

Che Chung Luk: optimising demand management and improving service development through staff empowerment and system delegation

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“As a doctor, we need to provide the best care to our patients. As an executive or manager, we try to provide the best care not only limited to individual patients, but also to groups of patients,” said Dr. Luk during an explicit interview with AME at the Hospital Chief Executive (HCE) office in Queen Mary Hospital (QMH) (Figure 1), *“We need to maximize the health benefits for groups of patients, though sometimes it’s at the expense of certain individual patients.”*

The path to management: a life-long career

Work has taken over at least one-third of our lifetime, or even more time for some of us. While everyone might have gone through transitioning from one working specialty to another, there is no surprise for Dr. Luk. He is currently serving as the Cluster Chief Executive (CCE) of the Hong Kong West Cluster (HKWC), Hong Kong Hospital Authority, and also at present the HCE in QMH and Tsan Yuk Hospital. Before working his way up to become the CCE, he started off as a clinical doctor working in Obstetrics and Gynecology in Queen Elizabeth Hospital. Looking back from now, he summed up the first half of his career, *“Most of the time, I believe that we were bringing happiness and hopes to the world.”* Those days were clearly one of the happiest memories of Dr. Luk.

However, a coin has two sides. On one side, he gained much satisfaction from providing care to patients. On the other side, he found himself being trapped in an abyss of work where he has to be ready anytime for his duty in order to be a “good doctor”, regardless of holidays and working breaks in between. After a couple of years, he started to realize that he could not devote himself to obstetrics and gynecology anymore. As we know, babies come out every second, a doctor can never predict or control. He perplexed whether he could pursue a life-long professional career in that field. After some struggling, he decided to move on engaging in the public sector of hospital management instead.



Figure 1 Our interview with Dr. Che Chung Luk at the HCE office, Queen Mary Hospital.

“Once I started working in hospital management, I wish to do more in the system,” Dr. Luk said firmly. It took him two to three years to see through the real differences between a clinical doctor and an executive manager. When he was a clinical doctor, he always put his patients as his top priority. Later, when he became the senior executive manager in the hospital, he realized that the care is not only provided for certain individual patients but also groups of patients. It is important for the hospital executive to ensure that every single patient is getting enough clinical attention according to their respective clinical needs (Figure 2).

“If there were 10 patients in the afternoon, I spent an hour on patient A, for sure patient A received the best care. But there are only 3 hours in the afternoon, and it could be at the expense of other patients,” Dr. Luk explained. Such a huge variation among the patients would only be reasonable if there was a similar variation in the relative clinical needs of the 10 patients. Therefore, when Dr. Luk first took the managing role, he had lots of compromises



Figure 2 Dr. Che Chung Luk (middle) and AME editors (left and right).

to make until he overcame this emotional hurdle by slowly adapting to the mindset of hospital management, which is all about seeing the picture as a whole but not focusing on certain individuals. This mindset of hospital management gradually equipped him with a solid managing mentality and assisted him massively in his later career.

The daily routine of a CCE

To get everything in control is highly improbable, especially when you are the HCE who manages not just one, but also manages several public hospitals. Needless to say, we are all only humans and we have limited time. Being a CCE, time management is the key to manage and entail onerous administrative work in everyday routine. How does Dr. Luk make use of his time to arrange his daily work? Generally speaking, his job of nature can basically be divided into three main categories, including “Meetings”, “Engagement” and “Communication”.

“I know many people. I used to say that meetings are the most expensive activities because you have got to gather people around,” said Dr. Luk. On every Monday afternoon, the hospital management committee will hold a meeting. The attendees are basically the senior executives of the hospital, who’ll put forward ideas and problems, and try to look for a solution. *“In the public sector, we are not making a profit. Our main aim is to provide the best healthcare services to Hong Kong people. And sustainability is a key consideration”* In the public sector, healthcare or hospital services are basically free in Hong Kong. *“There are more than 90 percent of patients of Hong Kong came to us. We can waive the hospital fee as well. In reality, almost 20–30 percent of them do not have to pay at all,”* said Dr. Luk, who pointed out the greater significance

of engaging stakeholder in the public sector, *“In the public sector, we simply have a social responsibility.”*

Staff empowerment: taking your staffs into considerations

Having a sense of social responsibility reminded Dr. Luk to always consider for his staffs, he felt that it is essential to emphasize the importance of his other two major duties: engagement and communication. *“We need our colleagues to engage and take pride in what they are doing,”* Dr. Luk stressed. Around 70 percent of hospital staffs are professionals, including doctors, nurses, allied health and pharmacy professionals. Every professional carries a distinct view of what they are trained for, and they do not have to necessarily agree with executives. But at the end of the day, we only need one view. Therefore, as a CCE, it is very important that we pay respect to them and communicate with them. *“To communicate with them properly, and, listen,”* said Dr. Luk.

