Hong Kong College of Health Service Executives

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essage from the President

One of the megatrends related to healthcare is the emphasis on holistic care for patients suffering from serious illnesses. Healthcare should not be limited to the immediate treatment of the patient at the acute phase which targets at preservation of life, relief of suffering and stabilization of patient's physiological parameters. The importance of functional maximization and restoration of patient's capability in daily activities and work during the recovering phase of the patient is well recognized by healthcare professionals. The term "rehabilitation" becomes a buzz word in every patient's journey. However, the model of patient rehabilitation and the organization of care vary from place to place.



In Hong Kong, rehabilitation is mainly medical specialty led. Therapists of different disciplines receive referrals from clinical specialists for patients' rehabilitation, and provide treatment to the patients in their department as outpatients. Therapists also go to patient wards to assess and treat inpatients. Many clinical departments have dedicated facilities for their rehabilitation services, such as Cardiac Rehabilitation Centre or Pulmonary Rehabilitation Unit. Some clinical departments combine psychosocial and physical rehabilitation in the form of day care programmes to be provided in facilities that bear their department's names, such as Geriatric or Psychiatric Day Hospital. Most clinical specialties will recruit rehabilitation therapists from different disciplines to form a functional multi-disciplinary team under the leadership of the corresponding clinicians. On the side of the therapists, they may specialize themselves in one field, or be trained in different fields as multi-skilled professional. Although they may collaborate with therapists of other disciplines, they still maintain

their identity as a special type of therapist with professional registration or affiliation as such for their own disciplines. Competition for space and resources is common among different disciplines. There is also fierce competition for treatment domains such as gait training and multisensory stimulation.

Since most patients require rehabilitation care from different disciplines, there had been effort by healthcare executives in the past to break the discipline "silos" by combining professionals of different disciplines to form one allied health department called Rehabilitation Department. All allied health professionals within this department are called rehabilitation therapists. Unfortunately the experiment met a lot of resistance and was administratively very complicated. It was finally dropped after a couple of years' trial.

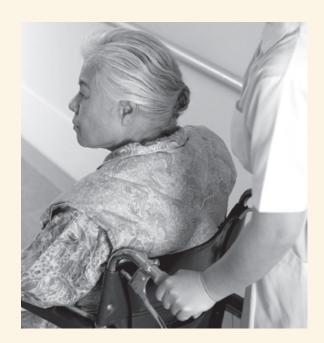
Other than inter-disciplinary competition and rivalry among different rehabilitation disciplines,



Message from the President

there is also a problem with service planning. Most clinical departments consider support from allied health departments a "goes without saying" kind of obligation, and when they start new rehabilitation services, they do not put forth manpower and resources requirements for the allied health departments. One reason is that they consider their additional requirement for support from each allied health department a small topping up of the original level which should be absorbable by the department. When all the clinical departments put forth such requests, the allied health department will encounter significant stretch in their workforce. If each clinical department put up requests for additional manpower on behalf of the allied health departments for new rehabilitation programmes, there may be a problem of excessive demand since each clinical department will expect a dedicated staff for their new service, which by workload scale will not be justified.

In areas such as Mainland and Macau, rehabilitation is treated as an independent clinical specialty under the name of "康復科". The department head is a clinician specialized in rehabilitation. There are also doctors within the department who have been trained in various fields of rehabilitation or are trainees of the department. The Department is supported by various fields of allied health professionals forming multidisciplinary teams within the department. The department can have its own wards and inpatient beds. Service planning is through the department head like other clinical departments. Doctors from other departments can request service from the department through consultation or referral. In the Mainland the undergraduate training of the therapists is along this line and graduates are called "康復治



療師". However, in Macau the situation is more complicated and there is mismatch between hospital service arrangement (the Mainland model) and formal professional registration which takes the discipline approach similar to that of Hong Kong. A problem with this model is that clinical specialists are playing very passive role in the development and design of rehabilitation care for their patients.

While both models have their merits and problems, it is imperative that there is a high level service framework for the different types of rehabilitation services with better delineation of roles and area of focus for each therapist discipline. The professional training and career advancement pathways must dovetail with the service framework so that therapists and clinicians can work together as a closely knitted team without much internal struggle or competition.



egional Conference 2014 of the Hong Kong College of Health Service Executives - 26 July 2014

As one the branch Councils of the Australasian College of Health Service Management (ACHSM), HKCHSE are pleased to have the support from the ACHSM for the first Regional Conference in the South-East Asia which was held in Hong Kong on 26 July 2014.

