



Hong Kong College of Health Service Executives

Newsletter Issue 1 2016/17

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Past and Upcoming Events

2016

AUG

Seminar on "Creating Competencies for Future Leaders"

Speaker : Prof Geoffrey LIEU
Date : 18 August 2016 (Thursday)
Time : 7:00pm to 8:00pm
Venue : Seminar Room 1, M/F, Hospital Authority Building.

OCT

Seminar on "From Entrepreneur to Leadership"

Speaker : Mr. Jacky Kwan, Chairman and CEO of Bamboo
Date : 6 October 2016 (Thursday)
Time : 7:00pm to 8:00pm.
Venue : Seminar room 2, M/F, Hospital Authority Building

Joint 2016 ACHSM/ACHS Asia-Pacific Congress - The health leadership challenge: making things happen

Date : 26 – 28 October 2016
Venue : Sofitel Brisbane Central, Brisbane, Australia



Nov

HKCHSE Strategic Planning Workshop

Facilitator : Prof Geoffrey LIEU
Date : 8 November 2016 (Sunday)
Time : 9:00am to 4:30pm.
Venue : Hong Kong Disney Resort Hotel

Study Tour to Singapore

Date : 19 – 22 November 2016 (Saturday -Tuesday)

- 19 & 20 Nov 2016
Executive meetings and sharing on Singapore healthcare financing and delivery as well as the challenges in the care of the elderly
- 21 Nov 2016
Visit Alexandra Hospital and the Agency for Integrated Care
- 22 Nov 2016
Visit Ng Teng Fong General Hospital and National University Hospital



2017

MAR

Fellow's Night 2017

Date : 17 March 2017 (Friday)
Details to be announced soon

JUL

HKCHSE Annual Conference

Date : July 2017
Details to be announced soon

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.

Message from the President



Together with my colleagues and members at the Hong Kong College of Health Service Executives (HKCHSE), I am delighted to send this first message to you as the new President of the HKCHSE.

I am very honored and privileged to assume the role of President (2016-2017). I am deeply grateful to my predecessor, Dr MA Hok-Cheung for his leadership and remarkable contributions to the College during his presidency and the Council and Co-opt Members of the College. I am indeed inspired by their commitment to the College and all of their achievements. The growth of the College has been propelled collectively by all of the past presidents, past and

current members. I look forward to continuing this challenge towards fulfilling the mission of the College.

HKCHSE is positioned to continue to address these training, education, academic exchange and advocacy needs in collaboration with its members and partners in Australasian region. It also plays a significant role in training, developing and supporting the leaders and managers of the health system and strive the best to improve health and well-being of all.

I will take this wonderful opportunity to continue the leadership of the College in its position as a local and even Australasian expertise in Health Care Management and Health Service Delivery. I see a demand to accelerate our pace due to the escalating aging population, complex health economics issues and severity of diseases management. It is essential to have a strategic plan to include partnerships involving different stakeholders and health leaders to learn, network and share ideas locally and internationally.

Thank you to all of you who attended Congress, and remember to register your interest in the coming year's activities at hkchse@gmail.com

Dr Liu Shao Haei 



Hong Kong College of Health Service Executives Annual Conference held on 23 July 2016

The College organized the Annual Conference 2016 in Cordis Hong Kong on 23 July 2016 with a focus on "People, Technology and Innovation". Eminent speakers from various reputed universities and organizations made their resplendent presence and addressed the gathering. The conference enabled fellows and members to keep abreast of the latest developments in the field and to continually upgrade skills and knowledge.

Distinguished Guest Luncheon Symposium

Dr Thomas TSANG
Vice President
Hong Kong College of Community Medicine

Scientific Program

Prof Francis KL CHAN
Dean, Faculty of Medicine
The Chinese University of Hong Kong

Nurturing doctors in an age
of fast changing technology

Professor Francis KL CHAN

Prof Chu-xia DENG
Dean & Chair Professor
Faculty of Health Sciences
University of Macau

Current status of health service executives in Hong Kong, USA and China

Prof Dennis YM LO
Director
Li Ka Shing Institute of Health Sciences
Faculty of Medicine
The Chinese University of Hong Kong

Professor Dennis YM LO
Hong Kong College of Health Service Executives

Mr. Ralf CHEUNG
Manager - People Development
ISS Facility Services Ltd.



Conference Dinner

ANNUAL DINNER 2016

Performance by HandsUp Saxophone Quartet





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.

