

# Hong Kong College of Health Service Executives

Newsletter Issue 2 2013/14



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## Message from the President

The College recently organized a study tour to Beijing of Mainland China. Delegates had the opportunity of meeting senior officials of the municipal health authorities (市衛計委) of the capital and were entertained by the leaders of 3 acute major "public" hospitals during their hospital visits. One of the major hospitals is under the jurisdiction of the People's Liberation Army (PLA) which add much colour to our visit.



### Disclaimer

This is a publication of the Hong Kong College of Health Service Executives. The articles published are the expressed views of the authors and are not necessarily those of the HKCHSE.



During our discussion with the Mainland senior healthcare executives and clinical leaders, we were impressed by the following information and observations:

- The capital city has formed a healthcare governance structure for hospitals (北京醫院管理局) making reference to the Hong Kong Hospital Authority, but the terms of reference is different and coverage is limited (less than one third of the major hospitals)
- Major healthcare system reform has been started in the past few years but is limited to 5 pilot hospitals
- Most acute major hospitals receive less than 10% of their expenditures from Government funding, with the rest from patient fees which are shared between patients' copayment and various forms of healthcare insurance
- Medication fees still occupy a significant percentage of hospital income
- There is no gate keeper system and patients from all parts of the country can flock to the major hospitals for outpatient medical consultation, even for subspecialties
- The daily outpatient service volume of a single acute major hospital is much larger than that of Hong Kong with similar bed number (about 5 to 6 times Hong Kong hospitals' figure)
- The average length of stay for inpatients is on a downward trend, between 8 to 9 days for the past 6 months
- Most major hospitals focus on interventional procedures, especially those involving complex technologies such as PCI and robotic surgery
- The variety and number of high tech medical equipment are much higher than those of Hong Kong acute major hospitals with similar bed number. One of the hospitals we visited is labeled as a cardiovascular centre, and it possesses 12 Cardiac Catheterization Laboratories as compared to 2 to 3 for Hong Kong major hospitals.
- Most acute major hospitals have embarked on hospital accreditation, but they choose JCI as the accreditation body and use the American standards
- The number of doctors for each hospital is much higher than that of Hong Kong hospitals with similar size, but the number of nurses is less (with nurse to doctor ratio of 1.3 as compared to 5 for Hong Kong Hospitals)
- There are very advanced IT systems for each hospital but the captured patient data cannot be shared among different hospitals
- Some hospitals have established advanced ERP system while some are catching up rapidly
- Most acute major hospitals are affiliated to medical schools and serve as training ground for undergraduate and post-graduate medical training
- There is also a Chinese Medicine component within each acute major hospital
- Much emphasis has been put to service quality and patient safety, at least in official documents
- The waiting time for most elective investigations (such as MRI and CT) is within 1 to 2 weeks, which would be regarded as marvelous using Hong Kong standard
- The overall environment of these hospitals are clean and decent, with most patients accommodated in rooms with two to four beds equipped with en-suite toilets

While the delegates were impressed by the determination of the healthcare leaders to continuously improve the healthcare services and the vibrant atmosphere of these hospitals, I would like to share some of my personally reflections related to this study tour.

My major concern is the overall purpose of the healthcare system. Most hospitals consider surgical intervention and medications treatment as their core business. This is not hard to understand as these interventions can generate revenues with good profit margin under the existing government regulated pricing system for “public” hospitals. With more than 90% of their expenditures coming from patient charges, such development is pivotal for the survival of these hospitals. When we asked about the development of less revenue-generating services such as rehabilitation and palliative care, all of the three hospitals (one of them is an oncology centre) showed little interest. One executive said such services should be taken up by hospitals of less complexity, but there is no networking or referral system between major hospitals (三甲醫院) and hospitals with lower grading.

There is also minimal attention to preventive measures. For example, despite the high prevalence of smoking in the population there is no smoke cessation service provided to patients suffering from cardiovascular diseases in the hospital labeled as cardiovascular centre, although patients are given a pamphlet on the health risks of smoking upon their hospital discharge. Apparently preventive medicine is the sole responsibility of public health authorities such as CDC.

Lastly there is little emphasis on evidence-based healthcare. Doctors are excited about the huge number of high tech interventions, but we are

not sure if all these interventions are necessary and based on solid scientific evidence. In the Chinese medicine wing of one of the hospitals, we were shown two enclosed “sauna” machines using mists containing concocted herbal medicine as therapeutic agent. We were not shown the evidence behind this innovative but expensive treatment.

