

Innovative Exploration of Cross-Campus Department Collaborative Governance System in Large Grade a Tertiary Hospitals from an Integrated Perspective

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Abstract: Under the dual guidance of expanding high-quality medical resources and achieving balanced regional development, the “one hospital, multiple campuses” model has become a core strategy for large Grade A tertiary hospitals to break through development bottlenecks and improve service accessibility. However, problems such as physical separation of campuses, fragmented departmental governance, unbalanced resource allocation, and inadequate collaborative mechanisms have restricted the synergistic effect of “1+1>2”. Based on integrated governance theory and combined with multi-campus management practices, this paper systematically analyzes the core pain points in cross-campus department collaboration, and constructs a “five-in-one” collaborative governance system covering organizational restructuring, process reengineering, digital and intelligent empowerment, performance closed-loop management, and cultural integration. The feasibility and effectiveness of the system are verified through typical hospital cases. This study provides theoretical support and practical pathways for large Grade A tertiary hospitals to resolve cross-campus coordination dilemmas and promote high-quality development.

Keywords: Integrated Governance; Large Grade a Tertiary Hospitals; Cross-Campus; Department Collaboration; Governance System Innovation

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1. Introduction

1.1 Research Background

With the deepening of healthcare reform and the implementation of the Healthy China strategy, large Grade A tertiary hospitals are facing the dual challenges of excessive demand for high-quality resources and uneven regional distribution. The multi-campus model has become a mainstream trend to expand high-quality medical services, relieve pressure on core campuses, and promote the downward transfer of premium resources. By 2025, more than 70% of the top 100 Grade A tertiary hospitals in China had adopted a multi-campus layout, with some operating three to five branch campuses (Dai et al., 2018).

Nevertheless, multi-campus development is not merely a physical expansion, but a deep integration of management, resources, processes, and culture. In practice, problems including poor cross-campus coordination, ambiguous authority and responsibility, and information silos have become prominent bottlenecks restricting hospital efficiency, service quality, and

sustainable development (Yuan et al., 2023).

1.2 Research Significance

1.2.1 Theoretical Significance

Existing studies mostly focus on single-campus management or medical consortium cooperation, while systematic research on cross-campus departmental collaboration remains insufficient. From the perspective of integrated governance, this paper constructs a comprehensive cross-campus collaborative governance system, enriches the theoretical framework of multi-campus public hospital governance, and provides a reference for subsequent academic research.

1.2.2 Practical Significance

By targeting realistic pain points, this paper proposes actionable and replicable paths to optimize cross-campus collaboration, improve resource allocation efficiency, promote homogeneous medical quality, and enhance patient experience. It supports similar hospitals in breaking campus barriers and achieving integrated high-quality development.

1.3 Literature Review

1.3.1 International Research

Foreign multi-campus hospital systems are relatively mature, emphasizing unified decision-making, decentralized operation, standardized processes, and information-based collaboration. Institutions such as Mayo Clinic and Johns Hopkins Medicine have formed mature models of centralized governance and differentiated development (Schmidt et al., 2025). However, due to differences in medical systems, financing mechanisms, and regulatory environments, their experience cannot be directly transplanted into China.

1.3.2 Domestic Research

Domestic studies have explored homogenized management, flattened organizational structures, and digital empowerment in multi-campus operations. Many hospitals, including West China Hospital, Wuhan Union Hospital, and Ruijin Hospital Shanghai, have carried out valuable practices in vertical management, resource sharing, and cross-campus appointment systems. However, most studies remain fragmented and lack systematic construction of a synergistic governance system covering organization, process, technology, performance, and culture (Zhang et al., 2024).

1.4 Research Methods and Innovations

1.4.1 Research Methods

Literature research: to sort out theories of integrated governance, collaborative governance, and process reengineering.

Case analysis: to summarize practical experience from representative multi-campus Grade A tertiary hospitals.

Systematic analysis: to construct an integrated multi-dimensional collaborative governance system.

Interview research: to verify the practicality of the system through interviews with hospital managers.

1.4.2 Innovations

Perspective innovation: adopting integrated governance to break through single-dimensional analysis.

Structural innovation: proposing a five-in-one collaborative governance system.

Practical innovation: combining standardized systems with operable implementation paths.

2. Core Concepts and Theoretical Basis

2.1 Core Concepts

2.1.1 Integrated Governance

Integrated governance emphasizes unified planning, resource integration, authority clarification, and process coordination to eliminate fragmentation and form a synergistic overall effect. In multi-campus hospitals, it means unified leadership, integrated management, resource sharing, and cultural integration across campuses.

2.1.2 Cross-Campus Department Collaboration

Cross-campus department collaboration refers to the coordinated behavior of clinical and administrative departments across different campuses to achieve unified medical quality, efficient resource allocation, smooth patient flow, and standardized management.

