EMS in Uzbekistan: Achievements and prospective

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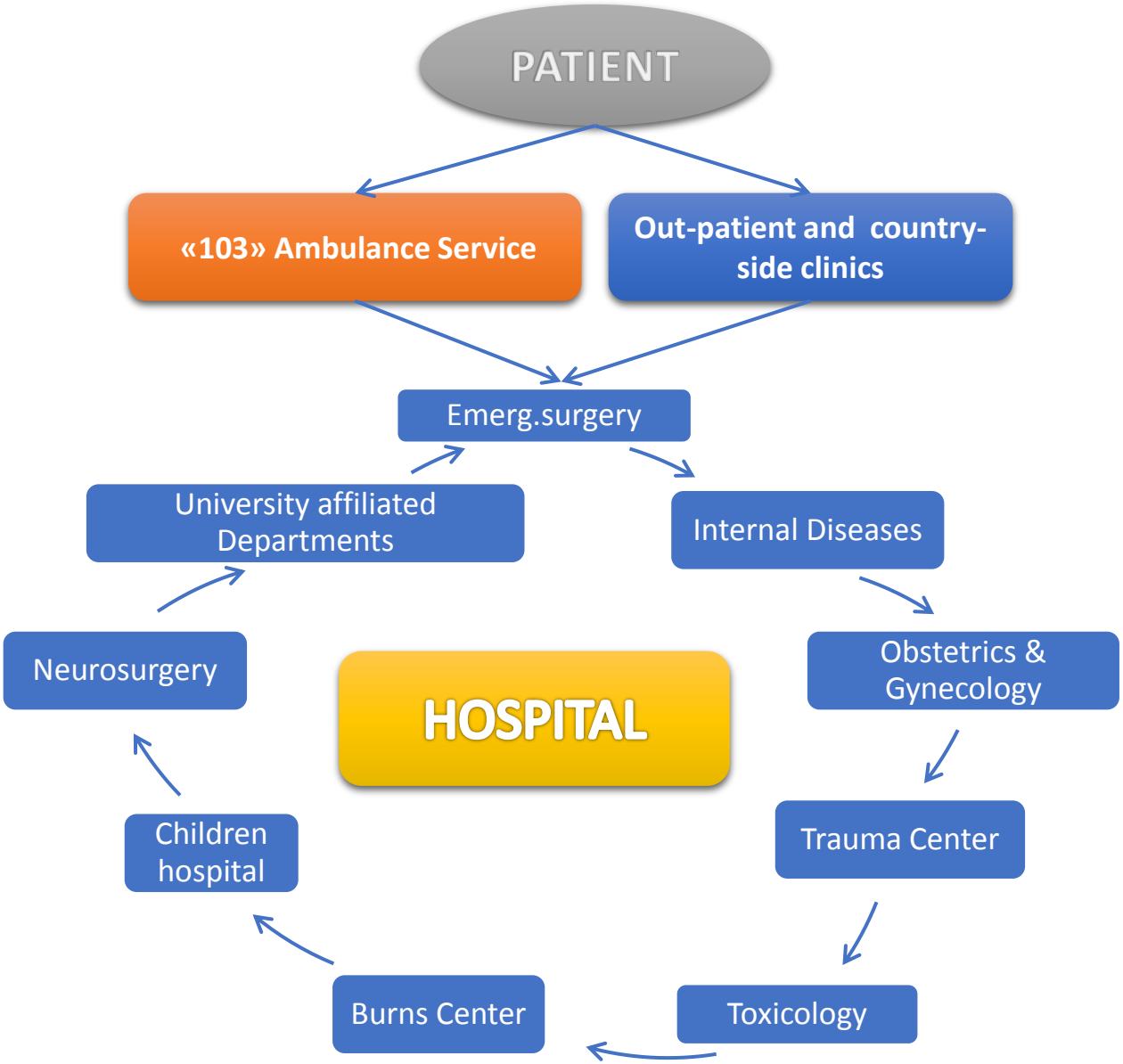
Antalya, Turkey

OLD SYSTEM OF EMERGENCY CARE, USED DURING SOVIET UNION (BEFORE 1991)



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**
2018	**Resolution 952 of the Cabinet of Ministers** **About measures for implementation of International Development Association project in emergency care service**

National sanaviation

Tashkent Ambulance

Branches

13

Sub-branches

176

Uzbekistan EMS Structure

RRCEM and branches

Population 33.2 M

Basic principles of EMS

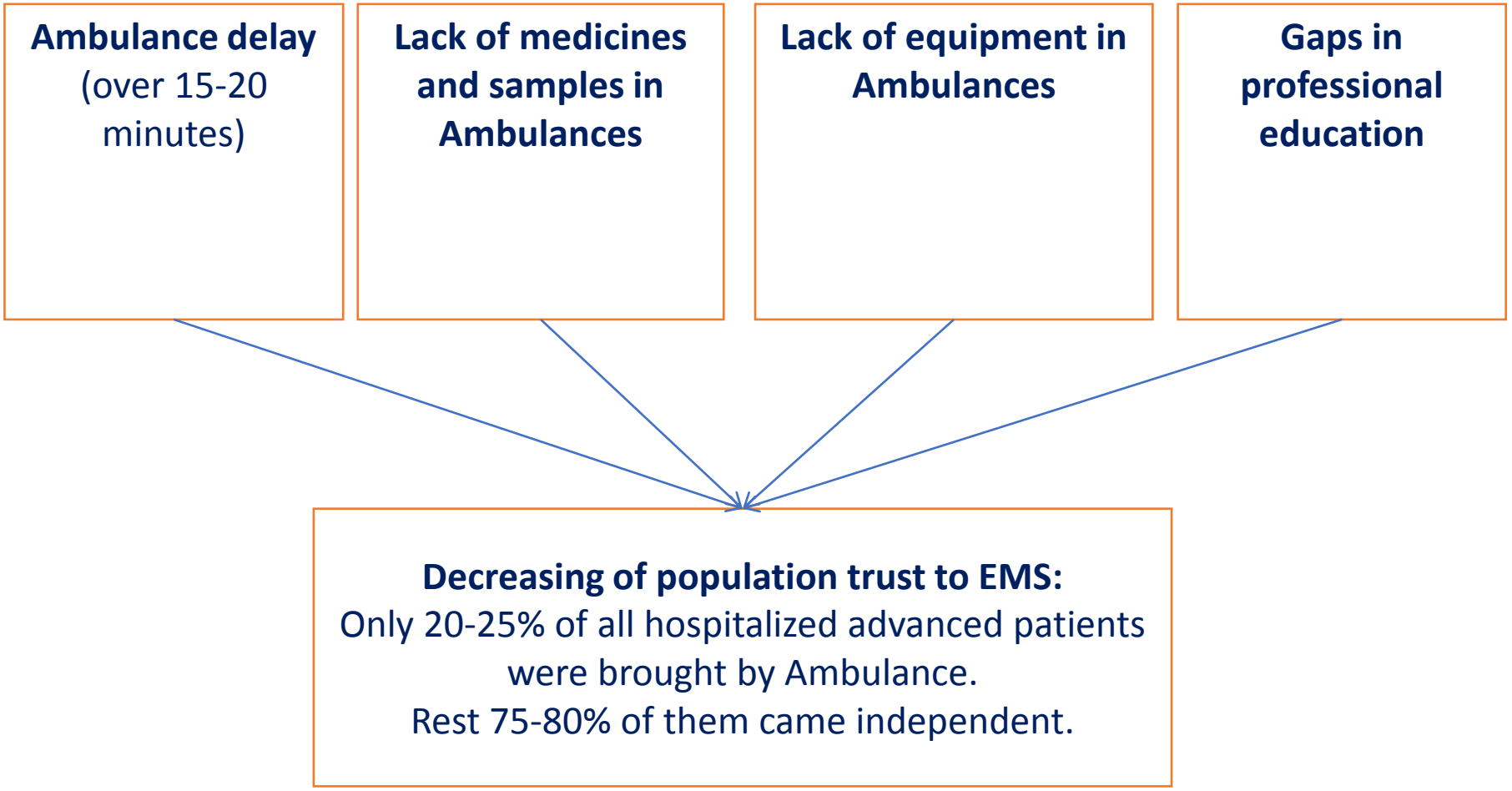
a) openness to the whole population

b) efficiency

c) based on modern standards

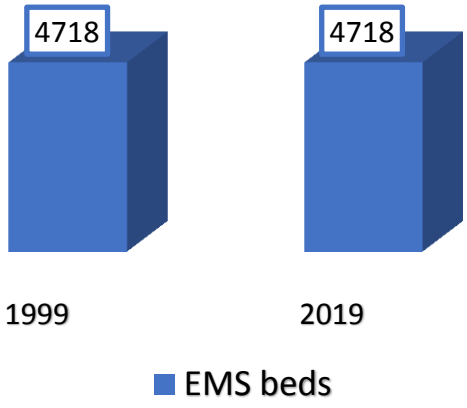
d) step-by-step

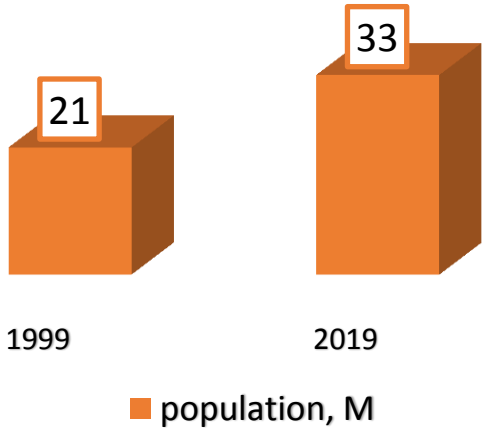
System problems and unsolved issues in 2016

