

Exploration And Practice of Multi-Zone Management in One Public Hospital

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Abstracts: The establishment of a single hospital encompassing multiple districts represents a strategic approach to foster the high-quality advancement of healthcare services and the expansion of superior medical care. The First Affiliated Hospital of Chongqing Medical University has identified the primary challenges and complexities associated with the management of multiple districts within a hospital setting. Through years of exploration and practical application in multi-district management, the institution has developed a framework characterized by "collaboration between hospital and district, integrated management, and uniformity in service delivery." This framework has led to the formulation of differentiated strategies and management models for multi-hospital development, resulting in a sustainable growth pattern where each hospital district maintains its unique attributes while simultaneously enhancing mutual support and complementarity. This approach has significantly bolstered the efficiency of hospital management and facilitated the high-quality development of the institution, offering valuable insights for administrators of public hospitals.

Keywords: Hospital management; Affiliated Hospital of Chongqing Medical University; multiple districts; homogeneous management; differentiated development.

1. INTRODUCTION

In recent years, more and more large public hospitals in China have achieved high-quality hospital development and high-quality medical care expansion and balanced layout through the construction of one hospital and multiple districts to meet the people's growing demand for medical treatment. In January 2022, the National Health Commission issued the "Guiding Principles for Medical Institution Establishment Planning (2021-2025)", which, for the first time, proposed to standardize the establishment of branch campuses of public hospitals at the national level, clarifying the definition, conditions, scale, etc. of branch campuses, and standardizing Guide vital public hospitals to develop branch campuses [1]. In June 2022, the National Health Commission issued the "Notice on Standardizing the Management of Public Hospital Branch Areas" to further clarify the management requirements of public hospital branch areas [2]. "One hospital, multiple districts" in public hospitals has entered a new stage of rational and orderly development and scientific and standardized management. How can we scientifically and integrately manage multiple hospitals and promote the hospital's overall homogeneity and high-quality development? The First Affiliated Hospital of Chongqing Medical University actively explores the management integration, service homogeneity, and development differentiation of multiple hospital districts and strives to achieve 1+ one greater than two synergistic effects.

2. Urgent issues requiring resolution in the administration of several districts within a single public hospital in my country.

a. Selection of management mode:

Compared with single hospitals, the integrated management of multi-campus hospitals is more complicated. How to establish the management structure between hospital campuses and the administrative and organizational structure within the hospital district, how to set up the positions of functional departments in the hospital district, how to uniformly manage party building, personnel, finance, information, equipment, consumables, drugs, etc. in the hospital district, medical, How to effectively coordinate and integrate teaching, scientific research, and other resources is a problem that must be faced and solved in multi-campus management. There are three main

management models for multiple districts in one hospital: vertical management, flat management, and mixed management, each with advantages and disadvantages [3].

b. Campus positioning and discipline layout

In a multi-district construction system of one hospital, it is crucial to establish each hospital district's respective positioning and discipline layout. The positioning and discipline layout of multiple campuses could be more scientific, but this is not conducive to the coordinated development of various campuses and the creation of superior discipline groups. It is more likely to lead to internal friction among various campuses and disciplines, increase construction costs, and reduce the service quality of the entire hospital. Therefore, it is necessary to make overall plans based on the actual situation of the hospital and medical service needs, as well as scientifically determine the positioning and discipline layout of the hospital. At present, some hospitals adopt the strategy of building large and comprehensive, relatively independent multi-hospital districts. In contrast, others choose to position each hospital district with differentiated functions and layouts according to disciplines to achieve coordinated development of disciplines across multiple hospitals [4].

c. Homogeneity of medical quality and services

Previous studies have shown that patient satisfaction shows a downward trend with the increase or expansion of hospital areas. The main reason for this problem is that the branch areas and the main hospital area cannot provide homogeneous medical services [5]. Whether it is a newly built or merged campus, due to differences in development history, personnel quality, technical level, cultural identity, etc., the branch campuses cannot provide the same quality of medical care and services. Moreover, the main campus may need help to give the same medical care. Hospitals' quality of medical care and services has declined [6]. Ensuring the homogeneity of medical and service quality among multiple hospitals is a crucial issue faced by the management of various districts in one hospital.

