

## Questionnaire for Township Health Centre

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Name of respondent: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of investigator: \_\_\_\_\_

Date: \_\_\_\_\_(Month)\_\_\_\_\_ (Date), 2011

### **Interviewer's introductory speech:**

Hello! We are conducting a survey for the project "Enhancing TB Control through Alignment of Health System Incentives". The purpose of this survey is to understand health and health service utilization, which will provide information for the design of this area's health insurance system. We hope we can obtain your cooperation. The contents of this survey will only be used for research analysis. Your answers will be kept confidential according to the requirements of the People's Republic of China's confidentiality laws for data collection. We hope you will answer the following questions honestly. Thank you very much for your cooperation!

### Instructions

1. Please only provide information with regard to your township health centre, i.e. the data of affiliated village clinics are excluded unless otherwise stated.
2. Please provide all the information or data with regard to year 2011 unless otherwise stated. Kindly answer all the questions. If some relevant information is not available, please fill in '/'; if the answer is 0, fill in '0'.

### Part One: Basic Information

1. Type of institution:  
(1) central township hospital    (2) general township hospital    (3) branch of township hospital
2. Income and expense management of institution:  
(1) Fully paid by government budget    (2) Partly paid by government budget  
(3) Paid by revenue of institution    (4) Fix-amount budget    (5) Others
3. Does your institution serve as the appointed institution of Urban Employee Basic Medical Insurance?  
(1) Yes    (2) No
4. Does your institution serve as the appointed institution of Urban Residence Medical Insurance?  
(1) Yes    (2) No
5. Does your institution serve as the appointed institution of New Rural Cooperative Medical Scheme?  
(1) Yes    (2) No
6. Is the Prevention and Healthcare Station independent of the institution? (1) Yes    (2) No
7. Has your township health centre carried out management integration of village clinics and township health centre:  
(1) yes, started from year    (2) no (if choose 'no', skip to part two)
8. How the management integration carries out (can select more than one):  
(1) make a unified plan of organization settings  
(2) draw up the unified goals and set up a check-up system  
(3) integrate personnel management  
(4) standardize the basic equipment requirement  
(5) administrative integration  
(6) integrate service management  
(7) integrate drugs purchasing  
(8) integrate financial management  
(9) integrate salary payment system

(10) unify basic old-age insurance

(11) others

9. If the service management is integrated, the main content includes:

(1) make arrangement of clinical and preventive health services

(2) make arrangement of training

(3) standardize the diagnose and treatment process and requirement

(4) implement the unified rules and regulations

(5) others

### Part Two: human resources

NOTE: for the part-time employees, calculate according to their workload: if someone takes more than 50% of the entire workload of certain post, it should be considered as full-time; if someone takes two posts and contributes 50% workload to each, then record 0.5 to both posts.

1. Number of tenure employees\_\_\_\_\_;
2. Number of working employees by the end of year\_\_\_\_\_,  
Among which, number of contacted employees\_\_\_\_\_;
3. Number of retired staff by the end of year\_\_\_\_\_,  
Among which, number of old-age insurance participants\_\_\_\_\_
4. Information on **working** employees: professional title, education and age

Items	Working employees	Medical professionals					Administration officer	Logistics service worker
		Total	Doctor	Nurse	Public health service personnel	Pharmacist and laboratory technician		
Total number								
<b>Professional title</b>								
Senior								
Medium								
Junior								
No								
<b>Education achievement</b>								
Undergraduate								

and above								
Junior college								
Technical secondary school								
No professional education								
<b>Age group</b>								
<30								
30~39								
40~49								
50~59								
≥60								

5. Among doctors, the number of certified doctors\_\_\_\_\_, the number of licensed assistant doctor\_\_\_\_\_, the number of general practitioner (be trained by general practitioner courses) \_\_\_\_\_, the number of doctors of traditional Chinese medicine\_\_\_\_\_, the number of obstetricians and gynecologists\_\_\_\_\_;
6. Among nurses, the number of registered nurses\_\_\_\_\_;
7. Among public health service workers, the number of full-time workers\_\_\_\_\_;
8. Training

