



Su Vui Lo: managing people as the key to managing hospitals, cultivating a second nature to praise

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Hardly can we forget the fatal bus incident that took place in Tai Po, Hong Kong on 10 February 2018—the bus driver reportedly lost control of the vehicle as he was pulling into a turn on Tai Po Road, causing the double decker to crash and roll onto its side, leaving 19 passengers dead and more than 60 injured, most of whom were immediately sent to the Prince of Wales Hospital, Sha Tin for emergency care.

“I came back to the hospital right after I got notified of the incident,” recalled Dr. Su Vui Lo, the Hospital Chief Executive of the Prince of Wales Hospital and the Cluster Chief Executive of the New Territories East Cluster, Hong Kong Hospital Authority (Figures 1,2), *“When I stepped into the hospital, what I saw were many of our staff, including doctors, nurses, allied health and supporting staff, who all came back for help even when they were not on duty.”*

Unlike what the media usually plays up, Dr. Lo showed us a wondrously different side of healthcare services in Hong Kong. He shared with us a story from a senior nurse—right after she heard the news about the bus incident, she literally dropped everything while doing shopping in town. She ran to the taxi stand, bypassed everyone and said, *“I have an emergency and I need to go back to the hospital!”* She then jumped into the taxi and returned to the hospital right away all on her own initiative. *“It’s so touching to see this. They have hearts for patients. If you don’t like what you do, you can’t actually stay that long in such high-pressure environment. I think Hong Kong people are very lucky,”* said Dr. Lo.

Hospital management standard in Hong Kong

As a matter of fact, Hong Kong citizens are blessed not only because of the professionalism of the healthcare team, but also the high level of management over public hospitals. As one of the largest hospital providers in Southeast Asia, Hong Kong Hospital Authority (HA) is a statutory body managing all the public hospitals and institutions in Hong Kong. It is a single organization that has its

policies formulated and enforced uniformly among the 43 institutions within HA.

Served as the Director of Commissioning at Cardiff, the UK, Dr. Lo pointed out that one key difference between the UK and HK hospital systems lies in the uniformity of healthcare policies. In the UK, whenever there is a policy made by the Ministry or Department of Health, it would be passed down to different health authorities, which, however, might interpret and execute the same policy differently. This gives rise to the so-called “postcode prescribing”. For example, citizens might be able to get a funded cancer drug at one health authority, while getting the same drug without being funded just across the street. *“It is like lottery draws but the criterion is where you live. Here in Hong Kong, as long as you meet the criteria, you will get funded. This shows a very strong governance over public hospitals in Hong Kong,”* explained Dr. Lo.

Apart from a robust administration over government hospitals, HA owns a very unique self-developed system—clinicians are involved in the decision-making process. Clinical leaders are brought together to form a group called Clinical Co-ordinating Committee (COC), a platform where physicians, surgeons and chiefs of service can discuss issues of significance and advise HA on their specialties and services. Seeing a new trend, say emergence of a newly proven drug, COC will bounce it off and make suggestion to the head office, which will then decide if it is to be taken on board. *“Healthcare cannot be run like a business. If a cancer drug is funded, those who are eligible must be able to obtain it, and the eligibility criteria must be agreed by the prescribing clinicians. How do you make them agree? Through the COC! In this way, a uniform policy can be enforced,”* added Dr. Lo.

The day of a hospital administrator

Gaining understanding about how HA manages hospitals at a corporate level, we are also curious about how Dr. Lo, as the Hospital Chief Executive, manages the Prince of Wales



Figure 1 Dr. Su Vui Lo receiving our interview at his office in the Prince of Wales Hospital.



Figure 2 JHMHP editors, Dr. Lo (second left) and Mr. Man from the Prince of Wales Hospital (right).

Hospital at an individual level.

“My daily routine is very simple. I start each day by having a 30-min daily briefing,” said Dr. Lo. Every morning, Dr. Lo is briefed by a core group made up of the chief nurse, member from quality and safety, patient relations officer, head of administration, and staff from communications and community relations. The chief nurse would report the volume of patients newly admitted overnight, the number of occupied beds, and if there is any access block issue. Member from quality and safety would notify him of any incident that requires immediate attention or solution, such as injury on duty, wrong administration of drugs and the like. Patient relations officer would give firsthand information with regard to complaints and feedbacks, and bring up cases referred from legislative council or district council. Head of administration would report issues relating to staff, facilities and supporting services. Lastly, staff from communications and community relations would highlight what is important in the news, particularly on healthcare, government machinery and happenings related to healthcare.

