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Discussion on the Valuable application of Healthy Education Nursing Care before Ultrasound Examination

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ABSTRACT

Objective To analyze the effect of health education on the nursing care for ophthalmic trauma patients.

Methods Our hospital randomly selected 80 patients who underwent ultrasound examination from September 2017 to September 2018. According to the patients' consultation sequence numbers, they were divided into control group and observation group, with 40 cases per group. The patients in control group were only given ultrasound examination and routine guidance. The patients in observation group were given health education nursing care before ultrasound examination. The ultrasound examination time, anxiety and depression, as well as compliance of examination, health knowledge and nursing satisfaction were compared between the two groups.

Result Compared with the data of the patients in the control group, the anxiety and depression of the patients in the observation group were significantly improved after health education. In the observation, the patients' mastery of health knowledge, compliance of examination and examination nursing satisfaction were all higher and the ultrasound examination time was shorter than that in the control group. The difference between the two groups was statistically significant ($P < 0.05$).

Conclusion Healthy education nursing care can effectively improve the anxiety and depression of patients undergoing ultrasound examination, enhance the compliance of patients and shorten the ultrasound examination time, making the quality of clinical ultrasound examination recognized and satisfied by patients.

KEY WORDS Ultrasound examination; Healthy education; Discussion on value

Ultrasound examination is a common examination method in clinical treatment and diagnosis. In recent years, with the continuous development and progress of imaging technology, most diseases can be diagnosed by ultrasonography. The frequency of clinical application of ultrasonography has increased significantly. However, due to insufficient knowledge of ultrasonography and worries about their own diseases, most patients have anxiety depression and other adverse psychological state before examination, thus reducing the patient's

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compliance with the examination, so that the examination time is prolonged, Even more, patients are in excessive tension, which will lead to serious impact on the results of the examination [1]. Therefore, strengthening healthy education nursing care intervention for patients before ultrasound examination, helping patients improve their bad mood, enhancing patients'mastery of health knowledge and examination compliance are the key to ensure the effect of examination [2]. To this end, this study will explore and analyze the value of healthy education nursing care before ultrasound examination, as follows:

1 MATERIALS AND METHODS

1.1 General data

The objects in this study were 80 patients who underwent ultrasound examination in our hospital from September 2017 to September 2018. They were divided into control group and observation group, with 40 cases in each group. There were 22 cases of male patients and 18 cases of female patients in the observation group , aged 18-65 years, with a median age of 41.5 (+3.3) years. There were 21 cases of male patients and 19 cases of female patients in the control group, aged 18-66 years, with a median age of 42.0 (+3.2) years. There was no statistical difference for the comparison of the general data between the two groups ($P > 0.05$).

1.2 Nursing methods

The patients in the control group were only given ultrasound examination and routine guidance; the patients in the observation group were given health education on the basis of nursing care in the control group. Psychological education: Firstly, strengthening psychological education for patients, timely understanding of patients 'psychological state, giving patients targeted psychological counseling and encouragement and comfort, and ensuring that indoor environmental hygiene, temperature and humidity were appropriate for ultrasound examination, alleviating patients' anxiety. (2) Health education: to carefully explain the importance of ultrasound examination and related disease knowledge, examination methods, relevant matters needing attention, examination requirements, examination effect, safety and positive cooperation for patients, so as to help patients correctly understand their own diseases, enhance patients' mastery of ultrasound examination knowledge and improve patients' examination. Compliance. To enable patients to complete the examination requirements as soon as possible and shorten the examination time [4].

1.3 Observation Criteria

Hamilton Anxiety Scale (HAMA) and Hamilton Depression Scale (HAMD) were used to compare the anxiety and depression of the two groups before and after nursing. A total of 24 items were scored. The higher the score was, the more serious the anxiety and depression was. The two groups were compared in terms of health knowledge mastery, examination compliance and nursing satisfaction. The higher the score was, the higher the score was. The higher the mastery of health knowledge, the higher the compliance of examination and the satisfaction of examination and nursing, and the time of ultrasound examination was recorded and compared between the two groups.

1.4 Statistical Method

The data processing software is SPSS19.0 statistical software package. Inter-group measurements are described by S and t-test. The difference of data between groups is statistically significant when $P < 0.05$.

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2 RESULTS

2.1 Comparisons of scores between two groups of patients

The records showed that there was no significant difference in anxiety and depression scores between the observation group and the control group before nursing (P > 0.05); after nursing, compared with the control group, the anxiety and depression scores of the observation group were significantly improved, and the difference between the two groups was statistically significant (P < 0.05), as shown in Table 1.

Table 1 Comparisons of all scores between two groups of patients (n, $\bar{x}$ ±s)

	Anxiety scores		Depression scores	
Group	Before nursing	After nursing	Before nursing	After nursing
Observation group(n=40)	22.3±3.3	5.3±0.5	21.4±2.5	5.2±0.4
Control group(n=40)	22.5±3.4	13.2±1.1	21.5±2.6	13.6±1.3
t	0.2669	41.3504	0.1753	39.0592
P	> 0.05	< 0.05	> 0.05	< 0.05

2.2 Comparisons of scores between two groups of patients

There was no significant difference in the scores of healthy knowledge mastery, inspection compliance of examination and nursing satisfaction between the observation group and the control group before nursing (P > 0.05); after nursing, the scores of health knowledge mastery, inspection compliance and nursing satisfaction of the observation group were significantly improved compared with those of the control group and the score data of the two groups had statistical significance (P < 0.05). See Table 2.

Table 2 Comparisons of scores between the two groups (n, $\bar{x}$ ±s)

	Healthy knowledge mastery scores		Compliance of examination scores		Nursing satisfaction scores	
Group	**Before nursing**	**After nursing**	**Before nursing**	**After nursing**	**Before nursing**	**After nursing**
Observation group(n=40)	6.5±1.3	9.3±0.5	6.3±1.2	9.5±0.4	6.3±1.1	9.6±0.3
Control group(n=40)	6.4±1.4	7.2±1.1	6.4±1.3	7.6±1.3	6.2±1.0	7.5±0.8
t	0.3310	10.9919	0.3574	8.8348	0.4254	15.5448
P	> 0.05	< 0.05	> 0.05	< 0.05	> 0.05	< 0.05

2.2 Comparison of examination time between two groups of patients

(5.2 +0.3) minutes is the time when the patients in the observation group took ultrasound examination after healthy education nursing, shorter than that in the control group, (7.5 +0.8) minutes. The difference of data between the two groups showed that (t=17.0257, P<0.05) reached the standard of statistical significance.

3 DISCUSSION

Ultrasound examination has many advantages in clinical application, such as wide application range, high penetration ability, high detection sensitivity, simple operation and safety. However,

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due to the limitations of imaging medicine, patients'good cooperation is still needed in the process of examination to enable doctors to observe the changes of disease in detail and reduce the errors of disease diagnosis [5]. However, most of the patients suffer from excessive tension caused by their own illness and lead to poor psychological state. It is prone to negative emotions such as anxiety and depression, which reduces the compliance of patients, thus seriously affecting the diagnosis and treatment of the disease. According to the relevant research, the targeted healhy education in the nursing of patients undergoing ultrasound examination can effectively alleviate patients'bad psychological state, enhance patients' correct understanding of disease and examination compliance, so as to ensure patients' examination effect [6].

