

Village Clinic Survey

(To be filled out by person in charge at village clinic)

Clinic name: _____

Clinic address: County:_____Town:_____Village:_____

ID Number: County□ Town□□ Village□□□

Date of surveyed (yyyy/mm/dd): 2011/___/___

Interviewer name: _____

Interviewer signature: _____

Date audited (yyyy/mm/dd): 2011/___/___

Auditor name: _____

Auditor signature: _____

Researcher introduction:

Hello! I am a researcher for the Ningxia healthcare financing reform project. This survey is being done in order to better understand village clinics' staffing and services, so as to provide information for improving health services in the local community. We hope you can cooperate. The contents of the survey will only be used for research and analysis, and all responses will be confidential in accordance with the national government's laws governing survey material. Please answer to the best of your ability. Thank you again!

I have a few initial questions to ask you.

1. In this village, other than this “standard” village clinic are there any other village clinics (including “standard” or private)?

- ① Yes ② No ③ Not sure

2. If yes, please provide the number of “standard” clinics _____, and number of private clinics _____

3. Typically, is the number of villagers going to these other clinics (including private) greater or less than the number coming to yours?

- ① More ② Fewer ③ Not sure

4. Among all the medical treatment utilized in the village, what percentage is provided by your clinic?

- ① _____ % ② Not sure

Part A: Staffing (clinic overall situation)

Note: Please use the following codes to fill in the table below (e.g. if sex = male, please write (1)). If the table is not large enough, you may add rows.

- Gender ① Male ② Female
- Education ① Middle school or below ② High school ③ Vocational School ④ College and above
- Training ① Village doctor ② Maternal and child health worker ③ Other (please list)
- Specialty ① Chinese medicine ② Western medicine ③ Chinese and Western medicine fusion ④ Nursing ⑤ Public health ⑥ Other (please list)

#	Name	Gender	Age	Education	Training	Specialty
1						
2						
3						
4						
5						

Part B: 2010 Service Provision (clinic overall situation)

Note: Already providing should be noted as “√”, not yet providing should be denoted as “×”. If not providing, please select a reason from the right-hand column.

Service	Providing? (Y/N)	Reasons for not providing the service (choose up to 3) 1 Insufficient staff 2 Staff skills insufficient 3 Need further equipment 4 Insufficient operating funds 5 Insufficient demand 6 No requirement from management 7 Not permitted 8 Ineffective 9 Not reimbursable 10 Other (please list)
1. Basic health services		
1.1 Common disease treatment		
Home visits		
1.2 TCM therapy		
Common disease TCM treatment		
Acupuncture		
Massage therapy		
Orthopedic disease technique		
2.Preventive health		
2.1 Planned immunizations		
2.2 Maternal healthcare		
Gynecological exam		
Prenatal checkups		
Postnatal checkups		
2.3 Pediatric care		
Periodic checkups		
Parenting guidance		
2.4 Main chronic disease diagnosis and management		
HBP screening		
HBP management and follow-up		
Diabetes screening		
Diabetes case history management and follow-up		
2.5 Health education		
2.6 Behavioral interventions		
Tobacco control		
Nutrition		

Exercise		
3. Health Management		
3.1 Villager case record establishment		
3.2 Villager case record management, follow up and update		
4. Information Management		
4.1 Information collection and reporting for the village		
5. Public health and infectious disease control		
5.1 Monitoring public health emergencies		
5.2 Infectious disease reporting		
5.3 TB patient management		

Part C: 2010 Basic Health Service Provision Quantities (clinic overall situation)

Note: Please list according to OP records if at all possible.

Data source: _____

(1) OP records (2) Estimate (Check both one day, one month, then compare the two and make an estimate)

Disease	OP visits	Of those: home visits	Of those: transfers	Total drug fee received (RMB)	Total treatment fee received (RMB)
Cold					
Acute tracheitis					
Chronic tracheitis					
Diarrhea					
Child dyspepsia					
Gastritis					
Peptic ulcer					
Haemorrhoids					
Cholecystitis					
Cholelithiasis					
Urinary tract infection					
Vaginitis					
Dysmenorrhoea					
Pelvic inflammatory disease (including adnexitis)					

Conjunctivitis					
Sinusitis					
Toothache					
Tympanitis					
Diabetes mellitus					
Hypertension					
Psoatic strain					
Osteoarthritis					
Sciatica					
Menopausal syndrome					
Idiopathic headache					
Purulent skin infection					
Chronic dermatitis (impetigo, urticaria, and eczema)					
Children convulsion					
General trauma					
Emergency care for critical patients					
Other diseases					
Total					

1. Other than the 30 disease listed above, among the most recent patients you have had, what other diseases are most common? (please list the top 5)

2. To accomplish the public health tasks assigned, how much time is spent monthly on average by staff in your clinic? _____person-days

Part Four: Village doctor basic information

1. Name: _____

2. How many years have you worked as a doctor: _____years

3. Were you a barefoot doctor? ① Yes ② No

Part Five: Village clinic and doctor cost and revenue

Note that items 1-4 in this section refer to the entire clinic.