The rest of the day involves meeting staff, which is also a core part of his duty. His schedule is planned 1 year ahead. Meetings are purposefully arranged with each department at least once a year. Staff forum is held once in every 2 months. Luncheon meetings with staff are scheduled more or less every week. Through these meetups, Dr. Lo gets to know the frontline staff as a person as well as the issue they are facing. And when they sit down, often he finds not every staff member knows each other, so they get the chance to talk to each other. Gradually, they form friendship; And outside of work, they bring along with their family members to do activities like hiking together. This is how the bonding between staff is initially built.

Apart from his duty in the Prince of Wales Hospital, Dr. Lo is also the Cluster Chief Executive of the New Territories East Cluster (NTEC), a cluster comprising 7 hospitals with the largest geographical spread over Hong Kong.

To Dr. Lo, the management of the cluster would not be possible without teamwork. He explained, “I can’t do everything by myself. What we have is a strong team. There are three other hospital chief executives in my cluster, one managing the North District Hospital, one administrating the Alice Ho Miu Ling Nethersole Hospital and the Tai Po Hospital, and one taking charge of the Shatin Hospital, the Shatin Cheshire Home and the Bradbury Hospice. We run a weekly cluster management and operation committee meeting, where all general managers and hospital chiefs would gather to systematically go through the issues facing us, which is a very helpful way for me to understand what is going on in other hospitals of my cluster.”

“People management” as the key to managing hospitals

Right now, the HA has more than 75,000 staff. Just NTEC alone has more than 12,000 staff. Doctors, nurses, allied health and supporting staff all play essential roles in the delivery of health services to patients. In Dr. Lo’s opinion, the key to managing hospitals is “people management”. He clarified, “Healthcare is a labor-intensive industry. Managing people is thus the prerequisite to managing hospitals. What I meant by managing people involves how you motivate and inspire staff, how you delegate talents and how you resolve conflicts. As a leader, you got to have a big picture and a vision in mind so you can bring your team to go along and forward with you.”

Action speaks louder than words. Not just by saying, Dr. Lo used action to demonstrate how he actually turned challenges into opportunities by managing people. When he

was first appointed to be the Hospital Chief Executive of the Tuen Mun Hospital in 2014, the hospital was a significant outlier according to Surgical Outcome Monitoring and Improvement Programme (SOMIP), a quality assurance programme collecting and analyzing clinical data of public hospital surgical departments with focuses on surgical risks, post-surgery outcomes, and number of deaths. Getting poor assessments consecutively under SOMIP for couple of years, the hospital had been hammered by the media, and the staff were full of grumble.

To deal with the issue, Dr. Lo first looked into whether the poor results were associated with competence of the surgical team. He asked the senior surgical professionals who conducted SOMIP to spot each bad result, then check each case note and talk to the surgical team. Surprisingly, their findings pointed out that the results had nothing to do with competence. Dr. Lo then decided to pay a visit to his staff, who were very hostile at the beginning. Instead of blaming them, Dr. Lo explained he was there to listen to them. Eventually, he found out that it was due to the excessive volume of surgeries performed particularly outside office hours that led to this outcome.

Having the crux of the matter located—the insufficiency of operating capacity to deal with the number of surgical cases due to the transferred cases of surgical emergency from the Pok Oi Hospital to the Tuen Mun Hospital, Dr. Lo urged for reduction of case transfers and provision of funding to build an operating theatre block to alleviate the situation. And only after 1 year, the Tuen Mun Hospital was successfully struck off the rolls of significant outliers. It was certainly good news to both the entire medical team and patients.

However, good news goes on crutches. Seldom do newspapers report what is on the bright side. Despite continually being thrown mud at, Dr. Lo remained positive, *“In fact, the number of appreciation we received is multiple of complaints. The media often chooses to report the latter, but it’s fine. To us, complaint means someone cares enough to highlight an issue to us, so we can learn from it and make improvement. It’s not our nature to praise people, so we encourage our staff to cultivate it as our second nature.”*

Living in this changing society, “praise” is such a simple word that seems to be easily forgotten by many of us. Dr. Lo once again reminded us of the importance of this word, which not only applies to hospital management, but how we embrace it as an attitude to treat people around us. An American writer Ralph Marston once wrote, *“Make it a*

habit to tell people thank you. Truly appreciate those around you, and you’ll soon find many others around you. Truly appreciate life, and you’ll find that you have more of it.”

