Hong Kong College of
Health Service Executives

Newsletter Issue 1 2015/16

Council Members

Message from the President

In a recent article written by two physicians posted on the New England Journal of Medicine[1], the authors criticized the advocacy by managers of applying Toyota's "Lean" methods to the practice of medicine with such laudable objectives of "improving quality, eliminating wastes and cutting costs". The authors quoted some physician colleagues as telling them that managers with stopwatches had been placed in their clinics and emergency departments to measure the duration of patient visits with the aim to determine the optional time for patient-doctor interactions so that they can be standardized.

The authors coined the term "medical Taylorism" for such actions, comparing them to those used by Frederick Taylor in his scientific method of management applied to industry at the early 20th century. They voiced strong objection to the standardization of practices for all patients, especially in the outpatient setting using structured electronic patient records for documentation of clinical encounters. While they agreed that strict adhesion to standardized protocols such as hand cleansing guideline, clinical pathways for acute stroke and acute myocardial infarction has helped save many lives, they disagreed with the idea that doctors could treat patients with a "standardized" approach which is presumed to be the best practice. They pointed out that there were diverse background, different mix of clinical features and individual preferences among patients even if they are bearing the same clinical diagnosis. As a healthcare executive with a physician background, I am bewildered by the article. Apparently there are two issues (or trends) that are under attack. The first is standardization of treatment for a certain disease among different patients. The second is the issue of pursuit for efficiency or productivity from doctors.

The first issue actually falls outside the boundaries of healthcare administration. It is the main feature of evidence-based medicine (EBM). In today's healthcare field, evidence-based medicine (EBM) is considered the best approach for patient care by most clinicians. Since there are ways of classifying the strength of clinical evidences and quantifying therapeutic effect of treatment interventions, it follows that we can identify the best way of diagnosing and treating a particular disease or clinical condition. Standardizing the management regime using the best approach thus identified for the disease among different doctors would be both reasonable and logical. Adoption of such "best practices" under the umbrella of EBM is also considered a safe approach in medico-legal terms. However, even the advocates of EBM also mentioned that patients' personal risk factors, values and expectations should be included in the consideration of best treatment for individual patients[2]. This is because the clinical evidences are derived from large population of patients, and reflect the statistically adjusted effect of interventions on an average patient within the population. So while modern medicine encourages standardization of patient care for a particular disease, patients' individuality should still be considered according to EBM. On the clinician side there are also differences in the interpretation of clinical evidences. Not infrequently clinical guidelines for the same disease or clinical condition vary among different geographical localities or professional bodies. So while standardization of clinical practice is encouraged for safeguarding care quality, hospital administrators will not be in a position to enforce a unified treatment across all doctors for patients suffering from similar diseases.

For the second issue, the authors of the article equate the quest for efficiency (or productivity) by hospital administrators using the lean method to the restriction of doctor-patient interaction time to

an unreasonable level. Such demand is of course contravening the merit of personalized and high quality patient care which is rewarding to both doctors and patients. While I am not sure if such practice prevails among hospital administrators in America, I have never come across such deeds in Hong Kong. There is also no way that hospital administrators can standardize every step of a doctor-patient encounter similar to what Taylor did for industrial workers. As a matter of fact, the use of checklists for patient background information and history taking, and the structured format of physical examination and investigations ordering in electronic patient records are intended to prevent the doctors from skipping important steps or missing out essential information. They may also help the doctors save the time for manual prescription or investigation ordering, and facilitate the capture of data for future clinical research activities. However, how the doctor conducted the medical consultation process would be left to the autonomy of the doctor. Lean method is used to reduce or eliminate non-value adding steps (to patients) in the workflow. It actually encourages the increase or intensification of value-adding steps. Thus Lean method is by no means equivalent to Taylorism.

Hospital administrators are frequently regarded by clinicians as bureaucratic group of people who put financial bottom lines above quality patient care. To clinicians administrators take numbers as indicators of their success, and ignore the fact that medicine is an art which depends very much on the expertise and experience of the doctor. In reality hospital administrators value quality patient care same as clinicians, and they treat clinicians as allies in achieving good patient outcome through the delivery of healthcare services. The main difference between the two groups is the need for the former to be accountable for the best use of scarce resources among a diversity of clinical needs from different disciplines. Efficiency and productivity are parameters for ensuring good deployment of resources, while streamlined workflow is also something valuable to patients. I do not think "medical Taylorism" is a proper term to describe the effort of modern healthcare managers and clinicians in enhancing efficiency and safeguarding good clinical practice.

