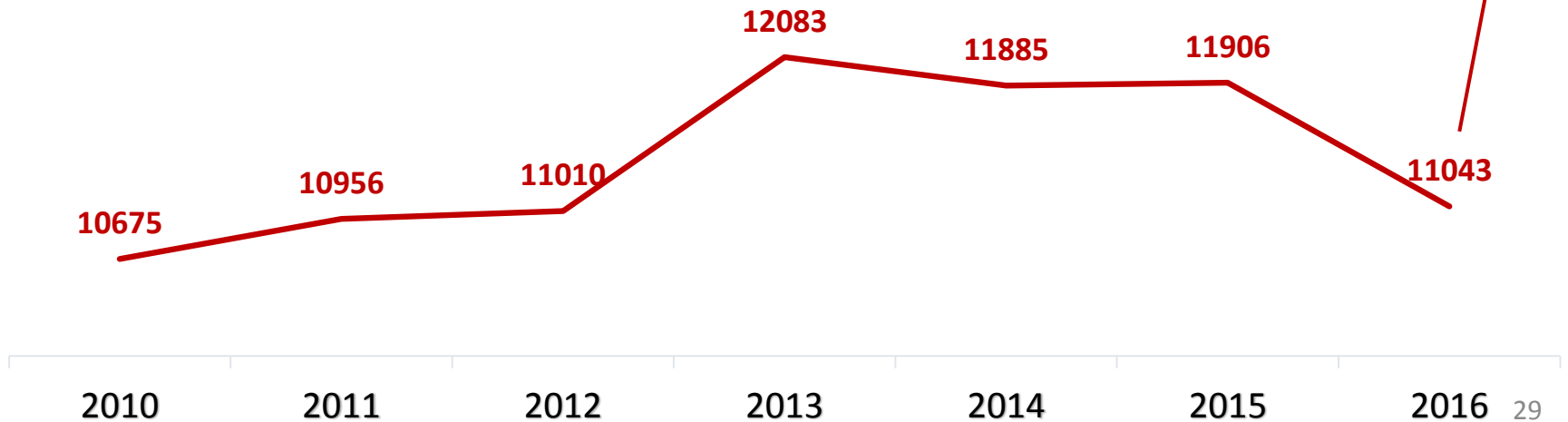
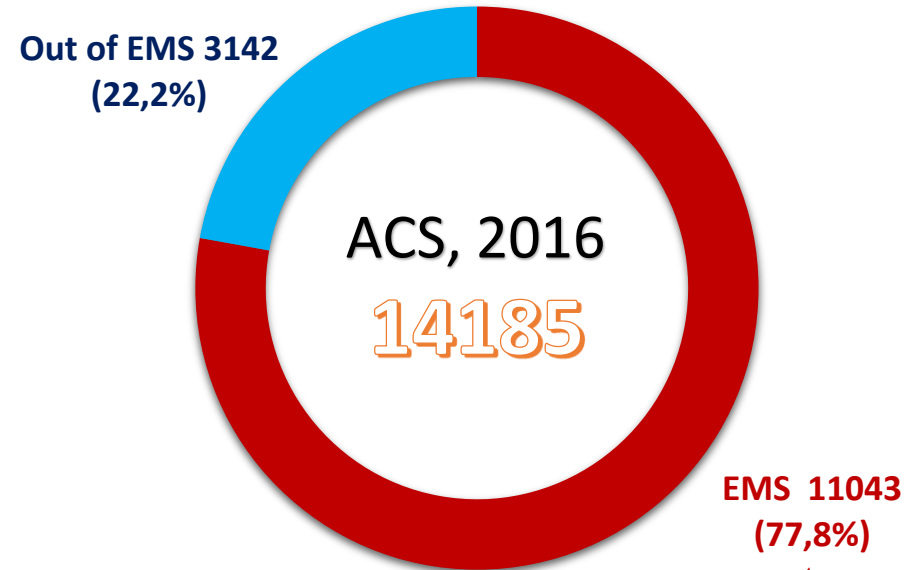
before



