

## CONFERENCE ABSTRACT

# Analysis of the Necessity of Assists Clinic Examinations of Multi-institutional Readmission Inpatients in Rural China: township-county hospitals

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**Background:** There is always the matter of improper utilization of clinical examinations for multi-institutional readmission patients in rural areas, which is harm to the continuity of care as well as increases the economic burden of disease.

**Objective :** To figure out the necessity of utilization of X-ray and ECG and analyze the time interval and necessity of repeated assist examination among patients from multi-institutional readmission inpatients: township—county hospitals.

**Methods :** Select 3 kinds of respiratory system diseases and 2 kinds of cerebral vascular system diseases as target diseases. Screen the database of the New Rural Cooperative Medical System by using Excel 2010 to get the readmission inpatient list of 7 counties. Match the medical records extracted based on the readmission inpatient list, we got 630 sets of medical records. Then made descriptive statistics analysis and relativity analysis on X-ray and ECG by using SPSS 20.0.

**Results :** The utilization of X-ray and ECG in county level health institutions (73.2%, 72.4%) are more than that in township level health institutions (53.8%, 61.0%). The average time interval of X-ray examinations is 10.79 days (4.1% happened in the one day), and the average time interval of ECG examinations is 9.93 days (The average time interval of X-ray examinations is 5.7%). 24.05% of examinations at township level are completely useless, while 11.08% of examinations at the county level check are not needed.

**Discussion:** The utilization of clinical examinations for multi-institutional readmission patients is improper, and there are a large number of unnecessary repeated clinical examinations. The reason is that repeated clinical examinations are not paid enough attention to; it is difficult to transfer examination results; examination results from township level institutions are not actively used by county level doctors; mutual recognition of test results has not yet realized.

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**Conclusions:** Repeated clinical examinations are general for multi-institutional readmission patients, which calls for cooperation of multi-level institutions.

**Lesson learned:** Standards are needed for clinical examinations and medical information should be transferred effectively to realize the mutual recognition of test results.

**Limitations:** Medical records in village institutions are not taken good care of, which leads to sample size reduction.

**Suggestions for future research:** The management level of medical records should be raised in primary medical institutions

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**Keywords:** multi-institutional readmission; assists clinic examination; time interval; repeated clinical examination

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