HOSPITAL PROCESS MANAGEMENT -- HOW EVANGEL HOSPITAL PUT THE VOICE OF STAKEHOLDERS AT THE CORE OF HEALTHCARE PROCESS REENGINEERING (HCPR)

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ABSTRACT

Various researches indicated that loyalty to brands decreased nowadays, and private healthcare setting was no exception to this trend. When a patient encountered inconvenient accessibility and poor experience, they would no doubt, switched to another service provider instantly. Quality of service is intangible and difficult to be measured but clients can quantify how long it took for them to get an appointment, how long they waited for the consultation and treatment and the extent to which they felt listened to by the healthcare professionals. In the context of stakeholder management within business process management, particularly in healthcare, the journey of a hospital that emphasizes the voice of stakeholders during healthcare process reengineering can be understood through several key themes derived from recent literature. The application of healthcare process reengineering at HKU-SZH demonstrates the potential for hospitals in Hong Kong to enhance service delivery and patient satisfaction through structured methodologies and stakeholder engagement. By focusing on critical factors such as waiting times and service quality, healthcare institutions can better meet the needs of their patients.

Stakeholder analysis was conducted to identify and understand all the individuals and groups who have vested interest and power in the HK Evangel Hospital (EH). The analysis helped to provide answers to the questions, 'Who matters to the Hospital?' and 'Why do they matter?' No similar stakeholder analysis was conducted in EH until 2022 and a three-step tool kit was adopted, which involved: identifying stakeholders, determining their power and interest and developing plans to engage the key stakeholders.

To summarize, whether one take into account of the voice of the stakeholders in the business process management determines its success. EH paid lots of efforts to engage our stakeholders in reviewing the improvement needs of the hospital and the successful launch of the programs to bridge the service gaps can help EH to work smart by reducing wastage and service provided is truly valuable as regarded by our stakeholders.

1. INTRODUCTION

All along, Evangel Hospital ("EH") adopts various Continuous Quality Improvement ("CQI") methodologies like Lean Six Sigma and the Plan-Do-Study-Act cycle in its daily activities. The experience indicated that voice of the stakeholders somehow defines the scope of the improvement measures as well as the priority of its implementation. Engaging stakeholder in the CQI processes can cultivate trust and confidence, mitigate risk involved, foster a sense of ownership and most importantly, gather appropriate information to ensure the alignment of community needs and organization goals. To put it in a quality framework, this practice adds values to the organization, stakeholders and community. This paper aimed at deliberating the experience of EH in enhancing its service quality through listening to and acting upon the voices of its major stakeholders.

2. LITERATURE REVIEW

2.1. The International Scenario

Various researches indicated that loyalty to brands decreased nowadays, and private healthcare setting was no exception to this trend. When a patient encountered inconvenient accessibility and poor experience, they would no doubt, switched to another service provider instantly (McKeever, accessed: 12/2024). Quality of service is intangible and difficult to be measured but clients can quantify how long it took for them to get an appointment, how long they waited for the consultation and treatment and the extent to which they felt listened to by the healthcare professionals. It was no surprise that the patient experience is a strategic imperative among 90% of healthcare executives, figures was based on the benchmarking study of APQC/Gelb/Beryl. In the era of digitalization, mobility, globalization, growing awareness of stakeholder-held possibilities and impact they have on organizations make it even more important for evaluating the satisfaction level of the stakeholders. Conducting such evaluation, together with a systemic launch of quality improvement programs to address stakeholders' concerns enable an organization to achieve a specific market position as well as an enhanced level of competitiveness (Olkiewicz, 2020). Therefore, structural ways to collect feedback of key stakeholders had already been developed, promoted and flourished in the overseas healthcare settings and EH rides on this trend and develops its own stakeholder management practices a few years ago.

To put it simply, stakeholders are individuals or teams that affect the operation and development of an organization or are subject to its impact (M. Olkiewicz, 2020). Stakeholders can be categorized in different ways. One may classify them to primary stakeholders (having direct impact on the organization's activity, e.g. owners, tenants, clients) and secondary stakeholders (having an impact on the main stakeholders' actions through the formation of public opinion) (Dabrowski, 2010). Another way is to categorize them to internal stakeholders (essential to the proper functioning and development of an organization, e.g. employees, Board members, volunteers) and external stakeholders (will only indirectly affect an organization, e.g. patients, insurance companies, pharmaceutical and medical equipment companies) (Werther, and Chandler, 2011).