d. Cultural integration and identity between campuses

Cultural integration and recognition are important guarantees for the coordinated development of multiple campuses and play an important role in improving employee cohesion and enhancing employees' sense of belonging. Due to differences in development background, functional positioning, subject settings, geographical location, etc., cultural integration and cultural identification between hospitals become more difficult, which will, in turn, affect the hospital's integrated management and homogeneous services, leading to a decrease in the overall efficiency of the hospital [7].

3. Multi-district management practice of the First Affiliated Hospital of Chongqing Medical University

The First Affiliated Hospital of Qing Medical University is a comprehensive tertiary-level hospital that integrates medicine, teaching, and research. It was founded in 1957 when the former Affiliated Hospital of Shanghai First Medical College (now Fudan University) was relocated to Chongqing. As early as the beginning of this century, we began to plan and lay out the construction of branch campuses. We have formed a "1+3" development pattern of "one hospital, multiple districts" of the hospital headquarters, the first branch, Jinshan Campus, and Qinggang Campus. After more than ten years of exploration and practice, a healthy development pattern has been gradually realized between the hospital headquarters and the First Branch, Jinshan Campus, and Qingbang Campus, each with its characteristics, mutual contrast, mutual support, and mutual complementation.

a. Establish an integrated administrative management system

The First Affiliated Hospital of Chongqing Medical University is one of the first pilot hospitals in the country to establish and improve a modern hospital management system. The overall strategic plan for high-quality development and the concept of contemporary hospital management formulates hospital charters, builds a multi-hospital integrated management structure, and implements the hospital's leadership under the leadership of the party committee. The chief responsibility system is adopted, and the party committee and the president's office meeting make unified decisions on the hospital's "three major and one major" issues. Regular administrative meetings, department director meetings, and head nurses meetings promptly convey and implement hospital decisions and tasks. The general party branch is built on subject groups. The party branch is built on disciplines, achieving full coverage of "double leaders" party branch secretaries, establishing and implementing the

responsibility system of party branch secretaries, and in 2023, the hospital will establish seven new general party branches, which will The 56 party branches in the hospital have been optimized and adjusted to 88 party branches.

Further, promote the branch participation in the decision-making mechanism, and explore ways to promote the influential role of the party branch in decision-making on significant issues such as department business development, talent introduction, professional title promotion, and evaluation of excellence. The hospital headquarters maintains "vertical" management with complete functional departments. Other hospital areas adopt a "flat" management model that combines sections and focuses on blocks. The hospital determines a team member to oversee branch areas and assigns one or more. The hospital's vice president is permanently stationed in the branch district and forms the branch leadership organization. The branch leadership organization implements hospital decisions and plays a decision-making role in the hospital's business development. Based on actual needs, branch campuses set up administrative functional departments such as the Party and Government Office, Medical Department, and Logistics Support. The corresponding departments at the hospital headquarters appoint key personnel as responsible persons to be specifically responsible for the implementation of business work. The hospital manages personnel, finance, equipment, medicine, and other affairs uniformly. Clinical departments select deputy directors or backbones to be responsible for the specific business work of local departments in branch campuses.

b. Highlight differentiated campus functional positioning and discipline layout

To integrate the four campuses for coordinated, high-quality development and achieve the overall effect of 1+1 more fabulous than 2. Based on the overall development strategy of the hospital, we analyzed the strengths and weaknesses of each hospital district, thought about differentiated development, and formulated a "differentiated development" strategy based on the actual situation of the hospital: overall planning, making up for shortcomings, focusing on the headquarters, supplemented by branches, and highlighting Characteristics, staggered development, and scientific positioning of the development direction of each campus.