1. Drugs purchased by your village clinic from the drug purchasing system in 2010 values _____RMB
2. Annual total revenue – answered by **intervention village clinics only (for non-intervention village clinics, please skip to item 3)**
 - 1) 2010 monthly village doctor subsidy: _____RMB
 - 2) 2010 public health subsidy
 - 2.1 Total _____RMB
 - 2.2 Public health capitation budget: _____RMB/person (DK: 999999)
 - 2.3 Total population: _____
 - 3) 2010 Number of planned immunizations given: _____visits
 - 3.1 Immunization charge: _____RMB/visit (DK: 999999)
 - 4) Treatment charge (prescription charge): _____RMB/visit, 2010 average monthly visits: _____
 - 4.1 Home visit charge: _____RMB/visit, 2010 average monthly visits: _____
 - 5) Intramuscular injection charge: _____RMB/visit, 2010 average monthly visits: _____
 - 6) IV charge: _____RMB/visit, 2010 average monthly visits: _____
 - 7) 2010 TCM-only income: _____RMB **(If you do not provide TCM, please write 0)**
 - 8) Compared with 2009, did last year's (2010) annual revenue increase or decrease?
 1. Increased 2. Decreased 3. No change (Skip to 10)
 - 9) Increased/decreased by how much? _____RMB, _____%
 - 10) Compared with before the *zero drug profit policy* was realized, did last year's (2010) annual revenue increase or decrease?
 1. Increased 2. Decreased 3. No change (Skip to 12)
 - 11) Increased/decreased by how much? _____RMB, _____%
 - 12) Are you aware of how much public health subsidy should be prepaid to you in 2010?
 - (1) Yes, _____RMB (2) No (skip to 14)
 - 13) Did you actually receive this amount? (1) Yes (2) No
 - 14) Are you aware of how much basic health care budget should be prepaid to you in 2010?
 - (1) Yes, _____RMB (2) No (skip to 16)
 - 15) Did you actually receive this amount? (1) Yes (2) No
 - 16) Do you understand how the performance-based revenue is calculated at the year-end?

(1) Yes, public health: _____RMB, basic health care: _____RMB (2) Don't know

17) In 2010, the amount reimbursed by NCMS represented __% of this village clinic's annual revenue.

18) In 2010, the rate of drug delivery (the amount delivered divided by the amount ordered in the drug purchasing system): _____%

3. Annual total revenue – answered by **non-intervention village clinics only (for intervention village clinics, please skip to item 4)**

1) 2010 monthly village doctor subsidy _____RMB

2) 2010 public health subsidy

2.1 Total _____RMB

2.2 Public health capitation budget: _____RMB/person (DK: 999999)

2.3 Total population: _____

3) 2010 Number of planned immunizations given: _____visits

3.1 Immunization charge: _____RMB/visit (DK: 999999)

4) Treatment charge (prescription charge): _____RMB/visit, 2010 average monthly visits: _____

4.1 Home visit charge: _____RMB/visit, 2010 average monthly visits: _____

5) Intramuscular injection charge: _____RMB/visit, 2010 average monthly visits: _____

6) IV charge: _____RMB/visit, 2010 average monthly visits: _____

7) 2010 TCM-only income: _____RMB (If you do not provide TCM, please write 0)

8) Compared with 2009, did last year's (2010) annual revenue increase or decrease?

1. Increased 2. Decreased 3. No change (Skip to 10)

9) Increased/decreased by how much? _____RMB, _____%

10) Compared with before the *zero drug profit policy* was realized, did last year's (2010) annual revenue increase or decrease?

1. Increased 2. Decreased 3. No change (Skip to 12)

11) Increased/decreased by how much? _____RMB, _____%

12) In 2010, the amount reimbursed by NCMS represented __% of this village clinic's annual revenue.

13) In 2010, the rate of drug delivery (the amount delivered divided by the amount ordered in the drug purchasing system): _____%

4. Village clinic total expenses in 2010

1) fuel expense (required for clinic operation) _____RMB

- 2) petrol expense (motorcycle; required for clinic operation)_____RMB
- 3) average monthly utility expense-water, electric (required for clinic operation)_____RMB
- 4) average monthly communication expense (required for clinic operation) _____RMB
- 5) average monthly other expenses (required for clinic operation) _____RMB

Note that items 5-6 refer only to the clinic manager.

5. I would also like to ask, do you have any other employment aside from your work as a village doctor?

① Yes ②No **(If no, skip to 4.2)**

1) If you do other work, what percentage of your working time is made up of each of the following areas? **(If none, write 0)**

Physician_____%

Agriculture_____%

Business_____%

Other (describe_____)%

2) Source of income: **(If none, write 0)**

Physician_____RMB/year

Agriculture (household)_____RMB/year

Business_____RMB/year

- If yes, for the household or for you as an individual? ①Household ②Individual

Other_____RMB/year

6. How many members are in your household?_____