2016 Fellow List

- Dr. CHEUNG Wai Man
- Ms. CHOW Fung Yee, Carrie
- Mr. CHEUNG Fat Kwong, Lawrence
- Ms. LAW Ka Yee Rainbow
- Dr. LAM Chun
- Dr. CHEUNG Tsuen Yuen, Simon
- Mr. LI Man Pan, Stephen
- Ms. LEUNG Oi Chu, Sharron
- Mr. WONG Kin On, Dicky
- Ms. CHEUNG Yuk Hung, Kathy
- Mr. CHENG Wang
- Dr. HO Ka Yee, Jasperine
- Ms. CHIM Chun King
- Ms. LAM Yin Ming
- Ms. MA Po King





Health Services Management Education in Hong Kong: A New Competency Framework for Undergraduate Programme

Introduction

The Hong Kong health system has often been applauded for its ability to provide some of the best vital statistics when compared to other developed countries. In 2015, the average life expectancy at birth in Hong Kong was 87.3 for women and 81.2 for men, being one of the highest in the world; while the infant mortality rate in Hong Kong was 2 per 1,000 live births, being one of the lowest in the world (Food and Health Bureau, 2016). Public healthcare services are extremely affordable in Hong Kong in which all of its citizens are eligible to receive care from public hospitals and clinics at a heavily subsidized rate. In spite of these strengths and a currently well-endowed service provision (\$ 57 billion HKD in 2016-17), the Hong Kong health system is facing challenges with an increasing demand for services driven by an over-dependence on secondary and tertiary health care, changing patient culture and most important of all, an ageing population.

Some of the latest projections revealed that the population of Hong Kong is ageing much more rapidly than expected previously (Chung et al, 2009). According to recent statistics, population ageing in Hong Kong is expected to be most rapid in the coming two decades with the proportion of population over 65 years old reaching 23% in 2024 and 30% in 2034 (Census and Statistics Department, 2015). The speed and magnitude of population ageing is bound to have significant repercussions on the financing, and delivery systems of health and long-term care (P. Yuen, 2014). With a reduction in public funding due to a rising dependency ratio (i.e. the ratio of the non-working population who are 65 or over being supported by the working population age 15 to 64) compounded by a narrow tax base, the sustainability of the Hong Kong health system will be called into question. Whilst a comprehensive reform on the local health system may improve its efficiency and sustainability in the long run, the need to supply well-trained health professionals in the near term should not be overlooked as well.

Background

The rapid increase in the demand for healthcare services driven by an ageing population not only creates a huge burden on finance, but it also has significant implications on other dimensions of healthcare services such as manpower, facilities, policies, and strategic planning. While we are more inclined to focus on the financial implications of an ageing population on our society, rightly so because finance serves as the means for all service provision, but we often forget the fact that we still require manpower to provide these services. During the financial year of 2016/17, the Government will spend a total of \$57 billion dollars on healthcare services and nearly 91% of that (\$ 51.6 billion dollars) would be allocated to the Hospital Authority (HA). As an effort to increase the service capacity of public hospital, new hospitals such as the Tin Shui Wai hospital and the Hong Kong Children's hospital are currently under construction and are expected to commission in the next 2 years; there are also expansion and redevelopment projects on some of the existing public hospitals to enhance the overall capacity of inpatient services (Hospital Authority, 2016). While the Government is committed to investing in healthcare infrastructures, relatively limited efforts have been made towards building up the manpower capacity to meet future demands; the bottleneck may reside at supplying enough well-trained healthcare workers in the near future.

In Hong Kong, the education and training for medical clinicians are provided by the two universities with medical schools. Whereas the education and training for health services executives are less structured, these executives are often trained on-job and it is their responsibility to decide whether they should receive professional education through various part-time post graduate at local universities. Health services executives are responsible for ensuring that the highest quality of service is provided on the clinical side while keeping the provision of these services in harmony with the business side. Effective leadership and management

are crucial for healthcare services to meet the expectation to provide high quality, accessible, affordable care that will result in improved health outcomes (Day and Leggat, 2015). Therefore, training effective healthcare leaders should always be one of the top agendas in any health system. Meanwhile, there is only one local tertiary institution in Hong Kong that offers an undergraduate degree in health services management (HSM), and there seems to be an important gap in offering HSM undergraduate programmes.

Project Objectives

The present study will serve as an initial investigation to explore the current situation of HSM undergraduate programmes in Hong Kong. More specifically this research aimed to determine the following:

- Specific competency and employability skills for a HSM undergraduate program;
- Learning outcomes for a new HSM undergraduate program.

Findings of the study were used to inform the curriculum development for a new undergraduate program in HSM. By identifying the specific employability competencies needed to excel in the HSM industry, employment outcomes of the program may be improved.

Demand for HSM undergraduate education in Hong Kong

Based on recent statistics provided by the HA, the number of medical doctors including interns and dental officer accounted for about 8.4% (6,036) of the total workforce in 2015 compared to that of 8.6% (5,549) in 2012, although the net number of medical doctors had increased over the years, the percentage of medical doctors compared to the total workforce had decreased slightly. Nonetheless, in light of the long turnaround time for training medical doctors and attrition to the private sector, the two medical schools in Hong Kong had already increased their combine annual intake of medical students from 320 in 2009/10, to 420 in 2012/13 (R. Yuen, 2014).

