

# Research on Obstacles to Integrated Financial Management and Pathways for Smart Finance Construction in Multi-Campus Public Hospitals

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## Abstract

The steady expansion of public hospitals into multi-campus construction is driving a critical need for more integrated, coordinated, and refined financial management. Due to their dispersed layouts and diversified business types, multi-campus public hospitals still face several challenges in promoting financial integration. Key issues include inconsistent financial systems and management standards, insufficient coordination among budgeting, cost, and performance management, fragmented information systems, poor data sharing, complex financial processes, and low maturity of intelligent application. As an important pathway for promoting the transformation of hospital financial management, smart finance construction can enhance the level of financial integration across campuses through standardized systems, optimized processes, system integration, and data synergy. Focusing on the main obstacles in the financial integration of multi-campus public hospitals, this study proposes development pathways such as unifying financial systems and management standards, strengthening budget-cost-performance coordination, promoting system integration and data sharing, and optimizing financial processes and smart applications, with the aim of providing references for improving hospital financial governance capacity and operational efficiency.

## Keywords

Multi-campus Public Hospitals; Financial Integration; Smart Finance.

## 1. Introduction

With the continuous expansion of high-quality medical resources and the ongoing optimization of regional balance, multi-campus public hospitals are growing rapidly. This development has become an important approach to improving healthcare service capacity and optimizing resource allocation.

In 2022, the National Health Commission issued the *Notice on Standardizing the Management of Branch Campuses of Public Hospitals*. The policy explicitly requires unified management across campuses based on information system development, promoting unified financial management, centralized accounting, and coordinated operations, and gradually achieving information sharing and business collaboration. This indicates that the management of multi-campus public hospitals is shifting from scale expansion toward standardized, coordinated, and refined development.

Against the backdrop of multi-campus operation, public hospitals face challenges such as inconsistent systems and incomplete information infrastructure in financial integration. Traditional financial management approaches are now inadequate for ensuring unified supervision and high-quality development. As an important driver of financial transformation, smart finance construction helps achieve standardized systems, optimized processes, integrated platforms, and data synergy, thereby improving the level of financial integration in

multi-campus hospitals. Based on this, this paper explores the main obstacles in financial integration management and discusses pathways for smart finance construction, aiming to provide references for enhancing financial governance and operational efficiency in hospitals.

## **2. Main Obstacles in Financial Integration of Multi-Campus Public Hospitals**

With the continuous development of multi-campus public hospital construction, financial management is facing a more complex operational environment. In a multi-campus model, extended management chains and dispersed business distribution make it difficult for traditional financial management approaches to meet the requirements of unified supervision and coordinated operations. In practice, several key obstacles still exist.

### **2.1. Inconsistent Financial Systems and Management Standards**

Multi-campus public hospitals are usually formed through new construction, expansion, merger, or trusteeship based on an original single-campus institution. During their development, different campuses often form relatively independent financial management practices and institutional arrangements. Although they are gradually incorporated into a unified management framework, differences may still exist in reimbursement approval, expense control, accounting standards, and document review. These discrepancies lead to inconsistent handling standards for similar economic activities across campuses, reducing the comparability of financial information and increasing the difficulty of unified supervision and coordinated management.

In a multi-campus context, the absence of unified reimbursement rules and financial process design can easily result in inefficient approval workflows, repeated processing, and reduced management efficiency. Financial integration relies fundamentally on unified systems and processes. Only when standards are clearly defined and consistently applied can information system integration and managerial coordination be effectively achieved [1].

### **2.2. Insufficient Coordination among Budgeting, Cost, and Performance Management**

Budgeting, cost control, and performance management are essential components of modern hospital financial management and key levers for improving resource allocation efficiency and governance. However, in a multi-campus context, differences in functional positioning, operational scale, resource input, and development priorities across campuses often lead to weak alignment among budgeting, cost accounting, and performance evaluation, thereby affecting overall financial effectiveness.

On the one hand, some campuses focus primarily on their own operational needs when preparing budgets, lacking coordination from the perspective of overall hospital strategy and resource integration, resulting in fragmented budgeting goals and insufficient synergy. On the other hand, inconsistent cost allocation and aggregation rules reduce the comparability of cost data across campuses, making it difficult to accurately reflect operational performance and hindering resource optimization. The integration of budgeting, cost, and performance is a key direction in modern hospital financial management. Without effective linkage, financial management cannot shift from post-event accounting to full-process control and management empowerment [2].

In addition, insufficient integration between financial systems and budget management systems further limits data sharing between budgeting information and financial data, weakening the coordination between budget management and performance evaluation [3].

