

UDC 616.314-082-084-053+614.812+316.728+728.1

DOI: 10.56871/MHCO.2024.95.43.006

SCIENTIFIC SUBSTANTIATION OF THE MEDICAL SERVICE MODEL IN URBAN AGGLOMERATIONS USING THE EXAMPLE OF THE DENTAL SERVICE OF SAINT PETERSBURG

© *Vasiliy I. Orel, Andrey G. Klimov, Olga O. Filatova*

Saint Petersburg State Pediatric Medical University. 2 Lithuania, Saint Petersburg 194100 Russian Federation

Contact information: Olga O. Filatova — Assistant of the Department of Dentistry. E-mail: md.filatovaolga@gmail.com

ORCID: <https://orcid.org/0000-0002-1931-7361> SPIN: 3684-4296

For citation: Orel VI, Klimov AG, Filatova OO. Scientific substantiation of the medical service model in urban agglomerations using the example of the dental service of Saint Petersburg. *Medicine and Health Care Organization*. 2024;9(2):52–59.

DOI: <https://doi.org/10.56871/MHCO.2024.95.43.006>

Received: 20.05.2024

Revised: 18.06.2024

Accepted: 15.07.2024

ABSTRACT. The article highlights the problem of making conditions for accessibility to all types of dental care for the population living in rapidly growing areas of St. Petersburg. As a solution of the problem, the authors propose to establish dental departments based on central polyclinics, as well as to revise and improve the organization of dental services in areas with mass residential construction by incorporating these departments into the structure of residential complexes, where patients can receive primary medical and sanitary assistance. Such a system will help reduce the burden on central polyclinics and ensure the availability of dental care for all population groups. Additionally, the article provides recommendations on equipping residential complexes with medical equipment, construction, and staffing standards demanded for central polyclinics and dental departments. The article considers a model of forming out a dental department on an example the St. Petersburg State Budgetary Healthcare Institution “Dental Polyclinic № 4” of the Vyborgsky District.

KEYWORDS: dental service organization, medical care provision, dental morbidity, dental department, mass residential development

НАУЧНОЕ ОБОСНОВАНИЕ МОДЕЛИ МЕДИЦИНСКОГО ОБСЛУЖИВАНИЯ В ГОРОДСКИХ АГЛОМЕРАЦИЯХ НА ПРИМЕРЕ СТОМАТОЛОГИЧЕСКОЙ СЛУЖБЫ САНКТ-ПЕТЕРБУРГА

© *Василий Иванович Орел, Андрей Геннадьевич Климов, Ольга Олеговна Филатова*

Санкт-Петербургский государственный педиатрический медицинский университет. 194100, г. Санкт-Петербург, ул. Литовская, д. 2

Контактная информация: Ольга Олеговна Филатова — ассистент кафедры стоматологии.

E-mail: md.filatovaolga@gmail.com ORCID: <https://orcid.org/0000-0002-1931-7361> SPIN: 3684-4296

Для цитирования: Орел В.И., Климов А.Г., Филатова О.О. Научное обоснование модели медицинского обслуживания в городских агломерациях на примере стоматологической службы Санкт-Петербурга // *Медицина и организация здравоохранения*. 2024. Т. 9. № 2. С. 52–59. DOI: <https://doi.org/10.56871/MHCO.2024.95.43.006>

Поступила: 20.05.2024

Одобрена: 18.06.2024

Принята к печати: 15.07.2024

РЕЗЮМЕ. В статье освещается проблема организации доступности всех видов стоматологической помощи для населения, проживающего в условиях стремительно растущих районов

Санкт-Петербурга. В качестве решения авторы предлагают создать на базе центральных поликлиник стоматологические отделения, а также пересмотреть и усовершенствовать организацию стоматологической службы в районах с массовой жилой застройкой путем инкорпорирования данных отделений в структуру жилых комплексов, где пациенты смогут получать первичную медико-санитарную помощь. Подобная система позволит снизить нагрузку на центральные поликлиники и обеспечить доступность стоматологической помощи для всех групп населения. В статье также даны рекомендации по оснащению медицинским оборудованием, строительным и штатным нормативам для центральных поликлиник и стоматологических отделений. В качестве примера разработана модель стоматологического отделения на базе СПб ГБУЗ «Стоматологическая поликлиника № 4» Выборгского района.