Meanwhile, the three HA nursing schools at Caritas Medical Centre, the Queen Elizabeth Hospital and Tuen Mun Hospital with a combine annual intake of 300 nursing students were re-opened in 2008. In addition, in order to supply more registered nurses for the increasing demand for health services, a new type of 3- year Master of Nursing (pre-registration) programmes were also introduced by the Hong Kong Polytechnic University, the Chinese University of Hong Kong, and Hong Kong University around the same period of time in addition to their existing undergraduate programmes in nursing.

According to recent statistics provided by HA (2015), staff responsible for in-direct patient care (excluding medical doctors, nurses and allied health staff) accounted for nearly 47.6% (34,219) of their total numbers of staff (71,850). This figure had increased significantly when compared to that of 2012, in which in-direct patient care staff was only accounted for 30.4% (19,500) of total number of staff at

HA. Within this category of in-direct patient care staff, it is reported that more than 10% of them held health services management positions (Hospital Authority, 2013). Given the long turnaround time for training health services executives, we simply cannot afford to wait much longer before we start training them, especially with the challenge of an ageing population.

Originally, schools that offered a degree in health administration and HSM were all master's degrees. In the 1970s, undergraduate programmes in health administration and HSM began to proliferate in North America, similar movements were also observed in public health education (Lee and Friedman, 2015). The trend of moving towards an undergraduate curriculum for HSM education was also evident in the area of personal credentialing of professionals. In the past, the American College of Healthcare Executives (ACHE) affiliation required a relevant Master degree for membership, the requirement has now been removed and undergraduates with relevant postgraduate training are now also eligible for affiliation (ACHE, 2016). Table 1 below listed a range of HSM undergraduate programmes from countries including Australia, Canada, the United Kingdom and the United States.

Australia	
University of South Australia	Bachelor of Business (Health Services Management)
Western Sydney University	Bachelor of Health Science (Health Services Management)
Canada	
Ryerson University	Bachelor of Health Administration (Health Services Management)
Wilfred Laurier University	Bachelor of Arts in Health Administration
UK	
King's College London	Bachelor of Science in Health Care Management
University of Southampton	Bachelor of Healthcare: Management, Policy and Research
University of East London	Bachelor of Science in Public Health and Health Services Management
US	
University of Pennsylvania Wharton School of Business	Bachelor of Business (Health Care Management and Policy)
University of Minnesota	Bachelor of Applied Sciences in Health Services Management
New York University	Bachelor of Science in Healthcare Management

Table 1. Undergraduate programmes in Health Services Management from other countries

Competency Framework for HSM Undergraduate Programme

Governments around the world are calling upon university graduates to see their learning as an investment that will give them an advantage in the labor market. But it is common knowledge nowadays that a traditional theoretical-based degree is simply not enough anymore. As depicted by Tomlinson (2008) that final year students in the United Kingdom did not think a normal degree was equivalent to employability and that they needed to add value and “stand apart” from other graduates with similar profiles and achievements. Scott (1995) suggested that formal credentials, specialized knowledge and expert skills were not sufficient to employment success in Australia, personal qualities were more important. From the employers’ perspective, academic qualifications are only indicators of potential for further learning and skills acquisition, they were not a signal of immediate competence and experience was more important than qualifications (Ridoutt et al., 2008). Brown and Hesketh (2004) have indicated the declining importance employers were attaching to academic qualifications, whereas increasing priorities were given to personal attributes and skills. University graduates may value their intellectual abilities and academic knowledge, but the discourse of employability of graduates seems to be moving away from qualifications and perceiving them only as a ‘tick in the box’. Therefore, it is becoming more evident that competencies and employability skills desired by employers should be incorporated into curriculum development.

By incorporating the concepts of HSM competencies and employability skills derived from employers’ perspectives, service-learning, combining with university graduate competencies, and concentration specific knowledge, the HSM competency-based curriculum framework is constructed and shown in Figure 1 below. It is believed that concentration specific knowledge would be enhanced through service-learning and provides solid foundation for building up HSM competencies and employability skills that are desirable for employers. On the other hand, these competencies and skills would also provide direct feedback for better curriculum development. The relationships and interactions among these components would be deliberated further in the discussion.

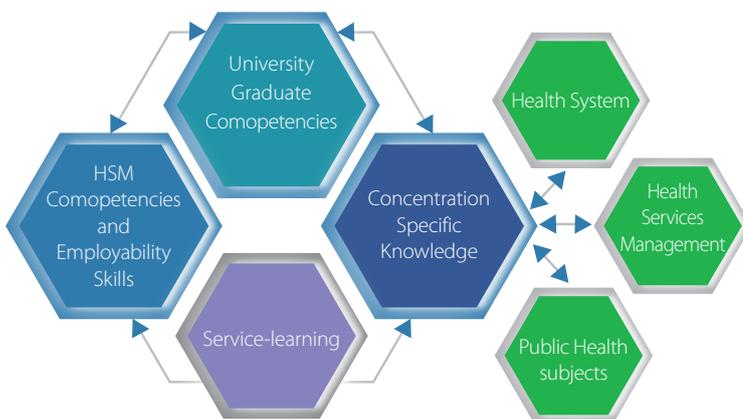


Figure 1. Competency Framework for HSM Undergraduate Programme

Results

A census of all relevant job vacancies for Hong Kong health services management positions occurred using the classified advertisement sections of major newspapers, the South China Morning Posts, the Standards, Ming Pao, and from internet job databases such as JobsDB, Recruit, Cjobs, Department of Health and the Hospital Authority during May 2016. In the advertised vacancies as shown in Appendix I, the most common position title was executive, executive officer and officer (29%), followed in order by manager and supervisor (28%), coordinator and associate and representative each of 8%, assistant and administrator (6%), and other categories included analyst, specialist, trainee, director, consultant and advisor. The complete distribution of health management vacancies was shown in Table 2 below.

Executive / Executive Officer / Officer	29%
Manager / Supervisor/ Executive	28%
Coordinator	8%
Associate / Representatives	8%
Assistant / Administrator	6%
Analyst	4%
Specialist	4%
Trainee	4%
Director	2%
Consultant / Advisor	2%
Total	100%

Table 2. Distribution of HSM related job vacancies in Hong Kong

A majority of the vacancies were contract positions, only four positions (8%) were temporary and all of them were full time positions. The greatest number of vacancies (66%) was found in the private sector, followed by (30%) the public sector, and only 4% for non-government organizations (NGOs). The total number of competencies and employability skills (CES) was 238 with a mean of 4.76, and the number of CES per advertisement is shown in Figure 2 on the following page.

The range of CES requirements in these health management vacancies ranged broadly from as low as only 1 to a maximum of 9 in some particular advertisement. Most of the vacancies listed between 3 to 7 CES requirements, with 5 being the most frequent number (25%).

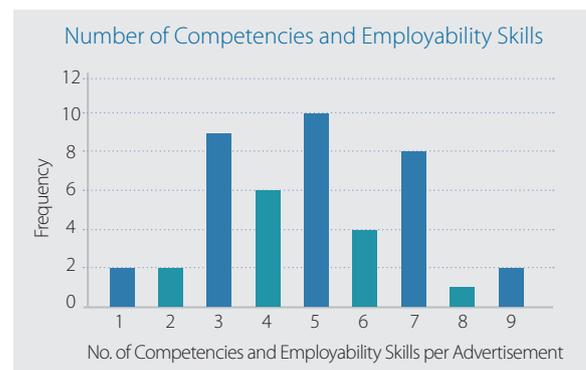


Figure 2. Frequency of CES in HSM related vacancies in Hong Kong

A total of 19 different CES was obtained from the study. The top 10 CES was listed in table 3 showing that experience was the most frequent CES, appearing in more than 62% of vacancies. It was followed by communication skills (both oral and written), and language (both English and Chinese) at 58%, information technology skills and being self-motivated at 48%, knowledge of healthcare sector at 42%, interpersonal skills at 28%, being able to work under pressure and independent at 26% and 28% respectively. Interestingly, leadership skill only ranked at 10th and was perceived as an essential requirement of applicants in only 16% of total vacancies.

Experience	62%
Communication Skills	58%
Language Skills	58%
IT Skills	48%
Self-motivated	48%
Knowledge of Healthcare Sector	42%
Interpersonal Skills	28%
Work Under Pressure	26%
Independent	18%
Leadership	16%

Table 3. Top 10 CES requirements in HSM related job vacancies in Hong Kong

Other CES found in the study included critical and analytical skills, decision making and quality management skills, teamwork, ability to work for long hours and research skills. Negotiation and mediation skills were also found to be an important requirement by employers in the current study, this finding reinforced the concept that negotiation and mediation training may increase healthcare workers' comfort level with conflict, and the skills were transferable to the healthcare workplace. These skills can help resolve conflicts with clients at an early stage and prevent progression to costly litigation in the long run (Saulo and Wagener, 2000).

Comparison was also made with health services management colleges' competencies and requirements from Australia, Canada, the United Kingdom and the United States as

shown in Table 4. While there seems to be variations among the competencies requirements from different countries, some common CES requirements emerged: communication skills, knowledge of healthcare sector, and self-motivation and leadership.

While these common requirements also appeared in the top 10 CES requirements in this study, other requirements such as customer handling, cultural awareness or political awareness and sensitivity were not identified in the study. Surprisingly, prior experience, the most significant CES requirement in the current study, was not mentioned at all in any of the health management colleges, which implied a potential skills gap in the healthcare sector.

Discussion

Communication skills, prior experience, interpersonal skills, knowledge of healthcare sector, IT and language skills, self-driven and leadership were all important CES requirement for health sector managers as indicated both in this study and in line with the requirement set by different health management colleges around the world. This finding is also consistent with findings from the Graduate Outlook performed by Graduate Careers Australia (2015), in which it stated some of the most common employability skills included interpersonal and communication skills, teamwork skills, knowledge of industry, critical reasoning and analytical skills etc. As mentioned above, prior experience was perceived to be the most important factor by employers, particularly in the public sector, in which most if not all required applicants to possess normally 2 to 4 years of prior experience in the health sector before they could apply for the vacancy. Graduates may require help in gaining such experience through internships or placements before entering the job market. Communication and language skills were ranked as the second and third most important CES for new HSM graduates in this study, the finding was consistent with other similar studies which found that generic skills such as communication and language skills were becoming even more important than job specific skills in improving employment prospects (Graduate Careers Australia (2015); Messum et al., (2015); Wells (2003)).

HK Study	AUST ACHSM (2016)	CAN CCHSE (2005)	US ACHE (2015)	UK SFH (2012)
Communication Skills	Communication and Relationship Management	Communication Skills	Business Skills And Knowledge	Communication
Experience	Health and Health Environment	Commitment to Consumer	Communication and Relationship Management	Customer Handling
Independent	Leadership	Effective Relationship Building	Knowledge of Healthcare Environment	Management and Leadership
Interpersonal Skills	Business Skills	Political Awareness and Sensitivity	Leadership	Problem Solving
IT Skills	Professional and Social Responsibility	Systems Thinking and Systems-Driven Leadership	Professionalism	Team Working
Knowledge of Healthcare Sector		Managing Change and Transition		
Language Skills		Critical Thinking Skills		
Leadership		Ability to Manage Culture		
Self-Motivated		Use of Resources and Self-Management		

Table 4. Comparison of CES requirement of HK study with other HSM colleges

Although ethics was not ranked as a top CES in the Hong Kong health management job vacancies, ethics is definitely not optional in the health care industry. Ethics provide the fundamental structure to the moral environment that helps to facilitate discussion of ethical issues in difficult cases in the health sector (Berwick et al, 1997). Hence, it is absolutely important that graduate of the new HSM program should be equipped with these skills. Leadership skills, on the other hand, appeared to be less important in this

study than previously expected, it could be explained that such skills may be more practical for future development rather than expected of new graduates. Based on the above findings on specific competency and employability skills required for health services managers in Hong Kong, the following intended learning outcomes (ILOs) of a new HSM undergraduate degree program were developed as a result.

Upon completion of the programme, graduates will be able to:

1. Communicate effectively and efficiently in English and Chinese in a healthcare context.
2. Identify key legal, compliance and ethical issues and formulate solutions to deal with these complex issues in the healthcare industry.
3. Apply specific knowledge and skills they have acquired to formulate strategies for solving organisational problems in both private and public sector.
4. Undertake both individual tasks and teamwork with a reflective and critical perspective for personal and professional development.
5. Develop the ability to translate research into practice through skills in programme planning, management, information dissemination, continuous learning and evaluation for better decision-making.
6. Demonstrate ability to contribute to the improvement of health care delivery systems and adapt to the ever-changing industry trends.

Table 5 and table 6 demonstrated the correlation between the HSM competencies and employability skills (CES) and ILOs of the Programme; and the correlation between university graduate competencies and ILOs of the Programme respectively.

	Programme Intended Learning Outcomes (ILOs)					
	ILO#1	ILO#2	ILO#3	ILO#4	ILO#5	ILO#6
HSM Competencies and Employability Skills	Experience		✓	✓	✓	✓
	Communication Skills	✓			✓	
	Language Skills	✓			✓	
	IT Skills		✓	✓		✓
	Knowledge of Healthcare Sector		✓	✓		✓
	Interpersonal Skills	✓			✓	
	Self-Motivated			✓	✓	
	Leadership		✓	✓	✓	✓
	Ethics		✓			

Table 5. Correlation between the HSM competencies and employability skills (CES) and ILOs of the Programme

	Programme Intended Learning Outcomes (ILOs)					
	ILO#1	ILO#2	ILO#3	ILO#4	ILO#5	ILO#6
University Graduate Competencies for Undergraduate Degree	Competent Professional	✓	✓	✓	✓	✓
	Critical Thinker			✓	✓	
	Effective Communicator	✓				
	Innovative Problem Solver		✓	✓	✓	✓
	Lifelong Learner					✓
	Ethical Leader		✓			

Table 6. Correlation between university graduate competencies and ILOs of the Programme

Conclusion

With a rapidly ageing population along with the commissioning of new hospitals in the next few years, the shortage of health professionals in Hong Kong is called into question. The sole focus on training more medical doctors and nurses may not entirely meet the increasing service demand in our healthcare system. Acute medical problems will always require the attention of healthcare providers, but a training model focused exclusively on treating acute symptoms is becoming more inadequate by the year. The healthcare sector is becoming more complex and dynamic nowadays, smooth operations within healthcare organizations are facilitated by good decision-making skills of health services executives. While good decision-making skills of these executives are underpinned by quality education. The analysis presented leads to the conclusion that there is indeed a strong demand to offer more health services management undergraduate programmes in Hong Kong. Prior experience, communication skills, language skills, and self-motivation were among the top qualities that Hong Kong's employers looked for in an ideal HSM graduate. One of the main purposes of this study is to adopt a competency framework to design an appropriate curriculum for future HSM graduates. This study will not only serve as an initiative for future research in HSM undergraduate education, but it will also provide valuable insights to administrators, policy makers, academics, human resources managers to develop appropriate training programs for the profession of health services management.

CHEUNG Simon Tsuen Yuen 

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ACHS International Medal Winner 2016

ACHS Medal recognises an outstanding contribution by an individual to improving quality and safety in health services on an international, national or state wide basis. Award Recipients are distinguished leaders in quality practices, and have outstanding achievement in maintaining a continuous quality improvement focus in health care delivery systems; and /or in the promotion of quality in health care.

The ACHS International Medal is the global version of the ACHS Medal. Previous recipients of ACHS International Medal included Dr Lawrence Lai, Honorary Senior Advisor of the Hospital Authority (2014), and Dr Mohammed Sahadulla from Kerala, India (2015). Dr Anthony Lee Kai Yiu, Chief Hospital Manager and Medical Director, Union Hospital, Hong Kong of Union Hospital became the third recipient awarded the ACHS International Medal.

Dr Lee was depicted as a strong leader and exponent of hospital accreditation in Hong Kong. Under Dr Lee's leadership, Union Hospital became one of the first private hospitals in Hong Kong to obtain early accreditation in 1999. Dr Lee is able to convey his vision of CQI in an inspiring manner to encourage staff at all levels to work proactively towards the common goal of providing "Caring, Reliable, and Empathetic" services.

The Award Presentation Ceremony of the ACHS International Medal was held on 27 October 2016 at Brisbane. The Medal was presented to Dr Lee by Mr John Smith, PSM, President of ACHS.



Words from New Fellow

Joint ACHSM/ACHS Asia-Pacific 2016 Congress 26-28 October 2016

Like the Eighteen Arhats in the traditional Chinese folk story, eighteen of us took on the challenge about a year ago to the path of enlightenment, in the form of fellowship in health services management. Determined and not deterred, together we took on different challenges and overcome many obstacles to have finally arrived at where we are, not at the finish point but rather at a starting point of lifelong learning and professional development. Through sweat and tears, countless hours of studying and days of preparation, each of us have grown stronger together as a team, and after two intensive days of viva in July 2016, we have all passed the dual fellowship examination successfully.

Reflecting on what we have learned for the past year, apart from all the classic management and leadership theories, the fellowship programme also broaden our horizons in areas such as health economics, service planning, corporate and clinical governance, health informatics, project management and quality management etc. Our journey to this year's Joint ACHSM/ACHS Asia-Pacific 2016 Congress in Brisbane of Australia was the best testament that reflects our skills in crisis management and team work.

Traveling as a team, our original flight was scheduled to depart for Brisbane at 8pm on the evening of 21st Oct. Due to the strong typhoon Heima, our flight was cancelled the night before our departure. Working as a team, all of us tried calling the airline via the emergency hotline but in vain. But we did not give up, after dozens of attempt one of our fellow classmates finally managed to speak to the airline representatives and had rescheduled our flight to Brisbane on the early morning on the 23rd Oct. The original direct flight to Brisbane was cancelled, and we were forced to stop over in Singapore for nearly 10 hours. Although our original trip to Goldcoast on the 22nd to 23rd had to be cancelled, we made the best out of the situation and we have planned a one day trip to tour around Singapore. The most of important of all is that we could make it to the annual Congress on time!

Finally we have arrived at Brisbane, the capital of the sunshine state in Australia during the morning of 24th Oct. In addition to attending the annual Congress, we also came for the Fellowship conferment of the Australasian College of Health Services Management. We were extremely grateful not only by the presence of the Chairman of Hospital Authority, Professor John CY Leong but also the tremendous support

he provided us. The fellowship awards were conferred in the afternoon of 25th Oct by the President of ACHSM Professor John Rasa and the President of HKCHSE Dr. SH Liu, it is a recognition of our hard work during the dual fellowship program for the past year with series of main theme presentations, journal club, case studies, business proposal, study tour and viva examination. Two new fellows, Simon and Chim were much honored to have received the award of excellence in fellowship examination by the President of ACHSM Professor John Rasa. Although the studying journey was challenging and tough, it was one of the most rewarding experience we have had, not to mention the network and friendship we have established along the way.

