

HEALTH DATABASES. ORGANIZATION AND CONDUCTING OF STATISTICAL RESEARCH IN PUBLIC HEALTH.



INTRODUCTION

- Statistical surveys are based on certain, developed in the process of many years of practice and scientifically grounded principles, rules and techniques that make up the statistical methodology.
- In conducting a statistical survey, the most important role is played by a clear sequence of statistical operations, continuity, interdependence and conditioning based on proper grouping.

Health informatization of Ukraine - the process of providing information needs of citizens, specialists, institutions, institutions and organizations, state and local government bodies, other individuals and legal entities in the health care sector through the use of informatics.



Health informatization in Ukraine integrates organizational, scientific, technical, economic, social and other resources into a single system. The main purpose of informatization is to provide general support for the effective functioning of the healthcare system.



MEDICAL INFORMATION SYSTEMS



eHealth is an electronic health care system that enables the exchange of health information and the implementation of the public health guarantee program.



THE **eHealth** SYSTEM CONSISTS OF:

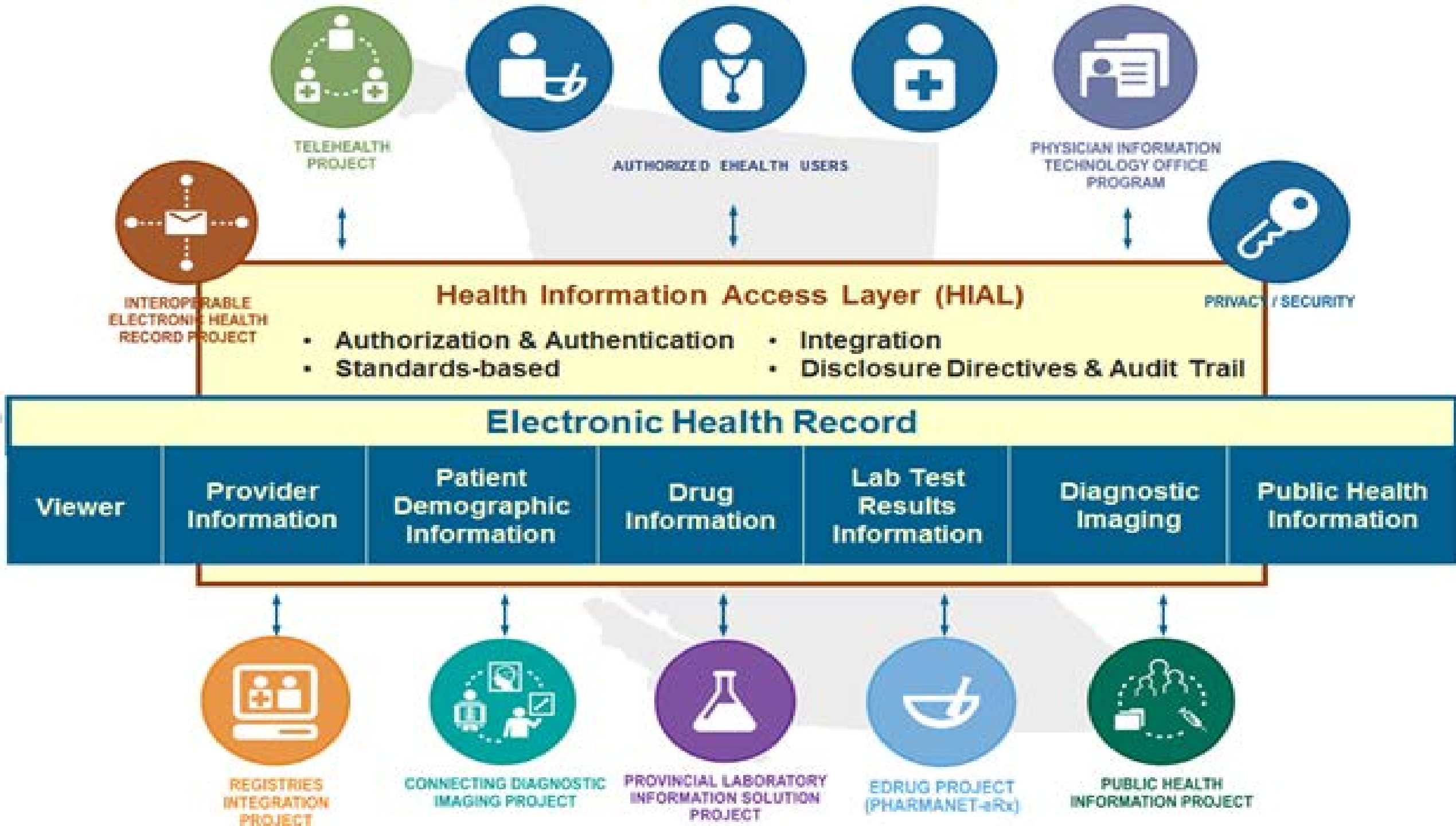
- **Central Database** - Administrator of SE “EHealth”
- **Electronic Medical Information Systems** are systems that enable automation of the work of medical institutions with the central database