КЛЮЧЕВЫЕ СЛОВА: организация стоматологической службы, оказание медицинской помощи, стоматологическая заболеваемость, стоматологическое отделение, массовая жилая застройка

INTRODUCTION

According to the Federal Service for State Statistics (Rosstat), on the 1st of January 2023, the population of the Russian Federation is 146,447,424 people [1], each of whom has the right to receive medical care, which is regulated by the relevant order on the provision of medical care [2]. There are 1120 cities in Russia at the beginning of 2024. In accordance with the rules “Urban development. Planning and development of urban and rural settlements” (Code of Rules 42.13330.2016) from the Ministry of Construction of Russia, the country’s cities are classified by the number of population as follows:

- the largest: population is over 1 million people;
- large: from 250 thousand to 1 million people (including subcategories from 250 thousand to 500 thousand and from 500 thousand to 1 million people);
- large: between 100,000 and 250,000 people;
- medium: from 50 to 100 thousand people;
- small: up to 50 thousand people (including subcategories up to 10 thousand, from 10 to 20 thousand and from 20 to 50 thousand people); this also includes urban-type settlements [3].

St. Petersburg is one of the largest cities in the Russian Federation with a population of 5,600,044 people [4]. The city is a major industrial center, where machine building, energy and chemical industries are actively developing. In addition, St. Petersburg plays a key role in the Russian economics, representing an important transport hub and a center of innovative and cul-

tural initiatives. In the period from 2020 to 2023, the adult and child population of St. Petersburg increased by an average of 15,000 people per year (Fig. 1) [5].

Taking into account population growth and constant changes in health care, including the development of medical technologies, reforms and improvements in legislation, it becomes necessary to regularly analyze the effectiveness and accessibility of medical care. It is worth noting that dental care is among the most mass types of medical care. It ranks second in terms of demand after general practitioners [6]. The share of dental diseases in the structure of general morbidity of the population of St. Petersburg, taking into account the turnover, varies within 20–25%. This corresponds to the number

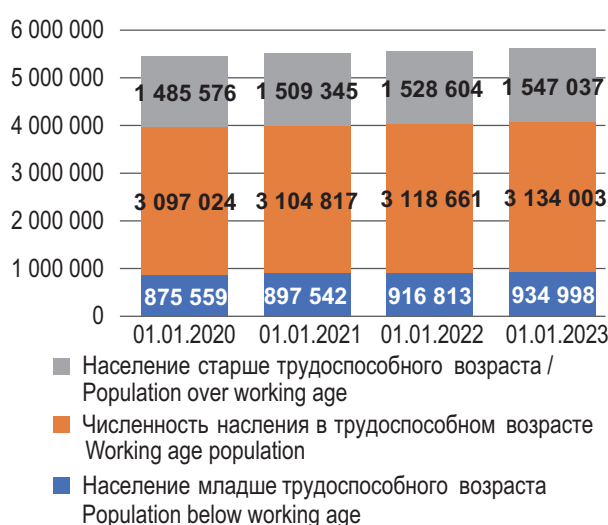


Fig. 1. Changes in the population of St. Petersburg from 2020 to 2023

Рис. 1. Изменения численности населения Санкт-Петербурга в период с 2020 по 2023 годы

of cases from 345 to 550 per 1000 inhabitants. At the same time, in 99% of cases patients are served in outpatient and polyclinic institutions [7]. Polyclinics are located according to the principle of staggered arrangement taking into account medical and sanitary zones and have three levels of organization.

- 1) City-wide level, which, in turn, is designed to provide highly specialized medical care to the population of the entire city in city-level polyclinics, such as consultative and polyclinics of medical universities, research institutes and city dispensaries.
- 2) The level of medical and sanitary zones is organized to provide specialized care to the population of several administrative districts in large cities (consultative polyclinics at multidisciplinary hospitals).
- 3) District level is organized to provide medical care in the main medical specialties to the population of one administrative district.

The district level includes two types of polyclinics: typical and basic. Typical polyclinics provide medical care in the main specialties (therapy, surgery, ophthalmology, neurology, cardiology, otorhinolaryngology, rheumatology), and basic polyclinics, in addition to reception in the main specialties, organize reception and consultation of patients in specific specialties, which are absent in typical polyclinics [8, 9].

