

Survey on the Homogenization Management Level of County Medical Services

Filling unit: _____ County (City) _____ Hospital

Filling date: _____

Time of medical consortium establishment: _____

Filler's name: _____

Filler's position: _____

Contact number: _____

Reviewer's name: _____

Review date: _____

Filling Instructions

This survey is to be completed by the leading hospital of the county medical consortium, solely for the research on the current situation of the homogenization management level of county medical services. It shall not serve as a basis for performance evaluation. Please fill in the form truthfully. Enter the option for each question in the answer box and do not leave any blank. Thank you very much!

Option Explanations

- A: Clear institutional arrangements have been formulated and implemented in practice;
- B: Clear institutional arrangements have been formulated but are still in preparation and not yet implemented;
- C: No institutional arrangements have been formulated.

A Institutional Arrangements

Serial Number	Evaluation Criteria	Option (A, B, C)			
		2020	2021	2022	2023
A1	Establish a medical quality management department at the medical consortium level and form expert teams (clinical expert consultation team and professional quality control team).				
A2	Set up a comprehensive quality inspection team consisting of professional and management experts from the leading hospital, professional backbones from township health centers and some village doctors. Conduct quality control on various aspects such as management quality, medical quality, nursing quality, rational drug use and medical insurance quality through a combination of regular inspections and random spot checks.				
A3	Formulate medical quality management rules and regulations and core medical quality and safety systems suitable for the actual situation of township health centers, including but not limited to the first consultation responsibility system, three-level ward round system, consultation system, graded nursing system, on-duty and shift handover system, difficult case discussion system, emergency and critical patient rescue system, pre-operative discussion system, death case discussion system, check system, surgical safety verification system, hierarchical surgical management system, access system for new technologies and projects, critical value reporting system, medical record management system, hierarchical antibacterial drug management system, clinical blood use review system, information security management system, pre-examination and triage system, hospital infection supervisor system, etc. (Note: If Option A is selected, indicate the number of formulated systems.)				

Serial Number	Evaluation Criteria	Option (A, B, C)			
		2020	2021	2022	2023
A4	Formulate norms and standards suitable for the actual situation of township health centers in terms of medical records, diagnosis, examinations, drug use, nursing, etc. (Note: If Option A is selected, indicate the number of formulated norms or standards.)				
A5	Incorporate the construction effect of medical service homogenization of township health centers into the corresponding performance appraisal system, and tilt the relevant performance appraisal indicators towards the construction effect of medical service homogenization.				
A6	Formulate relevant fund allocation plans and set up special incentive funds. Reasonably determine the allocation of the surplus retained medical insurance fund and special incentive funds for medical homogenization among various township health centers according to the assessment results of medical service homogenization of township health centers, and establish a long-term incentive mechanism.				

B Clinical Practice

Serial Number	Evaluation Criteria	Option (A, B, C)			
		2020	2021	2022	2023
B1	Conduct regular homogenization training and management on medical record writing for relevant personnel of township health centers. (Note: If Option A is selected, indicate the frequency of training.)				
B2	The medical consortium updates and provides training in a timely manner when medical record quality control standards are revised. (A: Proactively pay attention to medical record quality control standards and conduct timely updates and training; B: Conduct updates and training as required by higher-level units or relevant departments; C: No updates or training conducted.)				
B3	Conduct regular monitoring on the compliance with medical record quality control standards in medical record writing during the daily operation of township health centers. (Note: If Option A is selected, indicate the frequency of monitoring.)				
B4	Conduct regular homogenization training and management on the clinical practice of doctors in township health centers. (Note: If Option A is selected, indicate the frequency of training.)				
B5	The medical consortium updates and provides training in a timely manner when relevant clinical practice norms and standards are newly formulated or revised. (A: Proactively pay attention to norms and standards and conduct timely updates and training; B: Conduct updates and training as required by higher-level units or relevant departments; C: No updates or training conducted.)				

Serial Number	Evaluation Criteria	Option (A, B, C)			
		2020	2021	2022	2023
B6	Conduct regular assessments on the diagnosis and treatment behaviors of doctors in township health centers. (Note: If Option A is selected, indicate the frequency of assessment.)				
B7	Conduct regular homogenization training and management on the nursing services of nurses in township health centers. (Note: If Option A is selected, indicate the frequency of training.)				
B8	The medical consortium updates and provides training in a timely manner when nursing-related norms and standards are newly formulated or revised. (A: Proactively pay attention to nursing norms and standards and conduct timely updates and training; B: Conduct updates and training as required by higher-level units or relevant departments; C: No updates or training conducted.)				
B9	Conduct regular assessments on the nursing level of nurses in township health centers. (Note: If Option A is selected, indicate the frequency of assessment.)				

C Talent Mobility

Serial Number	Questions and Options	Option (A, B, C)			
		2020	2021	2022	2023
C1	Experts from the leading hospital provide regular outpatient services and take rotation at township health centers. (Note: If Option A is selected, indicate the quantitative indicators of expert assignment to grassroots levels.)				
C2	Experts from the leading hospital are stationed at township health centers to participate in the daily outpatient services and other work of township health centers for a long time. (Note: If Option A is selected, indicate the quantitative indicators of expert assignment to grassroots levels.)				
C3	The medical consortium regularly holds short-term training courses, lectures and other forms of learning and training to comprehensively improve the overall quality of medical staff. (Note: If Option A is selected, indicate the frequency of training.)				
C4	Select medical staff from township health centers to conduct long-term on-site learning at the leading hospital on a regular basis. (Note: If Option A is selected, indicate the number of participants in learning each year.)				

D Information Construction

Serial Number	Questions and Options	Option (A, B, C)			
		2020	2021	2022	2023
D1	Establish a unified primary medical and health information system aimed at meeting the basic health service needs of urban and rural residents, as well as the requirements for the management of urban and rural residents' health records, basic medical services, institutional operation management and primary health supervision.				
D2	Establish a data exchange and sharing platform for the basic professional information systems of medical and health institutions within the medical consortium based on residents' electronic health records, so as to realize data exchange and sharing between the leading hospital and township health centers, and among different township health centers.				
D3	Whether the electronic medical record system is equipped with a supervision interface to enable real-time supervision and management of the entire diagnosis and treatment process of patients in township health centers at any time.				
D4	Establish a clinical information system for clinical medical management, which is patient-centered, takes medical process processing based on medical knowledge as the basic management unit, serves the medical staff of the hospital, and aims to improve medical quality and achieve the maximum benefits of the hospital.				
D5	Establish medical imaging centers, clinical laboratory centers, electrocardiogram diagnosis centers, pathological diagnosis centers, central sterile supply departments, etc. (Note: If Option A is selected, indicate the number of established centers.)				

Serial Number	Questions and Options	Option (A, B, C)			
		2020	2021	2022	2023
D6	Relying on the resource sharing center of the information platform, the mutual recognition of inspection and test results between county-level hospitals and township health centers is realized within the medical consortium. (Note: If Option A is selected, indicate the mutual recognition rate of inspection and test results.)				