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Construction and Practice of Differentiated Tenure Assessment System for Clinical Department Directors in Public Hospitals

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Abstract: Driven by the high-quality development and refined governance of public hospitals in China, the conventional tenure assessment framework for department directors is plagued by uniform evaluation criteria, inadequate process supervision, weak reward-penalty linkage, and poor contextual adaptability. Taking The First Affiliated Hospital of Wenzhou Medical University as the research practice site and aligning with the mission of university-affiliated hospitals to integrate medical service, teaching and research, this study develops a practical and replicable differentiated tenure assessment system for department directors. A multi-dimensional quantitative indicator framework is established, alongside an innovative integrated operational mechanism featuring department-specific weighted indicators, full-cycle closed-loop management, real-time information-based monitoring, and multi-faceted application of assessment outcomes. Grounded in clinical management practice rather than redundant theoretical elaboration, this research offers a actionable paradigm for reforming middle-management evaluation in tertiary public hospitals and university-affiliated general hospitals nationwide, and supports the localized implementation of modern hospital management systems with empirical evidence.

Keywords: Tenure assessment, differentiated indicators, refined management, hospital governance.

1. Introduction

As the reform of public hospitals in China enters an in-depth stage of high-quality development, refined, connotative and standardized governance has become the core thread of hospital development. Management at all levels of public hospitals focuses on improving the assessment and evaluation mechanism for middle-level managers, and establishing a performance appraisal system centered on job competency, work performance, disciplinary development and service quality to eliminate homogenized and formalistic assessments. As the core carrier for implementing hospital strategies, controlling medical quality and fulfilling public welfare functions, clinical departments are led by department directors who serve as the primary persons-in-charge. Acting concurrently as professional backbones, department managers and disciplinary builders, their performance directly determines the developmental level of departments and the overall governance efficiency of hospitals.

At present, the tenure assessment of department directors in most tertiary public hospitals in China still follows the traditional model, with prominent practical drawbacks that fail to meet the developmental needs of hospitals in the new era. First, assessment indicators suffer from severe homogenization without distinguishing the operational characteristics of clinical internal medicine, surgery and medical technology departments. Uniform assessment criteria compromise fairness and cannot accommodate the developmental demands of competitive disciplines, characteristic departments and basic departments. Second, the assessment model is static and rigid, which mostly relies on one-off outcome evaluation at the end of the tenure, lacking full-cycle process monitoring and dynamic early warning, making it impossible to timely rectify developmental weaknesses and management loopholes of departments. Third, the assessment dimension is unbalanced, which generally prioritizes short-term medical service indicators over department management and talent echelon construction, and emphasizes short-term quantitative data rather than long-term disciplinary connotation development, resulting in short-sighted performance of department directors. Fourth, the application of assessment results is single, merely linked to performance compensation, with insufficient connection to post appointment, resource allocation, professional title promotion, merit selection and fault-tolerant incentives. The weak incentive and restraint effect hardly motivates department directors to take initiative in management and innovative development.

Tertiary hospitals affiliated to universities undertake multiple functions including medical care, teaching, research, talent training and social public welfare. They feature diverse disciplinary formats and great disparities in departmental development levels, bringing complex management scenarios that impose higher comprehensive performance requirements on department directors than ordinary public hospitals. Therefore, the drawbacks of the traditional assessment system are more prominent. As the largest and most comprehensive tertiary grade A university-affiliated general hospital in southern Zhejiang, The First Affiliated Hospital of Wenzhou Medical University undertakes core functions such as regional treatment of severe and complicated diseases, medical talent training, medical research innovation and public health services. To break through the bottleneck of traditional assessment and adapt to the strategy of research-oriented hospital construction and regional medical center development, the hospital reconstructs the tenure assessment and evaluation system for department directors based on practical clinical demands, and establishes a brand-new assessment mechanism characterized by differentiation, dynamism, closed-loop management and quantifiability. Based on the on-site practice of the hospital, this paper systematically elaborates the construction logic, practical

plan, operation mechanism and application effects of the assessment system, so as to provide replicable practical schemes for assessment reform in similar public hospitals.

