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Features of Providing the Population with Emergency Medical Aid Service

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Abstract: Introduction: Public emergency medical service, both at the scene of the accident and in cases of sudden illness, exacerbation of chronic diseases, accidents, injuries and poisonings, complications during pregnancy and childbirth. It is intended to provide round-the-clock medical assistance to the elderly and children in cases where the health or life of the citizens or the surrounding people is threatened by the situation.

In this article, we will consider the research conducted in the countries of the world about the activity of the emergency medical service, the history of its organization, and give a general understanding of the operation of this system.

Keywords: Emergency medical care, telemedicine, healthcare system, paramedic, dispatcher.

Purpose: To study the sources of information describing the organizational models of emergency medical care

Results: According to Pitts S.R., the unavailability of emergency care led to increasing problems in the health care system in the mid-1950s and, as a result, to the creation of emergency departments [1, 2, 3].

More than 50 years ago, an article [4] was published in the New England Journal of Medicine, the authors of which proved the feasibility of creating such medical care. It analyzed the first experience of the emergency department of Hartford Hospital (Connecticut, USA), which became the basis for the widespread implementation of the emergency department in practical health care [3].

Historically, three models of emergency medical care have been developed, depending on the pre-hospital and intra-hospital focus: American, Franco-German, and Russian, [5].

The American model of emergency medical care (also called Anglo-American) involves the work of purely paramedical teams at the stage of hospitalization. At the same time, paramedics are equipped with equipment for resuscitation and patient transportation. The main goal of the paramedic team is to immediately transport the patient to the emergency department. The competence of the paramedic includes assessing the severity of the patient's condition, ensuring the vital functions of the most important organs and systems, and, if necessary, organizing therapeutic measures when transporting the patient to the emergency department [6, 7, 5].

The authors identify at least two approaches to providing emergency care at the pre-hospital stage: “catch and run” (catch and run), when the time for transporting the patient to the hospital by a team of paramedics takes less than 15 minutes, and “ stay and treat” (stay and treat), when the transportation time takes more than 15 minutes. The involvement of a doctor in the provision of medical care at the pre-hospital stage is carried out by telephone consultation. Basically, the tasks of a doctor and a paramedic in providing emergency care at the pre-hospital stage are different. A doctor trained in the specialty “emergency care” makes a primary diagnosis at the pre-hospital stage, organizes and carries out treatment measures when transporting the patient to the emergency department, and decides on the need and place of hospitalization of the patient. The paramedic, in turn, must immediately deliver the victim to the emergency department. Once a patient is admitted to the emergency department, the hospital phase of care begins. Emergency departments are located within hospitals [8] and are the

primary interface between the local emergency department and the intensive care unit [9]. These departments are linked to surgical and intensive care units. In some states, emergency departments are located outside hospitals and operate as urgent care centers.

In the emergency department, patients are first assessed by nurses who provide first aid based on the severity of the patient's condition [8]. In the hospital stage of emergency medical care, the main focus is on ward doctors. The department doctor has a specialized specialty. Researchers call him an "intensive doctor", the closest thing to the American version in Russia is an emergency doctor, but in America, an "intensivist" is a more trained doctor who can do almost everything that our resuscitators can do, except that he has dispatch functions have The American emergency department model operates on a one-doctor, one-patient basis. This means that when the patient is admitted, the initial examination and treatment plan are developed by one doctor. He decides what tests to send the patient and how much medical care he needs [6, 7, 5, 8].

The Franco-German model (also called the "European model of emergency care") includes the work of both medical and paramedical teams in the pre-hospital phase. In this case, the dispatcher, after receiving the call, decides which emergency team to send in each specific case. Researchers also note that there are more paramedical teams than medical teams and that their arrival rate is higher than that of medical teams. Their main goal, as in the American model, is to get the patient to the hospital quickly, and the tasks of the medical team include providing emergency care on the spot and during transport to the hospital. In this case, one of the doctors may be excluded from accompanying the victims to the hospital. Staying at the scene, he organizes the process at the scene of the disaster, cooperates with firefighters, police and other services. In the hospital stage, emergency medical care is provided in the emergency departments located in the inpatient departments of the hospital. Emergency departments in hospitals are divided into 2 levels. On the first floor, surgeons work all day, conduct laboratory and functional studies. In the latter, doctors work only on call [20]. Doctors of these departments have additional training in emergency medicine while maintaining their primary specialties (eg, anesthesiologist, surgeon, etc.) [6, 7, 5,].

A number of authors note that over the past 20 years, most countries around the world have modernized the emergency departments of large hospitals in order to improve the quality of medical care and speed up the correct diagnosis, taking into account the severity of the patient. did [10, 11]. In this way, according to the researchers, both the quality of medical care and the psychological satisfaction of the patient are achieved [12].

Foreign experience shows that for many calls that do not threaten the patient's life, ambulance teams recommend that patients contact general practitioners or go independently to the emergency department of large medical institutions [13, 10]; .