Health education is based on routine nursing. It can alleviate anxiety and anxiety of patients and enhance their physical and psychological comfort by giving them targeted psychological education and cordial encouragement and comfort. At the same time, it tells the patients about diseases and ultrasound examination, tells them the relevant examination requirements and cautions in detail, alleviates patients' excessive panic about diseases, enhances patients' confidence in treatment and compliance with examination, and informs the patients that bad mood will affect the effect of examination, so as to improve patients' self-control ability of mood. Finally, the inspection can be completed quickly and smoothly to ensure the inspection effect [7].

The results of this study showed that the patients anxiety and depression of the observation group were significantly improved after healthy education nursing. The patients' mastery of health knowledge, compliance and satisfaction in the examination were higher, and the patients' examination time was less. The data results of the observation group showed significant advantages compared with those of the control group without healthy education nursing.

To sum up, the healthy education plays an important role in the improvement of anxiety and depression, mastery of health knowledge, examination compliance and satisfaction for patients undergoing ultrasound examination.

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Discussion on the Phenomenon of Irrational Clinical Drug Use and Improvement Measures

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ABSTRACT

Objective To discuss the irrational drug use in clinic and its improvement measures.
Methods To select 132 prescriptions of Western medicine from the pharmacy department of our hospital as the research object, prescribed from July 2017 to September 2018. According to the prescription time, the safety and irrational use of drugs were observed according to the principle of clinical rational use of drugs. They were divided into experimental group and control group, in which the control group did not include the improvement measures, the experimental group included the improvement measures and each group had sixty-six prescriptions.
Results The incidence of repeated drug use, improper drug use combination, improper use of antibiotics, the abuse of antibiotics and other irrational drug uses in the experiment was lower than that in the control group and there was significant difference between the two groups ($P < 0.05$).
Conclusion In the clinical drugs administration of Western medicine, it is necessary to strengthen the observation of irrational drug use and give timely improvement measures to ensure the safety of clinical drugs.
Key words Irrational drug use; Improvement measures; Clinic

Western medicine is a commonly used drug in clinical treatment. With the continuous development of medical and health undertakings, the variety of drugs is increasing. From the point of view of clinical treatment, western medicine has the characteristics of short treatment cycle and good effect, so it is widely used [1]. Because there are many kinds of Western medicine, some components of Western medicine have some similarities, while some clinical pharmacists not only are not familiar with drugs, but also don't know about the DOs and DON'TS (Taboos) of drug use, so there will be some irrational drug use in clinic. This phenomenon not only increases the drug resistance of patients, affects the treatment effect of patients, but also reduces the clinical treatment effect and even leads to the emergence of medical accidents. Therefore, clinical pharmacists and physicians should master the rational use of drugs, DOs and DON'TS (Taboos) for application and related pharmacological knowledge, so as to ensure the

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rationality of clinical drug use. In this study, our hospital's pharmacy department selected 132 western medicine prescriptions as the research object from July 2017 to September 2018. According to the prescription content, this study is to discuss the safety of rational clinical use of Western medicine and implement the improvement measures according to the situation. The specific situation was as follows.

1 DATA AND METHODS

1.1 General data

At present, there were 132 prescriptions of Western medicine selected from pharmacy department of our hospital as research objects. The prescription time is July 2017-September 2018. According to the prescription time and according to the principle of clinical rational drug use, observe the safety and irrational drug use. They are divided into experimental group and control group, in which the control group didn't include the improvement measures, the experimental group included the improvement measures and there are 66 pieces of prescriptions per each group. In the experimental group, there were 6 pediatric prescriptions, 10 gynecological and obstetric prescriptions, 8 cardiac surgery prescriptions, 7 thoracic surgery prescriptions, 14 urological surgery prescriptions, 13 general surgery prescriptions and 8 neurosurgery prescriptions. In the control group, there were 18 pediatric prescriptions, 12 gynecological and obstetric prescriptions, 11 cardiac surgery prescriptions, 8 thoracic surgery prescriptions, 12 urological surgery prescriptions, 17 general surgery prescriptions and 6 neurosurgery prescriptions. There was no statistical significance in general data between the two groups ($P > 0.05$).

1.2 Methods

Relevant regulations make irrational and scientific records for 132 prescriptions of Western medicine in terms of types, routes of use, usage and dosage, combined use of drugs and individual use of drugs, summarizing the causes of adverse clinical rational use of drugs. Additionally, they formulate the corresponding measures according to the causes. The irrational drug use mainly includes the following aspects.

1.2.1 Non-standard use of antibiotics in perioperative period

The main purpose of perioperative medication is to prevent the infection of surgical site, including the infection of organs and incisions involved in the operation, but not the infection that has no direct relationship with the operation. However, the prevention of postoperative infection often occurs in the actual medication.

1.2 The irrational use of dose and the use of contraindication drugs

In clinic, there are often random changes in drug dosage, or cases of missed or forgotten drugs taking. Rational drug dosage is formulated through effective clinical experiments and rational drug use theory. This kind of random drug use behavior directly affects the therapeutic effect [4], and even causes adverse reactions in patients. The irrational use is mainly due to the excessive dosage, which may lead to poisoning, especially in the use of drugs for children and the elderly, the risk is very high. At the same time, the reduction of drug dosage will not only not achieve the therapeutic effect, but also delay the patient's condition, and even produce drug resistance. Drug contraindications generally occur in the case of poor guidance from clinicians and pharmacists. Because patients lack effective guidance, they are not aware of their drug contraindications.

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1.3 Irrational combination of drugs

In the treatment of diseases, many patients have a mentality that the effect of combined use of multiple drugs is better than that of single drug. But in the actual clinical treatment, if blindly combined with drugs, it will not only not increase the therapeutic effect, but also cause other hazards [5]. First of all: in many drugs, the composition of the drug is the same, but the trade mark of the drug is different, so it will lead to repeated drug use, which is the cumulative dose of the drug. Secondly, in many drug applications, there is no reasonable combination of drugs according to the instructions, resulting in incompatibility taboos, drug failure, and even toxic reactions [6]. Finally, many drugs are not used rationally, especially the use of antibiotics, which is prone to drug resistance and is not conducive to clinical treatment. Therefore, rational use of clinical drugs is needed. In view of the above situation, our hospital has taken a series of improvement measures mainly for the irrational drug use behavior improvement, the results are as follows.

1.3 Observation Indexes

The incidence of irrational drug use in prescriptions was compared, including repeated administration, improper combination of drugs, improper use and dosage, abuse of antibiotics and other irrational drug use.

1.4 Statistical Methods

Relevant data from the survey were input into SPSS17.0 statistical software package for processing. The incidence of irrational drug use was described by n (%). The difference between groups was tested by x^2. When the difference was $P < 0.05$, it showed that there was clinical comparable significance.

2 RESULTS

The incidence of repeated drug use, improper drug use combination, improper use of antibiotics, the abuse of antibiotics and other irrational drugs in the experiment was lower than that in the control group and there was significant difference between the two groups ($P < 0.05$), as shown in Table 1.

Table 1 Comparison of the Incidence of Irrational Drug Use in Two Groups

Group	Number of cases	Improper drug use combination	Improper methods and does	Improper use of antibiotics	Repeated drug use	Others	Incidence of irrational drug use
Experimental group	66	1	1	1	0	0	3 (4.54)
Control group	66	4	3	6	3	2	18 (27.27)
X^2							12.7413
P							0.0003

3 DISCUSSION

In recent years, our country attaches great importance to clinical rational drug use and requires clinical pharmacists and clinicians to guide clinical drug use in accordance with the Guiding Principles of Antibiotics, including rational drug use in surgery, basic drug use principles and drug compatibility taboos, etc. [7]. This paper summarizes the common irrational drug use phenomena, and takes rational measures to improve it. The specific measures are as follows.