8.1 Training funds in 2010

The amount funded by superior department\_\_\_\_\_;

The amount funded by township health center itself\_\_\_\_\_,

among which, the amount spent on training employees from township health center\_\_\_\_\_

the amount spent on training employees from affiliated branches or village clinics\_\_\_\_\_;

8.2 Training provided to medical professionals from affiliated village clinics in year 2010 (fill in 0 if no training provided)

<b>Forms of training</b>	<b>Number of participants</b>	<b>Period (days)</b>
Organized by local health bureau		
Training at township health centre		
Training at village clinics		
Practice at township health centre		
Others		

### Part Three: medical department settings

1. The following table is to collect information about the medical department settings. Please indicate one by one whether it is established or not. If yes, please report the number of the doctors and nurses in each medical department.

Name of medical dept	Established or not	# of doctors	# of nurses	Name of medical dept	Established or not	# of doctors	# of nurses
Emergency department				Obstetrics and gynecology department			
Internal medicine department				Department of pediatrics			
---List the branches of internal medicine department if any				Department of Ophthalmology and Otorhinolaryngology			
				Department of traditional Chinese medicine			
				Psychiatry department			
				Medicament department			
				Laboratory department			
				Blood bank			
Surgical department				Radiology department			
---List the branches of surgical department if any				Electrocardiograph room			
				Type B ultrasonic			
				Operating room			
				Delivery room			
				Ward			
				others			

2. Are the following prevention departments established in your township health centre (can select more than one)

- (1) department of maternity and child care
- (2) department of health education
- (3) department of vaccination
- (4) department of infectious diseases
- (5) others \_\_\_\_\_

### Part Four: equipment

Please provide information about the equipment owning by your centre. If your centre owns this equipment, please indicate the number you have and how many of them function well. If you do not have, please record 0. If there is some equipment you own but not included in this list, please write down the name of the equipment and the number you have.

Name	#	Bought after 2009 (1) yes (2) no	# functioning normally
X-ray Apparatus			
Ultrasonic diagnosis apparatus			
CT			
Centrifugal machine			
Semi-automatic biochemical detector			
Binocular microscope			
Gastric lavage machine			
Breathing bag			
Simple breathing machine			
Urine analyzer			
Operation table			
Shadowless lamp			
Anesthesia machine			
High pressure disinfectant			
Obstetric table			
Doppler fetal stethoscope			
Refrigerator			
First aid box			
Suction apparatus			
Stretcher			

Name	#	Bought after 2009 (1)yes (2)no	# functioning normally
Film viewer			
Centrifugal machine			
Drying oven			
Electric heating constant temperature incubator			
Disposable material crusher			
Computer			
Ambulance			
Dental Unit			
ENT chair			
Oxygen cylinder			
Defibrillator			
Gynecological check bed			
Gynecological check apparatus			
Hemacytometer			
Tracheotomy bag			
Neonatal infrared units			
Neonatal incubator			
Others			

## Part Five: Quality and quantity of services

### 1、 Basic medical service output

NOTE: For the service output columns, if the relevant services are not provided, please record “/”; if the relevant services are provided, please record the amount of service delivered in the corresponding column; if services are provided but not delivered, please record 0.

Basic medical service	Unit	Service output in 2009	Service output in 2010
Outpatient visits	visits		
- outpatient visits under new cooperative medical schemes (NCMS)	visits		
- outpatient visits using traditional Chinese medicine	visits		
Home visits	visits		
Emergency visits	visits		
NO. of being hospitalized	people		
NO. of being discharged from hospital	people		
Among which: % under NCMS	people		
NO. of outpatient surgery	visits		
NO. of inpatient surgery	visits		
Among which: % under NCMS	visits		
Authorized bed capacity	beds		
Actual available beds	beds		
Total available bed-days	Bed-days		
Total occupied bed-days	Bed-days		
IP delivery visits	visits		
Number of critically ill patient rescues	visits		
# of healthy physical visits	visits		
Of which, the number of NCMS-sponsored	visits		
# of individual health records set up	Records		
<b>Investigations and laboratory services</b>			
# of x-rays	Per visit		
# of ECGs	Per visit		
# of ultrasounds	Per visit		
# of CT scans	Per visit		