According to E. A. Evdokimov, the European model of emergency medical care is to a certain extent closer to the current emergency medical care system in Russia [5].

The Russian model of emergency medical care has undergone a number of changes in a short period of time. Until 1978, emergency medical care in Russia was the responsibility and authority of the ambulatory service, for which there were medical personnel and a resource base (transportation, medical facilities, etc.). The system that existed at that time could be viable for a number of objective and subjective reasons (the imperfection of information and dispatch service, the lack of clear interaction between ambulance and ambulance absence, as well as pressure from officials) was later abolished by the merger of ambulance and emergency care [14].

Shlyafer S.I. states that many problems have been continuously accumulated in the ambulance and emergency medical service since its establishment, which they have tried to solve with the next reorganization of the service in the interval of 15-20 years. The need for such reorganization is explained by the timely provision of medical care in cases of accidents and injuries and the high proportion of non-main calls related to chronic diseases [15]. It is no secret that 40% of emergency

medical calls are for patients with aggravated chronic diseases, primarily requiring full examination and treatment in the clinic [16, 17].

Kuzenko P.I. emphasizes the historically formed organizational model of emergency medical care, in which, in the absence of a clearly regulated interaction of individual emergency medical care and emergency medical care, doctors of the emergency medical service of the outpatient service are called from territorial facilities outside local working hours.

European legislation defines emergency medical care as medical care provided immediately in the event of sudden illnesses that do not threaten the patient's life [18].

According to American law, emergency medical care is assistance provided in case of sudden acute illnesses, the refusal of which would lead to a deterioration in the patient's condition [18].

- emergency medical care - is provided for sudden acute illnesses, conditions, exacerbations of chronic diseases that do not have obvious signs of a threat to the patient's life [19, 20, 21, 22].

Emergency medical care can be provided both in an outpatient setting and in a hospital setting, and emergency medical care is a form of organizing urgent (urgent) medical care that is provided on the street or at home. Emergency medical care can be provided within the framework of primary medical care or can be carried out in the framework of specialized medical care, which should be provided by doctors of any specialty. The experience of recent years associated with the introduction of the concept of "emergency medical care" shows that the ambulance dispatcher, having underestimated the patient's condition, does not send an ambulance to call, but refers. A patient who calls an ambulance to outpatient clinics for emergency medical care that does not require urgent medical intervention often ends up harming the patient's life and health, not providing or not providing timely medical care. medical care and, accordingly, legal claims against medical organizations.

To date, there are no clear criteria for medical care to go to the ambulance and emergency medical care in the regulatory legal documents, which causes confusion in the organization of medical care to the population. Ambiguity in the interpretation of concepts is a dangerous area for legal liability for medical organizations [19, 22]. Today, telemedicine occupies the main place in emergency medical care. Telemedicine is a remote medical practice that uses new information and communication technologies to connect a patient and one or more medical personnel or several medical personnel. According to the definition adopted by the World Health Organization (WHO) in 1997, "Telemedicine is the transmission of medical data (images, reports, records, etc.) through telecommunications to obtain diagnosis, specialized advice, continuous monitoring. It is part of the medicine that uses it" [23]. Its use is considered as an organizational response to various problems: the epidemiological problem related to the aging of the population and the increase in the number of patients with chronic diseases, the uneven distribution of health care professionals across the region. an economic problem with distribution and increasingly important budget constraints.

Telemedicine may also be the answer to the challenges faced by health services, particularly emergency departments. During the worldwide quarantine period, telemedicine has ensured continuity of care for patients with chronic diseases and facilitated isolation and monitoring of COVID-19 patients while maintaining safety and confidentiality [24, 25].

Telemedicine provides an opportunity to provide timely medical care. Including assessment and remote care, potentially reducing unnecessary emergency room visits and hospitalizations. This approach can improve access to care, optimize emergency department resources, and increase patient satisfaction by ensuring appropriate and effective care without the need for inpatient services.

Although telemedicine has shown significant advantages, particularly in improving health care utilization and efficiency, its implementation is not without its challenges. Technological barriers such as poor internet connectivity or limited digital literacy in certain patient demographics may prevent widespread adoption. In addition, there are concerns about data privacy and security, especially with the transfer of sensitive medical information over digital platforms. Emergency medicine often

requires rapid diagnosis, intervention and management to prevent further complications and ensure optimal outcomes for patients in critical situations. Evaluating the impact of telemedicine in the emergency department in managing non-hospital patients in terms of readmissions and treatment adherence, and improving patient satisfaction with healthcare services.

Summary

Thus, the organization of emergency medical care does not have an established and developing model form, and the concepts used to interpret emergency medical care do not provide a clear legal regulation of this type of medical care. In addition, each country should organize its own emergency medical service based on its capabilities and experiences and constantly add modern innovations and modern approaches to the field.

Literature review

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