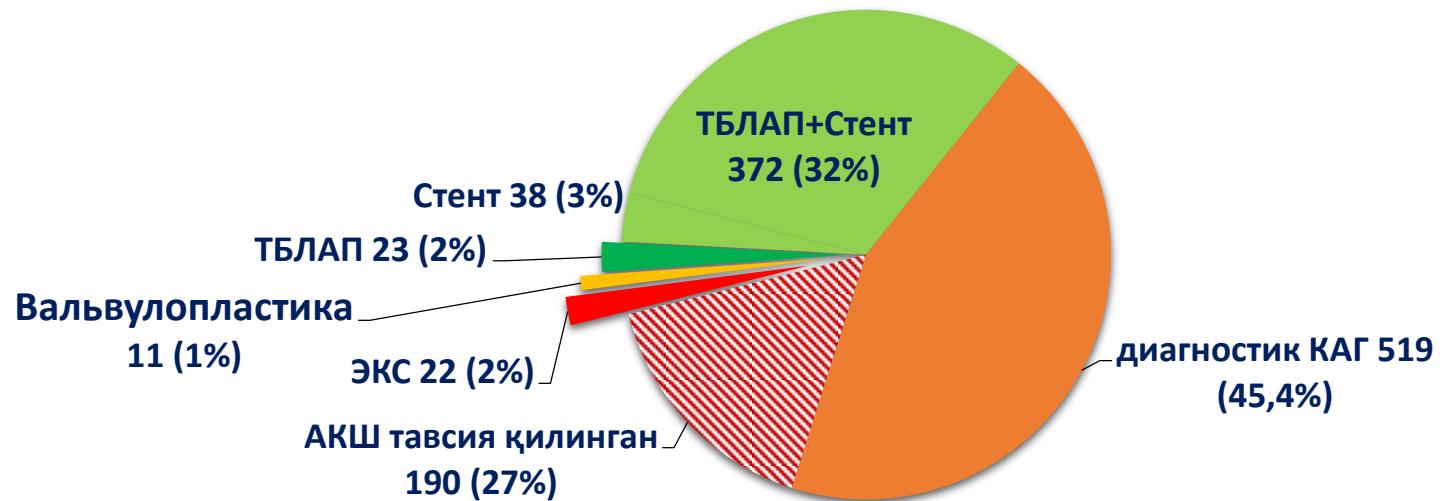
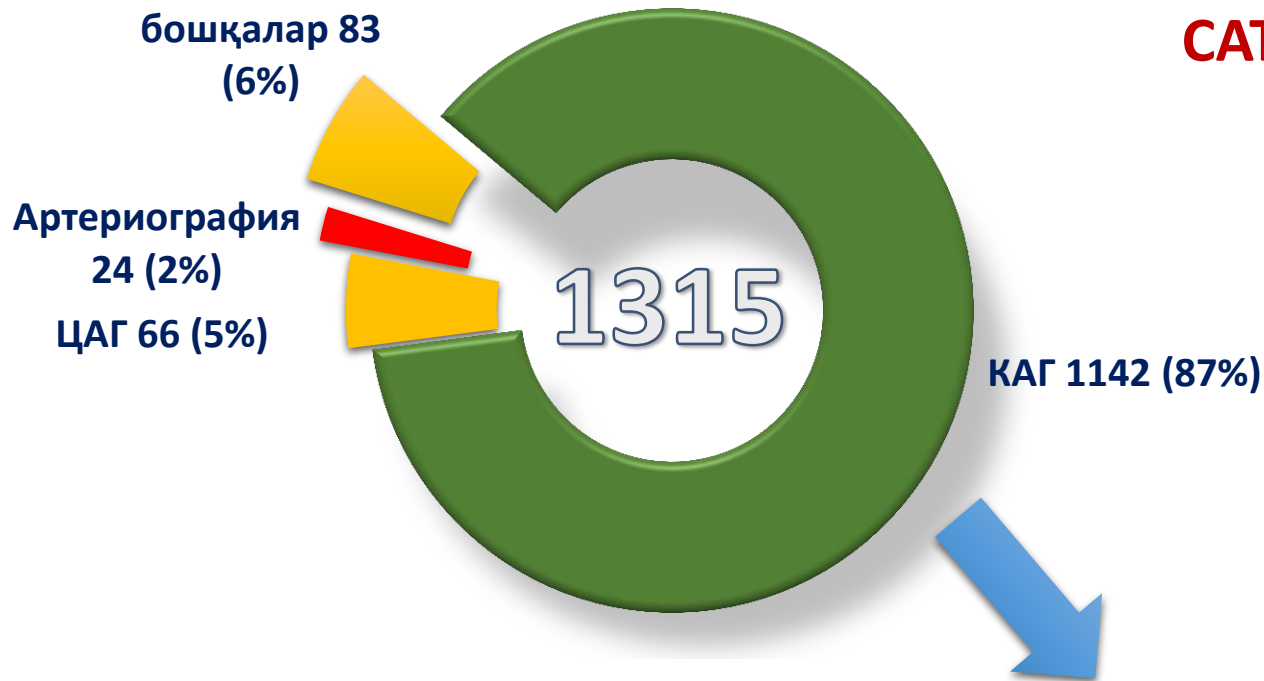
after

