

Hong Kong College of Health Service Executives

Newsletter Issue 1 2013/14



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Message from the President

The recent comments made by the Financial Secretary of the HKSAR on the Government's future financial situation should raise concern to healthcare executives working in the public sector. In short the Financial Secretary warned about the unsustainable growth in public funding, especially in the areas of social welfare and healthcare. He based his forecast on the projected modest local economic growth in the near future coupled with rapid ageing of the population and the increasing number of people dependent on social assistance. He stated that the financial reserve of the HKSAR would be used up eventually although not immediately, and called for people's conjoint effort in combating this trend.



Disclaimer

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2. It is also time for a serious review of the incentive system for the healthcare professionals working in the public sector. The fixed salary scale delinked from productivity and performance has engendered complacency and stifled innovation. Compared to previous years, the productivity per professional staff has shown a downward trend, despite the introduction of clinical assistants in the recent decade. A new incentive scheme that rewards productivity and performance will help to reverse this trend. How to prevent moral hazards requires attention to design details, but the widely accepted evidence-based medical practice model by clinicians and the adoption of explicit clinical guidelines can be means to ensure proper care. A mixed model of basic salary plus value and performance based reward for the whole clinical team may be a starting point and in necessary, a pilot scheme in certain hospitals.
3. The Government should also reprioritize its plan of renovating and redeveloping hospitals. It should leverage on these projects to expand the capacity of the public healthcare system in terms of inpatient beds both for acute and convalescent or rehabilitation purposes. The saying that adoption of more day-care models can reduce the need for inpatient beds has been overtaken by the marked increase in fragile elderly patients, and the present quandary of overcrowding of inpatient wards in public hospitals may partly be due to this over-optimistic belief. This will help to improve the working environment of the clinical staff and help retaining them.
4. Meanwhile the emphasis on healthy life style and effective primary care system should be continued in order to enhance the health status of the whole population, achieving the target of “healthy ageing” so as to mitigate the impact of population ageing on the whole healthcare system. To encourage the development of primary care, there should be more recognition of the importance of clinicians in this field, and some form of incentives should be provided to attract more doctors taking up family physician role.

All the above proposals require widespread consultation of stake holders, careful planning and meticulous implementation. The people should be well informed of the challenges they are facing and be allowed to go through organized social debate to build up consensus. Strong determination and leadership in the clinical field and up-front investment by the Government are of paramount importance for achieving these goals in the long run. Time is running short and we need to take prompt actions for the effective tackling of the above mentioned problems.

Dr H C MA



Annual Conference Dinner



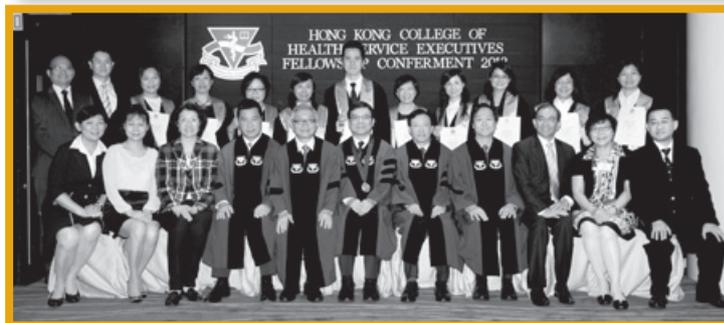
Guest Performers:
Dr Jeffrey PONG (top)
Dr Alice WONG and Mr Tony TAM (bottom)

Our New Fellows

Congratulations of the following who passed the recent Fellowship examination and were conferred as Fellows of the College at the AGM cum fellowship conferment ceremony.

2013 Fellow List:

- CHOI Yu Sze Cissy
- FUNG Phiona Pui
- HA King Hang Tony
- CHONG Yuen Chun Samantha
- WONG Siu Fong Fanny
- LEUNG Fung Yee
- LAU Mei Te Angela
- CHENG Yuk Yu Alice
- HO Kit Yee Celina
- LO Shuk Fun Jess
- LEUNG Po Shan Melissa



1st Day - Baxter Suzhou Healthcare Manufacturing plant

The Baxter Suzhou Plant, situated in the Suzhou Sino-Singapore Industrial Park, is the first plant wholly owned entity in China. It occupies an area of more than 20,000m² and has more than 550 employees. The plant has begun manufacturing process since 1998 and is now supplying Peritoneal Dialysis / Intravenous bag, sheeting and other components to sister Baxter companies all over China. We were briefly introduced through a presentation in the meeting room about the facilities and products manufactured, then followed by a delicious lunch, before we began the real plant visit.

