



# Studies on Chinese Community Health Service Performance and Index

Professor Yaping Du

Institute of Social and Family Medicine,  
Zhejiang University School of Medicine

February 24, 2015





## Yaping Du

### **Educational experience:**

1984 - Graduated from the former Zhejiang Medical University - Bachelor  
1993 - Graduated from Union Medical University - Master degree in Health Management  
2005 - Graduated from University of Kiel, Germany - PhD

### **Main achievements:**

Promoted to Associate Professor in 1997 and Master Tutor for qualification  
In 2000, first in China to carry out standardized training of general practitioners and general practitioners' job training  
P.I. funded by the National Natural Science Foundation of China, international cooperation projects and other projects  
Published more than 20 SCI papers and more than 10 textbooks

### **Positions:**

Deputy Director of Institute of Social and Family Medicine, Zhejiang University  
Member of the Expert Group for Community Health Personnel Training,  
Ministry of Health, China  
Executive director of the Council, the Family Medicine Education  
Steering Committee, Ministry of Education, China  
General Secretary of Zhejiang Association of General Practice  
General Secretary of West Lake International conference of Family Medicine

# Outline



- Background
- Purpose and significance
- Research methods
- Indicator system constitutes
- Previous research progress
- Expected effects
- Project schedule





Zhejiang Province is located in the southeast coast of China.

- Mountains cover 70.4%
- Basin accounts for 23.2%
- Rivers and lakes 6.4%

- 11 Cities (municipalities)
- 90 counties (districts, cities)
- Population 54.98 million
- Rural population 33.35 million

# Background

## China's challenges in health care reform



- The current development level of health care does not fit the demands of the people's health and the requirements of coordinated economic and social development, and the contradiction is still relatively serious
- The development of health care in the urban and rural, and among the various regions is unbalanced, and the allocation of resources is not reasonable enough
- Public health, rural and community health care are relatively weak
- Health insurance system is not perfect
- The process for manufacture and distribution of medicines is not standardized
- Hospital management system and operation mechanism are imperfect
- Lack of government health financing
- Medical costs rising too fast, and too much financial burden for individuals



## Goals and five tasks of China's health care reform

- Establish a primary health care system covering urban and rural residents, provide safe, effective, affordable, and convenient health care services for the population. By 2020, the primary health care system for urban and rural residents will be established.
  - Accelerate the establishment of the basic health insurance system, and gradually expand the coverage of basic health insurance system, all the urban and rural residents will be covered by the basic health insurance system
  - Establish a national system for basic drugs, to ensure that the basic drugs are at reasonable prices, and safe in quality
  - Improve the primary health care service system, devote more financial and material resources to the grassroots, put more workforce and technology to the grass roots, and effectively strengthen the capability of grassroots public health services
  - Promote equal access for all to basic public health services gradually, maximize the control and prevention of diseases
  - Promote the pilot reform of public hospitals, optimize the layout structure of public hospitals, so that the broad masses of the people feel comfortable and satisfied



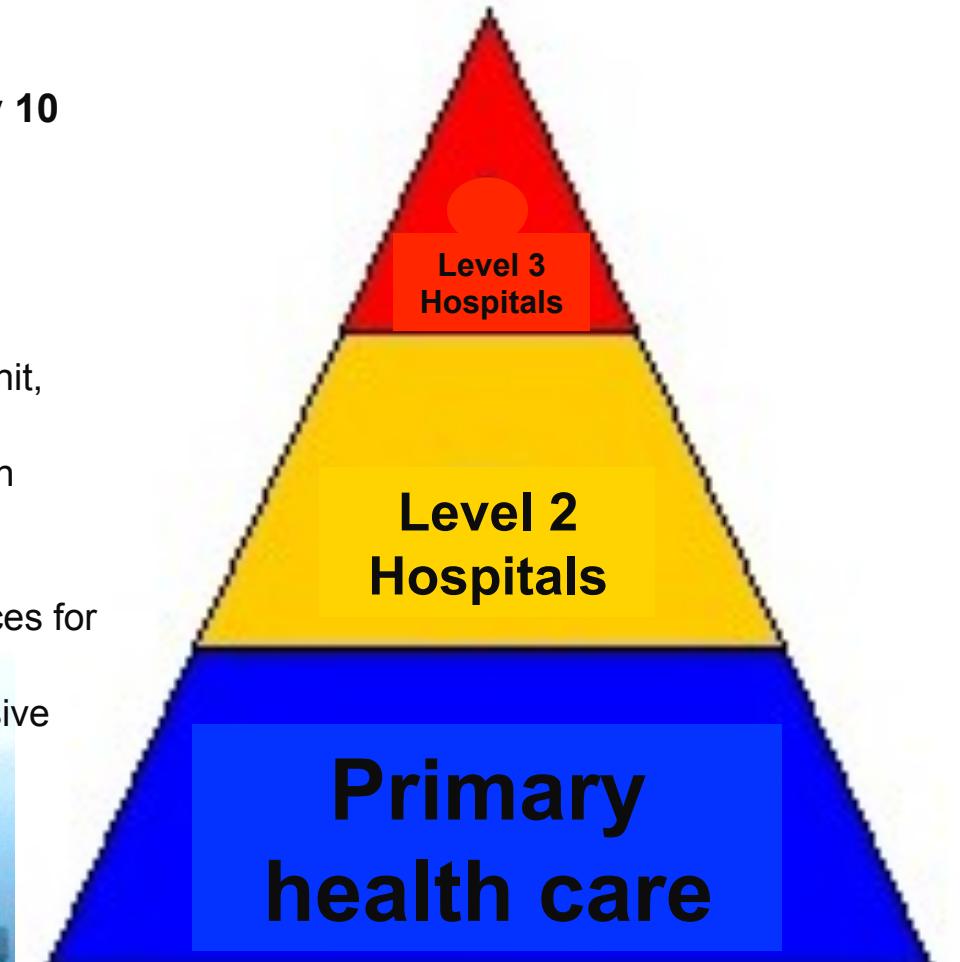
# Background

## Community health service definition



- The definition of community health services (CHS) in 《The opinions on the development of city community health services》 (2006) issued by 10 Ministries including the Ministry of Health

- Grassroots health institutions as the main body
- General practitioners as the backbone
- People's health as the center, the family as a unit, community-range, demand-oriented
- Focus on women, children, elderly, patients with chronic diseases, and disabled
- Combine prevention, medical and health care, rehabilitation, health education, technical services for family planning for the integration
- Effective, economical, convenient, comprehensive and continuous primary health services



## The basic functions of community health services

- Primary health care

- Refers to community physicians (general practitioners) related health services and paid by the health insurance, such as outpatient hospital services, physical examination services, immunization services etc.

