

Exploration on the HRP Construction Practice of Regionalized Hospital Financial Management

Xi Deng

Shenzhen Nanshan Maternal & Child Healthcare Hospital, Shenzhen, Guangdong, China

Abstract: Financial management is the core content of hospital operation and management. Against the backdrop of the continuous deepening of the medical and health system reform, with a focus on accelerating the transformation of internal management and operation models and actively promoting the high - quality development of hospitals, relying on information technology to achieve automated and information - based management has become an important part of improving work efficiency. However, traditional hospital financial informatization has problems such as inconsistent standards, low efficiency, and information islands. To further promote the standardization and refinement of the business management processes of each hospital and enhance the transparency and usability of hospital financial management information, this paper analyzes the common problems in the construction of regionalized hospital financial management, introduces the construction of the regionalized financial management system from aspects such as system structure, data collection caliber, and business processes, and provides countermeasures and suggestions. It aims to provide timely, accurate, and comprehensive data for hospital management and competent departments, effectively improving the hospital's operational management efficiency.

Keywords: Regionalization; Financial Management; HRP Construction

1. Introduction

In 2020, the National Health Commission's Department of Finance issued the "Guiding Opinions on Strengthening the Operational Management of Public Hospitals", which pointed out that "strengthen information support. Hospitals should make full use of modern information technology to strengthen the standardized construction of the hospital's operational management information integration

platform." The "Notice on Continuing the 'Economic Management Year' Activity in Public Medical Institutions from 2024 - 2025" in 2024 requires that "by the end of 2025, strive to enable 50% of tertiary public hospitals nationwide to have and apply the operational management information integration platform; strive to achieve full coverage of tertiary public hospitals nationwide by the end of 2027, and significantly increase the coverage rate of secondary public hospitals nationwide." These policies all focus on continuously strengthening the informatization construction of the operational management system with the integration of business and finance as the core. The economic operation management information integration platform, as the core content of public hospital economic management and the integration of business and finance, has become an important task to promote the high - quality economic development of hospitals.

2. Main Problems Faced by the HRP Construction System of Regionalized Hospital Financial Management

2.1 Low Standardization Level of Basic Data

With the continuous development of hospital informatization, there are gaps in the development level of financial management informatization among hospitals. The business processes of each hospital are inconsistent, and the quality of financial management varies. The system integration degree is not high. At the same time, the legacy data of the old system has problems such as chaotic formats and missing information, which makes the migration and cleaning of historical data difficult, increasing the implementation cost and time cycle.

2.2 Insufficient Regional Collaboration and Policy Support

The management models and interest demands of different hospitals vary greatly. The regional HRP needs to coordinate the rights and responsibilities

of multiple parties, and cooperation is likely to stagnate due to interest distribution issues. There is a lack of unified technical standards and implementation guidelines for HRP construction at the national level, and local self - exploration leads to repeated construction. For example, there are dozens of domestic HRP system suppliers, and the interface standards vary, which exacerbates the difficulty of regional integration.

2.3 High Pressure on Capital and Resource Investment

The initial construction cost is high. The procurement of HRP software and hardware, system customization and development, and later maintenance costs are relatively high, posing pressure on public hospitals that rely heavily on finance. At the same time, there is a lack of a financial sharing mechanism for regional collaboration. The regionalized HRP requires cross - institutional cooperation, but the financial strength of different hospitals varies greatly, resulting in uneven construction progress. In some areas, due to the lack of financial subsidies, a unified HRP platform cannot be deployed.

3. Necessity of HRP Construction in Regionalized Hospital Financial Management

Regionalization is a recognized development direction for hospital informatization [1]. Based on the analysis of the main problems faced by the HRP construction system of regionalized hospital financial management, in order to meet the requirements of optimizing regionalized financial management processes and ensuring consistent basic requirements, and to realize the exchange, sharing, and collaborative application of financial management information among hospitals in the region, and to provide strong data support for the management departments of the health and health system, so as to improve the overall quality and level of regional financial management [2].

