



# Correction

# Correction: China Tuberculosis Policy at Crucial Crossroads: Comparing the Practice of Different Hospital and Tuberculosis Control Collaboration Models Using Survey Data

The PLOS ONE Staff

There is information missing from Table 5. Please see the complete, corrected Table 5 here.

**Table 5. Hospitalization of TB patients in the three models.**

	The Dispensary Model			The Specialist Model			The Integrated Model		
	ZD	GP	Sub-total	SL	SDC	Sub-total	SC	GN	Sub-total
Patient survey	51	49	100	44	46	90	50	53	103
Total hospitalization,N (% of total patients) <sup>†</sup>	33(64.7)	6(12.2)	39(39.0)	40(90.9)	35(76.1)	75(83.3)	8(16.0)	7(13.2)	15(14.6)
Inpatient days (M) <sup>‡</sup>	19	12	15	35	30	35	15	20	20
Inpatient expenditure(M, RMB)	5,030	3,815	5030	9,028	8,554	8,900	4,010	6,000	4,120
Hospitalization between TB diagnosis and DOTS treatment ,N (% of total hospitalization) <sup>§</sup>	30(58.8)	3(6.1)	33(33.0)	37(84.1)	23(50.0)	60(66.7)	3(6.0)	2(3.8)	5(4.9)
Inpatient days (M)	19	17	18	35	30	33	15	18	15
Inpatient expenditure(M, RMB)	4,905	8,597	4,905	9,150	6,450	7,960	2,050	4,277	2,554

<sup>†</sup>USD = 6.8 RMB, M = Mean.

<sup>‡</sup>ZD was significantly higher than GP ( $\chi^2 = 29.910$ ,  $P < 0.001$ ), SC ( $\chi^2 = 24.836$ ,  $P < 0.001$ ) and GN ( $\chi^2 = 29.122$ ,  $P < 0.001$ ). SL was significantly higher than ZD ( $\chi^2 = 9.114$ ,  $P = 0.003$ ), GP ( $\chi^2 = 57.389$ ,  $P < 0.001$ ), SC ( $\chi^2 = 52.556$ ,  $P < 0.001$ ) and GN ( $\chi^2 = 58.115$ ,  $P < 0.001$ ). SDC was significantly higher than GP ( $\chi^2 = 39.420$ ,  $P < 0.001$ ), SC ( $\chi^2 = 34.980$ ,  $P < 0.001$ ) and GN ( $\chi^2 = 39.862$ ,  $P < 0.001$ ).

<sup>§</sup>Significant difference was found among six sites ( $F = 4.034$ ,  $P = 0.004$ ). SL was significantly longer than GN ( $P = 0.028$ ).

<sup>§</sup>ZD was significantly higher than GP ( $\chi^2 = 31.392$ ,  $P < 0.001$ ), SC ( $\chi^2 = 32.025$ ,  $P < 0.001$ ) and GN ( $\chi^2 = 36.975$ ,  $P < 0.001$ ). SL was significantly higher than ZD ( $\chi^2 = 7.255$ ,  $P = 0.007$ ), GP ( $\chi^2 = 57.495$ ,  $P < 0.001$ ), SDC ( $\chi^2 = 11.761$ ,  $P = 0.001$ ), SC ( $\chi^2 = 58.385$ ,  $P < 0.001$ ) and GN ( $\chi^2 = 64.510$ ,  $P < 0.001$ ). SDC was significantly higher than GP ( $\chi^2 = 22.979$ ,  $P < 0.001$ ), SC ( $\chi^2 = 23.487$ ,  $P < 0.001$ ) and GN ( $\chi^2 = 27.879$ ,  $P < 0.001$ ).

doi:10.1371/journal.pone.0090596.t005

## Reference

1. Wei X, Zou G, Walley J, Yin J, Lonnroth K, et al. (2014) China Tuberculosis Policy at Crucial Crossroads: Comparing the Practice of Different Hospital and Tuberculosis Control Collaboration Models Using Survey Data. PLoS ONE 9(3): e90596. doi:10.1371/journal.pone.0090596

**Citation:** The PLOS ONE Staff (2014) Correction: China Tuberculosis Policy at Crucial Crossroads: Comparing the Practice of Different Hospital and Tuberculosis Control Collaboration Models Using Survey Data. PLoS ONE 9(5): e99150. doi:10.1371/journal.pone.0099150

**Published:** May 30, 2014

**Copyright:** © 2014 The PLOS ONE Staff. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.