eHealth

SYSTEM OBJECTIVES:

- record of contracts between doctors and patients
- access to information regarding each patient's health





MEDICAL INFORMATION SYSTEM

information system for automation of medical institution

They are classified according to different characteristics.

- I. Depending on the degree of automation of information collection and processing processes, information systems are divided into automated and automatic.
 - In automated systems, part of the information collection and processing operations are performed by a person.
 - Automatic systems allow the complete exclusion of humans from the processes of gathering and processing information.

MEDICAL INFORMATION SYSTEM

information system for automation of medical institution

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II. Depending on the type of information base, information system are divided into data-processing and knowledge-processing systems.

Second type systems are expert systems. Their functioning is substantially based on the knowledge obtained from the experts, and the results of the operation are close to those of the analytical activities of the experts.

MEDICAL INFORMATION SYSTEM

information system for automation of medical institution

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III. Depending on the type of tasks to be solved, information systems can be divided into the following groups:

- information and reference - automated search systems, measuring systems;
- information-logical - diagnostic systems; forecasting systems; monitoring systems;
- control or automated control systems.

- The information logic system is designed to transform information in such a way that new information that is missing from the information array can be obtained.
- In management systems a fundamentally new function is implemented - decision-making.
- The most widespread in medical institutions are information retrieval systems, which, depending on the nature of the information are divided into factual and documentary systems.

НС номер 11 с.Бране Поле об'єкт: 3-х поверховий магазин МП "Лагода" (стан на 06.01.98/3:45:00)

Розвиток НС | Документи | Зеходи | Стан НС | Додаткова інформація | Повідомлення

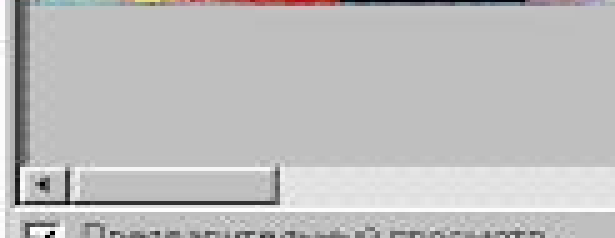
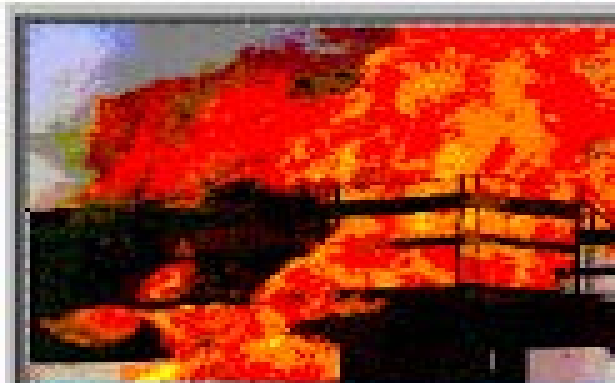
Надзвичайної ситуації №	11	Район	Заступ саросний
Характер ситуації	Надзвичайні ситуації техногенного характеру	Нас. пункт	с.Бране Поле
Вид ситуації	Аварія на транспорті	Об'єкт	3-х поверховий магазин МП "Лагода"
ситуація	Аварія на автомобільних шляхах	Підпорядкованість	
Назва параграфу земності		Адреса	
Стан аварійності на транспорті			

