From Pok Fu Lam to Hong Shu Lin

I recently had an opportunity to visit the University of Hong Kong-Shenzhen Hospital for the first time.

Like many in Hong Kong, I had heard of the hospital when it started five years ago, but the news was mostly negative: that it was losing money; that bringing in Hong Kong style of hospital management and patient interaction would not work in the mainland; that it was difficult to recruit management and staff; that governance within the mainland system is challenging and so on.

So I was curious to see how the hospital was faring. Travelling to the hospital in Shenzhen, I could not be easier — it only took us less than an hour from Central.

The hospital is much bigger than I had expected, with a goal to host 2,000 beds and serve up to 8,000 patients per day by 2020 (Queen Mary Hospital in Hong Kong has 1,698 beds).

Shenzhen patients are accustomed to demanding intravenous drips for the most minor illnesses, and the hospital is seeking to eradicate this practice together with antibiotics abuse by promoting world-class clinical pharmacy services.

It is also progressing fast with automation and electronic payment; the average waiting time to pick up a prescription is 12 minutes, which is much faster than in Hong Kong. The goal is zero waiting time.

Lo presented an interesting slide comparing different attributes of hospitals in Hong Kong vs the mainland — eg capitalism vs socialism, centrally driven vs market driven, fixed funding vs self-sufficient, fixed salary vs merit/bonus, etc.

An uninformed reader can mistakenly identify the mainland attributes as those belonging to Hong Kong! I see that the hospital has already made much progress towards its goal and vision of transplanting Hong Kong medical practice to improve that in Shenzhen, and by extension, the mainland.

But I also see many benefits for Hong Kong, which may not be obvious at first.

One is Shenzhen hospitals would become real alternatives for Hong Kong patients, especially the elderly who cross the border regularly and who can use the new health-care voucher.

Another goldmine for Hong Kong is the many more disease cases in Shenzhen compared to Hong Kong, which who should benefit the training of Hong Kong doctors, as well as in research for such diseases.

I have to admire what Lo and the hospital have been doing.

It is difficult enough to build a new hospital in any location, but it is even more difficult to build one where regulations and patient culture are so different.

The hospital’s quest, if successful, will create a win-win for Hong Kong and Shenzhen.

Such efforts will not be possible without dedicated and experienced people like Lo and the team of doctors and other staff he has managed to recruit from overseas, many of whom are Hong Kongers attracted by the unique opportunity presented by the hospital, and who gave up stable and well-paying jobs to join.

The story reminds me of the founding of HKUST. A grand vision is often more important than salaries in attracting certain kinds of talent.