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## CONFERENCE ABSTRACT

### What Impact Does Behavior of Doctors and Patients on Service Integration of Multi-institutional Readmission cross Township—county Hospitals in Rural China

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**Background:** With the change of rural residents' disease spectrum and patients with chronic diseases boom, multi-institutional health service utilization of rural residents and the continuous service demands are growing sharply in rural China.

**Objective:** Evaluate the service integration of multi-institutional readmission cross township—county hospitals (MRCTCH) in rural China, and figure out determines of service integration.

**Methods:** This study featured 7 sample counties in rural China. Based on the database of the inpatients with New Rural Cooperative Medical System (NCMS), using Microsoft Office Excel 2010 programming technology, we selected 630 cases of medical records of MRCTCH from 2012 to 2013 in diseases of respiratory system and cerebrovascular system. 2 medical specialists evaluated the service integration of the MRCTCH by matched medical records.

**Results:** The probability of referral hospital is nearly 60%, and the average hospitalization time intervals is 5.49 days for 630 MRCTCH, and 50% of the patients who did not complete the treatment in township hospital were required to transfer. Only 73.1% of patients reflected its previous visits to doctors in the county hospital, and only 68.2% of this patient's information is useful, and its effective information transmission probability is 36.2% which accounts for 49.5% patients with information transmission. Patients by referral were more unlikely to transfer information than others. Through the two system disease records evaluation, the X-ray (CT)/ecg examination paid again in useless by 69.5 % of patients who are transferred to the county hospital within one week.

From evaluation from specialists on the medical records of 630 MRCTCH, the consistency of two-stage treatment ideas reached 71.3%, only 23.73% of the treatment is effective in health clinics in township hospital. There are risks of misdiagnosis or delay treatment in township hospital for MRCTCH.

Experts believe that nearly 40% of the township medical records are good for the optimization of treatment in county hospitals on the basis of full understanding of the township treatment information.

**Conclusion:** In conclusion, patients lacked of conscious awareness of information transfer, the information mentioned by patients during readmission was incomplete. The pattern and time interval of readmission had greater impact on information transfer, and the utilization of previous treatment is inadequate. All of these problems results from Patients' lacking of conscious awareness of

information transfer, not believing in the treatment of county hospitals, doctors' lacking awareness of urging information transfer and utilizing information, etc. The impact of doctor behavior on service integration of multi-institutional readmission reflects on ability and cooperation, while the disordered hospitalization choices of patients have no benefit on information transfer and duty division.

Service integration of multi-institutional readmission needs to strengthen the willingness of cooperation among doctors and the awareness of information transfer among patients. Relevant policy making should pay more attention to security and restraint mechanism. At the same time, the information system need to be constructed after considerably weighing the pros and cons.

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**Keywords:** multi-institutional readmission; information transfer; doctor behavior; continuity; integration

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