Нова НС | Підтвердити | Попередня | Наступна | Перша | Остання | Видалити н/с | Експортувати НС | Додати телеграм

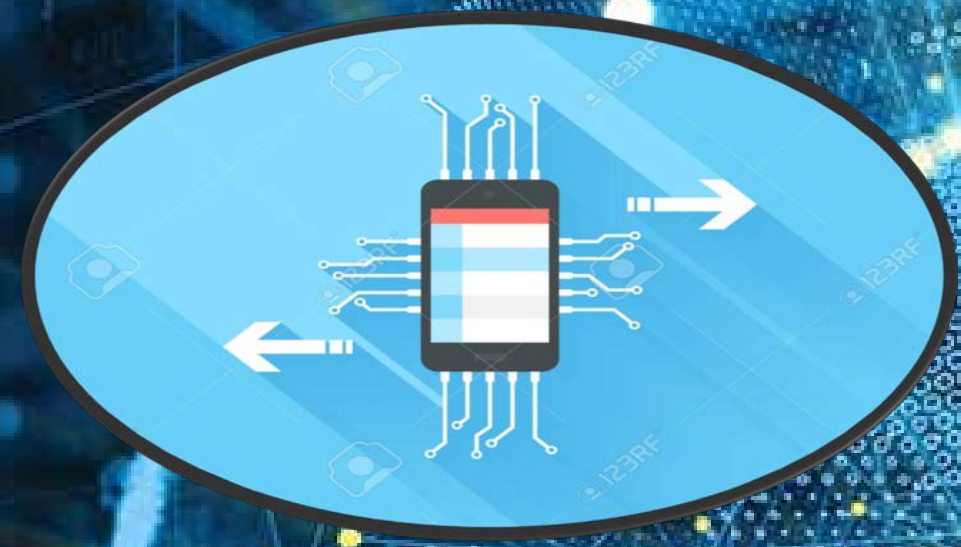
Date 06.01.98 Час 3:45:00	Опис НС Звіт Запущен сил та засоби	Масштаб нормальний масштаб
Date 21.10.90 Час 19:37:20	Запущено осіб 6 Запущено техніки 2 Запущено організації 1	<input type="checkbox"/> Вплив на роботу інших галузей <input type="checkbox"/> Можливість подолати НС власними силами <input type="checkbox"/> Додаткові сили
	Опис ситуації: Зруйнування недобудованої будівлі	Видати Діло Зберегти з бази
	Додаток: Джерело Організація Видово Посада	Текстовые документы Электронные таблицы Графическая информация Фотографии событий Другие фотографии Изображение документов(сканеры) Мультимедийные ролики

Перша подія | Остання подія | Нова подія | Записати | Видалити подію

Перегляд



MOBILE DATA PROCESSING



There is a distinction between internal mobility (mobile data collection devices and hospital information systems are used directly during daily patient crawl) and external mobility (remote access to documented patient information).

Centralized databases that store documented medical information should be open to remote connections.

The need for secure data transmission and logging increases the requirements for storage solutions.



ELECTRONIC CASE HISTORIES



Electronic patient histories document patient treatment information. Such a document is maintained throughout the life of a particular person. In addition, the holder of an electronic medical history may access his or her medical records at any time, and may grant access to this document to any person he / she trusts. The healthcare facility must keep electronic medical records using database systems that support confidential transactions and remote access to storage.