The theme for this Conference is "Healthcare for all". Access to appropriate, adequate, and

affordable healthcare service is the fundamental right of all citizens in the world. "Healthcare for all" has to be given the top priority in the public policy along with worldwide effort in order to safeguard our lives and that of millions of others.

Renowned speakers in Australia, South-East Asia and Hong Kong were invited to give talks and led discussion on this important issue.

Officiating Guest



Prof Sophia CHAN, JPUnder Secretary for Food and Health,
The Government of Hong Kong SAR

Moderator of the Panel Discussion



Prof Geoffrey LIEU

Director, Healthy Aging Division,
Health Promotion Board,
Singapore

Speakers



Prof John RASA

National President,
ACHSM/ CEO,
General Practice Victoria,
Australia



Dr LIAO Xinbo
Deputy Director of
Health Department,
Guangdong Provincial,
China



Dr Yao-Kuo CHIANG Superintendent, Keelung Municipal Hospital, Taiwan



Prof Peter P. YUEN

Dean, College of Professional and Continuing Education, Hong Kong Polytechnic
University



Prof Somnuek
DOMRONGKITCHAIPORN
Deputy Dean of Hospital
Administration School,
Faculty of Medicine,

Ramathibodi Hospital Mahidol University, Thailand



Dr Shyamala
THILAGARATNAM
Director, Healthy Aging
Division,
Health Promotion Board,
Singapore



Tim PANG

Community Organizer,
Society for Community
Organization



Annual Conference Dinner



Our New Fellows

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

CHAN Yin Ping	CHOK Sik Chuen	NG Ming Yung Jocelyn
CHAN Chun Man	FONG Ho Ching Jacky	TONG Chiu Hung Jennifer
CHAN Ka Po Trevor	LAU Yue Young Geoffrey	TSE Chun Wai Martin
CHAN Yuk Sim	LI Hei Lim	Inez Ying Shi WU
CHILI Tan Hoi James	MAK Siu Kina	



Study Tour to Beijing

-Where did we go, what did we see, whom did we meet and what were accomplished

Ms SC Chiang ¹ and Dr Flora Ko ²

- ¹ Vice President of Hong Kong College of Health Service Executives 2014/15,
- ² Council Member of Hong Kong College of Health Service Executives 2014/15

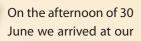
A group of 25 College Fellows and Associate Fellows took the opportunity of the 1st July holiday to join the 5 days Study Tour organized by the Hong Kong College of Health Service Executives to Beijing with the aim to learn, see and enjoy. The group, led by the President and Vice President of the College, came from different professional practice from both the public and private health care sectors. Hence, the group was a good mix

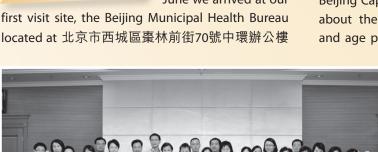
adding much diversity to the team's composition allowing each to be assigned different roles in the study tour.

The itinerary was rather ambitious and our main objectives were meeting the senior management level at the Beijing Municipal Health Bureau and also at the

three other famous Beijing hospitals, each of which has its own unique service specialisation. We have also included some time for the usual tourist activities over the weekend holiday.

30th June 2014









and we were greeted by Mr 于魯明副局長(北京市 醫院管理局副局長) and Madam 鮑華處長 (國際合 作處 / 港澳臺辦主任) together with his team of executives. We spent two hours at the office with Madam 鮑處長 starting the information exchange by providing to us the latest health care statistics in Beijing Capital to enable us to gain an overall view about the overall health care status, population and age profile, growth trends on the health care