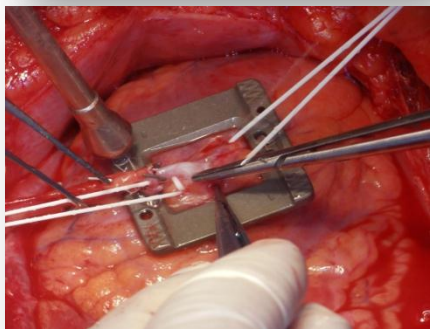
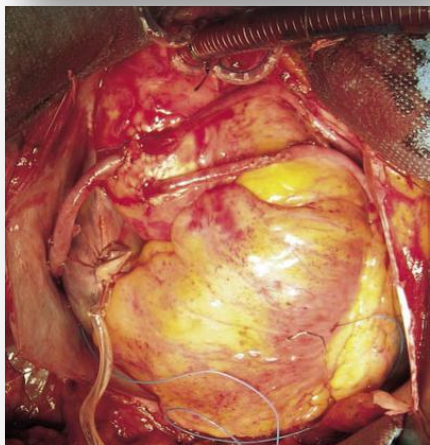
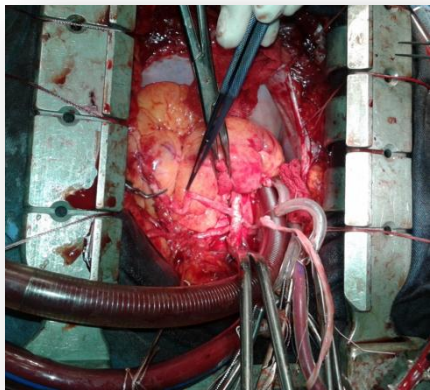


