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Communication

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ANALYSIS OF PERFORMANCE IN ROUTINE OF DAILY ACTIVITIES OF THE OPERATIONAL ADMINISTRATIVE SERVICE OF THE MOSCOW DEPARTMENT OF HEALTH IN PROVIDING QUALITY MEDICAL CARE TO POPULATION IN 2017-2021

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Abstract. *The aim of the study* is to analyze the effectiveness of the operational administrative service of the Department of Health of Moscow to ensure the health of the population.
Materials and research methods. We analyzed the work of the operational administrative service of the Department of Health of Moscow in 2017-2021 basing on verbal complaints of citizens about shortcomings in the work on the provision of medical care to the population. Materials of the study – reports on the elimination of medical and sanitary consequences of emergencies; orders, instructions and other documents of the Department of Health of Moscow.
Results of the study and their analysis. The work of operational administrative service proved its efficiency: opportunities for the citizens to seek medical assistance expanded, number of cases of operative response increased. Expansion of the operational administrative service staff due to epidemiological situation on COVID-19 increased the number of verbal appeals of citizens in comparison with 2019. Intensive work on detection of errors and their elimination by specialists of medical treatment organizations led to a decrease in number of requests for medical care and to a reduction of validity of verbal complaints about shortcomings of its provision.
It is concluded that it is expedient to create similar services in other megalopolises of the Russian Federation.

Key words: *megalopolis, operational administrative service of the Department of Health of Moscow, population, prompt response, quality medical care, routine of daily activities, verbal complaints of citizens*
Conflict of interest. The authors declare no conflict of interest
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Информационная сообщение

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АНАЛИЗ ЭФФЕКТИВНОСТИ РАБОТЫ В РЕЖИМЕ ПОВСЕДНЕВНОЙ ДЕЯТЕЛЬНОСТИ ОПЕРАТИВНО-РАСПОРЯДИТЕЛЬНОЙ СЛУЖБЫ ДЕПАРТАМЕНТА ЗДРАВООХРАНЕНИЯ г.МОСКВЫ ПО ОБЕСПЕЧЕНИЮ ОКАЗАНИЯ КАЧЕСТВЕННОЙ МЕДИЦИНСКОЙ ПОМОЩИ НАСЕЛЕНИЮ В 2017–2021 гг.

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Резюме. *Цель исследования* – проанализировать эффективность работы оперативно-распорядительной службы (ОРС) Департамента здравоохранения г.Москвы (ДЗМ) по обеспечению оказания качественной медицинской помощи населению в 2017–2021 гг.
Материалы и методы исследования. Материалы исследования – отчёты о работе оперативно-распорядительной службы ДЗМ по устным обращениям граждан; нормативные правовые акты по вопросам медицинского обеспечения населения.
Результаты исследования и их анализ. Работа оперативно-распорядительной службы показала свою эффективность: расширились возможности обращения граждан по вопросам оказания медицинской помощи, возросло количество случаев оперативного на них реагирования. Ухудшение эпидемиологической ситуации по COVID-19 потребовало расширения штатов ОРС и увеличило количество устных обращений граждан по сравнению с 2019 г. Интенсивная работа по выявлению ошибок и их устранению специалистами лечебных медицинских организаций (ЛМО) привела к уменьшению обращаемости за медицинской помощью и снижению обоснованности устных жалоб на недостатки её оказания.
Сделан вывод о целесообразности создания подобной службы в других мегаполисах Российской Федерации.

Ключевые слова: *качественная медицинская помощь, мегаполис, население, оперативно-распорядительная служба Департамента здравоохранения г.Москвы, оперативное реагирование, режим повседневной деятельности, устные обращения граждан*

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Introduction

At the present stage one of the priority directions of the Russian Federation healthcare development is the improvement of the system of medical care quality management, ensuring the readiness of the state, municipal and private healthcare systems to work in emergency situations and in wartime[1]. The Decree of the President of the Russian Federation of June 6, 2019 № 254 clearly outlines the result to be achieved in the implementation of this strategy: "...the formation of new, including organizational and managerial, solutions aimed at the sustainable development of the healthcare system, the preservation of public health and improving the quality of medical care"[2].