4. Practice of the Regionalized HRP Construction System in Hospital Financial Management

The HRP system can optimize the path of hospital financial management work and has strong vertical execution and horizontal communication capabilities [3]. The standardization of regionalized hospital financial management first involves constructing regional health informatization management specifications, unifying financial management data standards,

and further improving the construction standards of hospital informatization financial management. Regional medical and health institutions should comply with and implement the management specifications and data standards formulated by the region. The hospital system should be adaptively transformed according to the unified standards to guide the standardization and homogenization of the financial management systems of each unit, complete system data mapping and data docking work according to the unified standards, and construct a management system with unified regional standards and consistent calibers. There is a trend of collaborative development in each region, and the design of regional collaborative medical and telemedicine service platforms should have wide adaptability [4].

4.1 Comprehensive Financial Management Business Process

To achieve the integration of business and finance in hospitals, financial management is the core of the integration of business and finance in hospitals [5]. The consistency of subsidiary ledgers, cash books, bank books, and each department, as well as the consistency between accounts and accounts and between accounts and facts, is the foundation. The system needs to support functions such as voucher preparation, review, posting, and query of financial ledgers and statements in hospital accounting, realizing the basic accounting content of “accounts, vouchers, and statements”, which facilitates managers to quickly understand the hospital’s financial status and operating results and provides comprehensive information and support for the financial management work of group hospitals and individual hospitals. Unify and standardize the basic standards of financial management in medical and health institutions, and implement transformations according to the general data dictionary standards and budget domain data dictionary standards formulated by regional overall planning.

4.2 Budget Management Business Process

To build a modern budget management system based on HRP system has become the focus of future financial management in hospitals [6]. The preparation mode of revenue and expenditure budgets realizes both top - down and bottom - up methods. In addition, according to the business characteristics of hospital expenditure budgets, the system supports two - level preparation by

functional departments and business departments, and the corresponding relationship is set to realize mutual generation. First, through the project library management module, support the full - process management of budget project library declaration, review, and storage, and take budget projects as the starting point for budget preparation to realize the comprehensive budget management process of “first have projects, then have budgets, and then have expenditures”. Second, prepare the budget based on the budget template, complete the budget preparation and reporting work by distributing the budget template, and monitor the budget execution according to the budget preparation amount. Budget control is the core function to achieve pre - event and in - event management of the budget and strengthen internal control in hospitals. Through the budget control console and setting budget control rules, realize budget control for business such as expense reimbursement and asset procurement. At the same time, summarize and count data such as budget preparation amount, budget execution amount, and budget control dimensions to form budget analysis reports.

4.3 Reimbursement Management Business Process

The expense reimbursement is a reimbursement platform for all hospital staff, which needs to support various services such as expense application, advance borrowing, expense reimbursement, account settlement, uploading materials, and online approval at all levels. It supports multi - terminal use on mobile devices, PCs, and self - service machines. Combined with technologies such as OCR, it realizes invoice recognition, verification, and intelligent filling, and is seamlessly integrated with the budget, cashier, and accounts payable systems. Combined with the bank - hospital direct connection system, it strengthens payment security, helps hospitals reasonably coordinate expenses, and prevents unnecessary waste and expenditure. The applicant and reimbursor fill in the form, and the system prompts whether the budget is exceeded when filling in the form; the applicant prints the form, indicating whether each application exceeds the budget; the applicant completes the approval process as required with the form; the applicant sends the approved form to the finance department; the financial staff verifies through the system, approves, and pays the reimbursement amount.

4.4 Material Management Business Process

The hospital HRP system can optimize the material management process on the basis of the informatization platform and then integrate with the conventional HIS system, which helps to improve the daily operation efficiency. Unify and standardize the basic standards of material management in medical and health institutions, and carry out basic transformations according to the asset domain data dictionary, material domain data dictionary, certificate management process, material acceptance and warehousing, and application and outbound processes, inventory counting, and other standards formulated by regional overall planning. At the same time, for functions such as procurement plan management, order management, inventory management, high - value consumables management, accounts payable management, and supplier management of hospital logistics, standardize hospital logistics management, reflecting the advanced procurement management concept of “timely, appropriate quantity, appropriate price, and appropriate quality”. The system should manage materials through the full - life - cycle management process, defining whether materials are chargeable and whether they are high - value.

