

*Materials of Conferences***IMPROVING ORGANIZATION OF WORK FOR HEAD DOCTORS OF DENTAL POLICLINIC DEPARTMENTS**

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Head doctor nowadays is a top-end professional in his specialty, indicated in his diploma. He is an organizer of healthcare who has obtained knowledge and skills via trial and error method, he is a self-taught lawyer, psychologist in his nature. Recommendations on improving work of head doctors are directed towards informatization, economic aspects of activity, improvements in dental care quality, automatization, training specialists in basics of planning-economic and financial activity of a dental polyclinic, order of executing economic and labour contracts.

Introducing new forms of organizing treatment-preventive care of population, obligatory and voluntary medical insurance, provision of paid services to legal and physical bodies has broaden official duties and the range of organization-management activity of head doctors in treatment-preventive institutions. These conditions initiate the necessity to re-direct function range of these specialists towards facilitating the totality of modern operative management methods that allow one to establish economic reasonability and the proper quality of dental care.

The goal of this research is to develop measures on improving work organization for head doctors of dental polyclinic departments.

According to this goal, we have questioned 124 head doctors of Moscow and Moscow region dental polyclinic departments with special cards, developed by us.

Research results. Qualification characteristics of jobs in healthcare sector provide for a correct selection and distribution of staff (order of the Ministry of medical and social development of RF dd. 23.07.2010 № 541N «On assertion of the Single qualification reference book of positions of managers, specialists, and employees, part «Qualification characteristics of jobs in healthcare sector»).

The need of dental polyclinics for high-qualified head doctors is formed under the influence of the following basic factors:

- The necessity of continuous refreshment of professional knowledge;
- An increase in work efficiency;
- Introduction of new technologies;
- Increase in quality of the provided services;
- Increase in patients' strictness towards quality of medical care services.

Structure of time, spent on carrying out prior management functions by these specialists, has the

following characteristic: «control» $61,48 \pm 0,14\%$ of total working time, «coordination» – $15,20 \pm 0,11\%$, «organization» $11,55 \pm 0,11\%$.

70,69% of a head doctor's functions are a subject of algorithmization, and 29,31% – 166,38 minutes of a business day are not suitable for algorithmization. Reasons of professional functions' algorithmization impossibility are defined by the very nature of dental polyclinic, as it is considered by modern management science as a complex open system, described by the phenomenon, called equifinality.

Planning of training and increase in personnel qualification is based upon the analysis of strategic problems that lie before a dental polyclinic, necessity to train staff according to recommendation of the implemented procedures (evaluation of a worker's activity, attestation, work with staff reserve), and plans of professional development of workers in structural divisions. Team work and collaboration implies an efficient delegation of powers, involving other employees into achieving the set objectives, and organization of a group work so that combination of these efforts leads to a synergetic effect. This effect makes collective efforts ten times more efficient than simply adding results of the same number of employees, working separately. Apart from administrative skills, a head doctor should also be able to increase team spirit and moral condition of a group, prevent and solve all possible conflicts efficiently.

As we know, a head doctor has to remember his key arrangements, meetings, and assignments, find the necessary information quickly on the everyday basis apart from carrying out a great number of other problems. However, only 13,71% of the respondents consider the information, available to them, sufficient to make a decision. Information is considered to be the main management resource the process of exchanging information is called «communication». Communication is a process, through which an idea is transferred from its source to a recipient in order to alter behavior of the former.

Nowadays informational systems, multi-functional program complexes, aimed to automatize accounting and management in a polyclinic, are being developed in priority. Facilitating such programmes allows us to solve such problems as:

- Maintenance of patients' files and digital medical card.
- Maintenance of a single database for a polyclinic with branched department structure.
- Automatization of reception work – broader set of functions.
- Maintenance of document circulation with insurance companies and enterprises: contracts, payments, insurance programmes, formation of reports.

- An operative analysis and control of a polyclinic's activity.
- Stock materials accounting.
- Accounting of teeth-technical laboratory operations.
- Statistic and medical reporting.
- Analysis of a dental polyclinic work efficiency.

However, only 5,79% of head doctors use an automated system of analyzing department activity. We should outline that all polyclinics maintain a monthly automated report of services and their costs according to OMC program. Also, annual report in dynamics of these indexes is provided only in 2–3 polyclinics that are a school of foremost experience.

Recommendations on improving work of head doctors are presented in a scheme:

1	Decrease in work load of head doctors due to breaking a department into smaller units via decrease in number of dental therapists, and surgeons (no more than 6 dentists).
2.	An appropriate equipment of the workplace (office), provision of computer technics and software.
3	Complex informatization and automatization of a department' activity. Introduction of multi-functional program complex into practice.
4.	Establishing possibilities of increase in skills and knowledge level in accordance with a position's requirements, especially in the area of organizing healthcare and social health.
5.	Setting high standards of quality and stimulating workers t o improve their qualification.
6.	Formation of corporate identity that, in its turn, will provide for development of corporate culture.
7	Formation of professionally-significant psychological qualities of organization, intellectual, communicative nature, developing skills of communication and business contacts.