Of which, the number of NCMS-sponsored	Per visit		
# of lab investigations	Per visit		
Of which, biochemical tests	Per visit		
Blood sugar	Per visit		
Liver functioning	Per visit		
<b>Maternal and child disease diagnosis and treatment</b>			
# of gynaecological exams	visits		
# of high-risk pregnancy screenings	visits		
# pediatric check-ups (Under 7)	visits		
<b>Referrals*</b> ( must have formal documentation of up or down referral )			
# of OP patients referred up	visits		
# of IP patients referred up	visits		
# of patients referred down to your facility from higher level facilities	visits		

\*Referrals: Under the bidirectional referral system, primary care facilities and higher level hospitals set up a contract which allows for common, recurring illnesses to be treated at the PHC level and more serious illness to be referred to the hospitals. Similarly, for chronic disease management or post-op rehabilitation confirmed at the hospital level, patients may be referred to basic care facilities.

## 2、 Preventive health care

This section refers to the preventive health care provided by THC's and all subsidiary VC's.

- 2.1 Has this township started offering chronic disease management? (1) Yes (2) No
- 2.2 If it is offered, how many disease types are managed\_\_\_\_\_, specifically (multiple choice):  
 (1) HBP (2) Diabetes (3) Mental illness (4) Cancer  
 (5) Cardiovascular disease (6) Physical handicap (7) Other\_\_\_\_\_
- 2.3 If HBP management is offered:
- 2.3.1 The main content of the management program is/are (multiple choice)  
 (1) Filling out "HBP patient treatment tracking card"  
 (2) Follow up to ensure patients have screens and obtain drugs on time  
 (3) Provide information and education to patients' family members  
 (4) Other, please list \_\_\_\_\_
- 2.3.2 The main management techniques used are (visit content and number / frequency):



2.4 If diabetes management is offered:

2.4.1 The main content of the management program is/are (multiple choice)

- (1) Filling out “Diabetes patient treatment tracking card”
- (2) Follow up to ensure patients have screens and obtain drugs on time
- (3) Provide information and education to patients’ family members
- (4) Other, please list \_\_\_\_\_

2.4.2 The main management techniques used are (visit content and number / frequency):

*Note: For each service listed below, if it is not offered, write “/”; if it is offered, write the provided quantity under the relevant year or if none provided, write “0”. If unknown, write “don’t know”.*

<b>Preventive care programs</b>	<b>units</b>	<b>2009 quantity</b>	<b>2010 quantity</b>
<b>Maternal and child health</b>			
# of under-7 children in the township	people		
Actual # of children to whom pediatric preventive services are provided by THC	people		
Actual # of children to whom pediatric preventive services are provided by VC	people		
# of neonates in the township	people		
Actual # of neonates to whom neonatal services are provided by THC	people		
Actual # of neonates to whom neonatal services are provided by VC	people		
# of pregnant women in the township	people		
Actual # of pregnant women managed at THC	people		
Actual # of pregnant women managed at VC	people		
# of women who should be receiving prenatal scans in the township	visits		
Actual # of prenatal scans at THC	visits		
Actual # of prenatal scans at VC	visits		
# of women who should be receiving postnatal care in the township	visits		
Actual # of postnatal visits at THC	visits		
Actual # of postnatal visits at VC	visits		
# of women who should be receiving healthy GYN checkups in	visits		

the township			
Actual # of visits at THC	visits		
Actual # of visits at VC	visits		
<b>Geriatric services</b>			
# of elderly in the township that should be receiving checkups	visits		
# of elderly checkups performed at THC	visits		
# of elderly checkups performed at VC	visits		
<b>Chronic disease management</b> (only for those facilities that are offering chronic disease care)			
# of chronic disease patients in the township	people		
Actual # of chronic disease patients managed at THC	people		
Actual # of chronic disease patients managed at VC	people		
# of HBP patients in the township	people		
Actual # of HBP patients managed at THC	people		
Actual # of HBP patients managed at VC	people		
# of diabetes patients in the township	people		
Actual # of diabetes patients managed at THC	people		
Actual # of diabetes patients managed at VC	people		
# of mentally ill patients in the township	people		
Actual # of mentally ill patients managed at THC	people		
Actual # of mentally ill patients managed at VC	people		
<b>Immunization</b>			
# of people in the township that should set up a planned immunization card	people		
Actual # with cards at THC	people		
Actual # with cards at VC	people		
# that should receive planned immunizations in the township	visits		
Actual # receiving immunization at the THC	visits		
Actual # receiving immunization at the VC	visits		
<b>Infectious disease prevention/control</b>			
Infectious disease inoculation reports (online or paper-based)	cases		