According to the 'Guidelines for Stakeholder Engagement in Health Technology Assessment in Ireland, Health Information and Quality Authority', stakeholder engagement is an iterative process of actively soliciting the knowledge, experience, judgement and values of individuals selected to represent a broad range of direct interests in a particular issue. Stakeholder engagement is in place to create a shared understanding and generate relevant, transparent and effective advice through a process which stressed on inclusiveness, transparency, commitment, accessibility, accountability, responsiveness and willingness to learn. Effective stakeholder management enables an organization to take advantage to foster an environment that promotes improvement and innovation and also guarantee the achievement of an appropriate level of quality as the whole mechanism forces incumbents to enact pro-quality measures, which in turn increases an organization's effectiveness, efficiency and competitiveness.

Thus, an organization is strongly encouraged to carry out intensive activities to identify the needs and expectations of stakeholders. But to kick off the whole process, major stakeholders must be identified and classified in appropriate categories, in accordance with their interest, influences and concerns (Christine Crowe, 2023). This helps ensure that financial resources are allocated appropriately according to the importance of each category. A thorough stakeholder analysis facilitates better communication, discussion and negotiation. Understanding the stakeholders' realities, needs and fears allows an organization to adapt an approach for engaging with them more effectively. Effective stakeholder engagement must be maintained through regular mapping of stakeholders, surveys and feedback sessions, ongoing communication, inclusive engagement in strategic planning, training and involvement, etc. However, engaging stakeholders in an organization is not without its challenges, which in general, involve conflicting interest, communication breakdown, resource limitation, or resistance to change that an organization shall deal with. The followings described the journey that EH took to maintain an effective stakeholder engagement in the past 2 years.

In the context of stakeholder management within business process management, particularly in healthcare, the journey of a hospital that emphasizes the voice of stakeholders during healthcare process reengineering can be understood through several key themes derived from recent literature.

2.1.1. Importance of Stakeholder Engagement

1. **Definition and Relevance**: Stakeholder engagement is increasingly recognized as essential for effective management in healthcare settings. It involves actively involving patients, families, and other stakeholders in decision-making processes, which can lead to improved healthcare outcomes and service delivery (Pandi-Perumal, 2015).
2. **Framework for Engagement**: A conceptual framework for stakeholder management in clinical research highlights the necessity of incorporating stakeholder feedback to address social, environmental, and ethical implications of healthcare practices.

This framework suggests that stakeholder involvement is not only an ethical obligation but also enhances organizational effectiveness (Pandi-Perumal, 2015).

3. **Benefits of Stakeholder Participation**: Engaging stakeholders can lead to better alignment of healthcare services with community needs, ultimately driving sustainability and improving the quality of care. Stakeholders can provide valuable insights that help shape healthcare policies and practices (Merner, et.al, 2023).

2.1.2. Challenges in Stakeholder Engagement

1. **Power Dynamics**: One of the significant challenges in stakeholder partnerships is the power imbalance between health providers and consumers. This can limit the effectiveness of stakeholder engagement, as consumers may feel their input is undervalued or that they lack decision-making power (Merner, et.al, 2023).
2. **Complexity of Healthcare Environments**: Hospitals operate in complex environments influenced by various regulations and stakeholder expectations. Effective stakeholder management requires navigating these complexities while ensuring that diverse stakeholder interests are considered (Ramachandran, 2019).

2.1.3. Best Practices for Effective Stakeholder Engagement

1. **Building Trust**: Establishing trust is crucial for successful stakeholder management. Organizations must foster a culture of transparency and mutual respect to encourage stakeholder participation (Ramachandran, 2019).
2. **Continuous Communication**: Maintaining open lines of communication with stakeholders throughout the healthcare process is vital. This includes regular updates and opportunities for stakeholders to provide feedback (Pandi-Perumal, 2015).
3. **Structured Engagement Processes**: Implementing structured processes for stakeholder engagement, such as focus groups or advisory panels, can facilitate meaningful participation and ensure that diverse perspectives are included in decision-making (Merner, et.al, 2023).