During the site tour, we were amazed, as expected, at the scale of production and its production efficiency of the plant. However, it was not the expectation that enlightened us the most. Rather, it was the abundance of evidence to see the astonishing mechanism of Risk Management that Baxter has adopted in the plant where it has involved everyone from the management to the frontline technicians e.g. boards were set up at the entrance of the company so that everyone could post a question or risk area identified during routine work. Managers were expected to review the points/problems raised and react against the suggested within a designated period of time. Whether or not the risk could be minimized, the manager has to explain the follow up actions to the request raised. Such requests were made on voluntary basis and staffs were encouraged to contribute



with salary bonus given to important risks identified or improvements subsequently made.

Staff wellbeing was also another area of great concern to the company. Various staff activities e.g. Teambuilding Camp, Children's Day, Annual Outing, Health Clubs and Sports Day were organized so that staff could be relieved after the error-intolerance and routine nature of their day to day duties.

After the visit we had a chance to relax at the lakeside and our appetite were fully satisfied with the famous Shanghai cuisine and hairy crabs.



3rd Day – West Lake and Shanghai Pharmaceutical Distribution Centre (上海醫藥物流中心)



We started out the third day of our journey with a boat trip on the West Lake. Our tour guide was very resourceful, friendly and illustrated us how the West Lake was made a UNESCO World Heritage Site in 2011. We managed to visit some of the 10 Best Scenic Spots in West Lake, namely Dawn on the Su Causeway in Spring (蘇堤春曉), Moon over the Peaceful Lake in Autumn (平湖秋月), Remnant Snow on the Bridge in Winter (斷橋殘雪), Three Ponds Mirroring the Moon (三潭印月), Fish Viewing at the Flower Pond (花港觀魚), Orioles Singing in the Willows (柳浪聞鶯) and etc.

integrated package of inventory management so that frontend users would not need to worry about all the procurement duties and stock problems.

It was as if we were watching the Hollywood movie “Transformer” while you could see all the automation technology and machines receiving, distributing, categorizing, storing and shipping all



After this, then came the most exciting part of our study trip, to the Shanghai Pharmaceutical Distribution Centre.

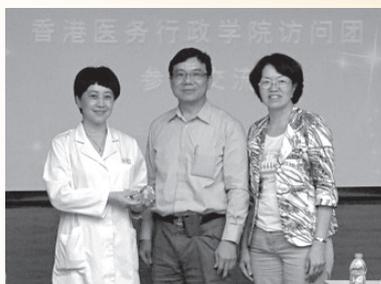
The Shanghai Pharmaceutical Distribution Centre provided world class logistics services for pharmacy and medical device industry and offered state-of-the-art logistics technology and integrated solution design. It offered users a one-stop

various kinds of pharmaceutical products according to the programmed software. Only a few technical staffs were employed to oversee the operation of system and to manage the special exceptional cases.

