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| 专项资金预算绩效目标申报表 | | | | | | | | | | | | | | | | | | | | | |
| **（2023年度）** | | | | | | | | | | | | | | | | | | | | | |
| 填报单位（盖章）：南岳区卫生健康局 | | | | | | | | | |  | | 单位负责人：熊水球 | | | | | | | |  | |
| 专项基本情况 | 专项名称 | | 景区救护运转经费 | | | | | | | | | | | | | | | | | | |
| 专项属性 | | 新增项目 延续项目**☑** | | | | | | | | | | | | | | | | | | |
| 主管  部门 | | 南岳区政府 | | | | 专项起止时间 | | | | | | | 2023年1月1日至2023年12月31日 | | | | | | | |
| 专项  负责人 | | 赵丽琼 | | | | 联系人及电话 | | | | | | | 李霞 15200521876 | | | | | | | |
| 专项概况 | | 2023年景区救护运转经费 | | | | | | | | | | | | | | | | | | |
| 专项立项  依据 | | 景区设置救护站，在国家法定节假日和旅游黄金周加设南天门临时救护点，免费发放紧急急救药物和外伤处置用品，诊治病人。维护维修急诊急救的医疗设备。 | | | | | | | | | | | | | | | | | | |
| 专项资金情况 | 本年度预计投入（万元） | | **财政资金（万元）** | | | | | | | | | | | | | | **其他** | | | | |
| 中央 | | | 省级 | | | | 市级资金 | | | | | 区本级 | |
| 35 | |  | | |  | | | |  | | | | | 35 | |  | | | | |
| 单位已有的保证专项实施的制度、措施 | | | 专人专管、认真审核 | | | | | | | | | | | | | | | | | | |
| 中长期绩效目标 | | | 景区设置救护站，在国家法定节假日和旅游黄金周加设南天门临时救护点，免费发放紧急急救药物和外伤处置用品，诊治病人。维护维修急诊急救的医疗设备。 | | | | | | | | | | | | | | | | | | |
| 本年度绩效目标 | | | 景区设置救护站，在国家法定节假日和旅游黄金周加设南天门临时救护点，免费发放紧急急救药物和外伤处置用品，诊治病人。维护维修急诊急救的医疗设备。 | | | | | | | | | | | | | | | | | | |
| 专项年度绩效指标 | | **一级指标** | **二级指标** | | | **三级指标内容** | | | | | | | | | | | | | **指标值及单位** | | |
| 产出  指标 | 数量指标 | | | 景区救护站 | | | | | | | | | | | | | 2个 | | |
| 工作人员 | | | | | | | | | | | | | 5个 | | |
| 全年景区救护站共接诊 | | | | | | | | | | | | | ≧1500人次 | | |
| 全年景区救护站出诊 | | | | | | | | | | | | | ≧1000人次 | | |
| 医疗救护车 | | | | | | | | | | | | | 2台 | | |
| 质量指标 | | | 景区医疗保障安全率 | | | | | | | | | | | | | ≧100% | | |
| 救治病人治愈率 | | | | | | | | | | | | | ≧95% | | |
| 时效指标 | | | 接诊出诊送诊及时率 | | | | | | | | | | | | | ≧100% | | |
| 成本指标 | | | 设备维修维护费 | | | | | | | | | | | | | ≤1万元 | | |
| 药品购置费 | | | | | | | | | | | | | ≤3万元 | | |
| 临时人员经费 | | | | | | | | | | | | | ≤26万元 | | |
| 车辆使用费 | | | | | | | | | | | | | ≤5万元 | | |
| 效益指标 | 经济效益 | | | 不适用 | | | | | | | | | | | | |  | | |
| 社会效益 | | | 保证游客生命安全 | | | | | | | | | | | | | ≧100% | | |
| 满意度指标 | | | 游客满意度 | | | | | | | | | | | | | ≧95% | | |
| 其他需要说明的问题 | | |  | | | | | | | | | | | | | | | | | | |
| 财政部门业务  股室审核意见 | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | |
| 财政部门监督绩效股审核意见 | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | |