



**Keynote address by Mr Shane Solomon  
Chief Executive, Hospital Authority  
at the Hospital Authority Convention 2010  
on 10 May 2010**

**From P4P to VMV**

Dr Zhang , Dr Chow, Mr Wu, honourable guests, distinguished speakers, ladies and gentlemen,

Good morning and welcome to the Hospital Authority Convention 2010.

**INTRODUCTION**

It is an exciting event, with so many HA frontline colleagues as well as our guests from other countries. It is a time to celebrate HA's progress and learn more to keep advancing our service.

After four years in Hong Kong, I still find the culture fascinating. People are always socializing, eating out, shopping, and always so busy. But recently I noticed a recurring numerical pattern. It seems strange to me that in Hong Kong, the "three pattern" is everywhere. There are three areas of Hong Kong: Hong Kong Island, Kowloon and the New Territories. Almost everyone's name, including mine, has three Chinese characters. So does the name of many districts: Tseung Kwan O, Wong Tai Sin, Tsim Sha Tsui, and I could go on.

Then I realized that our big system reforms in the Hospital Authority also use the "three pattern". I am referring to our P4P and our VMV. I have learnt that the Chinese word for "three" also sounds like the word "san" and means alive. And I think that with our P4P and VMV, we are trying to bring our service more alive.

Last year we introduced our P4P system, to allocate resources based on the work hospitals do. It combines casemix with strategic purchasing to target our resources to the areas of greatest need. It is a fairer system, and ties money to workload and patient complexity. Even deductions for some reclassification from outpatient to inpatient, we recorded an extra 28,000 patients treated.

In the typical Hong Kong way, the new Casemix system squeezed many years of work into a little more than one.

We have followed the Pay for Performance (P4P) with our new vision, mission and values (VMV) another three-letter word. Today I want to talk about what the VMV means to me, and the five priority initiatives which will help bring the VMV to life in 2010.

## **VMV OVERVIEW**

You all will have noticed our VMV bear. We chose this bear because he seems warm, friendly and harmless, leaning over slightly towards you to show interest and concern. Somehow it symbolizes our care and concern for people we serve.

The vision (Healthy People, Happy Staff, Trusted by the Community) is our light on the hill that we strive, or stride, towards. It is a high ambition that keeps our head up, and gives us hope for a better future.

Our mission (Helping People Stay Healthy) is what we do everyday. It is why the public funds us.

Our values (People-centred Care, Professional Service, Committed Staff, Teamwork) are what we believe in. The values guide our behaviour towards each other, towards our patients, and towards our daily work.

## **THE VISION: “Healthy People, Happy Staff, Trusted by the Community”**

We are a “Hospital Authority”, but our vision is not just about providing world-class hospital services. In fact our vision of healthy people, means that we would prefer that people do not need us at all. We know that can never be true, but we do all we can to keep people healthy and out of hospital.

Our vision is that we achieve “healthy people” while also having “happy staff”. Motivated by our commitment to the health of our people, too often we just ask our staff to work harder and longer. Healthy people, but not happy staff! I admire and respect this commitment, but management’s job is to ensure a balance between work and life.

The third part of our vision is to be trusted by the community. This means first that we respond to community concerns and anxieties. It means responding to crises professionally and quickly. I always think the Hospital Authority is at its best in a crisis, despite the heavy workload they bring. This last year we have had to deal with the human swine flu threat, and through your hard work, the mortality and

morbidity has been kept to one of the lowest in the world despite our crowded conditions in Hong Kong. You have once again earned the trust of the community.

Let me say something about our policy of open disclosure of medical incidents, which gives the impression that we have more problems, when I know that quality is actually improving. To be trusted by the community, we must be honest with the community. Honesty is the foundation of all trust, and when it is lost whether in the family, among friends, or in big organisations, then the relationship is at risk. We must be open and accountable, having the courage to admit when we have not done our best. At the same time we support our front-line colleagues through the Just Culture that values learning and continuous improvement, rather than a focus on blame and punishment.