Acute coronary syndrome

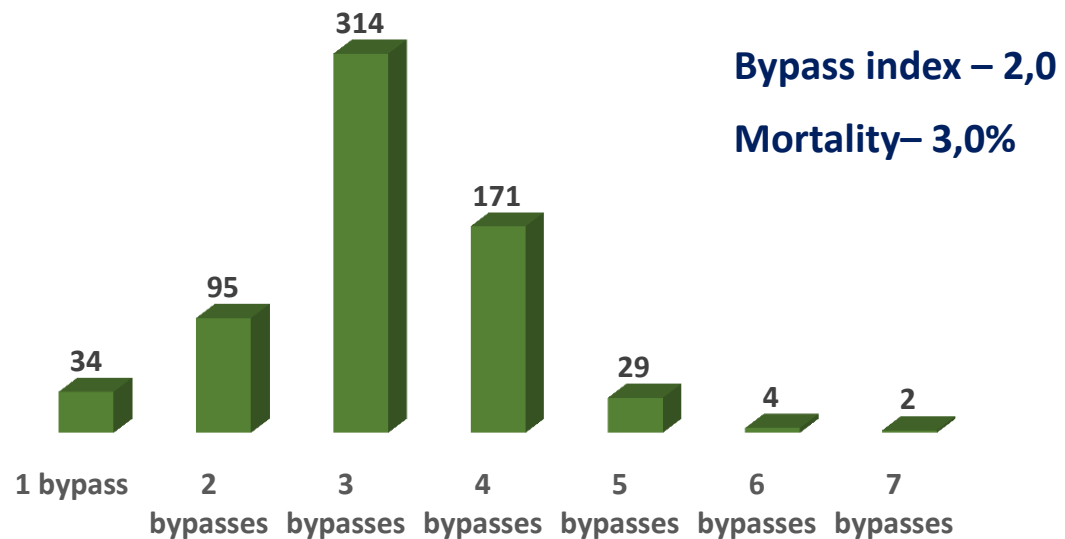
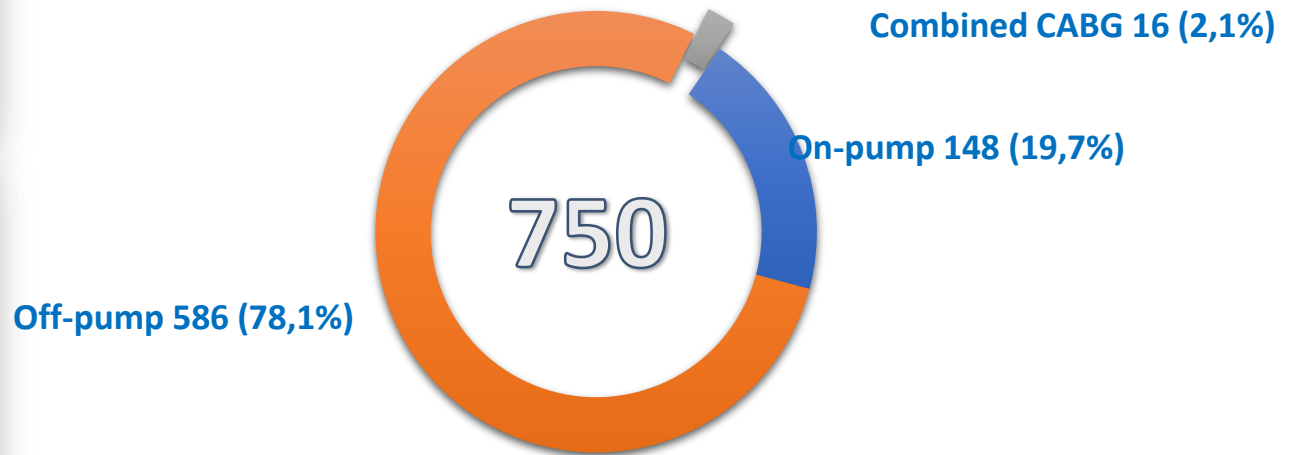


