

Number □□□□-□□

(Municipal and county administrative division code-
institution serial number)

Investigation on the prevention situation and influencing factors of ROP for medical institutions

Investigation area: _____ City _____ District (County)

Name of investigation institution: _____

Signature _____; Contact number _____; Date _____

1. General information of hospital

1.1 Hospital class:

primary hospital secondary hospital tertiary hospital undecided

1.2 Hospital grade:

special-grade hospital grade A grade B undecided

1.3 Administrative level of hospital:

ministerial and provincial-level prefecture-level district-level county-level

2. ROP prevention situation

Status of Neonatology Department and Neonatal Intensive Care Unit (NICU):

Established time of Neonatology Department _____, Established time of NICU _____

2.1 The number of beds and service (Filling with numbers of year 2012)

Hospitalized patients of Neonatology Department: _____ cases

Total number of beds of Neonatology Department: _____ beds, including number of
beds of NICU _____ beds

Total number of beds of Obstetrics Department: _____ beds, annual delivery number _____

ROP related service in 2012:

Annual receive and cure number of premature babies: _____ cases

< 2500g (low-birth weight infant, LBW): _____cases

< 2000g (including very/extremely low birth weight infant): _____cases

< 1500g (very low birth weight infant, VLBW): _____cases

< 1000g (extremely low birth weight infant, ELBW): _____cases

2.2 Personnel and training (Filling with numbers of year 2012)

Numbers of doctors engaged in ROP screening: _____(if 'no', fill in 0)

ROP related training:

Neonatal physician _____person-time/year; Ophthalmologist _____person-time/year

Hospital administrators _____person-time/year

2.3 Gross area of Neonatology Department (Filling with numbers of year 2012)

Total area _____m², including NICU _____m²

2.4 Specialized apparatuses of Neonatology Department (If 'yes', fill in the counts)

Negative pressure aspirator: yes no phototherapy box: yes no

induction equipment (non-contact): yes no mask: yes no

neonatal rescue platform: yes no incubator: yes no

recovery capsule: yes no infusion pump: yes no

island of life: yes no bedside X-ray machine: yes no

transit cases: yes no high frequency ventilator: yes no

conventional mechanical ventilator: yes no nasal CPAP ventilator: yes no

monitor: yes no hypothermia therapy apparatus: yes no

Nitric oxide therapy apparatus: yes no transport ventilators : yes no

infant hyperbaric oxygen chamber: yes no laryngoscope: yes no

glucometer: yes no

T-piece resuscitator (accorded with 2011 recovery guidelines requirements): yes no

2.5 ROP related equipment (If 'yes', fill in the counts)

oxygen-air mixer: yes no oxygen concentration meter: yes no

blood-gas analyzer: yes no

oxygen saturation monitor (Any containing oxygen saturation determination): yes no

direct ophthalmoscopy: yes no indirect ophthalmoscopy: yes no

fundus digital camera: yes no condensing therapy apparatus : yes no

RatCam III: yes no fundus laser treatment instrument: yes no

Other diagnostic equipment for ROP _____

Newborn resuscitation equipment in the delivery room and operating room:

oxygen-air mixer: yes no compressed air: yes no

T-piece resuscitator (accorded with 2011 recovery guidelines requirements): yes no

nosocomial transshipment: transport incubator: yes no

Emergency transport equipment (Fill in when hospital carries out newborn transshipment)

compressed air: yes no compressed oxygen: yes no

transport ventilators : yes no transport incubator: yes no

infusion pump: yes no vehicle-mounted power interface : yes no

vacuum device: yes no monitor: yes no

oxygen-air mixer: yes no

T-piece resuscitator (accorded with 2011 recovery guidelines requirements): yes no