i. The hospital headquarters:

With complete discipline and comprehensive solid strength, it actively promotes the adjustment of the disease structure, shifts the medical focus to the diagnosis and treatment of complex, critical, and severe diseases, and shifts the focus to the diagnosis and treatment of complex, critical and severe diseases, focusing on the diagnosis and treatment of complex, critical and severe diseases, and strives to create a hospital with complex and critical diseases. As a highland for severe diagnosis and therapy, efforts will be made to increase the proportion of surgical patients, the proportion of minimally invasive surgeries, and the proportion of third- and fourth-level surgeries, and build a national-level regional medical center and a western medical center at the junction of the "Belt and Road" and Yangtze River Economic Belt.

ii. The First Branch:

They feature geriatric medicine, building a first-class senior center in the country and a leading one in the West. At present, a department system with the geriatric disease as the center, reasonable layout, distinctive features, and a combination of comprehensiveness and characteristics has been established, especially health management, anti-aging, day surgery and day wards, endoscopy, health care, and mental health and minimally non-invasive treatment and other special centers, and has set up specialties such as orthopedics (spine/joints), gastrointestinal surgery, hepatobiliary surgery, urology, gynecology and other specialties related to geriatric surgical diseases, develop special sub-specialties and technologies, and lays out cardiovascular, respiratory, neurological, digestive and other geriatric medicine specialties, and is committed to building a high-level modern geriatric center and creating a national regional medical center for the elderly.

iii. Jinshan Campus:

Located in Liangjiang New District, Chongqing, the original intention of its construction is to become an "international hospital" that matches Chongqing's opening up to the outside world. It is currently one of the designated foreign-related hospitals in Chongqing. After exploration, we positioned Jinshan Campus to vigorously develop specialty medical care and build six distinctive diagnosis and treatment centers step by step: lung cancer diagnosis and treatment center, thyroid disease diagnosis and treatment center, hemodialysis vascular access center, digestive system disease endoscopic diagnosis and treatment center, functional Brain disease diagnosis

and treatment center, reproductive medicine center. At the same time, the second phase of Jinshan Campus plans to build an "Infectious Emergency Medical Center" and "International Medical Service Center," establish and improve the foreign-related medical service system, establish an international (special needs) medical service center, and create a first-class international medical and health management center. Make distinctive features and return to the original intention of construction.

iv. Qinggang Campus:

The main body of the Qinggang Campus is the Qinggang Elderly Care Center, the first integrated medical and nursing care institution established by a large public hospital in the country. It is the first to propose "integrated medical and nursing care" in China. It is 30 kilometers away from the hospital headquarters. It covers an area of 1,073 acres and is divided into five regions and three phases. It also houses Chongqing Nursing Vocational College and is committed to creating a first-class elderly care center integrating "nursing, nursing, medicine, rehabilitation and training."

4. Committed to homogeneous medical quality and medical services

a. Establish an integrated comprehensive quality management system for the hospital.

Unify the rules and regulations of the whole hospital and revise them regularly, implement them simultaneously in all hospital districts, unify quality control standards and indicators, and strengthen medical quality control through regular quality inspections and quality control meeting feedback mechanisms. Implement basic quality engineering in the whole hospital, focusing on the six elements of medical quality "personnel, technology, equipment, system, environment, and time," starting from "building systems, managing personnel, developing technology, purchasing equipment, optimizing the environment, shortening time limits, and improving quality." The ten aspects of "nursing, serious hospital care, consolidating the 'three foundations', and strengthening supervision" have consolidated the construction of the basic quality system and ensured forward-moving risk management and control. We will conduct the PDCA continuous quality improvement project in depth and innovatively launch the "Golden Stethoscope Young Physicians Ward Round Competition and the Golden Lancet Young Surgeons Surgical Skills Competition" to improve medical quality and safety.

b. Create a "Five Hearts" high-quality nursing service brand.

