

to quality» – total quality management (TQM). It is a direction towards a consumer; leadership and consequent achievement of goals; management of understanding process and facts; involvement of the personnel; continuous cognitive activity and innovations; development of partnership; public relations; orientation towards results. All quality management models of the world as well as models of managing quality of medical care have evolved according to principles of TQM and stages of development of study of quality management.

Self-evaluation according to models of bonuses for quality has become extremely popular during recent years. The most widely-spread in the world practice are: the model of Deming bonus – in Japan, model of Malcolm Boldridge bonus – in the USA, model of the European bonus. In Russia such management model is a one that corresponds to criteria of the bonus of the Government of Russian Federation in the area of quality that is harmonized with the model of perfection of the European fund of quality management (EFQM Excellence Model) and used in the contest of European quality contest.

Correspondence to the bonus of the Government of Russian Federation in the area of quality is evaluated according to nine criteria. Each of them is divided into components that contain special evaluation lines. Evaluation is carried out according to an expert method via charging percents that describe achievements of scientists in every component.

Let us outline some advantages of this approach:

- It provides an objective quantitative evaluation according to a unite general criterion complex in terms of a selected model;
- It allows one to evaluate dynamics of an institution development;
- It allows an institution to compare its activity with that of other institutions that participate in a contest;
- It reveals relations between achievements and implemented methods;
- It reveals strong points and areas that are to improve, including processes that need to be improved;
- It stimulates study and implementation of experience of other institutions.

Facilitation of self-evaluation is also supported by developers of ISO 9000 standards. As an attachment to the national standard GOST R ISO 9000-2010 «Systems of quality management. Guideline for a continuous improvement» recommendations on self-evaluation are given. The very standard serves as a model in it.

The following definition is given in this standard: «Self-evaluation of an organization is a comprehensive and systematic analysis of activity of this organization and its results according to the system of quality management or the perfection model (e.g. model of bonus of quality)». The same document claims that self-evaluation is a type of activity that is implemented in estimating the system

of quality management (SQM) as well as its audits and analysis. In other words, self-evaluation can be used to estimate an organization's activity as a whole, and its SQM only.

Methodic guides in facilitating method of self-evaluation in terms of SQM (according to the standards of ISO 9000) recommend:

- The higher management should create an organization that is directed towards a consumer via using correspondent approaches to evaluate improvement of processes such as self-evaluation and analysis by leaders;
- Results of audits and self-evaluation of an organization should serve as an initial data in estimating efficiency of quality management system that considers interests of consumers and other interested parties;
- Self-evaluation should be discussed regularly in order to evaluate the completeness of the development of quality management system, organization's operation level, and also to find possibilities for future improvements.
- Results of self-evaluation should serve as an information source in studying correction measures;
- Data of self-evaluation can be used as initial data to support processes of improvement.

References

1. Kaliniskaya A.A., Dzyugayev A.K. Macroeconomic character of healthcare and macroeconomic interest on different levels // Medical-organization aspects of medical care in new economic conditions. Materials of international scientific conference, devoted to 105 years since the birth of the academic of Academy of Medical Science of USSR, professor A.A. Minch, Part 1, 28/08/2009, P. 13–15.
2. Vevanov V.M. Criteria of planning gradual development of regional systems of healthcare // Reference book for a doctor of general practice. – 2012. – № 9. – P. 57–61.
3. Shkatovs Life quality as a criterion of health and efficiency of medical-prevention care / V.O. Schepin, L.F. Molchanova, A.A. Kaliniskaya. – Izhevsk, 2011. – 172 p.

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IMPROVING QUALITY OF PUBLIC MEDICAL CARE

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The article provides basic principles of management in health care according total quality management (TQM).

State program of Russian Federation «Development of health care» during 2012–2020 includes the principle of total management according to quality (TQM) – «improvement in quality».

Principles of managing an organization of a certain process are especially urgent in health care.

A specific result, an impact over a person's health, correct orientation of a doctor's work improve life quality among the population (E.I. Dubynina, A.A. Kalininskaya, F.A. Sulkina, 2009, V.M. Levvanov, 2012, V.O. Schepin, A.F. Molchanova, A.A. Kaliniskaya, E.Y. Shkatova, 2011).

