

Editorial

Welcome to your new journal: Hospital Administration and Medical Practices

Siyu Sun^{1*}, Jilan Liu², Jack Warren Salmon^{3#}

¹*Hospital Administrative Office of Shengjing Hospital, Shenyang 110004, Liaoning Province, China*

²*MedNet International, LLC, Seattle, Washington, United States*

³*Health Policy and Administration, School of Public Health, University of Illinois at Chicago, Chicago, Illinois 60612, United States*

As administrators for hospitals and medical practices, we encounter various decision-making problems every day. Not only issues surrounding aging facilities that limit our capacities to meet increasing demands and requirements, especially in the era of ever-changing technologies, but also mechanisms to effectively acquire/maintain/use medical professionals and other human resources. Fortunately, the accumulation of experiences, best practices and scientific management of hospital administration and management of medical practices has rapidly increased and gained attention in modern times. Management involves all layers and dimensions within and surrounding hospitals and medical practices, extending to the communities they serve. A lot of knowledge, expertise, experience and care are required to carry out any simple process/procedure in patient care activities and they simultaneously occur everywhere involving all the medical professionals and staff at all times. Efficient/effective communication/coordination are essential among all people involved.

Since the existence of human beings, however rudimentary, there were efforts to diagnose, treat and prevent disease and injury. Medicine has been as old as human being ourselves. But the history of organized medical practices and even more organized hospital operations is relatively short. The collection and use of scientific evidence for the management of medical practices and hospital systems is even shorter. Effective management can

be advantageous to the hospital's human resources, optimize processes, improve quality of medical care, and improve the satisfaction of patients. This can make the hospital and medical practices more efficient and have more resources to expand their capacities to provide more /better care to patients.

In the globalized world today, the sharing of such management knowledge is essential but far less common, compared to the sharing of medical knowledge at global level.

Peter F. Drucker, a master of management, considers hospitals “the most complex form of human organization.”^[1] The complex nature of medical practices and hospital operations determine the difficulty of their management.

One of the reasons many long lasting hospitals worldwide have been able to survive for centuries is that they truly put patients first. Putting patients first and at the center is a slogan that every hospital manager chants, but few practice. We are in the people business, our patients that come to us are usually in pain and suffering, the care takers and management staff have their share of vulnerability as human beings as well. The process design, teamwork, and service awareness all reflect their humane side. Is our process designed for our own convenience or for the best outcome of our patients? Are we doing our best to create the most value, in terms of best quality/services, most access and least expenses to our patients?

Hospital management is an applied discipline that uses modern management theories and methods to study and clarify the hospital management activities and their influencing factors.

#This author has retired from the current affiliation.

***Corresponding author.**

Siyu Sun: E-mail: sun-siyu@163.com

Peer review under responsibility of Hospital Administration and Medical Practices.

For reprints contact: reprints@sppub.org

How to cite this article: Sun S, Liu J, Salmon JW. Welcome to your new journal: Hospital Administration and Medical Practices. *Hosp Adm Med Pract* 2022;1:1-2.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

In addition to being related to medical science, it is a branch of management; a strong theoretical, practical, and comprehensive discipline. The interdisciplinary subjects are closely connected with other social and natural sciences. It is a science that provides practitioners and patients with the most efficient health services, that is, medical practices. Over time, medical practices have become more complex and challenging, and managing these has come to require a wide range of skills and experience to solve complicated financial, legal, and staffing issues that may affect every practitioner in the healthcare industry. Therefore, the scenario of medical practice management worldwide requires more effort and demands urgent attention from a broad base of communities and relevant authorities. Although there exist considerable social and cultural differences among regions, countries in terms of political, economic and social development, the need to improve medical practices and hospital administration is commonly faced worldwide.

Although at the core, healthcare and medical practices are people business that require dedication, empathy and human touch at every turn, the advancement of medical care capabilities, to diagnose, treat and prevent diseases and relieve sufferings have been clearly driven by technology. Medical practices and hospital operations have significantly benefited from the advancement of technologies, especially in the past century. Over the past decade, the evolution of information technology, such as mobile technologies, cloud computing, big data, Internet of Things, and artificial intelligence, has created both opportunities and challenges for hospital operation and medical practice management.^[2-5] The traditional foundation of brick and mortar for hospitals and medical practices are challenged as virtual care through telemedicine have extended medical care capabilities beyond traditional boundaries. Managing health for any individual from birth to death and managing health for any population regardless of geographic locations across organizational boundaries have become technically possible.

COVID-19 pandemic has profoundly brought our attention to the surface:^[5-9] 1) we are all connected as global citizens. Nobody and no country can be insulated from threats of viruses and other pathogens that lead into social epidemics. We do better by working together; 2) digital and information technologies are transforming our healthcare systems, from public health to medical practices and hospital operations. Those who cannot keep up with the change of times will be left behind. At the same time, we must stay aware of how information technologies may alter medical practices in both positive and deleterious ways.

How hospital management and medical practice system research can be improved is a big concern for industry practitioners. Even as they are full of enthusiasm and actively devote themselves to this field, a platform for sharing research and communication at global level is lacking.

To this end, we launch the journal, *Hospital Administration and Medical Practices*. It is an international, open access, and peer-reviewed academic journal published in an open volume mode, providing a platform for exchanging research results, comments, as well as experiences and skills required in this field. The journal not only fills a long-existent gap in our field, but also helps to create a stimulating new frontier in hospital administration, contributing to the development of hospitals and public health.

Let us create a supportive community here together!

Conflict of Interest

Siyu Sun is the Editor-in-Chief of the journal, and Jilan Liu and Jack Warren Salmon are co-editors-in-Chief. This is the inaugural Editorial for the journal.

REFERENCES

1. Drucker PF. "They're not employees, They're People." *Harvard Business Review* 2002;80:70-77.
2. Ting DSW, Lin H, Ruamviboonsuk P, Wong TY, Sim DA. Artificial intelligence, the internet of things, and virtual clinics: ophthalmology at the digital translation forefront. *Lancet Digit Health* 2020;2:e8-e9.
3. Balicer RD, Afek A. Digital health nation: Israel's global big data innovation hub. *Lancet* 2017;389:2451-2453.
4. Krittanawong C, Rogers AJ, Johnson KW, Wang Z, Turakhia MP, Halperin JL, *et al.* Integration of novel monitoring devices with machine learning technology for scalable cardiovascular management. *Nat Rev Cardiol* 2021;17:75-91.
5. Zeitoun JD, Ravaud P. Artificial intelligence in health care: value for whom? *Lancet Digit Health* 2020;2:e338-e339.
6. Bielicki JA, Duval X, Gobat N, Goossens H, Koopmans M, Tacconelli E, *et al.* Monitoring approaches for health-care workers during the COVID-19 pandemic. *Lancet Infect Dis* 2020;20:e261-e267.
7. Abrams EM, Szefer SJ. COVID-19 and the impact of social determinants of health. *Lancet Respir Med* 2020;8:659-661.
8. Romero-Brufau S, Chopra A, Ryu AJ, Gel E, Raskar R, Kremers W, *et al.* Public health impact of delaying second dose of BNT162b2 or mRNA-1273 covid-19 vaccine: simulation agent based modeling study. *BMJ* 2021;373:n1087.
9. Holmdahl I, Kahn R, Hay JA, Buckee CO, Mina MJ. Estimation of Transmission of COVID-19 in Simulated Nursing Homes With Frequent Testing and Immunity-Based Staffing. *JAMA Netw Open* 2021;4:e2110071.