2. Research Status and Practical Pain Points

2.1. Domestic and International Research and Practice Status

The assessment systems for middle managers in overseas medical institutions are well developed, generally featuring differentiation, practicality and closed-loop management that fully adapt to the developmental needs of department businesses. Hospitals in Europe, America, Japan, South Korea and other regions abandon unified assessment standards, and set exclusive quantitative indicators according to the functions of clinical diagnosis and treatment, medical technology support, research and teaching departments, focusing on medical quality and safety, service efficiency, team building, research transformation capacity and patient satisfaction. Meanwhile, supported by mature hospital information systems, real-time monitoring, dynamic updating and full traceability of assessment data are realized to build a full-cycle assessment model of daily management, periodic evaluation and final tenure review. Moreover, assessment results are deeply bound with post employment, salary treatment, resource inclination and career development to form a long-term incentive and restraint mechanism. Nevertheless, there are essential differences between overseas medical systems, operation modes and public welfare positioning and those of domestic public hospitals, so relevant systems cannot be directly localized.

Domestic academia and medical institutions have extensively carried out research on performance appraisal of department directors. Existing studies generally recognize the reform direction of multi-dimensional, differentiated and refined assessment. Most hospitals have built multi-dimensional assessment frameworks covering medical care, research, teaching and management, and some institutions have introduced tools such as 360-degree evaluation and balanced scorecard to optimize the assessment model. However, obvious practical deficiencies exist in current research: most studies focus on theoretical model construction with cumbersome indicators that are difficult to implement and poorly adapted to clinical practice; most schemes are overly universalized, failing to adapt to the core characteristics of integrated medical, teaching and research development of university-affiliated hospitals and distinguish developmental differences among various types of departments; most studies only stay at the level of system design without long-term implementation, data verification and effect review, which can hardly guide practical hospital management.

2.2. Practical Pain Points of the Traditional Assessment Model

Combined with on-site hospital surveys and interviews with multiple departments, the traditional tenure assessment of department directors mainly has four core practical problems in clinical operation. Firstly, fairness is insufficient. The one-size-fits-all assessment system is applied to surgical departments with operation characteristics, internal medicine departments focusing on chronic disease management and auxiliary medical technology departments, failing to reflect the strengths of surgical departments in technical capability, internal medicine departments in service quality and medical technology departments in quality control, so assessment results cannot truly reflect performance effectiveness. Secondly, the guiding orientation is deviated. The assessment overemphasizes short-term business data such as outpatient volume, hospitalization volume and operation volume, while weakening long-term developmental indicators including talent training, disciplinary construction, research innovation and refined department management, leading departments to prioritize scale expansion over connotation improvement. Thirdly, control capacity is weak. Lacking mid-term early warning and process supervision mechanisms, assessment is only conducted once at the end of the tenure, allowing long-standing departmental management problems and developmental deficiencies to accumulate without timely rectification. Fourthly, incentives are inadequate. The application of assessment results is simple with ambiguous rewards and penalties, failing to form distinct gaps between high and low performance, which hardly stimulates the internal motivation of department directors to take responsibility and pursue innovative development.

3. Research Design and Practical Methods

3.1. Research Ideas

This research adheres to the principle of practical implementation throughout, following the closed-loop practical logic of "pain point diagnosis – principle formulation – system construction – mechanism improvement – pilot implementation – hospital-wide promotion – effectiveness verification – experience summary". Firstly, targeted practical pain points of traditional assessment are identified through investigation and interviews, and core optimization principles are established in combination with public hospital reform policies and hospital development strategies. Secondly, centering on practical clinical demands, a quantifiable, implementable and differentiated assessment indicator system is built, and the full-process mechanism of operation, control, incentive and adjustment is improved. Finally, through clinical pilot operation and hospital-wide promotion, the effectiveness of the system is verified based on real operational data, and standardized practical schemes adaptable to similar hospitals are summarized.

