Supplementary File : Expert Consultation and Review Form for Research on the Evaluation System of Discipline Competitiveness in County-level Public Hospitals

Dear Expert _____:

Hello! In view of your profound knowledge and outstanding achievements, we sincerely invite you to participate in our expert survey. We are deeply grateful for your participation and support in this research, and we extend our sincerest thanks for your hard work.

The discipline competitiveness of county-level hospitals is a core element reflecting the effectiveness of China's comprehensive reform of county-level public hospitals. In recent years, remarkable progress has been made in discipline development within these hospitals. This study aims to establish a scientific and rational evaluation index system for discipline competitiveness, in order to comprehensively understand the current status and existing problems of discipline competitiveness in county hospitals, thereby providing a scientific basis for advancing their discipline construction.

Based on preliminary research, we have proposed an initial plan for the discipline competitiveness evaluation index system. After soliciting opinions from experts and administrative managers in relevant fields and revising the plan accordingly, we have formed the index system scheme for this survey. The purpose of this survey is to respectfully request your evaluation of the indicators within the dimensional structure of the discipline competitiveness evaluation index system. The results of this survey will be used solely for academic research purposes. We expect to conduct three rounds of mail surveys. Please complete the form according to the instructions below. There are no right or wrong answers; we simply require your honest opinion. Your insights are crucial to this research and to the improvement of the theoretical framework for discipline construction in China's county hospitals.

Please return the completed questionnaire via email by [Month] [Day], [Year]. To express our gratitude for your generous support, we will provide a modest honorarium upon receipt of your questionnaire. Thank you once again, and we sincerely look forward to your valuable comments and suggestions.

Research Group on County Hospital Discipline Competitiveness Evaluation System

Expert Consultation and Review Form for Research on the Discipline Competitiveness Evaluation System of County-Level Public Hospitals

Instructions:

Assign a score from 1 to 10 for each indicator.10 points: "Strongly Agree",8 points: "Relatively Agree",6 points: "Basically Agree",4 points: "Relatively Disagree",2

points: "Strongly Disagree"(You may also assign values within the intervals of these five levels.)

Importance (1–10): The significance and representativeness of the indicator. 10 = Extremely important; 1 = Extremely unimportant.

Operability (1–10): The ease of obtaining information for the indicator in actual evaluation work and the credibility of that information. 10 = Very easy to operate; 1 = Extremely difficult to operate.

Sensitivity (1–10): The indicator's ability to distinguish between vertical (changes over time within the same institution) and horizontal (differences between different institutions at the same time) changes. 10 = Highly sensitive; 1 = Not sensitive at all.

Belongs to this category: Mark "√" if the indicator reasonably belongs to this dimension; mark "×" if not.

Familiarity: The expert's familiarity with the meaning and content of the specific indicator. Divided into 5 levels: A. Familiar, B. Fairly Familiar, C. Average, D. Not Very Familiar, E. Unfamiliar.

Judgment Basis: The main basis for the expert's judgment on the importance of specific indicators. Divided into 4 types: A. Theoretical Analysis, B. Practical Experience, C. Peer Consultation, D. Intuition.

Table 1. Primary Indicator Review Form

Primary Indicator	**Importance (1–10)**	**Operability (1–10)**	**Sensitivity (1–10)**	**Familiarity (A/B/C/D/E)**	**Judgment Basis (A/B/C/D)**
Resource Input					
Service Capability					
Your Comments					

Table 2. Secondary Indicator Review Form

Secondary Indicator	**Importance (1–10)**	**Operability (1–10)**	**Sensitivity (1–10)**	**Familiarity (A/B/C/D/E)**	**Judgment Basis (A/B/C/D)**	**Belongs to this Category**
Specialty Scale						
Supporting Conditions						
Specialty Management						
Physician Team						

Nursing Team
Academic Leader
Academic Backbone
Talent Cultivation
Diagnosis & Treatment Capacity
Work Efficiency
Innovation Capacity
Radiation Capacity
Rational Drug Use
Ward Quality
Outpatient Quality
Patient Feedback
Scientific Research Achievements
Teaching Work
Your Additions