At present, dental polyclinics are distributed heterogeneously, mainly in the historical center of the city, while in such districts as Vyborgsky, Krasnoselsky, Kolpinsky and part of Primorsky, where mass construction of residential complexes is underway, state medical institutions are often absent. This is due to the fact that the design and development of new residential complexes does not involve the construction of dental and general medical clinics. When settling such agglomerations, there is a problem with access to medical care, which leads to social tension among residents. The issue is especially acute for low-mobility groups, children and elderly citizens, for whom walking distance to a medical facility plays a key role. Moreover, there are a number of restrictions related to the location of medical facilities, including dental clinics, in residential buildings. These restrictions relate to ventilation, location of X-ray

diagnostic machines and other aspects, which entail additional difficulties. Thus, the above problems directly affect the availability of medical services and worsen the social situation in the city. The creation of new medical facilities adapted to the needs of the population and the expansion of the network of dental polyclinics in new districts through the creation of subsidiary dental units become strategically important steps towards affordable qualified care. This will reduce the load on existing medical facilities, provide faster access to medical care and maintain a high level of care for the health of citizens.

AIM

The aim is to develop a strategy for the development of dental services in the Vyborgsky district of St. Petersburg in places with mass residential development on the example of the dental department of the St. Petersburg State Budgetary Institution "Dental Polyclinic No. 4".

MATERIALS AND METHODS

In order to implement the health service strategy, the state of the dental service in St. Petersburg was analyzed for the years 2020–2023. Currently there are 59 dental polyclinics in the districts, of which 11 are children's and 48 adult dental polyclinics. There are also 25 health centers in the city, 5 of which are children's centers, and in each of them there is an opportunity to provide hygiene education and training for children and to activate antenatal prevention of dental diseases. For the implementation of preventive examinations of children in general education institutions the possibilities of two mobile dental complexes are involved. The main indicators of dental morbidity among the child and adult population of St. Petersburg are lower than the national average, which may indicate a high organization of the city's dental service and a fairly effective system for detecting dental diseases. However, it should be noted that St. Petersburg lacks a program of primary prevention of dental diseases in the child population. The analysis also revealed three districts with a deficit of dental care: Primorsky, Krasnoselsky and Kolpinsky. Primorsky district is the 1st in terms of population (699,243 people), as a result of this dental polyclinics cannot cope with the flow of patients seeking care. In Krasnoselsky

(431,546 people) and Kolpinsky (186,169 people) districts, dental polyclinics are located far away from new buildings, which creates certain difficulties for their residents in accessing medical care. However, we chose Vyborgsky district, which has the 3rd largest population among all districts of St. Petersburg, to implement a strategy for the development of dental services. The district includes 104,423 children and 437,167 adults, which gives it significant importance in light of the total number of residents. It should be noted that this district is dynamically developing, with a constant increase in new residential complexes (Fig. 2).

We have developed a project for the construction of a dental department of the St. Petersburg State Budgetary Institution “Dental Polyclinic

No. 4” in a residential building at the address: Bolshoi Sampsonievsky Avenue, 32, St. Petersburg. According to the project plan, the space provided has a commercial purpose, but we decided to locate the dental department there.

The dental department is located on the 1st floor of a residential building and is a structural subdivision of the St. Petersburg State Budgetary Institution “Dental Polyclinic No. 4”. The total area of the premises is 89.48 m², which allows to organize 2 full-fledged working rooms for 2 dental units and 4 posts of a dentist.

The total capacity of the dental department — up to 20 visits per day, the approximate number of served population. The dental department includes the structural units presented in Table 1.