2.6 Technical projects undertaken

fiberoptic bronchoscopy: yes no cardiopulmonary monitoring: yes no

bedside blood gas analysis: yes no double change: yes no

bedside cardiac color ultrasound: yes no bedside radiography: yes no

spiral CT vascular airway reconstruction: yes no MRI: yes no

mild hypothermia therapy: yes no ROP screening and treatment: yes no

umbilical arteriovenous catheterization: yes no PICC: yes no

invasive artery blood pressure monitoring: yes no CRRT: yes no

peritoneal dialysis: yes no renal biopsy: yes no

esophageal PH value determination: yes no NO inhalation therapy: yes no

PS replacement therapy: yes no mechanical ventilation: yes no

high frequency oscillatory ventilation: yes no

noninvasive nasal congestion assisted ventilation: yes no

high flow oxygen therapy: yes no

closed thoracic drainage: yes no neonatal screening: yes no

neonatal surgery: yes no pediatric cardiothoracic surgery: yes no

2.7 ROP prevention situation:

2.7.1 Conducting oxygen therapy monitoring: yes no

2.7.2 Conducting ROP screening: yes no

Reasons for not carrying out ROP screening:

- Personnel shortage
- Space limitation
- Consider unnecessary
- Insufficient input and output
- Funding shortage
- Lack of concern
- Consider referral safer
- Others _____

Time for carrying out ROP screening: _____

Forms of screening cooperation: conducted by doctors inside the hospital engaging experts outside the hospital referral to other hospital

Total number of ROP screening cases in 2010 _____, positive cases _____

Positive cases over period _____, including period cases _____, period cases _____

Total number of ROP screening cases in 2011 _____, positive cases _____

Positive cases over period _____, including period cases _____, period cases _____

Total number of ROP screening cases in 2012 _____, positive cases _____

Positive cases over period _____, including period cases _____, period cases _____

2.7.3 ROP related referral and transshipment situation in the absence of ROP screening conditions:

- referral at birth
- referral when ROP is suspected
- no referral at any time

2.7.4 ROP treatment referral situation in the absence of ROP treatment conditions:

- immediate referral when ROP is screened
- referral when ROP threshold is screened
- no referral
- main institution of referral _____

2.7.5 Conducting ROP laser treatment in 2012: yes no

treatment cases _____ ROP dispute cases _____ ROP disputes (time, reason) _____

2.7.6 Conducting ROP condensate treatment in 2012: yes no

treatment cases: _____ cases of IV period ROP _____ cases of V period ROP _____

ROP treatment way: separate cooperative others

cooperative hospital and its level _____, cooperative way _____

2.7.7 Will the exact time and place of ROP screening be informed when the premature was discharged from the hospital without screening or discharged automatically: yes no

2.7.8 ROP screening mode (Please choose suitable mode for your hospital and give a brief explanation)

Mode 1: In cooperation with other hospitals to carry out ROP screening

Mode 2: Conducted by trained ophthalmologists inside the hospital

Mode 3: Executing diagnosis by ophthalmologist after fundus examination conducted by neonatal physician

Reason 1: No condition for ROP screening inside the hospital

Reason 2: Resource sharing

Reason 3: Ensure screening quality, including timeliness, accuracy and screening rate