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3.1 Establishment of a Complete Drug Administration Organization

To formulate basic drug use catalogue and the principle of drug selection to evaluate the safety of the new products in the hospital. To give regular lectures on conventional drug use knowledge and offer classes or seminars. To enhance the correct diagnosis of common diseases by medical staff,meanwhile it is necessary to adopt the opinions of clinical licensed pharmacists in order to ensure the rationality of drug use. To make the reward and punishment policies for clinical use of drugs, reward medical personnel for rational use of drugs and promote their experience.

3.2 Establishment of Scientific Pharmaceutical Management Model

In the treatment of patients, it is necessary to take the patient as the center instead of the original disease-centered treatment model. Establish a special drug quality management department in the hospital, which is mainly responsible for the comment of prescriptions. Give praise and publicity to representative prescriptions that use reasonable prescriptions. At the same time, focus on the use of unreasonable prescriptions, and explain to medical staff how to avoid the same problem. Through the above means to establish a sound pharmaceutical management model to ensure the rationality of drug use.

3.3 A Guarantee of Good Medical Ethics and Customs

In many hospitals, there are drug marketers. In order to increase drug sales, they will carry out inappropriate marketing behavior to doctors. Some doctors randomly increase the types of drugs in front of interests, resulting in the generation of unreasonable drugs. Therefore, it is very important to maintain good medical ethics in the environment. We should uphold the concept of serving the people wholeheartedly and maintain high-quality medical behavior.

After analyzing the causes of clinical irrational drug use and taking appropriate improvement measures, it was found that the repeated drug use, improper drug use combination, improper use of antibiotics, the abuse of antibiotics and other irrational drugs in the experimental group was lower than that in the control group and there was significant difference between the two groups ($P < 0.05$). To sum up, in the clinical drug administration of Western medicine, it is necessary to strengthen the observation of its irrational use of drugs and give timely improvement measures to ensure the safety of clinical drug use.

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Research on Continuous Quality Improvement Application in Hospital Infection Nursing Care

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ABSTRACT

OBJECTIVE To discuss the effect of the continuous quality improvement application in hospital infection nursing care.
METHODS Our hospital inpatient department enrolled a total of 104 patients as the objects in this study from March to May 20, 2017. They were randomly divided into experimental group and control group by digital table method. The number of samples in each group was 52. The control group received routine care for infection prevention during treatment, while the experimental group received a continuous quality improvement prevention infection care method, so that the nursing satisfaction, infection incidence rate and the false negative rate of infection in the nursing job were compared and analyzed.
RESULTS The satisfaction of patients in the experimental group was 98.07%, while that in the control group was only 80.76%. The experimental group had obviously advantages and the statistics showed that, there was a statistical significance ($p<0.05$). The false negative rate of infection in the experimental group was 13.46%, while that of the control group was 30.76%, showing the statistics ($p<0.05$) and there was a statistical significance. The infection incidence rate was 15.38% in the experimental group and that in the control group was 36.53%. The infection rate in the experimental group is significantly lower, showing obvious statistical significance ($p < 0.05$).
Conclusion The continuous quality improvement application in hospital infection nursing care can effectively improve the patient's nursing satisfaction, reduce the incidence of infection in the nursing job and the false report rate of infection. It is a method for clinically effective infection nursing care, which is worthy of application and promotion.
Key words hospital; infection nursing care; continuous quality improvement

Hospital infection is an important part of hospital management, which is an important indicator to measure hospital management level and medical care level and a concern of hospitalized patients [1]. In the hospital, the various medical activities carried out by the patients are inseparable from the assistance of the nurses. Therefore, the occurrence of nosocomial

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infections runs through the entire nursing job, so the nursing management plays an important role in the prevention and control of hospital infections. In this survey, 104 patients were selected and admitted to our inpatient department as subjects of this study from March 2017 to March 1818, whose continuous quality improvement nurse was imposed and application effect was observed. The specific report is as follows.

1 DATA AND METHODS

1.1 General date

The 104 patients admitted to the inpatient department of our hospital from March to May 20, 2017 were randomly divided into experimental group and control group by digital table method and each group consisted of 52 cases of samples. The control group were 25 female patients and 27 male patients, aged 23-64, with an average age of (43.5±3.5) years. The experimental group included 23 female patients and 29 male patients, aged 23-63, with an average age of (43.2±3.3) years. There was no statistically significant difference between the two groups (P>0.05). All patients were observed by this survey content and method.

1.2 Methods

Patients in the control group were treated by a conventional anti-infection prevention method during treatment. The experimental group were treated by a anti-infection prevention method of continuous quality improvement, The specific implementation method is as follows. ① Completing management organization: In order to prevent infection in the medical process, we must first have a complete hospital infection management system as a guarantee, and need a good organization in the management system. Therefore, anti-infection management committee can be established in the hospital[2], The members of the committee should clarify their responsibilities, analyze and summarize the causes of nosocomial infections and develop programs to prevent infections; at the same time, they should set up special hospital infection management personnel, mainly responsible for all of the management and supervision evaluation. ②Strengthening the relevant education and training: According to China's relevant infection management laws, rules and regulations, formulate regulations [3] that meet the actual conditions of our hospital, or work manuals for infection management and distribute them to various departments in the hospital. According to the cultural level of the personnel in the hospital, carry out the corresponding education and training. The main purpose is to supervise the staff's learning and strengthen their duties. Use of the online media platform to give a detailed explanation for the situation of hospital infections, the corresponding regulations and other answers and questions raised by the staff. Meanwhile, capture and analyze the short-term sensitive events in the hospital, grasp the influencing factors for the possible outbreak of hospital infections and further improve the efficiency of work on quality improvement [4-5]. ③ Periodic assessment: According to the laws and regulations concerning infections in our hospital, we will formulate an infection quality improvement and management system suitable for the current situation. At the same time, we will formulate a work assessment form, conducted monthly, quarterly and annually. In each assessment, the relevant problems are analyzed, and the solution is tracked [6]. If necessary, the implementation plan can be modified to ensure the quality of hospital infection care management. ④ Managing the hospital's high-risk infected departments, such as stomatology department, infectious diseases department, respiratory department, intensive care department, surgical operating rooms, and dialysis rooms, as well as various laboratories, disinfection rooms, and clinical inspection departments.

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⑤ Feedback evaluation: Pay unscheduled visits to various departments [7], Generally, check the application of aseptic technology and hand hygiene standards, while supervising the operation of disinfection and isolation. It is no time to solve the problems and carry out staged evaluation, meanwhile, report the evaluation results to facilitate the follow-up work.

1.3 Therapeutic observation

Compare and analyze the nursing satisfaction, the incidence of infection and the false negative rate of infections in nursing work between the two groups of patients. Nursing satisfaction evaluation: This survey uses questionnaires to collect data. The survey items include 10 items, each item is 10 scores. The total score of the questionnaire is 100 scores, in which 80 scores or above is very satisfactory, 60-80 scores is satisfactory and below 60 scores is not satisfactory. Nursing satisfaction = (total number of cases - non satisfaction number) / total number of cases × 100%.

1.4 Statistical Method

Data collected in the experiment were processed with SPSS17.0 statistical software package. Nursing satisfaction, incidence of infection and false negative rate of infection events in nursing job were described by n (%) and tested by x^2. When $P < 0.05$, the difference was significant in clinical comparison .