> service delivered. It is obvious from the data provided for Beijing e.g. the expectancy of life at birth for male, female population are 79.5 and 83.5 respectively; the three major causes of death are cancer, cardiovascular and cerebrovascular diseases that both Beijing and Hong Kong shared similar health concerns due to population ageing. This was



followed by 于副局長 who gave us a detail account on the three different stages of health care system development in the past sixty five years in China and how it has evolved to become the existing structure and framework. His clear and concise explanation enabled us to have a comprehensive understanding about the influence of the prevailing political environment and economic development in shaping the different emphasis of health care

system objectives at those three stages. He also gave a very detail account of the existing services scopes of the 北京市衞生計生 委, and the progress of the health care reform to address the well known concerns faced by the general population in China such as 看病難,看病貴. Other team

representatives supplemented other information such as the approaches and strategies to plan for the future health care workforce and the future directions to meet their training and development needs including the medical subspecialty, the nursing workforce and the need for recognizing the contribution of 康復服務人員 to the entire health care service delivery. In response to some of our questions, 于局長 went on to talk about the concepts of integrating 醫養結合 in the area of elderly health service provision to meet the future ageing population in China; the progress and development plans of the system which is something like our eHealth Record system to share the electronic data base of patients and the general population in China. The content of the sharing highlighted by 于副局長 has definitely opened our eyes to better appreciate the various well know issues that were reported such as the phenomenon of 以藥補醫 which was adopted as a matter of policy by most hospitals in the earlier days of the health system development in order that the most impactful health outcome could be achieved with minimal funding provision from the Government. (Please see report of our visit made by the Beijing Municipal Health Bureau in their website: (http:// www.bjhb.gov.cn/wsxw/201407/t20140702_95154. htm).





In return, our College President and Vice President introduced the background and mission of the College and how the College sees the importance of providing leadership and health

services executives training to our professional staff in management positions in order to enhance their performance as health leaders in the health care system. The rest of our participants including e.g. Professor Geoffrey Liu also shared the current issues faced by the HK health care system, which to our China citizen, is still a much envied health care system. Overall, it was a very fruitful exchange and we were impressed especially when we saw the big panel mounted in the lobby of the Health Bureau building which displayed the twelve core values of the health services.

1st July 2014

On the second morning on 1 July 2014, our

group went to Beijing Anzhen Hospital, Capital Medical University Hospital which is a 1250 beds



general hospital with potential to become 1500 beds when fully occupied, with treatment of cardiovascular disease as a major service focus. There is a total of about 4000 staff including 1100 doctors and 1600 nursing staff. It started in Sept, 1981 as a research centre on

cardiovascular disease but later in April, 1984, it became established as the existing Anzhen Hospital.

We were impressed by the various user oriented kiosks, some installed with printing functions, located at the floor to guide patients to find their ways, similar to those used in the public hospitals in Hong Kong.

We were greeted by the management team including 周玉傑副院長 and Dr 顧虹, their Vice

Director of Paediatric Cardiology Department as well as their Nursing Director. We were explained the service volume which is way beyond our imagination as they had Cardiac surgery, cardiology, paediatric cardiology, vascular, chest surgery, respiratory medicine





different corners in the hospital lobby. Some of these were used to collect patient opinion survey where the patients simply using touch screen functions to go through a list of questions; some were used for printing patients's own



examination results generated by scanning the bar code on the patients hand held paper and we even

saw one booth labelled as 安貞 "説吧" which is used for hospital staff or patients to record whatever they wish, e.g. their opinion, comments or criticism to convey to the hospital management. There are also a few helpers in the lobby to direct new patients or visitors appropriately to the different departments and service. But, as a suggestion may be, they can also consider the use of the coloured lines on

departments as their hospital's key characteristics. According to the figures quoted in the hospital website, the annual output e.g. cardiac surgery were successfully completed on nearly 5,000 cases of various types of heart surgery, including coronary artery bypass surgery nearly 2,100 cases, ranking first in the country in general hospitals. Cardiology Coronary angiography was completed for more than 12,000 patients, including more than 5,500 cases of PTCA. (http://anzhen.org/News/:心臟外科手術1萬餘例,其中冠狀動脈搭橋手術4,000餘例,大血管手術700餘例;冠脈動脈造影超2萬例,PCI支架植入術超1萬例,居全國綜合醫院首位。)



Study Tour to Beijing

But as we did not have the opportunity to be shown to the clinical areas so our exchange of information were largely based on what they have presented at the meeting and we could only remain amazed at how they managed to cope with the huge service demand daily and it is no surprise that there are still aggressive development plans to increase the size of the hospital to accommodate more beds and build more service areas to fill the anticipated gaps. As it was their hospital's 30th anniversary, they had a gigantic group photo taken with all of their hospital staff together all dressed up in different colours to compose the photo showing the figure '30' in the middle and we were privileged to had a group photo taken in front of this to mark our presence at this famous hospital in Beijing.