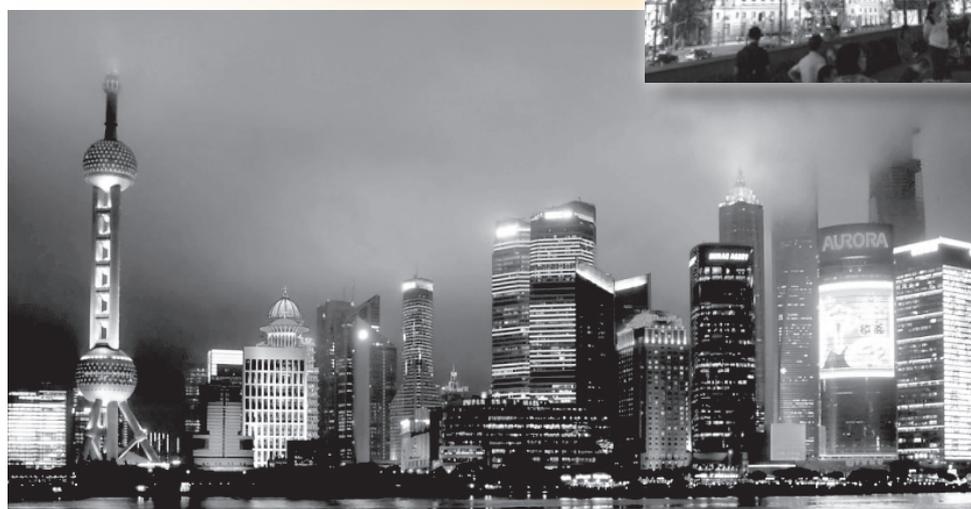


We interviewed one technician on how the system and management can ensure safety during all the logistics processes. He explained briefly that his duties were made easy and straight forward with all the barcodes, scanners and systems neatly set up in the system throughout the entire supply chain management process. The chance for him to make mistakes was reduced to minimal, if not zero, because if a mistake was made in the process the system would fire alert immediately and would force him to stop.

RenJi Hospital was exactly one of their partners and through the cooperation the pharmacy inventory management had become world-class: zero-inventory in hospital, automatic purchase and replenishment had saved lots of precious pharmacists and technicians manpower so that more of the human resource could be directed to patient care and other clinical services.



Our trip finally ended after 4 days of site visits, mutual learning and experience sharing. This trip is certainly very fruitful and may I share with you the beautiful scenes of the Shanghai Bund (外灘) where we passed by during the last night of our journey.



Company Background

Co-founder Mr. C.Y. Chan introduced himself and his partner Mr. Simon Wong followed by other key management players in the company. He was the marketing maverick bringing in the business revenues, whilst his partner took care of the operational needs and managed 1,200 people at the site in HK.

The company was established in 1993 and set up in the New Territories, priding itself with the motto "Made in Hong Kong", an emblem that once was held worldwide in the manufacturing of electronics, fashion garment and toys for Hong Kong. The company focuses on pharmaceutical drugs along with some health products, its main market is in the mainland with presence on the African continent and the US, and less than 1% of their revenues are derived from HK.

The local site has manufacturing plants for general medicines, Penicillin and TCM along with a large scale laboratory, warehouse and one fully automated logistic centre under construction as well as training center to develop staff. The expansion continues with plots of lands secured for ongoing needs and future development. A snapshot of the annual production capacity includes: 100 million tubes of cream, 50 billion capsules and two billion litres of liquid preparation.

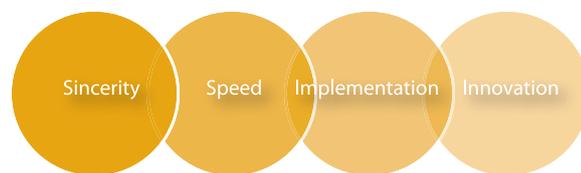
The company employs 1,200 people in HK with 120 involved in R&D and 4,000 more in China mainly in marketing and sales. The pharmaceutical drug market in the mainland has doubled in three years reaching 200 billion RMB, and the demand and growth for quality drugs is still on a rise.



The aim is to be equipped and ready for PIC/S standard, short for Pharmaceutical Inspection Cooperation Scheme, an international scheme with members from leading health authorities like EMA, FDA, MHRA, TGA and many others. The joining of PIC/S is a leading initiative by the Department of Health in the coming years.

BF Management and Corporate Ethics

Core Values



The key word heard recited continually was people, people and people, selecting and recruiting people, training and motivating people and most of all retaining people in a market place where expertise in the field is scarce.

In the pharmaceutical industry intellectual assets are the most valuable, the manufacturing site can be designed and built with bricks and concrete, the equipment and machinery can be bought with money. The greatest obstacle is to recruit people, with the right calibre and expertise which take years to build that are free to move. Time and again, the social assets are the most critical. This is so truly reflected in the Hospital Authority with talents and skills lost to the private market. Building hospitals has become far easier than finding the people and retaining them.

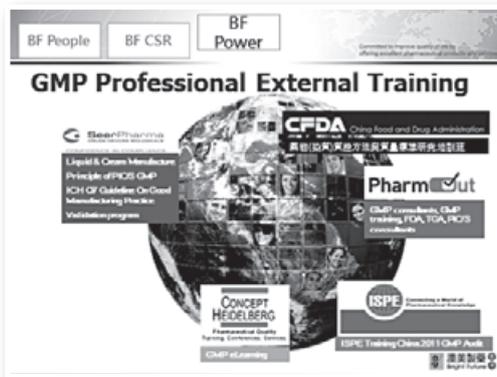
Bright Future tackles this problem, by realizing at an early stage that they need to train more people, and as the largest training center in HK for the industry they foster cooperation with many of the local universities and inviting them as visiting lecturers.