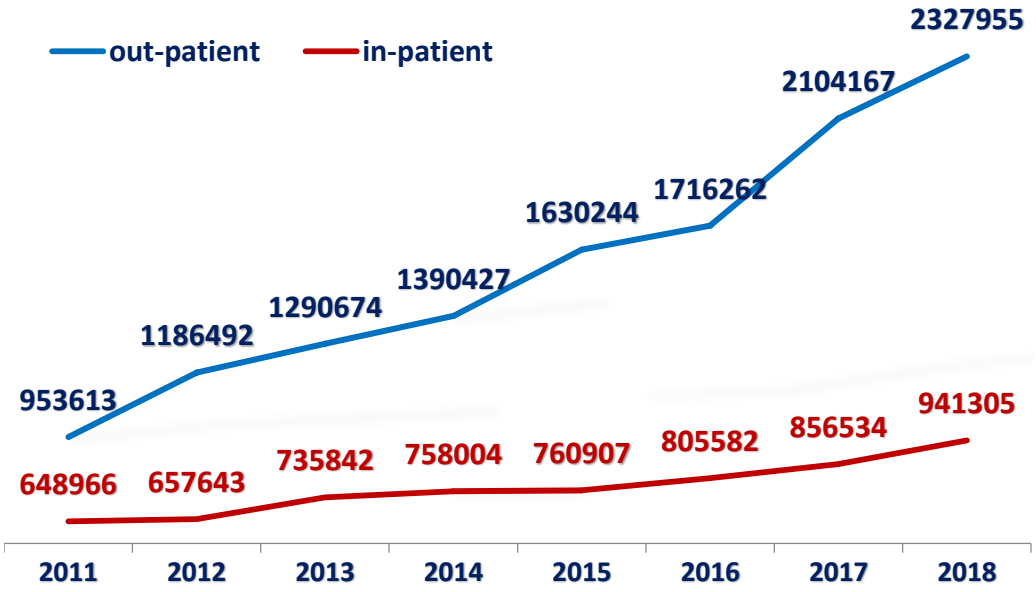


Emergency beds amount – emergency calls and admissions – population ratio

Regional structure is still as per 1999's Law

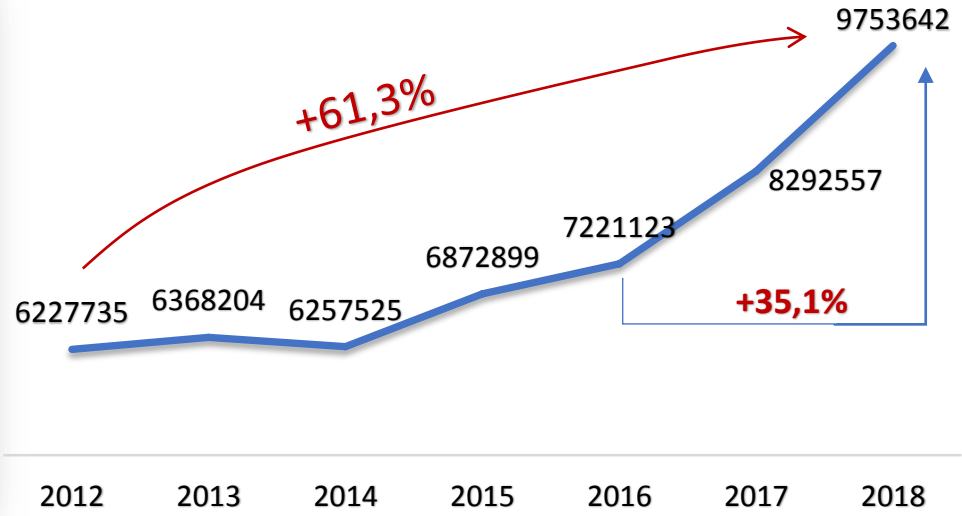




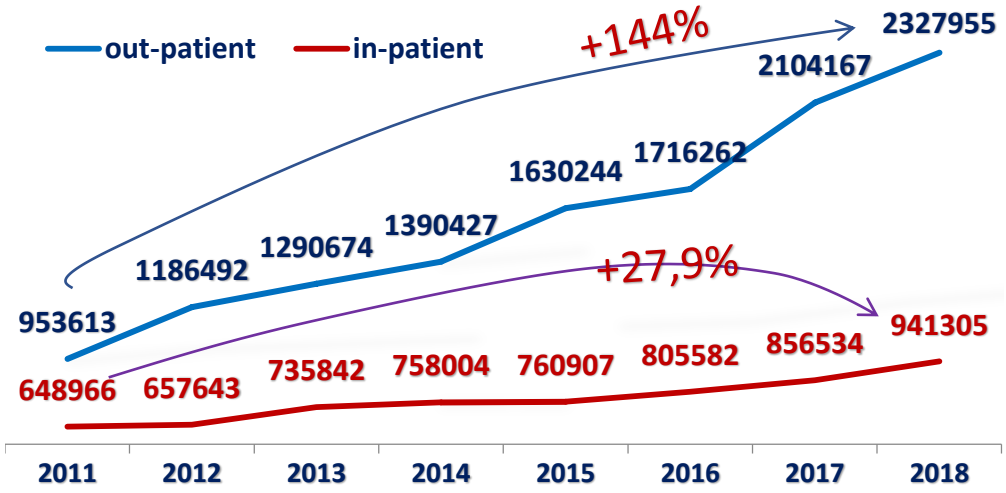


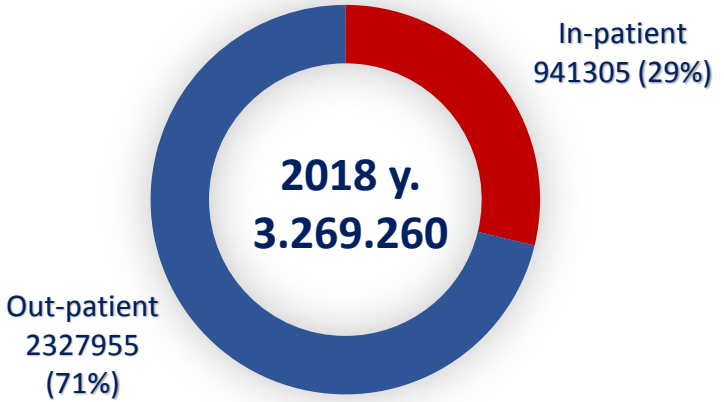
EMS: admissions and calls (2018 y. – 13.0 M)

Ambulance “103” Calls

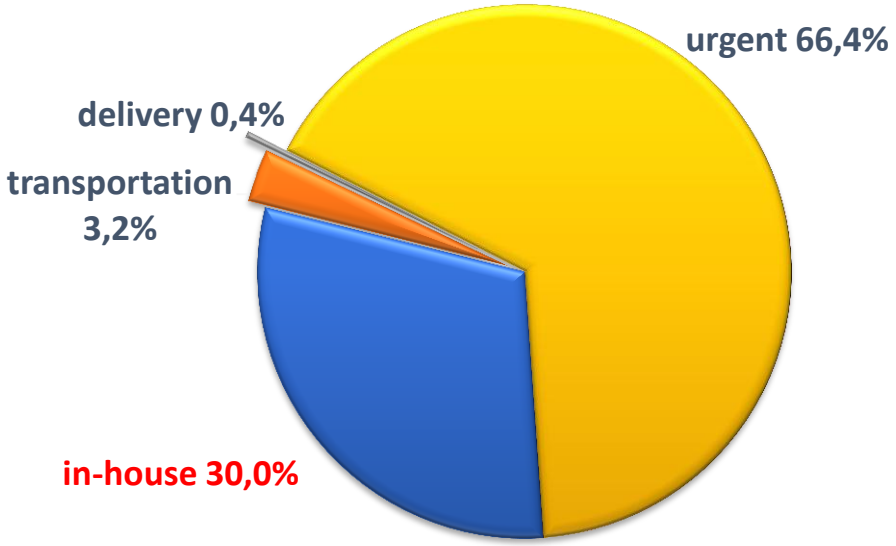


Hospitals:



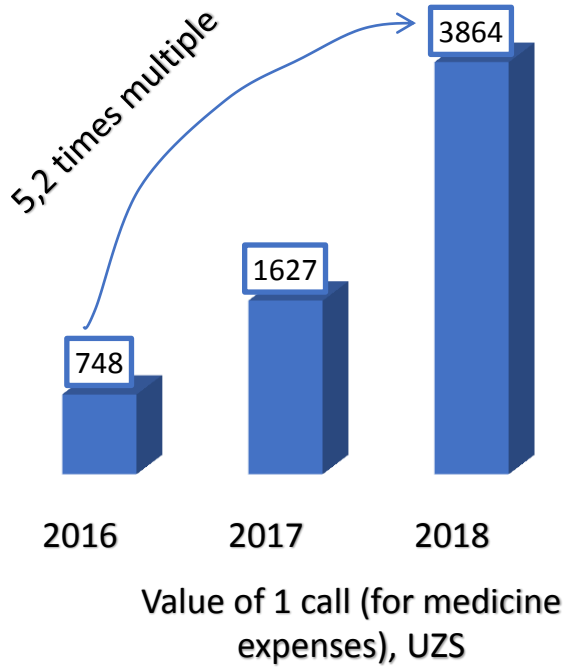


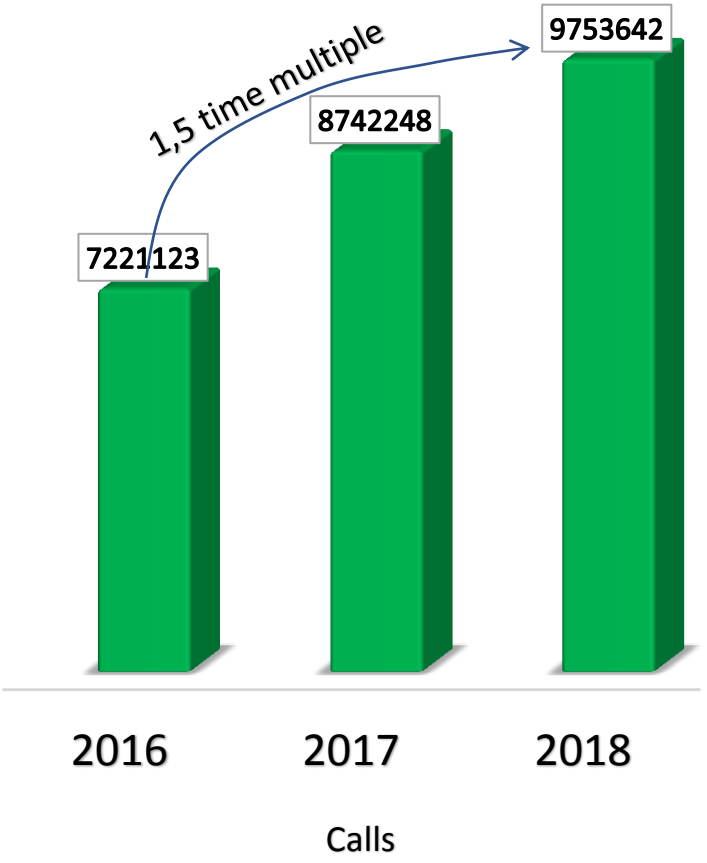
EMS Calls, 2018



Total 9.753.642 calls

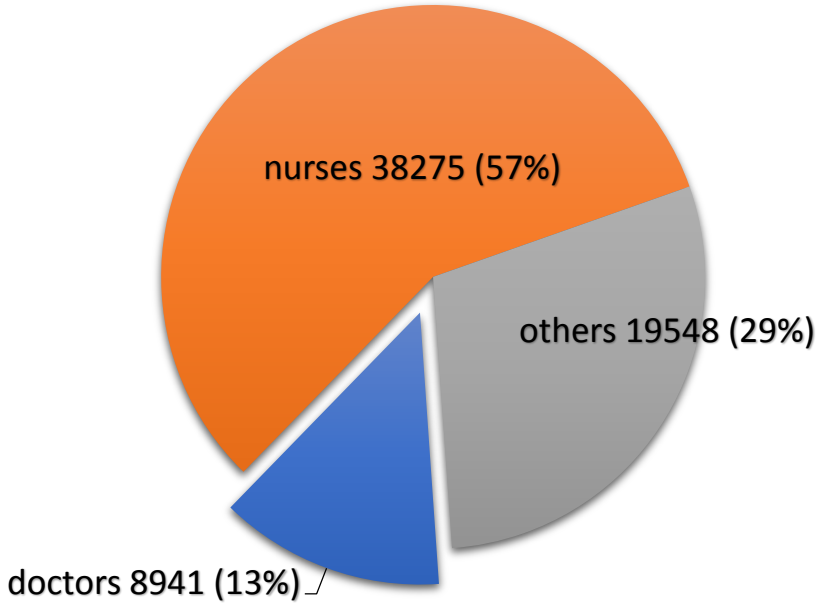
Pre-hospital activity





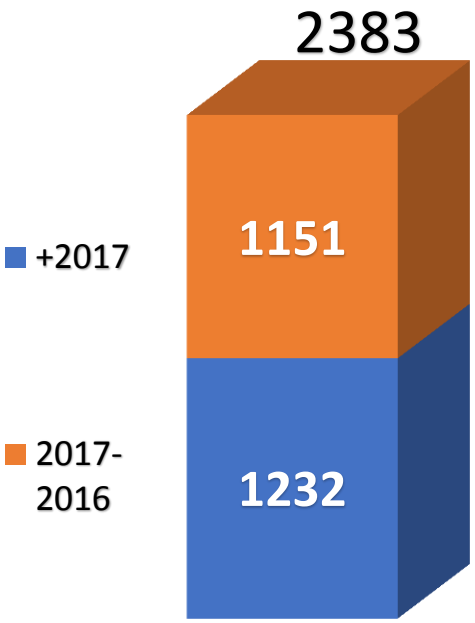
EMS staff (2018)