2 RESULTS

2.1 Comparison of nursing satisfaction between two groups

The nursing satisfaction of the experimental group was 98.07%, while that of the control group was only 80.76%. The experimental group had obvious advantages ($p < 0.05$), with statistical significance, as shown in Table 1.

Table 1 Comparison of nursing satisfaction between two groups (n,%)

Group	Number of cases	Very satisfaction	Satisfaction	Non satisfaction	Nursing satisfaction
Experimental group	52	42	9	1	51(98.07)
Control group	52	31	11	10	42(80.76)
x^2					8.2346
p					0.0041

2.2 Comparison of infection rate and missed report rate between two groups

The incidence of infection in the experimental group was 15.38%, while that in the control group was 36.53%. The incidence of infection in the experimental group was significantly lower than that in the control group ($p < 0.05$). The incidence of infection in the experimental group was significantly lower than that in the control group ($p < 0.05$).

Table 2 Comparisons of infection incidence and missed reporting rate between the two groups (n,%)

Group	Number of cases	Incidence of infection	False negative rate of infection
Experimental group	52	8(15.38)	7(13.46)
Control group	52	19(36.53)	16(30.76)
x^2		6.0529	4.5217

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p	0.0138	0.0334

3 DISCUSSION

Hospital infection management has always been the focus for our hospital management. In this survey, our hospital gave fully play to the concept of continuous quality improvement and carried out the operational work, thus achieving good results. Through a complete management organization, our hospital infection management can be developed in an orderly manner. The specific personnel, specific events improve work efficiency. Through the management of the organization's behavior, we can timely detect the occurrence of infection, and regularly summarize the situation of infection, so as to formulate excellent programs to prevent infection actively. The management organization can evaluate the supervision process to ensure its supervision quality. With the specific and full-time management, the false negative rate of clinical infection has greatly decreased. The results showed that the false negative rate of infection in the experimental group is 13.46%, while that in the control group is 30.76%, showing statistics ($p < 0.05$), that is to say, the complete management organization can effectively reduce the false negative rate of infection, so that the situation of nosocomial infections has been attached importance to. Through the relevant professional education and training, staff members have improved their professional quality [8], avoided staff paralysis in the busy and boring work and the decease of the importance of hospital infection.

By providing learning opportunities for staff members, they can deal with problems in their work well and recognize the shortcomings. In view of the capture and analysis of sensitive incidents in hospitals, staff members can have a certain sense of prevention and be aware of the adverse consequences of nosocomial infection, thereby improving the quality of work and reducing the incidence of nosocomial infection. Also, the survey shows that the incidence of infection in the experimental group is 15.38%, while that in the control group is 36.53%. The incidence of infection in the experimental group is significantly lower than that in the control group. Statistical results showed that ($p < 0.05$), the statistical significance was obvious and the results showed the practical effect of continuous quality improvement application.

The formulation of the assessment system has made the staff pay more attention to the situation of nosocomial infection and ensured the quality of nursing management of nosocomial infection. Among the many departments in the hospital, some departments are at high risk of infection, such as stomatology departments, infectious diseases departments and so on. In this department, great attention should be paid and the management is more stringent. Through feedback evaluation, we can timely understand the problems existing in the actual work, and take the evaluation results as an evaluation standard of hospital infection nursing work, so that the follow-up work can be more smoothly carried out. To sum up, the implementation of continuous quality improvement in hospital infection nursing can effectively improve patients' nursing satisfaction, reduce the incidence of infection and the false negative rate of infection events in nursing work. It is a better effective clinical method for the infection nursing care and it is worth applying and promoting.

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Research on Stroke Rehabilitation Nursing Mode with Senior Nurses as Bond

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ABSTRACT

Objective To explore the effect of rehabilitation nursing model for stroke patients with senior nurses.

Methods From October 2017 to October 2018, 46 stroke patients with hemiplegia in community hospitals were selected. 23 stroke patients in community who were willing to accept rehabilitation nursing service package were included in the observation group. The elderly nurses in sinking community were the leading nurses in rehabilitation nursing and home rehabilitation nursing guidance. Community stroke patients without rehabilitation nursing package were selected as control group. Community nurses were the leading nurses in rehabilitation nursing and home-based rehabilitation nursing. The incidence of pressure sores, aspiration rate, accuracy rate of anti-spasm posture placement, and mastery rate of intermittent catheterization technique were compared between the two groups.

Results After the intervention, the incidence of pressure ulcer and aspiration rate in the observation group were significantly lower than those in the control group ($P < 0.05$). The accuracy of anti-spasm posture placement and the mastery rate of intermittent catheterization were significantly higher in the observation group than in the control group ($P < 0.05$).

Conclusion Stroke rehabilitation nursing model with senior nurses as a link has certain effect on rehabilitation nursing of stroke patients in community by strengthening the training, learning and guidance of rehabilitation nursing knowledge and skills of community nurses. Nurses in community hospitals have strengthened two-way linkage, which is of research value, but they are now voluntarily selected in the community. The number of patients choosing rehabilitation care packages is still relatively small, the number of senior nurses in sinking communities is relatively small, and there is still a lot of work to be done to achieve real results. This is a long-term project, which requires time and experience precipitation.

Key words Senior nurses; Link; Stroke; Rehabilitation nursing

Fund Project Task Established by Anhui Provincial Innovative Municipal RMU (October, 2017)

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Regional Medical Union, or RMU in short, which integrates the medical resources in a region, consists usually of third-tier, second-tier, and community hospitals in the region. It aims to solve people's difficulties in going to a doctor and realize the expected people's, the governments, and the employees' satisfaction[1]. Anhui Southern Rehabilitation Hospital chose senior nurses to work in RMUs in the community according to Anhui Province's requirements on pilots of innovative RMUs to optimize the distribution and structure of medical resources, implement better classified receive and treatment system, meet the residents' demands on integrated health services, and make full use of some senior nurses. Stroke is a crucial factor[2-4] that affects the living quality of residents in the community as it is a difficulty in community rehabilitation which has great influence on family and imposes many problems in household nursing. There were 23 patients with hemiplegia caused by stroke selected, who were received by the hospital from Oct, 2017 to Oct, 2018 and hoped to receive rehabilitation nursing and instructions on household rehabilitation nursing with senior nurses leading them to get satisfactory effects. Detailed information is as follows.

1 DOCUMENTS AND METHODS

1.1 General Documents

There were 46 patients with hemiplegia caused by stroke selected as the object of the research, who were received by the community hospital from Oct, 2017 to Oct, 2018. All the patients matched the relevant diagnosis standards of stroke[5]. 23 of the stroke patients who hoped to receive service package were grouped as the observation group according to whether they or their families wanted the rehabilitation nursing service package, and would receive the rehabilitation nursing and instructions on household rehabilitation nursing led by the senior nurses of sinking community. There were 15 male and 8 female patients; Their ages ranged from 44 to 86 and their average age was 67.65±4.78; 16 of them had cerebral infarction and 7 had cerebral hemorrhage. Their courses of the disease ranged from 3 to 8 months and the average course was (4.2±1.6) months; 14 of them had left hemiplegia and 9 had right hemiplegia. The other 23 stroke patients in the community who did not choose the service package were grouped in the control group. There were 16 male and 7 female patients; Their ages ranged from 45 to 87 and their average age was 68.26±5.05;14 of them had cerebral infarction and 9 had cerebral hemorrhage. Their courses of the disease ranged from 3 to 9 months and their average course was 4.7±1.8 months;16 of them had left hemiplegia and 7 had right hemiplegia. This research observed the ethical requirements and patients or their families signed the informed consent to express their agreement and that they knew the situation. The comparative difference in gender, age, type of stroke, course of the disease, and side of hemiplegia was not statistically significant ($p>0.05$) so they were comparable.

