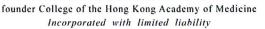


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Administrative Medicine Part II Fellowship Examination 2014

Case Study 3

Q.4

You are the Hospital Chief Executive (HCE) of a district public hospital under the management of Hospital Authority (HA). There is a charity organization that previously owned and ran the hospital but now still maintained significant influence to the management of the hospital through the nomination of the majority of Hospital Governing Committee (HGC) members. In the recent HGC meeting you have reported a projected budget deficit at year end, and have put forth a set of measures to contain the deficit targeting at a breakeven bottom line at year end.

Recently there has been an adverse patient event being reported in the local newspaper in which an elder patient passed away after a major surgical intervention. One of the allegations made by the relatives was that there were not enough nurses in the ward to look after post-operation cases. Your HGC Chairman calls you to discuss about this incident, and queried if the incident was related to your budget containment measures. He coins the Mid Staffordshire scandal in UK and says he would like to send you the Francis Report targeted at the scandal for your reference. He asks that you prepare a report for the next monthly Board meeting to clearly demonstrate that your hospital is offering safe, quality patient care.

Two questions:

What data would you gather and present to the next Board meeting to show that your hospital is providing safe, quality patient care? Ideally, the Board would like to know that the issues raised in the Francis Report are not an issue in your hospital.

Also, what would you do / tell the Board if you discovered that there were one or two areas where there was evidence that patient care was being compromised?



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Key Points

Three (3) Core Elements

- 1. Elements of a comprehensive safety and quality assurance program.
- 2. Approach to addressing adverse findings.
- 3. Consumer involvement in improving service quality and safety

Question writer's notes (these are not meant to be an exhaustive check-list but as guidance for Examiners)

As a general introduction, the candidate may wish to comment on the tension between budgetary constraints and maintaining quality standards. A) First, the candidate should be able to describe the common metrics and procedures used to assure safe and quality patient care in any hospital e.g.

- Correct appointment and credentialing of clinical staff
- Ongoing staff education
- Good and timely investigation of patient complaints
- Good quality assurance and risk assessment strategies
- Effective internal and external benchmarking activities in all clinical units
- Effective involvement of clinicians in management decision making
- Regular liaison with consumer groups
- Etc
- B) In relation to an adverse finding, the candidate should be able to discuss the professional and ethical issues of discussing adverse issues with the Board and be able to demonstrate an approach to addressing the issues. This includes managing the media, political, medico-legal and community issues if relevant.
- C) A good candidate should be aware of the key findings of the UK report (The Mid Staffordshire NHS Foundation Trust Inquiry- 'The Francis Report') and comment on the following recommendation areas raised in the report if not already covered above.
 - That the corporate focus is on outcomes and not solely on process;



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- There is proper consideration of patient and staff complaints;
- Staff are engaged in the process of management;
- Sufficient attention is paid to the maintenance of professional standards;
- There is support for staff through appraisal, supervision and professional development;
- Clinical staff have a professional voice in management decisions;
- The challenges of the care of the elderly are being addressed and there is no abuse of vulnerable persons;
- There is external and internal transparency;
- All internal and external assessments are effectively reviewed; and
- there is adequate regard of the significance of the mortality statistics.