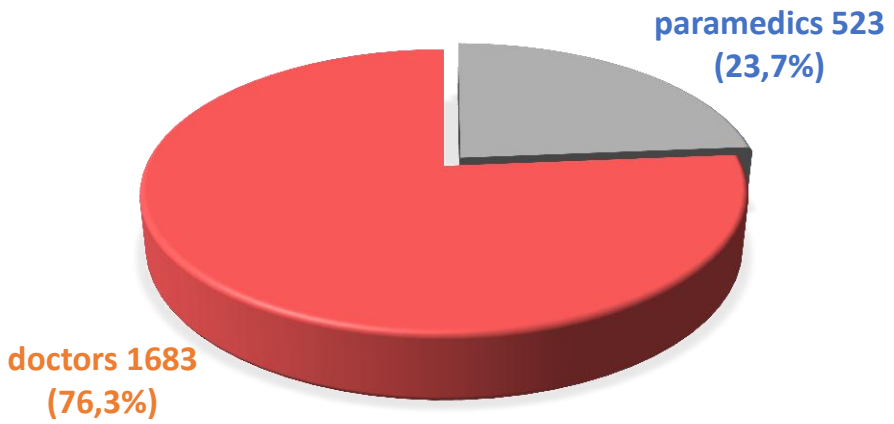
Total employees – 66764
Doctor/nurse ratio = 1/4.3



DSc	27
PhD	71

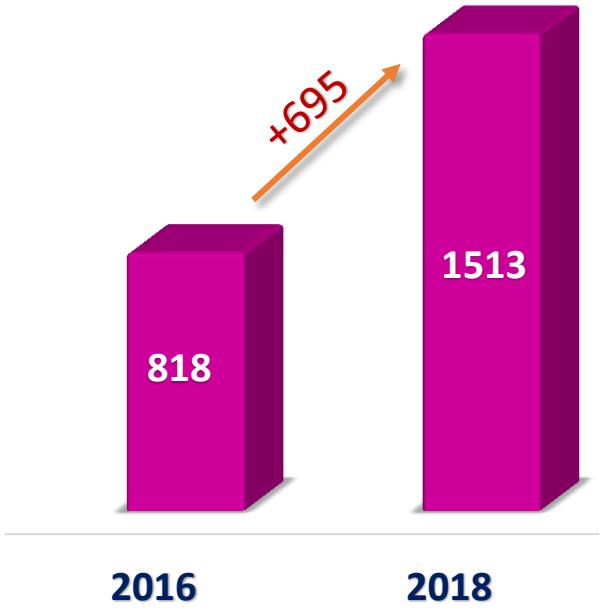
AMBULANCE STAFF AND VEHICLE

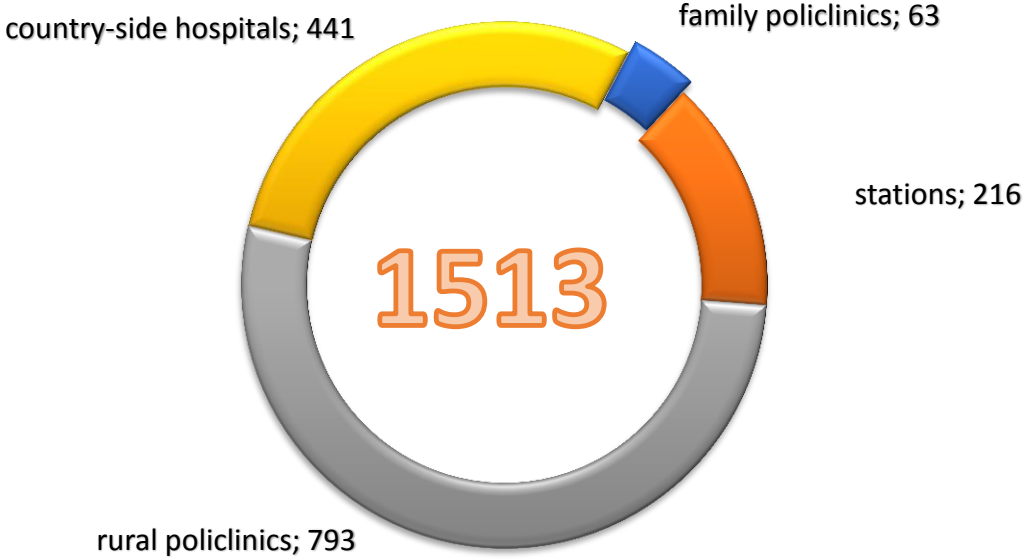




Ambulance vehicle number, 2017

AMBULANCE TEAMS' LOCALIZATION

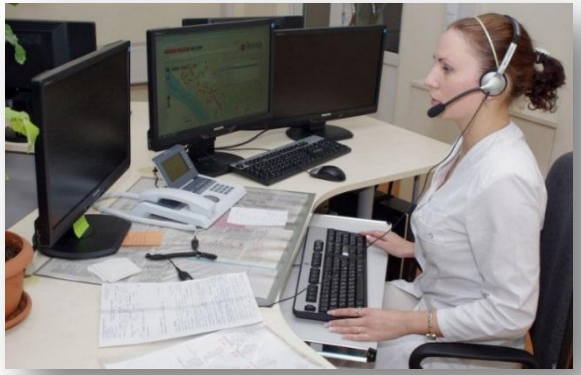


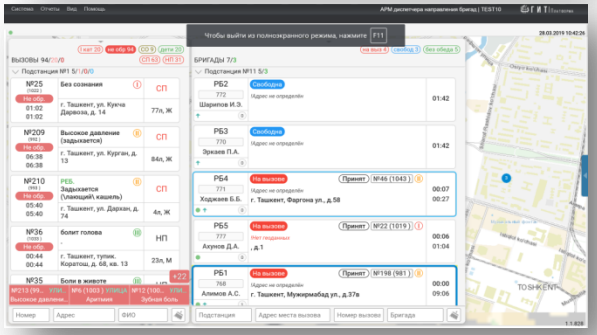


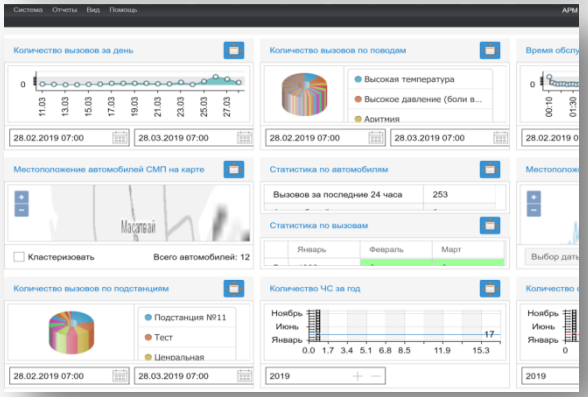
HELICOPTERS IN EMS

- Law basement for ambulance flying vehicle
- Agreement with Ministry of Defense for mutual cooperation in 2020.
- Types and models – decision is coming.

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

ORGANIZATION OF EMERGENCY CARE IN DISASTERS:

Mobile teams and Emergency aid points:

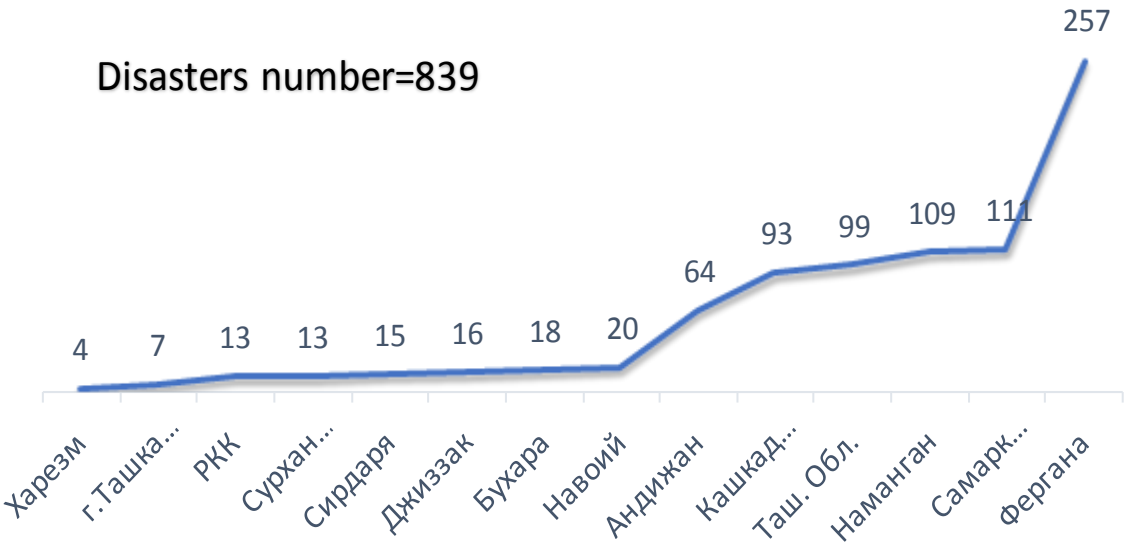
1. In the structure of RRCEM and its Regional Branches there are 39 specialized quick-preparedness medical teams.
2. In the structure of Sub-branches there are 173 mobile emergency teams

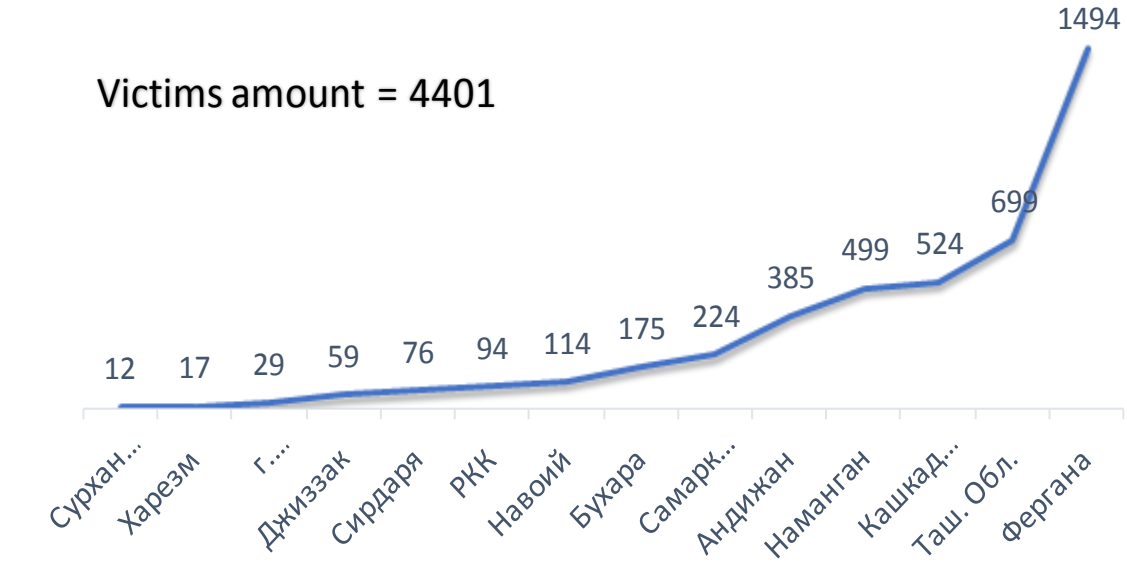
Hospitals of Emergency Medicine System:

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

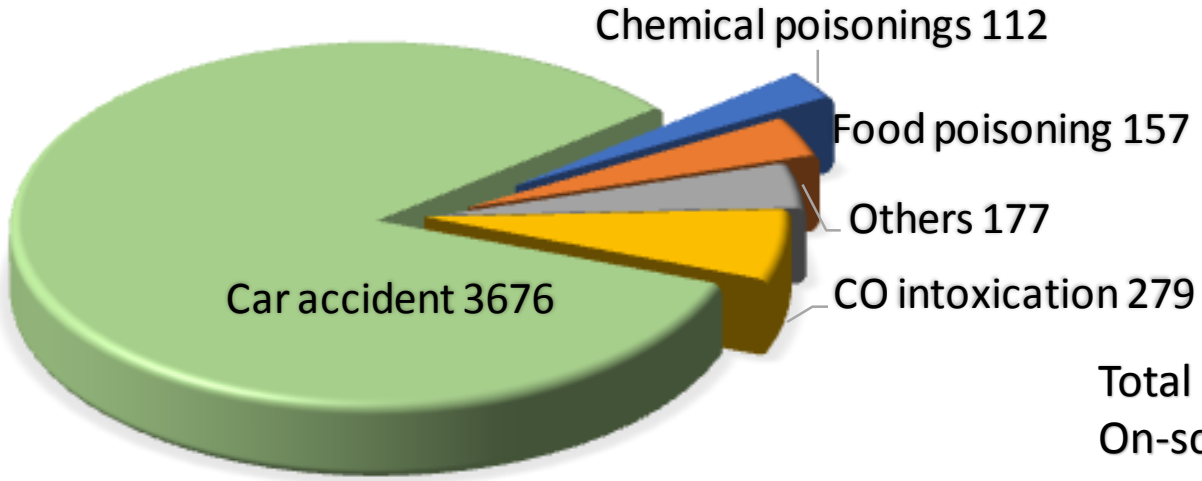
The experience shows, that whereas EMT is developed, the activity of medical aid in disaster is also successful.

