The Linkage Allocation Effect of High Quality Medical Resources in Shanghai

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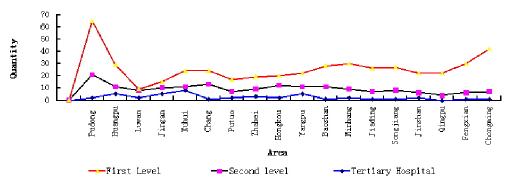
Abstract

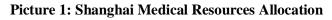
The Shanghai municipal government adjusted the distribution of medical resources in 2009, the city's recent reform focused on the new health distribution adjustments, which would be the largest and strongest change since the founding of New China Shanghai's .The suburb of Shanghai has formed the general hospitals "5 + 3 + 1" construction which promote the balanced allocation of high quality health care resources. Based the reform, we research the suburban linkage effect of the Shanghai high quality resources.

Keywords: High quality medical resources, Linkage effect

1. Shanghai High Quality Medical Resources Allocation Situation

The suburb of Shanghai formed the "5 +3 +1" construction, "5" meaned putting five high quality medical resources ^[1](Chang zheng hospital, Ren ji hospital, Liuyuan hospital, Huashan hospital and Ruijin hospital) into the five suburbs, which were Pudong District, Minhang District, Nanhui District, Baoshan District, Jiading District, the scale of its beds reached 600; "3" meaned becoming three level hospital through upgrading its hardware facilities and technical levels; "1" meaned that built the new hospitals in Jinshan District. In "5 +3 +1" framework, Ruijin, Zhongshan, Huashan, Renjin, Changzheng Hospital in Shanghai, respectively, moved to the suburbs to start a new hospital, output services to the local residents closely so that promoting equalization of Shanghai medical resources allocation.





2. Analysis of High Quality Health Care Resource Allocation Effectiveness

In this paper, we conducted a field survey, take an example as Fudan University Huashan Hospital North. The research team mainly used questionnaires, interviews, secondary research methods of literature, to research the residents satisfaction about the hospital. Through the research we can understand the suburban linkage configuration effect of Shanghai high quality medical resources.

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We distributed 500 questionnaires, 410 valid questionnaires were obtained. The questionnaire distributed by the survey team members, 290 questionnaires were filled out by the patients and their relatives in person; 110 survey questionnaires by the members of the inquisitorial investigation, will be recorded in the patient's answer questionnaire the questionnaire on the spot to recover. Homemade survey questionnaire: survey includes general condition of patients, service satisfaction Item. The purpose of the survey, fill out a brief description of the way; patients generally include gender, age, education, occupation, clinic visits, and select other items in this medical reasons dozen content; satisfaction convenience items include medical degree, quality of care, medical expenses three parts.

2.1 The Results of Outpatients Age and Sex

In the 410 valid questionnaires, men 227, accounting for 55.4%, females 183, accounting for 44.6%. Male patients than female patients share ratio, age distribution is mainly concentrated in the 40 years and older, including a maximum number of 60-79 year-old age group, followed by the 40-59 age group. The results show that age and sex distribution of patients with different statistical difference in the number of male patients than female patients 40-80 years old patients. (See Table 1).

A	Male		Female		Total	
Age	Quantity	Percentage(%)	Quantity	Percentage(%)	Quantity	Percentage(%)
≤20	15	6.6	12	6.56	27	6.59
20-39	35	15.52	27	14.75	62	15.12
40-59	79	34.8	68	37.16	147	35.85
60-79	81	35.68	48	26.23	129	31.46
≥ 80	17	7.49	28	15.3	45	10.98
Total	227	100	183	100	410	100

Table 1: Outpatients Age and Sex Composition

2.2 The Results of Outpatients Education

In 410 outpatients, the number of universities and higher education are 120, accounting for 29.27%, high school or secondary education are 184, accounting for 44.88%, the unior high school education are 86, accounting for 20.98%, primary education and below are 20, representing 4.88% (see Table 2).