2.2. The HKSAR Scenario

2.2.1. Key Findings from the HK University – ShenZhen Hospital (HKU-SZH)'s Application of Health-Care Process Reengineering (HCPR)

1. **Outpatient Appointment System**: HKU-SZH was the first hospital in the region to implement an outpatient appointment registration system. This initiative aimed to streamline the patient flow and reduce waiting times, which are critical factors influencing patient satisfaction (Chen, et.al, 2023).
2. **Business Process Improvement (BPI) Theory**: The hospital utilized BPI theory to analyze and improve its outpatient processes. This involved identifying inefficiencies and weaknesses through quantitative analysis, including surveys to gather patient feedback (Chen, et.al, 2023) & (Yip, et.al, 2014).
3. **Factors Influencing Patient Satisfaction**: The study conducted at HKU-SZH identified several key factors that significantly impact patient satisfaction, including service attitude, service value, and waiting time. By focusing on these areas, the hospital aimed to enhance the overall patient experience (Chen, et.al, 2023) & (Yip, et.al, 2014).
4. **Quantitative Analysis and Structural Equation Modeling**: A structural equation model was established to quantitatively assess the outpatient process and measure improvements in patient satisfaction. This scientific approach allowed the hospital to set clear optimization goals and track progress effectively (Chen, et.al, 2023).

5. **Methodology for Other Hospitals**: The methodologies developed through HKU-SZH's experience are expected to serve as a reference for other hospitals looking to improve their operational and management practices. The findings suggest that a systematic approach to process reengineering can lead to significant improvements in healthcare delivery (Chen, et.al, 2023) & (Yip, et.al, 2014).

The application of healthcare process reengineering at HKU-SZH demonstrates the potential for hospitals in Hong Kong to enhance service delivery and patient satisfaction through structured methodologies and stakeholder engagement. By focusing on critical factors such as waiting times and service quality, healthcare institutions can better meet the needs of their patients.

2.2.2. Key Aspects of Applying the Voice of Stakeholders

In recent years, hospitals in Hong Kong have increasingly recognized the importance of incorporating the voice of stakeholders into their healthcare processes. This approach is particularly evident in the context of healthcare process reengineering, where stakeholder feedback is utilized to enhance service delivery and patient satisfaction.

1. **Stakeholder Engagement**: Engaging stakeholders, including patients, healthcare providers, and administrative staff, is crucial for understanding their needs and expectations. This engagement helps hospitals tailor their services to better meet community demands.

2. **Implementation of Feedback Mechanisms**: Hospitals have developed structured feedback mechanisms, such as surveys and focus groups, to gather insights from stakeholders. This information is vital for identifying areas for improvement in healthcare delivery.

3. **Impact on Patient Care**: By prioritizing stakeholder voices, hospitals can improve patient care outcomes. For instance, feedback on discharge processes has led to the development of systems that provide clearer medication instructions and follow-up care information, addressing common concerns among patients (Wang et.al, 2024).

4. **Collaborative Approach**: The collaborative involvement of stakeholders in decision-making processes fosters a sense of ownership and accountability. This approach not only enhances the quality of care but also builds trust between healthcare providers and patients.

5. **Continuous Improvement**: The integration of stakeholder feedback into healthcare processes supports a culture of continuous improvement. Hospitals can adapt their practices based on real-time feedback, ensuring that they remain responsive to the evolving needs of their patients and the community.

3. THE EH JOURNEY OF HEALTHCARE PROCESS REENGINEERING

3.1. Stakeholder Analysis

Stakeholder analysis was conducted to identify and understand all the individuals and groups who have vested interest and power in EH. The analysis helped to provide answers to the questions, 'Who matters to the Hospital?' and 'Why do they matter?' No similar stakeholder analysis was conducted in EH until 2022 and a three-step tool kit was adopted, which involved: identifying stakeholders, determining their power and interest and developing plans to engage the key stakeholders.

To identify EH's stakeholders, i.e. the first step, a brainstorming session was conducted to list out the stakeholders of EH. Eventually, three types of internal stakeholders and 23 types of external stakeholders were identified.