Medical activity in Disasters (natural, technogenic, large-scale traffic accidents, etc.), 2018





Injury structure in disaster



Total victims = 4401
On-scene mortality = 232 (5,3%)

Activity and scheme in disasters

Medical triage

Scene

MEoA troops

Nearest RRCEM branch/ sub-branch

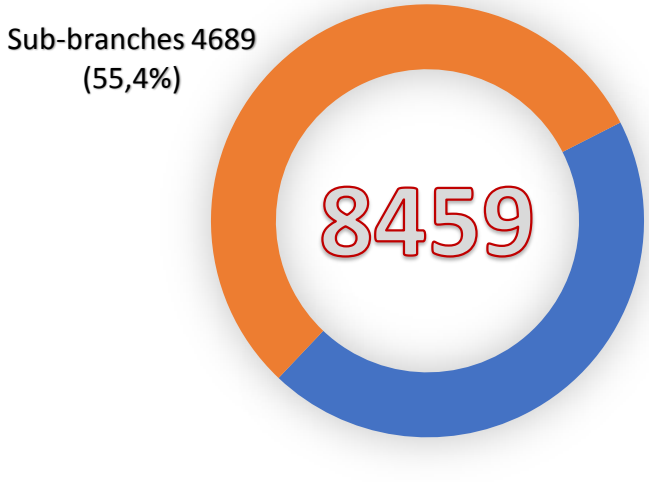
evacuation

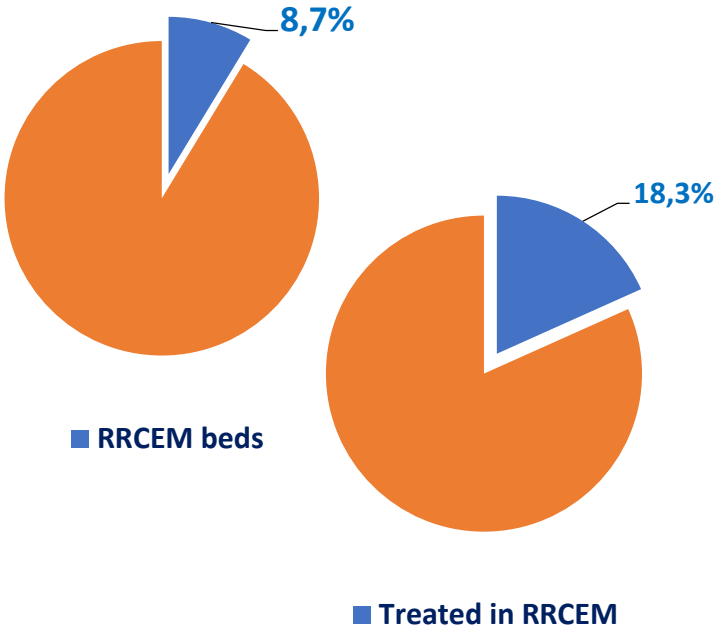
Special medical teams

RRCEM and branches

Principle: «Physician to patient»!

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

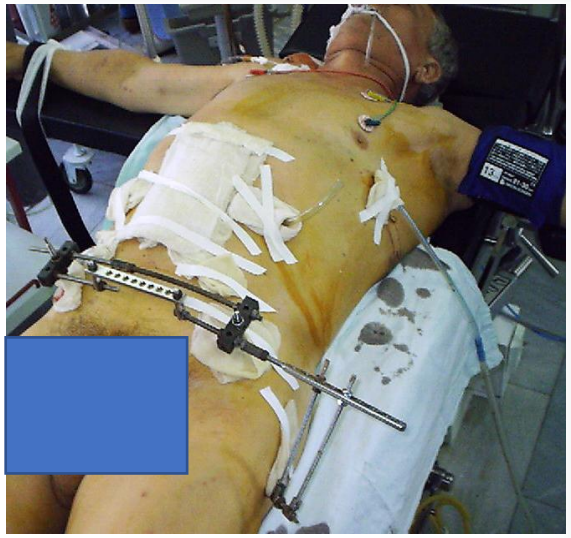
9. Urgent therapy
10. Cardiology
11. Neurology

C. Pediatric profile

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

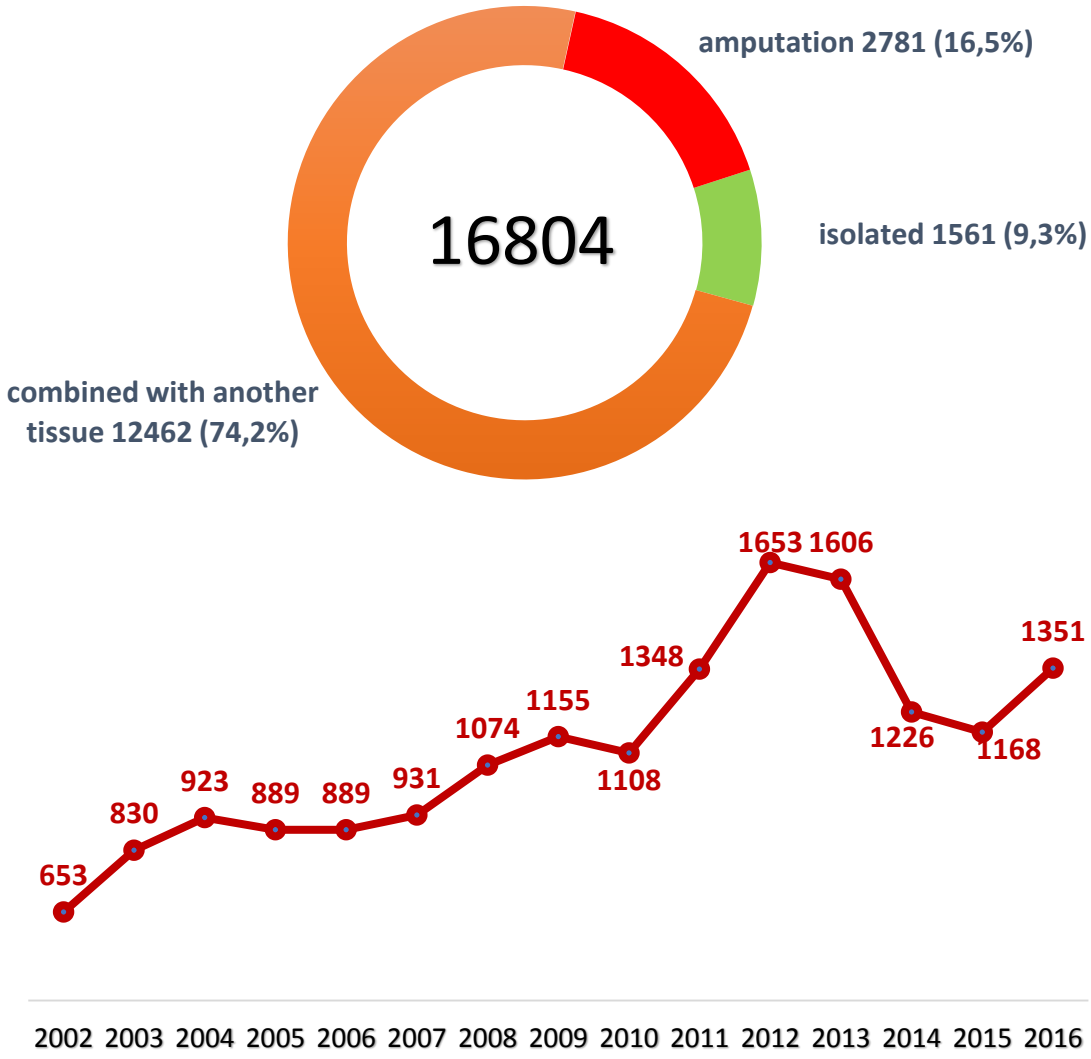
Management of polytrauma

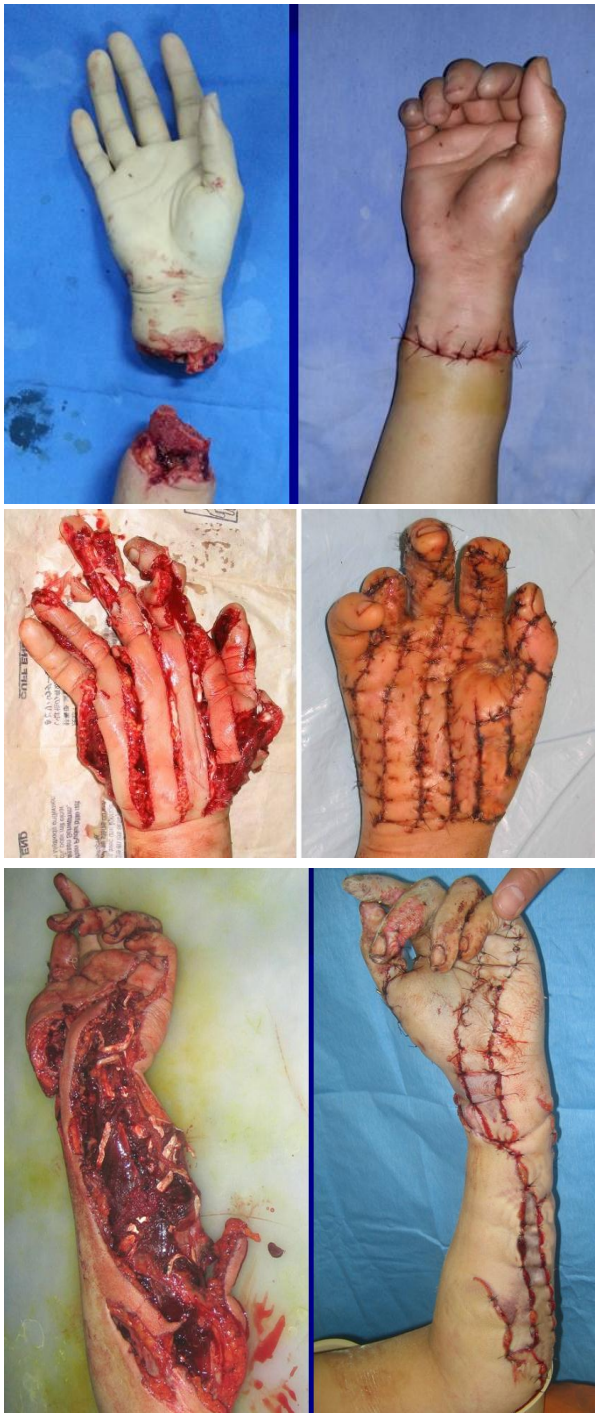
Early osteosynthezis and early necrectomy in burns



