

Determination of provided volume of the emergency medical service in the Republic of Belarus

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Accessibility and quality of emergency medical care (EMC) traditionally form public opinion about the effectiveness of the healthcare system, it's the zone of the first contact within the framework of primary medical care (MC) in emergency situations. In the Republic of Belarus as a state social standard is defined a standard of 1 EMC team per 12,000 inhabitants (12,500 in Minsk). In connection with the excessive growth in the number of applications for EMC in the early 2000s (402.3 per 1000 inhabitants) and, accordingly, the irrational use of the cost-intensive type of MC, an average republican standard of calls (departures) of the EMC, introduced in 2003, was 330. Urgent conditions and palliative causes, including anesthesia, prevailed in the structure of applications for EMC. During 2003-2007, the standard had a tendency to decrease (up to 260), however, the actual number of trips exceeded it by 0.2-16.7%. In 2008, the standard was increased to 280, later to 300 (2009-2012). The actual number of trips, however, exceeded the standard by 9.7-13.1%. In 2013-2014, the standard increased to 320, which in general corresponded to the needs of the population (the fact – 317 (2014)). The economic situation caused the reduction of the standard in 2015-2016 (300 and 290), the fact exceeded the standard by 5.0-6.0% (307 in 2016). Nevertheless, during the period 2001-2016 there was a decrease in the number of EMC service departures (by 23.6%), which was accompanied by a large amount of work to develop the institute of a general practitioner, allocation of palliative beds (427 beds, treated 7529 patients (2016)) and the development of palliative care in outpatient settings; the active functioning of nursing hospitals (4,665 sibling beds, 13,933 patients treated), the allocation of social beds (367 beds, 1017 patients treated), improving the continuity of EMC with outpatient and hospital health organizations.