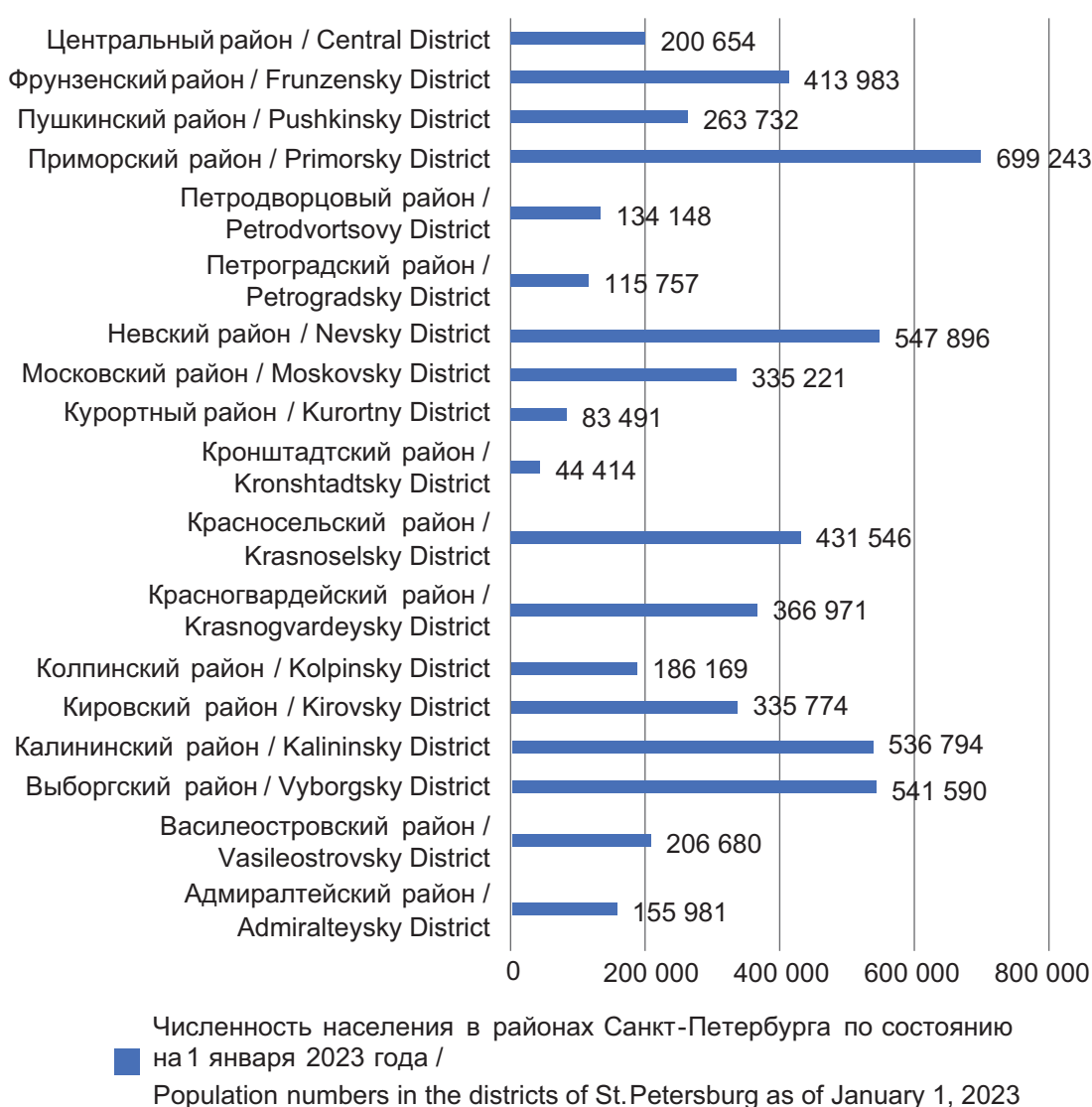


Fig. 2. Numbers of inhabitants in the districts of St. Petersburg as in January 1, 2023

Рис. 2. Численность населения в районах Санкт-Петербурга по состоянию на 1 января 2023 года

Staff standards are formed in accordance with the order of the Ministry of Health of the Russian Federation dated 31 July 2020 No. 786n [10] on the order of medical care for adults with dental diseases and are presented in Table 2.

The working mode of the staff of the dental department is two-shift. An essential aspect is the fact that all premises in residential complexes are provided by the developer, have a commercial purpose and are not intended to accommodate medical institutions. In this regard, each department must be modified to meet the relevant regulations, and this entails certain difficulties.