Education	Quantity	Percentage(%)	
Primary and below	20	4.88	
Junior high school	86	20.98	
High school or college	184	44.88	
University and above	120	29.27	
Total	410	100	

Table 2: Outpatient Education Constitute

2.3The Results of Outpatients Occupational Structure

In the 410 survey respondents, civil servants or public institution employees 98 people, accounting for 23.9%; teachers or IT staff of 104 people, accounting for 25.37%; businessmen 67 people, accounting for 16.34%; 120 workers, accounting for 29.27%; 15 students, accounting for 3.66%; 6 other occupations, accounting for 1.46% (Table 3).

Profession	Quantity	Percentage(%)	
Civil or institution staff	98	23.9	
Teachers or IT staff	104	25.37	
Businessmen	67	16.34	
Worker	120	29.27	
Student	15	3.66	
Others	6	1.46	
Total	410	100	

Table 3: Outpatient Occupational Composition

2.4 The Results of Outpatients per Capital Family Income

In the 410 survey respondents, the average monthly household income mainly more than 3,000, a total of 275 people, 67% of the total number, in which the per capita family income of 155 in 3000-4000, accounting for 37.8%; greater 120 of 4,000 yuan, accounting for 29.27%. Monthly income of120 in 2000-3000, accounting for 29.27%, the monthly income of less than 2,000 yuan only 15 people, accounting for 3.66% (see Table 4).

Per capita monthly family income	Quantity	Percentage(%)	
<u>≤2000</u>	15	3.66	
2000-3000	120	29.27	
3001-4001	155	37.80	
≥4000	120	29.27	
Total	410	100.00	

2.5 The Results of Outpatients Chosen the Hosipals' Reasons

The findings showed that patients chosen Huashan hospital were the top three reasons: Hospitals great reputation, 189 people, accounting for 46.10%; higher quality of care, 120 people, accounting for 29.27%; convenient transportation, 48 people, accounting for 11.71%. There are 22 reasons people visit a good service attitude of the hospital, accounting for 5.37%, while 15 people because someone recommended treatment, accounting for 3.66%, 16 were due to other reasons for treatment, accounting for 3.9% (see Table 6).

The reason for treatment	Quantity	Percentage(%)	
Good service attitude	22	5.37	
High quality of medical care	120	29.27	
Large hospitals fame	189	46.1	
Convenient transportation	48	11.71	
Recommended relatives	15	3.66	
Others	16	3.9	
Total	410	100	

Table 6: Reasons for Outpatient Visits Constituted

3. Outpatient Satisfaction Index Survey Results

3.1 Satisfaction with the Results of the Evaluation Factors of Different Comparison

4. Satisfaction survey results showed that patients on the skills of doctors, environmental health, satisfaction with the hardware facilities of the hospital more than 90. O%, respectively, 95.1%, 93.9%, 91.7%; poor medical costs and treatment time for satisfaction were 72.7% and 70.7%; attitude and functional layout of satisfaction were 73.4% and 84.6%; 83.8% of overall satisfaction, indicating higher satisfaction with outpatient hospital (see Table 8).

Table 8: The Compare of the Different Evaluation Factors Satisfaction

Evaluation Factors	Satisfied	Dissatisfied	Satisfied Degree(%)
Technical level	390	20	95.1
Attitude	301	171	73.4
Convenient transportation	364	46	88.8
Environmental Health	385	25	93.9
Functional layout	347	63	84.6
Treatment time	290	137	70.7
Hardware	376	34	91.7
Medical Expenses	298	112	72.7
Overall satisfaction	2751	608	83.8

4. The suggestions for the research

We should do our best to ease the doctor-patient conflicts, building a harmonious doctor-patient relationship, which has become the important work of the hospital. ^[2] Both the medical staff skill and service attitude are very important to improve the work, I think the attitude of the medical staff is more important. Medical service is a "no best, only better" service. When the patients are very sad, such as cancer, chronic diseases, the patients will produce depression, and even desperation. This requires that medical personnel have an good service attitude to help patients. And we should improve the efficiency of health services and reduce waiting time to see a doctor, so that our residents can enjoy the high quality medical service.

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