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Abstract
It has been over ten years since the national health insurance was implemented in 1995 March 1. Due to the uncertainties of medical eco-environments, medical policies, and medical regulations, medical industries must face the instantaneous changes of competitions and challenges. Hospitals can't follow the traditional managerial model to run their business as usual, they must find out external resources for both co-existences. Therefore, medical industries must adjust their managerial model in their strategies. In recent years, domestic medical organizations gradually begin their cooperation with others, Region hospitals have changed their managerial model for the purpose of enhancing their goal in competition advantage and everlasting operation, and they inclined to establish "strategic alliance" with large medical center. In the process of "strategic alliance", this study will discuss the following questions: What practical help can their get? What are the key factors make them success? What is the operational performance before and after "strategic alliance"?
This study will take a local hospital at the south of Taiwan as an example. By way of the research of quantitative and qualitative, this study hope to explode the really influential factors of strategy alliance to regional hospitals, The major research content can classify as two respects: (1) Data collection: Collection the case study hospital's operating information separately in each three years before and after allying. (2) The case study method: By means of detailed interview into the case study hospital's of higher management executives who have involved in the "strategic alliance". From which to understand and analysis its management situation under those circumstances, study the region hospital's managerial model and connotation, the key successful factors of strategic alliance, and to understand the operational performance before and after allying.
The results of quantitative research were: (1) there was a significance of finance performance and indeed improved the poor performance before allying including the income of hospital operating, the number of out-patients, the number of emergency patients, the number of inpatients, and total income of per physician during these three years. (2) There was a significance difference of non-finance performance in the rate of net death, the rate of bed occupation, the rate of cesarean section, the numbers of physicians, the number of employees, but no significance difference in the rate of infection. The results of qualitative research were: (1) The consideration and aim of strategic alliances were: increasing manpower of doctors, improving operating performance and promoting

hospital's visibility, keeping good relationship with clinic doctors, and promoting competitive advantage. (2) Contents of cooperate model were: support manpower of medical, training and education, interaction of academic, etc. (3) Positive profits including: increased ability of medical teams, to improve operating performance, to establish two-way referring system, and to ensure the service of medical advice of the community people. (4) Negative impacts were: the absence of administrative management, the increased costs of management operation. (5) Invisible performances were: to promote morale and faithful of employees, to increase the reputation and image of hospital, to enhance the responsibility of community hospital, to develop the ability of management. (6) The key successful factors of strategic alliance were: to sign a profitable contact for both sides, to set up a cooperation management committee, to exchange and maintain the interaction of information and staffs, and to assure a good and wholesome communication.
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