CATH LAB ACTIVITY, 2016

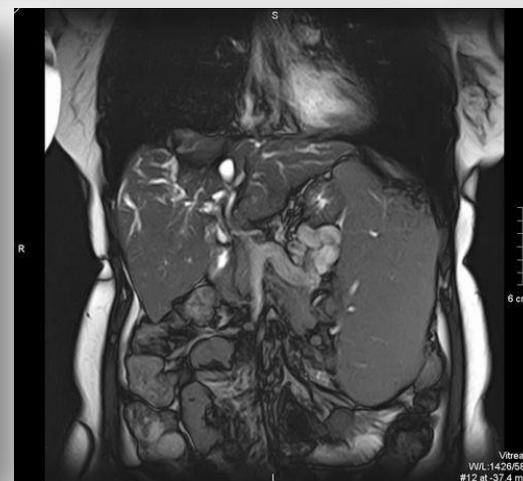
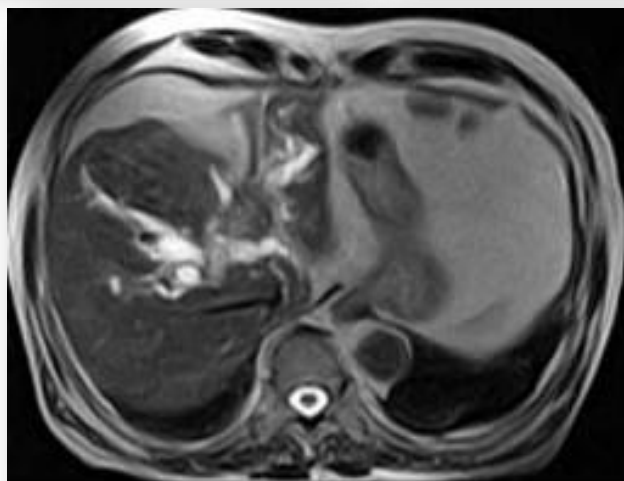
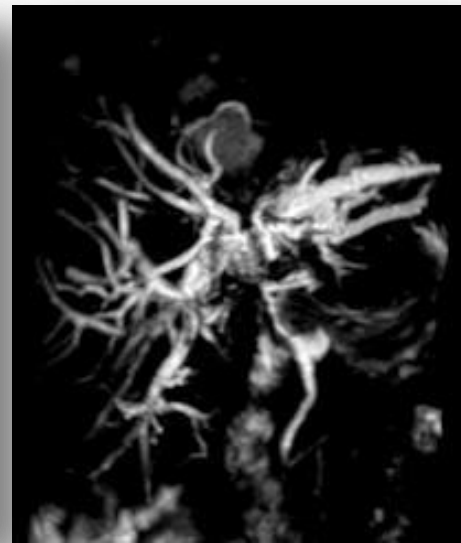
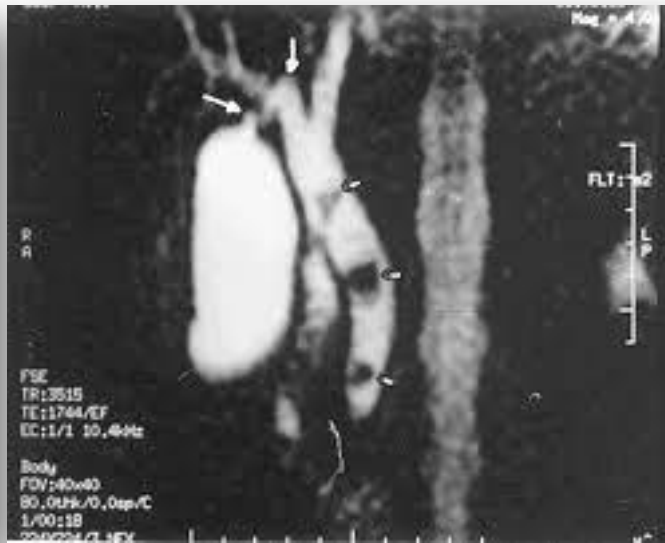