Based on the tasks set, it is particularly important to create an effective management model in a megalopolis such as Moscow. Because there is a high risk of development of critical situations in the field of life safety of the population.

Currently, the scientific literature discusses the organization and provision of medical care to victims in emergencies [1-9]. At the same time the problem of optimization of the work carried out in the mode of daily activities remains no less urgent [10-12].

In order to effectively solve the issues of optimization of the work of medical organizations in the mode of daily activities the operational administrative service of the Moscow Health Department (DZM) was created.

The tasks of the operational administrative service are to analyze and to summarize operational information about disturbances of life support and the emergence of abnormal situations in medical organizations of the state health care system of Moscow. And the service must also respond in a timely manner to oral communications from citizens on the organization of medical care to the population.

One of the activities of the operative service is the evaluation of work on oral appeals of citizens on issues of medical care (Fig. 1).

The analysis of the data presented in Fig. 1 shows that there is still a high proportion (2021 — 44%) of justified verbal complaints received from the population of Moscow. This dictates the need to continue and to improve the work of operational administrative service in the given mode. The validity of verbal complaints is determined both by the fact of verification of information contained in the appeal, and by the confirmed fact of detection of violation.

The aim of the study is to analyze the effectiveness of the operational and administrative service of the DZM of Moscow on public health in 2017-2021.

Materials and methods of the study. Materials of the study — reports on the work of the operational administrative service on verbal appeals of citizens in 2017-2021; normative legal acts on the issues of medical provision of the population[3-9].

Results of the study and their analysis. The results of the study are based on the development of control mechanisms for the provision of medical care to the population of Moscow. One of the main indicators of work control is the solution rate for private verbal questions coming to the operative service.

The Department of Health of Moscow has worked with verbal appeals from citizens before. It was based on the following principles: involvement of medical specialists from subordinate medical treatment organizations, daily round-the-clock operational control of their activities, adoption of urgent measures to address shortcomings in their work. Time has shown that the previous scheme, which existed until 2016, did not justify itself. The work with verbal appeals was mostly of a question-and-answer type of informational and reference nature. In the work of the hotline, there was a one-line operation in accepting appeals and transmitting information. There was no monitoring of the result of the appeal (Fig. 2). In addition, the lack of permanent staff made it impossible to conduct regular monitoring of incoming data.

In order to ensure quality and timely control over the provision of medical care to the population, it was necessary to improve the existing scheme of work. We needed a service that, on the one hand, would interact with the population and, on the other hand, would make decisions remotely. All of this led to the creation in 1997 of the control and administrative service of the Moscow Health Committee. It was entrusted with the functions of remote decision-making on operational issues in the city's health care system. On the basis of the order of the DZM dated March 2, 2017

[1] On the Unified State System for the Prevention and Elimination of Emergency Situations: Decree of the Government of the Russian Federation of December 30, 2003 № 794 (In Russ.)

[2] On the Strategy of Healthcare Development in the Russian Federation for the Period until 2025: Decree of the President of the Russian Federation from June 6, 2019 № 254 (In Russ.)

[3] On the Order of Consideration of Appeals of Citizens of the Russian Federation: Federal Law of May 2, 2006 №59-FZ (ed. from 27.12.2018) (In Russ.)

[4] On the Control and Administrative Service of the Moscow Healthcare Committee: order of the DZM of July 22, 1997 No. 416 (In Russ.)

[5] On the Work of the Operational Administrative Service of the Department of Healthcare of Moscow: Order of the DZM dated March 2, 2017 № 155 (In Russ.)

[6] About the Operational Administrative Service of the Department of Healthcare of Moscow: order of the DZM from 29.12.2020 №1511 (In Russ.)

[7] About Territorial Disaster Medicine Service of the City of Moscow: Order of the DZM from 25.11.2021. № 1171 (In Russ.)

[8] On Approval of the Regulations for Prompt Consideration of Citizens' Telephone Appeals: Decree of the DZM of 23.01.2018 No. 90-r (In Russ.)

[9] On the Territorial Program of State Guarantees of Free Medical Care for Citizens in the City of Moscow for 2022 and for the Planning Period 2023-2024: Decree of the Government of Moscow No. 2208-PP of 24 December 2021 (In Russ.)