### **THE MISSION: “Helping People Stay Healthy”**

At first glance this is the most obvious of mission statements, but I think quite profound.

As “helpers” we have a supporting role; the lead actor is the patient, not us. At best we are a partner, sometimes giving life-saving treatment, but mostly offering the resources people need to care for themselves: the drugs, the advice, the information, the encouragement, the motivation.

Our role is to help people STAY healthy. The time in hospital is only part of our role because most of our patients have a chronic illness or are old, they need our continuous support, not just a one-off intervention in times of crisis.

### **THE VALUES: “People-centred Care, Professional Service, Committed Staff, Teamwork”**

Out of the many values we could have chosen, our extensive consultation process with front-line colleagues for the VMV came down on just four as the most important values that all HA colleagues should use to guide your behaviour every day.

“People-centred Care”... because we should place the people at the centre of our thinking all the time in every decision we make. To do this we must learn to communicate and listen to people’s needs.

“Professional Service” ... because good healthcare takes years of learning and you must trust your professional knowledge and skills to help people effectively. This means keeping up-to-date with new evidence and practices. It means being honest with patients about what you can do, and what you cannot do. It also means keeping our equipment modern, and upholding professional standards.

“Committed Staff”...is one of our four core values because health care requires that you bring your heart to work. You are dealing with people at very sensitive and emotional times in their lives. So you need to give a lot of yourself to properly engage with the people we serve.

“Teamwork”... because we cannot do anything in healthcare on our own, because people’s needs are multiple. everyone in the team has something to offer, no matter what their title or rank. Managers have a particular responsibility to bring the best out of others, and to value different ideas with an open-minded attitude and mutual respect.

## **THE VMV AS A PACKAGE**

You may notice that each of the short statements starts with the word “PEOPLE”. It reinforces our “people first” philosophy.

We use the word “people” rather than patient, because the word “patient” tends to imply a dependent or subservient position. We want the opposite; we want our “patients” to be treated more as people, responsible for their own health with us as helpers, and respected as equals in our dealings.

The VMV complements our P4P. No matter how well we distribute our resources, and reward performance, ultimately what matters is our attitude and behaviour to people, both the people we serve and our colleagues.

So our challenge is to bring the VMV to life.

## **THE FIVE TOP ACTION PRIORITIES TOWARDS THE VMV**

I want to outline five action priorities which I think will take us some steps forward towards living the VMV over the next year or two.

The Government has trusted the HA with a new three-year funding agreement to respond to growing demand and enhance services. These funds can help us better put VMV into practice. We are following five strategic priorities with the assistance of Government funds.

### **(1) Patient empowerment initiatives – supporting Healthcare Reform**

The best way to keep people healthy and out of hospital and also to reduce our staff workload (“happy staff”) is to empower patients to look after their own health. This year there will be a number of initiatives to do this.

As part of the Government's Healthcare Reform of primary care, new patient empowerment programmes will be offered, with focus first on diabetes and hypertension. Nurse and allied health clinics will continue to help people manage their chronic illness. In 2009-10, the programme provided over 47,000 attendances.

Updating our Clinical Management System (CMS) and developing the Electronic Health Record for all of Hong Kong (another part of the Government's Healthcare Reform) has commenced. By the end of 2013/14, the eHR sharing platform will be ready for connection with all public and private hospitals. By 2018/19, Hong Kong residents will have their own personal health records, covering both the HA and private sectors. This is one of the world's first. Patients need information to manage their own health and to make choices about treatment – the Electronic Health Record will help empower people.

A new HA website has been launched aiming to give people information and links to authoritative sites around the world. Called "Smart Patient", it uses simple language and a user-friendly approach to provide a one-stop information direct to people using the HA.

A Community Health Call Centre has been piloted in our Hong Kong East, Kowloon Central, and New Territories East Clusters to actively follow up high-risk patients after discharge. This will be further expanded this year to give people information to make better decisions about whether they need to come to Accident and Emergency Departments.