A number of various recommendations, methodical guides, instructions of conducting a patient, treatment forms, medical-economic criterions, standards require a definite universal implementation. In our opinion, their variability is a positive phenomenon. But one should consider that, in order to orient himself in this flow of information and facilitate it correctly, he needs knowledge of basic laws of management (Y.M. Komarov, 2011).

The first principle is direction towards a consumer, in our case – towards a patient, considering his present and future demands. A problem arises before treatment institution – it needs know health characteristics of its potential customers thoroughly. Nowadays, it is impossible to carry out prevention work and medical-social care in an open society without any public organizations. This aspect is also considered in studying self-audit.

In practice analysis of keeping passport of hospitals, filling ambulatory cards and medical reports according to existing standards and plans of medical observation allows one to forecast volumes of medical care and control existing flows of patients. The main objective of this direction is to train population to follow a healthy lifestyle.

The next absolute principle is forming an objective of a medical institution. Without a leading part of a manager, head doctor, administration development of managing quality of medical health is impossible. A manager must create and support an inner environment in which all employees should be involved into the management system. In order to establish it, one should carry out professional instructions considering his knowledge of the process of providing medical care within an institution in accordance with practical purpose of a project.

According to the existing standards of records management, with logical control and practical experience, managers should develop professional instructions, regulations, collective pacts, statutes. It is necessary to clear actions of each administrator from unnecessary functions, as well as of each doctor or nurse. Today this work takes place in four treatment institutions of municipal region of Samara.

Further we study the principle of complete involvement of all levels of institution employees into the process of improving quality of medical care. To do it, workers of our department have prepared lectures according to modern principles of management.

The most important principles in managing quality of treating process are system and process approaches. All the activity of an institution is studied as a whole, as an open system in which process of achieving results and the result itself are studied.

The developed indicators of quality should become a basis of models of a final result. Moreover, for 15 years organizers of medical care of our region are familiar with this principle of evaluating their own work.

The next principle of TQM is making management decisions that are based on facts. It means that only analysis of premises and possession of statistic information in dynamic mode allows one to achieve a set goal.

A correct maintenance of records, reflection of basic indexes of a medical institution activity in it is a basis of making a management decision. A special attention is paid to this division in our department.

A result of following and executing principles of TQM will be an improvement in quality of organizing medical care. It is testified by international practice and experience that has been collected in a number of regional healthcare institutions.

During several recent years a work of involving medical institutions into the system of self-evaluation and organization of medical care has been carried out at the territory of Samara region in collaboration with Povolzhskiy quality club. About ten clinics, hospitals have participated in self-audit, and leaders were rewarded with the Prize of Quality. Systematizing record management, correct filling of medical documentation, stages and algorithms of the TQM concept have disciplined operation of these organizations.

Besides, an experience shows that going through a complete circle of contest is localized at a limited time period and requires significant expenses of staff. It is often considered as a one-time measure. These conditions does not allow one to maintain a wide range of institutions in field of improving management of medical care organization quality by attracting them to contests.

A solution of this situation is simple. In is necessary to start introducing methods of consequent small steps (method of Kaizen) that is possible to organize within any institution. It implies carrying out systematic hard work on realizing contents of the described TQM principles on mastering terms in the area of managing quality, forming actives that are aimed to implement the principle of consequent improvement, realizing the necessity of changes and readiness to accept them.

After some initial stage of work, one should plan to take the next step in introducing the model «Self-evaluation of an institution activity» that will allow him to form some kind of a picture of his activity and compare it to certain standards, see his weak points and continue a conscious formation of his strategy.

References

1. Dubynina E.I., Kalininskaya A.A., Sulkina F.A. Monitoring of satisfaction with medical care among the population is the basis of an efficient system of managing healthcare // Materials of Russian scientific practical conference «A disabled person and the society» 22nd of December 2009. – P. 36–40.

2. Komarov Y.M. On basics and superstructure of health-care // Standards and quality. – 2011. – № 7. – P. 60–63.

3. Levanov V.M. Main direction of developing regional systems of electronic healthcare // Social aspects of public health, Central scientific-research institute of organization and informatization of healthcare. – 2012. – № 5. – URL: <http://vestnik.mednet.ru/content/view/435/27/lang.ru>.