**Note: For all following questions, please answer only for the THC and do not include anything covered by the subsidiary VCs**

**3、 Service quality targets**

Service quality targets	2009	2010
Death rate (IP only)		
Number of cases detected by CT scan out of total receiving CT scan		
IP maternal delivery deaths		
Neonatal deaths		
Hospital-acquired infection rate		
Sterile surgical wound infection rate		

**4、 Pharmaceutical allocation**

4.1 Pharmaceutical allocation situation

Drug types	2010 Number of types of drugs (by generic name)	2010 Expenditure
Drug purchasing expenditure (not including raw herbs)		
Of which: TCM (prepackaged)		
Western meds (by generic name, sub-formulations and combined specifications)		
Of which: antibiotics*		
Of which: imported		
From within the total amount of Western meds purchased		
Of which: On the essential medicines list (national, 2009)		
Reimbursed by local medical insurance		
Reimbursed by local NCMS insurance		
Western drugs sold at zero profit margin		

\*Antibiotics: includes antibiotics and synthetic antimicrobials, not inclusive of antimicrobial plan components. Anti-filariasis drugs, anti-leprosy drugs, anti-TB drugs, anti-fungal drugs, antimalarials, etc. not included in this table as antibiotics. Penicillins and other antibacterial drugs, anti-skin infection drug, anti-infection ophthalmic drugs and with gentamicin, quinolones, or other compound diarrhea medicines are considered as antibiotics.

4.2 2010 drugs centrally distributed represent \_\_\_\_\_%

4.3 Does the THC have a cap on the percentage of income that can be derived from drugs?

(1) Yes, controlled at \_\_\_\_\_%                      (2) No

4.4 Does the THC have any guidelines on the use of antibiotics? (If there is documentation, please obtain a copy)

(1) Yes, the following measures: \_\_\_\_\_ (2) No

5.1 Among IP care provided in 2010, the top 5 number of case-types reimbursed by NCMS were: (order by # of cases)

Order	Disease name	Number of cases	Represents x% of NCMS IP cases
1			
2			
3			
4			
5			

5.2 Among IP care provided in 2010, the top 5 number of case-types reimbursed by NCMS were: (order by expenditure)

Order	Disease name	Number of cases	Represents x% of NCMS IP expenditure
1			
2			
3			
4			
5			

**Part Six: Staff Incentives**

1. Does the THC use contracts to secure employees:

(1) Yes (2) No \_\_\_\_\_ ( Please specify the method used and skip directly to Q2 in this section );

1.1 If using contractual method, please fill in the following table:

Employee Tier	Employing department or person	Duration of employment (years)
President		
Vice President		
Department Head		
Other mid-level manager		
Normal employees		

1.2 Is the hospital president selection done through staff recommendation or a democratic process?

(1) Staff (2) Democratic ;

1.3 Other than the hospital president, do any other positions use a competitive selection system?

(1) Yes (2) No;

2. Does the THC retain any written job description of employees' responsibilities? (If so, please obtain relevant documentation)

(1) Yes (2) No;

3. Seeking and retaining personnel

3.1 In the past 3 years (2008-2010) personnel recruiting (restricted to THC staff only; please have each line represent an individual staff member and add additional lines if necessary)

	Sex	Age	Education 1.Bachelors+ 2.Associates 3.Secondary 4.Less than secondary	Major 1.Physician 2.Nurse 3.Med tech 4.Disease prevention 5.Admin 6.Support	Source 1. Graduates 2.Higher-level facilities 3.other THCs 4.VC 5.Other
1					
2					
3					
4					
5					