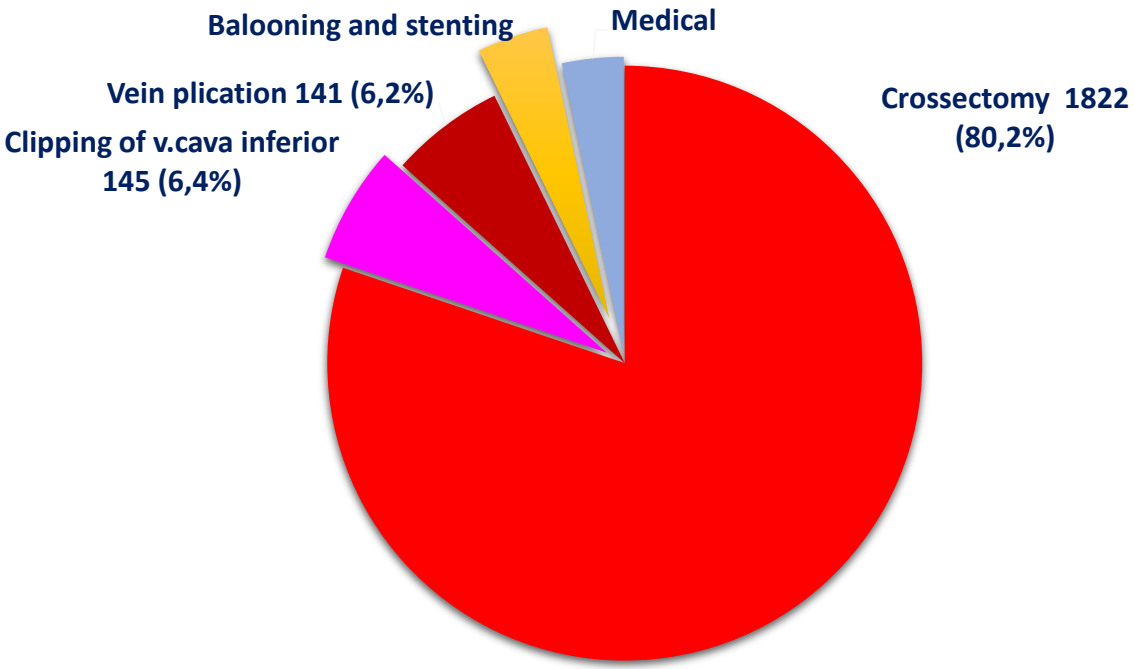
Simultaneous multidisciplinary approach

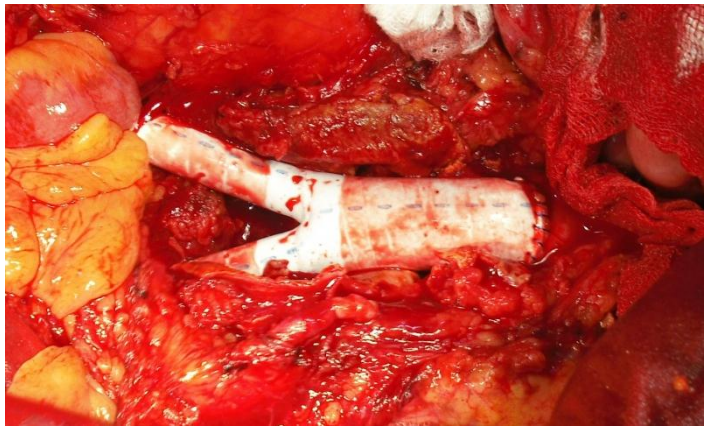
Trauma of magistral and peripheral vessels (RRCEM+branches, 2018)

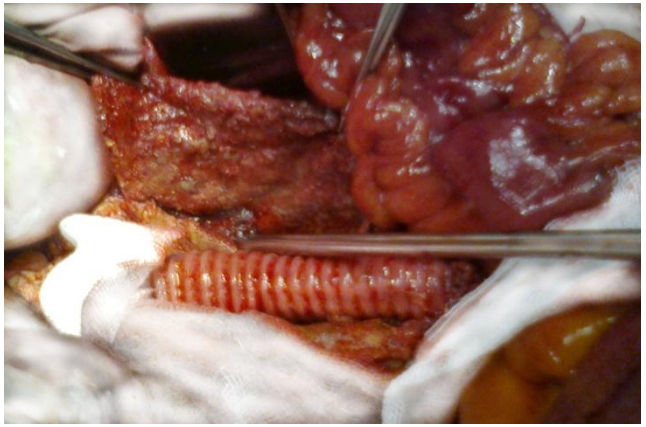




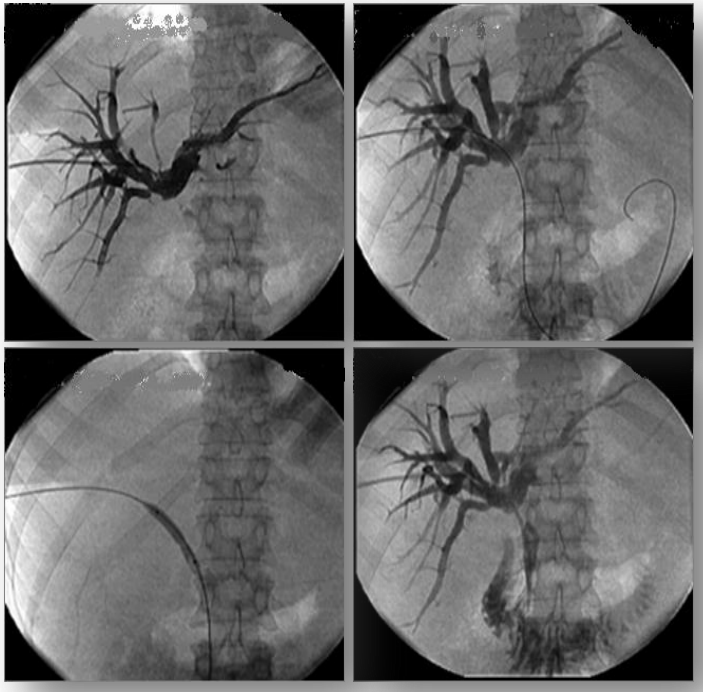
Acute ischemia of extremities (RRCEM, 2004-2018), n=1305



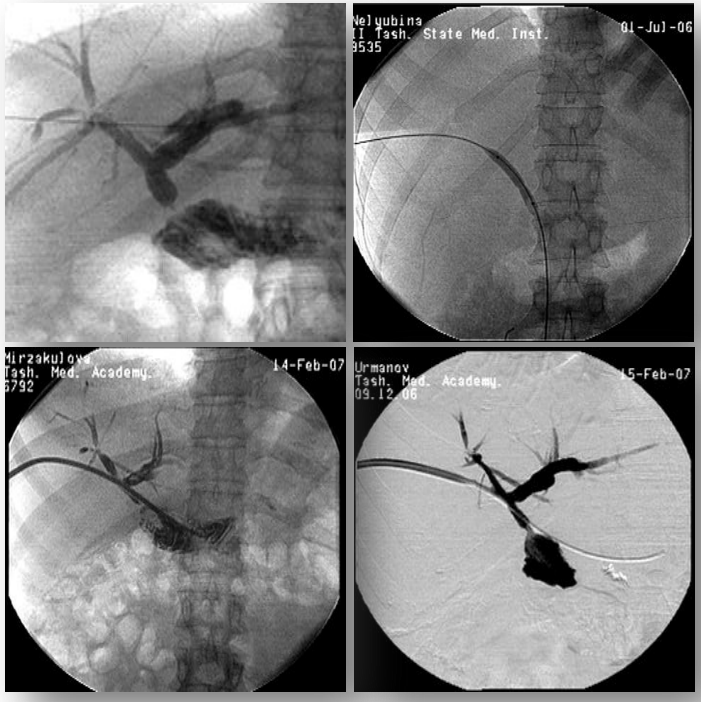




Percuteous draining in mechanical jaundice

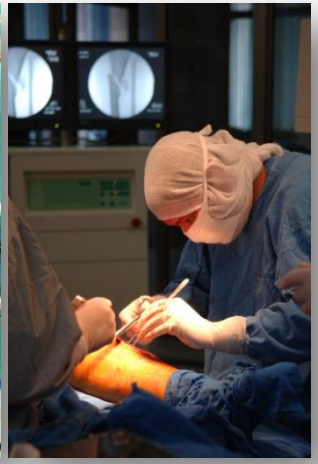


Балонная дилатация и каркасное дренирование при рубцовой стриктуре



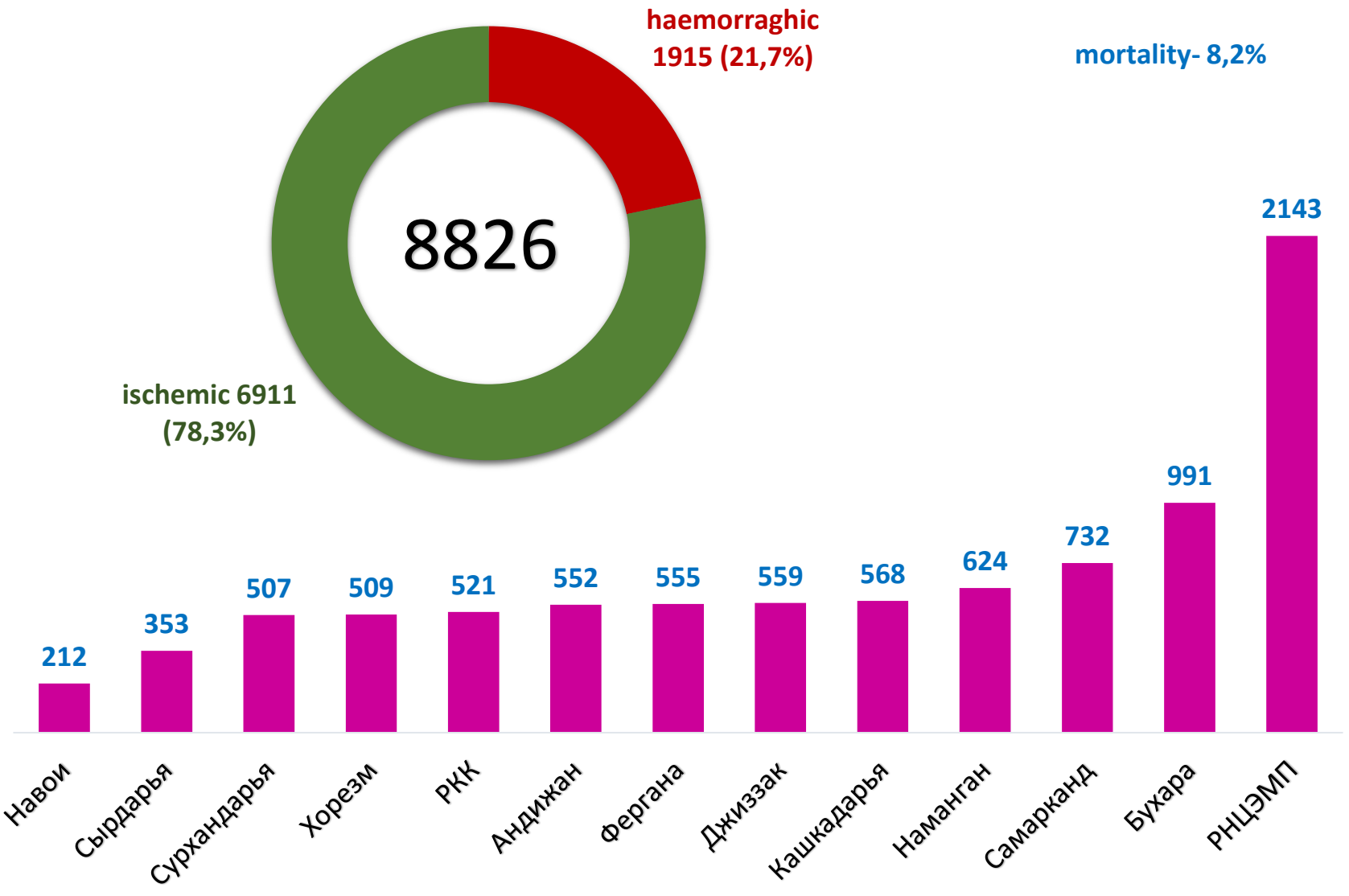
Балонная дилатация и каркасное дренирование при стриктуре билиодигестивного анастомоза