After that, a basic analysis was conducted to clarify the relevance of each stakeholder and prioritize them according to their level of importance. Board Directors, Advisors, Senior Management and Department In-charges of EH were invited to weigh each stakeholder based on the perceived interest and power. Interest represented the stakeholders' interest and likely concerns in EH and power represented their power to influence the decision and operations of EH. After calculating the weight of each stakeholder, EH got a sound basis for allocating resources to cater for the needs and demands of different stakeholders based on their interest-power dichotomy. The results were listed out:

	Stakeholder	Aggregate Score	
		Interest	Power
1	Staff	181	170
2	Major Visiting Healthcare Professionals	179	137
3	Other Visiting Healthcare Professionals	154	115
4	Major Governmental Regulators	163	187
5	Other Regulators	140	157
6	External Auditor	128	147
7	Governing Bodies of EFCC	149	156
8	EFCC Related Associates	127	118
9	Quality Assurance Parties	145	154
10	Healthcare Collaborators	144	138
11	Competitors	132	130
12	Patients/Carers	178	169
13	Donors (Individual/Companies/Institutions)	158	153
14	Donors (Charitable Fund)	153	153
15	Neighbourhood	131	119
16	Church/Chaplaincy Networks	138	124
17	Redevelopment Consultants	129	123
18	Major Suppliers/Contractors/Service Providers	147	130
19	Other Suppliers/Contractors/Service Providers	123	106
20	Community Leaders/Media/Interest Groups	133	138
21	Tenant Relationship	121	108
22	Collaborators from the Tertiary Institutions	159	101
23	Insurance Agencies	131	121
24	Collaborators from the Insurance Field	121	115
25	Banks	119	115
26	Banking Collaborators	117	110

The score was calculated as: number of return x score of the Likert 5-Point Scale:

Very Low: 1

Low: 2

Neutral: 3

High: 4

Very High: 5

Thus, the highest score was 5 x 40 =__200__

The power and interest grid were also plotted for visual clarity.

#	Stakeholder
1	Staff
2	Major Visiting Healthcare Professionals
3	Other Visiting Healthcare Professionals
4	Major Governmental Regulators
5	Other Regulators
6	External Auditor
7	Governing Bodies of EFCC
8	EFCC Related Associates
9	Quality Assurance Parties
10	Healthcare Collaborators
11	Competitors
12	Patients/Carers
13	Donors (Individual/Companies/ Institutions)
14	Donors (Charitable Fund)
15	Neighborhood
16	Church/Chaplaincy Networks
17	Redevelopment Consultants
18	Major Suppliers/Contractors/ Service Providers
19	Other Suppliers/Contractors/ Service Providers
20	Community Leaders/Media/ Interest Groups
21	Tenant Relationship
22	Collaborators from the Tertiary Institutions
23	Insurance Agencies
24	Collaborators from the Insurance Field
25	Banks
26	Banking Collaborators

Power/Interest Grid

After obtaining the data, a stakeholder engagement and communication plan was developed. According to the power and interest grid, all identified stakeholders were categorized into 4 groups:

Group-1: High Power + High Interest = Manage Closely

They are the most important stakeholders and EH should make it as a top priority to support their desires.

Group-2: High Power + Low Interest = Keep Satisfied

Due to their level of influence, these stakeholders required EH to put in enough effort to keep them content, but since they do not have a strong interest in EH, EH is not required to go above and beyond to please them.

Group-3: Low Power + High Interest = Keep Informed

Maintain a constant flow of information so this group of stakeholders are in the loop and feel heard. While they may not have enough power to boost or derail the operation of EH significantly, they can contribute excellent knowledge to our cause

Group-4: Low Power + Low Interest = Monitor

These are the least influential stakeholders, and they typically required the least attention

The Hospital Management studied the results and acted proactively in assessing and managing the stakeholders for allocating resources strategically.