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1. *Hartzband P & Groopman J. Medical Taylorism. NEJM 2016, 347;2: 106-8*
2. *Sackett D L et al. Evidence–based Medicine, How to Practice and Teach EBM. Second edition, 2000. Churchill Livingstone*

Dr H C MA

Hong Kong College of Health Service Executives Annual Conference held on 25 July 2015

In 2015, the Hong Kong College of Health Service Executives has celebrated its 10th anniversary. Hence, the Annual Conference 2015 carries special meaning for the College. The theme for the Annual Conference 2015 is "Sustainability through Innovation". Distinguished speakers from Thailand and Australia, together with iconic figures in the local healthcare field, are invited to share their expert knowledge and wisdom. Apart from cross-fertilization and learning from each other among participants from various countries and localities, the Conference also serves a reunion for College members and networking among participants.

Keynote Speech

Prof. John LEONG
Chairman,
Hong Kong Hospital Authority

Dr H C MA
President,
Hong Kong College of
Health Service Executives

Prof. Phudit TEJATIVADDHANA
Vice President,
Navamindradhiraj University,
Thailand

Dr Donald LI
President,
Hong Kong Academy of
Medicine

Mr Alex L C WONG
Executive Director
BGI-HONG KONG Co. LTD.

Moderator of the Panel Discussion

Prof. Peter P. YUEN

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

Prof. Dr John RASA

President,
Australasian College of Health Service Management,
Australia

Luncheon Symposium Speaker

Vincent LO

Chairman,
Hong Kong Red Cross

Hong Kong College of Health Service Executives Annual Conference held on 25 July 2015

Conference Dinner

▲ *Band performance by TRACK*

▲ *Dr Hon LEUNG Ka-lau and Mr Alex Wong*

▲ *Prof Sophia CHAN, JP Under Secretary for Food and Health*

▲ *Master of Ceremonies Dr Gladys KWAN and Mr Leo LUI*

Hong Kong College of Health Service Executives Annual Conference held on 25 July 2015

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.

2015 Fellow List:

- *Mr AU YEUNG Siu Hong Terence*
- *Ms CHAN Po Yin Vivian*
- *Ms CHAN Tsz Yan Cinder*
- *Dr KWAN Wai Man Gladys*
- *Ms LAM Sau Yin*
- *Mr LEUNG Hau Keung Terence*
- *Mr LUI Ka Ho Leo*
- *Mr TANG Wing Hon*
- *Dr TONG Chak Kwan*
- *Mr TSANG Chi Ho*
- *Dr WONG Chi Ho Hubert*
- *Mr WONG Chi Yin Andrew*
- *Ms WONG Kin Ping*
- *Dr WONG Kwok Ho Ben*
- *Dr YUEN Yin Fun*

FellowshipConferment Ceremony

Macau Executive Program

Macau Executive Program is a training program provided by our College in partnership with Health Bureau, Governement of Macau in 2014/15. A total of 28 Macau doctors has been admitted as the status of Associate Fellow after completion of the course succesfully. The graduation dinner was held in Grand Lapa hotel, Macau on 14 November 2015 with the presence of the Deputy Director of the Health Bureau of Macau, Dr. CHEUNG Seng IP, our College President Dr. MA Hok Cheung and Council members including Dr. Steve CHAN, Ms. Joyce AU and Ms. Peggy FUNG.

Dr. PANG H K, their class represenative gave a speech to recongise the support of college to provide lectures and visits related to various topics of health service management. It gave them a good opportunity to exchange and share their experience between Macau and Hong Kong to improve the standard in service delivery. Some members also indicated their interest to further study in dual fellowship program to pursue a high stardard of qualification.

Peggy FUNG

Melbourne Royal Children's Hospital Visit

The 2015 Joint ACHSM/ACHS Asia-Pacific Annual Congress by The Australasian College of Health Service Management (ACHSM) and the Australian Council on Healthcare Standards (ACHS) concluded successfully on 30 Oct. It was held at the Sofitel Melbourne with Theme of 'Health leadership: odds-on favourite' – to underline how empowering health managers with the right skills and tools is our best bet to achieve much-needed change.

It was great that the Congress had arranged an official Hospital visit in Melbourne on 30 October Sunny afternoon. A group of about 30 participants joined and went via a big tour bus; it was The Royal Children's Hospital located at 50 Flemington Road Parkville Victoria 3052 Australia.