- Basic public health

- Projects and management of public health services designated by the Government

# Background

## The importance of Chinese community health services

- China is the most populous country in the world, and health of the residents in China has attracted the global attention
- Since the 21st century, the health care in China has an accelerated development. China has paid high attention to the grass-roots health services, and issued a series of documents to promote the urban health care reform
  - 2009 – Opinions on deepening the health care reform, by the CPC Central Committee and State Council
  - 2011 – Guiding opinions on the establishment of a system of general practitioners, by the State Council
  - 2013 – Report at the National Health Conference in 2013
  - 2014 – Notice on the working efforts for the national basic public health service projects
  - 2014 – Opinions on further strengthening the equipment, application and management of drugs at the grass-roots health institutions, by the Health and Family Planning Commission
  - 2014 – The key tasks for deepening the health care system reform in 2014



# Background

## The development of community health services in China

- In the past 10 years, the community health services in China has experienced rapid development, where as 97% of the population in China has some forms of health insurance, a great contribution to human beings
- More than 95 percent of the prefecture-level cities and almost 86 percent of the municipal districts have carried out the urban community health services
- China has established 33,562 community health service centers, 12,000 community health service stations, and 108 National Demonstration Zones of the Community Health Services (data in 2012)
- The annual visits for community health services amounted to 598 million, with 37,173 registered general practitioners in China (data in 2012)

# Background



## Community Health Service Performance

### □ Performance

- Performance, the original intent is capacity, operating results, and working achievements
- Performance is one of the most common concept in the management activities

### □ Health Project Performance

- Performance evaluation study in the health sector, focused on the performance of health service projects, the performance of various hospitals, and a variety of health care providers, etc.



# Background

## Performance studies in health system



### □ The World Health Report 2000:health system:improving performance

- Three basic purposes
  - Improvement of the health status, fairness of the financial allocation, reactivity to the resident health expectation
- Five areas to be measured for performance evaluation
  - Overall health status, distribution of the population health status, overall reactivity status, distribution of the reactivity, distribution of the financial allocations
- Four key functions to improve health system performance
  - Provide personal and non-personal health services; increase, concentrate and distribute income to purchase these services; investment of personnel, construction and equipment; overall management of all the resources, powers and expectations

# The urgency to establish a Chinese community health integrated service capability index system



## □ Features of the CHSC service functions in China

- The CHSCs in China provide a set of the integrated and continuous services including health education, health promotion, community prevention, community health care, community rehabilitation, technical guidance for family planning, treatment of common and chronic diseases

## □ Due to the impact of policies, economy, culture, education and other factors, the integrated service capabilities among CHSCs vary widely, which directly affect the fairness of primary health care for the majority of residents.

## □ The Necessity of studies on the indexation for the community health service capability

- Only by quantitatively studying the community health service capability index, the level of community health services could be clearly and directly reflected, the analysis and comparison of different service levels by various service centers could be performed, mutual learning and common progress of different centers could be promoted, so as to promote the balanced development of community health services in China.



# Review of the early foreign key health service evaluation system



Evaluation Model Name	Main Evaluation Indicator
WHO (European model)	Equality indicators; indicators for improving the health, reducing diseases and its consequences; life style indicators for improving the health; living environment indicators to ensure the health; indicators for proper health care; <b>Knowledge development and other indicators</b>
Avedis Donabedian (US)	<b>Organizational structure and health resources</b> ; performance indicators; outcome indicators
Piedmont Evaluation Model (Italy)	Behavioral indicators; equality indicators; birth indicators; <b>life quality indicators</b>
Service Object Evaluation Model (Canada)	Health services are effective or not; whether the population can receive the effective health services; whether the quantity of health services is enough and the quality is reliable; <b>the cost of health services is cheaper or not</b>
System Evaluation Model	<b>The medical needs of the population</b> ; inputs; work; outputs; results; the natural and social factors
Japanese Evaluation Model	<b>Dynamic and static</b> demographic indicators; the average life expectancy; life expectancy without death causes; health status and medical treatment conditions; health-related issues; economic indicators; HR indicators
English Evaluation Model	Availability; <b>acceptability</b> ; effectiveness; efficiency
Milton Roemer (USA)	<b>Target evaluation</b> ; evaluation of the demand for medical services; evaluation of health service utilization and acceptance; health resource evaluation; evaluation of work activities and attitudes; work process evaluation; evaluation of the results and effectiveness; evaluation of costs and effectiveness

# The current situation of foreign indexation evaluation system for the community health services

## US - American Community Health Status Indicators (CHSI)

CHSI consists of a series of indicators to fulfill the responsibility of public health at the community (county) level. It is applied to the nation's 3,141 counties. CHSI system includes 11 indicators at the first level and 67 secondary indicators, such as demographic indicators for the overall health status, birth, death.

## UK

Government carries out a very strict monitoring of the health care system, including community health service centers, Parliament decides to deploy various professional experts for examination and evaluation group of community health service centers in detail and thorough investigation, combined with various aspects of the overall score. Random checks and the work together with UK National Audit Office are combined to evaluate hospitals and community health service sites annually, so as to strengthen the effects for inspections.

## Europe - European Community Health Indicators & Monitoring (ECHIM)

ECHIM was aimed at developing a three-year project to monitor the health indicators for the European Union and all Member States of the European Union. It is a continuation of the previous ECHI and ECHIM project, and well done in June 30, 2012 finally. The ECHI system has 88 evaluation indicators.

# Review of the evaluation model in China – Model of “support-process-result” by Guo, et al



Category	Indicator	Indicator value
Support indicator	Proportion of CHS in the government objectives	100
	Community residents per capita quota subsidy funds (Yuan)	>6
	Proportion of CHS staff receiving GP training	85
	Pass rate of facilities for CHSCs (stations)	80
Process indicator	Scientific management rate of community health records	85
	Family reported contract rate	80
	Pass rate of community health services	90
	Pass rate of community preventive services	90
	Pass rate of community health services	90
	Pass rate of community rehabilitation services	90
	Pass rate of community health education	90
	Pass rate of community family planning technical services	90
Result indicator	Satisfaction rate of community residents	85
	Increasing rate of capability to manage NCD patients living	>1
	Mortality rate (%) of children under 5	<20

Guo Q, et al proposed the “support-process-result” model with a series of criteria for evaluating the eligibility of community health services. This model was a qualitative evaluation system. Due to the lack of specific value for indicators, it cannot be used to compare the services between different communities.