The list of requirements for a dental unit covers a variety of aspects, based on compliance with regulations and laws of the Russian Federation, including room dimensions, interior finishes, and heating, ventilation and water supply systems [11]. Ramps are an important component in ensuring accessibility of a barrier-free environment for persons with disabilities [12]. Security is also in the center of attention; therefore the institution should be equipped with security and alarm systems, automatic fire protection and video surveillance with the possibility of long-term storage of records. These requirements are supplemented by the arrangement of platforms in front of entrances, including for groups with reduced mobility, and light shelters for prams [13, 14]. An integral part is to equip the premises with the necessary fire-fighting equipment, city telephone communication and high-speed Internet. An important aspect is also a structured cable network integrated with structural subdivisions of the medical center, as well as metering systems for water supply and electricity. A backup source of hot water (boiler) in the hot water supply system should also be provided. Compliance with hygiene standards for both water and microclimate parameters and air exchange in the premises is an indispensable condition [15]. Structural elements such as floors and walls must be impermeable to rodents. Lighting, insolation, noise and vibration levels should also meet the established hygienic standards. Each room should be equipped with a selector communication system, emergency lighting, a local computer network and radio and television network points. Ventilation and air conditioning systems are provided for the compressor room and X-ray diagnostics room [16]. A dental unit located in an apartment block should be provided with a separate ventilation

and air recovery system, isolated from the general building ventilation system and excluding air backflow from the rooms inside the unit with purity class A [17]. Taking into account the above aspects, from the power supply points, to the connection of the dental unit premises to the water supply system, to the installation of the necessary medical equipment, it is possible to guarantee the efficient operation of the dental unit in accordance with high standards of safety and comfort.

CONCLUSION

According to our opinion, the dental service in areas with mass residential development should look as follows: a central polyclinic located in one or another part of the district, including dental departments in its structure. In the central polyclinic, specialists provide high-tech medical care and perform complex multi-stage medical interventions. In addition, the central polyclinic includes a radiology department, which has a dental computer tomograph and other radiology equipment for more detailed examination of patients; a dental laboratory; a central sterilization department, which provides processing and sterilization of medical instruments, including dental units; and an administrative building. Dental departments are premises with an area of at least 80 m², located on the ground floors of residential complexes and providing primary health care. This structure will allow to optimize the load on dental departments located more distant from the central polyclinic, reduce financial costs and solve the problem of accessibility of dental care to the population in areas with massive residential development. In order to ensure accessibility and improve the quality of dental care, it is recommended to integrate dental departments of central district polyclinics as mandatory structural units in existing and planned residential complexes.

ADDITIONAL INFORMATION

Author contribution. Thereby, all authors made a substantial contribution to the conception of the study, acquisition, analysis, interpretation of data for the work, drafting and revising the article, final approval of the version to be published and agree to be accountable for all aspects of the study.

Competing interests. The authors declare that they have no competing interests.

Table 1

List of required premises with indicated minimum useful area

Таблица 1

Перечень необходимых помещений с указанием минимальной полезной площади

№	Наименование помещений / Room names	Количество помещений в соответствии с мощностью поликлиники (по числу врачебных посещений) / The number of rooms according to the capacity of the polyclinic (based on the number of medical visits)	Площадь помещений, м ² / Room area, m ²	Итоговая площадь, м ² / Total area, m ²
1	Колясочная на улице / Крытая колясочная Outdoor stroller parking / Covered stroller room	–	20	20
2	Гардеробная для посетителей и персонала (встроенный шкаф) в холле / Cloakroom for visitors and staff (built-in wardrobe) in the lobby	–	–	–
3	Санитарный узел для работников и посетителей / Sanitary facilities for employees and visitors	–	–	–
3.1	Помещение санитарного узла / Restroom	1	5,10	5,10
3.2	Помещение санитарного узла для детей / Restroom for children	1	3,85	3,85
4	Ординаторская / Residents' room	–	–	–
4.1	Помещение для медперсонала / Staff room	1	8,42	8,42
4.2	Уличный тамбур / Outdoor vestibule	1	5,46	5,46
5	Помещение для хранения уборочного инвентаря / Storage room for cleaning equipment	–	–	–
5.1	Помещение для хранения уборочного инвентаря, место для хранения отходов класса Б / Storage room for cleaning equipment, waste storage area for Class B waste	1	3,75	3,75
6	Компрессорная / Compressor room	1	3,61	3,61
7	Стоматологический кабинет / Dental office	–	–	–
7.1	Стоматологический кабинет на 2 стоматологические установки / Dental office with 2 dental units	1	25,96	25,96
8	Rg-кабинет (рентгеновизуограф) / X-ray room	1	6,06	6,06
9	Регистратура и холл / Reception and lobby	1	27,27	27,27