As quoted by Mr. Chan, to train an Authorized Person a GMP trained person in-charge of pharmaceutical manufacturing requires three years. Once qualified many may leave for a substantial premium offered by market, and the notice can be as short as only 30 days. It was limited what could be done to

overturn the trend, as there was clearly a shortage of this expertise in the market with a growing need. Therefore, they train as many as nine Authorized Persons to ensure the needs are met.

Human Resource Training

150 graduate trainee programs with the local universities in 2013 were held with 50% at Master's degree or higher and 12% of the recruited staff were from overseas. In realization of this cultural gap, the web based training site had been bridged with multiple languages to train and develop employees.



The GMP awareness training is conducted with all levels of staff in large numbers allowing greater involvement and better team play, other advanced manufacturing needs and skills may be either brought in by external consultants or gained from overseas training programs.

And the company sponsors many charitable activities, staff recreational activities and outdoor events, such as bike ride, badminton and paint ball.

Quality Assurance

In order to manufacture a wide range of pharmaceutical drugs that undergo multiple processing handled by various parties into finished products with consistent quality that are safe and efficacious, a Quality Management System is in place to review 22 quality system elements.

The QMS will review the processes from selection of raw material suppliers to periodic sample testing,

production process controls, equipment and machinery calibration, follow up investigating with deviations and corrective actions and preventive actions, maintenance schedules and testing of equipment & machinery ongoing performance, environmental monitoring and validations in place. Post manufacturing will continue monitor the stability of the individual batches retained.



Good manufacturing practice is a continuous improvement process, and the learning does not end where the goods are made. Good manufacturing also includes the processes of reflecting on how to do things better, constant adoption of new technology and equipment and exploration of new sources of raw materials. All these are essential to sustaining, if not enhancing manufactured goods.

Touring the Manufacturing Plant

We were split into two groups and toured the core areas of Bright Future's manufacturing expertise semi-solid preparations, liquid preparations and solid oral dosage forms like capsules and tablets.



Above was a brief explanation about the various workflow within the plant, how the environment is kept in unidirectional workflow with minimal repetition of crossing,

the maintenance of pressure differences between the rooms and the corridor. All surfacing was designed to allow ease of cleaning and prevention of entrapment, alloy bars in place to prevent collision.

A Day at Bright Future and the Management of Pharmaceutical Manufacturing in Hong Kong



Things that we were shown included:

- Capsule manufacturing with the Korsch machine that was capable of filling 150,000 capsules per hour
- Tableting machine with rotating punches and dies bringing the homogenous powder compressed and ejected in a revolving manner.
- Water purification process, the most critical part as contamination would challenge the integrity of any goods manufactured.
- Mixer tanks capable of mixing 10,000 liters of liquid using metal paddles and vortex blending with computerized control system set at predetermined velocity and time that had been validated to ensure the consistency of a homogenous mix.
- Homogenizer and the cream tube manufacturing system, with multiple point cream filling into the metal tubes, passing on to be crimped, then packed into their respective cartons and further in bulk units into carton boxes all within minutes. The entire production line for the event merely stretched 30 meters and 100 million tubes of these creams can be produced in several of these production lines, operated by only a dozen coworkers. This mass maneuvering capability is a real contrast to the early days of compounding small pots or tubes of creams taking up near enough half an hour.

Last but not least, the tour ended with the finished goods and where they were stored before shipping off elsewhere. The warehouse was of modern design with goods stored away at a certain distances from the walls, floors and the ceilings.

Temperature mapping at various points with the relative humidity is constantly recorded and transmitted to the central computerized system for monitoring. To maintain the low temperatures and relative humidity of below 25 and 65% the HVAC system is employed, each section is planted with water sprinkler to ensure in the event of fire adequate water is within reach. Additional partitioning is also in place to section off each part of the warehouse to prevent both spread of fire and damage from the water sprinklers.

When speaking to the production and warehouse manager, it was unveiled each part of the manufacturing process within the nine buildings

were unique to the products, with the machinery and manufacturing standalone not cross shared in any particular activity. This type of management showed a total control in every unit produced under manufacture and any destruction or problem faced in one section would not impact the remaining business operation. Very rarely is observed in local manufacturing, as both the space and cost of machinery is so high, that maximization of production is often prioritized.