1.2 Methods

The control group will receive the regular rehabilitation nursing and instructions on household rehabilitation nursing(the rehabilitation service pack) led by the community nurses. The observation group will receive the rehabilitation nursing and instructions on household rehabilitation nursing (the rehabilitation nursing service package) led by the senior nurses. Detailed methods are as follows. ①The rehabilitation nursing team was established consisting of senior nurses as leading members, senior nurses in community hospitals,

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community nurses, rehabilitation specialist nurses, directors of the task, and staff, with municipal RMUs as supporters, senior nurses as bonds, aiming at groups needing rehabilitation treatment and nursing, and taking continuousness of rehabilitation-treatment and rehabilitation nursing and personalized services as a priority. ② The role of health-care system in rehabilitation hospitals and community health service centers on management of rehabilitation from diseases must be established by intensifying the leading role of senior nurses and continuous service procedures including initial diagnosis in community-appointed referral-bidirectional referral (community-hospital-community). ③The items needing training and instructions of implementation during rehabilitation nursing

1.2.1 Good Limb Posture Placement on Bed

The nurses must instruct the patients on lying position in the bed, lying position of uninjured side, and limb placement of injured side posture, and explain the functions and necessity of these postures. The injured side posture is very important in good limb posture placement on bed, as it can not only squeeze the trunk on the injured side and promote the recovery of feelings, but also make the patients do some motions on the uninjured side to build their confidence [6]. However, as patients dislike this posture, they must give patients clear explanation. Supination posture tends to cause TLR, but it is indispensable for patients to switch their postures. Therefore, the three postures above-mentioned must be switched according to the patients' conditions. Their postures are suggested to switch every two hours if they need passive placement while the patients switch their postures themselves if they can[7].

1.2.2 In-bed Movement

The nurses must instruct the patients to move in the bed when they are in a lying position, with their uninjured feet placed below their injured feet. The uninjured arm fixes the injured arm in front of chest and the uninjured leg lifts the injured leg to move towards the same side. The hip must be supported by both uninjured foot and shoulder and move towards the same side. After the hip has moved to the side, shoulder and head must be moved in the same direction. They must instruct the patients to switch from lying position in the bed to sitting position in the bed according to conditions of the patients' functions.

1.2.3 Instructions on Choosing and Using Wheelchairs

The nurses must instruct the patients to choose low-backrest wheelchair as much as they can, do bed-to-wheelchair and wheelchair-to-ed transfers, reduce pressure on the wheelchair, move the wheelchair correctly, and stand under the protection of wheelchair, and etc.

1.2.4 Training and Instructions of Walking Sticks and Walkers and etc

When the patient's level of standing balance reaches level 3, they can be instructed to have walking drills. But taking his or her safety into consideration, the nurses must instruct them to use walkers and walking stick correctly.

1.2.5 Instructions on Household Modification

For the majority of stroke patients, they will spend large amount of time at home after the occurrence of the disease, but the structure of houses makes the wheelchair fail to pass normally. In addition, patients suffer from much inconvenience in their daily life especially going to restroom and taking a shower without handrail, etc. Therefore, the nurses must instruct them to modify their living circumstance according to their conditions to ensure barrier-free movement[8].

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1.2.6 Instructions on Other Nursing Items

If the stroke patient has cardiopulmonary dysfunction, cough, or other diseases involving organs, they must be instructed to conduct respiratory and coughing training. They can also have clean intermittent catheterization if it is necessary for them and they can train part of their muscular strength to prevent muscular atrophy. For example, they can train their musculi quadriceps femoris, ankle pump movement,and etc.

1.3 Observation Indicators

The nurses must watch the patients' occurrence of pressure sore and record occurrence rate of pressure sore and aspiration, accuracy rate of anti-spasm posture placement, and patients or their families' mastery rate of intermittent catheterization technique.

1.4 Statistical Methods

SPSS 23.0 software was used to perform statistical analysis on the obtained data. Measurement data were expressed as (±s), using t test; counting data were expressed as rate (%), using $\chi 2$ test, $P<0.05$ was considered statistically significant.

2 RESULTS

After the intervention, the occurrence rate of observation group's pressure sore and aspiration is lower than that of control group with statistical significance ($p<0.05$). The observation group's accuracy rate of anti-spasm posture placement and the patients or their families' mastery rate of intermittent catheterization technique are both higher than that of control group with statistical significance ($p<0.05$).The detailed information can be seen in Table 1.

Table 1 Comparison of occurrence rate of pressure sore, aspiration rate, accuracy rate of anti-spasm posture placement, and patients or their families' mastery rate of intermittent catheterization technique between the two groups (%;n=23)

Groups	Occurrence of pressure sore	Aspiration rate	Accuracy rate of anti-spasm posture placement	Patients or their families' mastery rate of intermittent catheterization technique
Control Group	43.48(10/23)	47.83(11/23)	52.17(12/23)	47.83(11/23)
Observation Group	4.35(1/23)	8.70(2/23)	86.96(20/23)	91.30(21/23)
$\chi 2$	9.678	8.685	6.571	10.268
P	0.002	0.003	0.010	0.001

3 DISCUSSION

A stroke is an acute medical condition in the brain because blood fails to flow into the brain vessels as a result of sudden crack or vessel block which damage the cerebral tissues[10]. According to relevant investigation[11-12], stroke has been top cause of death and disability among adults in China with its high occurrence rate, mortality rate, and rate of disabilities, leaving severe impact on the patients' living standards. After the stroke patients get out of hospital or rehabilitation center, they receive rehabilitation treatment in the community due to economic reasons or another. However, making and implementing rehabilitation treatment plans relies on three parties, respectively leaders, organizations, people and groups of community, relevant government departments (including health, education, human

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resources, labor force, civil administration, social service departments, and etc), as well as the patients themselves and their families[13]. Only by the union and cooperation of these three parties can the task of rehabilitation in community be completed. At present, effects of community rehabilitation is not very ideal as the professional levels of nurses involving community rehabilitation needs further improvement and leaders lay little stress on it, and etc. This paper conducts the mode through which senior nurses make rehabilitation nursing mode as bonds and enhance the study and instructions on expertise and skills of rehabilitation nursing for the rehabilitation nursing personnel, and effects of rehabilitation nursing on stroke patients in the community have been got. The results show: After the intervention, the occurrence rate of observation group's pressure sore and aspiration is lower than that of control group with statistical significance ($p<0.05$). The observation group's accuracy rate of anti-spasm posture placement and the patients or their families' mastery rate of intermittent catheterization technique are both higher than that of control group with statistical significance ($p<0.05$). This reflects that the mode where senior nurses do rehabilitation nursing as bond makes full use of part of senior nurses, and enhances the professional levels of nursing personnel in the community. At the same time, this mode makes the patients easier to master the correct anti-spasm posture placement, increases the patients or their families' mastery rate of intermittent catheterization technique, and avoids the occurrence rate of pressure sore and aspiration. Such mode also enhances the bidirectional interconnectivity of nursing personnel in both community and hospital, satisfying some residents' demands on integrated health services[14].