3 LIFESTYLES & HABITS		patient name					
How many hours of television do you watch a day?		<input type="checkbox"/> < 1	<input type="checkbox"/> 1-3	<input type="checkbox"/> 3-5	<input type="checkbox"/> >5		
Do you usually snack while watching television?		<input type="checkbox"/> yes	<input type="checkbox"/> no				
How many hours per day do you use a computer at work or home?		<input type="checkbox"/> < 1	<input type="checkbox"/> 1-3	<input type="checkbox"/> 3-5	<input type="checkbox"/> >5		
How many hours per day do you ride in a car or other vehicle?		<input type="checkbox"/> < 1	<input type="checkbox"/> 1-3	<input type="checkbox"/> 3-5	<input type="checkbox"/> >5		
How often do you exercise?		<input type="checkbox"/> daily	<input type="checkbox"/> 3x's/week	<input type="checkbox"/> 2x's/week	<input type="checkbox"/> 1x/week	<input type="checkbox"/> I don't exercise	
How long do your exercise work outs last?		<input type="checkbox"/> >1 hour	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 30 minutes	<input type="checkbox"/> < 30 minutes	<input type="checkbox"/> NA	
What are your exercise activities? (mark all that apply)		<input type="checkbox"/> I don't exercise					
<input type="checkbox"/> walking	<input type="checkbox"/> swimming	<input type="checkbox"/> weight lifting					
<input type="checkbox"/> stretching/flexibility	<input type="checkbox"/> yoga/Pilates	<input type="checkbox"/> resistance bands					
<input type="checkbox"/> running/treadmill/rowing/climbing	<input type="checkbox"/> group exercise classes	<input type="checkbox"/> other _____					
Do you take a multi-vitamin?		<input type="checkbox"/> yes	<input type="checkbox"/> no	If YES, what brand do you take?			
List any other nutritional supplements you are currently taking.							
supplement		reason		supplement		reason	
1.				3.			
2.				4.			
How often do you use tobacco?		<input type="checkbox"/> never	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly	
How many servings of alcohol do you drink each week?		<input type="checkbox"/> 0	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> >5		
How many servings of coffee do you drink each week?		<input type="checkbox"/> 0	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> >5		
How many servings of soda do you drink each week?		<input type="checkbox"/> 0	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> >5		

4 FAMILY HISTORY								
Mark the following conditions as they pertain to your immediate family. n=never p=previously c=currently								
diabetes	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	mother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	father	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	brother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	sister
heart problems	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	mother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	father	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	brother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	sister
kidney problems	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	mother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	father	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	brother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	sister
cancer	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	mother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	father	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	brother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	sister
headaches	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	mother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	father	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	brother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	sister
back pain	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	mother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	father	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	brother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	sister
obesity	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	mother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	father	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	brother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	sister
poor conditioning	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	mother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	father	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	brother	<input type="checkbox"/> n <input type="checkbox"/> p <input type="checkbox"/> c	sister

5 CONDITIONS											
Mark the following conditions as they currently pertain to you.											
alcoholism	<input type="checkbox"/> yes <input type="checkbox"/> no	epilepsy	<input type="checkbox"/> yes <input type="checkbox"/> no	low back pain	<input type="checkbox"/> yes <input type="checkbox"/> no	polio	<input type="checkbox"/> yes <input type="checkbox"/> no				
anemia	<input type="checkbox"/> yes <input type="checkbox"/> no	goiter	<input type="checkbox"/> yes <input type="checkbox"/> no	measles	<input type="checkbox"/> yes <input type="checkbox"/> no	rheumatic fever	<input type="checkbox"/> yes <input type="checkbox"/> no				
appendicitis	<input type="checkbox"/> yes <input type="checkbox"/> no	heart disease	<input type="checkbox"/> yes <input type="checkbox"/> no	mental disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	tuberculosis	<input type="checkbox"/> yes <input type="checkbox"/> no				
arthritis	<input type="checkbox"/> yes <input type="checkbox"/> no	HIV positive	<input type="checkbox"/> yes <input type="checkbox"/> no	mumps	<input type="checkbox"/> yes <input type="checkbox"/> no	venereal infection	<input type="checkbox"/> yes <input type="checkbox"/> no				
cancer	<input type="checkbox"/> yes <input type="checkbox"/> no	influenza	<input type="checkbox"/> yes <input type="checkbox"/> no	pleurisy	<input type="checkbox"/> yes <input type="checkbox"/> no	whiplash	<input type="checkbox"/> yes <input type="checkbox"/> no				
				pneumonia	<input type="checkbox"/> yes <input type="checkbox"/> no	whooping cough	<input type="checkbox"/> yes <input type="checkbox"/> no				