On 1 July 2014 in the afternoon, we made our way to the famous General Hospital of the People's Liberation Army (PLAGH) (中國人民解放軍總醫 院(301醫院)). We felt we were treated as VIPs in this meeting as evident from the arrangement made e.g. the army officials helped to clear the According to the information given (http:// www.301hospital.com.cn/en2012/web/Introduction. html), this hospital is now over more than half of a century old. It has developed itself into a large modern general hospital that has numerous professional talents, all clinical disciplines, stateof-the-art equipment and unique predominance. With medical care, education and research well integrated, the PLAGH has provided health and medical care to the leaders of the CPC Central Committee, the Central Military Commission, the PLA General Headquarters, and to the troops stationed in Beijing. It has also provided diagnosis





traffic for us as our coach got stuck at the hospital entrance, a row of empty chairs labelled with our names were put in hospital lobby where we had the group photo taken and then a big red carpet room was reserved for our meeting where each of us were seated in big sofas arranged around the room where we exchanged our views and dialogues about what this hospital is and what are specialised services and modern equipment.

and treatment for the critically-ill who are transferred from different areas of commands of the PLA. Meanwhile it is open to civilian patients.

We were greeted by a team of officials including 解放軍總醫院 李書章院長,原解放軍總醫院 陳曉紅副院長,高長青副院長 as well as 解放軍總醫院管理研 究所劉麗華所長 who started by showing us a video on the scope

and service of the hospital and how it grew and developed from the past since 1953 to meet the present medical needs of the military and civilians. They also shared with us how they provided the top training and development opportunities for their entire medical and surgical teams e.g. overseas in USA, etc., to gain the most advanced knowledge and experience in the use of the latest technology to treat and manage their patients and their daily

operations. Hence, they have built up the very good reputation for the hospital that has attracted tremendously high service demands and in turn they have invested in heavy use of various modern automation technologies to improve their work efficiencies and accuracies. From the information provided, they have very advanced information technology and systems for supporting their business, administrative, finance and clinical operations, which in their words, all these systems are of the level 精細化的高質管理 and have each proven their effectiveness.

Our President, Vice President, Dr Geoffrey Lieu again represented the College to talk about what our College is about and how important to equip the management with the appropriate administrative skills to lead the health care service and to manage the service delivery with a vision to promote healthy life style, support health education apart from providing the appropriate treatment. We

also expressed our gratitude for allowing us the opportunity to meet the senior management team, see the hospital and get to know each other much better.

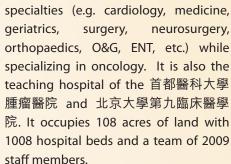
We were most impressed when we were taken to the medical ward and surgical ward where we were shown some videos about how the hospital has equipped itself with 5 sets of Da Vinci robots for performing micro surgery operations that have helped to treat many patients replacing the need for major surgical operations. We spoke to some patients who were so appreciative of the quality of the services rendered to them by the hospital team. After spending the afternoon at this hospital, every one of us had taken some messages home e.g. what are the types of services offered, how they provided the care and treatment, how accessible are these services to the public and had some idea about and their waiting times for various operations at a military hospital.

2nd July 2014

We continued our visit on 2 July morning

visiting Beijing Shijitan Hospital, CMU which is in its 99th year of service this year and it was first established as the 北京鐵路總醫院 in 1915 and

then, through several stages, was developed into the 首都醫科大學世紀壇腫瘤醫院 in 2011 s. It is classified as Level three Grade (三級甲等) general hospital with A&E Department, various



We spent two hours meeting 徐建立院長 and his management team and we were shown the clinical trial centre including the Chinese Tradition Medicine clinic and the pharmacy department where we saw the use of modern technology and automated

dispensing system for the treatment of the patients and dispensing of medicines to their out-patients.

Finally, to finsih this report, just to include some of the happy moments we have during our meals, our visits to the tourists landmarks in Beijing.



lert Response Level on Ebola Virus Disease (EVD)

The Ebola virus causes Ebola virus disease (EVD), an acute, serious illness which is often fatal if left untreated. It was first appeared in 1976 in 2 simultaneous outbreaks, one in Nzara, Sudan, and the other in Yambuku, Democratic Republic of Congo. The latter occurred in a village near the Ebola River, from which the disease takes its name. The illness affects humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

The current 2014 Ebola epidemic in West Africa, (first cases notified in March 2014), is the largest and most complex Ebola outbreak since the Ebola virus was first discovered in 1976. There have been more cases and deaths in this outbreak than all others combined. It has also spread between countries starting in Guinea then spreading across land borders over to Liberia, Nigeria and Sierra Leone. A separate, unrelated Ebola outbreak began in Boende, Equateur, an isolated part of the Democratic Republic of Congo. Avoid unnecessary travel to those affected areas.