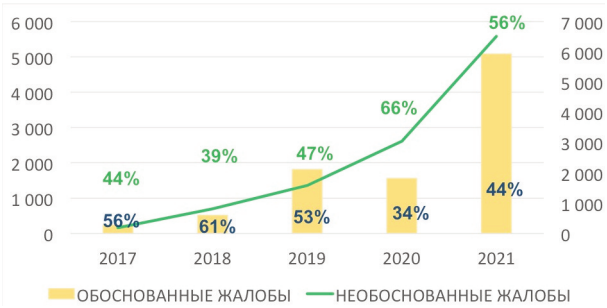

Рис.1. Доля обоснованных и необоснованных устных жалоб, поступивших в ОРС ДЗМ в 2017–2021 гг., %
Fig.1. Share of substantiated and unsubstantiated oral complaints received by the Operational And Administrative Service DZM in 2017–2021, %

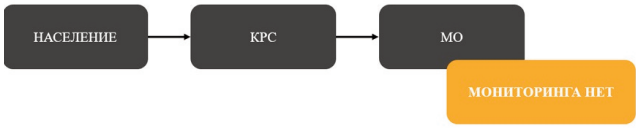

Рис.2. Схема работы контрольно-распорядительной службы Комитета здравоохранения (КРС) г.Москвы до 2016 г. по принятию устных обращений
Fig.2. Scheme of work of the control and administrative service of the Committee of Health of Moscow until 2016 for the acceptance of oral appeals

№155, the control and administrative service was reorganized into the operational administrative service of the Department of Health of Moscow. Currently, the operational administrative service of the DZM operates on the basis of DZM Order No. 1511 of December 29, 2020.

The operational administrative service is a functional unit of the Moscow Health Department. It was created for the purpose of operational management of the forces and means of the state health care system.

The operational administrative service is part of the structure of the special type institution "Moscow Territorial Scientific and Practical Center for Disaster Medicine of the Moscow City Department of Health".

In the day-to-day mode of operation, the operational administrative service interacts with the population according to the following principle. A resident contacts the operational administrative service by telephone, which is indicated on the official website of the Department of Healthl. The employees of the operational administrative service transfer the incoming information to the medical treatment organization by means of a prompt response. In turn, the medical treatment organization informs the population and the operational administrative service about the measures taken on the applicant's appeal. Thus, appeals are monitored, which was not the case in the previous scheme of work. In view of the above, prompt response can be seen as a way of interaction between the Department of Health and subordinate medical institutions on verbal appeals of the population within a strictly limited period of time: it should take no more than two hours from the receipt of a complaint to a response from a medical treatment organization (Figure 3).

Creation of the operational administrative service contributed to an increase in the number of oral appeals of citizens to the Department of Health by increasing the number of telephone lines (from one to 35) and the use of information technology (Internet, social networks, websites) to obtain background information on oral appeals (Fig. 4).

As can be seen from the data in Fig. 4, the number of verbal appeals of citizens to the operational administrative service in 2021 exceeded by 2 times the indicators of 2017 and by 3 times the indicators of 2019. This was due to worsening epidemiological situation on COVID-19.

All appeals of citizens were divided into the following groups:

- appeals for the purpose of obtaining reference or additional information;
- appeals-complaints about failure to provide medical care;
- appeals with a positive assessment of the work of specialists of medical treatment organizations;
- appeals from hooliganism, etc.

As can be seen from Table 1, in 2017-2019 reference appeals prevailed. Then came appeals concerning the organization of in-patient and out-patient medical care: violation of the procedure for making an appointment with a specialist, long waiting times for instrumental examinations, difficulties with obtaining an individual rehabilitation plan, etc. Since 2020, appeals in connection with the