But there are still disadvantages in such mode: The quantity of patients who hope to receive the rehabilitation nursing service package in the community still remains little; Bidirectional referral and interconnectivity is inadequate; There are inadequate human resources, ages, expertise structures, and updating of expertise among the senior nurses in sinking community; If the nurses have no qualification of professions, they must establish a team with the medical personnel, which will constrain the work. This is a long-term project that needs time and accumulation of experience and there is still a lot to do if we want to get concrete achievements.

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An Analysis for the application of rapid rehabilitation surgery concept in the nursing satisfaction of the perioperative period of the elderly's hip arthroplasty

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ABSTRACT

Objective To explore the application of rapid rehabilitation surgery concept in the nursing satisfaction of the perioperative period of the elderly's hip arthroplasty.
Methods To select 58 cases of elderly patients undergoing hip arthroplasty in our hospital from March 2017 to February 2018 as the research subjects. The patients were randomly divided into the experimental group and the control group by number table method and there were 29 cases per group. The patients in the experimental group were in the nurse of the concept model of rapid rehabilitation surgery, while the patients in the control group were in the routine nurse of perioperative period.
Results After the comparison of hip joint function recovery score, operation time and hospitalization time between the two groups of patients, the advantages of hip function recovery score, operation time, and hospitalization time in the experimental group were obvious statistically significant(P<UNK> 0.05). Compared with the patients in the control group, the nursing satisfaction of the patients in the experimental group was higher and statistically significant(P<UNK> 0.05).
Conclusion The concept of rapid rehabilitation surgery is effective for the elderly patients with hip arthroplasty, which can promote the rehabilitation of patients and improve the nursing satisfaction of patients. It is of great significance to improve the relationship between nursing patients.
Key words the concept of rapid rehabilitation surgery; elderly; hip arthroplasty; nursing satisfaction

Hip arthroplasty is a commonly used clinical treatment method in orthopaedic surgery. Artificial prostheses containing femoral and acetabular parts are fixed to the patient's normal

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bone by cement and screws to replace the affected joint, so that the patient's hip joint function can be restored. It is currently a mature surgical program[1]. Due to the degenerative changes in all physiological functions of elderly patients, such as osteoporosis accompanied by some elderly patients accompanied, etc., they result in a relatively high probability of joint injury in patients. The effective treatment and care promote the rehabilitation of elderly patients and improve the patients' prognosis. This paper is mainly to explore the concept of rapid rehabilitation surgery applying the nursing satisfaction of the perioperative period of hip arthroplasty in the elderly. The findings are reported below.

1 INFORMATION AND METHODS

1.1 General information

In this experimental study, there were 58 elderly patients treated with hip arthroplasty in our hospital were analyzed and the time of the experimental subjects selection was from March 2017 to February 2018. The group was grouped according to the random number table method. The number of patients in the experimental group was 29, while that in the control group was 29. The patients in the experimental group were in the nurse of the rapid rehabilitation surgical model and the patients in the control group were in the perioperative routine nursing. Among the patients in the experimental group, there were 15 male patients and 14 female patients. The patient's age was 60-83 years old. The average age was (71.37 ± 3.28) years old, in which 3 patients were osteonecrosis of the femoral head (ONFH), 2 patients were hip osteoarthritis, 5 patients were intertrochanteric fractures of the femur and 19 were femoral neck fractures. Among in the control group, there were 14 male patients, 15 female patients and their age of the patients was 59-84 years old, with an average age of (71.99 ± 3.64) years old, of which 3 patients were osteonecrosis of the femoral head(ONFH), 3 patients were hip osteoarthritis, 6 patients were intertrochanteric fractures and 17 patients were femoral neck fractures. After comparison of the general information of the experimental group and control group, their age difference is not significant and there is no statistical significance ($P > 0.05$).

1.2 Methods

The patients in the control group were given perioperative routine nursing for the guidance of preoperative examinations and health education. After the operation, observe the physiological indexes of the patients closely and instruct the patients to take early rehabilitation training to promote the recovery of the patients. The patients in the experimental group were given the nurse of concept mode of rapid rehabilitation surgery: ① Preoperative Evaluation: Know about the patients' condition, inquire the general information such as disease history and allergy history and give a guidance of relevant preoperative examinations according to patients' assessment.② Preoperative Health Education: Preoperative health education should be given to patients and their families. Inform patients' families and their related conditions and inform the patients and their families' about relevant treatment methods and prognosis. Explain the possible risks during operation and the main points and complications of post-operative nursing, so that patients and their families can make corresponding psychological preparations. After explaining successful cases, the tension has been alleviated, the importance of patients' cooperation with treatment has been informed, so that patients' treatment determination can be enhanced to actively cooperate with treatment. Preoperative fasting and water deprivation should be maintained for 6 hours.③ Preoperative Analgesia: Preoperative analgesia can

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effectively alleviate the pain of orthopaedic patients after operation and reduce the dosage of analgesics, so that patients' emergency response can be reduced and treatment satisfaction can be improved. ④ Preoperative Exercise: Nurses should guide patients to carry out breathing exercises before operation, enhance patients' lung function and carry out limb and ankle pump exercise and quadriceps femoris training for patients, laying a foundation for rehabilitation training after operation. ⑤ Postoperative Care: After completion of the operation, get close observation of the patient's physiological index, if the patient's blood pressure, body temperature and other index were found abnormal, report to the doctor for treatment in time. ⑥ Antithrombotic Nursing Care: Nurses should regularly massage the lower limbs and healthy limbs of patients to promote blood circulation, prevent the formation of deep vein thrombosis of lower limbs and reduce the occurrence of complications. ⑦ Dietary Care: Patients are advised to eat high protein, vitamins, dietary cellulose content food and remember to drink water, as a large number of water can effectively prevent urinary tract infection and other complications.

1.3 Observation Index

The hip function recovery score, operation time, hospitalization time and nursing satisfaction were compared between the two groups. The patients' hip function score was judged by Harris score, with a total score of 100. The higher the scores is, the better the recovery effect of the patients have. Nursing Satisfaction = Satisfaction Rate + Very Satisfaction Rate.

1.4 Statistical Analysis

All the data of 58 patients in this experiment were processed by SPSS17.0 software. The hip function recovery score, operation time and hospitalization time were expressed in the form of mean (+standard deviation), t-test, nursing satisfaction ratio (%) and chi-square test. When the information comparison showed the difference of $P < 0.05$, there was a statistical significance.

2 RESULTS

2.1 Comparison of hip function recovery score, operation time and hospitalization time between two groups

The hip function recovery score, operation time and hospitalization time of the experimental group were significantly better than those of the control group ($P < 0.05$), with a different statistics significance as shown in Table 1.

Table 1 Comparison of hip function recovery score, operation time and hospitalization time between two groups ($\bar{x} \pm s$)

Group	n	hip function recovery scores/points	Operation time/min	Hospitalization time/d
Experimental group	29	92.64±3.24	126.35±10.21	17.64±3.69
Control group	29	84.11±3.65	145.57±15.24	27.37±1.24
t	-	9.4118	5.6423	13.4602
P	-	0.0000	0.0000	0.0000

2.2 Comparison of nursing satisfaction between experimental group and control group

The nursing satisfaction of the experimental group was significantly higher than that of the control group ($P < 0.05$), with a statistics significance as shown in Table 2.