While enhancing the health status of its people is the ultimate goal of every responsible government, the leaders of the public acute major hospitals are striving very hard to provide more revenue-generating healthcare services in order to secure their financial sustainability. Doctors put much attention and effort on high tech procedures and expensive medications and are not keen on educating patients for healthy life styles and avoidance of risk factors to health. There is also little emphasis on post-intervention functional rehabilitation of patients. This has much to do with the existing reward system which was described as “perverse incentive” by a WHO senior executive. Of course the Government policy of using a market-oriented approach for public healthcare is also a strong underlying factor. The situation is reinforced by the social phenomenon of public admiration and Government recognition of experts in complicated procedures. This is a vivid example of the paradox of traditional healthcare system: healthcare professionals depend on an “unhealthy” population to demonstrate their value. I think one effective means of mitigating the effect of this paradox is to design a health and function-based reward and recognition system for health professionals, and should be the direction for the “public” healthcare sector.

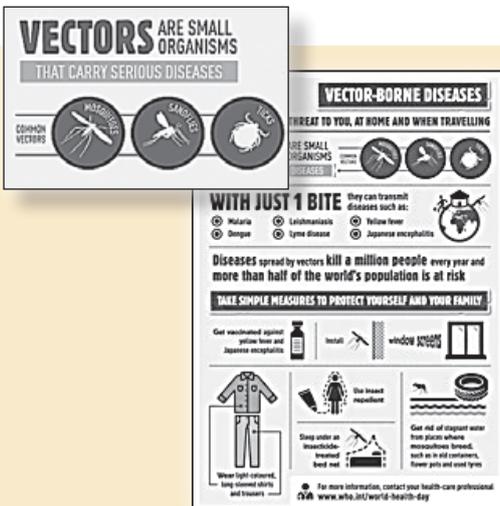
Dr H C MA





More broadly, through the campaign, we are aiming for the following:

- families living in areas where diseases are transmitted by vectors know how to protect themselves;
- travelers know how to protect themselves from vectors and vector-borne diseases when travelling to countries where these pose a health threat;
- in countries where vector-borne diseases are a public health problem, ministries of health put in place measures to improve the protection of their populations; and
- in countries where vector-borne diseases are an emerging threat, health authorities work with environmental and relevant authorities locally and in neighbouring countries to improve integrated surveillance of vectors and to take measures to prevent their proliferation.



This is the message of this year's World Health Day, 7 April, which highlights actions we can all take to protect ourselves from the serious diseases that these "vectors" can cause. The World Health Day 2014 campaign focuses on some of the main vectors and the diseases they cause and what we can all do to protect ourselves.

## More information and examples on vector-borne diseases

- **Dengue**  
Mosquito-borne infection that may cause lethal complications
- **Chagas disease**  
Life-threatening condition transmitted through triatomine bugs, contaminated food, infected blood transfusion
- **Chikungunya**  
Viral disease transmitted to humans by infected mosquitoes
- **Congo-Crimean haemorrhagic fever**  
Severe illness caused by a number of viruses
- **Human African trypanosomiasis**  
*Glossina*-borne parasitic infection, fatal without prompt diagnosis and treatment
- **Leishmaniasis**  
Infection is caused if bitten by female sandflies
- **Lymphatic filariasis**  
Infection occurs when filarial parasites are transmitted to humans through mosquitoes
- **Lyme disease**  
Disease caused by infected ticks
- **Malaria**  
Disease caused by a parasite plasmodium, transmitted via infected mosquitoes
- **Onchocerciasis**  
Parasitic disease caused by the filarial worm onchocerca volvulus
- **Schistosomiasis**  
Parasitic disease caused by trematode flatworms of the genus
- **Yellow fever**  
Viral disease transmitted via aedes mosquitoes

POON Wai-Kwong







One last field visit activity before we bid farewell to 2013 and the HKCHSE had chosen Yakult Plant, a family friendly venue as our target site on a lovely sunny Saturday afternoon with a total of 32 participants who gathered for a nice seafood lunch before the visit. The seafood restaurant was located at 三門仔 in Tai Po. It has a great seaview and members were excited to see the fishermen and the historical village which were new explorations to many of them.



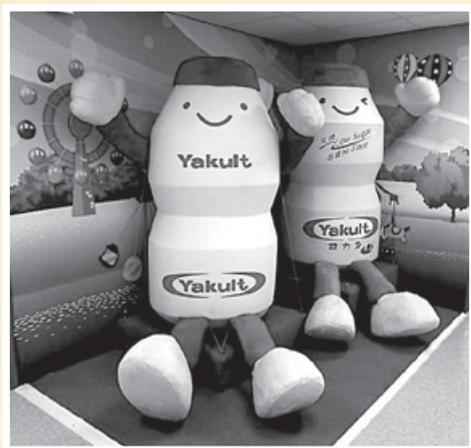
▲ Members enjoying the delicious food and gathering time



After the delicious meal, members took transport to the nearby Yakult Plant located in Tai Po Industrial Estate.