4. Quality of life as a criterion of health and treatment-prevention care efficiency / V.O. Shepin, L.F. Molchanova, A.A. Kalininskaya, E.Y. Shkatova. – Izhevsk, 2011. – 172 p.

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THE LATE DIAGNOSIS OF BRONCHIAL ASTHMA CHILDREN LIVING IN UFA (REPUBLIC OF BASHKORTOSTAN)

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Authors performed a study to identify cases of late diagnosis of bronchial asthma (BA) in children. We examined 89 children in fact diagnosed with BA. We investigated the medical documentation of the patients (outpatient cards). A thorough analysis of medical documentation showed time period between the time of the actual diagnosis of asthma, and the time when the diagnosis was already evident. Among the study group of children for intermittent disease was observed in 33 (37%) children, mild persistent – in 26 (29%) children, moderate persistent – in 22 (25%) children, severe persistent – in 8 (9%) children. The duration of dispensary observation was on average 6,5 [4,5, 8,5] years. Early manifestations of allergy were observed in 78 (88%) children, including atopic dermatitis to 1 year occurred in 56 (72%) children, atopic dermatitis over 1 year – in 24 (31%) children, drug allergy – in 17 (22%) children, acute urticaria and angioedema – in 19 (24%) of the children, contact dermatitis – in 11 (14%) children. We found that the timely diagnosis of asthma (lag is not more than 6 months) occurred in a third of 29 children (33%) patients. Untimely diagnosis was found in 60 (67%) children. Lag the diagnosis of 6 months to 1 year was observed in 8 (13%) of children, from 1 to 2 years – in 10 (17%) of the children, from 2 to 3 years – in 9 (15%) of the children, from 3 to 4 years – in 18 (30%) of the children, from 4 to 5 years – in 7 (12%) children, from 5 to 6 years – in 2 (3%) of the children, from 6 to 7 years – in 3 (5%) of the children, from 7 to 8 years – 2 (3%) of the children, from 8 to 9 years – in 1 (2%) child.

In summary, we found that the studied group of children characterized by intermittent course of the disease, early onset of allergic symptoms and delay in diagnosis of 3–4 years from the onset. To improving the situation we have initiated the crea-

tion of a universal computer program for the early diagnosis of asthma in children.

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EFFECT OF MATERNAL HSV INFECTION ON ADAPTABILITY OF HYPOTROPHIC INFANTS

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Herpes simplex virus (HSV) infections are the most common viral diseases of a man. According to WHO data, the diseases transmitted by herpes simplex virus take the second place (15,%) after influenza (35,8%) as a cause of death from viral infections [1]. HSV infections present serious threat to reproductive age women as contamination by them during the pregnancy substantially leads to miscarriage, stillbirth, or congenital abnormality of the fetus. The highest prevalence of HSV has cytomegalovirus (CMV) and HSV caused by herpes simplex virus type I and type II [1, 2]. HSV has a leading place among the major causes of neonatal morbidity and mortality. HSV in infants is characterized with polyetiologic, polymorphic clinical symptoms [4]. The character of the course of perinatal and neonatal period substantially determines the future state and quality of life [2, 4].

The aim of the research is to: Study the most significant clinical presentations in term and preterm LBW infants born from mothers with HSV infection in neonatal period and during the first year of life.

Materials and methods. There studied the health of 33 LBW infants born from mothers with HSV infection during pregnancy. Surveyed children were divided into 2 groups. Group 1 included 18 LBW infants born at term 33–36 weeks of gestation. Group 2 included 15 LBW infants born at 37 and above weeks of gestation. Follow-up of infants was being carried out for the first year of life.

Results and their discussion. In assessing the clinical data in preterm infants with low birth weight from mothers who had a history of HSV most often determined by CNS damage, respiratory failure, jaundice and hepatomegaly. In the neurological status the syndrome of motor disturbance was observed in the study group of infants manifested by the decrease in muscle tone (83,3%), while in term LBW infants the motor disturbances occurred in the form of muscle hypertonus in 75% cases. The infants in group 1 in contrast to group 2 had seizures in 22,2% of cases, brain ultrasonography revealed external (38,8%) and internal (16,6%) hydrocephalus.