3.2. Practical Adaptability Analysis

The sample hospital of this reform has a complete range of disciplines, including 47 clinical departments and 22 medical technology departments, with diverse department formats and significant disparities in development levels. It covers various types of hospital departments, including provincial key competitive disciplines, emerging characteristic disciplines and basic support departments. Meanwhile, the hospital undertakes long-term teaching and research tasks with prominent demands for integrated development of medical service, teaching and research. Compared with ordinary public hospitals, it faces more complex assessment scenarios and higher reform difficulty. The assessment system polished based on the hospital has been verified in complex scenarios with strong adaptability, practicality and replicability, which can be widely promoted to tertiary university-affiliated hospitals and regional leading public hospitals nationwide.

4. Construction and Implementation Mechanism of the Differentiated Assessment System

4.1. Core Practical Principles for System Construction

Combined with practical clinical demands and free from cumbersome theoretical constraints, five practical construction principles are formulated to ensure the system is simple, efficient and implementable. First, strategic adaptation and practical orientation. Closely align with the core goals of high-quality public hospital development and disciplinary construction, eliminate formal indicators and retain valuable, quantifiable and statistically accessible core assessment contents. Second, differentiated and fair adaptation. Set indicators and weights by category according to business attributes, development foundation and functional positioning of departments to realize "one standard for one category of departments, one customized plan for each department" and ensure fair assessment. Third, full-cycle closed-loop control. Balance process management and outcome evaluation, and establish a mechanism of regular monitoring, mid-term early warning and final review to facilitate timely discovery and rectification of problems. Fourth, strong incentives and rigid constraints. Strengthen multi-scenario application of assessment results and widen performance gaps to give full play to the guiding role of assessment. Fifth, simplicity and intelligent empowerment. Automatically capture data based on existing hospital information systems to reduce manual filling, lower assessment workload and improve efficiency.

4.2. Multi-dimensional Quantitative Assessment Indicator System

This research constructs a lightweight differentiated quantitative assessment system with a total score of 140 points, consisting of 120 points for performance evaluation and 20 points for democratic evaluation. It includes 5 first-level indicators, 16 second-level indicators and 29 third-level quantitative indicators, covering six core performance scenarios: Party building performance, medical management, teaching and education, research innovation, talent training and department management. Instead of adopting a unified template, indicators can be adapted to disciplinary characteristics without empty and nominal items to meet the practical demands of frontline clinical management.

Performance evaluation (120 points) serves as the core of differentiated assessment. The annual comprehensive target assessment accounts for 60 points with differentiated weight allocation based on department attributes. Focusing on Party building and integrity, medical quality and safety, operational efficiency and other contents, rigid data such as implementation of core medical systems, adverse event control, case mix index (CMI), proportion of grade-IV surgeries, average length of stay and consumable control are taken as core priorities to underpin the bottom line of medical quality and safety. The research module (30 points) adopts classified disciplinary evaluation, focusing on landmark achievements including national-level projects, core journal papers, new technologies and projects, and research transformation, avoiding rigid assignment of homogenized research indicators. The teaching module (15 points) assesses the implementation of postgraduate training, standardized residency training and teaching reform with differentiation according to teaching workload of departments. The talent construction module (15 points) sets differentiated talent cultivation targets based on disciplinary development weaknesses to address the shortcoming of prioritizing business development over talent cultivation.

Democratic evaluation (20 points) adopts a comprehensive 360-degree evaluation model with differentiated evaluation priorities according to management demands of different departments. Evaluation inputs are collected from four parties: hospital leaders, functional departments, peer departments and internal department teams. It assesses management capacity, work style, collaborative awareness and sense of responsibility, combining quantitative data and qualitative evaluation to accurately distinguish the comprehensive performance of department directors in different disciplines.

4.3. Practical Differentiated Assessment Mechanism

To fundamentally tackle the drawbacks of homogenized assessment, a classified and graded "customized policy for each department" mechanism is established. In terms of classification of clinical departments, the surgical system increases the weight of indicators related to severe and complicated disease treatment, such as the proportion of grade-IV surgeries, adoption rate of high-difficulty surgeries and application of new technologies. The internal medicine system prioritizes practical indicators including standardized chronic disease management, treatment of difficult cases, medical service quality and admission coverage. Medical technology departments completely discard inappropriate indicators such as operation volume and outpatient volume, and focus on exclusive indicators including accuracy of examination and test results, report turnaround efficiency, equipment utilization rate, quality control compliance rate and refined cost control.

