Materials of Conferences

FULL-DAY HOSPITAL – REPLACING FORMS OF PROVIDING MEDICAL CARE FOR CHILDREN IN REPUBLIC DAGESTAN

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Republic Dagestan (RD) can be described with a number of special climatic-geographic features, insufficient resources, low social-economic development and production type, a progressive demographic population type, low level of medical care that is especially expressed in the country, where 58,3% of the native population live. These differences have become significantly worse owing to war actions in the frontier Republic Chechnya (R.S. Galjiyev, 2005).

Problem of organization and provision of ambulatory-polyclinic care for children and teenagers stays one of the complex and unsolved in the system of medical care. This problem is especially urgent for RD that has a number of its national peculiarities: having many children, deep family traditions, low level of mother culture (especially in the country) (A.N. Gasanov, 2006). The republic keeps high birth rates – 19,4 per 1000 of population (RF-12,5), infantile death rate – 11,5 per 1000 of the born (RF-7,5). The share of babies of less than a year of age equals 15% (RF-3).

Considering the unfavourable trends in child's health condition in RD, we consider provision of available qualified medical care for a long-term perspective a problem of great significance. During recent years stationary-replacing forms of medical care have been developing: daytime hospitals (DH) and home-hospitals (A.A. Kalinisskaya, 2000, Kalininskaya, Dubinina Ye.Yi., 2011).

Republic Dagestan has accumulated a little experience of developing daytime hospitals. The provision of DH-beds in RD equaled 0,76 per 10 thousand of population in 2011 (RF-5,6).

In terms of experiment we have approbated an organization-functional model of DH on basis of the republic infantile consultative polyclinic (RICP in Makhachkala). Daytime hospital worked 5 days a week from 8:00 to 16:00. 10 of 15 beds were pediatric, on which sick children and teenagers with endocrine, gastroenterologic, cardiologic, neurologic diseases were placed (Makhachkala), and 5 beds – surgical (with an orthopedic, ENT-pathology, etc.).DH personnel included 1,5 positions of doctor, 2,0 positions of middle medical personnel, and 3,0 positions of lower medical personnel.

A whole number of diagnostic studies took place in DH. A special attention has been paid to children who were on a hospital record. In DH all patients were inspected by a doctor daily, he prescribed treatment, control laboratory-diagnostic studies, consultations with doctors of narrow special ties were given.

Patients received a course of intense therapy in DH since their initial admission, it was prescribed differentially and included everyday intravenous drop infusions, intravenous, intramuscular, and hypodermic introductions of medical solutions, taking tablet preparations, physiotherapeutic procedures, massage, exercise therapy, restoration treatment.

According to age composition, children and teenagers that took medical care in DH were divided as follows: under a year – 39,5%, from 1 to 14 years – 36,6%, from 14 to 18 years – 28,4%.

Among those who have finished their treatment in DH 31,7% were formed of children and teenagers with native abnormalities and defects of development, 15,7% – with heart-vascular pathologies (non-rheumatic carditis, rheumatism of inactive phase, juvenile rheumatoid arthritis), 13,7% – with pathologies of ear and mammiform sprout, 11,9% – with pathologies of nervous system, 9,6% – with bone-muscular pathology (scoliosis, flat feet, etc.).

Among children who took medical care in DH with heart-vascular diseases, 1/3 was with rheumatism, a little less – with juvenile rheumatoid arthritis, non-rheumatic carditis, etc. In class of breath organs diseases chronic bronchitis formed the major part. In class of urino-genital system infections of kidney and urinal channels prevailed.

The analysis of DH wok volume and character has shown that per each 100 of patients 58 children received intravenous drop infusions; 56 – intravenous injections; 94 – intramuscular and hypodermal injections; 10 – tablet preparations. All DH patients were exposed to laboratory inspections, 97% were inspected with US, 48% – with radioscopy, and 40% received restoration treatment.

An average treatment duration of DH patients equaled 11,7 days. It is slightly less than average treatment duration in specialized hospitals of daily presence (14,1 days). It is explained by the fact that DH takes children with less heavy and non-complicated pathologies.

Number of a bed working days per a year in DH equaled 301,9 days, a bed turnover – 25,8; average bed occupancy – 11,7 days. Economic reasonability to establish a DH is defined by a less number of medical staff, compared to a full-day hospital, exclusion of patients' feed costs and other costs.

Medical efficiency of treating patients in DH is proved by that 94% of sick children and teenagers were discharged with improvements, 5,8% of patients recovered, and condition only of 0,2% of patients stayed unchanged.

Daytime hospital for children on base of RICP is used for preventive treatment of sick children with chronic diseases, besides, a number of complications of main disease decreases. The taken analysis has shown that during the 3 years of DH operation a number of emergency medical calls for children with chronic pathologies has decreased by 23 %, frequency of full-day hospitalization has decreased by 12,8 %.

Our calculations have shown that DH treatment costs for kids is 2,3 times lower than that of full-day hospital.

Medical-social efficiency of DH organization is proved by social questionings of parents of sick children. All respondents has expressed a satisfaction with this form of work and considered it to be more suitable in a social scale. Questioning parents and medical workers implied studying respondents' suggestions on how to improve quality of DH services that allowed us to take improvements into organization of DH structural departments work.

The research has established that DH is a positive form of work from the position of medical-social efficiency. However, we should pay attention to DH work in 2 shifts that is important in economic terms, as treatments costs would be lower even lower in two-shifts work regime.

Resume. The works presents an analysis of work of daytime hospital (DH) on base of republican infantile consultive polyclinic (Makhachkala). Medical-social efficiency and economic reasonability of organizing DH for children and teenagers is shown.

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NEW TECHNOLOGIES IN TREATING PATIENTS WITH DENTAL IMPLANTATION

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The second part of the XX century can be described as the time of acute discussions and disputes between clinicists on reaction of tissue against introduction of an implant and definition of the safest level of its functional strain. The problem of functional strain under inter-bone implantation is urgent, as both approaches, delayed and early strain, have its positive and negative sides (V.N. Olesova, 1986, A.A. Kulakov, 2000).

Research objectives. Experimental-clinic approval of method of early functional strain under dental implantation.

Central scientific-research institute of stomatology and facial surgery has served as the basis for our research.

Clinical part of the work was carried out during treatment of 332 patients in age of 20–70 years, including 228 women and 104 men. Average age of male patients equaled 53 year, women – 49 years. All the studied have been split into two groups after placing implants: the 1st group (234 patients) was formed by patients who had been earlier exposed to functional strain, and the 2nd, control group (98 patients), were treated with traditional methods of implantation with teeth implants.

Operations of inter-bone implantation were carried out on both lower and upper jaw. Distribution of implants according to the selected scheme and their location is provided in table.

Distribution of implants according the selected system and localization

Implant location	Bioimal-implant	LIKO	Astra-Tech	Total
Lower jaw	221	27	25	273
Upper jaw	254	19	27	300
Total	475	46	52	573

Implants of domestic implantation system «Biomal-implant» have been placed.

While inspecting patients we considered a number of teeth lines defects, athrophy degree of bone tissue of alveolar sprout, volume and localization of the tooth line defect.

To define recommendations and limitations to carry out surgery of inter-bone implantation, pa-