3.2. Stakeholder Engagement Plan and the Outcomes

EH adopted the following principles of engagement: transparent, inclusive, timely, respect, effective and appropriate. Besides, the five levels of engagement proposed by The International Association for Public Participation (IAP2) and World Health Organization (WHO), namely inform, consult, involve, collaborate and empower (in the order to increasing participation), was applied in developing the engagement plan. The engagement plan developed for the group categorized as "manage closely' was listed below:

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	Stakeholder	Subject Officer	Engagement Goal	Actions	Performance Measures
Manage Closely					
	Staff	General Manager	**Collaborate** Maximize performance and professional development	• Meetings (with staff rep – 3 times/year, with IC – once/month) • Rounds (twice/year) • Letter and memo • Policies • Website • Staff suggestion boxes • Staff opinion survey (once every 2 years) • staff forum	• Better scores in Staff Opinion Survey • Turnover rate decrease • Sick leave decrease • No. of staff complaint decrease
	Major Visiting Healthcare Professionals	Head of Nursing & Hospital Superintendent	**Collaborate** Listen and engage to identify areas to improve our service. Support and execute feasible options	Schedule personal meetings at least yearly. Letters to update progress in the hospital. Create a list of concern. Manage and Review yearly	Improve their utilization rate
	Major Governmental Regulators	Hospital Superintendent	Fulfil government requirements and ensure our direction is in line with Government Health Care Planning. Comply with Ordinances	Prepare all departments to be ready for DH visits and immediate rectification of their concern. Ensure our practices aligned with other Government regulations	Fulfillment of all government criteria.
	Governing Bodies of EFCC	General Manager	**Collaborate** • Instill confidence in our capacity to deliver • Provide update delivery of programs and services • Solicit strategic input and direction on development issues	• Ex-officio member nominated by Executive Committee of EFCC participates in the Board meeting • Attending AGM of the Association of Evangelical Free Churches of HK • Face to face meeting • Presentation • Regular reports • Articles submission to EFCC newsletter • Invite to major hospital functions	Address EFCC concerns in major hospital issues, especially on hospital development
	Quality Assurance Parties	Hospital Superintendent	ACHS assessment	Empower all departments to prepare for ACHS	ACHS Accreditation
	Healthcare Collaborators	Hospital Superintendent	Achieve the purpose and goals of our collaborators. Provide adequate service to support our collaborators	Regular monitoring and receiving collaborators feedback to improve our service. Yearly communicate channel and review	Achieve goals and practices laid down in our contract.

Patients/ Carers	Head of Nursing	Continuously update, engage, collect feedback from them	Formal & informal discussion & update via face-to-face, telephone, social media, SMS, poster, website, Patient Support Group, Service Feedback Form, Opinion Survey, etc.	• Higher scores of Patient Opinion Survey • Positive Feedback from patients and carers • Better words of mouth
Donors (Individual/ Companies/ Institutions)	General Manager	**Collaborate** • Achieve the expectation and mission goal of donors • Develop programs and services through co-design and co-fund	• Proper documentation & acknowledgement • Regular report of the related activities to prove their contribution benefitted the right party and for the right purpose • Enhance rapport through festive greetings • Regular update of Hospital Development • Invite to major hospital functions	• Continuous support from existing donors • More new donors identified
Donors (Charitable Fund)	General Manager	**Collaborate** Develop programs and services through co-design and co-fund	• Proper documentation and acknowledgement • Presentation • Regular report of the utilization of the donation fund • Annual update of Hospital Development • Invite to major hospital functions	Submit application in accordance with the Shopping List

This paper will only focus on a handful of the improvement measures implemented for the stakeholder groups categorized under "manage closely" namely, patients, major visiting healthcare professionals and EH's parent organization, in which the effects for the outcomes should be the most significant.

One of the key stakeholders for a hospital is of course, patients, in which the hospital is established to care for and provide value-added services to them. Similar to other private hospitals, in the past years, various measures had been implemented in EH to collect patient feedback, including the provision of feedback form after a patient received the services. An electronic and simplified version was available to facilitate patients to input the comments directly into the system and the number of feedback received increased significant after such enhancement. Feedback collected would be reviewed by the management promptly for following up. Besides, all feedback received would be consolidated as an annual review upon financial year end for developing a service improvement plan for the next year. Besides, various client opinion surveys were also conducted in a regular manner, for example, survey for inpatient service, outpatient service, medical checkup service, health and service information provision, etc. All findings would be followed through diligently.

However, it was noted that all such measures were not direct enough and EH could not engage patients to collect their feedback on major patient-related issues. After a thorough discussion, a very important measure was introduced in 2023 for enhancing patient engagement.