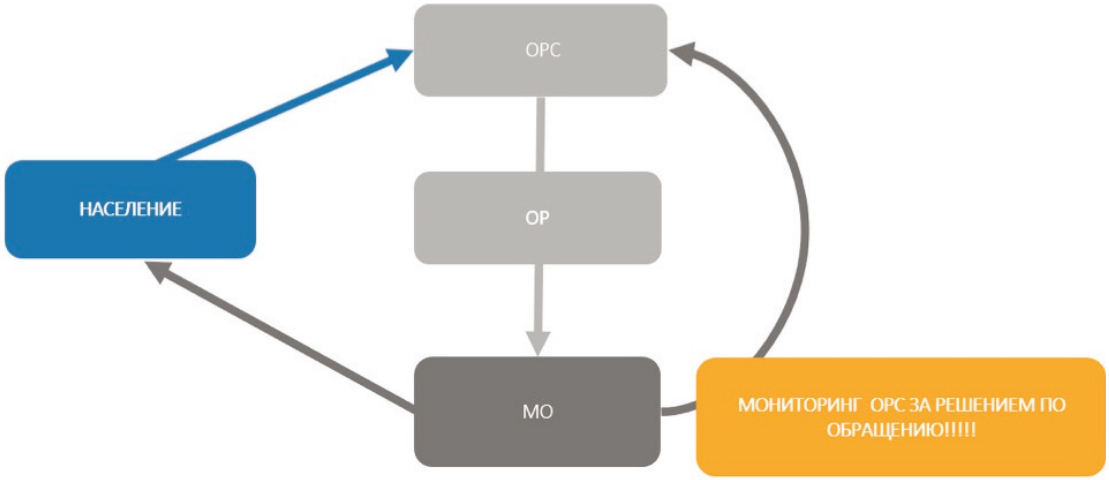

Рис.3. Схема работы ОРС (с 2017 г.) по принятию устных обращений граждан
Fig.3. Scheme of work of the Operational And Administrative Service (since 2017) for the acceptance of oral applications from citizens

Таблица 1 /Table No. 1

Распределение по тематике обращений граждан в ОРС в 2017–2021 гг.

Distribution of Citizens' Appeals By Subject Matter in the Operational and Administrative Service in 2017 – 2021

Тематика обращения	2017	2018	2019	2020	2021
Коронавирус – с 2020 г.	–	–	–	73 953	97 397
Справочная информация по работе медучреждений, подведомственных ДЗМ	27 854	25 249	21 959	25 793	23 460
Жалобы граждан на организацию медпомощи в медучреждениях, подведомственных ДЗМ (поликлиники, стационары и пр.)	16 225	13 803	5 314	7 473	13 329
Вопросы вакцинации	629	505	1 150	1 682	11 744
Портал госуслуг	989	1 010	154	419	3 796
Адрес, как проехать, часы работы ДЗМ и его приемной – информация предоставлена по сайту ДЗМ	7 239	7 349	4 519	2 733	3 214
Обращение граждан, находящихся в медучреждениях, подведомственных ДЗМ, по вопросам оказания медицинской помощи	360	673	1 022	1 041	2 821
Жалобы на единую справочную службу 8-495-777-77-77	1 797	1 599	2 808	2 518	2 644
Листок нетрудоспособности	809	673	905	1 231	2 358
Трудности с дозвоном граждан по телефонам дирекций по координации деятельности мед. организаций и в отделы по округам	1 078	842	130	1 181	2 252
Как получить квоту	4 492	5 050	3 727	2 521	2 128
Единая медицинская информационно-аналитическая система – ЕМИАС	89	84	459	1 001	2 101
Прочие звонки (срыв звонка, передача факса, ошиблись номером, молчание в трубке)	5 391	8 010	3 740	1 876	2 051
Обращение из мед. организаций, не подведомственных ДЗМ	719	589	2 085	3 146	2 028
Вопросы прикрепления к поликлинике: как прикрепиться –информация размещена на сайте; открепили без согласия	2 695	1 767	1 806	1 879	1 737
Платные медицинские услуги	1 348	842	700	942	1 554
Исполнение индивидуальных программ реабилитации – ИПР; медико-социальная экспертиза – МСЭ	1 797	1 683	1 890	1 485	1 528
Работа службы скорой медицинской помощи – СМП	3 504	2 525	1 293	964	1 503
Стоматологическая помощь (лечение, протезирование, льготы) – информация на сайте в разделе медицинские организации	2 066	1 767	1 573	1 465	1 361
Направление жителя г.Москвы на консультацию и лечение в учреждения, подведомственные Минздраву России	2 515	2 188	1 721	1 813	1 335
Санаторно-курортное лечение, реабилитация	1 528	1 431	1 056	1 336	1 317
Перевод пациента-москвича из региональных стационаров в Москву	180	84	663	527	908
Транспортировка пациента из стационара домой	156	168	426	461	881
Вопросы трудоустройства, зарплаты, целевого направления на учебу	180	1 094	944	1 327	718
Выдача справок в психоневрологическом (ПНД) и наркологическом (НД) диспансере для получения водительского удостоверения, разрешения на ношение оружия и трудоустройство – информация предоставляется по сайту ДЗМ	1 258	1 094	1 138	576	528
Молочная кухня	81	42	647	584	498
Паллиативная помощь – информация предоставляется по сайту ДЗМ	1 797	842	598	585	497
Жалобы на недостаточную укомплектованность медперсоналом медицинских учреждений – врачи-специалисты, участковая служба	449	421	524	507	355
Лекарственное обеспечение	898	833	447	103	93