Table 2

Planned staffing schedule by facility

Таблица 2

Планируемое штатное расписание по объекту

№	Наименование должности / Position title	Количество должностей / Number of positions	Количество должностей в смену / Number of positions per shift
1	Врач стоматолог-терапевт / Dentist-therapist	4 должности / 4 positions	2 должности / 2 positions
2	Медицинская сестра / Medical nurse	2 должности / 2 positions	1 должность / 1 position
3	Медицинский регистратор / Medical registrar	2 должности / 2 positions	1 должность / 1 position
4	Санитарка / Sanitary worker	2 должности / 2 positions	1 должность / 1 position
5	Уборщик служебных помещений / Cleaning staff for service areas	2 должности / 2 positions	1 должность / 1 positions
Итого / Total:		12	6

Funding source. This study was not supported by any external sources of funding.

ДОПОЛНИТЕЛЬНАЯ ИНФОРМАЦИЯ

Вклад авторов. Все авторы внесли существенный вклад в разработку концепции, проведение исследования и подготовку статьи, прочли и одобрили финальную версию перед публикацией.

Конфликт интересов. Авторы декларируют отсутствие явных и потенциальных конфликтов интересов, связанных с публикацией настоящей статьи.

Источник финансирования. Авторы заявляют об отсутствии внешнего финансирования при проведении исследования.

REFERENCES

1. Federal'naya sluzhba gosudarstvennoy statistiki (Rosstat). *Izmenenie chislennosti naseleniya po variantam prognoza (tysyach chelovek)*. Available at: https://rosstat.gov.ru/free_doc/new_site/population/demo/progn1.htm (accessed 01.02.2024). (In Russian).
2. Federal'nyy zakon ot 21 noyabrya 2011 g. N 323-FZ "Ob osnovakh okhrany zdorov'ya grazhdan v Rossiyskoy Federatsii". Available at: <https://minzdrav.gov.ru/documents/7025-federalnyy-zakon-323-fz-ot-21-noyabrya-2011-g> (accessed 01.02.2024). (In Russian).
3. SP 42.13330.2016 "SnIP 2.07.01-89* Gradostroitel'stvo. Planirovka i zastroyka gorodskikh i sel'skikh poseleniy" (Prikaz Ministroya Rossii ot 30 dekabrya 2016 g. № 1034/pr.). Available at: <https://minstroyrf.gov.ru/docs/14465/> (accessed 01.02.2024). (In Russian).
4. Upravlenie Federal'noy sluzhby gosudarstvennoy statistiki po g. Sankt-Peterburgu i Leningradskoy oblasti. Available at: <https://78.rosstat.gov.ru/folder/27595> (accessed 02.02.2024). (In Russian).
5. Statisticheskaya byulleten' ot 17.06.2019 Predpolozhitel'naya chislennost' naseleniya Sankt-Peterburga i Leningradskoy oblasti do 2035 goda. Available at: <https://78.rosstat.gov.ru/storage/mediabank/14000419.pdf> (accessed 02.02.2024). (In Russian).
6. Yur'ev V.K., Moiseeva K.E., Glushchenko V.A., Zdorovtseva N.V., Puzyrev V.G., Kharbediya Sh.D. *Osnovy organizatsii stomatologicheskoy pomoshchi naseleniyu*. Saint Petersburg: SPbGPMU; 2016. (In Russian).
7. Gaydarov G.M., Kitsul I.S., Vasyukova V.S., Stepanov V.V. *Organization and economics of dental service*. Moscow: Grant; 2001. (In Russian).