Guo Q, et al. Evaluation study of urban community health services in China. J Chinese General Practice. 2002; 11: 887-8.

# Review of the evaluation model in China –

## Model of "input-service-satisfaction-efficiency" by Liang, et al



1 <sup>st</sup> indicator	2 <sup>nd</sup> indicator	Weight
Input (0.16)	Policy	0.04071
	Staff	0.04071
	Institution	NA
	Facilities	0.03888
	Organization & management	0.04041
Service (0.44)	Community diagnosis	0.04041
	Health promotion	0.04010
	Chronic diseases and diagnosis	0.04071
	Services of GP characteristics	0.03919
	Maternal & children health care	0.04026
	Elderly care	0.04056
	Management of the disabled	0.03888
	Prevention services	0.04041
	Community nursing care	0.04041
	Community nutrition	0.03873
	Health records	0.04041
Satisfaction (0.12)	Patient satisfaction	0.04056
	Resident satisfaction	0.04041
	Community health staff satisfaction	0.03904
Efficiency (0.28)	Health promotion indicator	0.04010
	Maternal & child health indicator	0.04041
	Prevention indicator	0.04026
	Chronic disease management indicator	0.04056
	Indicator of health records	0.04010
	Diagnosis indicator	0.03827
	Service fees	0.03905

Liang WN, et al proposed the model of “input-service-satisfaction-efficiency” with the determined weight of the indicators. This model was more general, and the actual indicator weight was difficult to measure, lack of feasibility.

Liang WN, et al. Establishment of the Chinese urban community health service evaluation system for the health service management. 2002; 08: 460-2.



# Current situation of the community health service evaluation system in China



- **Chinese community health service performance evaluation system**
  - This system includes a total of 5 indicators at the first-level, 29 secondary indicators, 67 indicators at the third-level. There is a larger number of indicators, and a weight emphasis on the policy implementation, government investment and basic public health services. The relative weight of the primary health care services is low in this system, and much lower than that of the basic public health services. The physical examination services are included into the basic public health services.
- **Demonstration of the community health service evaluation system**
  - The demonstration system includes a total of 5 indicators at the first-level, 67 secondary indicators, focusing on the basic public health services and personnel management at the centers. The relative weight of the primary health care services is low, with the lack of financial management related indicators.
- **Community health service annual reports**
  - Indicators in the Annual Reports are mainly the center annual income, the average outpatient visit cost, and other finance-related. The reports focus on the center situation in financial management, and the center comprehensive level can not be evaluated by these indicators.

**It has been indicated that the Chinese health service performance at present time is ineffective, the primary health care service capability in China is far behind other developed areas in the world. how to promote the development of the primary health care services in China is in urgent need of thinking and acting.**

# Insufficient performance evaluation of the community health services in China



- The lack of an objective evaluation system based on the service capability
- No establishment of a simplified, effective, scientific, intuitive, and quantitative index system
- The evaluation results are less comparable, and lack of universal guidance
- The evaluation indicators are emphasized on the public health services, policies and investment while ignoring primary health care services. The index system is too complicated with too many indicators, and a lot of data are difficult to collect.





## Research purpose

- Based on the basic functions of CHSCs in China, the established CHSC performance evaluation system and information management platform , The purpose of the present studies is to establish a scientific, standardized, simplified, and effective CHSC index system by the use of literature research, expert advice and fuzzy evaluation methods. This index system will directly reflect the integrated and various specialized service capabilities of the CHSCs. The system would be an effective tool of historical value for CHSCs to evaluate scientifically and enhance collaboratively the integrated service capability, an important reference for residents to choose the contract services, so as to effectively promotion of the balanced development of CHSCs in China.



# Significance



- Healthy life quality is one of the most important needs of the countries, and the primary health service capability is the foundation and guarantee for the basic health needs of the people
- Indexation studies of CHSC can directly reflect the capability of the integrated services and various specialized services
  - Visual data available in time for the CHSC growth in China
  - Evaluation, comparison and ranking of the integrated services and specialized services in different regions, various CHSCs
- An effective tool of historical value for CHSCs to evaluate scientifically and enhance collaboratively the integrated service capability
- An important reference for residents to choose the contract services
- Effective promotion of the balanced development of CHSCs in China



# Previous research progress



- Established the Family Medicine Education and Training Center (1999) of Zhejiang Province and Zhejiang University School of Medicine, and , and carried out multi-level general practitioner training
- Created the Institute of Social and Medicine, Zhejiang University (2003)  
Established the first master and doctoral degree programs of GP in China (2006)
- Organized the West Lake International Conference of General Practice (2014-)
- Research projects and publications in recent years
  - Project Leader, Studies on the designing of management, operation and compensation mechanism for the community health service institutions. The National Natural Science Foundation of China. Project number 70641035 (2008).
  - Co-P.I., Studies on the new digital health service models for general practitioner. The National Natural Science Foundation of China. Project number 71350006 (2014).
  - Co-P.I., The resident management and service information platform for the entire process of health care system. Major Project of Technology Department of Zhejiang Province, 2011-2012.
  - Project Leader, Studies on the GP training and intervention for Chinese adult dyslipidemia, Hangzhou Health Bureau, 2014-2016.
  - Project Leader, Evaluation of the integrated service capabilities of the community health services, ACON BIOTECH (HANGZHOU) CO., LTD, 2014-2017.
  - Shen Lin, He Wei, Du Yaping. Community public health service performance evaluation. Chinese Rural Health Service Administration 2011; 02: 130-132.



## Family Medicine Education and GP Training for Zhejiang Province and Zhejiang University School of Medicine (since 1999)

- Worked for more than 20 years of ongoing training of general practitioners
- Developed GP on-the-job training programs in China (2007 edition)
- In charge of the standardized training (5+3) for more than 200 general practitioners
- In charge of the job training of 25,000 general practitioners
- In charge of the GP backbone trainer training for 1000 general practitioners.
- In charge of the community nursing trainer training programs (200) authorized by the National Health and Family Planning Commission and Hong Kong China Foundation



# 2014 West Lake International Conference of General Practice

(October 21-23, 2014, Hangzhou)



# Special Session I: Seminar on the Characteristics of the Community Health Services in Hangzhou (October 22, 2014, Hangzhou)



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The project kick-off meeting to evaluate the integrated service capability of the Chinese community health service centers and the first expert group meeting (February 6-7, 2015, Hainan)





The project kick-off meeting to evaluate the integrated service capability of the Chinese community health service centers and the first expert group meeting (February 6-7, 2015, Hainan)

