

Systemic and Operational Regulation

2017

Medical Basic Health Care Management Systemic and Operational Regulation

Aware of the high level of completion of Nyíregyháza Megyei Jogú Város medical tasks, the detailed rules concerning the Medical Basic Health Care Management's legal status, organisation and operation, the law 2011. CXCV concerning the state finance, also 368/2011(XII.31) government decree about the execution of the law mentioned before, and also aware of the articles of association - in the preset Systemic and Operational Regulation the next will be ascertained.

Part 1

General Baselines

1. Name of institution: Egészségügyi Alapellátási Igazgatóság
2. Base of institution: 4400 Nyíregyháza, Szent István utca 14.
3. The date of writing the articles of assignment of the Egészségügyi Alapellátási Igazgatóság, it's number and assignment, based on the 8/A paragraph of the law 2011.CXCV: 2016. február 25., SZOC/3079-45/2016, 1990.02.07.
4. Conservator of the institution: Nyíregyháza Megyei Jogú Város Önkormányzata
5. Institution's range of action: Nyíregyháza Megyei Jogú Város közigazgatási területe.

In aware of general adult practitioners and general practitioner pedestrians attendance, in the aspect of

range of action it is widened to Nyíregyháza Megyei Jogú Város, Kálmánháza, Kótaj, Nagycserkesz, Napkor,

Nyírpazony, Nyírtelek, Nyírtura, Apagy and Nyírtét.

6. Classification of the institution:

Number: 1.

Number of technical branch: 862100

Name of technical branch: General outpatient-care

Tasks completed by the institution classified by governmental functions

Number	Governmental Function number	Governmental function
1	013350	managing the local goverment's wealth
2	051050	managing dangerous waste
3	072111	General practitioner care
4	072112	General practitioner attendance care
5	072311	Dentist care
6	072312	Dentist attendance care
7	072313	Dentist special treatment
8	072410	Domestic speacial treatment
9	074011	Occupational special treatment
10	074031	Family and woman-favour medical treatment
11	074032	Youth- and medical treatment
12	074054	Complex health improving and preventional programmes
13	095020	Other educational movements outside school system

Local Governmental Wealth for the Treatment

Number	Topographical Number	Address
1	22	Nyíregyháza, Szent István street 14.
2	2263/28/A	Nyíregyháza, Ungvár Walkway 37.
3	3503/2	Nyíregyháza, Szent István street 70.
4	9153/1	Nyíregyháza, Alma street 71.
5	6592/37	Nyíregyháza, Toldi street 65/A
6	14267/2	Nyíregyháza-Rozsrét, Fenyő street 1.
7	2263/29	Nyíregyháza, Ungvár walkway 35.
8	290/2/A/119	Nyíregyháza, Vay Ádám boulevard 5.
9	290/2/A/121	Nyíregyháza, Vay Ádám boulevard 7.
10	393/19	Nyíregyháza, Rákóczi street 23/A
11	222000/145/A	Nyíregyháza, Fazekas János square 8.
12	02422/70	Nyírjes, Gondos street 1.

13	12894/5	Nyíregyháza, Fácán street 2/A
14	1397/1	Nyíregyháza, Stadion street 8.

Institution's opened base possessed by the local government for the treated

Number	Name of Base	Address of base
1	Surgery	4400 Nyíregyháza, Ungvár walkway 35.
2	Surgery/Health visitor-advisor	4400 Nyíregyháza, Ungvár walkway 37.
3	Surgery/Health visitor-advisor	4400 Nyíregyháza, Alma street 71.
4	Central Medical Attendance	4400 Nyíregyháza, Szent István street 70.
5	Surgery	4400 Nyíregyháza, Vay Ádám boulevard 5.
6	Surgery	4400 Nyíregyháza, Vay Ádám boulevard 7.
7	Surgery/Health visitor-advisor	4400 Nyíregyháza, Toldi street 65/A
8	Surgery	4400 Nyíregyháza, Fenyő street 1.
9	Surgery	4400 Nyíregyháza, Gondos street 1.
10	Surgery	4400 Nyíregyháza, Fácán street 2/A
11	Health visitor-advisor	4400 Nyíregyháza, Rákóci street 23/A
12	Health visitor-advisor	4400 Nyíregyháza, Fazekas János square 8.
13	Health visitor-advisor	4400 NYíregyháza, Stadion street 8.
14	Town clinic	4400 Nyíregyháza, Szent István street 14.

Part 2

Systemic and Operational Regulation's Scope

The current scope of the SOR widens to the managers, employees, and occupied of the Medical Basic Treatment.

Part 3

The organization, range of action, and role of the institution

Medical basic- and special treatment's tasks

The government of the town maintains the treatment of the general practitioner, the dentist, the attendance of the general practitioner, dentist, the medical treatment in schools linked to the basic treatment. As an optional task, takes care of the roofless's basis medical treatment, special treatment at home, treatment based medical care. In the area of the treated's living quarter, it must be guaranteed, that the treated partakes in the available long term, personal based, contiguous medical treatment irrespectively of the gender, age, and the type of disease of the treated.