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**

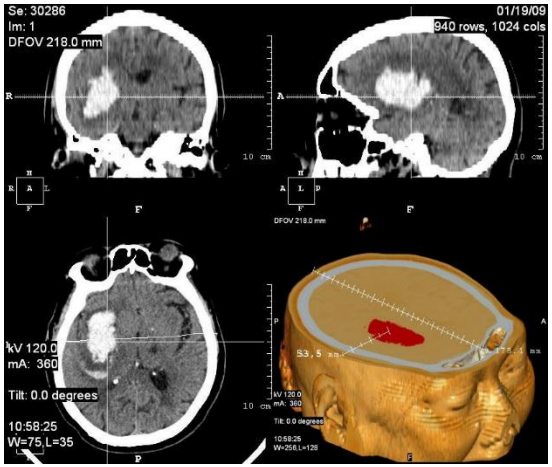


Dynamics of the number of specialized operations conducted in the RRCEM and its branches, x1000

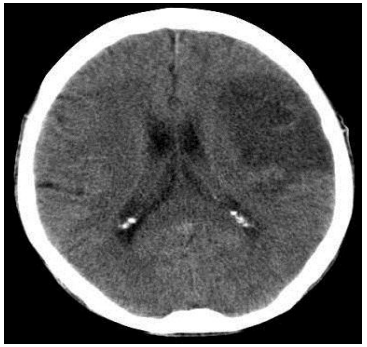
Strokes in RRCEM and its branches, 2018

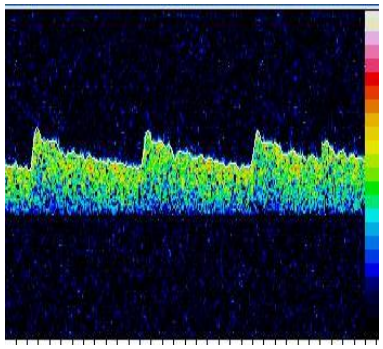
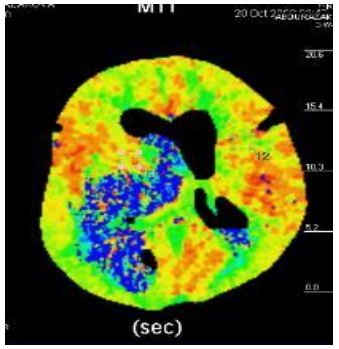


Stroke diagnostics, 2018, RRCEM



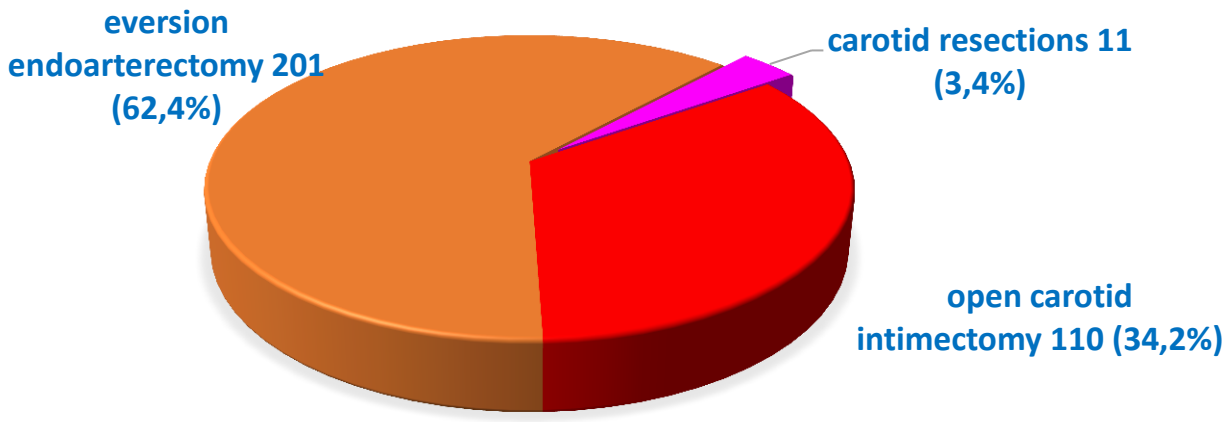
Brain CT-scan	2740
CT-angio	101
Brain MRI	310
Cerebral angio	106
Doppler	2521

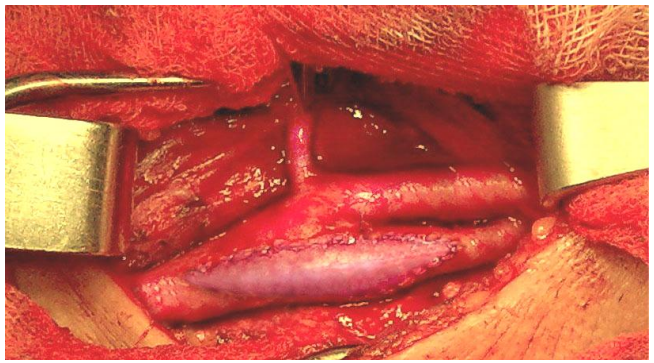


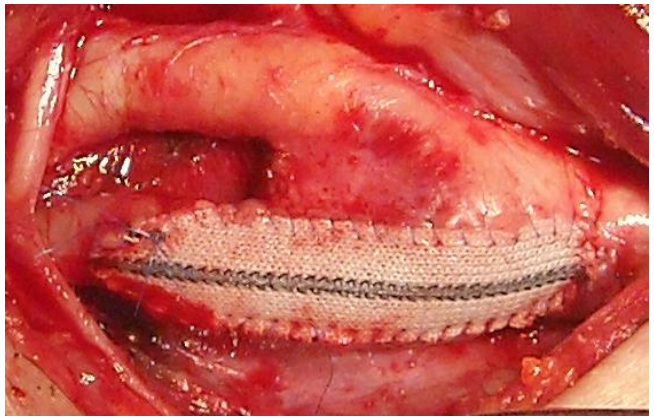




Brain’ surgical revascularization

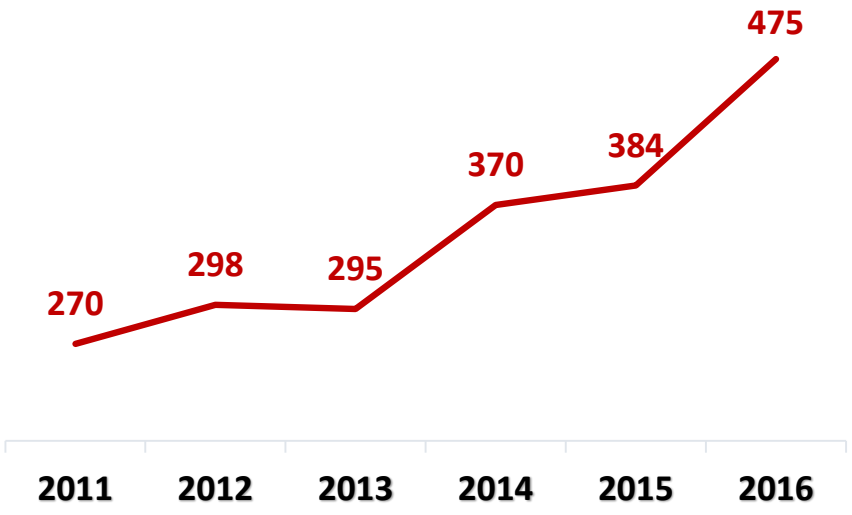
(RRCEM, n=322)

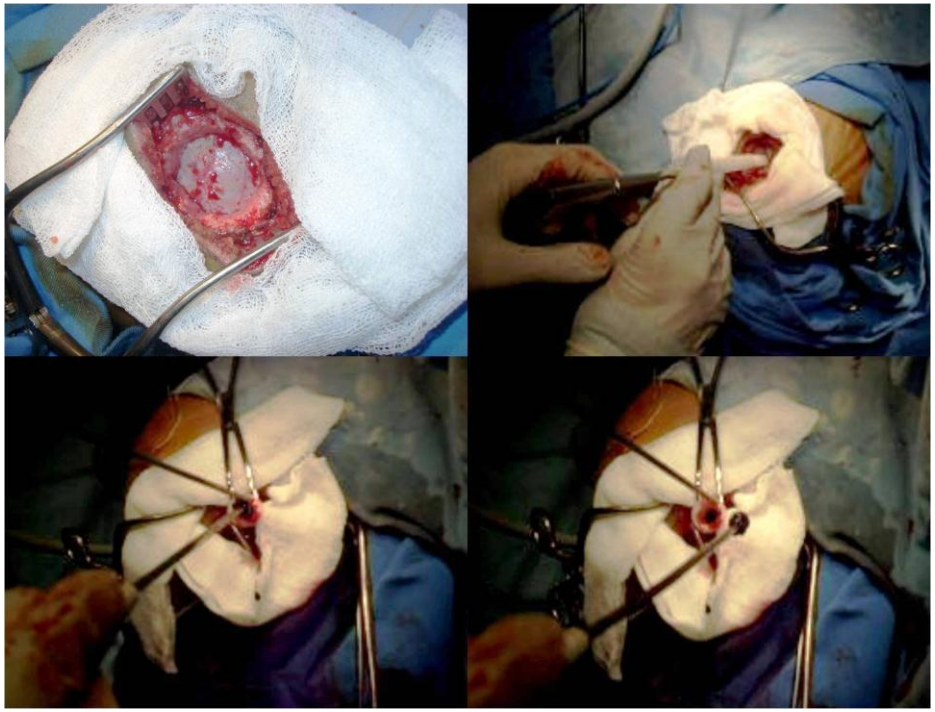






HAEMORRAGIC STROKES IN RRCEM, 2018





medical 1860 (88,9%)

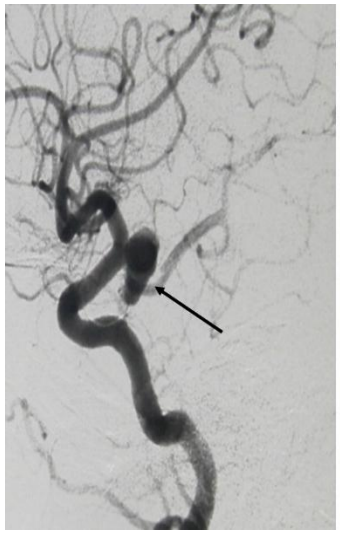
neuro-endospopy 43 (2,1%)

open neurosurg 189 (9,0%)