6 INJURIES		patient name			
List any auto collisions that you were involved in, either as the driver or passenger, below. Begin with the most recent.					
type of collision		type of treatment received		date of collision	
1.					
2.					
3.					
List any job injuries that you experienced below. Begin with the most recent.					
type of job injury		type of treatment received		date of job injury	
1.					
2.					
3.					
List any sports injuries that you experienced below. Begin with the most recent.					
type of sports injury		type of treatment received		date of sports injury	
1.					
2.					
3.					
List any other injuries caused by falls or impacts. Begin with the most recent.					
type of injury		type of treatment received		date of injury	
1.					
2.					
3.					

7 HOSPITAL / MEDICINE					
Have you had breast implant surgery?		<input type="checkbox"/> yes	<input type="checkbox"/> no		
Have you had knee or hip replacement surgery?		<input type="checkbox"/> yes	<input type="checkbox"/> no		
Do you have a pacemaker?		<input type="checkbox"/> yes	<input type="checkbox"/> no		
Do you have any other implantable medical devices in your body?		<input type="checkbox"/> yes	<input type="checkbox"/> no		
Mark all of the following procedures as they pertain to you.					
vaccinations	<input type="checkbox"/> yes <input type="checkbox"/> no	tubes in ears	<input type="checkbox"/> yes <input type="checkbox"/> no	rectal surgery	<input type="checkbox"/> yes <input type="checkbox"/> no
tonsillectomy	<input type="checkbox"/> yes <input type="checkbox"/> no	appendectomy	<input type="checkbox"/> yes <input type="checkbox"/> no	sinus surgery	<input type="checkbox"/> yes <input type="checkbox"/> no
gall bladder removal	<input type="checkbox"/> yes <input type="checkbox"/> no	female/male surgery	<input type="checkbox"/> yes <input type="checkbox"/> no	hernia surgery	<input type="checkbox"/> yes <input type="checkbox"/> no
back surgery	<input type="checkbox"/> yes <input type="checkbox"/> no			thyroid surgery	<input type="checkbox"/> yes <input type="checkbox"/> no
				stomach surgery	<input type="checkbox"/> yes <input type="checkbox"/> no

List any prescription or over-the-counter medications you are currently taking.											
medication		reason		medication		reason					
1.				3.							
2.				4.							
Have you ever had a lapse of memory?				<input type="checkbox"/> yes	<input type="checkbox"/> no	Were you ever knocked unconscious?		<input type="checkbox"/> yes	<input type="checkbox"/> no		
List any broken bones or dislocations that you had.											
Have you ever had a spinal tap or spinal injection?										<input type="checkbox"/> yes	<input type="checkbox"/> no



Case

Home theater universal remote is not working

Closed



Status

Closed

Contact Name

Jessie Stokes (jessiestoke...

Assigned To

Mark Hale



Summary



Details



Updates



Activities



Documents



Services



Projects



2
Emails



Invoices



Esign Documents



SLA Name

Standard SLA



SLA Status

Fulfilled



SLA Time Remaining

- 14 day 21 hours 35 minutes



First Response

Key Fields

Priority

Urgent

Product Name

Created Date

21-05-2019 12:19:04

Source

CRM

SLA Status

Fulfilled

Interactions



Mark Hale

Home theater universal remote is not working. ...



Chris Tellmore

@MarkHale I have asked @EthanLucas to send a field service agent to take a look at the issue ...




Mark Hale

@ChrisTellmore Thanks for the update, I will inform the customer about this.@EthanLucas FYI. ...

ELECTRONIC RECIPES



Central prescription databases allow you to compare the side effects of drug use. In addition, the prescription can be tested for compliance with the diagnosis and the correct dosage of each drug. The database must handle a large number of clients at the same time, as several groups of participants may need access at the same time. Electronic recipes can only contain limited amounts of data, so solutions such as smart cards can help identify users and guarantee their safe storage and access to their information.