A state of the art fully automated logistic centre was under construction to be fully operational by next year. This is to be the first of the kind employed within the industry in HK and an invitation to return for a follow up visit has been sealed for early next year.

We are proud to know that the future of Hong Kong pharmaceuticals is in safe hands and we wish the people at Bright Future what they offer us, a "Bright Future" of their own.



Fellows Dinner

The fellows dinner was taken place in 'The National Arboetum' which is Canberra's newest attraction. It's a living museum set on a 250 hectare site the Arboretum includes 100 forests of Australian natives and various rare and endangered trees from Australia and around the world. It's also home to the National Bonsai Collection for some of the finest miniature trees and forests in the world, produced by some of Australia's leading bonsai and penjing artists.



Fellows Dinner (The National Arboetum)

28 August 2013

Asia Pacific Congress on Health Leadership – Energizing Healthcare Pre-congress workshop: Global Health Leadership Forum

It gave us great pleasure to participate in this important international collaborative initiative. This session was to determine the feasibility of developing an Asia Pacific Health Leadership Alliance that aims to promote sharing, explore opportunities for collaboration, and promote the advancement of health leadership across the Asia Pacific Region. Each jurisdiction represented Australia, Hong Kong, New Zealand, Thailand, United Kingdom and United States lead the presentation on the following questions:

- What are the key health system level developments in your country?
- What are the key health leadership and management development initiatives that are taking place?



- How might an international alliance help you individually to develop your personal capacity and aspirations?

Consolidation of feedback from small group discussions and articulation of practical actions and strategies to move forward became the closing remarks of forum.

The Key topics of Day 1 congress included 'Driving Innovation: The Business cases for building better health care facilities' and 'Achieving outcomes'. The presentations were not just fruitful and educational but also broaden our horizon on healthcare leadership.



Welcome Reception

It provided us happy moment to share with fellows and friends from different countries. The function was held in a very special venue that's the 'The National Library'. Great, we can chat with our friends in the library!

ACHSM Annual Congress 2013 **on 28 - 30 August, 2013**

The Canberra Study Tour cum the 2013 International Congress of the Australasian College of Health Service Management Journey: 27-30 August 2013

It was in late summer 2012 that our group of the Hong Kong Fellowship program 2012/2013, trying to peruse with the Fellowship Program of the Hong Kong College of Healthcare Executives. After around 12 months, we made it for the viva examination, pre-requisite with the fulfillment of the completion of 12 short articles on 12 themes, at least one presentation of main theme, journal club and case study on selected topics on healthcare management, finally to complete a twelve thousand words thesis to wrap up our 9 months learning experience.

Apart from the conferment held on 27 July 2013, there were 9 of us went for the study tour in Canberra: 27-30 August 2013.

On 27 August 2013, after we arrived at Canberra Airport, it was to my surprise that the Airport was so clean, calm and slow that it is hard to believe that this is the capital of a developed country. Furthermore, Canberra Airport is only a domestic grade, without International flight.

Our group assembled in the afternoon of 27 August 2013, at the Rydges, Lakeside, Canberra, which is within 15 minutes walking distance to the City Centre and surrounded by a beautiful Park in front and many lakes at the back. Excitement filled the cloak room of the Rydges where all nine 2013 new fellows, traveled all the way from Hong Kong. The memorable moment started with Dr SH Liu and Dr HC Ma who were very solemn and yet pleased to greet us. It drew those memories of about 12 months ago, when the study group first

met in Class Room 103 of the Administration Building of Kwong Wah Hospital. Furthermore, when one of our group happened to realize that there were only trainer shoes and sandals in her luggage, and it was less than two hours before the conferment due to start! Well after good teamwork, she managed to rush off to the city center to buy a pair of formal court shoe, return on time, to dress up for the event. Finally on the 27 August 2013 at 16:00, all 9 of us, lined up on the stage for our conferment. Everyone was excited and pleased to make their appearance, to their best with our Dr HC Ma, Council members and the official photographer of course!