CABG IN RRCEM, 2010-2016

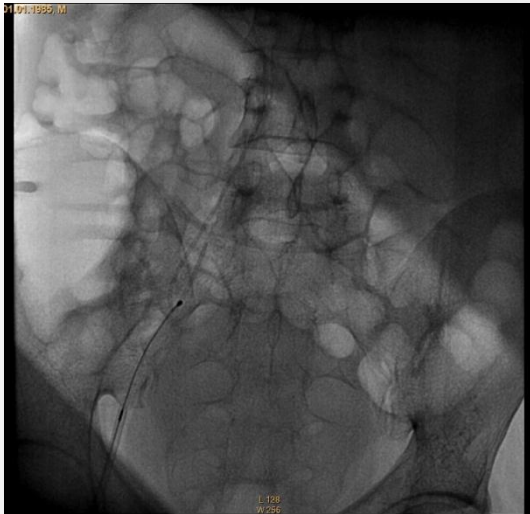


Routine implementation of technologies



МРТ-холангиография

Routine implementation of technologies



**Пастки кавак венадан ёт
жисмни олиб ташлаш**

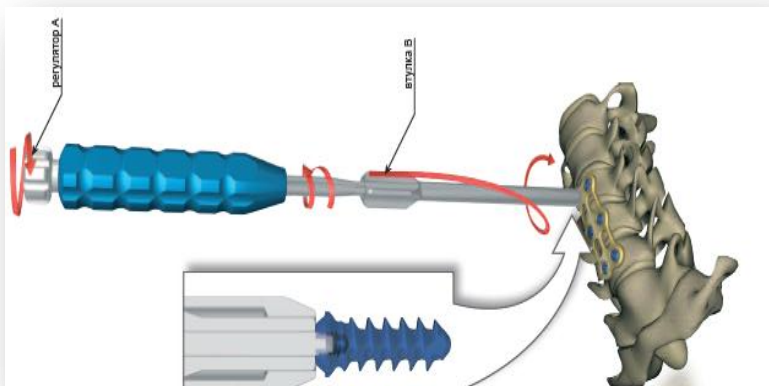
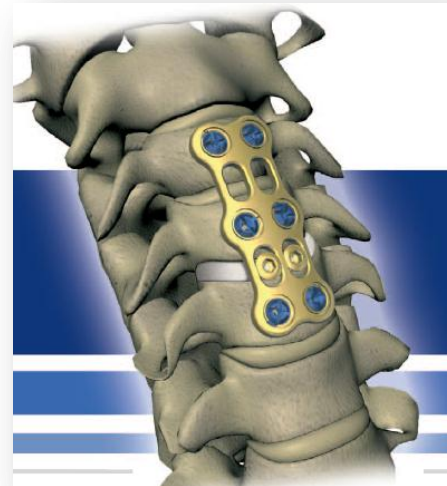