Scheme «Improving work of head doctors in dental polyclinics»

Training head doctors in organizing healthcare and social health is required. Final evaluation of knowledge in the area of management competences equals 40,8%, this value testifies for significant deficiencies in basics of planning-economic and financial activity of dental polyclinics, order of carrying out economic and labour contracts.

In order to achieve success, one has to realize his present condition, see his goal, understand methods of achieving it, and move towards the goal. Generally, we can define requirements that a head doctor of a department should meet. These requirements are defined through professionally-important qualities that we define as individual qualities of

an activity subject that influence efficiency of his activity and successfulness of mastering it. An answer for the question of qualities that a head doctor should possess, has suffered a significant evolution during the development of the theory of management. According to management activity of a head doctor we can outline the following professionally-important qualities: a skill to select and distribute employees, plan working process, provide a clear control, make decisions. Organization qualities are the result of displaying a number of psychological traits of a person. At this level intellectual qualities of a head doctor serve as basics of his development. An intellect can or cannot serve as a factor

of successfulness of a head doctor depending on what management resources, intellectual or competence, are introduced into his activity.

Many years of practical experience and modern scientific researches in the area of management prove that a leader's successfulness is defined by a whole complex of characteristics that he has to possess apart from knowledge. Head doctor nowadays is a top-end professional in his specialty, indicated in his diploma, he is an organizer of healthcare who has obtained knowledge and skills via trial and error method, he is a self-taught lawyer, psychologist in his nature.

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THE ANALYSIS OF HEALTH OF ORPHANS AND ORPHANED CHILDREN WITHOUT CARE OF PARENTS

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We studied 386 made in 2009 clinical records of children (form № 30), staying in inpatient institutions for orphans and children without parental care. Their morbidity and disability were analyzed. The groups of the children with similar a variety of diseases and the level of disability were allocated. On the results of the analysis of disability and morbidity of the orphaned children, the group of children with the highest risk for the development of a disability was allocated. The ultimate goal of the study is a conceptual approach and an optimization of the dispensary work among this category of children.

Introduction. Multifactor assessment of health status of children by conventional criteria allows not only verifying the disease itself, but also determines the level of its compensation dynamically, particularly the one of debilitating diseases. Among the causes of early children's disabilities, a leading role is played by congenital, hereditary chromosomal perinatal damaging factors [9]. According to the WHO recommendations, the grounds for establishing disability are:

- 1) consequences disease;
- 2) social insufficiency or social dysadaptation.

In children, a disease or a congenital defect without signs of past disease may serve as the grounds for declaring disabled. According to the data of the Ministry of Health and Social Development of the Russian Federation, the structure of child disability is as follows:

1. Functional disorders of the central nervous system, mental retardation and neuropsychiatric disorders (30%).

2. Neurological, neuromuscular disorders (20%).
3. Skeletal disorders, dysmorphic features (20%).
4. Hearing disorders (17%).
5. Visual impairment (16%).
6. Disorders in congenital malformations (3,3%).
7. Functional organ failures in chronic somatic diseases (2,2%).

Handicapped children often have a combination of several types of social insufficiency [5]. The study objective is to give a generalized assessment of the health of children in orphanages, on the grounds of which to optimize the individual preventive work with these children, thereby reducing the risk of increasing in the number of handicapped children among orphans and children without parental care. The primary tasks are disability and morbidity analysis among orphaned children as well as the allocation of the group of children with the highest risk for the development of disability. The ultimate goal of the study is a conceptual approach and an optimization of the dispensary work among this category of children.

386 orphans' case follow-up records (form 30) made in 2009 were analysed. The age distribution of the children was as follows. There were 5,15% of children aged less than a year, 18,6% of children aged 1 to 2, 17,79% of children aged 2 to 3, 16,93% of children aged 3 to 4, 12,88% of children aged 4 to 5, 11,78% of children aged 5 to 6, 7,73% of children aged 6 to 7, 9,58% of children aged more than 7. The basic indices characterizing child morbidity and disability were singled out. The system of an integrated health assessment in children was carried out on six basic criteria: the anamnesis assessment: biological, genealogical and social; the physical development and the degree of its harmonicity; the neuropsychic development and the intelligence level; the resistance of the body; the functional state of organs and systems; the presence or absence of chronic diseases and congenital malformations. Based on all of the six mentioned criteria a multifactor assessment of health status of children is carried out with a conclusion about the child's belonging to one of the five existing health groups [1, 5, 7, 8, 9]. The obtained data were processed in VISUAL FOX-PRO 9, EXCEL 2007, STATISTICA 8. Extract, content analysis and linear statistics methods were used (determination of sample means and errors of the means) ($M \pm m$) [4]. Additionally, the cluster analysis method was applied [2, 3, 4].

The data on the proportion (percentage) of diseases of a specific class of all diagnosed diseases was analysed by the classes of the 10th revision of the International Statistical Classification of Diseases and Related Health Problems. The most common diseases are those of the nervous system, which constitute 15,2% of all identified diseases in children. The second place on the incidence belongs to «Congenital malformations, deformations