Reason 4: Others_____

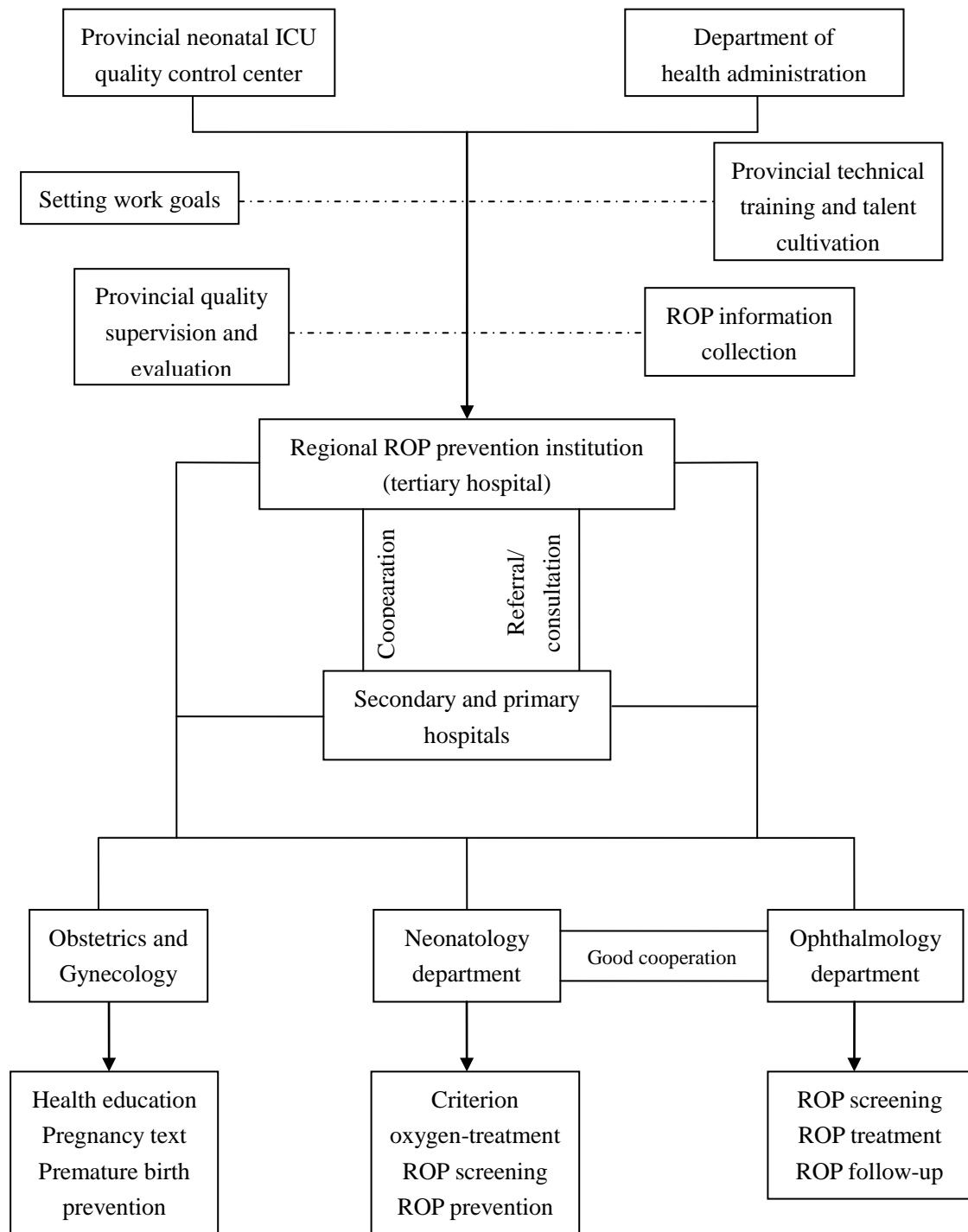
3. A feasibility investigation on the prevention and management mode of retinopathy of premature

The prevention and management mode of ROP, as one of the previous research results of our team, was designed based on the system management theory, as shown in the figure below. Please give brief advice on the existing problems and suggestions of the mode promotion in local area in combination with your own reality.

ROP prevention and management mode is as follows:

Health administrative agency and the provincial management center can formulate policies, system and goals, give support on the equipment and funding, cultivate ROP prevention professionals, and conduct quality evaluation and supervision on the regional ROP prevention institutions according to the reported information by network throughout the province.

Regional ROP prevention institutions, relied on the tertiary hospitals, can establish sound patient referral and consultation system and give guidance to the local hospitals for better ROP prevention. Department of neonatology and ophthalmology, in the context of a good cooperation, should work together on ROP screening, diagnosis, treatment and follow-up, while department of obstetrics and gynecology should make efforts for premature birth prevention, exhaustive pregnancy test and prenatal health education.



Recommendations on the ROP prevention and management mode:

1. What do you think of the operability of this mode ?
2. Do you think the mode is suitable for your own circumstances ?
3. Do you have any suggestions for revision on this mode ?
4. How many points will you give to this mode on a 100-point scale?
5. What do you think is the main barrier to the mode operation ?