Brain vessel’s aneurisms clipping

амалиётгача

Амалиётдан сўнг



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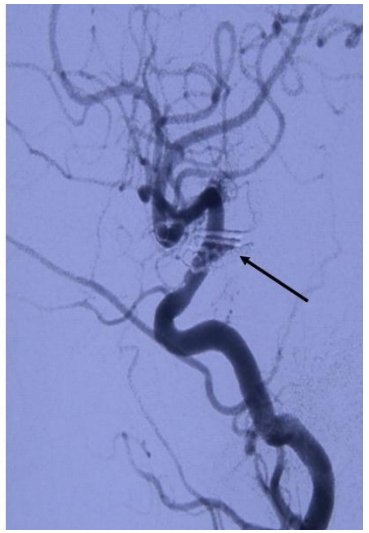
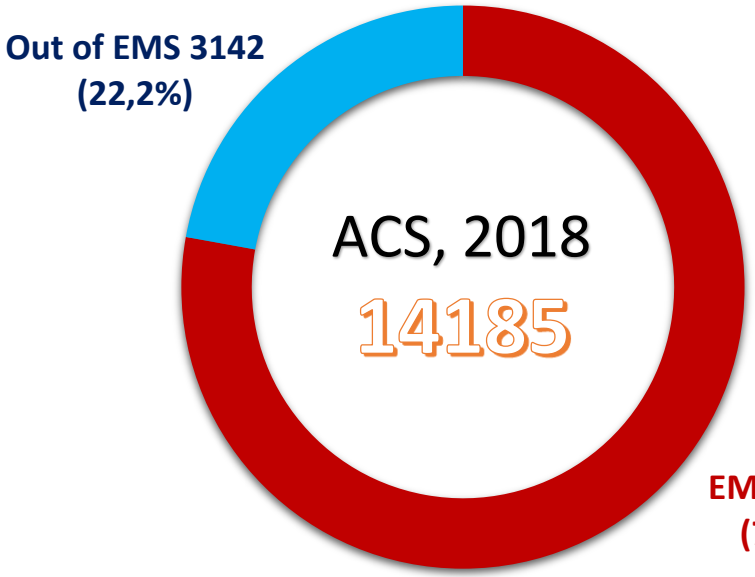
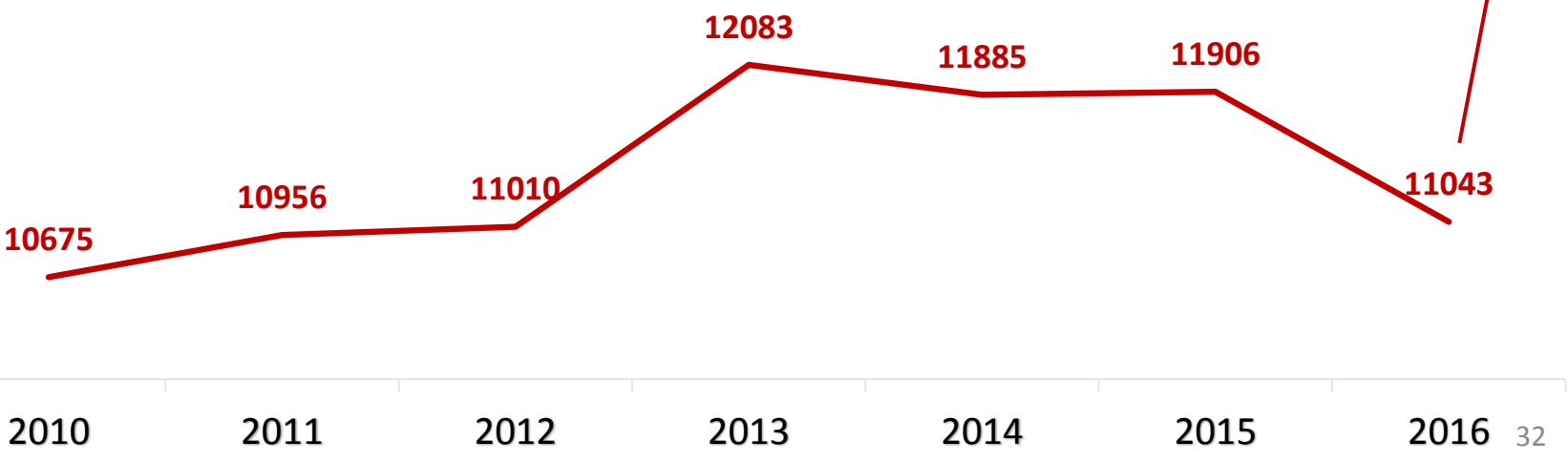


Амалиётдан сўнг

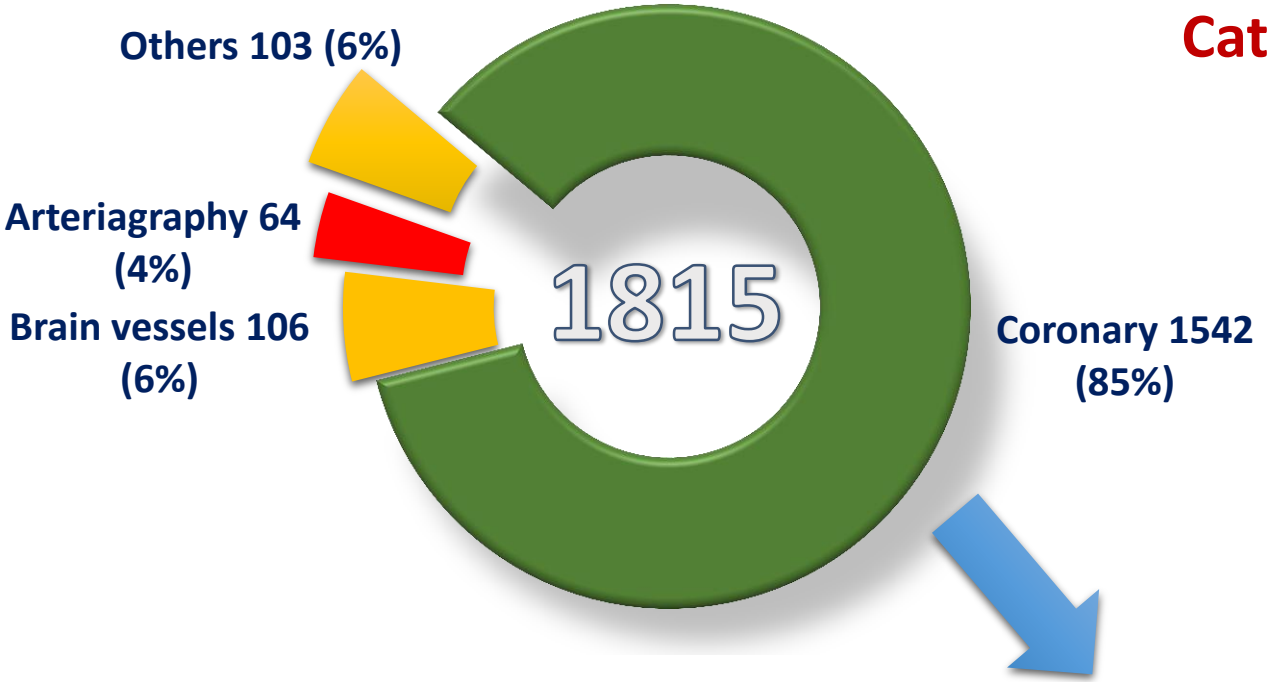
86 беморда
жами 116 та аневризма
бартараф қилинган