In terms of hierarchical disciplinary development, for competitive key disciplines, higher weight is assigned to research innovation, talent leadership and technological breakthrough indicators to drive disciplinary upgrading. For growing emerging disciplines, assessment focuses on business increment, team building and characteristic technology cultivation to encourage rapid development. For basic support disciplines, priorities are service quality, quality control compliance and collaborative coordination to guarantee the overall operation of the hospital. Meanwhile, a tenure target negotiation mechanism is established. At the early stage of tenure, functional departments and clinical departments conduct two-way communication to sign personalized *Tenure Target Responsibility Statement* combining departmental foundation and annual key work, so that assessment targets fit actual departmental conditions and avoid unattainable or overly easy targets that weaken incentive effects.

4.4. Information-enabled Practical Implementation Mechanism

Based on the existing Hospital Information System (HIS), performance management platform and research & teaching management system, an information-based system with automatic data collection, real-time monitoring and intelligent early warning for assessment is built to eliminate repeated manual statistics and filling and greatly reduce assessment costs. The system can automatically capture core

indicators including medical quality, operational efficiency, research achievements and talent data, realizing regular management with monthly monitoring, quarterly analysis and annual review. Automatic early warning will be triggered for abnormal indicators and pushed to department directors and management departments, transforming the assessment model from "ex-post evaluation" to "prevention beforehand and in-process control". Meanwhile, an elastic indicator calibration mechanism is formulated for special circumstances such as policy adjustment, public health emergencies and department function changes, so that assessment standards can be optimized in accordance with regulations to guarantee fairness and practicality of assessment.

4.5. Practical Mechanism for Multi-scenario Application of Assessment Results

An integrated result application system of "incentive + constraint + fault tolerance + development" is established to ensure tangible effects of assessment. In terms of incentives, department directors with excellent assessment results get priority for performance rewards, professional title promotion and merit selection, and their departments enjoy priority in resource allocation such as research funding, equipment procurement and talent recruitment. In terms of constraints, directors failing assessment will receive interviews and rectification within a time limit; those who fail consecutively will be reassigned or removed from posts to smooth the channel for cadre mobility. Meanwhile, a practical fault-tolerant mechanism is set up to exempt department directors from accountability for non-subjective mistakes in disciplinary innovation, management reform and new technology exploration, eliminating concerns about taking risks and fostering a pragmatic and responsible management atmosphere.

5. Practical Effects of System Implementation

5.1. Steady Improvement of Core Medical Indicators

In 2025, the hospital recorded 7.182 million outpatient and emergency visits, a year-on-year increase of 13.15%; 304,000 discharged patients, up by 4.38%; medical revenue increased by 6.68% year on year; 139,000 surgeries were performed, among which grade-IV surgeries accounted for 24.70% and minimally invasive surgeries 25.24%; the average length of stay was 5.3 days. Its comprehensive MDC index ranked first in Zhejiang Province, and comprehensive CMI index as well as the number and proportion of cases with RW≥2 ranked third in the province. 14 key diseases ranked first, 24 ranked second and 27 ranked third across the province.

5.2. Remarkable Improvement in Diagnosis and Treatment Capacity for Severe and Critical Diseases

The Department of Anesthesiology, Liver Tumor Diagnosis and Treatment Center and Department of Neurology were approved as provincial key clinical specialties. The hospital led the formulation of 7 national diagnosis and treatment guidelines and expert consensus, and launched 11 new technologies and projects. It strived to build five major medical centers, continuously optimized the information-based process of green channels and improved an efficient and high-quality emergency green channel diagnosis and treatment system. A total of 27 major organ transplantations and 1,143 robotic surgeries were completed throughout the year. The transplant team achieved a historic breakthrough in living donor liver transplantation. Technologies including left bundle branch pacing and single-port robotic surgery were iteratively upgraded, minimally invasive cochlear implant subsidized surgery was implemented, and multiple original surgical procedures were routinely carried out, placing the hospital's capacity in treating severe and critical diseases among the top tier in the province.