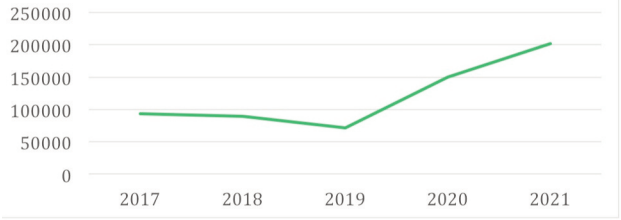

Рис.4. Количество (абс.) устных обращений граждан в 2017–2021 гг.
Fig.4. Number (abs.) of oral complaints from citizens in 2017–2021

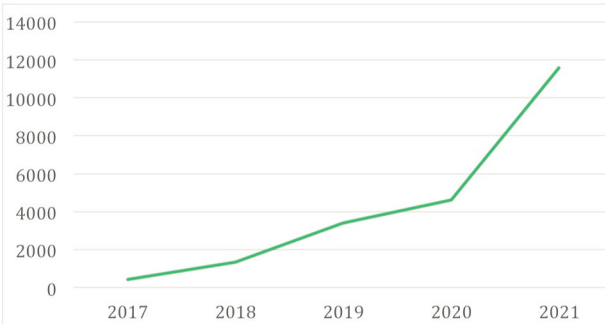

Рис. 5. Количество случаев оперативного реагирования по устным обращения граждан, абс.
Fig. 5. Number of cases of rapid response to oral appeals of citizens, abs.

Covid-19 pandemic began to dominate. The work of the operational administrative service to detect errors led to a 2-fold decrease in the rate of referrals for medical care. This demonstrates the effectiveness of the operational administrative service.

Mechanism of formation of operative response is carried out as follows: verification of received information; transfer of received information to the medical treatment organization; receipt from the medical treatment organization evidentiary information on this appeal; registration of conclusion; intradepartmental informing of those responsible for appeals.

The number of cases of prompt response to oral appeals from citizens is shown in Figure 5. 5.

As can be seen in Fig. 5, in 2021 the number of cases of prompt response was 27 times higher than in 2017. The increase was due to the implementation of operational management assignments on citizens' appeals posted on social networks, in the account of the medical treatment organization, as well as the expansion of operational response service in connection with the COVID-19 pandemic. Starting in 2021, the number of urgent response cases continues to grow, and is now 2.5 times higher than in 2020.

The quality of medical care in Moscow is based on the "Territorial Program of State Guarantees of Free Medical Care for Citizens in the City of Moscow". It includes: all types, forms and conditions of medical assistance; waiting periods; waiting periods for diagnostic and instrumental examinations, consultations by specialists, etc. This program is improved annually. Any breach of the program requires an immediate response — first of all, from the operational administrative service (Table 2).

Таблица 2 / Table No. 2

Количество подтверждённых и неподтверждённых нарушений, выявленных при оперативном реагировании в 2017–2021 гг.

The Number of Confirmed and Unconfirmed Violations Identified during Prompt Response in 2017–2021

Год	Всего случаев ОР, абс.	Подтвержденные нарушения, абс./%	Неподтвержденные нарушения, абс./%
2017	424	238/56,0	186/44,0
2018	1325	810/61,0	515/39,0
2019	3401	1813/53,0	1588/47,0
2020	4608	1558/34,0	3050/66,0
2021	11592	5085/44,0	6507/56,0

Conclusion

The analysis of the effectiveness of the operational administrative service in the mode of daily activity in 2017-2021 showed that the operational administrative service is a modern effective mechanism of response. This service is capable of functioning in different modes, but the mode of daily operation plays a leading role in ensuring the safety of life of the population of the metropolis. Evaluation of the effectiveness of the operational administrative service is based on the analysis of operational information received from citizens in the form of verbal complaints about violations made in the provision of medical care.

