

# Hong Kong College of Health Service Executives

Newsletter Issue 2 2012/13



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## Message from the President

A recent NEJM article<sup>1</sup> raised an old question for debate again: how much resource should the Americans spend in healthcare in terms of GDP percentage? The same question has been incessantly asked since more than 20 years ago when the high GDP percentage spent for healthcare relative to other OECD countries caused grave concern among health economists and policy makers of USA. The cost-effectiveness of such outlying spending has long been questioned given the mediocre health status figures compared with other developed countries which spent much less GDP percentage in healthcare but achieving better results.



### Disclaimer

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Some of the subtle changes that appeared in recent years are not reassuring: executives in the public healthcare sector no longer care about staff productivity, system efficiency and cost-effectiveness of new or extended/expanded services; staff will consider service innovation and/or enhancement only if it is coupled with additional resources in terms of staffing and material costs; professional staff members seek ways of getting more income by arguing for different types of allowances or honoraria; staff promotion in certain groups becomes automatic once certain parameters are met without reference to service need or patient value added... I start to worry what the scenario will become if the Government fails to inject more recurrent or one-off resources into the public healthcare system in the near future. Such worry is not without ground – the Government's income from property market is shrinking fast subsequent to its determination to control the property price bubble; the economic growth of Mainland China shows many uncertainties which causes economic turmoil in nearby countries, and the aging population with widening wealth gap is pushing more and more people to the public healthcare system as safety net. I think it is time that we healthcare executives should review our services delivery model and seek for innovation opportunities not for attract more funding but for containing cost and achieving better value for money for our patients. While we have been busily preparing ourselves for new emerging infection outbreaks, it would be wise to prime the whole system against sudden halts to its funding. This is in line with the traditional Chinese Wisdom of 居安思危 and 未雨綢繆. Otherwise the whole system and the people of Hong Kong will suffer significantly when such hardship comes unannounced.

### References

1. Victor R Fuchs: The Gross Domestic Product and Health Care Spending. *NEJM*; May 22, 2013
2. Nicholas Black: Can England's NHS Survive? *NEJM*; June 19, 2013

Dr H C MA







We cannot prove and known how persons are becoming infected; but some of the confirmed cases had contact with animals or with environments where animals are housed. The virus has now been found in chickens, ducks, and captive-bred pigeons at live bird markets near locations where cases have been reported. The possibility of an animal source of the infection is being investigated, as is the possibility of person-to-person transmission.

Although both the source of infection and the mode of transmission are uncertain, it is prudent to follow basic hygienic practices to prevent infection. They include hand and respiratory hygiene and food safety measures.

### Hand hygiene

- Wash your hands before, during, and after you prepare food; before you eat; after you use the toilet; after handling animals or animal waste; when your hands are dirty; and when providing care when someone in your home is sick. Hand hygiene will also prevent the transmission of infections to yourself (from touching contaminated surfaces) and in hospitals to patients, health care workers and others.
- Wash your hands with soap and running water when hands are visibly dirty; if hands are not visibly dirty, wash them with soap and water or use an alcohol-based hand cleanser.

### Respiratory hygiene

- Cover your mouth and nose with a medical mask, tissue, or a sleeve or flexed elbow

when coughing or sneezing; throw the used tissue into a closed bin immediately after use; perform hand hygiene after contact with respiratory secretions.

- Wash your hands with soap and running water when hands are visibly dirty; if hands are not visibly dirty, wash them with soap and water or use an alcohol-based hand cleanser.

Influenza viruses are not transmitted through consuming well-cooked food. Because influenza viruses are inactivated by normal temperatures used for cooking (so that food reaches 70°C in all parts - "piping" hot - no "pink" parts), it is safe to eat properly prepared and cooked meat, including from poultry and game birds. Diseased animals and animals that have died of diseases should not be eaten.

In areas experiencing outbreaks, meat products can be safely consumed provided that these items are properly cooked and properly handled during food preparation. The consumption of raw meat and uncooked blood-based dishes is a high-risk practice and should be discouraged.

Always keep raw meat separate from cooked or ready-to-eat foods to avoid contamination. Do not use the same chopping board or the same knife for raw meat and other foods. Do not handle both raw and cooked foods without washing your hands in between and do not place cooked meat back on the same plate or surface it was on before cooking. Do not use raw or soft-boiled eggs in food preparations that will not be heat treated or cooked. After handling raw meat, wash your hands thoroughly with soap and water. Wash and disinfect all surfaces and utensils that have been in contact with raw meat.





# ACHSM CEO Visits to Hong Kong on 19 March 2013

Daryl has a meeting with college's IT team during his stay in Hong Kong. He introduced the plan for ACHSM website revamp as well as the newly designed website layout. The theme of the new website has embraced a number of interactive components including community/group functions, webcast, RSS news feed and other social media related features. The platform also provides functionalities for administrator to carry out membership management and engagement activities.

Our members in return shared some ideas about the forthcoming HKCHSE website revamp. We all agreed content is the critical success factor of a website. The concept of content sharing and platform leveraging between ACHSM and HKCHSE was also discussed with the aim to enrich the content for both ACHSM and HKCHSE's websites. All of us are looking forward to seeing the new websites of both colleges in the near future.



ACHSM CEO visits to Hong Kong





Snapshots of Members' Night 2013





# 7<sup>th</sup> Hong Kong College of Health Service Executives Annual Conference

## Collaboration for Health

### Speakers and Panelists

Ms Elaine CHAN	Deputy Chairman	Healthcare Reform Task Force, The Hong Kong Federation of Insurers
Professor Sophia CHAN, JP	Under Secretary for Food and Health	The Government of Hong Kong SAR
Professor Bernard V LIM, JP	Principal	Architecture Design and Research Group Ltd
Dr Sian NG	President	The Hong Kong Association of The Pharmaceutical Industry

Date	27 July 2013 ( Saturday ) 3:00pm - 6:00pm
Venue	Shanghai Room, Level 8, Langham Place Hotel, ( 旺角朗豪酒店 ) 555 Shanghai Street, Mongkok, Kowloon
Conference only	Fellow/ Associate Fellow/ Associate: HK\$200; Non-Member: HK\$400; Full-time Student: HK\$150
Conference & Dinner	Fellow/ Associate Fellow/ Associate: HK\$400; Non-Member: HK\$800

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