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Administrative Medicine Part II Fellowship Examination 2009

Q3. The Food & Health Bureau currently has a very strong focus on elective surgery. They have funded a 3 stage strategy in order to increase the volume of elective surgery and decrease waiting times. Stage 1 of the program is complete. Stage 2 has been earmarked for physical capacity expansion. Stage 3 is to have targets for increased (weighted) surgical throughput and targets for waiting time reductions for the mean and 90th centiles of patients admitted for elective surgery.

As the Service Director (Clinical Service) of a busy 600-bed general hospital, with an Accident & Emergency Department, you have been tasked with developing a plan to achieve the Government's targets.

How would you go about this?



香港社會醫學學院

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Q3 Key Points

For Examiner

- Request background data
 - AED recognition that emergency demand is the most predictable part of our system
 - Elective waiting times down to the level of surgical specialty and high volume procedures
 - o Outpatient waiting times
 - Theatre data throughput, turnaround, start delays etc
 - o Bed capacity and occupancy
 - o Other constraints eg workforce, HDU capacity
- Ideally will discuss a clinical redesign / service improvement methodology which includes:
 - o Data analysis
 - Staff involvement engages staff both in identifying issues and developing solutions
 - o Patient involvement
 - Is seen as a quality initiative and builds in quality improvement principles, as well as specific quality issues related to elective surgery.
 - Reviews entire elective process to identify constraints, delays and duplication
 - o Uses tools to consider / models capacity
 - Monitors progress with live dashboards
 - o Celebrate success.

Competencies Involved

This question addresses a service improvement issue.

- Collaborator
- Professional patient first
- Manager systems approach