The departments of the institution

Management

Adult general practitioner and pedestrian-Dentist attendance

Health visitor

School medical-treatment-service

Dental X-ray

Treatment based medical care-service

Homeless medical treatment service

Domestic special treatment

Adult general practitioner and pedestrian-Dentist service

Also the economical organization which tasks are completed by the KÖZIM

The structural illustration of the institution is contained in attachment 1

1.THE MANAGEMENT OF INSTITUTION

1.1 THE MANAGER

Obligations

manages the institution, aware of those are written in the articles of assignment-legislation,budget, also requirements directly ascertained by the conservator.

controls and coordinates the institution's range of action's medical basic treatment's obligations

creates the prescribed regulation requirements in the institution, sees to the actualisation, publishment and set off of the documents.

ensures the requirements for the institution to operate by the available wealth

responsible for the making and the availability of the employees' job description

responsible to protect the institution's wealth for completing obligations

economy, effectiveness and efficiency are emphasized and important

aware of the financial and special monitoring system's status, the planning and accounting
aware of the public accountancy's rules with KÖZIM
practices employers' legals over employees
stands for and represents the institution
stands for and represents the institution in media and stamp
keeps in touch with institutions in the same medical discipline, with the special and the civil
organisations
supports those companies, who are supporting the institution's work aswell
evaluates the instution's, the worker's and the organisational unit's work
coordinates and checks the activity of the instution's special and healthcare-employees
organises and coordinates the general practioner, general practioner pedestrian and
general practioner central attendance
in case of absence, or any other term, the general leader substitutes
in case of absence, or any of the terms mentioned before, will be possessing legals of
special-advisor manager

1.2 MANAGING SPECIALIST-GENERAL MANAGER

The manager is in the direct superior position

Obligations

In case of absence, substitutes the manager, not completing his profession-head tasks, but
those which require high level knowledge of healthcare
responsible for the institution's accountary cases, and the rules mentioned in the present
regulations and their legal treatment
takes care of those buildings which are required to operate, the recovery, upkeeping,
utilization of the buildings, supplying required devices, operating, upkeeping and utilizing
them, utilizing, being instrumental with KÖZIM
watches over document-treatment, organizes and coordinates the technical and
administrational working processes
represents the institution by the charge of the manager
organizes the hazardous waste which are made through the process of praxes
participates in executive and other conferences, takes care of the solutions of the upcoming
problems
completes every other obligation given by the manager,
in case of absence, the head of institute takes place

1.3 DOMESTIC SPECIAL TREATMENT-LEADER AND HOSPICE SPECIAL TREATMENT SERVICE-GROUP LEADER (profession-leader)

The manager is in the direct superior position

in case of the manager's absence substitutes (in professional ways also), has legal to determinate, also solving cases which require high level of knowledge in healthcare

the group leader coordinates and controls the order of the domestic and hospice treatment responsible for the institution's accountancy tasks, and the obligations mentioned detailed in the present regulation

represents the institution in professional areas by the charge of the manager

monitors working-discipline, quality assurance, substitutes, the efficiency of material-usage, thriftiness.

directly controls employee's professional-work, helps and monitors the obligations of the professional-work groups, the liables and trustees with special advices

participates in executive and other conferences, takes care of the solutions of the upcoming problems

completes every other obligation given by the manager

those areas of work which requires any qualification in healthcare, practices transferred-tether, except the head-health visitor and the attendance-manager

In the case of absence, substituted by the head of institute.

1.4. HEAD-HEALTH VISITOR

The professional and general manager is in directly superior position.

Obligations of the head-health visitor:

coordinates the tasks of the health-visitor-group

aware of her group's substance, substitutions, the mental-sanitation, the working circumstances

marks device and tool poverty

handles incoming complainments, forwards to the manager if required

referates orally or in writing according to requirement

holds direct connection with the manager and the profession-leader, aware of proper connection with outside companies and organizations

referring to the employed health-visitors in the institutions, the head-health visitor practices transferred tether

In the case of absence, the profession-leader substitutes.

1.5. ATTENDANCE LEADER

The professional and general manager is in directly superior position.

The general practitioner-attendance-service's working-process is coordinated by the attendance leader.

Obligations:

- collects and orders the attendance's monthly medicine, healthcare-material, prints, stationery and consumable needs

- attendance schedule is required to be done until the given month's 20th day

- fills the waning medicines, healthcare-devices-and-tools, watches after the medicine box

- regularly monitors the attendance and its substance under service time, keeps the attendance schedule

- oversees the disposable devices and authorized medicines expiration-date, the healthcare-devices and tools usable state, the vehicles' purity

- referred to those who are employed in the institution and the general practitioner-attendance, and possesses transferred tether

In the case of absence, the profession-leader substitutes.

2. MANAGEMENT

2.1 SECRETARY

The manager is in directly superior position.

Obligations: Completing obligations in terms of secretaryship.

- helping the work and tasks of the manager and other leaders, directing and coordinating daily programmes

- transferring informations given by the manager either on phone or personally

- handling and forwarding e-mail and phone-trading

- handling routine acts (e-mailing, lettering, phoning etc.)

- holding contact with outside contractors

- preparing and organizing discussions, conferences

- helping official visitors

- handling and making an order of the incoming bills, forwarding and requesting signatures of the organization completing economical obligations

In the case of absence, the human-politics-administrator substitutes.

2.2 HUMAN-POLITICS-ADMINISTRATOR

The manager is in directly superior position.