## (2) Managing demand to reduce waiting times

Long waiting times remain the HA's challenge if we are moving closer to our "healthy people" vision and our value of "people-centred care". We know that we meet our performance pledges for urgent + semi-urgent care, but most of our patient episodes are non-urgent and we do not have performance pledges. I am particularly concerned about excessive waits for elective surgery, specialist outpatient first appointment, and CT/MRI scans.

Reducing waiting times will take a multi-pronged effort. First, the extra funding from the Government will increase the number of patients treated, and our P4P system provides the incentive to treat more patients through targeting areas of long waits.

Second, we are working on new service performance pledges, in consultation with our clinician colleagues. Already we have new performance pledges for cancer treatment, and we are working on new Key Performance Indicators (KPIs) for waiting time such as joint replacement and cataract.

We also need to look at the appropriateness of our referrals to Specialist Outpatient Clinics (SOPCs) and we are now developing an eReferral system to help us. Some hospitals are trialing triage clinics in major specialties to assess and refer people to definitive treatment more quickly.

General Outpatient Clinics will be better supported to treat rather than refer on to specialist outpatient, which includes expanding the clinical application of drugs in HA Drug Formulary for treatment of certain chronic diseases and enabling them to order more diagnostic tests.

Finally, Public-Private Partnerships (PPPs) will be expanded to support people to choose moving from our SOPCs to private family doctors or specialists. This will free up our existing SOPC capacity to see more "first appointment" patients, and so reduce the long waits.

### (3) Safety and quality programmes

Safety and quality remains our highest priority, and our efforts are increasing more each year.

Through the sentinel event reporting system we have focused on improving systems and practices to prevent the worst of incidents – those that involve serious harm to patients and are preventable. The total no. of sentinel events in 2008/9 recorded a drop of 9%. We compare well with the few other places that have such a sentinel event reporting system, such as Western Australia which has smaller public hospital system but more sentinel events than Hong Kong.

We are being proactive, and not just constantly reacting to incidents.

Let me give a few examples of our initiatives to improve quality:

- Our innovative 2D bar coding system has been created to ensure correct patient identification in specimen collection. After eight months of the implementation in seven hospitals, the misidentification error has reduced by 77% per month.
- In the past two years the number of medication incidents reported through our Advanced Incident Reporting System (AIRS) has dropped by 13%.
- The HA is a leading participant in the WHO's hand hygiene promotion campaign, and we now make alcohol hand rub freely available and have introduced audits of compliance with handwashing. The outcome we see is a reduction in MRSA bacteremia episodes per acute bed day by 12%, where we now sit in the middle of the pack worldwide.

- The first report of The Surgical Outcomes Improvement Programme (SOMIP) has been released providing powerful information on the surgical outcomes, adjusted for case acuity, for each of the acute hospital surgical units. This is the best surgical quality monitoring system I have seen anywhere, and it is driven by our Chiefs of Service living the HA's VMV – they are “committed” to a “professional service”.

The new Inpatient Medication Order Entry (IPMOE) system is now funded and it will be implemented first in Princess Margaret Hospital in 2011. We are also examining full pharmacy automation systems. These initiatives will reduce medication error, which is one of our areas of greatest risk.

As part of our programme of modernising the HA, we have set ourselves an ambitious objective to introduce filmless radiology across all of our hospitals within four years. Princess Margaret Hospital has already implemented filmless radiology, and seven hospitals are planned for implementation this year.

We have launched the Crew Resource Management system methodology, drawing on the experience of the aviation industry and joined the WHO's “Safe Surgery” programme. The system for safety checks was implemented in operation theatres last year and will be further extended this year into procedures in interventional suites outside operation rooms.

Alongside these specific initiatives, two important HA system-wide programmes will be implemented to improve quality.