The future of healthcare provision

Speaking of the overall capacity of healthcare service provision, the impact of ageing population would be a matter of weight that HA has to pay close attention to.

To deal with the situation, Dr. Lo believes that everyone has a part to play, *“HA is just a public healthcare service provider. Our part only comes after people getting sick and needing healthcare services, so the first thing to do is to go for prevention.”* Prof. James Fries once put forth the hypothesis “compression of morbidity”, positing that the burden of lifetime illness may be compressed into a shorter period prior to death, if the age of onset of the first chronic infirmity can be postponed. This suggests that if people start engaging in healthier lifestyle in younger age, their morbidity and disability will turn up years later than those who do not. Thus, the government is duty-bound to promote healthy lifestyle at younger age that is closely linked to regular exercise, balanced diet, anti-smoking, sensible drinking and the like.

On the other hand, increasing the capacity of hospitals and clinics is of utmost importance in ironing out the adverse effects induced by ageing population. To Dr. Lo, increasing the capacity alone would not be effective enough. He explained, *“There will be scientific advances, new treatment modalities, and more diseases that can be treated. Rather than sticking to old methods, we have to adapt to changing the model of service provision, for example, by an altered involvement of healthcare staff in the process of care to reduce patient admission.”* During winter influenza season, there was severe access block problem in the Prince of Wales Hospital. Instead of admitting all flu patients, the hospital gave these patients support in the community after evaluation. They were given discharge memos which assured them to be taken care of immediately in case of deterioration of their conditions. This is an example of how changes in the model of service delivery can reduce the burden of healthcare system.

Information technology (IT) is considered to be taking the lead in the upcoming model of healthcare service delivery. As a persuasive technology, IT can be applied to empower patients in the process of care. So far, a few applications have been developed by HA to give health

advice to certain type of patients. For instance, using applications, diabetic patients are reminded of the calorie contents of what they eat and drink, time for medication, measurement of blood pressure and so on; Stroke patients are regularly prompted to do various types of rehabilitation. Through technological advances, all these health tips can now be incorporated into their daily living.

Today's mind shapes tomorrow's you

To be able to adapt to the incessant changes in this open world, a hospital administrator ought to keep an open mind. To Dr. Lo, having an open mind does not mean being indecisive, but being receptive to suggestions, innovations and changes whilst being backed up by a learning attitude. *“If you think you know everything, it's hard to have an open mind. But as long as you have a learning attitude, you are able to step back. In fact, I learn a lot from interacting with my staff, even the junior one,”* Dr. Lo articulated confidently and sincerely, *“It's like when you take pictures. Try to zoom out and look at the bigger environment, and you would be able to step back and make the right decision.”*

A close-minded person can only see what is beyond his eyes, whereas an open-minded person sees life without boundaries. This is applicable not only to a hospital manager, but every individual no matter in doing things or conducting oneself. Today's mind shapes tomorrow's you. Let us learn from Dr. Lo—stay open, and stay humble—and together we infuse our lives with new wisdoms and new energies.

Expert's introduction

Su Vui Lo, FHKAM (Com Med), FHKCCM, MRCP (UK), FRCP (Edin), FPPHM (UK), FRACMA, is the Cluster Chief Executive of the New Territories East Cluster and the Hospital Chief Executive of the Prince of Wales Hospital, Hong Kong Hospital Authority. Apart from his appointments in the Hospital Authority, he also serves as the Honorary Clinical Associate Professor at Faculty of Medicine, The University of Hong Kong; the Honorary Associate Professor at School of Public Health, The Chinese University of Hong Kong; and an examiner at Hong Kong College of Community Medicine for exams such as “Conjoint Part II Examination in Administrative Medicine” and “Part II Examination in Public Health Medicine”.

Used to be the Director of Commissioning in Specialist Services and Consultant in Public Health Medicine, Cardiff, United Kingdom, Dr. Lo returned to Hong Kong in 1998 commencing his first appointment with Hong Kong Hospital Authority as an Executive Manger in Professional Services. He became the Head of Corporate Affairs in 2004, and then the Director of Strategy and Planning in 2007. In 2014, he was seconded to take up the role of the Cluster Chief Executive of the New Territories West Cluster and the Hospital Chief Executive of the Tuen Mun Hospital for half a year. He started administrating the Prince of Wales Hospital as the Hospital Chief Executive, and managing the New Territories East Cluster as the Cluster Chief Executive in 2016.

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