- handles files of the public-employee-legal-relationship, files of creating, modifying and canceling employment

- handles wage-register

- accounts and pays employees' fare in connection with working

- creates official certifications required by employees

- creates prints required to the aptitude test

- oversees obligatory vocational trainings

- oversees obligatory headcount-minimums (healthcare and personal minimum requirements)

In the case of absence, the general manager substitutes.

2.3 DRIVER/MAINTAINER

The general manager is in directly superior position.

- completes every obligation referring to carriage (personal, material carriage) with a car that has proper status and purity

- makes sure if a vehicle is available and works, makes sure to manage and monitor the documentation required in the code

- responsible for the safe-use of the vehicles: logbook, driving license, parking license and their validity

- makes sure if a car has proper status: has the car maintained, repaired if necessary, filling the fuel-tank

- drives the vehicle, being aware of the traffic, the KRESZ-rules

- ships the load, packs-in-and-out

- handles administratory obligations, handles registries and bills

- in the case of accident helps, notifies ambulance and the fire-station

- participates in the periodical medical examination for the validity of the driving license

- watches over the traffic regulations, their changes, the etical codex in terms of working-process

- handles the vehicles required documents, preserves it at the end of the day in order to lockup

- completes maintainance-tasks at the bases of the institution

In the case of absence, the general manager substitutes.

2.4 OFFICE ASSISTANT/SWABBER

The general manager is in directly superior position.

- aware of the inside order of the institution, keeps it clean

- coordinates the work of swabbers employed

- forwards letters, postal-sent items, official documents personally

- prepares consignments for shipping and delivery

- the office assistant's main task is to keep the institution clean, to ensure ordered environment (daily, periodically, occasionally upcoming or certain places to clean up)

- notifies forward about the required tools and devices to fulfill the task

- responsible for storing the devices, cleaning products, chemicals given to her

- notifies the manager in case of realizing a status that would need maintenance

In the case of absence, the secretary substitutes.

3. ATTENDANCE

Physician fulfilling the attendance

a) Treats in attendance:

- aa) those who require treat, injuries

- ab) in case of phone-calling, the diseased or injured at home

- ac) on weekends and holidays those, who need continuous treat

b) Handles:

- ba) referrals to the hospital or specialists for who require it

- bb) taking the diseased or injured to the give institution if required

c) Accounts for the diseased or injured if unable to search or seek objects

d) In case of magisterial treatment or by asked by the diseased or injured, he makes medical evidence hands over to the authority, also to the patient if the fee mentioned in the code has been payed

e) In case of magisterial treatment the physician does a general examination; measuring blood-alcohol level, making a drug test, or does any other examination required respectively.

f) In extreme conditions (in case mass-injuries, toxication, natural disasters) organizes, life-saving, and controls it until the ambulance takes the control over on the given site.

g) Manages those obligations which are mentioned in the regulations in case of death.

The physician fulfilling the attendance manages to notify the patient's therapist about the treatment which was done by the physician.

Dentists for dentist-regulations ensure opportunities for jobs on weekdays for 6 hours on various bases, and dentist-attendance-treatments on holidays from 8 to 14 o'clock.

The dentist-attendance area contains the following obligations:

- a) Teeth removal
- b) Hemostasis
- c) Foreign-body-removal
- d) Grinding broken teeth
- e) Opening teeth-root-canal
- f) Anesthesia and dental x-ray for the previously mentioned

3.1 THE DRIVER ON DUTY, DURING THE DUTY

a) In case calling the driver immediately - maximum 3 minutes - gets to the car ready to drive, the nurse hands the address to drive over, uses GPS to find the shortest and fastest way, and according to the urgency of the call takes the attending physician to the spot - if required, the driver uses cognizance (the attending physician decides if they have to use it or not)

b) the driver helps the attending physician - if the physician directs the driver - by carrying and preparing devices and tools

c) Manages the car's licenses and documents, asks the physician to signature, handles over the papers to nurse on duty at the end of the service in order to safekeep the documents

d) after the treatment(s) takes the doctor to the surgery, helps to get the tools and devices inside the surgery, and waits at his/her spot until the next case

e) takes care about the care, makes sure it is working properly, manages the documents mentioned in the legislation

f) responsible for the safe-use of the car, the validity of the documents required (logbook, driving license, parking license)

g) takes care of the aesthetic status of the car, aware of the maintaining and repairing duties required, keeps the fuel tank filled

h) drives the vehicle according to the traffic, the rules of KRESZ.

3.2 NURSE'S OBLIGATIONS DURING DUTY

- a) accepts and documentates call incoming to the duty/attendance
- b) in case of the physician on attendance does his work outside of the surgery chosen to the task, assures treating cases which require immediate intervention
- c) in case of immediate requirement, starts the medical treatment workmanlike, takes care of the ultimate treatment
- d) prepares those materials, medicines, tools and devices which will be required in order to fulfil and complete the examinations during the attendance
- e) completes those administration and professional tasks, which were given by the physician

4. PROFESSIONAL SERVICES OF CHILD CARE OFFICERS

territorial professional services of child care officers

school-health-care professional services of child care officers

4.1 TERRITORIAL PROFESSIONAL SERVICES OF CHILD CARE OFFICERS

Obligations of health-visitor care:

- a) Giving advices in terms of family- and - woman - protection, reproductive health development
- b) taking care of pregnant women
- c) taking care of women with cot and breastfeeding
- d) taking care of children from birth to school
- e) completing health-visitor obligations in the kindergarten, treating students in educational institutions
- f) taking care of those children, who are not studying in educational institutions (at home of course)
- g) family care
- h) helping growing up children, cooperate with the general practitioner, with the general pedestrian practitioner, with Metropolitan Children Protection Service in order to prevent and terminate the children's endangerment
- i) being part of Child Protection Warning System, notify the general practitioner in case of the endangerment of the children, starting magisterial/official procedure to protect children in case of certain cases according to the guardianship-administration law

j) participate in the unique and communal health-development, planning, organizing and implementing health-protecting programmes,

4.1.1 HEALTH-VISITOR-CARE IN PREVENTING TREATMENTS

helps improving health status, avoiding and reducing risk factors, emphasizes healthy lifestyle, nurture, daily exercise, mental health, establishing healthy and safe environment, preventing health-damaging, applying family-planning methods, raising awareness of filter-examinations

helps notifying and signing early risk factors, lessions, diseases

takes intensified care of those who are suffering persistent diseases, disability or living in disadvantageous situations, follows their health status, social background and environment, helps to establish a proper environment and way of life (tertiary prevention)

cooperates with social, public educational, youth- and family field, civil- and church, cultural and other concerned branches

Pregnant mothers, mothers with cot must cooperate with the health-visitor in case of underaged who has limited, or no ability to act

4.1.2 OBLIGATONS OF THE TERRITORIAL HEALTH-VISITOR (DISTRICT NURSE)

a) woman-protectiton, thus:

aa) advising and helpin in family-planning

ab) helping in preparing motherhood

ac) participating in organizing residential purposeful filter-examinations

b) taking care of pregnant women according to the mentioned in the separated legislation

c) helping and advising concerning health status, lifestyle, breastfeeding, family-planning respectively in the cot-period

d) taking care of children from birth to the start of the student relationship, thus:

da) family visits according to a plan both agreed by the health-visitor and the legal representative, treatment requirement and by purposes of health-visitor-advising, establishing harmonized mother-children connection, helping nurturing and socializing the children, giving advices about establishing healthy lifestyle according to the growing of the children

db) paying intensifyed attention to new-born babies and premature babies, those, who born with little weight, and also , who are endangered by medical or environmental circumstances (highly intensifyed attention to the psychosomatical development)

dc) paying intensyified to breastfeeding, inspiring breastfeeding especially in the first 6 months, teaching the mother the correct method and technique of breastfeeding, enhancing and uphold lactation; paying instesyfied attention to the proper nurturing and feeding difficulties according and distinguishing every age-group and growing-levle

dd) by the separate legislation, has to monitor the availability of the required filter-examinations at the age of day 0-4, notifying the legal representative about the obligated examination bound to age - defined in separate legislation -, according to methodological advising, notifying the general practitioner and pedestrian in writing about any anomaly

de.) detecting any factor which endangers the growing, the health-visitor must notify the physician and the Child Social Services immediately, also taking intensified care of the endangered children and his/her family

df) preparing the family on the domestic nursing of the diseased baby

dg) those people's, who require intensified treatment due to health-reasons, chronic-diseased', and those people's, who have any disability, their legal for ensuring equal opportunity (by the law 1998.XXVI. paragraph 4 point a)) children with behavior-disturbance and their family, the health-visitor must help and advise cooperating with the general practitioner and pedestrian, and with other concerned professionals and experts

dh) notify families about the importance of vaccines bound to age, organizing vaccines, document vaccines, report vaccines in the separate legislation according to the mentioned in the methodological letter

e) completing health-visitor's obligations in the kindergarten; treating students in school according to the separate legislation

f) those, who are not the member of any educational institutions, must be treated at domestic environment according to the separated legislations

g) in terms of family-treating:

ga) preventing any upcoming medical, mental and environmental danger, in order to notify helping the family with healthy lifestyle, helping the family to establish loving and harmonized family-environment

gb) according to the health-visitor's written document, who is treating the educational institution, extraordinary visits must be done

gc) notify the general practitioner (pedestrian) and the Child Social Services, if the legal representative declines the health-visitor treatment (family visit), in case if the base of the authorized proceeding is child abuse, heavy avoidance, or the child him/herself endangers his/her life, or any other endangering circumstance respectively

gd) emphasizing the importance of participating in the Public Healthcare's filter-examination, notifying the family about the personally required filter-examination's importance

ge) notify about state, civil caritative family-supporting-forms and opportunities

gf) notify about the child's legal, legal to the healthcare-treatment and the obligations of the legal representatives in terms of healthcare,

gg) writing a document every year for the given children-welfare servant, about her treatments in terms of children-protection

gi) if required, by asking - outside of her competent area - upcoming guardian obligations

h) planning, organizing and implementing unique and communal health-developer, health-protecting programmes

The health-visitor completes her task autonomously, while keeps in touch and cooperates with:

- experts of general practitioner-treatment in terms of basic-healthcare-treatment
- experts of public education
- experts of Child Social Services, the social- and family-helping services

In case of absence, the territorial health-visitor is substituted by the person chosen by the leading health-visitor