Dr. Luk strongly believed that it is his job to make sure his professional staffs realize the meaning of their “profession” and their work. *“If a doctor is unhappy at work, it is for sure that the standard of care would not be satisfying.”* Given that the healthcare services nowadays have become much more complex, even an experienced specialist would not be able to complete the required treatment by oneself. Hence, they will need to rely on other colleagues. Nowadays, the spirit of teamwork is just as much valued as an individual’s expertise.

As we all know, meetings are inevitably one of the major job duties of the CCE. What we might not know is, other than regular meetings, there are numerous of unavoidable outside-the-office events for the CCE to attend too. Like most of us, Dr. Luk did not enjoy this kind of business functions too. However, he found value within “this big part of his job”. *“Through these functions and events, I can have direct communication with my colleagues and get to know them better. More importantly, I can have the chance to give them appreciation and recognition,”* said Dr. Luk. As the staff in the public sector is all getting paid on a point system, which implied that even Dr. Luk could not award anyone by freely raising his or her salary, Dr. Luk felt that there is certainly a need to praise his colleagues and staffs. *“During these functions, I will send out the messages to them that I treasure their work.”* That’s how Dr. Luk found the “value” within these unavoidable business functions.

In addition, attending these functions further helps Dr.

Luk to establish a social network with other stakeholders like non-governmental organizations and District Councils. For instance, he went to the Peak once for a walkathon organized by the liver transplantation group and showed his support for the recovered patients. *“I wish to do more public good,”* On a positive note, Dr. Luk found these events meaningful: the more supports he gave out, more people would be touched someday.

Authority delegation: streamlining the decision-making process

At this point, we might wonder, while managing one single hospital affairs can be a challenge, how does a CCE manage to control and entail daily hospital operations in not just one, but several public hospitals at the same time? Dr. Luk smiled and gave us a rather straight-forwarded answer to the question, *“What I have been doing is trying to streamline the decision-making process, and develop a system, so that we do not need to waste time on unimportant matters.”*

We are always taught to face the problem and tackle it directly, sometimes we might forget that we can indeed simply try to prevent it from happening in the first place. Dr. Luk reassured his work principle by giving an example. *“We have to get ourselves prepared before the meetings. If everyone does not know anything beforehand, it’s simply time-consuming.”* I think all of us can be related to this situation at least once in life where someone attended the meeting and totally unprepared for it. From the perspective of a CCE, trying to improve efficiency during the meetings is always the primary mission, yet this mission would not be accomplished if a single member did not want to cooperate. Therefore, all we need is to develop and improve the operating system, the lesser the unnecessary distraction of a “management overhead”, the higher the efficiency of work is resulted.

To be the top layer of the management structure, the only judge that the public truly cares is whether you have done a good job in managing hospital affairs. If we are to say that managing people is the main task of a CCE, then trusting people would certainly be a sufficient supporting factor to define what is regarded as a “good management”. *“We should let the frontline supervisors from every layer make decisions rather than the top layer leaders deciding everything. Because I believe that they know what’s the best for the hospital and the patients,”* Dr. Luk assured. Despite the risk of trusting his staffs entirely, Dr. Luk has a strong faith in his staffs.

Actions speak louder than words. Not only did Dr. Luk speak out about how much he trusted his staffs, he

also acted on it by delegating his authority to his staffs, and not by entitling responsibility to them. *“Only the frontline staffs know the real situation,”* Dr. Luk said firmly. Therefore, he is convinced that his staffs can make correct and timely decisions to solve many problems in the hospital. Furthermore, the hospitals have developed a mature monitoring system over the years to close the accountability loop. It’s all about staff empowerment and effective management.

Maintaining the hospital standard: optimising demand management and improving service development

Being the CCE of HKWC, one of the biggest challenges is to deal with the capacity of space. *“Every year, especially when there is a flu season, we are drowned with patients,”* said Dr. Luk. The demand for services and spaces has been surging. According to an annual report of HKWC in 2018, more than thirty hundred thousand patients had utilized HKWC’s services. To meet with the surging demand, QMH has been supplementing many of the quaternary and tertiary services for all Hong Kong patients, such as cardiothoracic surgery, plastic and reconstructive surgery and organ transplant services, which are provided together with a fair amount of floor spaces.

On the other hand, HKWC has embarked on the project of redeveloping QMH since 2012 to cope with constraints in physical space. Being a teaching hospital for the Li Ka Shing Faculty of Medicine of the University of Hong Kong (HKU), QMH further enhanced its role as a premier teaching hospital of the Li Ka Shing Faculty of Medicine of HKU and led the progress of service developing within the whole of the West Cluster towards integrated care, whilst providing the much-needed additional space for enhancing the service development.

To improve the service quality, we need sufficient budgets to sustain our quality of services. HKWC consists of seven public hospitals, a rehabilitation center, and six general outpatient clinics to provide public healthcare services for the population of the Central and Western, and Southern Districts of Hong Kong. Sustainably, the majority of the budget is coming from the taxpayers. It is to be estimated that HKWC is taking about one-seven out of the Hospital Authority’s budget each year. Dr. Luk remained confident when asked about the hospital management level of public hospitals in Hong Kong. He reckoned the standard of public hospitals in Hong Kong is relatively high when

compared to other countries worldwide, which was usually being commented as “world class” by the external parties. What he was devoted to doing now is to remain the high standard of hospital management.