▲ The signature slogan from Yakult



▲ Cute Yakult Mascots



▲ Various Yakult products



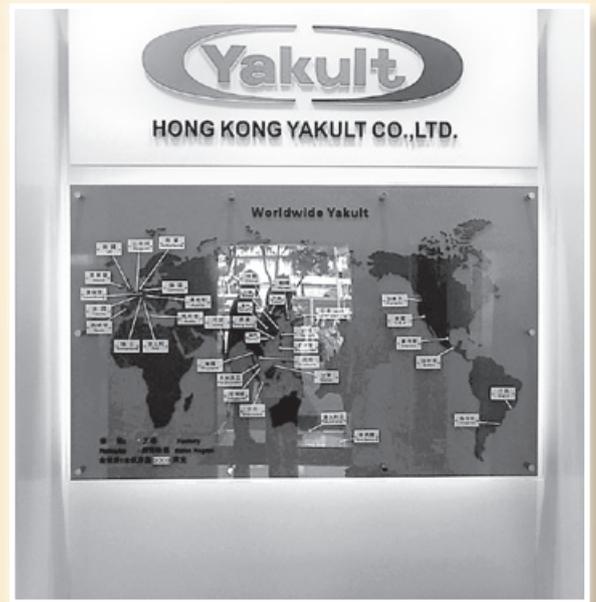
◀ Certified Yakult Plant

Picture Speaks a Thousand Words:  
Let's Take a Look at the Lunch cum Yakult Plant Visit

The sale of Yakult drinks has reached various continents of the world: Europe, South East Asia, as well as the North and South America.

It is estimated that the consumption of Yakult drinks has reached 30 million per day all over the world.

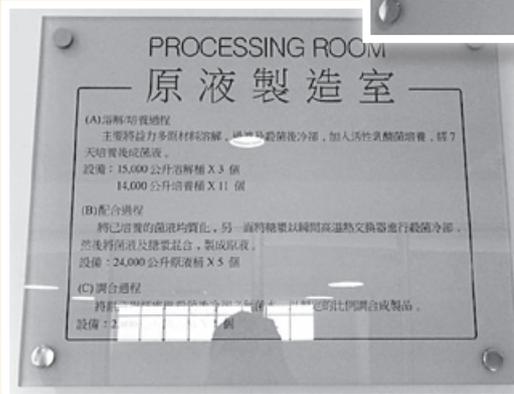
While we were entering the Visitor Room, we found some rather forceful air fans attached to the wall located at the entrance and everyone got blown before entering. This interesting tool is called the Air Shower, and is used to blow off dust and dirt from the visitors before they enter the Visitor Room as explained by the staff.



Even though no photo-taking was allowed inside the Visitor Room, members were introduced to the overall probiotic processing and product container filling and packaging workflow.

The probiotics were firstly imported from Japan and then being reproduced in the Processing Room inside huge containers. After 7 days of growth, probiotics are being added into the syrup mixture and prepared according to the regulated formulae.

The whole filling process is being run by automated machines. Like running through trails and mazes, the 100 ml size plastic product containers are being placed onto conveyor



belts, running in loops to different stations for bottle labeling, content filling, wrapping, and then bulk packaging.

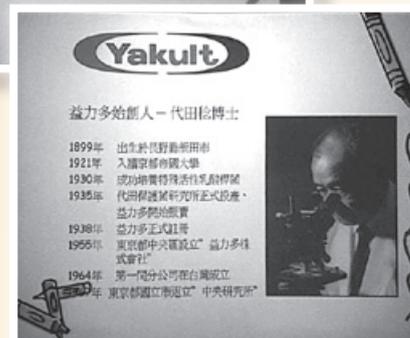
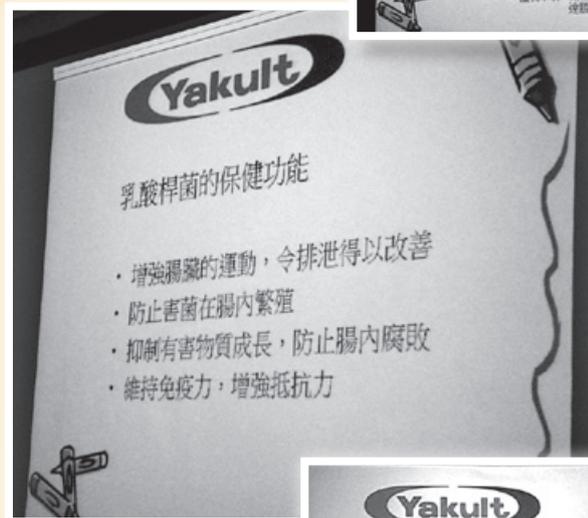
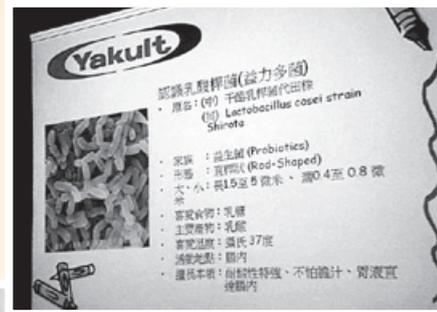
There are staffs at each station to monitor the process, catch unintended errors and randomly pick samples for QA purposes.