The most severely affected countries, **Guinea, Sierra Leone and Liberia** have very weak health systems, lacking human and infrastructural resources, having only recently emerged from long periods of conflict and instability. On Aug 8, the World Health Organization (WHO) Director-General declared this outbreak as a **Public Health Emergency of International Concern.**

Up to the end of Oct 23, a total of **10,141** confirmed, probable, and suspected cases of Ebola virus disease (EVD) have been reported in six affected countries (Guinea, Liberia, Mali, Sierra Leone, Spain, and the United States of America) and two previously affected outbreak countries (Nigeria, Senegal). There have been **4,922** reported deaths; case fatality rate is 49%.

Following the latest WHO Ebola Response

Roadmap structure, countries report fall into two categories:

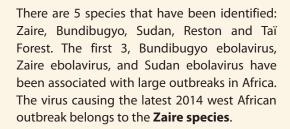
- (1) those with widespread and intense transmission (3 countries: Guinea, Liberia, and Sierra Leone); and
- (2) those with or that have had an initial case or cases, or with localized transmission (4 countries: Mali, Nigeria, Senegal, Spain, and the United States of America).

With stringent outbreak control measures, contact tracing as well as closely follow up, outbreaks in Senegal and Nigeria were declared over on Oct 17 and Oct 19 respectively.

However, EVD transmission remains persistent and widespread in Guinea, Liberia, and Sierra Leone. Cases of EVD transmission remain lowest in Guinea, but case numbers are still very high in absolute terms. Transmission remains intense in the capital cities of the three most affected countries. Case numbers continue to be underreported, especially from the Liberian capital Monrovia.

On Sep 30, Center for Disease and Control, USA (CDC) confirmed the first travel-associated case of Ebola to be diagnosed in Texas, United States; patient passed away on Oct 8. Coincidently, on Oct 6, the first known European Ebola victim with transmission outside West Africa was confirmed in Spain. She was a Spanish hospital nurse who contact the hemorrhagic fever after treating two patients who died at her working Madrid hospital on Sep 28. On Oct 21, the single EVD patient in Spain tested negative for the disease for a second time. Spain will be declared free of EVD 42 days after the date of the second negative test unless a new case arises during that period. Of the countries with localized transmission, both Spain and the United States continue to monitor any potential contacts closely.

The virus family **Filoviridae** includes 3 genera: Cuevavirus, Marburgvirus, and Ebolavirus.



The incubation period, that is, the time interval from virus infection to symptoms onset ranges from **2 to 21 days**. Patients are not contagious until symptoms develop. Patients may have sudden onset of fever, intense weakness, muscle pain, headache and sore throat; followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding. Infections can only be confirmed through laboratory testing. The average EVD case fatality rate is around 50%.

Ebola is not airborne and can **ONLY** be spread through **human-to-human transmission via direct contact** (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with those fluids.

Health-care workers have frequently been infected while treating patients with suspected or confirmed EVD. This has occurred through close contact with patients when infection control precautions are not strictly practiced.

Burial ceremonies in which mourners have direct contact with the body of the deceased person can also play a role in the transmission of Ebola.

People remain infectious as long as their blood and body fluids, including semen and breast milk, contain the virus. Men who have recovered from the disease can still transmit the virus through their semen for up to 7 weeks after recovery from illness.

Currently, there is no specific treatment to cure the disease, only supportive care-rehydration with oral or intravenous fluids- and treatment of specific symptoms. Some patients will recover with the appropriate medical care. There is as yet no proven treatment available for EVD.

WHO has convened industry leaders and key partners to discuss trials and production of Ebola vaccine on Oct 24, expecting phase 1 clinical trials result of most advanced vaccines being available by Dec 2014. Pharmaceutical companies developing the vaccines committed to ramp up production capacity for millions of doses to be available in 2015, with several hundred thousand ready before the end of the first half of the year

In Hong Kong the **Alert Response Level** under the Government's Preparedness and Response Plan for the Ebola virus disease was activated on Aug 20.