全国社区卫生服务机构综合服务能力评价项目启动会暨专家组第一次会议



# Research methods



- Referring to the existing evaluation systems in China and abroad, independently establish evaluation system of the three levels and determine the evaluation indicator weight the by the Delphi method for a scientific evaluation system
- Collect the data by the professional organizations of general practice, health statistics annual reports etc.
- Release the results through professional websites, the Journal of Chinese General Practice and other platforms
- Refine the detailed indicators and adjust the indicator weights according to the actual situation
- Local income equalization
- Through the collaboration of Zhejiang University with Stanford University and other partners, extend the index to the Asia-Pacific region and the rest of world, compare the capability of community health services between countries. The results can also be extended in addition to the above-mentioned publication, and as supplement to the WHO existing research





# Design principle

- **Pay attention to the services**
  - Basic medical services (including traditional Chinese Medicine)
  - Basic public health services
- **Pay attention to the dynamic indicators**
  - Pay more attention to the dynamic indicators, such as outpatient visits, business income etc.
  - Reduce some static indicators, such as fixed assets etc.
- **Emphasize the role of general practitioners**
- **Comparability**
  - Use the relative number (mean), and remove the geographic, economic and other factors
- **Simplified indicators**
  - About thirty aspects of performance



# Composition of the indicator system



Indicators at the first level Weight (%)	Indicators at the second level	Weight (%)	Indicators at the third level (Number)
Basic information of the institution 15	Human resources	10	5
	Financial management	5	4
Service capability 75	Primary health care services	40	10
	Basic public health services	30	8
	Scientific research level	5	5
Resident evaluation 10	Resident satisfaction	10	3

This indicator system includes  
3 indicators at the first level,  
6 indicators at the second level,  
35 indicators at the third level.

# Indicators for the basic information-



## HR for the community health services

- **《Opinions to consolidate and improve the system for basic drugs and the new mechanism for the community-level operation》 by the General Office of the State Council (2013)**
  - Comprehensively consider the factors of population served, geographic and traffic situation in the county (city, district) as the unit, reasonably determine the total number of the community health service institutions to be established, and the rational allocation of public health, the medical workers; properly increase the nursing staff ratio at the community health service institutions.
- **《Guiding opinions of the State Council on the establishment of a system of general practitioners》 (2011)**
  - By 2020, China will initially establish the full of vigor and vitality of the GPs system, a unified and standardized training mode for general practitioners, the service mode of "the first diagnosis at the grassroots level", a more stable service relationship of GPs with the urban and rural residents, in order to improve the GPs service levels overall and basically meet the needs of the people's primary health care services.



# Indicators for the basic information- HR indicators for the community health services



Indicators at the third level	Weight (%)	Indicator explanation	Indicator source
Number of practicing doctors per 10000 population	2	The number of doctors at the center owning qualification certificate per 10000 population	«Opinions to consolidate and improve the system for basic drugs and the new mechanism for the community-level operation» (2013)
Number of registered nurses per 10000 population	2	The number of nurses at the center with a registered certificate per 10000 population	«Opinions to consolidate and improve the system for basic drugs and the new mechanism for the community-level operation» (2013)
Number of general practitioners per 10000 population	3	The number of doctors at the center registered as a general practitioner per 10000 population	«Guiding opinions of the State Council on the establishment of a system of general practitioners» (2011)
Actual number of staff on duty	1	The actual number of full-time staff at the center	«Opinions to consolidate and improve the system for basic drugs and the new mechanism for the community-level operation» (2013)
Proportion of the staff with senior and intermediate professional titles	2	The proportion of the staff with senior and intermediate professional titles in all the staff at the center	«Opinions to consolidate and improve the system for basic drugs and the new mechanism for the community-level operation» (2013)



# Indicators for the basic information- Community financial management

- **《Opinions to consolidate and improve the system for basic drugs and the new mechanism for the community-level operation》 (2013)**
  - All of the local governments should proceed from reality, based on the smooth implementation of performance-related salary with considering of working characteristics of medical personnel, properly increase the proportion of incentive salary for performance, and widen the income gap reasonably to reflect more salary for more work and better performance.
  - The central government has established the system for basic drugs after the implementation of regular subsidy mechanism for local governments and incorporated this into the budget, in order to improve the financial support to local operating subsidy policy for the community health service institutions.

# Indicators for the basic information-

## Indicators for the financial management



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Indicators at the third level	Weight (%)	Indicator explanation	Indicator source
Annual income	1	The total amount of annual income from various operations of the center	
Balance of financial revenue and expenditure	1	$(\text{Operation income} + \text{government financial investment} + \text{other income} - \text{expenditure}) / \text{income} \times 100\%$	《The measures of performance evaluation for community health service institutions》 (2012)
Drug proportion	1	Drug proportion = drug income/(drug income + medical income) $\times 100\%$	
Ratio of input and output	2	The total income/the total cost $\times 100\%$	

This indicator system is not to focus on financial management.

# Indicators for service capability-



## Primary health care at community

- 《The measures for the administration of city community health service institutions》 (2006)
  - Primary health care services include:
    - Diagnosis, treatment, and nursing of the common diseases and frequently occurring diseases, and treatment of chronic non-communicable diseases with definite diagnosis
    - Emergency rescue at the community sites
    - Family health care services, such as home visits, home care, and family sickbeds
    - Referral services
    - Rehabilitation services
    - Other appropriate medical services approved by the Department of Health Administration



# Indicators for service capability-



## Traditional Chinese medical services

- **《The key task in 2014 for deepening health care reform》 (2014)**
  - Improve the policies and mechanisms for the development of traditional Chinese medicine
  - Study and improve the policies for encouraging the delivery and application of traditional Chinese medical services
  - Actively guide the medical institutions to carry out the traditional Chinese medicine services with relatively lower cost and relatively better effect
  - Continue to implement projects to improve the capability of basic traditional Chinese medical services
  - Study and formulate the strategic plan for the development of traditional Chinese medicine, propose the policy measures to accelerate the development of traditional Chinese medicine



# Indicators for service capability-



## Primary health care at community (1)

Indicators at the third level	Weight (%)	Indicator explanation	Indicator source
Service population	3	The total population of the scope of service center	《The measures of performance evaluation for community health service institutions》(2012)
General outpatient visits annually	6	The total outpatient visits with registration number annually	
Outpatient visits for the traditional Chinese medicine annually	3	The total outpatient visits with registration for the traditional Chinese medicine annually	
Visits to patients annually	3	The total visits to patients by the center registered doctors or GPs for treatment annually	
Visits to family sickbeds annually	3	The total visits to the family sickbeds by the center medical staff annually	
Rehabilitation visits annually	3	The total patient visits for rehabilitation services annually	

This indicator system emphasizes the primary health care services.