It was a designated state-wide major trauma centre for paediatrics in Victoria and a Nationally Funded Centre for cardiac and liver transplantation. Hospital has been providing outstanding care for Victoria's children and their families for over 140 years. It is the major specialist paediatric hospital in Victoria and our care extends to children from Tasmania, southern New South Wales and other states around Australia and overseas.

The new Royal Children's Hospital that we visited was opened in 2011 right next door to the old site in Parkville, Victoria. It has been purpose built for children and the way we care for them today and into the future. The new campus brings together six levels of clinical, research and education facilities. Impressed by its quality of light, the textures and forms of its parkland setting.

It was praised by designers that The Royal Children's Hospital reflects changing healthcare practices, community aspirations and environmental responsibility. The therapeutic benefits of nature in healing underpin the overall design, reflecting the natural textures and forms of the surrounding Royal Park. Colours derived from the environment define each level, from signage through to graphics, paint, joinery, furniture and soft furnishings.

Lets share some photos that we took during the visit.

Meerkats

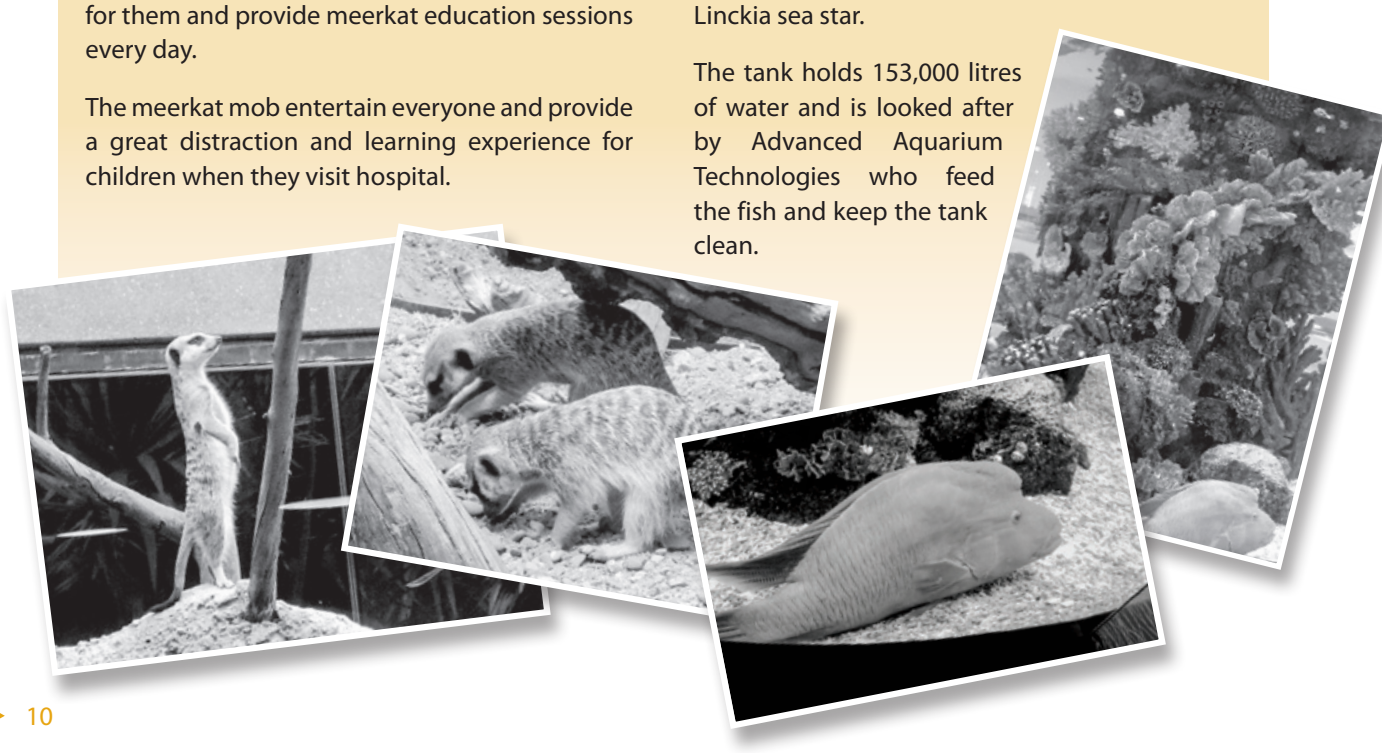
The RCH is home to a mob of cheeky and inquisitive meerkats, whose open air enclosure is located in the Specialist Clinics waiting area on Ground floor (Beach).Their enclosure replicates their natural habitat. Melbourne Zoo staff care for them and provide meerkat education sessions every day.