4.5 Human Resource Management Business Process

The hospital establishes an internal information sharing platform involving various departments and departments to realize the full connection with the management system of finance, cost, budget and materials [7]. Unify and standardize the basic standards of personnel management in medical and health institutions, and carry out basic transformations according to the relevant standards of the personnel data dictionary formulated by regional overall planning. The three basic functions of organizational structure management, employee file management, and personnel management in the personnel management module need to be fully covered and connected with the collaborative office systems of each hospital to complete the sharing of basic information. The addition and transformation of other functions such as salary management, recruitment management, employment management, and leave management in the system are mainly applied to the personnel departments of each unit. Based on the existing personnel management system, combined with new business requirements and processes,

optimize the functional modules.

5. Countermeasures and Suggestions for the Construction of the Regionalized HRP System

5.1 Unify Basic Business Processes and data Collection Calibers

Through the construction of the regionalized HRP system, establish hospital management data specifications, unify various basic information such as departments, subjects, accounting items, and suppliers, and realize the standardized and standardized management of hospitals. Realize data management, data exchange, and business modeling applications, support the rapid construction and assembly of service - oriented business applications, and meet hospital management needs[8]. Conduct centralized maintenance of basic information such as users, permissions, account sets, departments, and employees to ensure the efficient collaboration between systems. According to the management requirements of superior departments, analyze and display the data of the data integration platform to provide a convenient data display platform for superior leaders.

5.2 Promote the Transformation of the Comprehensive Budget Management Model

Comprehensive budget management provides a platform from budget project management, budget preparation, budget review, budget adjustment, budget execution control to budget execution result summary analysis and budget performance evaluation, providing budget preparation, control, and analysis functions for hospitals, and supporting functions such as the issuance of budget indicators, the reporting and approval of budget data, and the reporting and summarization of budget execution data for hospitals. It includes maintaining the basic information related to the performance evaluation scoring of budget projects, including indicator categories, performance indicators, and the setting of project performance evaluation activation. Finally, combined with the indicators and weights set for each budget project, calculate the performance evaluation scoring results and budget project execution rate scores to obtain the assessment and statistical reports of each budget project and budget - responsible department, realizing the closed - loop management of comprehensive budgets.

5.3 Improve the Quality and Efficiency of

Regionalized Financial Management

Utilize the construction of the regionalized HRP system to integrate the financial management data of regional hospitals, establish a comprehensive and scientific analysis and evaluation index system for medical business finance, and construct a multi - dimensional analysis and evaluation system from fields such as finance, budget, assets, human resources, materials, and drugs to support the analysis and decision - making of the integration of “people, finance, and materials” in the region, improving the scientific, standardized, and refined level of regional financial management and enhancing the decision - making ability of regional financial management. Improve the centralized control system for the comprehensive financial management informatization construction in the region, build a data standard system for the regional information system, and build a group - level control system for people, finance, and materials, strengthening the regional medical quality and operation control, and constructing a modern and refined medical and health management system. Form a regional benchmark library, conduct benchmarking among district - owned hospitals, assist hospitals in identifying their own financial management problems, understanding their positions in the region, and promoting hospitals to improve problems and enhance their operational management level, forming a dynamic management closed - loop of analysis, evaluation, and promotion as a whole.

6. Conclusion

Although guiding opinions, guidelines and technical specifications have been put forward in the construction of regional health informatization in China, there are still problems such as platforms that cannot play their due role, business systems of medical and health institutions that are independent, basic data entry at all levels of systems repeatedly, and fatigue in dealing with the application effect. Combined with the requirements of the state, provinces, and cities for strengthening the operational management and high - quality development of public hospitals, there is still a long way to go from the problems faced by the region, the matters to be solved, and the achievable goals. Improving the core management systems of hospitals such as hospital charters, business management, resource allocation, and performance evaluation, implementing the comprehensive budget

management and full - cost accounting systems of hospitals, and strengthening the scientific allocation and effective use of core resources such as people, finance, materials, and technology in hospitals remain the core of hospital management. In the long run, the construction of regionalized HRP is still the future management trend. Only by improving the consensus of the government and hospitals can the advantages of regionalized management be further exerted to achieve the unified management of medical and health institutions.

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