# Indicators for service capability-

## Primary health care at community (2)

Indicators at the third level	Weight (%)	Indicator explanation	Indicator source
The effective contracts with GPs annually	4	The number of residents contracted with the general practitioners annually	«Guiding opinions of the State Council on the establishment of a system of general practitioners» (2011)
The renewed contracts with GPs annually	6	The number of residents with the renewed contract with GPs annually	
Per capita patient visits to each GP annually	5	The average number of patient visits to each GP at the center annually	
Annual number of physical examinations	4	The total number of physical examinations performed at the center annually	

This indicator system emphasizes the primary health care services.

# Indicators for service capability-



## Basic public health services at community

- 《The national Standard of basic public health services》 (2011)
  - Health information management
  - Health Education
  - Control and prevention of infectious diseases, endemic diseases, parasitic diseases
  - Control and prevention of chronic non-communicable diseases
  - Mental health services
  - Women, children, elderly care
  - Disability and rehabilitation guidance and rehabilitation training
  - Technical advisory guidance of family planning, contraceptives
  - Assistance to the management of public health emergencies within the jurisdiction

# Indicators for service capability-



## Basic public health services at community (1)

Indicators at the third level	Weight (%)	Indicator explanation	Indicator source
Vaccination rate	3	The actual number of a vaccine inoculation/ the number of a vaccine that should be inoculated $\times 100\%$ within the jurisdiction annually	«The measures of performance evaluation for community health service institutions» (2012)
Health management rate of 0-6 years old children	4	The number of 0-6 years old children with more than 1 follow-up / the number of 0-6 years old children who should be managed within the jurisdiction annually	«The national Standard of basic public health services» (2011)
Health management rate of pregnant and parturient women	4	The number of pregnant women with more than 5 times of standard antenatal follow-up services during the pregnancy/the number of live births $\times 100\%$ within the jurisdiction annually	«The national Standard of basic public health services» (2011)

# Indicators for service capability-



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## Basic public health services at community (2)

Indicators at the third level	Weight (%)	Indicator explanation	Indicator source
Health management rate of the aged	4	The number of residents aged 65 and over under health management/the total number of residents aged 65 and over within the jurisdiction x 100% annually	《The measures of performance evaluation for community health service institutions》(2012)
Standardized control rate of hypertension patients	4	The number of hypertension patients under the standardized management/the number of hypertension patients under the management x 100% within the jurisdiction annually	
Standardized control rate of diabetes patients	4	The number of diabetes patients under the standardized management/the number of diabetes patients under the management x 100% within the jurisdiction annually	
Standardized control rate of patients with severe mental illness	4	The number of patients with severe mental illness under the standardized management/ the number of patients with severe mental illness under the management x 100% within the jurisdiction annually	
The number of resident visits for technical advisory guidance and consulting services of family planning	3	The number of resident visits for technical advisory guidance and consulting services of family planning provided by the center staff annually	

# Indicators for service capability-



## Community scientific research level

- **《Opinions on strengthening the establishment of health personnel》 (2009)**
  - We should accelerate the establishment of high-level health personnel, formulate the development plan for high-level health personnel, and build a high-level health team for innovation.
  - Through the review of the scientific research level of community health service centers, we could evaluation the professional level, scientific research ability, innovation ability of the center personnel. We could also encourage each center to introduce high-level talents and promote the development of community health services.

# Indicators for service capability-

## Community scientific research level



Indicators at the third level	Weight (%)	Indicator explanation	Indicator source
The number of published papers each year	1	The number of professional papers published by the center staff each year	
The number of national projects each year	1	The number of national level projects awarded to the center staff each year	
The number of provincial and lower level projects each year	1	The number of provincial and lower level projects awarded to the center staff each year	《The measures of performance evaluation for community health service institutions》 (2012)
The ratio of doctors after general practice standardized training	1	The number of doctors participating in job or standardized training in GP with a certificate/the total number of registered doctors at the center×100% this year	
The number of students taught each year	1	The number of students taught by the center staff this year	

This indicator system has consideration to the scientific research capability of the community health service centers.