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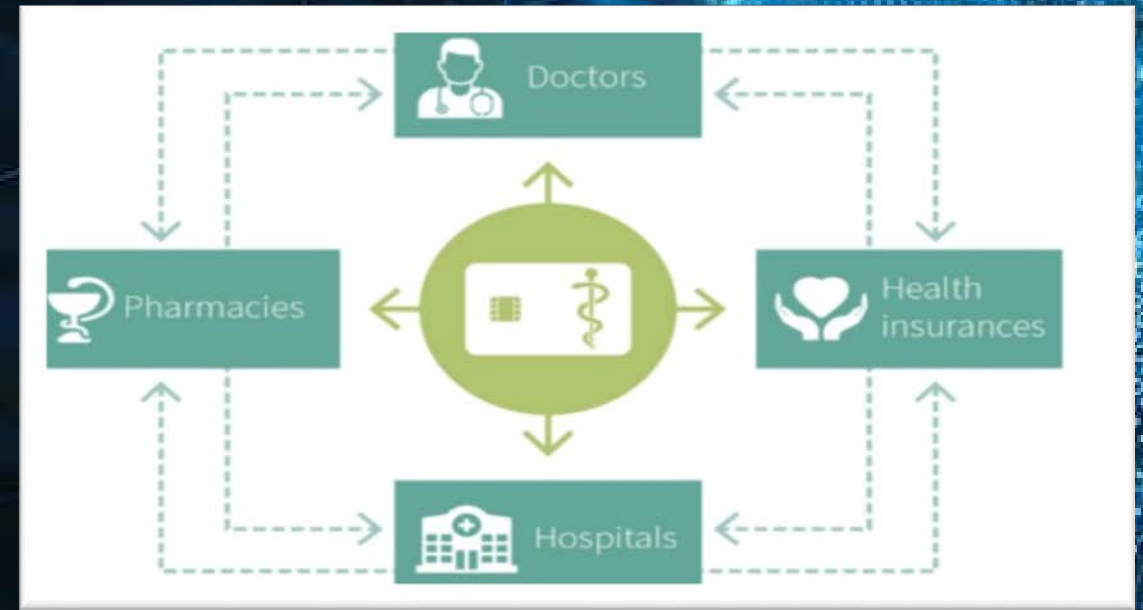
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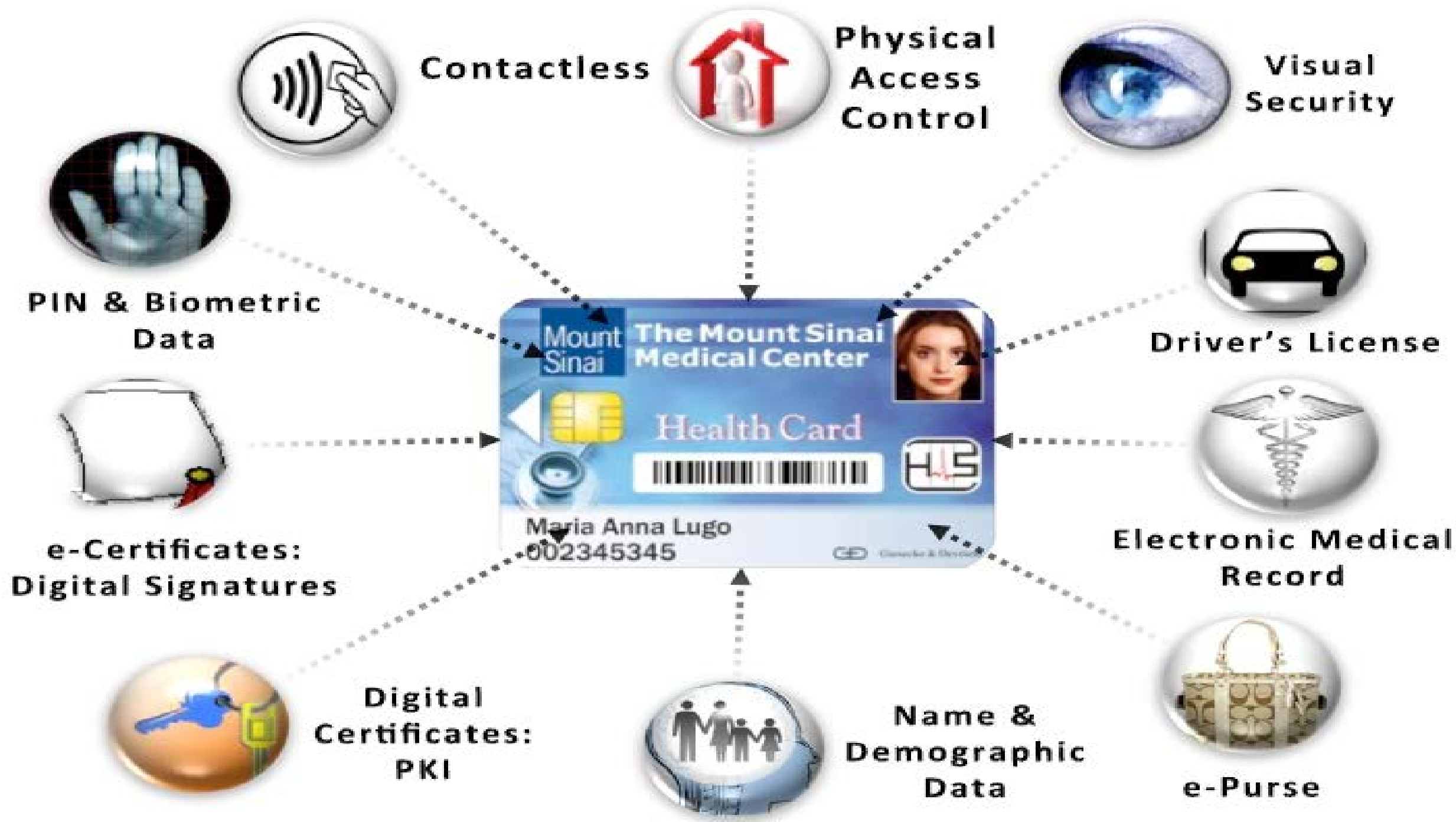
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- Receipt Number:** A9489239
- Date:** 10/10/2010
- Time:** 10:10:10
- Location:** 101 3071 3000
- Item Description:** 101 3071 3000
- Amount:** 101 3071 3000
- Signature:** [Handwritten signature]
- Stamp:** A circular stamp with the text 'CORRUPT RECEIPT' and '101 3071 3000'.



