

SPECIAL ARTICLE

Roles and methods of performance evaluation of hospital academic leadership

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Summary

The rapidly advancing implementation of public hospital reform urgently requires the identification and classification of a pool of exceptional medical specialists, corresponding with incentives to attract and retain them, providing a nucleus of distinguished expertise to ensure public hospital preeminence. This paper examines the significance of academic leadership, from a strategic management perspective, including various tools, methods and mechanisms

used in the theory and practice of performance evaluation, and employed in the selection, training and appointment of academic leaders. Objective methods of assessing leadership performance are also provided for reference.

Key words: academic leadership, hospital management, method, performance evaluation

Introduction

The recruitment of a qualified assembly of academic leaders cannot be accomplished instantly. It is a comprehensive process encouraged by the interaction of long-term strategic thinking, combined with strategic management principles, correlated with established hospital policies and standard operating procedures.

The comprehensive strength of a hospital is best realized through the well-managed harmonization of complementary abilities and competing interests. To attract, select, train, use and retain a well-integrated complement of experts – outstanding academic leaders in particular – and to make full use of their abilities, is the most reliable means to accomplish and sustain critical hospital development objectives [1]. Academic leaders focus on one discipline or specialty; therefore, the assessment, selection, training, appointment and encouragement of academic leaders are fundamental imperatives of strategic planning [2]. Hospital directors and departmental managers must

be made aware of the significance, methods and criteria of performance evaluation, particularly as applied to academic leadership [3].

Academic leaders infuse dynamism and vitality into public hospitals

‘Essential human resources’ refers to individuals who are vital to the creation of value and the formation of competitive superiority. Academic leaders are essential human resources vital to hospital development [4].

1. *Technical and practical influence of academic leaders:* Outstanding academic leaders of distinction are innovative practitioners of a specific discipline, recognized by peers and public alike, who attract patients.

2. *Strategic influence of academic leaders:* The combined knowledge, skill and capabilities of academ-

ic leaders are the foundation of hospital competitiveness [5]. Highly-respected academic leaders attract patients to hospitals somewhat like product excellence, associated with name-brands, attracts customers. Therefore, the assembly of an attractive array of esteemed academic leadership improves hospitals' competitive influence.

3. Guiding and developmental influence of academic leaders: The reputation of hospital departments originates with their doctors but is not limited to them. Superior teamwork supported by the entire hospital makes a department thrive and is essential for enabling departmental development [6]. A tree-like team, consisting of academic leaders, alternate academic leaders, medical support staff (mainstays), departmental managers and administrative coordinators, imparts dynamism and vitality which encourages continuous departmental development.

Establish systematic performance evaluation of academic leadership

While determining the objectives and duties of academic leaders, hospital directors must simultaneously respect their intellectual labor, judgment and autonomy, and provide a corresponding position, environment, working conditions and pay. All of these elements must be considered indispensably correlated [7].

Tool selection: Currently, a variety of performance evaluation tools exist, such as 360-Degree Performance Evaluation, Balanced Score Card and Key Elements Score. The selection of an appropriate academic leadership performance evaluation tool is crucial. Balanced Score Card, illustrated in Table 1, is based on medical quality, internal management, research and patient satisfaction.

Considerations guiding the economic management of academic leaders include workload, expenses paid by patients and medical insurance contributions. Factors contributing to the guidance of departmental management include average days of hospitalization, bed use rate, proportion of critically ill patients, surgical rate, duration of treatment, number of external consultations and various other quality indexes.

Research innovation and patient satisfaction indexes include the efficacy of discipline enforcement and disciplinary improvement within a specific period, participation in team guidance, professional improvement efforts, implementation of new or critical technical practices, training of

young and middle-aged mainstays, number of morning or evening reading sessions hosted by academic leaders, establishment of research programs, awards, published papers, maintenance of academic standing, patient satisfaction and managerial peer assessment [8].

Balanced Score Card integrates various measurements that break down the performance evaluation of academic leaders into detailed and balanced indexes from a strategic perspective. This is a method of performance evaluation that connects hiring strategy with disciplinary procedures, and the cultivation of academic leadership, which produces a cohesive and unifying effect [9].

Plan selection: The next segment of the strategic sequence is determining a plan of academic leadership performance evaluation. Establishing the criteria of assessment is the first requirement. Lv and Zhang pointed out that in the evaluation of health specialists the emphasis should be placed on accomplishment, technical ability, morale, style and patient satisfaction [10]. Establishing indexes to evaluate academic leaders requires adherence to impartial principles of scientific, objective and fair evaluation [11]. The method is different from that for general medical mainstays. Components such as workload, technical quality, disciplinary enforcement, research and specialized training are listed in Table 1.