The meerkat mob entertain everyone and provide a great distraction and learning experience for children when they visit hospital.

Aquarium

Our two-storey coral reef aquarium is visible from Emergency on Lower Ground (Underwater) and Main Street. It is stocked with around 25 species of fish, including maroon clownfish, black butterfly fish, Queensland yellowtail angel fish and a Blue Linckia sea star.

The tank holds 153,000 litres of water and is looked after by Advanced Aquarium Technologies who feed the fish and keep the tank clean.



About the Creature

Creature, a 14-metre tall, whimsical sculpture forms the centrepiece of Main Street. Its kind eyes gaze at a beautiful butterfly gently flapping its wings—a reassuring signal to children that the RCH is a friendly place where little things are cared for.

Artist Alexander Knox created the sculpture and worked with a construction team to install it in the hospital.

POON Wai-kwong

Upcoming Events

Members' Night 2016

Date : 8 April 2016 (Friday)
Venue : Royal Plaza Hotel

2016 Annual Conference cum Annual General Meeting

Date : 23 July 2016 (Saturday)
Venue : Cordis Hong Kong at Langham Place

Joint 2016 ACHSM/ACHS Asia-Pacific Congress

Date : 26 – 28 Oct 2016 (Wednesday – Friday)
Venue : Sofitel Brisbane Central, Brisbane, Australia

ACHSM Australasian College of Health Service Management
Better leadership. Healthier communities.

Words from New Fellow

Joint ACHSM / ACHS Asia-Pacific Congress

28 - 30 October 2015

Sofitel Melbourne

Melbourne, the world's most livable city, modern, warm, spacious, green, with good sports facilities and restaurants. At the afternoon of 27 October, the weather was nice and warm. We all dressed up and gathered at Sofitel Melbourne for a meaningful event - Fellowship Conferment. Every new fellow went up to the stage and enjoyed this honorable moment. It is the result of the hard work from the past year, essay on every topic, study groups, case studies, journal clubs, study trip to Shanghai top hospitals, lectures, researches, case report, proposal, viva examination etc. The journey was tough but rewarding. Apart from the knowledge, the College is an excellent communication platform for health service executives. It creates a strong networking between the fellows among the country and around the world. The passion of the Chairman and Council Members has demonstrated as very good examples and motivated every new comer to strike for a better healthcare service for our patient, and our community. To equip ourselves for the fast moving world with new challenges evolved. Thank you Dr. Ma, all Council Members, fellows who has showed tremendous and timely support to all of us.

Work hard, Play hard

The congress started on 28 October. In the conference, many powerful speakers shared their experience with us. How could they go through different hurdles before crossing the finish line. Every story had their own characteristic. But they nourished a positive thinking manner for the audience. The sharing was so touching and inspired everyone in the hall.

Apart from the conference day, the conference dinner was another spotlight. Everyone was shaking their body in the dancing floor, taking funny pictures, enjoying the big feast, talking and networking. We all had an enjoyable night. Work hard and play hard.

Aquarium in Hospital

After the Conference, we visited The Royal Children's Hospital. It is the major children's hospital in Melbourne. It has 334 beds with full range of clinical services for the children. Upon the visit, the design of the hospital is so impressive. There is an aquarium built in the hospital. You can see Meerkat in the clinic waiting area. Video game for children is available. Parents may cook and take a break in the parents' waiting area. Kids may enjoy a movie night during their hospital stay. These are some but not all about their "people first' design for their customers. Thank you, Jane for guiding us through the hospital. Thank you, Anders and ACHSM team for arranging this fruitful visit for the Hong Kong delegates. It was eye-opening and set a perfect ending for the 3-days congress.

Bonnie LAM

Talk on Avian Influenza – H Series

Influenza virus A is a genus of the Orthomyxoviridae family of viruses causes influenza in birds and some mammals. Strains of all subtypes of influenza A virus have been isolated from wild birds, although disease is uncommon. Some isolates of influenza A virus cause severe disease both in domestic poultry and, rarely, in humans. Occasionally, viruses are transmitted from wild aquatic birds to domestic poultry, and this may cause an outbreak or give rise to human influenza pandemics.

Influenza A viruses are negative-sense, single-stranded, segmented RNA viruses. The several subtypes are labeled according to an H number (for the type of hemagglutinin) and an N number (for the type of neuraminidase).

Influenza type A viruses are categorized into subtypes based on the type of two proteins on the surface of the viral envelope:

H = hemagglutinin, a protein that causes red blood cells to agglutinate.