It was the first in the country to propose the "Five Hearts" nursing concept of "enthusiastic reception, attentive treatment, attentive nursing, patient explanation, and humility in soliciting opinions." It gradually established the systematic "Five Hearts" nursing quality control standards, patient satisfaction evaluation, and nurse Personal assessment criteria. It condenses the "Five Hearts" high-quality nursing culture that "starts with patient needs, ends with patient satisfaction, and exceeds patient expectations; originates from nurses agreeing, gathering together with the same virtues of nurses, and being willing to share the same feelings of nurses." Adhere to the patient-centered approach, promote patient safety and medical care integration, effectively improve medical services, and improve patients' medical experience. Adhere to a problem-oriented approach, focus on critical points such as quality, safety, knowledge, and efficiency, and continue to carry out efficient quality improvement activities to create a "SAFE" lean quality management brand based on patient safety escort and five-heart nursing empowerment, and further realize scientific quality management and standardization to form a culture in which everyone participates in quality management.

c. Establishing a cross-hospital transfer system

Open inter-hospital transfer shuttles to realize dedicated buses and dedicated lines to ensure on-demand and on-time transfer of patients, specimens, materials, etc. Strengthen process reengineering and resource integration to provide patients with one-stop services such as appointment registration, medical treatment payment, examination, admission, and admission. To build a unified patient satisfaction evaluation mechanism, the hospital headquarters has set up a particular satisfaction survey office to coordinate each hospital area's satisfaction surveys and patient follow-up. Based on the "four checks" patient experience evaluation mechanism, a "four-body" patient evaluation is formed as a Feedback and improvement tracking mechanism to improve the quality of medical care services continuously.

5. Build an integrated service guarantee system

a. Establish an integrated personnel management system

. Establish a unified signboard and training mechanism, and all personnel are recruited and trained uniformly by the Human Resources Department of the hospital headquarters. A relatively fixed talent deployment mechanism has been established. The hospital uniformly selects clinical department managers and technical backbones to be residents in the hospital area, and junior medical staff rotate regularly between the hospital area and the hospital headquarters. Establish an expert resource-sharing mechanism. Integrated scheduling is implemented, and clinical experts conduct consultations, operations, and teaching in each hospital area to provide patients with homogeneous expert diagnosis and treatment services. Establish a homogenization guarantee mechanism and open special commuting buses for employees in each hospital district.

b. Establish an integrated information management system.

In-depth implementation of the "information optimization project," through the three-step strategy of "reinvention," "consolidation and improvement," and "deepening development," the hospital has invested 258 million yuan in the past three years to revolutionary reshape and reconstruct the previous information system "Four beams and eight pillars." In 2022, the "Integrated HIS+EMR System" and "Hospital Integration Platform" were successfully launched, comprehensively building a hospital information system infrastructure with electronic medical records as the core and realizing the integration between the hospital headquarters and each hospital district, medical care technology, outpatient and emergency services, and Homogeneous and integrated management of hospitalization, online and offline, clinical management, etc., and the "trinity" bright hospital pattern of smart medical care, smart service, and smart management gradually takes shape and build an integrated smart hospital information service system for the hospital headquarters, directly affiliated units, trusteeship and supporting hospitals. Build hospital information platforms and big data centers to achieve collaborative integration of medical services. Consolidate the IT infrastructure and network security system, integrate the existing IT infrastructure hardware resources of each campus, build a unified cloud computing and storage center, build a three-center support structure in two places, and gradually realize the internal network, external network, wireless network, Internet of Things, operator 4G/5G and other network integration.

c. Create an integrated cultural construction system.