4.2 SCHOOL-HEALTHCARE HEALTH-VISITOR-SERVICES

The School-healthcare treatment is available from the starting of school until the age of 19, as well as for those, who are older than 19, but participates in full-time training. The health-visitor completes the following preventive treatments:

- a) filter-examinations of metabolism, sense organs, full-physical examination according to age
- b) examinations which help notifying dental irregularities, and recording dental status overall
- c) examinations over growing according to age
- d) examining environmental risk factors and examinations and treatments to prevent diseases induced by them
- e) participating in school-health-development
- f) taking intensified care of students with medical, social and mental problems, of those, who are living in a disadvantageous situation, helping to establish proper environment according to school and healthstyle, helping them in choosing their careers
- g) students' aptitude test
- h) completing tasks according to preventing infectious diseases, completing campaigns which are bound to age, and can be required autonomously
- i) cooperating with the people of public education, parents, people of the basic-healthcare, Child Social Services in order to ensure the healthy and proper growing of the children

The School-healthcare health-visitor-services participates in the prevention- and health-protection-obligations in elemental and secondary institutions.

4.2.1 OBLIGATIONS OF THE SCHOOL-HEALTH-VISITOR

1. Creating and collating the health-visitor-obligations for the yearly work organization, in view of the mentioned in the program of the educational institution
2. Examining students above six every 2 year (except color vision):
 - a) evaluating height, body mass, nourish-level, physical development according to the home-based standards,

evaluating venereal/sexual development

- b) exploring motoric, mental, social psychic problems of development and behavior
- c) examining sense organs (vision, strabismus, hearing), examining color vision
- d) examining musculoskeletal diseases: more attention to spinal disorders and leg-static-problems
- e) blood pressure-measurement
- f) examining thyroid gland by touching

3. Checking the personal hygiene of the students

4. First aid

5. Preparing medical examinations (done by doctors)

6. Completing preparing and organizing tasks in connection with vaccines

7. Helping to establish a proper lifestyle for those with chronic diseases and behavior problems

8. Participating in the teaching of hygienes, mainly in the following topics:

- a) basic information about health (personal hygiene, healthy lifestyle, nursing, first aid)
- b) family planning, birth control
- c) parental role, baby treatment
- d) information about self-examination
- e) preventing addictions

9. Participating in physical education, physiotherapy, technical lessons, participating in the monitoring of the hygiene of places and environment in the school, nurturing

10. Keeping contact with parents (office hours, parental meeting/conference, family visits)

11. Helping students to choose career

12. Documenting completed tasks and obligations (medical registry sheets, medical documentations (book), ambulatory diary, vaccines, hospitalization by medical specialists, documenting endangered)

In case of absance, the school-health-vistior is substituted by a person choosen by the leader-health-visitor.

4.3 SCHOOL-HEALTHCARE SERVICES

With cooperating with the health-visitor, the school-health care services ensure the students' preventing and filtering examinations in the primary and secondary institutions.

4.3.1 OBLIGATIONS OF SCHOOL DOCTORS

4.3.1.1 IN CASE OF CHILDREN AT KINDERGARTEN-AGE

a) According to the regulation 18/1998. NM about infectious diseases, examination of kindergarten-aged children to prevent epidemics and infectious diseases, thus:

- full physical examination
- recording renewed disease prelude and family medical history, filtering endangered children
- according to the medical history, ensuring medical specialist treatment

b) filter examinations

c) participating in visits to school-ready children

4.3.1.2 TREATING SCHOOL-AGED CHILDREN

Following and examining the students' health status.

a) examining students at classes 2,4,6,8,10,12, thus:

- full physical examination
- recording renewed disease prelude and family medical history, filtering endangered children
- according to the medical history, sending them to medical specialist-treatment

The physician must document and service the documented material to the legal representative, also services a copy of the examination's result.

Obligatory documentation and data servicement by the distinguished legislation of the 2., 4., 6., 8., 10., 12. classes, and of the final status-examination at the of 16.

b) monitoring those, who are suffering from chronic diseases, who have disabilities bodily, mentally, or with any sense organs, taking intensyfied care of with special treatments. If these children are going to be integrated in education with other, healthy children, then the school doctor has to document and give medical opinion about the results.

c) in case of sending the child to the physically, mentally, sense-organily, speech disability-stating-committee, the doctor has to share documents and data according to the student's health status

d) participating in the organization and monitoring the execution of children-dentistry-program

e) with cooperating with the school-health-visitor, the doctor has to execute the final status-examination at the age of 16

4.3.2 APTITUDE TESTS

a) special aptitude tests, completing medical tasks in helping to choose career

b) creating physical education (PE) groups, completing school-healthcare-tasks in connection with physiotherapy, PE, sports.

4.3.3 OBLIGATIONS IN CONNECTION WITH DISEASES AND PUBLIC HEALTH

a) executing and documenting campaign-vaccines according to schoolar age

b) being loyal to the mentioned in epidemiological descriptions, in case of infectious diseases ordering to execute the mentioned in epidemiological treatments, the treatments done must be documented and shared with the Bureau's Public Health Special Management Organization

c) monitoring the nurturing of the educational institution

d) in case of detecting public health and epidemiological deficiencies giving advises to correct faults, and notifying the Bureau's Public Health Special Management Organization

4.3.4 FIRST AID

In case of accidents, injuries, acute diseases must be treated primarily, the doctor has to control and send children to the general practitioner, general practitioner pediatrician, and other institutions respectively.