Буйрак артериясини стентлаш



Уйқу артериясини стентлаш

Routine implementation of technologies

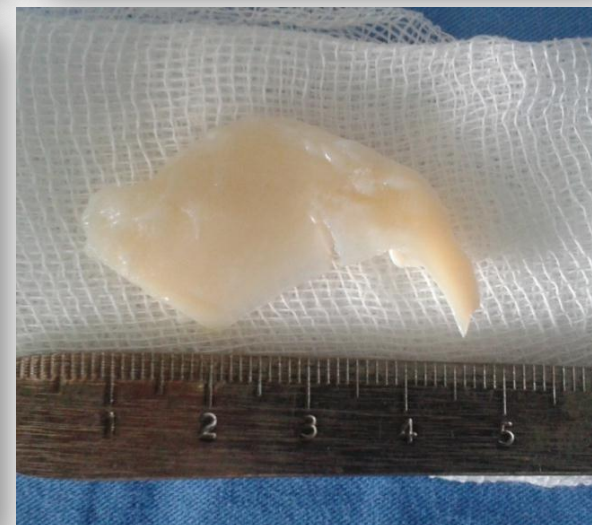
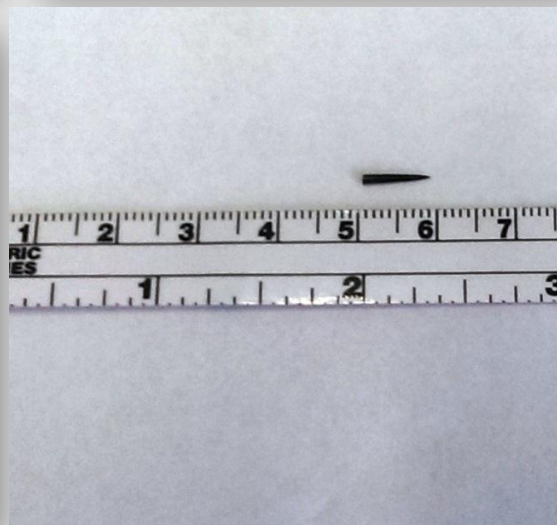
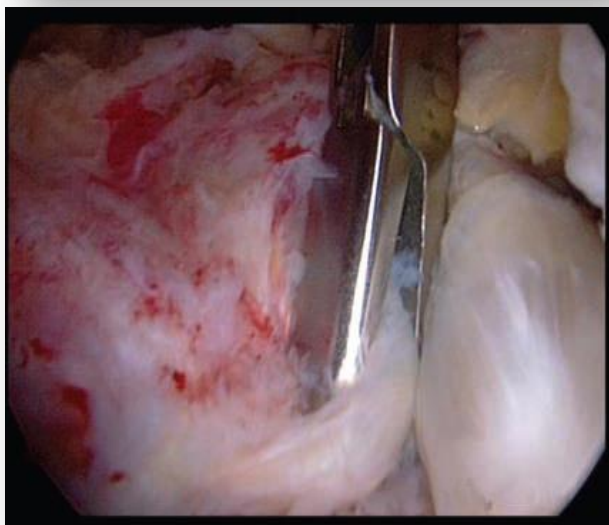


