

Appendix2:

Personnel & medical services in primary care institutions

Name of institution:

Item	Data
Personnel	
Total Number (NO.)	
Structure (No.)	Physician Nurse Practitioners from auxiliary departments (pharmacy, lab, radiology, echo) Administrative staff Others
Education(No.)	Master Bachelor College graduate High school and below
Professional Title(No.)	Senior Intermediate Primary No title
Length of Services(No.)	<5 years 5-10 years (5 years included) 10-15 years (10 years included) Over 15 years
Medical coverage radius	
Radius(km)	
Population Covered(10 thousands)	
Beds	
Annual Visits(visits/year)	
Annual Discharge (discharges/year)	
Physicians' daily burden of patient visits per	

capital(visits/day)	
Physicians' daily burden of inpatient beds per capital(beds/day)	
Nursing staff's daily burden of inpatient beds per capital (beds/day)	
Equipment and Technology	
Total value of institutional equipment \geq 10000 RMB(10000 RMB)	
Number of Equipment over 10000RMB(NO.)	10-50 thousand (10 thousand included) 50-100 thousand (50 thousand included) 100-500 thousand (100 thousand included) \geq 500 thousand
Lab Techniques	Routine blood Test: <input type="checkbox"/> yes <input type="checkbox"/> no Hepatic Function: <input type="checkbox"/> yes <input type="checkbox"/> no Renal Function: <input type="checkbox"/> yes <input type="checkbox"/> no Stool & Urine Test: <input type="checkbox"/> yes <input type="checkbox"/> no Bacterial Culture: <input type="checkbox"/> yes <input type="checkbox"/> no Blood Concentration Monitoring: <input type="checkbox"/> yes <input type="checkbox"/> no Others: _____
Ultrasonic	Black-White Ultrasonic B scanner: <input type="checkbox"/> yes <input type="checkbox"/> no Colored Ultrasonic B scanner: <input type="checkbox"/> yes <input type="checkbox"/> no Others: _____
Radioactive Techniques	Plain Film: <input type="checkbox"/> yes <input type="checkbox"/> no CT: <input type="checkbox"/> yes <input type="checkbox"/> no MRI: <input type="checkbox"/> yes <input type="checkbox"/> no Angiography: <input type="checkbox"/> yes <input type="checkbox"/> no Others: _____