Expanded work of operational administrative service on detection of errors by prompt response and their elimination by specialists of medical treatment organizations resulted in 2-fold decrease of the index of appealing for medical care and decrease of validity of verbal complaints about shortcomings in medical care provision.

Thus, the operational administrative service when working in the mode of daily activities provides effective communication between the Department of Health and the population of the metropolis. This contributes to the elimination of shortcomings in the provision of medical care to the population of Moscow.

REFERENCES

1. Gumenyuk S.A., Aleksanin S.S., Yarygin N.V. Evaluation of the Efficiency of Work and Prospects of Sanitary Aviation Development in Megapolic Environment on the Example of Moscow City. *Meditsina Katastrof* = Disaster Medicine. 2022;1:71–77 (In Russ.). https://doi.org/10.33266/2070-1004-2022-1-71-77

2. Bystrov M.V. Analysis of Organizational Models of Disaster Medicine Service of the Ministry of Health of the Russian Federation at Regional Level. *Meditsina Katastrof* = Disaster Medicine. 2021;4:5-10 (In Russ.). https://doi.org/10.33266/2070-1004-2021-4-5-10

3. Bystrov M.V. Results of Study of Organization of Medical Care Providing to Victims of Emergency Situations in Modern Conditions. Message 1. *Meditsina Katastrof* = Disaster Medicine. 2020; 1: 28-32 (In Russ.). https://doi.org/10.33266/2070-1004-2020-1-28-32

4. Goncharov S.F., Bystrov M.V., Sakhno I.I., Popov V.P., Belova A.B., Isaeva I.V. Implementation of Organizational Model of Regional Center for Emergency Medical Care and Disaster Medicine: Issues of Leadership Training. *Meditsina Katastrof* = Disaster Medicine. 2019; (4): 52–55 (In Russ.), https://doi.org/10.33266/2070-1004-2019-4-52-55

5. Goncharov S.F., Bystrov M.V. Perfection of Organizational Model of Delivery of Emergency Medical Care at Regional Level. Meditsina Katastrof = Disaster Medicine. 2019; 2:5-10 (In Rus.).https://doi.org/10.33266/2070-1004-2019-2-5-10

СПИСОК ИСТОЧНИКОВ

1. *Гуменюк С.А, Алексанин С.С., Ярыгин Н.В.* Оценка эффективности работы и перспектив развития санитарной авиации в условиях мегаполиса на примере г. Москвы // Медицина катастроф. 2022. № 1. С. 71-77.

2. *Быстров М.В.* Анализ организационных моделей функционирования службы медицины катастроф Министерства здравоохранения Российской Федерации на региональном уровне // Медицина катастроф. 2021. № 4. С. 5-9.

3. *Быстров М.В.* Результаты изучения организации оказания медицинской помощи пострадавшим в чрезвычайных ситуациях в современных условиях. Сообщение 1 // Медицина катастроф. 2020. № 1. С. 28-32.

4. *Гончаров С.Ф., Быстров М.В., Сахно И.И., Попов В.П., Белова А.Б., Исаева И.В.* Внедрение организационной модели регионального центра скорой медицинской помощи и медицины катастроф: вопросы подготовки руководящих кадров // Медицина катастроф. 2019. №4. С. 52-55.

5. *Гончаров С.Ф., Быстров М.В.* Совершенствование организационной модели оказания экстренной медицинской помощи на региональном уровне // Медицина катастроф. 2019. № 2. С. 5-10.

6. Fedotov S.A., Kostomarova L.G., Potapov V.I., Buk T.N. Readiness of the Territorial Moscow Disaster Medicine Service to Eliminate the Medical Consequences of Emergency Situations in 2016. *Vrach Skoroy Pomoshchi* = Emergency Doctor. 2017;4:75-81 (In Russ.).