3.2 In the past 3 years (2008-2010) staff turnover (restricted to THC staff only; please have each line represent an individual staff member and add additional lines if necessary)

	Sex	Age	Education 1.Bachelors+ 2.Associates 3.Secondary 4.Less than secondary	Major 1.Physician 2.Nurse 3.Med tech 4.Disease prevention 5.Admin 6.Support	Lost to 1.Resigned to pursue study 2.Transferred to a higher level facility 3.Transferred to another THC 4.Transferred to VC 5.Open private clinic 6.Other
1					
2					
3					
4					
5					

Note : Staff turnover should not include persons who are formally retired or dismissed

#### 4. Wage distribution

4.1 The wages of workers in your hospital is determined by what authority?

- (1) A higher-level department, specifically\_\_\_\_\_
- (2) THC, specifically\_\_\_\_\_ department or staff member
- (3) Other\_\_\_\_\_;

4.2 Does the THC have an employee salary distribution method or system?( If possible, please obtain documentation ):

- (1) Yes (2) No;

4.3 Which of the following does the THC utilize?

- (1) Set salary (2) Base salary + P4P (3) Base salary + bonus
- (4) Base salary+post-specific salary+P4P (5) Base salary+P4P+Bonus (6) Other\_\_\_\_\_

4.4 THC staff basic salary

Staff position	2010 average base salary (units: RMB/yr)	
	Formal staff (regulated by gov't)	Contractually employed
Licensed physician		
Assistant physician		
GP		
TCM doctor		
OB/GYN doctor		
Nurse		
Disease prevention staff		

4.5 If the THC salaries include a P4P component, please answer 4.5.1 ~ 4.5.4

4.5.1. In the year 2010:

4.5.1.1. Average P4P for all full-time employees was\_\_\_\_\_RMB

4.5.1.2. The highest P4P for all full-time employees was \_\_\_\_\_RMB

4.5.1.3. The lowest P4P for all full-time employees was \_\_\_\_\_RMB

4.5.2 The breakdown of components of the P4P evaluation was (%):

- (1) Department income and costs\_\_\_\_\_%
- (2) Workload\_\_\_\_\_%
- (3) Service quality \_\_\_\_\_%
- (4) Personal services income\_\_\_\_\_%
- (5) Public service (patient satisfaction) \_\_\_\_\_%
- (6) Attendance? \_\_\_\_\_%

(7) Other\_\_\_\_\_%

4.5.3 Which staff member or department performs the P4P evaluation? \_\_\_\_\_;

4.5.4 Does the THC have a P4P evaluation methodology? (If available, please obtain documentation)

(1) Yes (2) No

4.6 If the THC salaries include a bonus component, please answer 4.6.1 - 4.6.4

4.6.1 2010 at the THC:

4.6.1.1. Average bonus for all full-time employees was\_\_\_\_\_RMB

4.6.1.2. The highest bonus for all full-time employees was \_\_\_\_\_RMB

4.6.1.3. The lowest bonus for all full-time employees was \_\_\_\_\_RMB

4.6.2 The breakdown of components of the bonus evaluation was (%):

(1) Department income and costs\_\_\_\_\_%

(2) Workload\_\_\_\_\_%

(3) Service quality \_\_\_\_\_%

(4) Personal services income\_\_\_\_\_%

(5) Public service (patient satisfaction) \_\_\_\_\_%

(6) Attendance? \_\_\_\_\_%

(7) Other\_\_\_\_\_%

4.6.3 Which staff member or department performs the bonus evaluation? \_\_\_\_\_;

4.6.4 Does the THC have a bonus evaluation methodology? (If available, please obtain documentation)

(1) Yes (2) No ;

## 5. Benefits

5.1 The benefits provided by the THC are: (multiple choice)

(1) Providing housing or housing stipend

(2) Providing transportation or commute stipend

(3) Opportunities for improved education of dependents

(4) Purchasing pension plan for employees

(5) Purchasing medical insurance for employees

(6) Purchasing workers compensation insurance for employees

(7) Purchasing unemployment insurance for employees

(8) Purchasing maternity insurance

(9) Other\_\_\_\_\_

5.2 Does the THC provide the following benefits for temporary employees? (multiple choice)

- (1) Pension plan
- (2) Medical insurance
- (3) workers compensation insurance
- (4) unemployment insurance
- (5) Maternity insurance
- (6) None