Patient Advisory Group, which regarded as a formal Committee of the Hospital, was established, with a view to provide a sense of empowerment for the patients as a formal two-way communication platform was set up between the Hospital and patients. Group members were recruited openly to all registered patients of the Hospital that had used the EH service for at least once in the past three years. The targeted number of members shall not be less than four and each member shall serve for a term of 2 years to ensure the service continuity.   Terms of reference for the Group are listed below:

- act as a sounding board to provide feedback on patients' needs, concerns and interests and give constructive suggestions to the Hospital on its current services and facilities;
- review any feedback received about the services delivered by the Hospital with a view to initiate improvements (if any) to be made to those services;
- communicate information which may promote healthcare services and raise patient awareness on the range of services available at the Hospital:
- collect opinion on service development and provision where appropriate, while the final decisions on service delivery shall rest with the Hospital; and
- build a two-way communication and co-operation between the Hospital and patients and the wider community to the mutual benefit of all.

At least two meetings will be convened in a year.   Members will be exposed to various experiential sharing, for example, tasting food to be served to patients, and experiencing the functions of the hospital mobile application before its formal launch.   These exposures will not only enhance Group members' understanding of the hospital operation but also allow the Hospital to collect direct user feedback in a structural way. Recommended measures of the members can enhance the hospital service and define what types of improvement measures the Hospital shall focus on in the near future.

Two types of comments got the attention of Hospital Management during the process and both of them were related to waiting time, one was related to the long waiting time for radiologist report and the other one was related to long waiting time for the telephone calls to be received by the customer service assistant. It was revealed that both problems were related to recruitment difficulties of the related staff as well as some infrastructural issues that could not be easily rectified. Therefore, EH tried to search for some kind of advanced technology to help mitigating these problems.

Applying Artificial Intelligence (AI) is identified as one of the possible solutions. Integrating AI in reviewing diagnostic images is a worldwide trend, with various applications of AI tools across various imaging modalities, such as radiology, ultrasound, computed tomography, and magnetic resonance imaging. Benefits and challenges of integrating AI into clinical practice are being reviewed in a continuous manner. It was true that the waiting time might be reduced, especially for those images that had been identified with abnormal that should be handled with priority. However, accuracy of the training data, awareness of AI's limitation and the importance of maintaining human expertise in the decision-making process is being stressed throughout the process.

EH supported the view that Radiologists and AI developers must work together to enhance AI implementation for clinical practice judgement (Sanaz Katal, 2024) and AI shall be treated as a decision support tool instead of a complete replacement of clinical assessment. On the other hand, to handle the problem related to long waiting time for our staff to receive telephone calls, EH opened more platforms for our clients to lodge enquiries, including email, website but the problem still sustained. Formal opening of the WhatsApp Enquiry platform established when the hospital launched its mobile application in July 2024. Clients can choose to submit an enquiry via WhatsApp and our rule-based chatbot is found sufficient to answer most of the commonly asked questions and our e-Consultant developed for the mobile application also assist our clients to choose a physical examination plan that can suit their needs.

These additional features will reduce not only the number of calls but also extend our general enquiry service hours to a 24/7 manner. In fact, EH is on a trial to apply AI to refine the chatbot to in order to enhance its functionality and usages.

Another group of key stakeholders identified in this exercise was the visiting healthcare professionals. To enhance the communication with them, our Hospital Superintendent scheduled one-to-one personal meetings with those who provided sessional consultation at our specialist outpatient clinics in a yearly manner to reveal their major concerns. Their grievances in the difficulties in booking operating theatres in the hospital ranked first. Since then, various studies had been conducted, including a comprehensive review of the utilization of operating theatre and endoscopy rooms, in which the full capacity of the rooms vs the utilization rate was assessed. The figures indicated that the doctors could not book the rooms even though the facilities were not fully utilized.

Thus, the followings were launched to rectify the service gap: increased manpower for the service, reduced the overall cancellation rates, reduced the turnover time of each operation, improved booking mechanism and workflow through electronic means and assigned additional staff to manage the booking system. On the other hand, the doctors also reflected that they had difficulties in persuading their patients to undergo operations in a relatively small and not well-known hospital.   EH then tried lots of means, e.g. to promote through different channels and social medias, collaborate with different partners and organization, participate in various social activities, etc. in order to enhance its exposure and reputation.