7. Goncharov S.F., Bystrov M.V., Bobiy B.V. Actual Issues of Emergency Medical Care Organization in Various Modes of Activity. *Skoraya Meditsinskaya Pomoshch'* = Emergency Medical Care. 2017;18;4:4-9 (In Russ.).

8. Baranova N.N., Goncharov S.F. Quality Criteria for Medical Evacuation: Substantiation of Assessment and of Practical Use. *Meditsina Katastrof* = Disaster Medicine. 2019;4: 8–42 (In Russ.). https://doi.org/10.33266/2070-1004-2019-4-38-42

9. Pyzhyanova L.G., Varfolomeyeva YE.I., Stratiy O.L., Filipenko M.S. *Organizatsiya Raboty «Goryachey Linii» vo Vremya Chrezvychaynoy Situatsii. Seriya Biblioteka psikhologa MCHS Rossii* = Organization of the Work of the "Hot Line" During an Emergency. Guidelines. Ed. Shoygu Yu.S. Moscow Publ., 2012 (In Russ.).

10. Petrov S.V. *Udovletvorennost Patsiyentov Meditsinskoy Pomoshchyu Kak Element Sistemy Upravleniya Kachestvom Meditsinskoy Pomoshchi v Voyennykh Lechebno-Profilakticheskikh Uchrezhdeniyakh* = Satisfaction of Patients with Medical Care as an Element of the Quality Management System of Medical Care in Military Medical Institutions. Extended abstract of Candidate's thesis in Medicine. St. Petersburg Publ., 2009. 20 p. (In Russ.).

11. Svetlichnaya T.G., Tsyganova O.A., Borchaninova Ye.L. Patients on the Medical Services Quality. *Sotsiologicheskiye Issledovaniya* = Sociological Studies. 2010;7:69-75 (In Russ.).

12. Chumakov A.S. *Model Nepreryvnogo Uluchsheniya Kachestva Meditsinskikh Uslug v Usloviyakh Obyazatelnogo Meditsinskogo Strakhovaniya s Pozitsiy ikh Potrebiteley (Kontseptualnyye i Metodicheskiye Podkhody)* = Model of Continuous Improvement of the Quality of Medical Services in the Context of Compulsory Health Insurance from the Standpoint of their Consumers (Conceptual and Methodological Approaches). Extended abstract of Doctor's thesis in Medicine. Moscow Publ., 2010. 43 p. (In Russ.).

6. *Федотов С.А., Костомарова Л.Г., Потапов В.И., Бук Т.Н.* Готовность территориальной службы медицины катастроф Москвы к ликвидации медицинских последствий ЧС в 2016 году // Врач скорой помощи 2017. № 4. С 75-81.

7. *Гончаров С.Ф., Быстров М.В., Бобий Б.В.* Актуальные вопросы организации оказания экстренной медицинской помощи в разных режимах деятельности // Скорая медицинская помощь. 2017. Т.18, №4. С. 4-9.

8. *Баранова Н.Н., Гончаров С.Ф.* Критерии качества проведения медицинской эвакуации: обоснование оценки и практического применения // Медицина катастроф. 2019. №4. С. 38-42.

9. *Пыжьянова Л.Г., Варфоломеева Е.И., Стратий О.Л., Филипенко М.С.* Организация работы «горячей линии» во время чрезвычайной ситуации: Методические рекомендации / Под ред. к.п.н. Шойгу Ю.С. М.: ФКУ ЦЭПП МЧС России, 2012. Серия Библиотека психолога МЧС России.

10. *Петров С.В.* Удовлетворенность пациентов медицинской помощью как элемент системы управления качеством медицинской помощи в военных лечебно-профилактических учреждениях: Автореф. дис. ... канд. мед. наук. СПб., 2009. 20 с.

11. *Светличная Т.Г., Цыганова О.А., Борчанинова Е.Л.* Пациенты о качестве стационарного обслуживания // Вестник Росздравнадзора. 2011. № 3. С. 15-23.

12. *Чумаков А.С.* Модель непрерывного улучшения качества медицинских услуг в условиях обязательного медицинского страхования с позиций их потребителей (концептуальные и методические подходы): Автореф. дис. ... д-ра мед. наук. М., 2010. 43 с.

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