During the annual Congress, we had many opportunities to learn from world class leaders from the US, UK, HK, and New Zealand in the areas of health services management. We are most grateful to have the Chairman of Hospital Authority, Professor John CY Leong attending the annual Congress and presented his keynote address on the topic of "Leader and Leadership". He shared with us on his 48 years-experience from clinical practice to administration, and elucidated the contribution and roles of leader in different levels i.e. clinical department, hospital, cluster and corporate level by using a 3-ring concept.

Besides the annual Congress, we are extremely honoured to be invited to attend different events and dinner gatherings along with other ACHSM fellows and council members from Australia and New Zealand. These events have further strengthened our bonding with other fellows from the Asia-pacific region.

To all of us, the dual fellowship programme is a very memorable experience. None of us would have made through this journey alone without the support from our family, friends and colleagues. We must also take this opportunity to express our deepest gratitude and appreciation to Dr. HC Ma, all council members, fellows, our family and friends for providing us with their unfailing support and guidance throughout this programme.

We are very grateful to have become a family member of the HKCHSE and ACHSM. Though our paths may diverge from time to time, our common goal to make our community a better and healthier place will never change. We believe we are better together, and we are stronger together.



SteraMist™ powered by Binary Ionization Technology® (BIT™): The New Gold Standard in Healthcare-Hospital Decontamination/Sterilization

The daily news is filled with stories about deadly viruses, massive outbreaks, unsafe hospitals, and inadequate public safety measures. There are dangerous viruses, bacteria, and molds that cause diseases and infections that can spread if left unmanaged, so sustaining environmental control and reducing microbiological contamination in ALL environmental space is important however in hospitals it is essential. What if there was a fast, effective, and portable way to rid both air and surfaces of harmful pathogens? Such a system would have scores of uses and innumerable benefits - hospitals could quickly and effectively carry out a terminal clean no matter what infectious agent was previously in that space, on the surfaces and equipment. Cleaner airplanes will prevent diseases from traveling from city to city and schools could quickly control outbreaks and securely reopen earlier if an outbreak should occur.

“In modern medicine, infection prevention and control (IPC) measures in health-care settings are of central importance to the safety of patients, health-care workers and the environment, and to the management of communicable disease threats to the global and local community. In an era of emerging and re-emerging infectious diseases, IPC in health care is as important now as ever.”¹

In the United States, the administration of an acute care hospital is charged with demonstrating compliance with the basic Joint Commission Standards for Infection Prevention and Control. It is the responsibility of the hospital administration to support the activities of such a program, not an easy assignment. As quoted in the Joint Commission Chapter for Infection Prevention and Control, a hospital must “*Demonstrate leadership’s commitment to infection prevention and control by endorsing and participating in the organization’s efforts to control infection, provide resources, and encourage improvement.*”

The facts are startling, *Clostridium difficile* (C. diff) causes an estimated quarter-million infections among hospital patients in the US, in a single year. The Centers for Disease Control and Prevention (CDC) identifies the bacteria as an urgent threat and an immediate danger to public health, requiring aggressive action.

A 300 bed inner city hospital took action and was able to bring their infection rates and Standard Infection Ratios under control by adjusting their isolation and cleaning protocols to include SteraMist BIT. [Learn more](#)

“The choice of a decontaminate/sterilant is a difficult one. The product needs to fit the environment and assure complete decontamination. It has to be compatible with other agents in use, be safe, and odor free. It has to protect and sterilize surfaces such as keyboards and monitors and other equipment with no damage. It also has to have rapid turn-around time. The SteraMist BIT Activated Ionized Hydrogen Peroxide (AIHP) system meets those criteria with a relatively low cost and ease of use.”

Dr. Helene Paxton, PhD, CIC, Director of Infection Control at St. Francis Healthcare, Wilmington, Delaware

¹ *Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections - WHO guidelines*

STERAMIST

POWERED BY BINARY IONIZATION TECHNOLOGY

ASIA

ENVIRONMENTAL SOLUTIONS

A novel technology from TOMI™ Environmental Solutions, Inc., SteraMist™ powered by Binary Ionization Technology® (BIT™) provides a >99.9999% reduction on surfaces and in the air, making it the new **gold standard in decontamination/sterilization** for hospital systems.

SteraMist™ BIT™ is an essential resource for daily use and emergency preparedness. A powerful sterilant, the technology is highly effective against the world's most infectious microbial pathogens, many of which plague healthcare facilities today.

Ideal for multiple applications in a hospital setting, SteraMist™ BIT™ meets the disinfection needs for Infection Preventionist, Environmental Services, Facilities & Risk Management, and for Emergency Preparedness.