Being a Christian Hospital set up by missionaries, EH is closely linked with its parent organization, i.e. Evangelical Free Church of China (EFCC). It was noted from the stakeholder analysis that EH seldom have formal dialogue with representatives of EFCC to seek its support as well as to improve the hospital service provided.   All along, a membership system is developed for providing discount to members of EFCC and its affiliated organizations, including their employees and church members and there was no review on such mechanism for a time. A face-to-face meeting with the representatives of EFCC was recommended under the engagement plan and such meeting was held in 2023. EFCC representatives reflected the clumsiness and complicated application procedures for being a member of EH, which deterred lots of eligible members from joining the scheme. EH studied the whole issue and determined for a change.

A revamped membership system was launched in July 2024 when the Hospital Mobile Application was launched. In the past, eligible members were required to submit various documents as well as to pay for an administrative fee in order to join the scheme and EH were required to verify the status of the applicant with the related EFCC organizations. The whole procedures took at least 2 working days to complete, with at least 5 parties to handle the >50 procedures.   However, with the launch of the revamped system, eligible members just took 2 minutes to complete the application process in their mobile phones and can enjoy the discount instantly. It is not a surprise that the membership number grew for more than 10% when the Mobile Application was launched for just 3 months.

Social Business Process Management ("BPM") plays a significant role in introducing transparency in an organization (Mathias Kirchmer, 2013) and EH put great efforts in promoting its service through the social media. EH utilizes YouTube to promote new services and deliver educational knowledge to replace the old ways of printing and distributing hundreds of posters and pamphlets. Social BPM can contribute to the governance of processes through a visible and effective communication system and play a critical part in introducing transparency through the use of social media tools to deliver process improvements and transparency in operating procedures. Facebook or WhatsApp are also useful as stakeholders can expand their networks via these means.

Members of the Patient Advisory Group would also be invited to share their positive stories with others in the future to enhance patient loyalty and such initiative can also motivate other patients to share the same.

4. THE WAY FORWARD

Stakeholder analysis and its engagement is a continuous process and EH just kicked off its second-round exercise and a more structural way to collect the information is adopted and the project is also linked up with our rebranding exercise. The two exercises combined can help to improve EH's reputation by revamping its culture through the process of changing its corporate image. EH engaged a branding and a research company to conduct a territory-wide survey aiming to collect 700 surveys from the public to check their brand perception on EH. Besides, focus group interviews would also be conducted for an in-depth understanding of the public on EH. Furthermore, two questionnaire surveys would also be conducted; one is for all visiting healthcare professionals to collect their views, which is the one and only survey conducted for this stakeholder group in the past 60 year. The other one related to EH staff, with a few indicative questions incorporated in the bi-annual staff opinion survey to tap their views. It is hoped that information collected will be treated as a baseline for EH to develop a service improvement plan which can serve our stakeholders much better.

5. CONCLUSIONS

Quality of service is intangible and difficult to be measured but clients can quantify how long it took for them to get an appointment, how long they waited for the consultation and treatment and the extent to which they felt listened to by the healthcare professionals. In the context of stakeholder management within business process management, particularly in healthcare, the journey of a hospital that emphasizes the voice of stakeholders during healthcare process reengineering can be understood through several key themes derived from recent literature.

Stakeholder analysis was conducted to identify and understand all the individuals and groups who have vested interest and power in the EH. The analysis helped to provide answers to the questions, 'Who matters to the Hospital?' and 'Why do they matter?' No similar stakeholder analysis was conducted in EH until 2022 and a three-step tool kit was adopted, which involved: identifying stakeholders, determining their power and interest and developing plans to engage the key stakeholders.

To summarize, whether one take into account of the voice of the stakeholders in the business process management determines its success. EH paid lots of efforts to engage our stakeholders in reviewing the improvement needs of the hospital and the success launch of the programs to bridge the service gaps can help EH to work smart by reducing wastage and service provided is truly valuable as regarded by our stakeholders.

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FUNDING DECLARATION

DECLARATION OF ConflictING Interest

The author declares NO conflict of interest. There are no other third parties in the design of the study, in the collection, analyses, or interpretation of data, in the writing of the manuscript, or in the decision to publish the results.

ACKNOWLEDGEMENTS

RESEARCH ETHICS APPROVAL

Ethical approval is not applicable to the current study, as the data collected are unanimous and the analysis is based on the summary statistical data only.