Table 3. Tertiary Indicator Review Form

Tertiary Indicator	**Importance (1–10)**	**Operability (1–10)**	**Sensitivity (1–10)**	**Familiarity (A/B/C/D/E)**	**Judgment Basis (A/B/C/D)**	**Belongs to this Category**
Independent Unit						
Actual Open Beds						
Net Usable Business Area per Bed						
Special Project Funding Input						
Number of Clinical Pathway Managed Diseases						
Total Clinical Pathway Enrollment Rate						
Number of Single Disease Quality Management Types						
Subspecialty						

Directions
Provincial Key Specialty
Municipal Key Specialty
Physician-to-Actual Bed Ratio
Age Structure of Physicians
Percentage of Master's Degree or Higher
Ratio of Senior, Intermediate, and Junior Titles
Nurse-to-Actual Bed Ratio
Age Structure of Nurses
Percentage of Bachelor's Degree or Higher
Ratio of Senior, Intermediate, and Junior Titles
Head Nurse's Professional Title
Education Level
Professional Title
Graduate Supervisor Status
Society Appointments
Annual Academic Reports at Municipal Level or Above
Annual New Technologies Initiated
Annual Major Consultations for Critical Cases among Hospitals

above Level II
Number of Specialty Rounds Presided Over
Number of Research Projects Presided Over
Number of SCI or Chinese Core Journal Papers Published
Number of Statistical Source Journal Papers Published
Number of Science and Technology Awards at County Level or Above
Education Level
Professional Title
Annual Academic Reports at Municipal Level or Above
Annual New Technologies Initiated
Annual Major Consultations for Critical Cases in Peer or Lower-level Hospitals
Number of Specialty Rounds Presided Over
Number of Research Projects Presided Over
Number of SCI or Chinese Core Journal Papers

Published Number of Statistical Source Journal Papers

Published Number of Science and Technology Awards at County Level or Above

Proportion of Staff Undertaking External Training/Fellowship

Proportion of Staff Pursuing Part-time Degrees

Annual Outpatient Visits

Annual Discharges

Proportion of Critical/Complex Cases among Inpatients

Completion Rate of Independent Diagnosis/Treatment of Specialty Diseases

Success Rate of Critical/Complex Case Rescue

Average Length of Stay for Discharged Patients

Bed Occupancy Rate

Bed Turnover Rate

Top 5 Diseases for Referral

outside the County

Number of New Technologies at Leading Level within County/Locality

Annual Number of Patients Diagnosed/Treated with New Technologies

Proportion of Out-of-County Patients among Annual Discharges

Annual Number of Critical/Complex Patients Accepted from Lower-level Hospitals

Number of Patients Consulted for Lower-level Hospitals

Number of Times Providing On-site Consultation at Lower-level Hospitals

Percentage of Inpatients Using Antibiotics

Percentage of Outpatients Using Antibiotics

Antibiotic Use Density (AUD) in Inpatients

Admission Diagnosis to

Discharge Diagnosis Concordance Rate

Clinical Main Diagnosis to Pathological Diagnosis Concordance Rate

Grade A Medical Record Rate

Total Incidence of Nosocomial Infections

Discharge Patient Follow-up Rate

Basic Nursing Qualified Rate

Qualified Rate of Special Care & Level I Nursing

Average Inpatient Cost

Outpatient Medical Record Writing Qualified Rate

Outpatient Prescription Writing Qualified Rate

Proportion of Scheduled Appointments among Outpatients

Average Outpatient Cost

Outpatient Satisfaction

Inpatient Satisfaction

Medical Defect Incidence Rate

Number of

Surveys on Local Common/Prevalent Diseases

Number of Research Projects at County Level or Above

Total External Research Funding

Number of Core Journal Papers Published

Number of Research Results Promoted/Applied

Number of Science and Technology Awards at County Level or Above

Number of Academic Monographs Authored/Co-authored

Number of Patents (Invention/Utility Model, etc.)

Number of Personnel from Primary Healthcare Institutions Receiving Training

Number of Interns from Secondary+ Health Schools Received

Number of County-level+ Continuing Education