8. Manerova O.A., Kubrakov M.A., Kasimovskaya N.A., Kucherenko V.Z. *Organizatsiya ambulatorno-poliklinicheskoy pomoshchi*. Moscow; 2012. (In Russian).
9. Bol'shaya rossiyskaya entsiklopediya 2004–2017. Available at: <https://old.bigenc.ru/text/5063876> (accessed 02.02.2024). (In Russian).
10. Prikaz Ministerstva zdravookhraneniya RF ot 31 iyulya 2020 g. N 786n prilozhenie № 2. Available at: <http://publication.pravo.gov.ru/Document/View/0001202010020020> (accessed 02.02.2024). (In Russian).
11. Postanovlenie Glavnogo sanitarnogo vracha RF N 44 ot 24.12.2020 "Ob utverzhdenii sanitarnykh pravil SP 2.1.3678-20 sanitarno-epidemiologicheskies trebovaniya k ekspluatatsii pomeshcheniy, zdaniy, sooruzheniy, oborudovaniya i transporta, a takzhe usloviyam deyatel'nosti khozyaystvuyushchikh sub"ektov, osushchestvlyayushchikh prodazhu tovarov, vypolnenie rabot ili okazanie uslug". Available at: <https://www.mos.ru/dsxn/documents/view/259986220/> (accessed 02.02.2024). (In Russian).
12. SP 59.13330.2016 "Dostupnost' zdaniy i sooruzheniy dlya malomobil'nykh grupp naseleniya". Available at: <https://minstroyrf.gov.ru/docs/13225/> (accessed 02.02.2024). (In Russian).
13. Prikaz Ministerstva zdravookhraneniya RF ot 7 marta 2018 g. N 92n "Ob utverzhdenii Polozheniya ob organizatsii okazaniya pervichnoy mediko-sanitarnoy pomoshchi detyam". Available at: <https://mosgorzdrav.ru/ru-RU/document/default/view/756.html> (accessed 02.02.2024). (In Russian).
14. Prikaz Ministerstva zdravookhraneniya i sotsial'nogo razvitiya Rossiyskoy Federatsii ot 16.04.2012 N 366n "Ob utverzhdenii Poryadka okazaniya pediatricheskoy pomoshchi". Available at: <https://minzdrav.gov.ru/documents/9168-prikaz-ministerstva-zdravookhraneniya-i-sotsialnogo-razvitiya-rossiyskoy-federatsii-ot-16-aprelya-2012-g-366n-ob-utverzhdenii-poryadka-okazaniya-pediatricheskoy-pomoschi> (accessed 02.02.2024). (In Russian).
15. Prikaz Ministerstva zdravookhraneniya i sotsial'nogo razvitiya Rossiyskoy Federatsii ot 1 dekabrya 2005 g. N 753 "Ob osnashchenii diagnosticheskimi oborudovaniem ambulatorno-poliklinicheskikh i statsionarno-poliklinicheskikh uchrezhdeniy munitsipal'nykh obrazovaniy". Available at: <https://minzdrav.gov.ru/documents/7941-prikaz-minzdravsotsrazvitiya-rossii-753-ot-1-dekabrya> (accessed 02.02.2024). (In Russian).
16. Postanovlenie Glavnogo gosudarstvennogo sanitarnogo vracha RF ot 28.01.2021 g. N 4 "Ob utverzhdenii sanitarnykh pravil i norm SanPiN 3.3686-21 sanitarno-epidemiologicheskies trebovaniya po profilaktike infektsionnykh bolezney". Available at: <http://publication.pravo.gov.ru/Document/View/0001202102180019> (accessed 02.02.2024). (In Russian).
17. SanPiN 2.1.3684-21 "Sanitarno-epidemiologicheskies trebovaniya k sodержaniyu territoriy gorodskikh i sel'skikh poseleniy, k vodnym ob"ektam, pit'evoy vode i pit'evomu vodosnabzheniyu, atmosfernomu vozdukhу, pochvam,

