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ALGORITHM FOR DESIGNING THE FINANCIAL PLAN OF DENTISTS-ORTHOPEDISTS

Ilkhomjonova Sevara Tulkinovna
Akhmedov Alisher Astanovich
Samarkand State Medical University,Uzbekistan

Abstract: The evaluation of the activities of the dental orthopedic department provides for the rationale for a financial plan that summarizes the technical and economic level of development of the MCO. Designing measures to ensure a balance between the imperatives of the quality of dental orthopedic care and its cost includes an analysis of the implementation of the financial plan of the MCO. The design of an evidence-based financial plan is closely intertwined with strategic planning, as it includes the purposeful activities of the dental orthopedic departments of the MCO.When developing a draft financial plan for orthopedic dentists, it is necessary to take into account the actual indicators reflecting the activities for the previous year (month).

Keywords: in addition, information is needed on the cost of restorations and dentures in a particular region, new services (modern technologies) introduced into activities in the next year, while it is necessary to take into account one of the labor-intensive sections of planning - the time spent on the clinical stages of manufacturing restorations and dentures.

A universal measure of the amount of labor spent on the performance of a particular job is the working time of a dentist-orthopedist. "Dental doctors of medical organizations, institutions (departments, offices), with the exception of dentists, surgeons and maxillofacial surgeons, have a reduced 33-hour work week (Appendix 2 to Decree of the Government of the Russian Federation of February 14, 2003 No. 101)", t .e. their working day is 6.6 hours (396 min.) for a five-day work week (33:5) and 5.5 hours for a six-day work week (33:6). LLC "DentalWay" works 6 days a week.

When rationing the work of outpatient doctors, usually the main and auxiliary activities are included in the estimated time norms, and the time spent on official conversations, conferences, and meetings is not included in the calculated norms.

In the working day of a dentist-orthopedist, a distinction is made between main and auxiliary activities, as well as personal time required. The main activity includes the direct process of providing medical and preventive, diagnostic and rehabilitation assistance (provision of services). Ancillary activities include official conversations, preparation of medical documentation, interpretation of functional diagnostic and radiological studies, issuance of referrals, certificates and other work related to the admission of a patient.

When calculating the norms of load (service), it is necessary to know the coefficient of use of the working time of the position. The value of this coefficient depends on which components and in what percentage are included in the calculated time standards.

The experience of labor rationing, photochronometric observations show that these costs are about 0.417 hours out of 5.5 hours of the working day, therefore, the coefficient of working time utilization is 0.924 < 5.5 - 0.417^.

I 5.5)

The annual budget of the working time of the position (B) was determined by the following formula[89]:

B \u003d m * q - n - z, where

m is the number of hours per day, determined by dividing the weekly hours of work by 6;

q - the number of working days in a year for a 6-day working week;

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n - the number of hours of reduction of working time on pre-holiday days off during the year;
z is the number of working hours per vacation period.

In 2017-2019 with a 6-day working week, the annual working time budget is 271 working days (minus 365 days of pre-holiday working days, weekends and non-working holidays shortened by one hour - 299 and minus 28 vacation days).

Labor standards are established by determining the amount of working time required to perform a particular job, or the amount of work that must be done per unit of time. Using the timekeeping method, we calculated the average time spent by an orthopedic dentist for each service provided at the clinical stage of manufacturing a denture or restoration (Table 15).

The results of the timing show that the most time-consuming and lengthy at the clinical stages is the manufacture of overlapping removable dentures on the bar (Cad/Cam) - 546 min. and clasp prostheses, the manufacturing time of which ranges from 116 to 278 minutes. The clinical stage of manufacturing crowns (using various technologies) averages 2.3 hours. According to the timing Grishkova N.O. the labor costs of an orthopedic dentist are identical for any crowns and equal to 2.3 hours.

Table 1

Time of clinical stages of manufacturing restorations and dentures

Name of service, restoration, prosthesis	Time min.
Consultation	15
Comprehensive examination of the oral cavity, filling out a voluntary consent for examination and treatment	30
Customization of the impression coping	16
Wax modeling of 1 tooth (Wax Up)	24
Research on diagnostic models of jaws	28
Tooth restoration with ceramic veneer (layering or staining method)	149
Inlay stump Co-Cr	53
Restoration of a tooth with a ceramic inlay using E-max technology	90
Platmass crown (provisional)	52
PMMA crown (Cad/Cam)	53
Zirconia crown with ceramic application (Cad/Cam)	168
Zirconia Crown (Cad/Cam)	140
One-piece crown	139
Metal-ceramic crown	142
E-max crown	137
Removal and cementation of the crown	13
Restoration of the tooth stump for prosthetics using a fiberglass pin	41
Removable lamellar denture made of acrylic (Ivoclar headset)	184
Clasp prosthesis (Ivoclar headset)	238
Clasp prosthesis with locks (Bredent) Ivoclar headset	278
Dental-D acetal clasp prosthesis (Ivoclar headset)	226
Removable denture made of nylon/acryfri (Ivoclar headset)	183
Removable denture repair	30
Relining of a removable prosthesis	57
Abutment individual	60
Provisional (plastic) crown on the implant	140

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Implant crown based on zirconia (Cad/Cam)	156
Metal-ceramic implant crown (Cad/Cam)	149
Making an individual implant tray	50
Bar-mounted overdentures (Cad/Cam)	646

After timing and setting the time for the provision of services, we began to develop a draft financial plan for the dental orthopedic department, taking into account the following indicators:

1. Number of occupied positions of orthopedic dentists.
2. The number of working days in a year: planned, actual (for the previous year).
3. The number of manufacturing restorations, dentures, their structure by type: planned, actual (for the previous year).
4. The cost of manufacturing restorations, dentures at the clinical and dental stages, their structure by type: planned, actual (for the previous year).
5. Time for the manufacture of restorations, dentures at clinical stages, their structure by type: planned, actual (for the previous year).

In this study, an algorithm for designing a financial plan for orthopedic dentists of the department was developed:

1. Calculation of the time for the manufacture of restorations, dentures at the clinical stages, their structure by type.
2. Establishment of production time per year for all orthopedic dentists and each in particular. This indicator is determined taking into account the number of occupied positions of orthopedic dentists, working days per year, the number of restorations, dentures made and the time spent on their manufacture.
3. Comparative analysis of the planned and actually worked time (for the previous year) of all orthopedic dentists and each in particular.
4. Calculation of the planned financial receipts for the services rendered (taking into account the prices prevailing in the market). This indicator is determined taking into account the number of occupied positions of orthopedic dentists, working days per year, the number of services rendered, restorations, dentures made and their cost.
5. Establishment of the most demanded services (restorations and dentures).
6. Analysis and identification of the causes of deviations from the established indicators.
7. Development of measures to eliminate negative trends.

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