Observe our stringent environmental, personal and hand hygiene practices; strictly apply and follow recommended infection control measures along with all-times standard precautions, plus situational syndromic transmission based precautions as well as epidemiological F-TOCC risk assessment. With effect from Oct 21, in order to reinforce our epidemiological risk monitoring, fever was redefined as 37.5°C from previous 38°C. When travelling, avoid contact with animals; and cook food thoroughly before consumption; upon returning from affected area, observe closely on health conditions for 21 days. If developing any symptoms of EVD, one should call 999 and inform the staff about your condition to arrange consultation in Accident and Emergency Department.

For further updating information, refer to Department of Health, Centre for Health Protection (www.chp.gov.hk); lately with a feature specific web page on **Ebola virus disease**.

POON Wai-Kwong





Report on the Visit to Support Services **Centre, Hong Kong Baptist Hospital**

Ms S C Chiang

Vice President of Hong Kong College of Health Service Executives 2014/15



On a bright sunny Saturday morning on Nov 15 2014, the College President and the Vice President led a group of about twenty members to pay a visit to the off-site Support Services Centre of the Hong Kong Baptist Hospital (後勤支援服務中心) which is located in one of the industrial estate buildings in Fanling. The group was greeted by Ms Yuk Sim Chan who is one of our College Fellows in 2014 but is also working as a Senior Nursing Officer from the Nursing Administration Office of Hong Kong Baptist Hospital.

The visit started off with a video show with an overview on the service scope, showing the visitors very quickly through the various service units that are provided including the Central Store Department, the Medical Records office, the Laundry Services Department and the Central Sterile Supplies

Department as well as the staff common room and the gardening roof top of the building! It was an impressive 10 minutes show as it highlighted several interested points e.g. the centre is working even during the night time with a contractor called 猫頭鷹部隊 who will be responsible for collecting and delivering between the hospital and this off hospital site goods such as the dirty and clean linen, the soiled and sterilized medical devices, the patients' medical records and hospital supplies such as consumables, the bulky irrigation fluids, etc. The main advantages of this service arrangement are obvious in that it has lengthened the service window allowing the contractors to make use of the lift for transportation during the night time without competing with the patients and staff during the day time.



Also, the hassle in dealing with all these non-clinical activities will be avoided during the day time giving priority and preference to core clinical activities by all staff. As most of the visitors were from the public hospital sector, they were most impressed with how thoughtful this service was being organized, planned and delivered!

The first unit that we were taken to was the Central Store Department which is responsible for supplying



the medical consumables. The store which has an area of 16,000 sq. ft. usually keeps two months of stock with the ERP system as the IT support, using 'first in and first out' inventory management principles as well as practicing lot control for certain high risk items, with a well-designed layout facilitating the stocking and picking processes. Orders were raised and faxed to the outside vendors who would then deliver the goods to this off site store which is the central warehouse serving 96 clinical areas including wards and centers at the hospital side. Replenishment supplies would be made to the user areas periodically basing on a top up service using bar code application and auto-refill program. All items were picked and their destination locations marked accordingly on routine basis and these would be kept isolated in an area accessible only to the 猫頭鷹部隊 who has no access to other parts of the stores so that the security of the stores are protected. The area is clean and tidy with welldefined bin shelf location markings. One noticeable observation is that there is no air-conditioning for the store. Instead there is a dehumidifier system that reduces the humidity keeping the store quite dry and well ventilated.

The next department was the Medical Records Archiving Office where there was several staff busy scanning every page of the medical records of each patient of the hospital and then the soft copies would be sorted, grouped and stored into the computer system according to the Hospital episode numbers as well as the bar coded

number that were assigned and printed on each of the different medical record forms for future

retrieval purposes. These soft copies would

be available for access with authorized login by the users (doctors, nurses and allied health) in Baptist Hospital. These soft copies of the medical records would be kept permanently while the hard copies would be stored for 7 years for adult patients and 21 years for pediatric patients. We were told that the clinicians have been advised to close all

patients' files with proper discharge summary being completed within four days after the patients have been discharged and the scanning process would take about two days after the records have arrived at the site. Each patient will receive a completed discharge summary upon discharge. The hospital has rolled out electronic medical record management system – CES in order to reduce the need to scan these paper documents. This type of medical records handling service may not be as applicable to the public hospitals since there are just too many patients in the public system and it would not be efficient to operate such a medical records system.