before

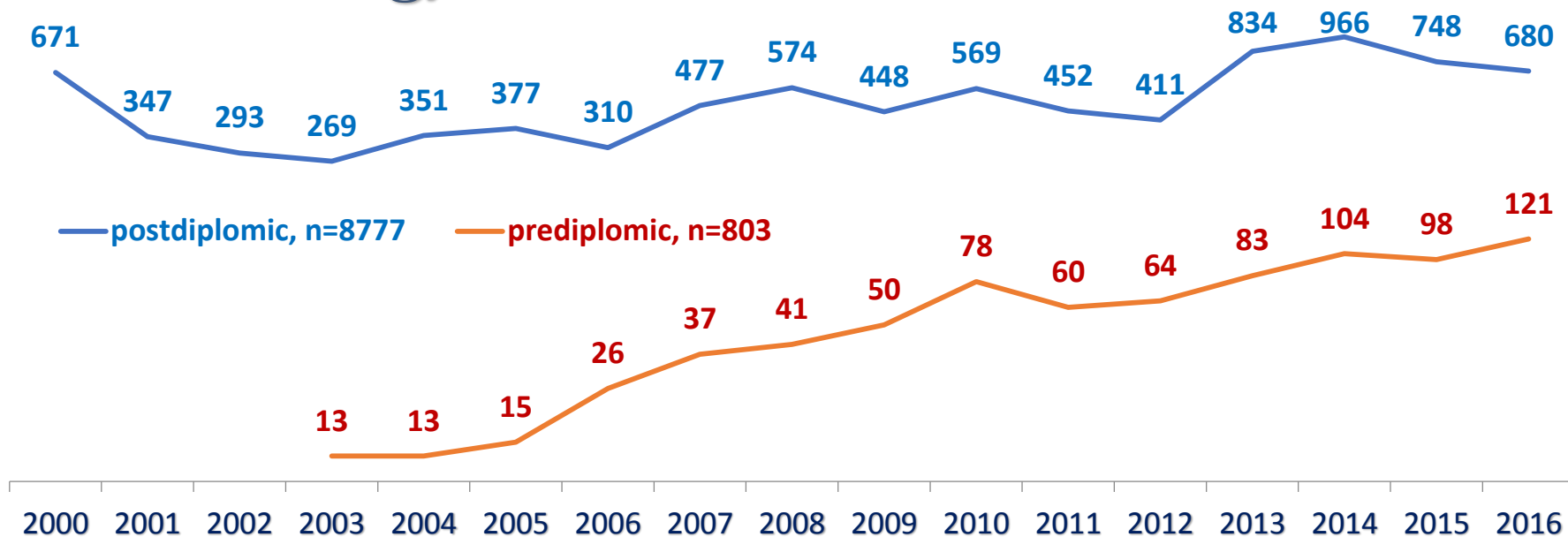


after

Modern technologies



Staff training, 2017



Dissertation thesis:

Doctor of science – 14

Doctor of philosophy – 56

In 2016, 443 scientific papers have been published, including 94 scientific articles, 12 of them in the Commonwealth countries and 14 in foreign editions.

INTERNATIONAL LINKS, 2018

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2. ATUDER (Turkey)
3. Baskent University (Turkey)
4. Ege University (Turkey)
5. SNU, Bundang Hospital
6. Save the children-Korea
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9. Sklifsovskiy Research Institute (Moscow)
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Научно-практический журнал ассоциации врачей
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2009, N1

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Главный редактор А.М.ХАДЖИБАЕВ

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THE BENEFITS OF A SINGLE WHOLE SYSTEM OF EMERGENCY CARE:

- 1. It is much easier to provide aimed financial and technical support in terms of single system , which will guarantee availability for all people and integrating of high technologies.**
- 2. Possibility of implementation and continuous optimization science-based standards of managing of emergency cases through single methodic center.**
- 3. Providing of continuous monitoring of activity of all EMS members, which will increase mobility of System managing and administration.**
- 4. This structure of EMS allows create quick and effective measures during disasters.**

HEALTH MINISTRY OF THE REPUBLIC OF UZBEKISTAN
REPUBLICAN RESEARCH CENTER OF EMERGENCY MEDICINE
UZBEKISTAN EMERGENCY MEDICINE PHYSICIANS ASSOCIATION

IV CONGRESS

OF UZBEKISTAN EMERGENCY PHYSICIANS ASSOCIATION



September, 13-14, 2018
Tashkent

Congress subjects:

1. Organization of emergency medical care at pre- and hospital stages.
2. Minimally Invasive Intervention in urgent surgery of the thorax and abdomen.
3. Modern management of combined injuries, polytrauma and combined injuries.
4. Emergency medical care in pediatrics, acute surgical diseases and injuries in children.
5. Intensive care for critical conditions in cardiology, neurology and toxicology.
6. Issues of anesthesiology and of resuscitation in emergency surgery.
7. Young scientists contest.

Abstracts requirements:

Abstracts' volume must be not more than 2 pages, A4, Times New Roman, 12, 1,5 interval, electronic variant is obligatory. It is also required to note postal address, phone number, fax, e-mail and to mention whether you want to make a report, to present it as a poster or only to publish an abstract in the abstract book. The name of one author can be published as the first one not more than in three abstracts. There will be a "Young scientists contest" within the Conference in mono-authorship (not elder 35 years to the time of submission). Early published works will be not accepted. Explicitness of stating goals and issues, the weight of evidence (personal data, statistics, bibliography), consistency of conclusions, style will be estimated. First three places will be awarded. Abstracts being accepted for the contest must be followed by biographic data about the age, education, work experience, winning at the scientific contests.

Abstracts application deadline: June, 1, 2018.

Abstracts submitted after the deadline and made without all above mentioned requirements will not be excepted.

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Subject: IV Congress of Uzbekistan Emergency physicians Association

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