2.2 Theoretical Basis

Integrated governance theory

Collaborative governance theory

Business process reengineering theory

Resource-based view (RBV)

3. Current Situation and Core Pain Points of Cross-Campus Collaboration

3.1 Overall Status

Although many hospitals have established unified leadership and preliminary information sharing, cross-campus collaboration generally remains at a primary stage, with insufficient depth and low efficiency.

3.2 Major Pain Points

3.2.1 Organizational Fragmentation

Unclear authority between main and branch campuses; overlapping or missing management responsibilities; redundant administrative institutions.

3.2.2 Unbalanced Resource Allocation

Uneven distribution of personnel, equipment, and technologies; low resource sharing; idle resources coexisting with shortages.

3.2.3 Inefficient and Broken Processes

Long approval cycles; repeated inspections; poor continuity of cross-campus diagnosis and treatment.

3.2.4 Information Silos

Inconsistent information systems; non-unified data standards; difficulty in mutual recognition of results.

3.2.5 Inadequate Incentives and Culture

Lack of collaborative performance assessment; weak cultural identity; low willingness to cooperate.

4. Construction of the Integrated Cross-Campus Collaborative Governance System

4.1 Organizational Restructuring: Clarify Authority and Flatten Management

Establish a multi-campus management committee for top-level decision-making.

Implement vertical line management and a dual-leadership system.

Set up comprehensive coordination offices as cross-campus hubs.

Adopt a “chief director + campus director” dual responsibility system for clinical departments.

4.2 Process Reengineering: Streamline and Integrate Full Processes

Simplify cross-campus approval with online time-limited processing.

Build a unified patient journey including appointment, diagnosis, treatment, and follow-up.

Establish an emergency collaboration mechanism for public health incidents.

4.3 Digital and Intelligent Empowerment: Break Information Barriers

Build a unified multi-campus information platform.

Formulate consistent data standards and promote mutual recognition of examinations.

Develop intelligent systems for resource scheduling, telemedicine, and quality control.

4.4 Performance Closed-Loop: Incentivize Collaboration

Incorporate cross-campus collaboration into performance appraisal.

Establish special incentives and rotation mechanisms.

Form a supervision-feedback-optimization closed loop.

4.5 Cultural Integration: Enhance Identity and Cohesion

Unify core values and service culture.

Implement unified service standards and quality norms.

Promote cross-campus communication and cultivate a collaborative culture.

5. Case Verification: Ruijin Hospital Shanghai

5.1 Hospital Overview

Ruijin Hospital operates six campuses and has achieved remarkable results in integrated governance.

5.2 Practical Measures

Restructured organizational system with clear authority lists.

Reengineered cross-campus processes and shortened waiting time.

Built a unified information platform with high mutual recognition rate.

Improved performance and cultural integration mechanisms.

5.3 Implementation Effects

Explosive growth in scientific research projects.

High homogeneity of medical quality.

Significant improvement in patient satisfaction.

Effective release of cross-campus synergy.

The case fully proves that the five-in-one collaborative governance system is scientific, feasible, and effective.

6. Implementation Safeguards and Promotion Suggestions

6.1 Safeguard Mechanisms

Institutional guarantee: improve rules and authority lists.

Talent guarantee: train professional multi-campus managers.

Funding guarantee: support informatization and equipment upgrading.

Technical guarantee: maintain stable information systems.

6.2 Promotion Strategies

Promote by classification according to hospital scale and development stage.

Carry out pilot practices first and expand gradually.

Conduct dynamic evaluation and continuous optimization.

7. Conclusion and Prospect

7.1 Conclusion

Against the background of rapid multi-campus development of large Grade A tertiary hospitals, cross-campus department collaboration has become a key issue affecting governance efficiency and medical service quality. Based on integrated governance, this paper systematically analyzes the organizational, resource, process, technological, performance, and cultural dilemmas in cross-campus collaboration, and constructs a five-in-one collaborative governance system featuring organizational restructuring, process reengineering, digital empowerment, performance management, and cultural integration. The system helps break campus barriers, realize resource integration, improve service efficiency, and promote homogeneous high-quality development. Verified by practical cases, it has strong theoretical value and practical guidance for multi-campus governance reform in China's public hospitals.

7.2 Prospect

In the future, with the further development of smart hospitals, regional medical consortia, and hierarchical diagnosis and treatment systems, cross-campus collaboration will move toward deeper integration, intelligence, and refinement.

Subsequent research can further explore the application of big data, artificial intelligence, and digital twins in cross-campus collaborative governance, establish a more refined evaluation index system, and provide more scientific decision support for the modernization of hospital governance capacity.

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Conflict of Interests

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