Indexes are arranged according to their significance relative to the growth and development of academic leaders. It is an objective and quantitative evaluation system. Results that meet or exceed a predetermined value indicate the examinee conforms to annual examination standards.

Plan, Do, Check, Action (PDCA) process: PDCA is a useful tool in hospital management, applicable to the performance evaluation of academic leaders.

Phase P – Plan: ascertain the position of a particular professional discipline, assess the capability and potential of academic leaders, establish training goals, schedule periodic evaluation indexes, determine and resolve disparities, amend and recalibrate indexes.

Phase D - Do: fulfill planned objectives and enforce policies, cooperate with eminent domestic or foreign medical institutions, enroll academic leaders in further study, appoint academic leaders to leading posts to improve their management and organizational capabilities, allocate budgetary support and provide funding for academic research.

Table 1. Indexes of performance evaluation for academic leaders (the Balanced Score Card)

Dimension	Weighed value	Level 1 indexes	Weighed value	Level 2 indexes	Weighed value	Meet degree
Work performance	30%	Workload	40	Specialist clinic person times	40	≥4
				Surgical cases	40	≥4
				Bed use rate	20	≥2
		Work quality	60	Patient safety control	40	≥7
				Medical dispute control	30	≥5
				Medical quality control	30	≥5
Professional capability	40%	Technical ability	40	Class 4 surgical rate	30	≥4.5
				Critically ill patient rate	20	≥3
				Times of external consultation	20	≥3
		Research ability	60	Technical know-how	30	≥4.5
				Research award	20	≥4.5
				State level thesis	20	≥4.5
				SCI factor	20	≥4.5
				Academic lecture	20	≥4.5
				Clinical teaching	20	≥4.5
Academic position	40%	Patient satisfaction	50	Outpatient appointment rate	50	≥1
				Appointed surgical rate	50	≥1
		Professional recognition	50	Posts held	50	≥1
				Difficult case discussion	50	≥1
Professional standard	30%	Professional behavior	100	Adverse record	One vote veto	
				Medical complaint	100	≥2.5
				Poor working style	One vote veto	∅

SCI: Science Citation Index

Phase C - Check: evaluate implementation of the plan, confirm the results, feedback defects and deviations, and propose improvements.

Phase A - Action: initiate appropriate actions following evaluation. Where results meet objectives, standardize policies and measurements, then enter the next PDCA. Where objectives are not met, initiate modifications (i.e., adjust indexes, methods or values, cancel training plans, etc.), and start the next cycle of improvements.

Contract management: Academic leaders sign a contract with the hospital specifying duties, standard operating procedures and regulations, and delineating the rights, responsibilities and obligations of both parties. Innovative management techniques, such as these, are the basis of the performance evaluation of academic leaders [12].

Levels of academic leaders: In 2013, one hospital adopted a yearly salary system for academic leaders, selected and appointed 4 chief doctors

and 11 renowned doctors who brought advanced medical practices to the hospital.

Performance directly correlated to rewards galvanized doctors, inspired initiative, encouraged cooperation and generated hospital cohesion [13].

Candidate screening mechanism: That same hospital also established an effective mechanism to encourage academic leaders to compete and grow, which includes: (1). Candidate appraisal – a general evaluation of outlook and attitude, working style, clinical performance, research ability and leadership aspirations. Screening is open, fair and democratic. (2) Evaluation mechanism – assessment of personal experience, skill, training orientation, academic achievement, clinical performance, research results and teamwork. Third-party involvement guarantees fair and objective assessment. (3) Encouragement mechanism – spiritual and material incentives are combined, with priority given to generously-subsidized opportunities to engage in further study and research programs.

Up to a 30% annual salary increase may follow a positive performance evaluation (representing 3-5 times the average increase in hospital salary), of which 40% is basic salary, unconnected to performance and paid every month, 20% is connected to personal and team performance and paid every month after evaluation. The remaining 40% is paid as a year-end bonus following evaluation by a third party. In addition, the hospital has allocated special funds to reward academic leaders who make outstanding contributions. (4) Winnowing mechanism – sustained excellence will be revealed and retained persistent incompetence exposed and discharged: standardizing the process of performance evaluation, as described within, inherently fosters a sense of responsibility, discloses competitive hindrances and selectively ensures retention of the ablest among academic leaders. Standardized performance evaluation techniques simultaneously refine the quality of hospital personnel and hone its competitive edge, almost automatically.