How does SteraMist BIT work?

SteraMist BIT is a patented two-step process that alters the chemical makeup of 7.8% hydrogen peroxide solution into an aerosol by ionization, this aerosol contains a high concentration of reactive oxygen species (ROS), consisting mostly of hydroxyl radicals that damage pathogenic organisms through oxidation of proteins, carbohydrates, and lipids. This leads to cellular disruption and/or dysfunction and allows for decontamination/sterilization in both targeted areas and large spaces.

It was first developed in conjunction with the Defense Advanced Research Projects Agency (DARPA) and a large US defense contractor in response to Amerithrax (anthrax attacks) post September 11, 2001, to deal with an array of chemical and biological threats while safe for use on a wide variety of materials, including delicate electronics and equipment.

In the [healthcare setting](#), the mist/fog of hydroxyl radicals can be applied to kill microbial pathogens present on a wide range of surface areas and other hard-to-reach spaces within clinical care environments. Due to the gas-like properties of the SteraMist BIT fog/mist, it has better penetration to get behind walls, under furniture, and other hard to reach areas. The healthcare environment's overall endemic viral and bacterial burdens are reduced; continued use and prevent the risk of hospital acquired infections and their transmission

As a handheld point-and-spray decontamination system - the first of its kind to be registered by the United States Environmental Protection Agency - The [SteraMist Surface Unit](#) is ideal for fast deployment, portability, and easy storage. For high-touch surface area and equipment treatment, the process can take just as little as under 7 minutes.

Supporting Healthcare Operations

TOMI's SteraMist BIT is ideal for a healthcare setting. As it stands, hospital-acquired infections (HAIs) are a common issue worldwide. SteraMist BIT offers the **gold standard** in decontamination to prevent these potentially deadly pathogens from spreading to hospital patrons, staff, and into the community. Incorporating a SteraMist BIT infection control program supports healthcare operations by reducing turn-around times, optimizing decontamination parameters to produce the safest patient environment, in turn lowering patient readmission rates. When aggressive HAI reduction goals are set, the best possible automated non-wipe decontamination technologies are necessary to meet the overall goal of reducing infections and improving patient outcomes.

STERAMIST
POWERED BY BINARY IONIZATION TECHNOLOGY

ASIA
ENVIRONMENTAL SOLUTIONS

SteraMist BIT is effective against common pathogens, such as:

An ideal bio-decontamination system for sterilization of [aseptic enclosures](#) including Clean Rooms, Transfer Chambers, & Pass Boxes, SteraMist™ BIT™ is highly effective against many of the most difficult to kill and lethal microbial pathogens known to man, including, Clostridium difficile spores, Staphylococcus, Methicillin Resistant Staphylococcus aureus, Penicillin Resistant Tuberculosis, Ebola, Bacillus anthracis and Geobacillus stearothermophilus - the gold standard of laboratory decontamination.

Fighting Ebola: A grand challenge for development by the U.S. Agency for International Development

TOMI's innovative application, "[SteraMist Mobile Decontamination Chambers](#)" was one of 15 proposals selected (out of over 1500) for an award by the U.S. Agency for International Development (USAID), in the global fight to eradicate Ebola and strengthen local healthcare systems.

With the support of USAid, the US Department of Defense (DOD), the Centers for Disease Control and Prevention (CDC), and the Executive office of the President TOMI was awarded a \$565,000.00 grant in the category "Improving the Safety of Health Care Workers". These state-of-the-art, easy-to-assemble mobile decontamination chambers can decontaminate healthcare workers' personal protective gear and equipment in less than 8 minutes to a high level of sterilization without the use of hazardous chemicals. TOMI's SteraMist BIT technology was used to decontaminate an Ebola Treatment Center in Ganta, West Africa - one more way that TOMI is "[Innovating for a Safer World](#)"!

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Application Form



Hong Kong College of Health Service Executives 香港醫務行政學院 Year 2016-2017 New Membership Application / Renewal Form

Title : Prof / Dr / Mr / Ms / Mrs

Name:

(Surname)

(Other name)

❖ please ✓ in the appropriate box

Please RENEW my membership (please fill up area of any changes that apply ONLY)

Please consider my NEW membership application (please fill up all the below items)

HKID No.: - X X X (X) 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

Correspondence Address : _____

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

Email : _____

Membership Type	Annual Membership Fee			
	HK Membership (HKCHSE)		Dual Membership (HKCHSE and ACHSM)	
Fellow *	HK\$500	<input type="checkbox"/>	HK\$2,200	<input type="checkbox"/>
Associate Fellow **	HK\$300	<input type="checkbox"/>	HK\$2,000	<input type="checkbox"/>
Associate	HK\$200	<input type="checkbox"/>	N/A	<input type="checkbox"/>

* Fellow membership only applied to those who have been conferred Fellowship by HKCHSE.

** 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