



## **IMPROVING AND INCREASING THE EFFICIENCY OF EMERGENCY MEDICAL CARE**

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<b>Article history:</b>	<b>Abstract:</b>
<b>Received:</b> August 1 <sup>st</sup> 2022 <b>Accepted:</b> September 1 <sup>st</sup> 2022 <b>Published:</b> October 7 <sup>th</sup> 2022	Due to a single automated vertical control center in the work of the emergency medical service, the time for receiving calls has been reduced by three times, it is 8-12 minutes.
<b>Keywords:</b> Ambulance, Call-center, Medical team of online consultations	

### **INTRODUCTION.**

Emergency medical care is a system of medical care provided to a hospital for twenty-four days when a person's health is at risk. There are 352 calls per thousand people. [2,4]

The first independent institution in history, on December 8, 1881, 479 people died in a terrible fire at the Opéra-Comique in Vienna, and Professor Jaromir Mundi, a surgeon, founded an ambulance brigade as a result of this. disaster. [1,2]

### **MATERIALS AND RESEARCH METHODOLOGY.**

The ambulance service receives up to 2500 calls per day, more than 600 thousand people annually undergo inpatient treatment in the institutions of the ambulance system, more than 7 million calls to the emergency medical service annually, and the number of false calls is 6301 per year.

In total, 33 ambulance teams received 548 calls from the city per day, of which 92 cases of fever and 3 cases of delayed calls.

For 13,000 residents, there was 1 ambulance car with a radius of medical care of 15-20 km and medicines for a call, from 20 to 45, 7,700 soums of medicines were allocated for one call, and the funds increased 16 times.

### **RESEARCH RESULTS.**

Emergency medical assistance is called in such situations as accidents, injuries, poisoning, life-threatening diseases, complications of pregnancy, chronic diseases under the dispensary control of a family doctor that do not require emergency medical care.[1,4] It does not include such tasks and duties as compiling a death certificate, issuing a prescription, conducting an examination for alcohol and drug addiction, providing a certificate of state of health, issuance of a certificate of incapacity for work. [2,3,4]

For life-threatening diseases, accidents, injuries and poisonings, it took 15-30 minutes to organize emergency medical care, for chronic diseases and high body temperature 30-60 minutes. [2,4]

The dispatching system for receiving calls in the regions has been completed, a single vertical dispatching Call Center has been created in the regions with modern information and communication technologies and mobile applications.

In order to increase efficiency, a unified electronic automated vertical system for managing the medical care service of Call Centers was launched, and as a result of the introduction of special medical advisory teams consisting of doctors, non-urgent calls were excluded. Also, paid services can be organized from free types of medical care in emergency medical centers, and centers for joint injuries and acute vascular diseases operate in the regions. [5]

Ambulance teams are sent not along the border of the district, but in the vicinity of the call distance. According to the type and complexity of calls, ambulance teams consisting of a doctor and a paramedic are sent according to the triage system. Patients with a mild condition are referred to the regional family polyclinic during the clinical examination of appeals. It is planned to connect a navigation system to vehicles, launch a GPS application and an electronic digital map service that will indicate a quick direction to a destination[5].

To call the Call Center, a simple and easy to remember number is adopted - a single telephone index 103. In this case, the operator is presented with the patient's first name, last name, age, gender, complaint, address, telephone number.

In the case of hospitalization, the possibility of determining vacancies in hospitals online through an electronic system improves the quality of emergency planning. Patients who refuse hospitalization are examined every three hours during the day and informed the family clinic about their place of residence. The ambulance team provides free care to adults and children twenty-four days a week. [3,5]



## DISCUSSION.

The emergency department of the Andijan branch of the Republican Emergency Medical Center for Emergency Medicine received calls during 2021:

№	Ambulance	Andijan region	Andijan city
1	General call	1399606	212536
2	Accidents	15458	5722
3	Chronic diseases	156816	20889
4	Childbirth	7866	654
5	Childbirth at home	53	19
6	Mortality	2920	573
7	Hospitalization	144422	20525

According to statistics, more than 75-85 percent of patients with chronic diseases who are registered in the dispensary seek emergency medical care, and 15-25 percent are in need of urgent treatment.

## CONCLUSIONS.

In 14 regional branches of the Republican Emergency Medical Center, a unified vertical call center management system has been established to promptly respond to incoming calls.

In order to improve the efficiency of the emergency medical service, the activities of the system will be improved by providing the population with sufficient material and technical base, experienced medical personnel, necessary medicines, modern information technology and radio communications, special vehicles to provide improved quality and fast, prompt medical care population.

## REFERENCES.

1. Байков А. А., Ханин А. З. Организация службы СМП в крупном городе в условиях разделения скорой и неотложной медицинской помощи // Методологические основы обеспечения скорой помощи. М., 2006.
2. Верткин А.Л. Скорая медицинская помощь: Монография. М. 2007. С. 2–14, 359–362.
3. Икрамов А.И., Хаджибаев А.М. Служба экстренной медицинской помощи Республики Узбекистан: Основные результаты деятельности I съезд Ассоциации врачей экстренной медицинской помощи. 2009:1:5–9.
4. Назыров Ф.Г. Мировой опыт оказания неотложной помощи и развитие службы экстренной медицины Узбекистана. Вестн. экстрен. мед. 2008; 1: 5–9.
5. Постановление Президента Республики Узбекистан. 16.06.22. ПК-283 «О

совершенствовании системы оказания экстренной медицинской помощи населению».