Conclusions

Performance evaluation techniques are dynamic. Methods and policies of evaluation will evolve, naturally. The establishment of an assembly of esteemed academic leaders will guarantee that public hospitals remain preeminent, in perpetuity.

1. Positive encouragement is the key to performance evaluation of academic leaders. The cultivation of academic leaders is a dynamic process, a process of personal growth and improvement. Hospitals must show concern for academic leaders, trust and support them, encourage more and punish less, guide more and interfere less. Dismissal must be cautious and provide additional time for growth and development.

2. Scientific performance evaluation tools are effective detectors of academic leadership qualities and capabilities. Performance is multi-dimensional. Different approaches produce different results. Each hospital must select the most appropriate scientific instrument to evaluate performance,

guide academic leaders toward hospital objectives, excite staff to follow their examples and, above all else, allow academic leaders to fulfill their unique role.

3. From a strategic perspective, the performance evaluation of academic leaders must be understood as a necessity. What is the mission of hospital? What is its strategic position? What are its essential competitive assets? Common patterns of performance evaluation are not guided by commonplace patient needs, like bed numbers, volume of outpatients and discharged patients, quantity of high-quality equipment, such as CT, PET/CT and MRI. Hospitals are used to introducing specialists instead of tapping the potential and training existing human resources. They neglect the classification of specialists, disciplinary enforcement and disregard the superior techniques used to measure performance and promote hospital development, as described herein. Scientific performance evaluation stabilizes academic leadership and encourages hospital development.

4. It is necessary to emphasize the importance of both material and spiritual rewards in the performance evaluation of academic leaders. To respect the value of academic leaders, it is necessary to provide individualized material encouragement, such as subsidies in addition to regular yearly income. It is also necessary to provide quality equipment, locations and substantial funding to carry out their duties [14]. It is equally necessary to recognize their exceptional dedication, intellectual accomplishments, skills and unique status, with corresponding honorific titles, such as Chair & Head Researcher, Department of Pediatrics, Chief Surgeon, “Renowned Geneticist”, and so forth.

Hospitals must also actively engage in public-relations and deliberately draw attention to their most “essential human resources.” Hospitals must take the initiative and make the effort to spread the influence of their exceptional academic leaders and medical support teams, not only to attract patients but to recruit other extraordinary individuals to join them.

References

1. Zhou W, Chen W. Quality, ability and growth environment of hospital academic leaders. *Chin J Mod Med* 2006;16:1917-1920.
2. Polyzos N. A three-year Performance Evaluation of the NHS Hospitals in Greece. *Hippokratia* 2012;16:350-355.
3. Schmaltz SP, Williams SC, Chassin MR, Loeb JM, Wachter RM. Hospital Performance Trends on National Quality Measures and the Association With Joint Commission Accreditation. *J Hosp Med* 2011;6:454-461.
4. Tsai TC, Jha AK, Gawande AA, Huckman RS, Bloom N, Sadun R. Hospital Board And Management Practices Are Strongly Related To Hospital Performance On Clinical Quality Metrics. *Health Aff (Millwood)* 2015;34:1304-1311.
5. Yi L. An introduction to strategic hospital management. Beijing, People's Health Publishing House, 2014: p 259.
6. Yi L. Create an outstanding hospital—a report from Asian hospital management awards, Beijing, China Union Medical College Press, 2014, pp 45-46.
7. Mark TL, Evans WN, Schur CL, Guterman S. Hospital-physician arrangements and hospital financial performance. *Med Care* 1998;36:67-78.
8. Behrouzi F, Shaharoun AM, Ma'aram A. Applications of the balanced scorecard for strategic management and performance measurement in the health sector. *Aust Health Rev* 2014;38:208-217.
9. Goodridge D, Westhorp G, Rotter T, Dobson R, Bath B. Lean and leadership practices: development of an initial realist program theory. *BMC Health Services Res* 2015;15:362.
10. Lv H, Zhang M. Four key elements in talent evaluation. *Medicine Society* 2011;24:82.
11. Wang W, Wang L, Meng W, Li H, Shi M. Study on performance evaluation system for chiefs of clinical departments of affiliated hospital. *Chin Hosp Manage* 2013;33:94-95.
12. Lega F, Prenestini A, Spurgeon P. Is management essential to improving the performance and sustainability of health care systems and organizations? A systematic review and a roadmap for future studies. *Value Health* 2013;16:46-51.
13. Yi L, Wei L, Hao A et al. Methods to improve quality of academic leaders and common staff. *Chin J Hosp Admin* 2013;29:788-791.
14. Zhou W, Chen W, Jia X. Quality, ability and growth environment of academic leaders. *Chin J Mod Med* 2006;16:1917-1920.