The hospital embodies the mission of being "people-oriented, caring for the health, and being a hospital trusted by the people," the hospital motto of "benevolence, dedication, rigor, innovation," and the core values of "respecting life and advocating health." Based on the core connotation of the hospital spirit, the hospital emblem and visual identity system (VI) were designed in a unified manner, the "Yiyuan" newspaper was founded, a picture album was published, the hospital anthem was compiled, a hospital history exhibition room was established, and the "Hospital Chronicle" was compiled "Singing Singing Along the River" and a series of humanities reading books. An "institutional culture" for the scientific development of the hospital has been established, including the subject defense and subject construction system, clinical logistics communication and coordination system, administrative service logistics, and annual work plan system. Promote a "caring culture," advocate a "patient-centered" service concept and an "employee-centered" management concept, and vigorously demonstrate the public welfare nature of public hospitals. Unify and organize diversified cultural and sports activities and trade union benefits, such as fun sports games, "March 8th" Women's Day activities, Spring Festival Gala, etc.

6. Effectiveness of multi-district management in one hospital

a. The comprehensive strength of the hospital has been steadily improved.

The hospital has received an A+ in the "Performance Assessment of Third-Level Public Hospitals of the National Health Commission" for five consecutive years, ranking first in Chongqing for five straight years and ranking first among hospitals nationwide and ranked 47th in the 2022 "China Hospital Technology Value Ranking." It ranks 53rd in the 2022 Fudan Edition of "China Hospital Rankings" and 2nd in the Southwest Regional Rankings for four consecutive years.

b. Medical service capabilities continue to improve.

After more than ten years of multi-hospital development, the hospital's overall medical service capability ranks first in Chongqing. Comparing the "Thirteenth Five-Year Plan" with the "Twelfth Five-Year Plan," the average annual outpatient visits increased from 2.5794 million to 3.3403 million, a year-on-year increase of 29.50%; the average yearly discharged patients increased from 109,300 to 141,900, a year-on-year increase of 29.84% ; The average annual number of operations in the operating room increased from 26,100 to 36,000, a year-on-year increase of 37.65%; the average hospitalization days decreased year by year. Diagnosing and treating complex, critical, and severe diseases continues to improve. In the 2022 "Performance Assessment of Third-level Public Hospitals of the National Health Commission," the CMI value is 1.33, ranking 25th in the country, and the number of fourth-level surgeries ranks 35th in the country, ranking first in Chongqing. It has been approved as one of 21 national key clinical specialties, ranking among the top in the country. The National Development and Reform Commission and the National Health Commission approved the project to improve the diagnosis and treatment capabilities of complex and challenging cancer diseases.

c. The advantages of discipline construction are outstanding.

In the 2022 China Hospital Science and Technology Value Ranking, three disciplines entered the top 10 national disciplines, and six disciplines entered the top 20 national disciplines. In the 2022 Fudan version of the Chinese Hospital Rankings, the scientific research and academic reputation ranks 25th in the country, and 13 disciplines have been nominated for national specialty reputation. Five disciplines were selected for the first batch of the "Discipline Peaking Plan" of Chongqing Medical University and ranked 4th among affiliated (teaching) hospitals (691) in the number of medical education papers published by Chinese medical colleges and universities in 2022.

d. Scientific and technological innovation continues to make breakthroughs.

Dr.He has won 2-second prizes in the National Science and Technology Progress Award, 1 National Innovation Award, and 83 provincial and ministerial awards, including the first prize of the Chinese Medical Science and Technology Award, the first prize of the Ministry of Education Science and Technology Progress Award, and the Chongqing Science and Technology Outstanding Contribution Award. In 2022, the number of SCI papers published ranked 13th among medical institutions nationwide, and the number of outstanding scientific and technological documents ranked 14th nationwide. In the 2022 Nature Index annual list, our hospital ranks 36th among Chinese medical institutions and 139th among global medical institutions. We are approved as Chongqing Translational Medicine Center.

7. Discussion

a. Optimize the management model and promote homogeneous and efficient development.

In the process of multi-hospital operation, management costs and communication costs increase significantly, so the choice of management model is critical. The three models of vertical, flat, and mixed management have advantages and disadvantages. In the specific implementation, there is no fixed model. It should be combined with the actual situation of the hospital to reduce costs, improve efficiency, and increase effectiveness, which are the goals. Regarding management and quality, Under the premise of homogeneous management, such as safety and service efficiency, connotative and denotative development can be carried out to collaboratively promote the healthy development of the hospital [8].

b. Highlight differentiated development and form new growth poles.

