

Supplemental materials for:

Wong W, Jiang S, Ong J, et al. Bridging the gaps between patients and primary care in China: a nationwide representative survey. *Ann Fam Med*. 2017;15(3):237-245.

FOR KEY INDIVIDUAL OF THE CHC

Clinic characteristics and patient demographics – Questionnaire for Key Personnel

Administrative district: _____

Registry name: _____

Visiting address: _____

Telephone: _____

Email of the coordinator: _____

Date: _____

Note:

- A. Please fill the following form with a true profile of the CHC, which contains no information about the parent hospital and affiliated health service stations.
- B. Please do not leave any sections blank. If a section does not apply to you, please indicate that it is not applicable (N/A); if the answer of a question is zero, please fill in "0". Thank-you for the cooperation!

1. What is the population size of your catchment area? _____
2. How many people are you serving in your community health centre (CHC)? _____, of which the number of migrants is _____.
3. Within area under which your CHC serve, are the following clinical services also available? (Please circle Yes (Y) or No (N) the enter the number on the dotted line)
 - ① Provincial hospitals: Y/N _____
 - ② City hospitals: Y/N _____
 - ③ County hospitals: Y/N _____
 - ④ Township hospitals: Y/N _____
 - ⑤ CHCs: Y/N _____
 - ⑥ Personal clinics: Y/N _____
 - ⑦ Private hospitals: Y/N _____
4. Your CHC:
 - ① Converted from Class C hospital
 - ② Converted from Class B hospital
 - ③ Organised under Class B hospital
 - ④ Organised under Class A hospital
 - ⑤ Organised under Business unit
 - ⑥ Organised under by co-op
 - ⑦ Organised by individual
5. Demographics of patients in your CHC:
 - ① What is the mean age of the patients: _____
 - ② What is the ratio of male to female patients: _____

6. Does your CHC have the following equipment in each consultation room? (Please circle Yes (Y) or No (N)) Are these equipment in good condition? (Please circle 'good' or 'bad' accordingly)

- | | | |
|--|-----|--------------------|
| ① Stethoscope | Y/N | Good/Bad Condition |
| ② Ophthalmoscope | Y/N | Good/Bad Condition |
| ③ Otoscope | Y/N | Good/Bad Condition |
| ④ Thermometer | Y/N | Good/Bad Condition |
| ⑤ Blood pressure machine | Y/N | Good/Bad Condition |
| ⑥ Spotlight for gynaecological examination | Y/N | Good/Bad Condition |
| ⑦ Computer for administrative purposes | Y/N | Good/Bad Condition |
| ⑧ Computer for keeping medical records | Y/N | Good/Bad Condition |

7. The following questions are about the service at your CHCs: (Please answer all questions and specify what they are in the space provided)

- ① Can appointments be made in advance: Yes/No
- ② Number of opening hour per week: _____ hrs
- ③ Mean number of doctors' consultations per month in the last year: _____
- ④ Different types of allied health consultations are available: Yes/No
- ⑤ If the above question was yes, how many allied health consultations (incl. nurse-led clinic) were conducted in the last month: _____

8. How many of the following staff do you have in your CHC working full time? (Please circle Yes (Y) or No (N) and enter the number on the line)

- | | | |
|---|-----|-------|
| ① Full time doctors: | Y/N | _____ |
| ② Visiting/part-time specialists: | Y/N | _____ |
| ③ Dentists: | Y/N | _____ |
| ④ Nurses: | Y/N | _____ |
| ⑤ Dental assistants: | Y/N | _____ |
| ⑥ Managers/administrators: | Y/N | _____ |
| ⑦ Front desk clerks/receptionists: | Y/N | _____ |
| ⑧ Pharmacists: | Y/N | _____ |
| ⑨ Physiotherapists: | Y/N | _____ |
| ⑩ Psychologist/ Social workers: | Y/N | _____ |
| ⑪ Lab technicians: | Y/N | _____ |
| ⑫ Radiographers: | Y/N | _____ |
| ⑬ Others (please specify what they are and the number): | | _____ |