### **Part Seven: Facility incentives**

#### **Section A: NCMS subsidies to the THC**

1. In 2010, how much did the THC receive from NCMS in reimbursement? \_\_\_\_\_ (unit: 10,000RMB)
  - 1.1 Of which, OP \_\_\_\_\_ (unit: 10,000RMB)
  - 1.2 IP \_\_\_\_\_ (unit: 10,000RMB)
  
2. In 2010, what % of total income did the NCMS reimbursement represent? \_\_\_\_\_%
  - 2.1 Of which, OP NCMS reimbursement? \_\_\_\_\_%
  - 2.2 Of which, IP NCMS reimbursement? \_\_\_\_\_%
  
3. Is any of the 2010 NCMS reimbursement in arrears?
  - (1) Yes, owed \_\_\_\_\_yuan
  - (2) No
  
4. Did the Office of NCMS Management perform any of the following oversight inspections?
  - (1) Expenditure control: \_\_\_\_\_times in 2010
  - (2) Service quality: \_\_\_\_\_times in 2010
  - (3) appropriate prescribing: \_\_\_\_\_times in 2010
  - (4) basic healthcare project (appropriate diagnosis and care): \_\_\_\_\_times in 2010
  - (5) Other \_\_\_\_\_
  - (6) None performed
  
5. Does the THC have any internal means/systems of controlling the following areas of behavior for individuals or departments? (If available, please obtain documentation)
  - (1) Expenditure control
  - (2) Service quality
  - (3) appropriate prescribing
  - (4) basic healthcare project (appropriate diagnosis and care)
  - (5) Other \_\_\_\_\_



**Section B: Financial subsidy to the THC from government**

1. Please detail the distribution of the MOF subsidy according to the following categories (Please list all relevant subsidy areas)

Subsidy area	2010 subsidy amount (unit: 10,000RMB)	Payment Standard	If evaluated (see note)	Degree of distribution
1. Basic facilities				
2. Equipment purchase				
3. Public health				
3.1. TB prevention				
3.2. AIDS prevention				
3.3. Planned immunization				
3.4. Health promotion				
3.5. Infectious disease reporting and management				
3.6. Maternal/child health				
4. Other (list)				

Note:

Whether evaluated: (1) Not evaluated; (2) Evaluated with funds tied to results; (3) Evaluated, but funds not tied to results

Degree of distribution (1) Total is prospectively dispersed; (2) paid in installments: some prospective, some later or upon completion; (3) all paid retrospectively; (4) other (list)

2. Is any of the MOF subsidy in arrears?

- (1) Yes, owed \_\_\_\_\_RMB                      (2) No

**Section C: Evaluation on the performance of the THC besides those which were conducted by NCMS office and Ministry of Finance**

Evaluation summary: number of times and impact on the THC

Types of impact: (possible results of these evaluations on each of the following areas—list in the table below)

- ①No impact    ②Allocation of funds    ③Honours awarded    ④Improve staff quality    ⑤Other\_\_\_\_\_

Evaluation content	Above county govt		County Health Bureau		County CDC		County Health Supervision		County Maternal/Child		Township govt	
	times	result	times	result	times	result	times	result	times	result	times	result
Basic facilities												
Equipment												
Medical care												
Public health												
Cost and revenue												
Overall management												
Other												

**Section D: Assets and liabilities**

1. At the end of 2010, did the THC have any liabilities?

(1) Yes                      (2) No (if no, end survey here)

2. Total liabilities amount\_\_\_\_\_ (Unit: 10000 RMB)

3. The amount of liabilities in loans\_\_\_\_\_ (Unit: 10000 RMB)

4. Regarding the 5 largest loans, please fill in the following table:

Reason for the loan	Loan amount (unit: 10,000 RMB)	Lender	Need to pay interest? If yes, give interest rate (%)	Loan period (Year/month to year/month)

-----THE END-----