# Indicators for resident evaluation-

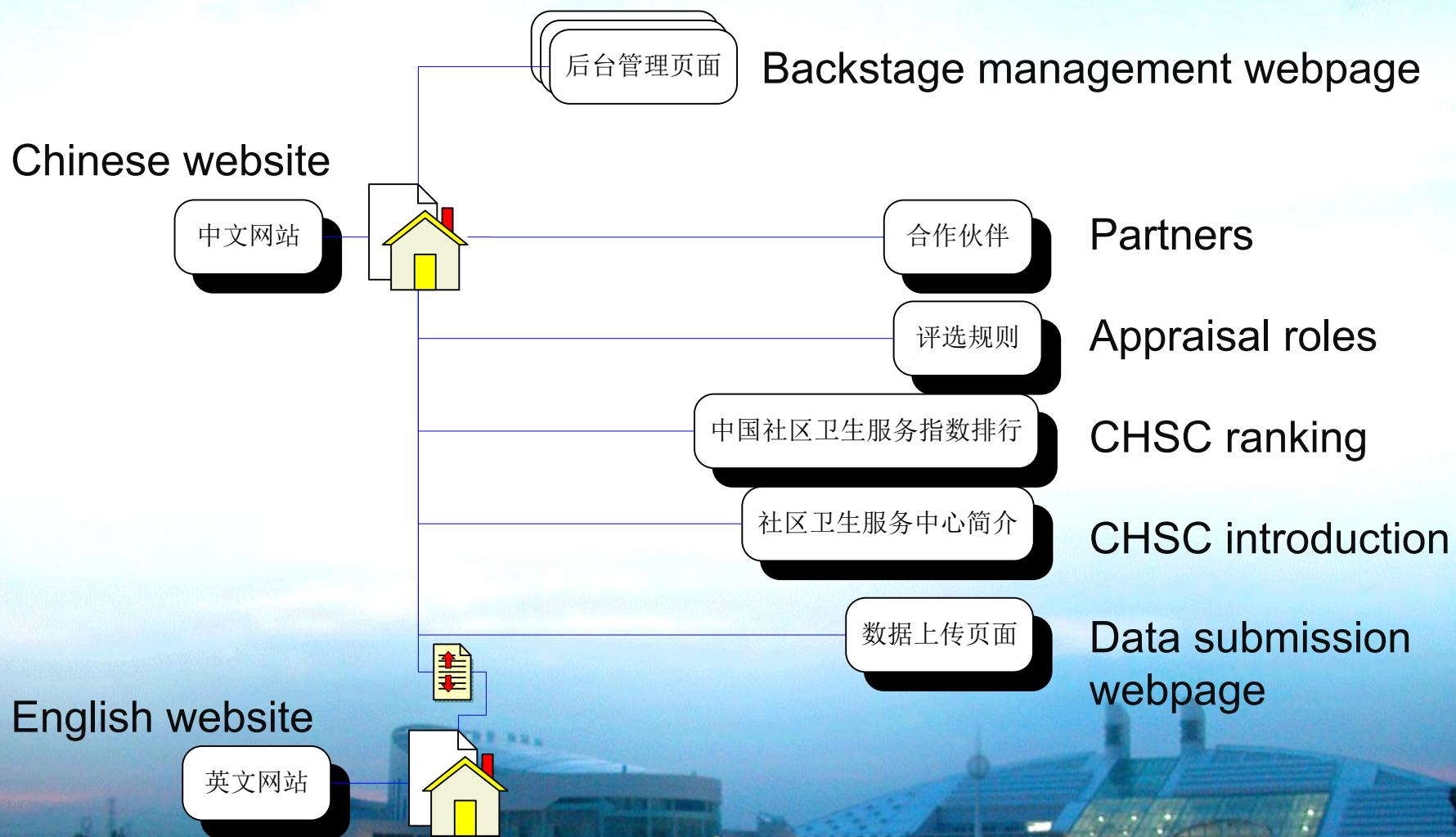


## Community satisfaction

- 《The measures for the administration of city community health service institutions》 (2006)
  - The health administrative department of the government should establish a social democratic supervision system, and collect the community residents' opinions and suggestions periodically. It will be an important criteria to receive residents' satisfaction as the performance evaluation of community health service institutions and health workers.

Indicators at the third level	Weight (%)	Indicator explanation	Indicator source
Resident satisfaction	4	Number of residents with comprehensive satisfaction of the total number for the comprehensive satisfaction survey × 100%	《The measures of performance evaluation for community health service institutions》 (2012)
Patient satisfaction	3	Number of patients with comprehensive satisfaction of the total number for the comprehensive satisfaction survey × 100%	《The measures of performance evaluation for community health service institutions》 (2012)
Medical staff satisfaction	3	Number of medical staff with comprehensive satisfaction of the total number for the comprehensive satisfaction survey × 100%	《The measures of performance evaluation for community health service institutions》 (2012)

# Website structure of the Chinese community health service index



# Web page design for the Chinese community health service index



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中国社区卫生服务指数网

搜索



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搜索

测试

发表于 2015年2月1日 由li\_xin

测试社区卫生服务中心综合排名指数

■ 测试社区卫生服务中心综合排名指数

社区卫生服务中心	综合排名指数
北京A1	89.19605654
广州A5	88.73757285
上海A2	87.6713224
杭州B3	81.67480112
上海B2	79.69942114
上海C2	78.5554091
广州C5	78.75735888
广州B5	78.7315278
杭州C3	75.25751319
广州E5	70.91447049
北京B1	70.90308652
北京C1	67.25753482
杭州D3	66.07640047
上海D2	65.78677497
广州D5	65.58458034
北京D1	65.3761573
西安A4	64.56585587
西安B4	61.86278104
广州F5	55.70819068
上海E2	54.75275494
杭州E3	54.74793934
北京E1	51.93446555
杭州F3	51.49572702
西安C4	51.41272054
上海F2	49.7960853
西安D4	49.42356045
北京F1	47.6694401
西安E4	45.75754093



首页 最新动态 合作伙伴 评选规则 中国社区卫生服务指数排行 社区卫生服务中心简介 数据上传 English Site

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填报日期

01/02/2015

填报人姓名 \*

中国社区卫生服务中心名称

城市 \*

病人满意度 \*

★★★★★★★★★★★

执业医生数 \*

注册护士数 \*

全科医生数 \*

机构核定编制数 \*

实际在岗职工数 \*



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Data submission  
with password for  
community health service  
center on the test website





首页 最新动态 合作伙伴 评选规则 中国社区卫生服务指数排行 社区卫生服务中心简介 数据上传 English Site

分类目录归档: 杭州社区卫生服务中心简介

2015年二月

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- [2014中国社区卫生服务指数排名](#)
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## 杭州市拱墅区大关上塘街道社区卫生服务中心



发表于2016年1月9日由lxln3301\_p40698ng



杭州市拱墅区大关上塘街道社区卫生服务中心, 始建于五十年代, 坐落在上塘路518号, 建筑面积7400平方米, 地处杭州市城北, 中河上塘高架大关路出口处, 与钱江服装小商品市场毗邻, 区域位置重要, 是省市级医保定点医疗机构, 荣获浙江省文明单位、浙江省卫生先进单位、杭州市无障碍设施先进单位、杭州市绿色医

院、杭州市职工职业道德先进单位、浙江省无烟单位、杭州市平安示范医院、杭州市先进单位、杭州市最清洁单位、杭州市姐妹帮扶工作先进单位、杭州市人民满意基层站所、浙江省青年文明号等称号, 是一家集预防、医疗、保健、康复、健康教育、计生指导为一体的全国示范社区卫生服务中心。

现有职工200余人, 其中副高级以上职称21人, 中级以上职称80余人。中心内科室设置齐全, 有全科医疗科、中医科、中医皮肤科、中医妇科、针灸推拿科、妇科、口腔科、眼科、耳鼻咽喉科、预防保健科、儿童保健科、妇女保健科、计生指导室、康复医学科、心理咨询室、药剂科、检验科、放射科、心电图室、B超室等科室, 开设康复病区, 下设大关南苑、德胜、上塘绍兴路、善贤、拱宸、皋亭六家社区卫生服务站和上塘街道社区卫生服务中心(中华医学会社区健康管理示范基地、拱墅区健康生活宣传馆、拱墅区流动妇女儿童健康促进基地)。

中心不断实践社区健康管理新模式, 组建了18个由社区责任医生、公共卫生医生、社区责任护士、健康管理师组成的社区责任医生团队, 以社区健康管理基地为平台, 率先建立了健康会馆和拱墅区健康生活宣传馆, 集知识性、趣味性、互动性和服务性于一体, 运用“1+X”模式, 以馆为点, 辐射全区, 让宣传馆深入到社区。企业和外员聚集地, 在流动中产生倍增效应, 以“健康四大基石”为基本内容, 不断开发健康教育新形式, 不断创新健康促进新模式, 让居民在寓教于乐中逐步提高健康素养和知识知晓率和健康行为形成率, 引导全民健康生活方式行动为目的, 让辖区居民享受到便捷的公共卫生教育服务。

