209. EVALUATION OF THE EFFICIENCY AND EFFICACY OF HOSPITAL DIAGNOSIS AND TREATMENT PROTOCOLS

Authors: **Sabou Laurentiu, Cerciu Iulia Ștefana, Vintilă Cristian, Petrea Cosmin Mihai**
Scientific adviser: Voidazan T., Associate Professor MD, PhD, Septimiu, University of Medicine and Pharmacy, Targu-Mures, Romania

Introduction. The working protocol is a guidance document that contains a set of instructions on which decisions are made on the clinical management of a disease. It is the standard required to guarantee the quality of the medical practice, it allows the medical act to be evaluated in order to fund it, including in relation to the skills and overspecialization of doctors and is a reference tool in assessing possible malpractice accusations.

Aim of the study. Aim of the study. was to compare the efficacy and efficiency indicators from March 2017 with those from March 2018 to assess hospital medical activities after improving the protocols.

Materials and methods. The medical activities for which work protocols have been developed were evaluated by two types of indicators: efficacy and efficiency indicators. These indicators were extracted from the hospital's computer system and comparative relationships can be established regarding the number of cases that have developed acute complications, the number of deaths or the related direct average costs.

Results. In March 2017 (2016 reporting) and March 2018 (2017 reporting), 149 protocols were evaluated. 94 (63%) of them came from medical departments. For 2016, 20.040 continuous hospitalizations were based on developed protocols, 1332 (6.6%) of them developed an acute complication, 616 (3%) developed 2 acute complications and 532 (2.6%) reported deaths. For the year 2017, 21.140 continuous hospitalizations were based on elaborate protocols, of which 1226 (5.7%) developed an acute complication, 507 (2.3%) developed 2 acute complications and 525 (2.4%) reported deaths.

Conclusions. Based on the analysis of the data we can conclude that following the improvement of the diagnostic and treatment protocols, the number of acute complications and the number of deaths decreased even the number of hospitalizations increased from one year to the next one.

Key words: protocols, indicators, efficacy, efficiency

210. EVALUATION OF IODINE CONTENT IN IODIZED SALT IN THE ASSORTMENT OF SALT IN THE CHISINAU FOOD STORES

Author: **Antonela Gherciu**
Scientific adviser: Alexandru Garbuz, MD, University assistant, Department of General Hygiene
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Iodine is a trace element, essential in the synthesis of thyroid hormones. Iodine deficiency affects about two billion people and is the leading preventable cause of intellectual disabilities. From 30 to 20 mg of iodine that exist in the adult human body, 8-10 mg are concentrated in the thyroid gland, which has a special need for this element. It is considered that optimal quantity of iodine is about 100-200 µg daily. Recommendations are between 40 and 50 µg for infants up to 12 months, 70 - 90 µg for children up to seven years, 120 - 150 µg for students. In areas where there is little iodine in the diet, iodine deficiency gives rise to hypothyroidism. An efficient prophylaxis of endemic dystrophy is administration of iodized salt. The addition of iodine to table salt has largely eliminated this problem in the wealthier countries and served as a method of prophylaxis of endemic goiter. For iodine loss prevention, salt must be pure, kept in cool dry spaces and used only within the validity period.

Aim of the study. To perform the analysis of salt assortment in the food-market networks and assess the iodine content as well as content loss over time in different types of kitchen salt.

Materials and methods. We conducted the market analysis of the salt assortment present in the food shop networks in Chisinau. The assortment is presented by 27 types of kitchen salt, of which 7 are expensive. From the remaining 20 types, only 6 are iodized. Under laboratory conditions, using ionometry and spectrophotometry, we tested these 6 types of iodine salt for real iodine presence. The experience has been repeated over 15 days to see the dynamic stability of iodine in salt, and over the next 2 years, the experience has been repeated every 6 months to see the changes that have occurred.

Results. In most salt samples tested, iodine concentration was determined within the normal range, except for one type of salt imported from the European Union, with a 19,42 mg/kg concentration at first test and 17,96 mg/kg after 15 days, which proves an instability of the iodine compounds and a concentration below the initial limit. Otherwise, was determined the elimination of the iodine compounds from 1 to 4 percent in 15 days from the initial concentration at the opening of the pack and during the 6 months, the percentage reached 10% of the initial concentration.

Conclusion. In the Republic of Moldova, most of the salt on the market is non-iodized. Iodized salt in the Republic of Moldova corresponds to the iodine load of 83% of the total volume marketed in municipal food shop networks. It is recommended to use iodized salt with commercial brand exchange for prevention of deficient iodine state.

Key words: salt, iodine, endemic goiter, prevention.

211. HYGIENIC ANALYSIS OF ALIMENTARY INTOXATIONS AND ACUTE DIARY DISEASES CAUSED BY FOOD IN RISCANI RAY

Author: **Irina Saftiuc**
Scientific adviser: Alexei Chirlici, MD, PhD, Associate professor, Department of Hygiene
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Alimentary intoxications results from the use of food contaminated with pathogenic or contaminated microorganisms with toxic or non-microbial toxic substances.

Aim of the study. The hygienic evaluation of alimentary intoxication in Rîşcani district during a 5-year period and the elaboration of measures to prevent them.

Materials and methods. A retrospective study on dietary intoxications and acute diarrheal diseases in Rîşcani district was performed over a 5-year period (2012-2016). The main foods incriminated, the causes of the outbreak, the conditions that favored illnesses, the factors and the ways of transmission were established.

Results. Morbidity through food poisoning and acute diarrheal diseases in the Rîşcani district during the period 2012-2016 remains high, constituting an average of 341 cases annually, the morbidity index showing a periodic increase and decrease. Thus the maximum level was recorded in 2012 with 348 cases per 100 thousand populations, and the minimum - in 2016 with 295 cases 100 thousand population. Studying the etiological structure, we found that the vast majority are caused by Salmonella - making up 53%, Escherichia coli - 18% and Staphylococcus aureus - 18%, the others having a small share. It was found that 63% of all said outbreaks took place at home and only 37% in organized collectives. During this period, 718 cases of food intoxication and acute diarrheal diseases were recorded with 1525 affected persons. During the study period, cases of botulism were not recorded. Of the total number of food intoxications, 7 people suffered as a result of the consumption of poisonous fungi. The analysis of the multiannual dynamics of morbidity by food poisoning and acute diarrheal disease has shown that the morbidity index is decreasing, but is still lower in 2016 (372.4% ooo cases) and higher in 2012 (542.6% ooo cases) (19%) and Klebsiella (17%), other microorganisms (Enterobacter, St.