### 2.3. Fragmented Information Systems and Poor Data Sharing

In the process of informatization, multi-campus hospitals often establish multiple management platforms, including financial systems, budgeting systems, reimbursement systems, and procurement systems. However, since these systems are developed at different stages and serve different functional modules, their interface standards, data definitions, and operational logic are not fully unified, leading to system fragmentation and data dispersion.

System fragmentation directly results in poor data connectivity. The same business process may appear inconsistently across different systems, increasing the workload of reconciliation, aggregation, and analysis, while also affecting the timeliness and accuracy of financial information. For example, in reimbursement processes such as travel or conference expenses in multi-campus hospitals, if submitted applications in the reimbursement system cannot automatically synchronize with budgeting and accounting systems, financial staff must re-enter the data during review and posting, significantly increasing workload. Therefore, building an integrated platform that connects financial information with business processes is a critical foundation for financial integration.

### 2.4. Complex Financial Processes and Low Maturity of Smart Application

Financial processes in multi-campus hospitals are inherently more complex than in single-campus settings, owing to their geographical dispersion, frequent inter-campus transactions, and extended approval chains. Reliance on traditional offline approvals or semi-automated systems exacerbates these challenges, often leading to cumbersome workflows, redundant steps, and prolonged processing times, which ultimately undermines both operational efficiency and management quality.

In practice, reimbursement processes are a typical manifestation of this issue. Under multi-campus conditions, a single expense may need to go through multiple stages, including department application, campus review, leadership approval, and financial verification. Without standardized processes and adequate system support, repeated submissions, back-and-forth approvals, and low processing efficiency are common. Smart reimbursement represents an important entry point for promoting financial integration in multi-campus hospitals. Through standardized rules, optimized workflows, and online processing, approval efficiency and internal control can be significantly improved [4].

At the same time, low maturity of smart application are also reflected in insufficient system utilization and limited automation. Some hospitals, although having implemented electronic reimbursement systems, remain at a superficial level of digitization and have not achieved true process reengineering or intelligent collaboration. Many repetitive tasks still rely on manual operations, which shifts financial staff attention toward transactional work and limits their capacity in budget analysis, cost control, and managerial support. In addition, insufficient digital literacy among financial staff and limited capability in budget performance management may also affect the effectiveness of smart finance tools [5].

## 3. Pathways for Smart Finance Construction in Multi-Campus Public Hospitals

### 3.1. Unifying Financial Systems and Management Standards

In the process of advancing smart finance construction in multi-campus public hospitals, unifying financial systems and management standards should be regarded as a foundational step. At the overall level, a comprehensive institutional and standardized system covering all campuses should be established. By strengthening top-level design, hospitals can harmonize financial management rules, operational protocols, and foundational data standards. This enhances the consistency and standardization of multi-campus financial management, thereby

establishing the institutional framework necessary for cross-campus synergy, system integration, and data sharing.

In practical implementation, hospitals should first review key areas such as expense reimbursement, fund approval, budget management, and accounting practices, and improve relevant institutional arrangements to gradually form unified management rules. For matters requiring campus-specific handling, execution boundaries should be clearly defined within an overall framework to avoid institutional fragmentation. At the same time, standardization of financial basic information should be strengthened, including expenditure classification, reimbursement item coding, and supplier information management, laying a solid foundation for system integration and data sharing.

Relying on a smart financial platform, hospitals can embed approval authorities, reimbursement requirements, and accounting rules into the system processes. This promotes the practical implementation of institutional requirements, gradually forming a well-regulated, clear, and orderly multi-campus financial management structure.

### **3.2. Strengthening Coordination among Budgeting, Cost, and Performance Management**

Smart finance construction should not only improve accounting efficiency but also extend financial management from post-event processing to full-process governance. In multi-campus public hospitals, budgeting, cost control, and performance management are closely interconnected. Only by establishing effective coordination mechanisms can financial management better support resource allocation and operational control.

First, hospitals should establish and improve comprehensive budgeting systems aligned with overall development strategies and functional positioning of each campus. The budgeting process should be strengthened across formulation, review, execution, and feedback stages. During budget preparation, financial departments should enhance communication with clinical, research, equipment, and logistics departments to improve alignment between budget allocation and operational needs. During execution, information systems should be used to enable dynamic monitoring and early warning, while budget control should be embedded into business approval workflows to enhance binding force and ensure standardized implementation.