“Hospital management is people management”

Another biggest challenge comes with the “People management”. How do we engage with the doctors and let them take pride in their work? This is a question the CCE frequently asking himself. As we know, doctors can earn a lot more money working in the private sector than in the public hospitals. Dr. Luk has figured the answer: maintaining the high standard of medical services. “I always believe in training, service development and power.”

According to a clinical services plan of HKWC published in 2013, the cluster management has been engaging in a number of service re-organization plans to promote integrated, high-quality patient-centered care across the west cluster hospitals. Through generating more highly sustainable medical services to the patients and initiating a re-development project of the cluster hospital, it will definitely be a lucrative package to the doctors who wished to stay working in a public hospital that they can take pride in.

The need for cross-district cooperation

HKWC hospitals are characterized by a diverse spectrum of parent organizations, which carried with them traditional and working cultural differences. Regardless of the differences, cross-district cooperation is needed from time to time such as pathology test or intensive care. To simply put, hospital A may have some spare beds, while the hospitals B and C are already full house. There is a comprehensive mechanism for transferring patients and manpower deployment to cope with the service needs.

Apart from allocating manpower resources across the west cluster hospitals, a CCE needs to control the budget by allocating governmental funding properly. Problems are easily noticeable when you are showing up unannounced and walking through the wards all by yourself. Dr. Luk elaborated, “*If you are looking for the problems, you should go to the wards and ask the frontline staffs straightly. This is where the money should be used.*”

Contingency planning on intensive care

For Hong Kong people, we have all been gone through

a phase where we had to face an outbreak of large-scale contagious diseases like severe acute respiratory syndrome (SARS) and H5N1 (influenza A virus subtype H5N1). HKWC has a structured contingency plan in place. “*One lesson we have learnt is that no matter how good the plan is, we still need to act fast by having high-level command and control.*” Dr. Luk recalled of the days battling the SARS. “*Once the situation has reached to a certain high alert level, we need to react immediately by activating the command center.*”

Key to success: when there’s a will, there’s a way

“*You have to love what you are doing, this is really important,*” said Dr. Luk. He reminded us that the attitude should be the highest regarded drive if you want to achieve. If you have the passion for your work, skills and knowledge will follow. Let us take being a doctor as an example, the skills and knowledge can be obtained through studying and continuous practices, provided that he or she loves treating patients. “*I always believe that in the setting of a healthcare system, the most crucial driver is the satisfaction arisen from seeing the patients benefited from the treatment. Nothing else is more important than this,*” he added.

Many people might simply look for a job because they have to make a living. Dr. Luk saw this differently. “*Don’t look at it as a job. Try to find the meaning of the work,*” he stressed. Even for a CCE like Dr. Luk, he could not even imagine how much and in what ways he has impacted the public. He calmly encouraged us to always maintain our faith in work: you will get good results someday from sowing the good seeds.

Advice to the youth

Dr. Luk concluded by giving a piece of advice to the younger physicians, that is, to remember why you choose this profession. Are you prepared using the rest of your life to be a doctor? What professional life goal you really want to have? “*If you really love helping patients, then, always remember the value within, and do not be easily disturbed by the difficulty you encounter,*” said Dr. Luk.

Introduction of Dr. Luk Che Chung

Dr. Luk is currently the Cluster Head and the CCE of HKWC Hospital, Hong Kong Hospital Authority. He is also at present the HCE of QMH and Tsan Yuk Hospital. Since 1999, he started to work his way up to the HCE

who managed five different public hospitals under the administration of Hong Kong Hospital Authority at various times.

In his current role, Dr. Luk initiated the Patient Focus Group and set up the Hospital Information Advisory Committee to collect suggestions from patients and the community for improving hospital services. Being a healthcare executive in the public sector for almost twenty years, and accountable for managing a recurrent budget of HK\$6 billion and 8,000 staff members in the cluster hospitals, Dr. Luk made decisions on facility planning, coordinating the annual planning of its overall operation services, the development of clinical specialty services, and hospital quality management.

Introduction of HKWC Hospitals

HKWC is one of the seven hospital clusters managed by the Hong Kong Hospital Authority in Hong Kong. It comprises seven public hospitals including QMH, Tung Wah Hospital (TWH), Grantham Hospital (GH), The Duchess of Kent Children's Hospital at Sandy Bay (DKCH), TWGHs Fung Yiu King Hospital (FYKH), MacLehose Medical Rehabilitation Centre (MMRC) and Tsan Yuk Hospital (TYH). Tertiary and quaternary services of HKWC are provided to the entire population of Hong Kong by a team of healthcare professionals with a commitment of whole-person caring. Through cross-districts engagement and communication, the standard of service quality of HKWC is regarded as high to the local community in Hong Kong.

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Footnote

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