ELECTRONIC MEDICAL CARDS



Electronic medical records play an increasingly important role in the transmission and authorization of medical information. These documents can be accessed more easily, reducing the cost of processing data in doctors' offices, hospitals, pharmacies and health insurance funds.

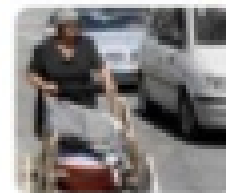
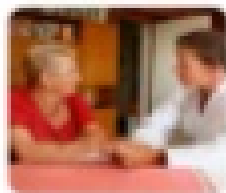




Statistical surveys are based on certain, developed in the process of many years of practice and scientifically grounded principles, rules and techniques that make up the statistical methodology. Statistical surveys, of course, are based on these data and are formed in the form of a series of successive stages, which in turn fall into a series of statistical operations. In conducting a statistical survey, the most important role is played by a clear sequence of statistical operations, continuity, interdependence and conditioning based on proper grouping. It is not enough to fulfill the requirements or to make a mistake at one of the stages of the study, as a result, to obtain data on the basis of which it is impossible to make the right scientifically valid conclusions.



European Action Plan for Strengthening Public Health Capacities and Services



1. surveillance and assessment of the population's health and well-being
2. identification of health problems and health hazards in the community
3. health protection services (environment, occupation, food safety)
4. preparedness and planning for public health emergencies
5. disease prevention
6. health promotion
7. a competent public health and personal health care workforce
8. governance, financing and evaluation of quality and effectiveness of public health services
9. communication for public health
10. health-related research