目前, 中心以优美、适宜、宁静、安全的环境、优良的技术, 一流的设备设施, 温馨的服务和全体职工崭新的精神面貌, 坚持以人为本, 坚持“创新、争先、办大事”, 全面提升社区卫生服务质量, 为“推进卫生强区, 深化健康拱墅”, 建设品质之城, 打造实力拱墅, 建设秀美拱墅, 构建和谐拱墅而努力奋斗。

地址: 上塘路518号 邮编: 310014

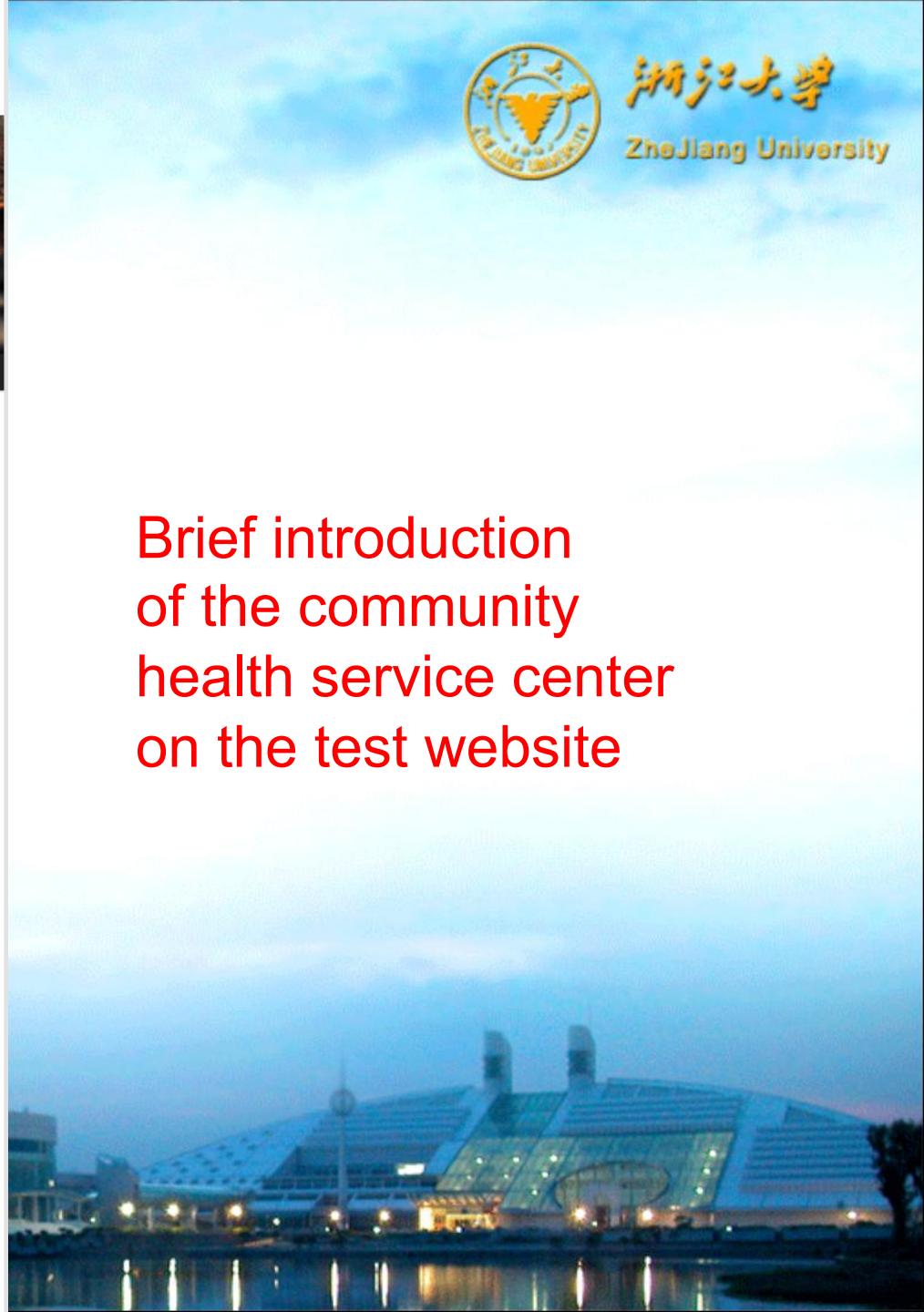
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网址: <http://www.gongshu.gov.cn/zwzq/dgstzx>



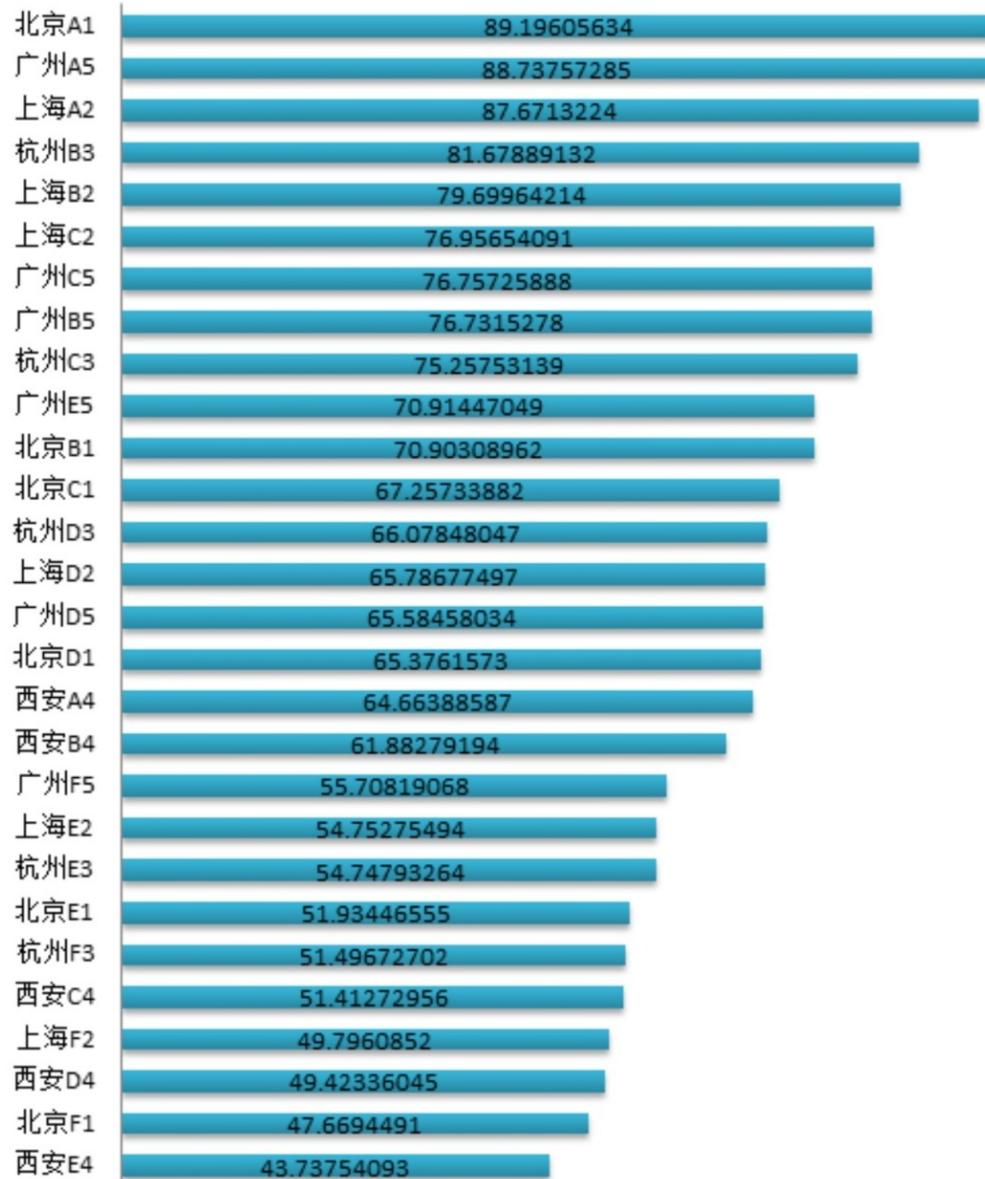
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Brief introduction  
of the community  
health service center  
on the test website