The next stop in the tour was the Laundry Services Department which has a full range of automation equipment to deal with the laundry needs which included the hospital linen and staff uniform. The laundry was designed with the latest accreditation

standards issued by Healthcare Laundry Accreditation Council



Hong Kong Baptist Hospital

of USA in 2011. There is a complete segregation of Clean Zone and Dirty Zone and a designated clean lift for transportation of clean linen. From what we saw, the equipment used for washing, ironing and folding were rather state of the art machinery and impressed us as a professional, effective and efficient system. We were informed that they have deployed energy efficient machines to reduce resources consumption. Because of the weight of the materials handled, they particularly paid attention to maintaining a safe and healthy workplace to protect the Occupational Safety and Health of their working staff. I have never been to any of this kind of service units before and could only admit that this service unit is a service model that we should pay attention too. I was particularly impressed

with the bed sheets, the uniform as they came out of the machines being neatly folded and stacked into piles. There is a quality control process to check that there are no holes in the bed sheets, no button lost on the uniform and this is the minor details which we often overlooked in the public hospital system. I could recall putting on a white lab coat with no buttons at all when I used to work in the Medical and Health Department a long time ago.

Next we came to the Central Sterile Supplies Department which was set up to provide high quality and safe decontamination and reprocessing

of the re-usable medical devices in an efficient and cost-effective manner. From the design of the department, we could see that there was complete segregation of Clean Zone and Dirty Zone and there were designated clean/dirty lift for transportation of sterile products and dirty items. All the rooms used for different purposes such as gowning, isolation, collection of dirty items, decontamination, cleansing, sterilization, cooling, packaging, inspection were built in accordance with Health Building Note 13 and ISO 14644 standards to ensure smooth and logical workflow processes. All the decontamination equipment, including washer

disinfectors, sterilizers and heat sealers are validated against their respective ISO Standards. Water pretreatment installed to ensure optimal water quality supplying to decontamination equipment. Central dosing system minimizes staff exposure to chemical hazards. There is also comprehensive track and trace system in place to follow up on which sets of medical devices were used on which patient for which operation throughout the entire decontamination process. The staff was trained to carry out each of the processes in carefully, compliant to standard operation procedures.

Overall, we spent about three hours in the site, seeing the detail operations of each of the department.

It was certainly an impressive tour



how a private hospital in Hong Kong has made the investment to improve the supporting services of a hospital operation using automation, reengineering

of workflow processes and industry standard practices. How this would result to streamlining of the care processes in the hospital in turn to benefit the clinical staff and the patients. The premise was not occupied and made full use of on each floor, we were taken to the roof top where we were shown how the staff were allowed and encouraged to plant some greens including cucumber, tomatoes and fresh lettuce! Finally, we would like to acknowledge the various team heads specially Ms Chan Yuk Sim and Ms Samantha Chong who have made this arrangement for the College.





Sweat and Happy Journey!

- HKCHSE ACHSM Dual Fellowship Program 2013/14

July 26, 2014 was a big day to us – ACHSM Regional Conference 2014 cum Conferment of 2013/2014 Hong Kong Fellow. After a year's work, the whole class with total 14 members all got conferred!





In September 24-26, 2014 more than half of our class joined the AHCSM Asia Pacific Annual Congress cum Conferment of Australia Fellow in Adelaide. This year the theme of the congress was "Top to bottom – healthcare's three day international". Our classmate Jennifer Tong shared her project: Enhancing the hospital's green eco-system. Well done! Jennifer!



During the stay in Adelaide, on September 23 - registration day, Hong Kong team spent the afternoon to visit St Andrew's Hospital. Thanks for Mr Robert Grima's kindness to arrange such a meaningful visit. St Andrew's Hospital is a 200 beds private hospital which accredited with ACHS. CEO Mr Stephen Walker shared to the team of their success story: adopt the business model into healthcare operation. This visit did enlighten me: how quality standard helps the organization moving towards excellence. During the hospital tour you could feel the staffs working in the hospital were friendly, very professional and smiling faces everywhere. You could feel their high team spirit and even though the hospital has already been more than a hundred years' old, neat and clean, sunlight and greenery every corner.