N = neuraminidase, an enzyme that cleaves the glycosidic bonds of the monosaccharide, neuraminic acid

Not all strains are Highly pathogenic avian influenza (HPAI); some are Low pathogenic avian influenza (LPAI), only. Each virus subtype has mutated into a variety of strains with differing pathogenic profiles; some are pathogenic to one species but not others, some are pathogenic to multiple species.

In March 2013, a new virus to humans, H7N9 was first reported, according to figures from World Health Organization, since then, more than 670 human cases of avian influenza A(H7N9) have been reported. Just on 11 January 2016, the National Health and Family Planning Commission (NHFPC) of China notified WHO of 10 additional laboratory-confirmed cases of human infection with avian influenza A (H7N9) virus, including 3 deaths.

In December 2013, another first human avian flu virus, H10N8 reported; 73-year-old woman from Jiangxi province died with a history of contact with live poultry markets.

In May 2013, another 20-year-old woman became the first human to be infected with another bird flu strain called H6N1. The woman had not been exposed to poultry and she recovered after a few days.

Avian influenza A H7 viruses are a group of influenza viruses that normally circulate among birds. H7 influenza infections in humans are uncommon, but have been confirmed world-wide in people who have direct contact with infected birds. Most infections have been mild involving only conjunctivitis and mild upper respiratory symptoms. The avian influenza A(H7N9) virus is a subgroup among this larger group of H7 viruses. Although some H7 viruses (e.g. H7N2, H7N3 and H7N7) have occasionally

been found to infect humans, H7N9 has previously been isolated only in birds, with outbreaks reported in the Netherlands, Japan, and the United States. Until the 2013 outbreak in China, no human infections with H7N9 viruses have ever been reported.

The genetic makeup of H7N9 is believed to be "disturbingly different" from that of the H5N1 virus that has infected more than 600 people over the past 10 years and killed more than half of them. "The thing that's different between them is the H5 virus still maintains a lot of the avian or bird flu characteristics, whereas this H7N9 shows some adaptation to mammals. And that's what makes it different and concerning for us. It still has a ways to go before it becomes like a human virus, but the fact is, it's somewhere in that middle ground between purely avian and purely human."

Furthermore, there is great concern because unlike the H5N1 viral form, H7N9 does not cause visible disease in poultry, which makes surveillance, prevention, and control of the virus in poultry with difficulty.

However, latest noted on April, 2014, a 49-year-old man from Nanbu county in Sichuan province, exposed to dead poultry and suffered a severe case of pneumonia and was detected to have the new H5N6 strain after a throat swab. According to the Sichuan Provincial Health and Family Planning Commission, although he was believed to be the world's first human infected with the H5N6 avian flu strain, it was only an isolated case and that the risk of human-to-human transmission remained low. H5N6 is a subtype of the species Influenza A virus (sometimes called bird flu virus). From 2014 till Jan 2016, a total of nine human cases of avian influenza A(H5N6) have been reported by the Mainland health authorities.

Health experts believe that most of these infections are only a result of exposure to sickened poultry or contaminated environments. It was suggested to continue strengthening influenza surveillance, including surveillance for severe acute respiratory infections (SARI) and to carefully review any unusual patterns, in order to ensure reporting of human infections and continue health preparedness actions.

Be vigilant and be alert; risk assessment at all times!!!

POON Wai-kwong

Application Form

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)

A. Name:

(Family Name / Other name)

Title : Prof / Dr / Mr / Ms / Mrs HKID No.: ☐☐☐☐☐☐☐ – ☐ Sex : M / F

Professional Qualification : _____

_____

Qualification in Health Care Management : _____

_____

Work Position Held : _____

Place of Work : _____ _____
(Department / Division) (Organization / Institution)

Nature of Organization : ☐ HA ☐ Government Department ☐ Private Hospital
☐ Academic Institute ☐ Other Public Organization
☐ Commercial Organization

Email : _____

B. Correspondence Address :

C. Contact Information:

Daytime Contact Phone No. : (Off)_____ (Mobile) _____

D. Membership Type: (please ✓ in the appropriate box) (☐ New ☐ Renewal)

Membership Type	Annual Membership Fee			
	HK Membership ** (HKCHSE)		Dual Membership (HKCHSE and ACHSM)	
Fellow *	HK$500	☐	HK$3,300	☐
Associate Fellow ***	HK$300	☐	HK$3,100	☐
Associate	HK$200	☐	N/A	☐

* 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.

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**