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Table 2 Comparison of nursing satisfaction between experimental group and control group [n (%)]

Group	n	Very satisfaction	Satisfaction	Non satisfaction	Nursing satisfaction
Experimental group	29	16	12	1	28 (96.55)
Control group	29	12	14	6	26 (89.66)
x^2	-	-	-	-	4.0616
P	-	-	-	-	0.0438

3 DISCUSSION

Hip arthropasty is an effective way to treat hip diseases such as hip fracture. Damaged hip joint can affect the daily activity of patients and reduce the quality of life. With the continuous improvement of people's living standards, there is a higher demand for the quality of nursing. The concept of rapid rehabilitation surgery is a scientific nursing mode. In clinical practice, this nursing mode is often applied to patients undergoing surgical treatment. For the elderly patients with hip replacement, this nursing mode can effectively reduce the pain of patients and promote the rehabilitation of patients.

Rapid rehabilitation surgery nursing concept pays more attention to preoperative education for patients, so that patients and their families can face up to the disease, and effectively alleviate the pain of patients through preoperative use of analgesics, reduce the dosage of analgesics and complications, so that patients have a good mentality to accept surgery, and actively cooperate with doctors for treatment. During the operation, patients need to complete the assistant operation according to the doctor's requirements. After the operation, the patient's physiological indexes were monitored dynamically. Once abnormalities occur, they can be effectively handled. Dietary nursing can promote the patient's reasonable diet, provide the necessary energy for the body's daily activities, and enhance the patient's immunity [4]. The dietary nursing can protect the patients' intestinal mucosa and promote the circulation of portal vein, accelerate the functional recovery of various organs to a certain extent. After the limb rehabilitation training, if patients have stable surgical conditions, they can exercise lower limbs and hands in the hospital bed, so as to promote blood circulation, reduce the occurrence of complications such as thrombosis, pressure sore, etc. To a certain extent, they shorten the hospitalization time of patients, guaranteeing the patients' therapeutic effect and promoting patients' rehabilitation [5]. Postoperative rehabilitation exercise is an important part of post-operative nursing care of hip joint. In the early rehabilitation , patients need to exercise step by step, so as to prevent secondary injury. Effective rehabilitation training can improve patients' blood and lymphatic circulation, promote absorption, reduce pain feeling and promote rehabilitation[6].

To sum up, the concept of rapid rehabilitation surgery has a remarkable effect in perioperative nursing of elderly patients with hip arthropasty. It has the characteristics of short operation time and short hospitalization time. It can improve patients' nursing satisfaction and promote the recovery of hip nerve function. This kind of nursing method is worth popularizing in clinical practice.

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Make a Good Report on Health Management of Occupational Groups

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ABSTRACT

Target Dynamic intervention and management must be implemented among occupational groups for efficient increase of the awareness to manage occupational health.
Methods The relationship among checkup institutions, employers, and occupational health is integrated into the process before, during, and after the checkup and relevant linkage module of the work is designed.
Results The operative module for communication among internal design institutions, employers, and occupational health is designed after years of practice, which plays an important role in dynamic management of occupational health in its practical operation. Dynamic management on occupational health via linkage module realizes both higher working efficiency and social effects.
Conclusion Dynamic management of occupational health is good for common protection on occupational health.
Key Words occupational health; management; practice

The *Technical Specification for Occupational Health Monitoring* plays a crucial instructive role for China to improve its service level of occupational health examination and realize its smooth operation. However, there are still inharmonious factors which affect the implementation of dynamic management of occupational health before, during, and after the checkup. Some of there factors come from checkup institutions, some employers, and others occupational groups. During the dynamic management of occupational health which lasts several years, positive exploration and improvement were made to implement dynamic management and intervention of occupational health, reducing potential negative factors and chronic diseases caused by bad lifestyles ranging from preventing the occurrence of occupational diseases and dynamic management on individual health. Here is the summary on how to implement dynamic management on individual health in occupational groups:

I.Occupational Health Needs Agreement in Implementing Dynamic Management

Key Points of Agreement in Dynamic Management

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1. The staff involving checkup in checkup institutions for occupational health must know the names of occupational hazardous factors existing in the employers, figure out whether a difference is an individual one or a consequent one from the checkup results, and find the problems from the checkup results of occupational groups for early prevention of occupational diseases.
2. If checkup institutions of occupational health and the employers want to add extra items on the original obligatory items, they must explain the pros and cons in order to decide whether the item must be examined. The employees' information offered by the employer must be true and comprehensive to meet the demands of occupational health checkup.
3. The occupational groups must have adequate communication with the physician about their subject expectations and object conditions during checkup as professional checkup contains legal compulsory.
4. A service mode with agreement with the employer on the basis of agreement for the implementation of dynamic management of occupational health.

II. Here Are the Contents Needed in the Report on Health Management of Occupational Groups

1. There must be clear explanation on abnormal occupational indicators and other abnormal ones

First, everybody draws conclusion according to the regulation that the majority of chief physicians in the charge of occupational health examination analyze and comb the results of checkup according to theories, found their relativity, and put forward disposals related to the occupation in accordance with regulated requirements. This is only the judge from systemic analysis on the employees' checkup results which however fails to reflect the physical fitness and health, living habits, operating habits, adaptation of social factors, and places of operation of the occupational groups.
It is inevitable for the chief physicians to have incomprehensive and inaccurate judge on the checkup results as they lack expertise in occupational health and communication with occupational groups except that they can adopt their abundant clinical medicine expertise and experience. Therefore, a personalized report module must be designed for the occupational groups for accurate, objective, and prompt reports.

2. The Transmission Functions of Papery Media with Expertise in Hazardous Factors of Occupational Diseases

The report must filter the content of propaganda on hazardous factors of occupational diseases according to the places of operation as the transmission on hazardous factors of occupational diseases is a routine work. All kinds of recyclable linkage modules with occupational health knowledge must be designed to present its contents to relevant personnel of all levels promptly and send the correct knowledge and information on occupational health to the occupational groups to shift their awareness of managing occupational health. Such papery media plays an important role in continuous transmission of expertise in preventing occupational diseases to the occupational health.

3. Summary and Sequence of Report on Health Management of Occupational Groups

Not all the contraindications and suspected occupational diseases can be judged from the checkup results for one cause or another, as some checkup results presents the abnormal

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indicators tightly related to the occupation. More scientific summary and sequence of the report will benefit both occupational groups and employers, which will be demonstrated as follows.

A. Conclusion of Report ① Hazardous factors of occupational diseases:Including name, occupational sorts, and measurement of concentration and intensity of hazardous factors of occupational diseases in the occupational places.② Abnormal indicators highly related to the occupation:Such as Pb-B increase, and benzene-induced leukopenia.③ Definite diagnosis of chronic diseases.④ Other abnormal results:Such as benign lesion, degenerative change, hepatic adipose infiltration, cholecystolithiasis, and etc.

B. Sequence of medical departments:internal medicine, surgery, ophthalmology and otorhinolaryngology, function departments, and gynecology.

C. Evaluation on risk of hazardous factors of occupational diseases Evaluation on occupational health of occupational groups can be made according to the checkup results which can add a tip to remind the occupational groups to pay attention to their health. When it comes to other diseases, suggestions on health, prompt re-examination, tracking and watch, further examination, and prompt treatment must be given according to the requirements of ICD-10.

4. Report on Health Management of Occupational Groups Must Have the Following Features

Only with the following features can there be a qualified report on health management of occupational groups.

1. Comprehensive contents:The conclusion of occupational health examination must reflect the employees' physical conditions comprehensively, objectively, and truly, especially no misjudge on their occupational contraindications and suspected occupational diseases, which constitutes the fundamental requirements of report on health management of occupational groups.