5.3. Leap-forward Progress in Scientific and Technological Innovation

Scientific and technological innovation achieved remarkable breakthroughs. The number of newly approved national-level projects exceeded 50 for the first time (including 6 major and key projects). Breakthroughs were made for the first time in National Natural Science Foundation of China Outstanding Youth Fund (formerly Excellent Youth Fund), Key Program and Regional Innovation Joint Key Program, as well as the Ministry of Science and Technology Major Special Project (New Drug Creation).

For the first time, papers were published in Science and The Lancet as the first and corresponding author. A total of 1,064 SCI papers were published as the first/corresponding author with an average impact factor of 5.952, realizing synchronous improvement of academic influence and paper quality.

The revenue of research transformation exceeded 10 million RMB for the first time, with a total contract value of 14.07 million RMB, a year-on-year increase of 588%. A total of 31 research transformation projects were completed, exceeding 30 for the first time with a year-on-year growth of 182%, achieving dual growth in quantity and value of research transformation.

A special clinical research fund was launched for the first time, supporting the hospital to lead 10 national multi-center randomized controlled trials (RCTs). The hospital invited the clinical research team from Duke University to provide closed training for 30 in-house clinical research backbones and launched the Clinical Scientist Training Program.

The scale and quality of Investigator-Initiated Trials (IIT)/Good Clinical Practice (GCP) achieved double growth. The Phase I ward was officially put into operation, with an annual total contract value of 199.9 million RMB, an increase of 36.9 million RMB or 22.64% year on year. The number of multi-center projects led by the hospital increased significantly with continuously optimized research structure.

5.4. Continuous Quality Improvement of Smart Healthcare

The whole-process AI empowers clinical practice with integrated operation of three hospital campuses. As the leading medical institution covering southern Zhejiang and northern Fujian, it continuously provides high-quality tertiary medical resources for 30 million people in the radiated region. Digital hospital construction takes the lead nationwide, and multiple AI technologies and intelligent agents have been promoted nationwide, with relevant papers published in top journals such as Cell and Nature Medicine.

6. Practical Discussion and Optimization Directions

The tenure assessment of department directors in public hospitals is a core starting point of grassroots hospital governance, and the practicality, implementability and adaptability of the assessment system directly determine the effectiveness of refined hospital reform. The differentiated closed-loop assessment system constructed in this study features the core advantage of breaking the tradition of prioritizing theories over practice in academic research. Centered on clinical implementation demands, it simplifies invalid indicators, strengthens practical control, refines classified standards and improves application mechanisms, effectively tackling common industry pain points including homogenized assessment, static evaluation, insufficient incentives and weak developmental orientation. Practice has proved that an assessment system adapted to clinical reality can accurately exert the guiding effect of assessment, push department directors to transform management thinking, balance short-term business development and long-term disciplinary construction, and drive hospitals to shift from scale-expansion development to quality-benefit connotative development.

Meanwhile, information-enabled management serves as the core guarantee for efficient implementation of the assessment system. Automatic data collection, intelligent early warning and dynamic review thoroughly solve the practical problems of cumbersome statistics, low efficiency and lagged control in traditional assessment, providing technical support for regular refined assessment. Based on six years of implementation practice, the system enjoys wide adaptability, simple operation and remarkable effects without special adaptation thresholds, and can be directly replicated and applied in public hospitals at all levels.

In terms of continuous optimization, standards for recognizing breakthrough achievements will be further refined in the future to quantify scores for disciplinary innovation and technological breakthroughs and strengthen the orientation for innovative development. Meanwhile, detailed operational rules for fault tolerance and error correction will be formulated to accurately distinguish performance errors from mistakes made in reform and innovation, further enhancing the scientificity and humanization of assessment. In addition, the assessment information platform will be continuously upgraded to build an intelligent data analysis and prediction system, which can intelligently identify departmental developmental weaknesses and adapt assessment targets automatically. This will promote iterative optimization of the assessment system and further improve its practicality and intelligence.

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