The Fellows Dinner on 27 August 2013 was held in The National Arboretum. This was a spectacular event. The conservation concept and practices in the area was impressive to audients, like us, living in a jostle and hustle city, busy with work, study, family and career. The over 35 minutes introduction of the conservation program within Canberra and the rest of the Australia, followed with a guided tour of exhibition of bonsai. The networking drink and fellow dinner at The National Arboretum offered quality western food and wine. The coach took us back by the Rydges around 11:30pm late evening.

28-30 August 2013

The 3 days from 28 August to 30 August 2013, the group attended the International Congress organized by the Australasian College of Health Services Management (ACHSM). The theme was Energizing Healthcare: Engaging

least brought every one back to another busy city life. Some of our group stayed behind for their own plans.

31 August 2013 – 01 September 2013

Free Days: Darlington Harbour and Sydney Tour

The free day, 31 August 2013 was a Saturday. Our group went for city tour and boat trip, enjoying local seafood and Australia wine. We were lucky to witness the evening spectacular fire work of the Darlington Harbour. We would call it a day of no regret to end the whole study tour. With the conferment at Canberra and the whole study tour, on behalf of the eleven 2013 new fellows, we would like to express our most sincere thanks to Dr HC Ma, Dr SH Liu, Ms Manbo Man, Dr Arthur Sham, all other Council members and mentors for their unfailing support, advice and direction to us.

With the past 12 months, among us, not just friendship gained, boardened mind, behaviors change, a gradual transformation from healthcare worker to manager, then to leader.

The passion of healthcare worker to “serve”, was broadened to “care”, then turned to “manage”. Being one of the eleven 2013 new fellows, somehow or other, at times, there is still a good reason for us to get up early on Saturday morning to attend the 08:30 class of our fellowship program, a booster dose for the internal transformation, to continue the metamorphosis from “to serve, to care, to manage” to the final destination, “to lead”.

At times, the wisdom gained from the “Chinese Dessert” of Dr HC Ma, at the end of each

session, seemed to ease off our craving minds which are suffering from “hypoglycemic”.

Thank you.

We would like to take this opportunity to express our gratitude once again to Dr HC Ma, Dr Fowie Ng, Mr Anders Yuen, Ms Lisa Cheung, Dr Steve Chan, Dr Arthur Sham, Ms Macky Tung, Dr Eddie Yuen, all the Council Members, Co-opt Members, our mentors and mock-examiners for their unfailing support and encouragement all along. This Fellowship Program provides us with abundant exposure to various leadership and healthcare management concepts, transform us to be competent health service executives! We are looking forward to the time when we can contribute on he College in the coming days!

Fan Wong





Evaluation of Job Satisfaction of Registered and Enrolled Nurses – an exploratory study for staff retention strategies of a hospital in Hong Kong

Background

Job satisfaction of carer-nurse is critical to provision of quality care. The purpose of this study is to evaluate the job satisfaction of nurses in a hospital in Hong Kong and to identify some contributory factors. The result may shed light on nurse retention strategies in face of continuous health service expansion despite widespread nursing shortage.

Methods

Job satisfaction was measured with the 10 items Warr-Cook-Wall Questionnaire on a 5-point Likert scale. All registered and enrolled nurses (RN & EN) of the hospital under study were given the questionnaire to be returned within 2 weeks.

Results

The study population consisted of 707 nurses; including 29.5% ENs, and 70.5% RNs. The overall satisfaction score is 3.6 on a 5 point Likert Scale (1 meaning 'strongly dissatisfied' to 5 meaning 'strongly satisfied'). Result indicates that nurses of this organization are slightly above average on satisfaction score. All nurses are most satisfied with 'opportunity to use abilities', 'amount of responsibility', and 'relationship between colleagues' (mean = 3.8). Items of decreasing level of satisfaction are 'freedom to make suggestion', 'physical working condition', 'income', and 'recognition of work' (mean = 3.5); 'freedom of working method' and 'relationship between management' (mean = 3.4); 'hours/shifts of work' (mean = 3.3).

Conclusions

Result indicates that nurses in this hospital are slightly above average on job satisfaction score. Job satisfaction of nurses is important because poor satisfaction is associated with suboptimal healthcare delivery and clinical outcomes, and higher turnover rate. The result of this study shows that 'hours/ shifts of work' (mean = 3.3) is the least satisfying element identified. This, and the scores attached to different factors, provide some hints to resource allocation and strategy formulation for attracting and retaining nurses.

Alice Yuk-Yu CHENG