2. Clear logic The conclusion of report on health management of occupational groups adequately reflects the chief physician's abilities to adopt expertise in occupational health and clinical thinking, in which they must find the relationship between the results and the occupation from the checkup results, make judges, find all the abnormal indicators related to the occupation without missing a single one, and make the employees clear about the current primary and secondary problems affecting their health.

3. Clear levels The sequence of chief physician's report on health management of occupational groups by the chief physician and on other diseases must be unified and sequent for more normality and logic through national academic conferences where the experts in the community can reach a fundamental agreement.

4. Regulation of Terminology The terminology of checkup results by the chief physician and related to the occupation must be written in accordance with the regulation while that of other diseases must be written in accordance with ICD-10 for further regulation of occupational health examination.

5. The Following Principals Must be Observed in Report on Health Management of Occupational Groups

1. Evidence-based principle The chief physician explaining the report on health management of occupational groups must have a title higher than a middle-level, with not only abundant clinical experience but also fundamental expertise in prevention and treatment of occupational diseases and attention to the updating of relevant theoretic knowledge. The chief physicians and physicians of all departments must be organized often to learn and master the latest

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diagnosis and treatment guideline and experts' agreement on diseases tightly related to checkup issued both home and abroad. The average level and quality of report on health management of occupational groups must be improved as they examine the diseases related to an occupation according to *Technical Specification for Occupational Health Monitoring*.

2. Principle of personalizationOne-to-one suggestion and instruction must be made in report on health management of occupational groups according to the physical fitness and health of occupational groups and status of operating places, as the conclusion generated merely by the software and system lack pertinence so that they can not be copied completely in accordance to the regulation. The meaning of examination on abnormal indicators must be detailed, true, and accurate, increasing its consistency, systematicness, and pertinence.

3. Principle of consistency An agreement must be reached among the suggestions given by all the physicians involving the checkup, without any conflicts. The chief physician must measure the pros and cons of occupational health and their operating places to make scientific judges. If there is any conflict in the disposals given by physicians involving the checkup, the occupational groups will not know what to do.

4. Principle of dynamics After several checkups on occupational groups, a dynamic comparison must be made among the checkup results and key indicators related to the occupation, with a dynamic trend graph given. It there is inconsistency between two points or between results and reality, the reason why they ascend or descend must be clear and judges must be made with results of more than one test. Judges must be clear with instructions given to the employees. The regulation is the principle so conception of dynamic management forms the golden standard of regulation.

III. Report on Health Management of Occupational Groups Not Only Explains Occupational Contradictions

Results and judges in report on health management of occupational groups is a kind of instructive explanation with legal policies. There will be many problems when explaining occupational contraindications in real process of the work. The employees' economic interests and individual will must be taken into proper consideration when detecting their occupational contraindications on the basis of protecting the occupational groups' health. Conflicts between occupational groups and employers must be prevented and it must be eliminated that employers get economic benefits at the expense of occupational health in regardless of the regulations of *Law of Prevention and Treatment of Occupational Diseases*. We must carry on three regulations:① Explain the results and judges of other diseases with unified terminology;② If we need to filter and examine the occupational contraindications, we must have dynamic judges in accordance with the *Technical Specification for Occupational Health Monitoring a*ccording to the concentration of hazardous factors in the places of operation, sorts of occupation, operating positions, time and space, and anamnesis. If decision can not be made by one test, we must head to the employers' places to negotiate with employers and employees for conclusions considering the concrete conditions.③ Conclusions on suspected occupational diseases must be drawn after strict filtering and examination according to steps ① and ②, without mental load added to the objected occupational groups.

IV. The Importance of Continuous and Real Records of Factors Related to Occupational Diseases

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The history of exposure of hazardous factors of occupational diseases must be filled carefully in every checkup to ensure the quality of report on health management of occupational groups. There will be lack of objectiveness without real original information so that the accuracy of disposals will be hard to ensure. Especially the disposals on abnormal indicators related to the occupation must be sent after the clinical physician and the occupational health physician reach an agreement under an established review and audit system of chief physicians' report of checkup. The conclusions which are hard to define must be reported with concrete evidence through re-examination and panel discussion and etc according the working guideline of occupational health and prevention and treatment of occupational diseases.

V. It Is of the Same Importance to Explain Other Abnormal Indicators

At present, the terminology to explain other abnormal results is not unified. Therefore, the terminology of reports must be unified according to the requirements of the *Interim Provisions on the Administration of Health Examination* issued by the National Health Department in 2009 and *Guidelines for Quality Control of Health Examinations* in 2016 The *Report on Health Management of Occupational Groups* must contain the following: Evaluation on occupational health, disposals of results of occupational health checkup, and suggestions on occupational health; Disposals, health evaluation, and health suggestions in terms of results of other diseases. Primary and secondary contents and responsibilities must be made clear. Besides careful implementation of preventing and treating occupational diseases, explaining results of other abnormal indicators also forms an indispensable part of management of occupational health, which requires the occupational checkup physicians to shift their service capabilities and levels to meet more occupational groups' hope and demands on health.

VI. Implementation of Dynamic Strategies in Occupational Health

Nowadays, more and more occupational groups are changing their recognition on health checkup, especially that of the chronic diseases caused by the lifestyles. They have stronger expectations to search checkup items which meet their own needs and really personalized and they are more willing to have dynamic management of occupational health.Therefore, how to implement dynamic management of occupational health becomes a problem faced by checkup institutions, employers, and occupational groups together.

As long as the checkup institutions reach an agreement with employers and occupational groups in terms of checkup items, the occupational groups' satisfaction and sense of acquisition will be ascended. However, the specified checkup items in the *Technical Specification for Occupational Health Monitoring* GBZ188-2014 ignored the status of occupational groups with different physical fitness and health. Hence, there author believes that the awareness of common management on occupational health between occupational checkup institutions and employers must be enhanced, with the requirements on knowing and agreement and corresponding articles of responsibilities made. The detailed implementation must specify the applicable and inapplicable groups to increase proper checkups from the perspective of regulations.

Many checkup institutions adopt occupational checkup software to enhance occupational groups' joy during checkup as there are more and more occupational groups year after year. However, their core interests lay in the maximization of profits from promoting the occupational groups' consumption. Therefore, only if the checkup institutions implement the

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conception of dynamic management of occupational health before, during, and after the checkups, the occupational groups' health rights and rights can be ensured.

The following aspects of efforts can be made to implement the dynamic management of occupational health. First, a linkage module to communicate with employers must be designed for their online contact, avoiding the tiny problems to affect the dynamic management of occupational health. Second, a signing service mode must be made jointly with the employers. The health education with expertise in occupational health and prevention and treatment of chronic diseases must be sent to the employers and occupational groups online randomly, to reduce the confusion caused by occupational groups' lack of medicine expertise and individual gaps of recognition, which enhances the conception of dynamic management of health while adopting health education at the same time. Third, physicians must take the initiative to consultation on the benefits of occupational health management face to face on the site of the employers.

In conclusion, implementation of dynamic management of occupational health checkup forms an important part to ensure the health right and interests of occupational groups. Nowadays, the industry involving checkup and health management is thriving day after day. It is worth our thinking whether we find our shortages and defects or not as we pursue benefits and whether the occupational checkup can meet the hope and demands of occupational groups or not. Here, it is hoped to make concrete improvement in the service mode of occupational health examination and concepts of services, realizing the target of "occupational health first" and striving to the "Healthy China" advocated by the nation accurately.

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