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EVALUATION OF THE QUALITY AND ACCESSIBILITY OF PROVISION MEDICAL CARE AT THE REGIONAL LEVEL

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Summary: The author, as an example of the Transcarpathian region, an assessment of the quality and availability of medical care at the regional level, using quality indicators. Discordant established trend indicators.

Keywords: indicators of quality of care, quality and accessibility of health care.

Introduction. Preservation and development of public health as a decisive factor in ensuring economic and social development is one of the most important social functions of the state. The implementation of this function occurs through the activities of the health sector, for which the evaluation of domestic and international practice, using indicators such as quality and accessibility of health care [3, 5].

However, despite all the declarations on the need to improve public health and taken to solve this problem numerous legal acts, the situation regarding the provision of medical care in the country has not significantly improved. Therefore, the study of the quality and availability of care, identifying the main cause of the decline is

crucial to improve the functioning of the health and development strategies of reform.

Right of access to care as indicated in Amsterdam Declaration of the European Bureau of the World Health Organization, is one of the most important social rights.

International documents the availability of health care is seen as a multidimensional concept that includes a balance of many factors in the framework of

strong practical limitations due to the peculiarities of resources and capabilities. These factors include: personnel, finance, vehicles, and freedom of choice, social literacy, quality and distribution of inputs. The balance of these elements that maximize the quantity and quality of received population actually care, and determine the content and extent of its availability [2, 4].

At the present stage of development of the health quality of care is considered to be the main objective function while the criterion of health system from its lower level - health care setting, the top - the Ministry of Health of Ukraine.

Improving the quality of health care in Ukraine - one of the current challenges. The National Action Plan for 2011 to implement the program of economic reforms in 2010 - 2014 " Prosperous Society, Competitive Economy, Effective State", approved by Decree of the President of Ukraine on April 27, 2011 № 504 /2011 and the Resolution of the Cabinet of Ministers of Ukraine February 2, 2011 № 389 " on approval of the development of investment and innovation activity in Ukraine " the main directions of the reform of health care, including increasing the availability of health services, improving the quality of health services, improving the efficiency of public finance [1]

Purpose - to assess the quality and accessibility of secondary and tertiary healthcare Transcarpathian region according to the indicators.

Materials and methods. Materials and information have become the basis for research reports form number 20 and number 21- for 1995-2010 The results obtained by using theoretical methods (analysis and synthesis, organizing and modeling), empirical methods (social, observational and peer reviews) and statistical methods (variational and alternative statistical correlation analysis).

Results and discussion. Evaluation of the quality of medical services performed in accordance with the benchmarks established by the order of Ministry of Health of Ukraine from 02.11.2011, № 743. Performance clinics, maternal deaths, perinatal mortality and early neonatal mortality as indicators of secondary and tertiary health care.

The main institution that provides assistance is primary medical help clinic (office, clinic, office). In addition, in recent years formed a network of family medicine, under which assistance is also provided primary medical help for adults and children. Therapeutic and preventive care provided by these facilities are the most accessible and widespread form of health care. The current system of outpatient care provides preventive orientation, access, equity, quality and full responsibility for the health of patients.

Indicators of workload outpatient clinics and quality of outpatient care visits is active patients at home as on the disease and on prevention Coverage of preventive examinations of children and adolescents and more.

The average number of visits to doctors per 1 inhabitant in the general population during the years 1995-2010 in the study area increased by 19.5%, and often people visit doctors lowland areas, at least - the foothills and the smallest - mountain. When compared with similar data for Ukraine, it was found that this area belongs to the areas with the highest level of home visits per 100 populations.

The main reason for physician visits residents of the oblast population is prevention. Since the dynamics of the past 15 years the proportion of visits for diseases decreased by 6.8% and on prevention increased by 9.5%. The share of visits patients at home during 1995 and 2000 tended to increase, but subsequently decreased by 16.2%.

Regarding the frequency of attendance of physician's child population area, it is typical instability enrollments as on diseases and on prevention during the study period.

The average number of visits to physicians of children aged 0-14 years at home for 1995-2010 is 1.0, almost every

child doctor visits home during the year 1 time, and positive is relatively greater number of visits to just about prevention throughout the study period.

Annual preventive examination for years 1995-2010 covered about 99.7 - 99.9 % of children aged 0 - 17 years who are under the supervision of child health clinics. In 2010, the surveys covered in general in Ukraine almost 98.0 % of children. Thus, this quantitative measure commendable. The same high performance necessary to achieve and qualitative characteristics of the outpatient service.

Infant mortality in the region, as well as in Ukraine, and a positive trend: in 2010 the mortality rate of children under 1 year compared to 1995 decreased by 27.7 %, but it remains one of the highest in Ukraine (as of 2010 year, in the Transcarpathian region - 10,1 ‰, in Ukraine - 9,1 ‰). In the study area during 1995-2005 years have seen a reduction in early neonatal and perinatal mortality by 50% and 89.2 %, respectively. Characteristic was the growing share of babies who died during the first week of life from 95.5 to 99.0% in 1995-2005 (in Ukraine - 38.0 - 44.0 %), but in 2010 their share dropped to 92, 2 % due to the increase in the proportion of deaths of infants after the first week of life , such as 1 month of life. Despite the improvements in terms of reduction of almost all types of infant mortality, their level

is too high, especially when compared to European countries.

Conclusions. 1. The average number of visits to physicians per capita among the entire population of the region increased by 19.5 %, especially in low-lying area. The most common reason for visits in the general population and children is prevention. Annual preventive examination for years 1995-2010 covered by 99, 7-99, 9 % of children and adolescents, indicating a high numerical performance of the clinic. 2. Despite positive indicators of child, early neonatal and perinatal mortality during the study period, their level exceeds the corresponding figures in the whole of Ukraine, especially in Europe.

Providing people Prophylaxis in sufficient volume and quality depends on many factors, including: the adequacy of the material and technical base of health care, the professionalism and training of doctors, managers competence, psychological readiness of people to take care of their health. So, first of all, you need to influence these factors and take them into account when developing regional programs and measures to improve the quality and accessibility of care. Adopt new indicators ENP 2020, which will need to adapt and use in parallel with national, which is within the National Programmer "Health - 2020: Ukrainian Dimension».

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