4.3.5 PARTICIPATING IN THE EDUCATIONAL INSTITUTION'S HEALTH-DEVELOPMENT PROGRAMMES

a) Participating in the schoolar education to healthy lifestyle, in executing the National Core Curriculum

b) sharing medical information with the parents and the teachers

c) teaching self-examination basics

4.3.6 MEDICAL-ENVIRONMENTAL OBLIGATIONS

a) monitoring the institution's environment - classrooms, practical places, gym, other servicing places. Detecting deficiencies, executing treatments.

b) monitoring environmental factors of the working place in connection with the students' practical education

4.3.7 DOCUMENTING OF THE CHILDREN TREATED, making reports according to the distinguished legislation, and documenting the examinations, vaccines in the Medical Documentation Book according to the distinguished legislation.

5. ADULT AND CHILDREN GENERAL PRACTITIONER AND DENTAL SERVICE

Continuous, periodical, and unique tasks coming from cooperating with general practitioner pediatricians, general practitioners and basic-treater dentists.

Adult and children general practitioner services, dental services are working in enterprise form. The enterprising physicians from the Health Insurance Cashdesk, in order to make the service working, directly getting finance. The manager, by cooperating with the general practitioners, and by the kind of the task, incorporates other employees to:

- prepares the treat-execution assignment's engagement with the general pedestrian with praxis
- prepares the treat-execution assignment's modification if required
- pays attention for the proper medical supplement of certain areas in connection with certain praxes, in case of un-filled praxis takes care of substitution, aware of the praxis's ownership's conformation,

and the un-fillment running timely through the mentioned in the distinguished legislation, the government

takes control

- coordinates the involvement of general practitioners in the central-attendant-tasks' treatment, handles the

attendance/duty schedule, and in the case of the physician's absence pays attention for the substitution's (organized by the physician) legality, and the institution handles the substitution if required

- involves general practitioner pediatricians into the day care centre healthcare, kindergarten healthcare, school-healthcare tasks, keeps contact with the institutions

- ensures the incoming complaint by the patients to be examined properly

- organizes autopsy in case if it would be delayed considerably because of the absence or the incapacitation

of the physician

- aware of the rental legislations in connection with surgeries, and with cooperating with the KÖZIM

actualizes the rental fees

- in case of requirement, conveys between the City Hall and the general practitioner in connection with the

building required for use in order to complete obligations

- in case of change or requirement, advises to modify the regulation limiting the general practitioner's

territorial range, shares data or documents in order for the documentation of the healthcare-administrative organization

- after looking after and agreeing the situation - in case of highly intensified situation and in order to

organize the population's treatment more rationally - advises to create new territories

- keeps contact and consults with the Hungarian Medical Organization's territorial association

- organizes conferences, consultation, forums for the general practitioners

- by requirement, informs patients about their chosen territorial general practitioner

- in case of opening or moving a surgery to a new address, helps in informing the population

On the competencial territory of Nyíregyháza Megyei Jogú Város, the number of the running practises without any territorial treatment obligatory - by the statistics of OEP - is 5, from which 4 are general practitioner practises, pediatrician 0, dentist praxis is 1.

44 adult general practitioner, 27 general practitioner pediatrician and 31 dentist praxis are running (2 adults, 9 children- and schoolar-dentist and 20 mixed praxis). The owner of these - by the assignment engaged with the government - are working by territorial-treatment obligatory.

The Szabolcs-Szatmár-Bereg County Bureau Public Healthcare Special Management Organization is the responsible for the work related inspection. According to the healthcare services, thus according to the Institution:

The healthcare bureau organization during the health development-treatment (health-protection, health-education and health preservataion) harmonizes, organizes and inspects tasks to prevent public diseases, thus:

a) the healing-preventing basic treatment's advising part

c) institutions which are fulfilling the mother and baby-protecting tasks; and

e) filter-examinations targetting the public (population)

b) oversees the regulations to be valid according to the running of health-related institutions, and practices professional inspection above the healthcare services's and the medicine supplier of the population's work

e) approves - if the legislation doesn't overwrite it - the health service to fulfil it's tasks, monitors, creates documentations of the healthcare services respectively, of the units of the healthcare services, the professions which can be done and approves for them, activities in terms of certain professions, furthermore about the licenses which let the institution do it's tasks

According to the making of the temporarily emptying general practitioner territories work:

With organizing the proper substitution, the institution also ensures the running of territories with territorial-treatment obligatory in order to ensure the continuous and uninterrupted patient treatment, in case of there is no possible substituting person.

6. OTHER TREATMENTS

6.1 DENTAL X-RAY

Intraoral and extraoral (panorama) dental examinations.

Obligations of the assistant: participates in making dental x-ray records in the dental x-ray outpatient special treatment and if required in resultatiazation, documentates in connection with these according to the legal description.