zhilym pomeshcheniyam, ekspluatatsii proizvodstvennykh, obshchestvennykh pomeshcheniy, organizatsii i provedeniya sanitarno-protivoepidemicheskikh (profilakticheskikh) meropriyatiy". Available at: https://www.rosпотrebнадзор.ru/files/news/SP2.1.3684-21_territorii.pdf (accessed 02.02.2024). (In Russian).

ЛИТЕРАТУРА

1. Федеральная служба государственной статистики (Росстат) «Изменение численности населения по вариантам прогноза (тысяч человек)». Доступен по: https://rosstat.gov.ru/free_doc/new_site/population/demo/progn1.htm (дата обращения 01.02.2024).
2. Федеральный закон от 21 ноября 2011 г. № 323-ФЗ «Об основах охраны здоровья граждан в Российской Федерации». Доступен по: <https://minzdrav.gov.ru/documents/7025-federalnyy-zakon-323-fz-ot-21-noyabrya-2011-g> (дата обращения 01.02.2024).
3. СП 42.13330.2016 «СНиП 2.07.01-89* Градостроительство. Планировка и застройка городских и сельских поселений» (Приказ Минстроя России от 30 декабря 2016 г. № 1034/пр). Доступен по: <https://minstroyrf.gov.ru/docs/14465/> (дата обращения 01.02.2024).
4. Управление Федеральной службы государственной статистики по г. Санкт-Петербургу и Ленинградской области. Доступен по: <https://78.rosstat.gov.ru/folder/27595> (дата обращения 02.02.2024).
5. Статистическая бюллетень от 17.06.2019 «Предположительная численность населения Санкт-Петербурга и Ленинградской области до 2035 года». Доступна по: <https://78.rosstat.gov.ru/storage/mediabank/14000419.pdf> (дата обращения 02.02.2024).
6. Юрьев В.К., Моисеева К.Е., Глущенко В.А., Здоровцева Н.В., Пузырев В.Г., Харбедия Ш.Д. Основы организации стоматологической помощи населению. СПб.: СПбГПМУ; 2016.
7. Гайдаров Г.М., Кицул И.С., Васюкова В.С., Степанов В.В. Организация и экономика стоматологической службы. М.: Грантъ; 2001.
8. Манерова О.А., Кубраков М.А., Касимовская Н.А., Кучеренко В.З. Организация амбулаторно-поликлинической помощи. М.; 2012.
9. Большая российская энциклопедия 2004–2017. Доступна по: <https://old.bigenc.ru/text/5063876> (дата обращения 02.02.2024).
10. Приказ Министерства здравоохранения РФ от 31 июля 2020 года № 786н (приложение № 2). Доступен по: <http://publication.pravo.gov.ru/Document/View/000120210020020> (дата обращения 02.02.2024).
11. Постановление Главного санитарного врача РФ № 44 от 24.12.2020г. «Об утверждении санитарных правил СП 2.1.3678-20 «Санитарно-эпидемиологические требования к эксплуатации помещений, зданий, сооружений, оборудования и транспорта, а также условиям деятельности хозяйствующих субъектов, осуществляющих продажу товаров, выполнение работ или оказание услуг». Доступен по: <https://www.mos.ru/dsxn/documents/view/259986220/> (дата обращения 02.02.2024).
12. СП 59.13330.2016 «Доступность зданий и сооружений для маломобильных групп населения». Доступен по: <https://minstroyrf.gov.ru/docs/13225/> (дата обращения 02.02.2024).
13. Приказ Министерства здравоохранения РФ от 7 марта 2018 г. № 92н «Об утверждении Положения об организации оказания первичной медико-санитарной помощи детям. Доступен по: <https://mosgorzdrav.ru/ru-RU/document/default/view/756.html> (дата обращения 02.02.2024).
14. Приказ Министерства здравоохранения и социального развития Российской Федерации от 16.04.2012 № 366н «Об утверждении Порядка оказания педиатрической помощи». Доступен по: <https://minzdrav.gov.ru/documents/9168-prikaz-ministerstva-zdravooxraneniya-i-sotsialnogo-razvitiya-rossiyskoy-federatsii-ot-16-aprelya-2012-g-366n-ob-utverzhdenii-poryadka-okazaniya-pediatricheskoj-pomoschi> (дата обращения 02.02.2024).
15. Приказ Министерства здравоохранения и социального развития Российской Федерации от 1 декабря 2005 г. № 753 «Об оснащении диагностическим оборудованием амбулаторно-поликлинических и стационарно-поликлинических учреждений муниципальных образований». Доступен по: <https://minzdrav.gov.ru/documents/7941-prikaz-minzdravsotsrazvitiya-rossii-753-ot-1-dekabrya> (дата обращения 02.02.2024).
16. Постановление Главного государственного санитарного врача РФ от 28.01.2021 г. № 4 «Об утверждении санитарных правил и норм СанПиН 3.3686-21 «Санитарно-эпидемиологические требования по профилактике инфекционных болезней». Доступно по: <http://publication.pravo.gov.ru/Document/View/0001202102180019> (дата обращения 02.02.2024).
17. СанПиН 2.1.3684-21 «Санитарно-эпидемиологические требования к содержанию территорий городских и сельских поселений, к водным объектам, питьевой воде и питьевому водоснабжению, атмосферному воздуху, почвам, жилым помещениям, эксплуатации производственных, общественных помещений, организации и проведению санитарно-противоэпидемических (профилактических) мероприятий». Доступен по: https://www.rosпотrebнадзор.ru/files/news/SP2.1.3684-21_territorii.pdf (дата обращения 02.02.2024).