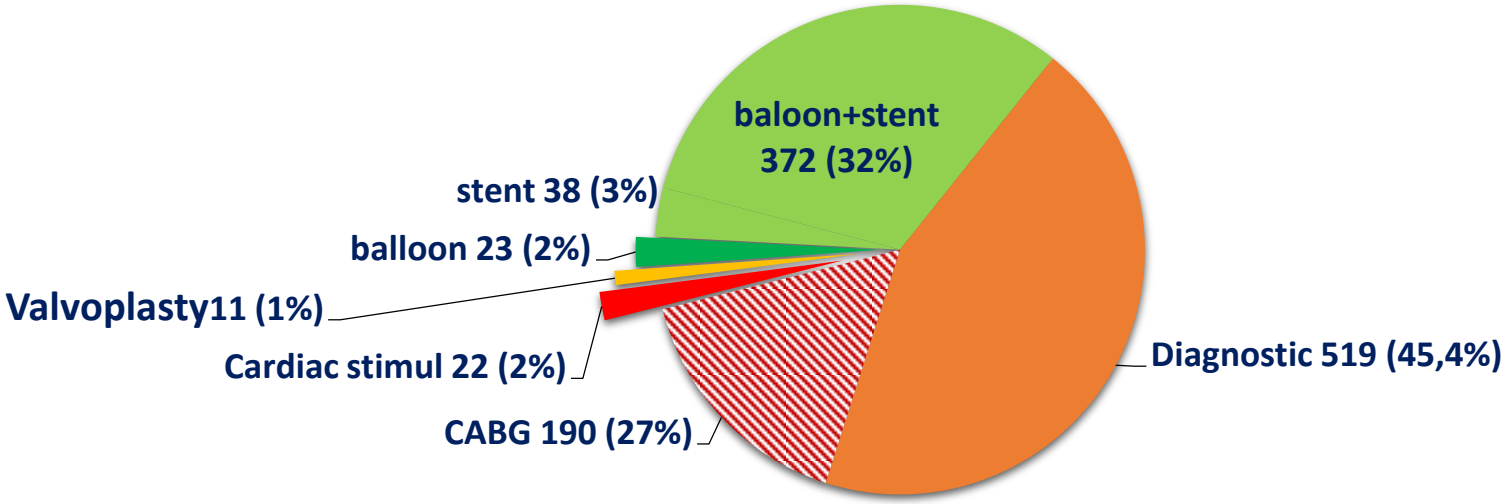
Acute coronary syndrome

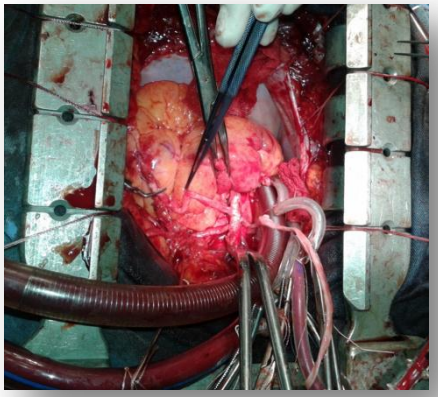


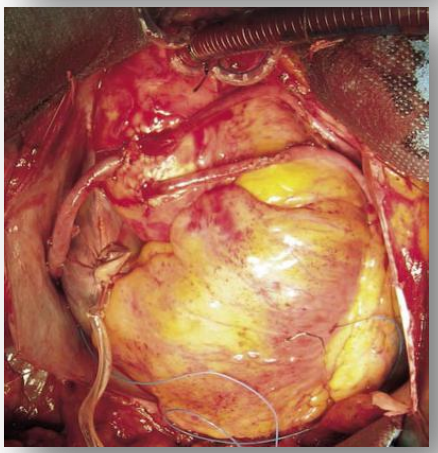


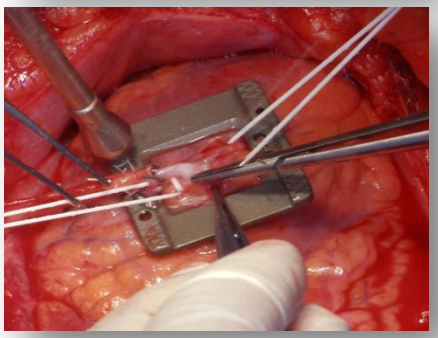
Cath Lab in RRCEM, 2018



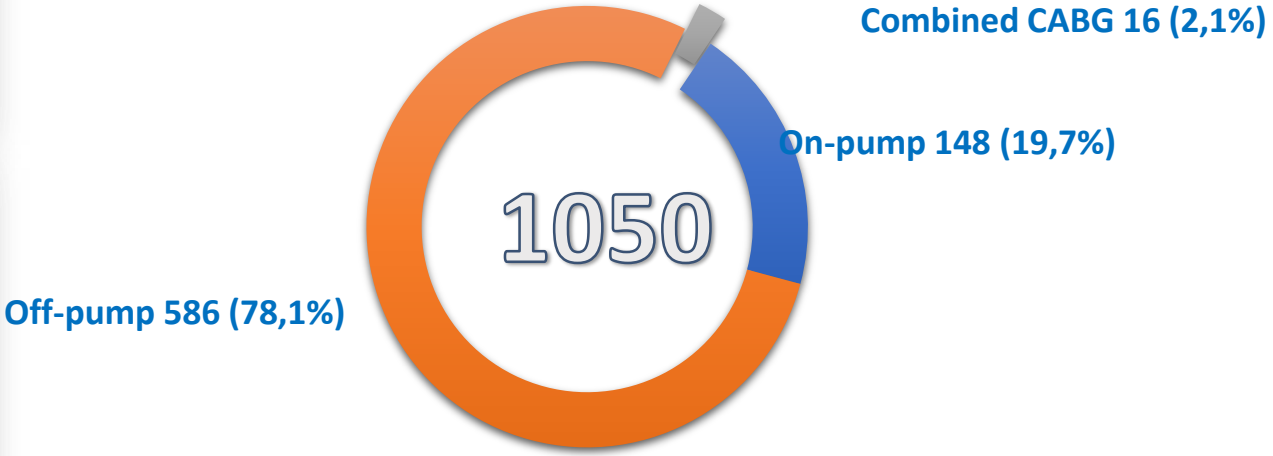


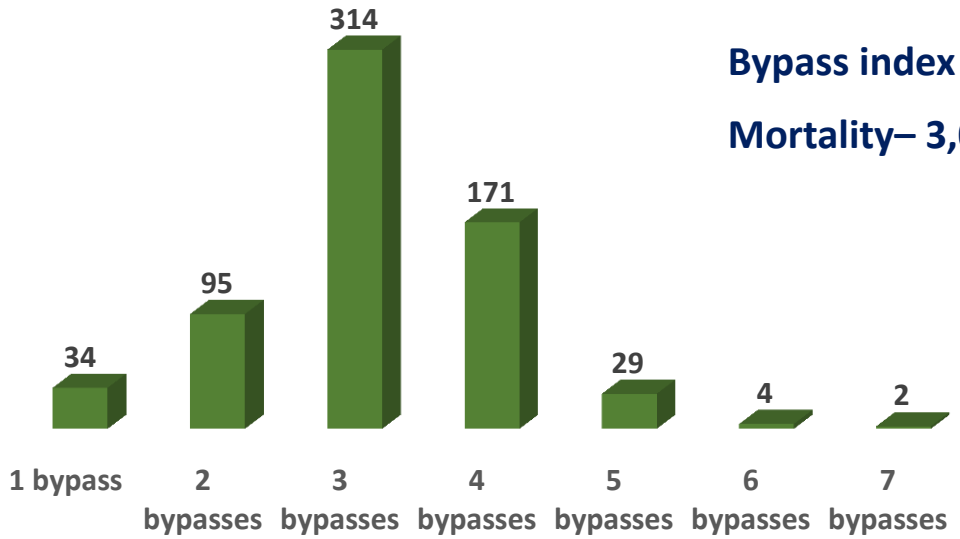






CABG IN RRCEM, 2010-2018

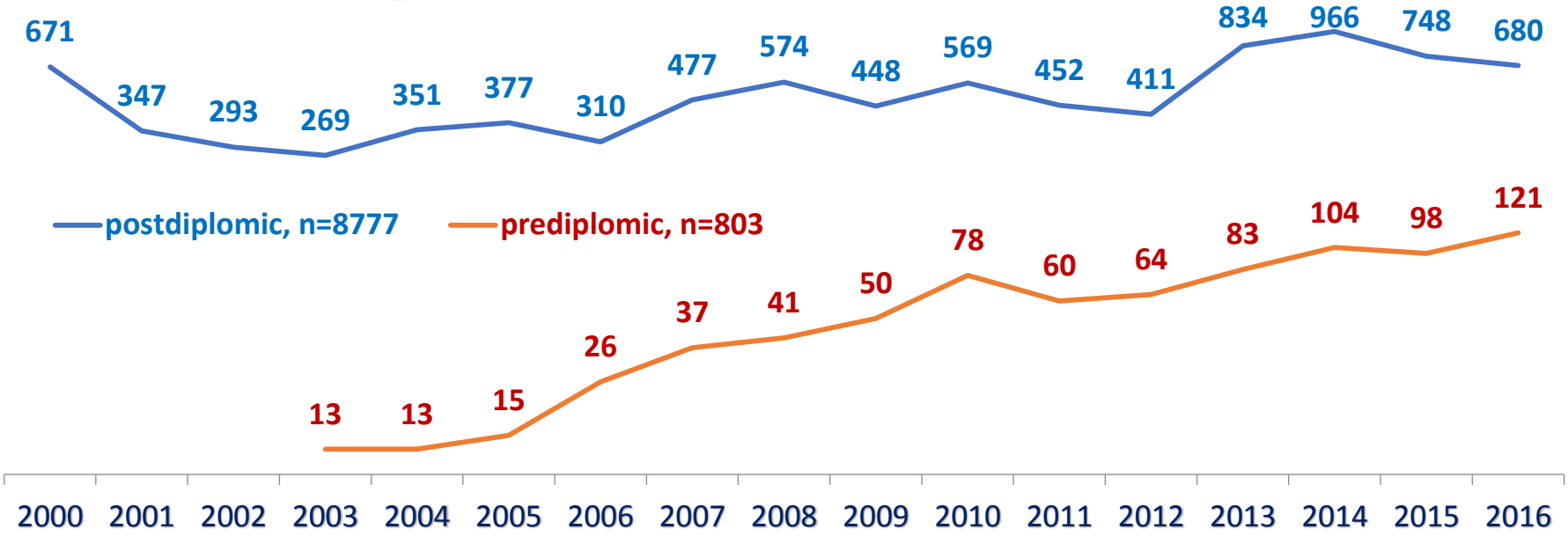




Bypass index – 2,0

Mortality– 3,0%

Staff training, 2018



Dissertation thesis:

Doctor of science – 24

Doctor of phylosophy – 66

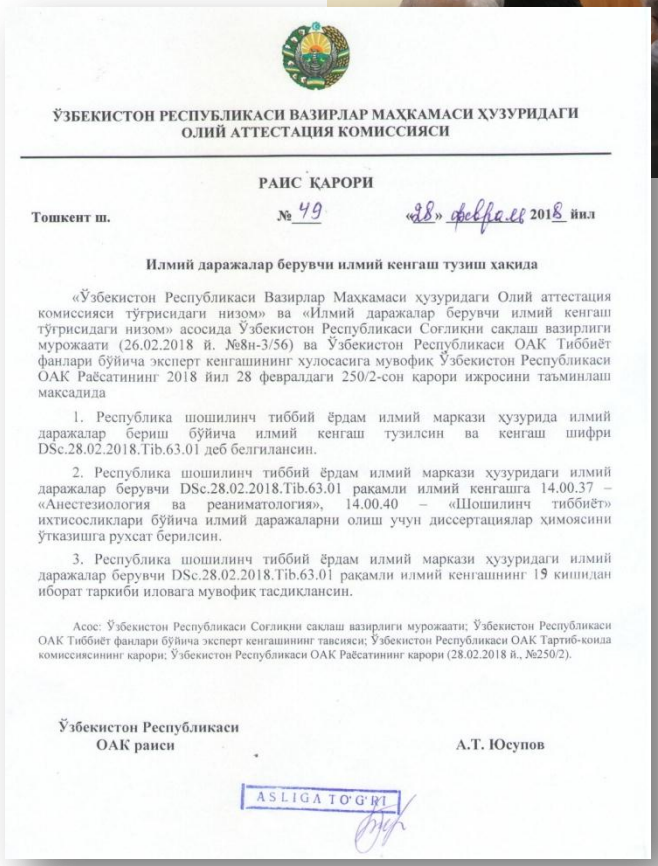
In 2016, 443 scientific papers have been published, including 94 scientific articles, 12 of them in the Commonwealth countries and 14 in foreign editions.

INTERNATIONAL LINKS, 2018

Ҳамкорлар:

1. EurAsia Heart (Swiss),
2. ATUDER (Turkey)
3. Baskent University (Turkey)
4. Ege University (Turkey)
5. SNU, Bundang Hospital
6. Save the children-Korea
7. Helsinki Medical University
8. Djanelidze Research Institute (St Petersbourgh)
9. Sklifisovskiy Research Institute (Moscow)
10. Burdenko Research Institute (Moscow)
11. Bashkent University (Turkey)
12. Inje Ilsan Paik hospital (Korea)
13. Avicenna Fund, France
14. ICRC (Geneve)
15. KOICA (Korea)
16. KOFIH (Korea)
17. JICA (Japan)
18. TIKA (Turkey)
19. GIZ (Germany)
20. Fullbright programm (USA)
21. MASHAV (Israel)

"EMS manual (clinic protocols)". In 2 Vol. Tashkent, 2018



ЎЗБЕКИСТОН РЕСПУБЛИКАСИ ВАЗИРЛАР МАҲКАМАСИ ҲУЗУРИДАГИ
ОЛИЙ АТТЕСТАЦИЯ КОМИССИЯСИ

РАИС ҚАРОРИ

Тошкент ш. №49 «28» февраля 2018 йил

Илмий даражалар берувчи илмий кенгаш тузиш ҳақида

«Ўзбекистон Республикаси Вазирлар Маҳкамаси ҳузуридаги Олий аттестация комиссияси тўғрисидаги низом» ва «Илмий даражалар берувчи илмий кенгаш тўғрисидаги низом» асосида Ўзбекистон Республикаси Соғликни сақлаш вазирлиги мурожаати (26.02.2018 й. №8н-3/56) ва Ўзбекистон Республикаси ОАК Тиббиёт фанлари бўйича эксперт кенгашининг хулосасига мувофик Ўзбекистон Республикаси ОАК Раёсатининг 2018 йил 28 февралдаги 250/2-сон карори ижросини таъминлаш максадида

1. Республика шошилинч тиббий ёрдам илмий маркази ҳузурида илмий даражалар бериш бўйича илмий кенгаш тузилсин ва кенгаш шифри DSc.28.02.2018.Tib.63.01 деб белгилансин.

2. Республика шошилинч тиббий ёрдам илмий маркази ҳузуридаги илмий даражалар берувчи DSc.28.02.2018.Tib.63.01 рақамли илмий кенгашга 14.00.37 – «Анестезиология ва реаниматология», 14.00.40 – «Шошилинч тиббиёт» ихтисосликлари бўйича илмий даражаларни олиш учун диссертациялар ҳимоясини ўтказишга рухсат берилсин.

3. Республика шошилинч тиббий ёрдам илмий маркази ҳузуридаги илмий даражалар берувчи DSc.28.02.2018.Tib.63.01 рақамли илмий кенгашнинг 19 кишидан иборат таркиби иловага мувофиқ тасдиклансин.

Асос: Ўзбекистон Республикаси Соғликни сақлаш вазирлиги мурожаати; Ўзбекистон Республикаси ОАК Тиббиёт фанлари бўйича эксперт кенгашининг тавсияси; Ўзбекистон Республикаси ОАК Тартиб-коида комиссиясининг карори; Ўзбекистон Республикаси ОАК Раёсатининг карори (28.02.2018 й., №250/2).

Ўзбекистон Республикаси
ОАК раиси А.Т. Юсупов

ASLIGA TO'G'RI

"EMS" Academic Board and Council for PhD and DSc degree.

Министерство здравоохранения Республики Узбекистан
Ассоциация врачей экстренной медицинской помощи Узбекистана

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Ilmiy-amaliy jurnal

[redacted] 2009, №1 [redacted]

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