6.2 OCCUPATIONAL MEDICINE SERVICE

The occupational medicine service's tasks:

- a) analyzing the work-environmental disease factors's effects on humans by the law mentioning healthcare work-environmental hygiene, the humans' response reaction, explore the typical parameters of the latter
- b) works out treatments to prevent occupational diseases
- c) points out the employees' maximum encumbrance in connection with working
- d) points out his/her encumbrance with a medical examination, to decide about the eligibility or aptitude of the employed to the given work, professional area, and points out the maximum of the engagement, and it's requirements
- e) points out how often aptitude tests must be done according to the work-environment and the type of the work
- f) tells if the employee is competent or incompetent for the job, and also points out what requirements, what environment is required for the employee to be competent
- g) pay intensified attention for the young, women, pregnant women, breast-feeding mothers, elder, chronic-diseased people, and people with disabilities, their health status under their workmanship
- h) initiate rehabilitation for those people, whose capacity and ability to work has changed, and participate in it if possible
- i) by the mentioned in the minister's regulation in terms of the age group which is available for work, in order to live a healthy lifestyle, and in order to prevent the infectious and non-infectious chronic diseases, the occupational medicine service has to do healing-preventing tasks with cooperating with the general practitioner.

The detailed regulations concerning its tasks can be found in the regulation mentioning occupational medicine services 27/1995. (VII. 25.) NM, and the work territorial, professional and personal hygienal aptitude test and the doctor's opinion about it is contained in the 33/1998. (VI. 24.) NM regulation.

Treatment area: Public servants of institutions of Nyíregyháza Megyei Jogú Város Önkormányzat, and other employees with treating-assignment of the institution Medical Basic Health Care Management.

- The work area of the occupational medicine assistant, the occupational medicine service's organization and running, the employees' categorization is regulated by the 89/1995 (VII.14.) edict.

- In terms of occupational medicine services-physician entrusting legislation, the physician treats the tasks of the occupational medicine service's organizing and running tasks, categorazation of employees, by the edict 89/1995 (VII. 14).

6.3 HOMELESS TREATMENT

The physician treating homeless people will take care of those people's healing-preventing treatment, who does not have any announced place of living. The physician will be doing preventing-healing treatment at the known quarters of the homeless except outpatients, but the physician often searches after the person requiring treatment.

Emphasized tasks:

- medical treatment of homeless people
- sending patients to special treatment
- treating "homeless diseases" in the winter (freezing, being frostbitten)
- paying more attention and treatment if required
- organizing filters in order to prevent
- supllyng vitamin and medicine for indigents
- treating homeless people with medicine if required

6.4 DOMESTIC REGISTERED NURSERY AND HOSPICE REGISTERED NURSERY SERVICES

By the order of the treating physician, the domestic registered nursery is the treatment done by the registered nurse at the home or the habitation of the patient.

Its goals are to treat, the hospice treatment's goal is to hold and guard the human dignity, to treat physically, mentally, to ensure better quality of life, to ease the suffer of the dying patient at a long-lasting disease, which leads to death.

Must ensure:

to ease the pain of the patient, to ease the physical and mental symptoms, to make relatives and other close people to be near him/her

to help relatives to treat the patient, to help relatives and treat them mentally during the period of the death and mourn. If possible, the hospice treatment must be done at the home of the patient, at the circle of his/her family.

6.4.1 OBLIGATIONS OF REGISTERED NURSES

- Teaching and practicing feeding, and other registered nursery tasks concerning the latter by probe.
- Completing registered nursery tasks concerning changing constant catheter or systematical catheter, bladder flush.
- Modern injury-treatment, bandaging: treating surgery injuries; handling leg ulcer; treating bedsores; treating burns
- Treating surgical factors (open and close injuries), stoma-therapy and treating other drains' registered nursery tasks, profession-specific oral hygiene treatments after surgery
- Special process of durable analgesia
- Special process of enema
- Tasks in connection with intravenous liquid and electrolyte supplement, parental medicining
- Cleaning tracheal cannula, changing insertion, teaching its' processes
- Treating special tasks if required, for example: EKG, oscillometria, oxygen therapy, breathing therapy, applying vapor, applying special healthcare-lamps, using the TENS device
- Treating special tasks of decubitated areas, ulcers
- Treating in case of falling out as a consequence of a disease, or treating tasks of reduced functions, developing or renewing: teaching the use of devices to move and mobility, helping changing spot/place and position
- After accidents or any other surgeries, treating special tasks, and in case of self-sufficiency, ensuring physical hygiene, helping the patient to move
- teaching the use of medical help devices and prostheses, and teaching how to complete tasks in connection with these
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6.4.2 OBLIGATIONS OF THE PHYSIOTHERAPIST

- By medical order and diagnosis, the physiotherapist completes his/her tasks autonomously on different areas, which was approved by the coordinator previously
- Runs diseased-documentation updated, gives the documentation to the coordinator if required before the deadline

- Estimates and discovers the status of the pretender of the treatment, creates a treatment plan cooperating with the client

- Notifies the coordinator in case of any change in the client's status

- The areas of the physiotherapists widens to passive, led-active and active movement and positioning (isometrial and isotonial), full mobilization in different positions, increasing the range of movement of the joints, contractures stretching in order to treat and prevent, developing circulation and breathing, relaxation, developing posture.

Part 4

The operational windrow of the institution

1. Rules connected to the employment

The way of practicing the employment's scope of powers:

The practicing of the employment rights supervenes on the bases of the artictles of assingment, and the measure.