- Pilot accreditation has commenced in five hospitals in partnership with the Australian Council on Healthcare Standards (ACHS). Following positive feedback from the hospitals involved, I expect accreditation to spread to all the major hospitals over the next few years.
- An HA-wide Patient Satisfaction Survey will be piloted this year, using an independent tool developed by the Chinese University of Hong Kong and drawing on international experience so we can benchmark patient satisfaction with others in the world. Based on these patients' opinions, clusters will be able to formulate quality improvement action plans in 2011. I am confident that it will show the quiet support in the community for the service and commitment of front-line colleagues.

#### (4) Reasonable workload

To achieve “happy staff”, workloads have to be manageable. In some situations, front-line colleagues feel it is difficult to deliver a “professional service” because they are too busy.

For doctors, we have started to address this through the Doctor Work Reform programme which has reduced the proportion of doctors working over 65 hours from 18% to 5%. We still have more work to do to reduce continuous working hours.

Our next challenge is the workload of nurses. We have a shortage of nurses like all other countries. In the short term we have tried to ease the situation through:

- extra care-related support staff;
- work-saving equipment, such as electric beds and automatic infusion pumps; and
- encouraging retention of nurses through better career prospects.

The next step forward is introducing nurse : patient ratios that are reasonable and really put into practice. We have done the technical work and gained a consensus on what the workload should be. What we really need now is more nurses.

So this goes to our vision of achieving BOTH "healthy people" AND 'happy staff'. The new system will be used progressively to allocate new nurses in the future, starting last year with 25 per cent of nurses allocated to hospitals who have the biggest gap in meeting the new workload standards.

We recognized the nursing shortage two years ago and started training more nurses. Three years ago the number of nurses graduating for the Hong Kong workforce was 630. Next year 1,370 nurses will graduate from university and HA training programmes, and this will increase to 2,000 by 2012-13. I am confident that this will bring nurse workload to more reasonable level.

#### (5) Campaign to redesign the care process

Workload is not just about the number of staff or the number of patients. We also need to look at how we organise our work process. Is everything we do necessary, or could we do things simpler? For example, I constantly hear complaints about the level of paperwork done by doctors and nurses. We make things overly complex, sometimes because we think it is impossible to change the past, or what another department is doing.

The patient experience is also complex, and at times, bewildering. Waiting, moving backwards and forwards, filling out another form, and also not quite knowing what is happening next.

I am impressed with some methods that are being adapted from the manufacturing industry into healthcare, such as "lean thinking" and the "six sigma" technique. They look at the work process, and assess whether it can be simplified and whether each part adds some value to the patient.



New Territories West Cluster has embraced the Japanese Kaizen methodology which uses the “lean thinking” methodology to improve patient experience. The outcome is many modest but important changes. In fact, there are 32 departments involved, and 300 projects being implemented in 2009.

To give you a flavour of these projects, one reduced the time spent in the chemotherapy outpatient by 30%. Another allowed patients to leave the observation ward overnight by arranging after hours access to walking aids, previously not possible until the next day. Fracture and strain patients in pain no longer have to walk 180 meters to the accounting office to pay their occupational therapy fee. Please have a look at the Kaizen poster at the Convention

Kowloon Central Cluster has joined the party, under the banner of WISER to find ways to simplify and streamline the patient journey and other clusters are also training people in the ‘lean thinking’ methodology!

## **CONCLUSION**

These five priority projects will carry forward the new VMV and make us a truly P2P (people-to-people) organisation. To remind you, they are:

- the patient empowerment initiatives;
- managing demand to reduce waiting times;
- safety and quality programmes;
- reasonable workload; and
- campaign to redesign the care process.

The Convention will teach us much, leading to a more “professional service”.

All this is a lot of work, but everyday I am impressed by the willingness of HA colleagues working as many teams to take up the challenge. I hope these initiatives also help you become ‘happy staff’ as we continue to improve the health service for the Hong Kong community that places their trust in us.

Thank you very much.