Branch campuses are more than just geographically different. Each hospital district should develop unique medical technologies that meet the needs of people in radiation areas. Therefore, multiple hospital districts should be regarded as a whole, and according to the hospital development strategic plan and the medical needs of the radiation area, each hospital district's functional positioning and discipline layout should be clarified to achieve differentiated development of each hospital district [9]. In particular, branch campuses should focus on enlarging and strengthening advantageous disciplines and characteristic disciplines and strive to form new growth poles to achieve a healthy development pattern in which each campus has its characteristics, contrasts with each other, and supports and complements each other.

c. Coordinate the construction of human resources and strengthen the scientific allocation of resources.

The critical factors of medical quality are technology and services, and the core of technology and services is talent. To achieve homogeneity among multiple hospital districts, the branch districts must first have the same level of medical, nursing, technical, and management teams as the central hospital district. Therefore, the introduction and training of talents are critical. On the one hand, excellent clinical experts and management backbones from the main campus can be reasonably deployed in various ways to support branch campuses through fixed-term or regular rotation to promote the logical flow of human resources; on the other hand, unified personnel admission standards must be implemented. Establish a unified training management system, improve personnel's internal evaluation and assessment mechanism, improve the professional quality and technical level of medical staff in branch districts, and provide a talent guarantee for realizing the homogeneity of medical quality and medical services [10].

d. Attach great importance to informatization construction and data empowerment, co-construction and sharing.

The realization of interconnection and exchange of information systems in various hospital districts is the basis for service homogeneity. An integrated information system should be built with unified platform management, real-time interconnection and data exchange between hospitals, and a unified service platform and carrier [11]. Build an integrated smart hospital information service system between hospitals to achieve unified management and data sharing among multiple hospitals to provide information support for integrated development and homogeneous services.

There is no fixed model for "one hospital, multiple districts" management. It needs to be rationally laid out and continuously explored based on the actual situation of each hospital. Public hospitals should continue to carry out system innovation, technological innovation, model innovation, and management innovation, adhere to the public welfare nature of public hospitals, give full play to the scale effect of multiple campuses, steadily promote the orderly expansion and balanced layout of high-quality medical resources, and promote the high-quality development of public hospitals. "Three transformations, three improvements" will continue to meet more people's medical needs.

8. Conclusion

The successful implementation of multi-district management at the First Affiliated Hospital of Chongqing Medical University has demonstrated a robust framework for enhancing healthcare services' overall quality and efficiency within a public hospital system. Adopting a model characterized by hospital-district collaboration, integrated management, and standardized service delivery has effectively addressed the complexities inherent in managing multiple hospital districts. This approach has not only preserved the unique strengths of each district but also fostered a collaborative environment that enhances mutual support and complementarity. The result is a sustainable development pattern that ensures high-quality medical care across all districts, providing valuable insights for public hospital administrators looking to optimize multi-district operations.

9. Further research and limitation

While the multi-district management model adopted by the First Affiliated Hospital of Chongqing Medical University has shown considerable success, there are limitations and areas for future research. One significant limitation is achieving true homogeneity in service quality across all districts, particularly in newly established or less developed regions. Future research could explore more granular strategies for standardizing service quality and integrating advanced technologies to minimize disparities.

Additionally, the long-term sustainability of this model in the face of evolving healthcare demands and technological advancements remains to be seen. Further studies are needed to assess how this management model can be adapted or scaled to meet future challenges, such as integrating artificial intelligence in clinical decision-making and the increasing demand for personalized medicine. Moreover, investigating the impact of cultural integration across

districts and its influence on staff morale and patient satisfaction could provide deeper insights into enhancing the effectiveness of multi-district management systems.

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