The head of the institution, who practices the employment right on the employees, has the right to practice the employment's scope of powers refering to the employment the leaders will practice the following tethers in the scope of activities under their leadership:

- monitoring the treatment of the certain obligations from the documentation of the scope o activities

- the validation of the release schedule

- the licensing of release

- verification of the employees' working process

- ascertainment of the substituting schedule

Also, they prepare, execute the employing provision of the manager.

The head of the institution permits the extraordinary, unpaid leave.

2. Executive conference

The operational establishment supporting the working process of the headmaster, which consistantly harmonizes about the organization of the institution, the working process, and comprehensive questions which requires coordination, the planned expansions, opportunity for

competitions, the questions about the employees working circumstances, and also the daily obligations with required organization

Members: Headmaster

General and professional leader

Head-health visitor

General practitioner, pediatrician and dental attendance

Human politics expert

3. Group conference

The leaders of certain services hold conferences every time it's required, and in every quarter of a year, to harmonize the work of the employees, to inform about the expected provisions, to rate the working process, to instruct about the information linked to the working process of the institution.

Members: Office-holder responsible for the functioning of the group

Employees working in the group

4. Apparate working conference

The conference gathered before any significant change in the organization, and run of the institution. The institution's every single employee is a member of the conference.

5. Treatment of the educational obligations

The institution can participate in the education of the medical students by field trips. The headmaster permits the training, in case the services offered by the institution won't be hindered. The headmaster may choose an employee as a responsible person for the coordination of the training inside the institution.

6. Handling of hazardous waste

For the institution offering medical treatment, it's obligatory to ensure the handling of hazardous waste arising while functioning. Based on contractual relationship, takes care of the collecting, shipping and administering of hazardous waste arising while the functioning of general practitioners, pediatricians, and dentists with obligation of territorial medical treatment. The general leader is responsible for planning the collecting and handling of the hazardous waste.

7. Order of the institutions economy

The obligations linked to the economy, especially the shaping and implementation of the budget with taking notice of the legal acts, and the regulations of the maintainer, are the tasks of the head of the institution, and the head of the economical organization.

The economical obligations have to be completed in order of the economical standing orders, and the regulations helping the carrying of the economy.

The percunary-economic obligations are completed by the following organization:

name: Közintézményeket Működtető Központ (KÖZIM)

base: 4400 Nyíregyháza, Országzászló square 1.

The percunary-economic oblogations are completed by the order of an all-time settlement attached by the KÖZIM and the institution, which contains the following points:

the commodation of the institution'S budget,the making of the primary budget and the reports,appropriation-register, keeping tabs on the application, inchoation of the appropriation-modification;

book-accounting, bank-accounting, cash-accounting;

proper applications' seperated usage based on the budget, preparing percunary accounting;

completion and maintenance of the statues linked to the percunary-economic territory(Accounting Policy, Statues refering to the budget, Statues of Valuation of Tools and Sources, Economical Code of Procedures);

completing obligations related to the institution's taxation's, affix's accounting(VAT, Restorational Permission,

Paying Tax, Businessphone Tax, Representational Tax, etc.);

completing statistacional reports related to the run of the institution(capital, energy, empty job, etc.);

practicing countersignal scope of powers in case of the covenant and ramittance of the heads of the institution.

8. Order of document management

The registration and keeping of the files is organized centrally by the institution. The obligation of document managing is moniterd by he general leader, and completed by the assistant. The technically distinct units' leaders are responsible for transmitting the incoming consignments. To

complete the rules of document managing, and for the harmony of organizational, operational, regulational statues, the applied information technological tools and treatment, and also the record office and the document managing statues, and to desing and run a proper record office to profesionally and safely store documents, furthermore to guarantee and oversee the other factual and technical personel requirements needed to manage the documents.

9. Order of the decleration of means duty

In favour of transparency of the application of public finances, the following employees of the institution are obligated to dodecleration of means:

headmaster

general leader

The the obligatorial accomploshment of decleration of means and and the procedure's detaled statues are contained in the decleration of means code, and the leader of institution is responsible for it.

10. Audition

10.1 Internal audit

The internal audition is done by the "Nyíregyháza Megyei Jogú Város Polgármesteri Hivatalának Ellenőrzési Osztálya"

10.2 Inner control system

The head of the institution needs to desing, run, and develop the budget system's inner control system regarding to the running process and it's characteristics.

10.3 External audit

For the head of institution it's obligatory to cooperate with the external audition system having obligation -and range of action while completing there tasks.

10.4 Management body monitoring

The legal, professional, efficiency monitoring of the institution is in the conservator's range of action.

The further informations regarding the working order of the institution, which could not be found in any other statutes and gives information about the basic operation of the institution, contained in the organization's code of procedures.

Final clause

The current Systemic and Operational Regulations becomes operative at the 26th of June, 2017.

Clause

The current Systemic and Operational Regulations were validated by "Nyíregyháza Megyei Jogú Város Önkormányzatának Szociális, Egészségügyi és Ifjúsági Bizottsága" with the resolution number 59/2017. (VI. 26.)

Supplement

Supplement number 1

Managership

General practitioner, pedestrian and dental attendance

Treatment-medical service

Health visitor service

Homeless treatment service

Education-medical service Home nursing, home hospice service

Dental X-ray General practitioner, pedestrian and dental service