

Experience with multicampus hospital management

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Abstract

With urbanization and economic development in China, medical needs in urban areas continue to increase, but the building of public hospitals is, however, restricted by available space. As a result, many hospitals have set up multiple campuses, with associated issues such as lack of experience in running a multicampus model, quality standardization, cost control, and culture conflicts. We have four campuses with successful operations. In this paper, we will share our management and operation experiences, which may provide some insights for other hospital managers.

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Ethics statement

Ethical approval is not required for the study.

Conflict of interest

The authors declare that they have no conflicts of interest.

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Authors' contributions

All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by the first, second and third authors. The first draft of the manuscript was written by the first author and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Data Availability

The data used to support the findings of this study are included within the article.

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Abstract

With urbanization and economic development in China, medical needs in urban areas continue to increase, but the building of public hospitals is, however, restricted by available space. As a result, many hospitals have set up multiple campuses, with associated issues such as lack of experience in running a multicampus model, quality standardization, cost control, and culture conflicts. We have four campuses with successful operations. In this paper, we will share our management and operation experiences, which may provide some insights for other hospital managers.

Key words : public health, experience, health economics, health services research

Introduction

Multicampus hospitals are hospitals with two or more campuses. They share one legal entity, with unified financial management and the deployment of various resources such as staff, technology, and equipment. They are able to provide healthcare services at different locations or in different cities. A survey showed that in urban areas, 95% of public hospitals had multiple campuses in 2014¹. We analyzed the rationale for the emergence of multicampus hospitals, their development and management challenges, and our own experience in order to provide insights for other similar hospitals.

Materials

Rationale for the emergence of multicampus hospitals

First, most urban public hospitals in China are facing challenges regarding the lack of space, insufficient governmental investment, and high operational loads, necessitating a multicampus model. Second, with continuous economic development, urban residents are becoming more health conscious but often choose urban public hospitals for more advanced medical technology, requiring multiple campuses to serve those needs. Third, while equipped with new buildings and equipment, rural hospitals lack experienced specialists. Thus, it makes sense for rural hospitals to collaborate with urban public hospitals and operate as a campus.

Development of multicampus hospitals in China

In the 1980s, medical co-ops were once piloted in China², where several hospitals worked together to share medical technology but were otherwise independent with respect to financial management and staff. In the 1990s, many hospitals began to collaborate by establishing and merging management and setting up multicampus hospitals³. Now, multicampus hospitals are expanding at an accelerated pace⁴.

Results and discussion

Challenges and solutions in multicampus hospital management

Quality standardization

For multicampus hospitals, inconsistent procedures may lead to different quality of care. Difference in staff, technology, and equipment may also contribute to differential quality, affecting patient satisfaction⁵. Our

experience shows that when initiating a multicampus hospital, managers often do not focus on inconsistent quality of care; however, any campus with poor quality of care affects overall quality of care, and over time, the issue becomes more challenging to address. Our solution is to deploy an information system and train staff. All campuses should have access to a unified, shared information system, including inpatient records, outpatient records, imaging studies, and laboratory tests. Moreover, the managers of each campus organize conferences as well as conduct virtual workshops to enable multidisciplinary discussion about difficult cases. For diagnosis and treatment, we believe it is important to train staff with standard procedures and consult recognized specialists across campuses to diagnose and treat difficult cases. Moreover, it is useful to implement a rotation system so that specialists see patients at different campuses, conduct ward rounds, and perform operations. The rotation will also help residents and attending physicians to improve and standardize their quality of care.

Cost control

Multicampus hospitals face higher operation costs due to increased work processes, manpower, and equipment relative to single-campus hospitals. Moreover, cost accounting is more complex while sharing staff and equipment. We must address the complexity of cost accounting while controlling costs. Our solution is the differential deployment of departments and staff at each campus. For our hospital, the Riverside Campus is the only general hospital in the region and is equipped with mostly general practitioners. In addition, the campus has an emergency room and a trauma ward because it is next to highways. The West Lake Campus, on the other hand, is equipped with physicians specializing in traditional Chinese medicine, acupuncture, and Chinese massage (Tuina). Moreover, the same department may focus on different diseases across campuses. For example, the Department of Hematology specializes in hematological malignancies at the West Lake Campus but common and non-malignant hematological diseases at the Riverside Campus. The department for rare diseases only has outpatient physicians and consultation physicians. This prevents waste and unnecessary competition⁶.

All medical products, supplies, equipment, and hospital operating items are purchased from government-designated websites, ensuring the lowest prices for similar products online. We only have a few hospital managers and support staff, assigned with specific tasks. The director is responsible for overall management in order to reduce levels of management.

Cultural conflicts

Different campuses may have different cultures or even culture conflicts due to different department deployment, locations, and time of set up, which affects operation efficiency⁷. Building a common culture takes time and is a complex process, where patient-centered attitude plays an important role, as this will gradually align behavior and cultural norms. Moreover, we encourage hospitals to establish a timely feedback mechanism to identify cultural differences through patients' evaluation of employees and employees' mutual evaluation and then minimize these differences through various methods.

Discussions

The central campus of our hospital, a general university affiliated hospital, was established in 1931 to provide healthcare services in the community. In 2001, Hangzhou Economic and Technological Development Area Hospital became a eastern campus of our hospital, heralding in the first multicampus model in China. The revenue from this campus has been growing 10% or more each year. We have two additional campuses, including the western campus, which specializes in rehabilitation, and the southern campus, which provides general treatment. In summary, we hope our experience in addressing some common issues in hospital management will provide insights to other multicampus hospitals.

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