9. Are the following facilities available? (Please circle Yes (Y) or No (N) for each)

- | | |
|---------------------------------|---------------------------------------|
| ① Drug dispensing | Y/N |
| ② Treatment/wound dressing room | Y/N |
| ③ Observation/IV drip room | Y/N |
| ④ Inpatient beds | Y/N (Please indicate how many: _____) |
| ⑤ Wheelchair access | Y/N |
| ⑥ Designated Parking facilities | Y/N |
| ⑧ Internet access for staff | Y/N |

⑨ Internet access for patients Y/N

10. The range of clinical services your CHC currently provides (Please circle Yes (Y) or No (N)):

① Chronic disease management Y/N
(e.g. Hypertension, Diabetes, Hyperlipidaemia)

② Common ailments (e.g. cold or diarrhea) Y/N

③ Traditional Chinese Medicine Y/N

④ Sexual health services Y/N

⑤ Family planning/Reproductive health Y/N

⑥ Maternity and infant healthcare Y/N

⑦ Vaccinations Y/N

⑧ Mental healthcare Y/N

⑨ Others: _____

11. Does your CHC offer testing on-site for the following? (Please circle Yes (Y) or No (N))

① Blood tests for biochemistry/haematology Y/N

② X-rays Y/N

③ Doppler or Ultrasound Y/N

④ PAP smear for cervical cancer screening Y/N

⑤ Microbiology Y/N

e.g. microscopy or culture and sensitivity

⑥ Rapid pregnancy tests Y/N

⑦ Chlamydia testing Cell Culture: Y/N PCR: Y/N

⑧ Gonorrhoea testing Cell Culture: Y/N PCR: Y/N

⑨ Syphilis: VDRL: Y/N TPHA: Y/N Rapid

Test: Y/N

⑩ Hepatitis testing HepB: Y/N HepC: Y/N

⑪ Rapid HIV tests Y/N

⑫ Others (Please Specify): _____

12. Does your CHC have a written policy about procedures for the following? (Please circle Yes (Y) or No (N))

① Infection Control Y/N

② Sharps disposal Y/N

③ Not sharing injecting equipment Y/N

④ Waste management Y/N

13. Are the following diagnostic and treatment guidelines available to your CHC either in written or online form? (Please circle Yes (Y) or No (N))

① Chlamydia Diagnosis: Y/N Treatment: Y/N

② Gonorrhoea Diagnosis: Y/N Treatment: Y/N

③ Syphilis Diagnosis: Y/N Treatment: Y/N

④ Hepatitis B Diagnosis: Y/N Treatment: Y/N

⑤ Hepatitis C Diagnosis: Y/N Treatment: Y/N

⑥ HIV Diagnosis: Y/N Treatment: Y/N

14. Does your CHC hold meetings to discuss ways to improve patient care? (Please circle the one that applies)

① Never

② Yearly

- ③ Quarterly
- ④ Bimonthly
- ⑤ Monthly
- ⑥ Bi-weekly
- ⑦ Weekly

15. Who is involved in these meetings? (Please circle Yes (Y) or No (N))

- ① Managers Y/N
- ② Doctors Y/N
- ③ Nurses Y/N
- ④ Members of allied healthcare facilities Y/N
- ⑤ Receptionists Y/N

16. Are these meetings based on any of the following? (Please circle Yes (Y) or No (N))

- ① Government directives Y/N
- ② Data generated from own information system Y/N
- ③ Local Information (e.g. demand survey/ epidemiological data) Y/N
- ④ Issues related to incidence of biological risks and individual, family and social vulnerabilities (such as violence, drugs and others) Y/N
- ⑤ Neighbourhood communities Y/N

17. Will the meetings include any of the following activities? (Please circle Yes (Y) or No (N))

- ① Organisation of work process and service Y/N
- ② Case discussion (sentinel events, difficult cases, challenging cases) Y/N
- ③ Planning/ discussion of therapeutic project Y/N
- ④ Evaluation of team actions (e.g. audit) Y/N
- ⑤ Monitoring and analysis of health indicators and information Y/N
- ⑥ Continuing education Y/N
- ⑦ Other(s) _____