Second, hospitals should improve cost accounting and allocation mechanisms across campuses. Multi-campus hospitals often involve centralized procurement, cross-campus staffing, and unified logistical support. Without clear cost allocation rules, it is difficult to accurately reflect actual operating costs of each campus, and cross-campus comparisons and resource optimization are also constrained. Therefore, hospitals should establish a cost accounting system tailored to multi-campus characteristics by reasonably defining allocation methods for shared human resources and centralized support services, thereby improving the authenticity and comparability of cost data.

Finally, a linkage mechanism among budget execution, cost control, and performance evaluation should be established. Indicators such as budget execution rate, cost control effectiveness, and fund utilization efficiency can be incorporated into performance evaluation systems. Combined analysis of budget deviations and cost savings can enhance the objectivity and binding force of performance assessment, encouraging hospitals to prioritize resource conservation and management efficiency.

### **3.3. Promoting System Integration and Data Sharing**

In a multi-campus context, smart finance construction relies heavily on unified information platforms and smooth data flow mechanisms. Therefore, system integration and data

governance should be regarded as key components of smart finance development, promoting interoperability between financial and operational information systems.

On one hand, integration between financial systems and budgeting, reimbursement, procurement, and asset management systems should be strengthened. This allows the gradual linking of data flows across business application, approval processes, budget control, and financial accounting, thereby reducing duplicate data entry and manual reconciliation. For multi-campus hospitals, system integration not only improves operational efficiency but also enhances inter-campus data coordination, enabling expense, budget, and accounting information to be updated synchronously under unified rules.

On the other hand, standardization of basic data should be reinforced. Hospitals should establish unified data standards covering expense categories, project codes, departmental codes, asset classification, and personnel information. This ensures that different systems operate under consistent rules, avoiding issues such as data incompatibility, difficulty in comparison, or distorted analytical results caused by inconsistent definitions. For systems that cannot yet be fully integrated, automated tools may be introduced to support data extraction, validation, and transmission, improving the accuracy and timeliness of cross-system data processing.

On this basis, hospitals should further develop data analytics capabilities to support budget execution monitoring, cost control, inter-campus performance comparison, and risk early warning.

### **3.4. Optimizing Financial Processes and Smart Applications**

The ultimate goal of smart finance construction is to optimize workflows and improve management efficiency. In multi-campus public hospitals, where campuses are widely distributed, business interactions are frequent, and approval chains are long, simply transferring traditional offline processes into digital form is insufficient to address inefficiencies and coordination problems. Therefore, hospitals should focus on high-frequency, repetitive, and rule-based financial activities to continuously optimize workflows and strengthen smart applications.

First, paperless reimbursement should be prioritized. In multi-campus settings, reimbursement items such as travel expenses, training fees, and research funding are frequent. Physical document circulation across campuses is time-consuming and increases administrative costs. Through smart finance platforms, hospitals can enable online submission of reimbursement applications, invoice uploads, approval processing, and status tracking, thereby reducing reliance on paper documents. Meanwhile, reimbursement rules should be refined, approval steps appropriately streamlined, and front-end rule-based controls strengthened to reduce repeated submissions and manual workload, improving cross-campus reimbursement efficiency.

Second, automation and intelligent processing of financial workflows should be enhanced. In processes such as budget verification, invoice validation, data extraction, and voucher generation, where rules are relatively clear, automation tools can be gradually introduced to reduce repetitive tasks and human errors. This allows financial staff to focus more on budget analysis, cost management, and operational support.

In addition, electronic accounting archives should be steadily developed to achieve standardized digital archiving of original vouchers and business documents, reducing the cost and risk of paper-based circulation across campuses. At the same time, hospitals should strengthen the digital competency of financial staff through training programs, role optimization, and responsibility adjustment, facilitating a transformation from traditional accounting roles to management support roles, thereby fully realizing the value of smart finance tools.

## 4. Conclusion

As the construction of multi-campus public hospitals continues to advance, hospitals are not only expanding service capacity and optimizing resource allocation but also facing higher demands for the coordination, synergy, and refinement of their financial management. Currently, persistent deficiencies in institutional alignment, system coordination, data sharing, and process integration hinder the full realization of integrated financial management's effectiveness.

Smart finance initiatives serve as a critical pathway for transforming financial management and represent a long-term systemic endeavor. Multi-campus hospitals must leverage digital tools, tailored to their specific operational realities, to enhance their integrated financial management systems by focusing on key areas such as policy standardization, process optimization, system integration, and data sharing. The objective is to progressively transition smart finance from localized applications to deep, holistic synergy, thereby continuously strengthening the role of financial management in supporting overall hospital operations and governance.

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