Members were then brought to a conference room where the history of Yakult probiotics was introduced and a documentary file of its clinical efficacy was displayed. Members also had happily received 2 bottles of Yakult probiotics (one red and one green) for tasting.



After an interactive Q&A session, there were several interesting useful messages to note:

- 1) Yakult was established in Japan, firstly introduced in Taiwan, secondly in Brazil, then thirdly in Hong Kong.
- 2) Yakult probiotic drinks are recommended to be stored refrigerated to keep the probiotics alive. Those that are stored at room temperature at grocery stores will do no intended good as the probiotics would have been dead already.
- 3) In order to receive the benefits from the probiotics, Yakult drinks have to be kept refrigerated so that once human consume them, the probiotics can continue to multiply in the intestines and produce the intended benefits.
- 4) The maximum shelf-life as recommended by regulation is 30 day. If consumed after shelf-life, benefits may not be received.





# Hong Kong College of Health Service Executives Members' Night 2014

Members' Night is one of the traditional events of Hong Kong College of Health Service Executives. It was held at City View hotel on 28 February 2014 (Friday) which was closed to Lantern Festival. The theme of this year was "College Reunion in Year of Horse".

With a fair turnout of 60 members and guests, the evening was full of fun and excitement. Members had a chance to meet each other in an informal and relaxed setting.

Guessing lantern riddles was an essential part of the event because we believed that the fellows should be well trained by Dr. H C Ma in "dessert" time of Fellowship program.

Special thanks to organizing committee members, Peggy, Ivy, Pearl, Sania, Herman, Jess and Celina to organize this memorable event.



Hong Kong College of Health  
Service Executives Members' Night 2014



Hong Kong College of Health Service Executives Members' Night 2014

# Past and Up Coming Events

## Past Events

### Complementary and Alternative Medicine in UK

Speakers : Professor Graeme D. Smith, Faculty of Health and Life Science, Edinburgh Napier University, UK.

Date : 27 February 2014 (Thursday)

Professor Graeme D. Smith is a Fellow of the European Academy of Nursing Science. His Doctoral studies at University of Edinburgh arose from an interest in psychological care in gastroenterology. Prof. Smith delivered an inspiring talk on complementary and alternative medicine in UK to our Fellows.



27 February 2014





Hong Kong College of Health Service Executives:

**Regional Conference 2014 Healthcare for all**  
**26-27 July 2014**

Shanghai and Shantung Room, Level 8, Langham Place (Mongkok)  
555, Shanghai Street, Mongkok, Kowloon

## Application Form

### A. PARTICIPANT INFORMATION

\*Title:  Prof  Dr  Mr  Mrs  Miss

Surname:

Given Name:

English Name:

Email

Organization:

\*Type of Member:  Fellow  Associate Fellow  Associate  Non-member

Address:

City:

Country:

Tel(office hours):

Fax:

### B. REGISTRATION FEE

'✓'	Category	Registration Rates On or before 26 July 2014
<b>For Overseas Participants</b>		
	1 full day program including lunch and dinner	HK\$1,950
<b>For Local Participants</b>		
	1 full day program including lunch and dinner (Local Non-Member)	HK\$1,500
	1 full day program including lunch and dinner (Local Member)	HK\$800
	1 full day program including lunch (Local Member) (Associate Member with full-time student status) <i>(Registration must be made before 14 July 2014)</i>	HK\$200

\*Please put a '✓' at the selected item

### C. PAYMENT METHOD

Interested parties please send the application form and a cheque payable to **"Hong Kong College of Health Service Executives Ltd"** to **HKCHSE Conference Secretariat, C/O The Federation of Medical Societies of Hong Kong, 4/F Duke of Windsor Social Service Bldg., 15 Hennessy Rd. Wanchai, HK**

Enquiry: (Tel) 2821 3514 (Fax) 2865 0345 (Email) info@hkchse2014.org

(Office Use Only)

Received Date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