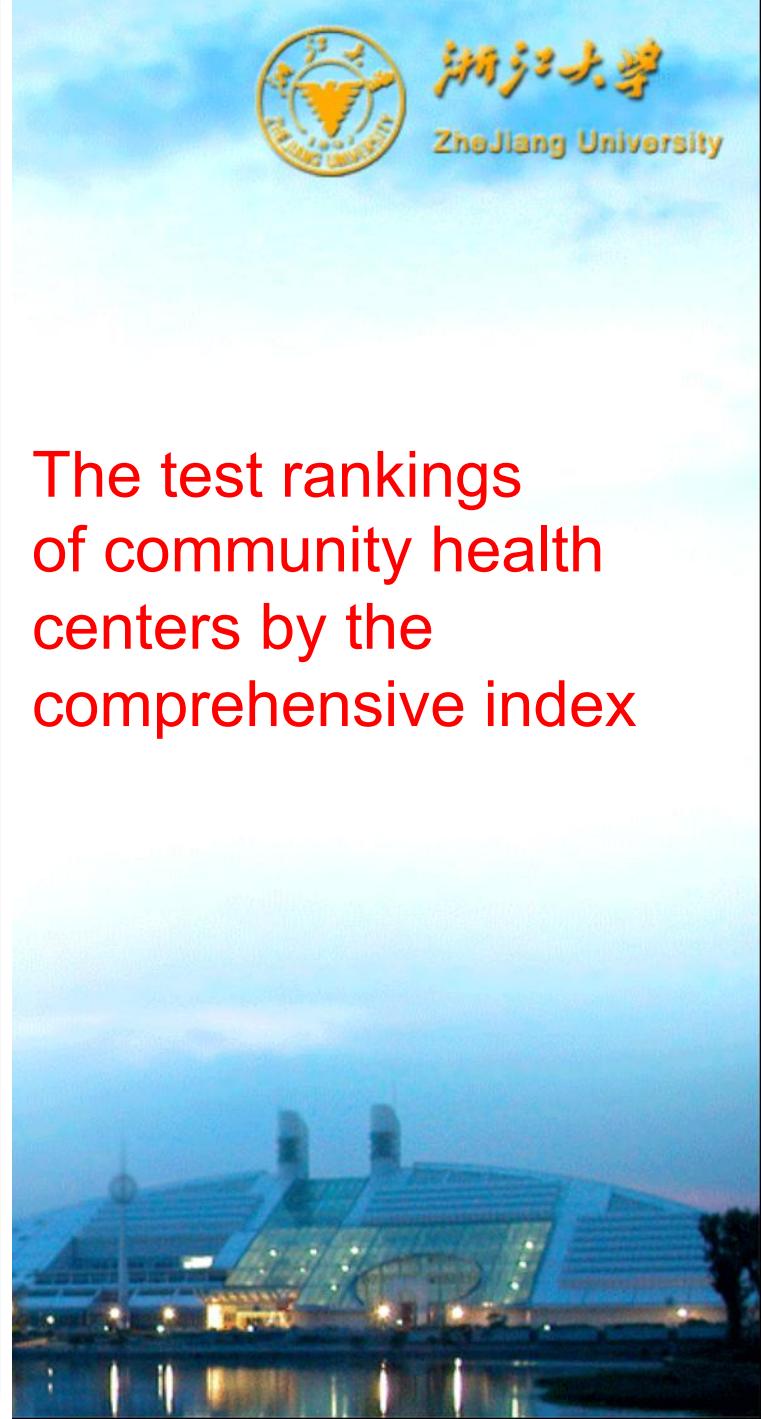
# 测试社区卫生服务中心综合排名指数

■ 测试社区卫生服务中心综合排名指数



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The test rankings  
of community health  
centers by the  
comprehensive index



# Expected effects

- Establish a scientific indicator system of performance evaluation for the Chinese community health services
- The first “Chinese community health service index”
- All of the community institutions have one standardized index, for the observation and comparison of their own and each other
- Greatly promote the development of community health services in China through the digital results
- Beneficial to the residents to choose the contracted services

# Project schedule



Schedule	Tasks	Milestone
2014.10—2014.12	Literature review and evaluation of the indicator system design	Evaluation of the proposed indicator system
2015.01—2015.03	Expert discussion and modification, professional website design	50 experts
2015.04—2015.06	Data collection	500 CHSC
2015.07—2015.12	Data analysis and the <b>first</b> report meeting	Preliminary result announcement in the designated media
2016.01—2016.12	The <b>second</b> phase: promotion of achievements	70% CHSC in China
2017.01—2017.12	The <b>third</b> phase: international exchanges and extending efforts	Extend to the Asia Pacific regions



# Thank you !

Special thanks to Mr. Feng Lin and Dr. Karen Eggleston