When I looked back to the twelve months' study period, the life was "busy, busy, and busy", however I got "richer, richer and richer" in my leadership exposure and knowledge. Total we got 14 main themes to learn, as usual every two weeks to submit discussion essay (500 words). Each member needed to be responsible for one main theme introduction, one journal critic and one case study. The program was interactive, two debate had been conduct and you could feel the hot and argumentative atmosphere even outside the classroom. This time, our class got a different assignment from previous fellow program - we needed to submit one project proposal (3000 words) in the mid-term and one completed project report (5000 words) as final assignment. In these two projects, we could apply what we learnt - the management and leadership skill and knowledge, but most important was to put theory into action. Then came to the most excitement – viva examination!



As fellow we needed to invest our energy in the study, on the other side, our program leader – 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, they had worked even harder but without paid – unfailing support that really impressed each of us. All we can say is million thanks!





ime for Our Seasonal Influenza Vaccination

Hong Kong, Department of Health, Centre for Health Protection, Scientific Committee on Vaccine Preventable Diseases recommends the following on seasonal influenza vaccination for the 2014/15 season; recommended influenza vaccines to be used in the 2014/15 season (northern hemisphere winter) comprised A/California/7/2009 (H1N1)pdm09-like virus, A/Texas/50/2012 (H3N2)-like virus and B/Massachusetts/2/2012-like virus. If quadrivalent influenza vaccine is being used, it shall contain the above three viruses and a B/Brisbane/60/2008-like virus.

Both inactivated trivalent influenza vaccines (IIV3) and inactivated quadrivalent influenza vaccines (IIV4) inactivated influenza vaccines are recommended for use in Hong Kong. Trivalent influenza vaccine may potentially prevent majority of influenza burden in Hong Kong, while quadrivalent influenza vaccine may potentially offer additional protection against influenza B.

POON Wai-Kwong





New Direction for Australian Council of Healthcare Standards (ACHS) and the Review of EOuIP 6

Speakers: Mr. Stephen WALKER

CEO, St Andrew's Hospital, Adelaide, Australia

Board Director and Treasurer of ACHS

Date : 25 August 2014 (Monday)

Mr Walker has also held a number of senior health management positions in both the public and private sectors in Australia and New Zealand. He is currently a board member of a number of health associations, including the Australian Council of Healthcare Standards (ACHS) and the Australian Private Hospitals Association (APHA). He shared with our fellows on the new development and trend of ACHS.



Invited Talk by Hong Kong Financial Services Institute (HKFSI)

Speakers: Dr Fowie Ng and Mr Trevor Chan : 20 September 2014 (Saturday) Date

Our College was invited by HKFSI to deliver a talk to the Department of Human Resources & Social Security of Qinghai Province青海 省人力資源及社會保障廳 on 20th September 2014 (Saturday) morning. Our Council member Dr Fowie Ng and Fellow Mr Trevor Chan represented the College to speak to a delegation of 40 officials from Qinghai Province. Their main interest was on the vision of HKCHSE, as well as it's role & contributions to grooming of Health Services Executives in Hong Kong.



Nursing Clinical Leadership

Speakers: Ms. Veronica (Ronnie) MORRIS

Nurse Educator / Professional Development

Consultant, Advanced Nurse

Date : 24 October 2014 (Friday)

In collaboration with the College of Nursing and Health Care Management, HKCHSE held a talk on Nursing Clinical Leadership by Ms Veronica MORRIS. She has been an independent nurse educator engaged in the planning and delivery of bespoke workshops for healthcare organizations in Hong Kong since 2010. She worked as a nurse educator and manager in both public and private sector hospitals in earlier time. Ronnie and her team have planned and taught projects for both public and private sector hospitals and professional bodies engaged in the continuing professional development of qualified nurses. She shared her expert knowledge on nursing clinical leadership with our fellows in a joyful evening.









Hong Kong College of Health Service Executives 香港醫務行政學院

New Membership Application / Renewal Form (with effect from 1 Aug. 2011)

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Please send this application with cheque payable to "Hong Kong College of Health Service Executives Ltd." to P.O. Box No. 70875, Kowloon Central Post Office, Hong Kong

 $^{{}^* \}qquad \text{Fellow membership only applied to those who have been conferred Fellowship by HKCHSE}. \\$

^{**} If you are life member of the HKCHSE, you still need to pay full membership fee annually w.e.f. 2008/09.

^{***} Qualification for Associate Fellowship: holding a degree in management or a full time managerial position.