

Can eHealth Transform Healthcare in Hong Kong?

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DISRUPTION



UBER

淘宝网
Taobao.com

eHealth in the HA

The Ongoing Journey

- 1990 “Green fields”
- 1991 Patient administration + Departmental systems
- 1995 **Clinical Management System (CMS)**
- 2000 CMS Phase II
 - **Electronic Patient Record (ePR)**
- 2003 eSARS
- 2004 ePR Image Distribution
- 2006 PPI ePR sharing
- 2008 CMS Phase III
- 2009 **Filmless HA**
- 2010 **Inpatient MOE**
- 2016 **HK-wide eHR Sharing System**

CMS - AN ESSENTIAL CLINICAL TOOL

- ✱ 11M patients
- ✱ 380M episodes of care
- ✱ 2B laboratory results
- ✱ 423M radiology studies
- ✱ 723M drug items
- ✱ 14M transactions / day
- ✱ Sub-second response time
- ✱ 7x24 > 99.98% uptime since live run



End User Devices

*20,000 workstations
2,500 devices*

Applications

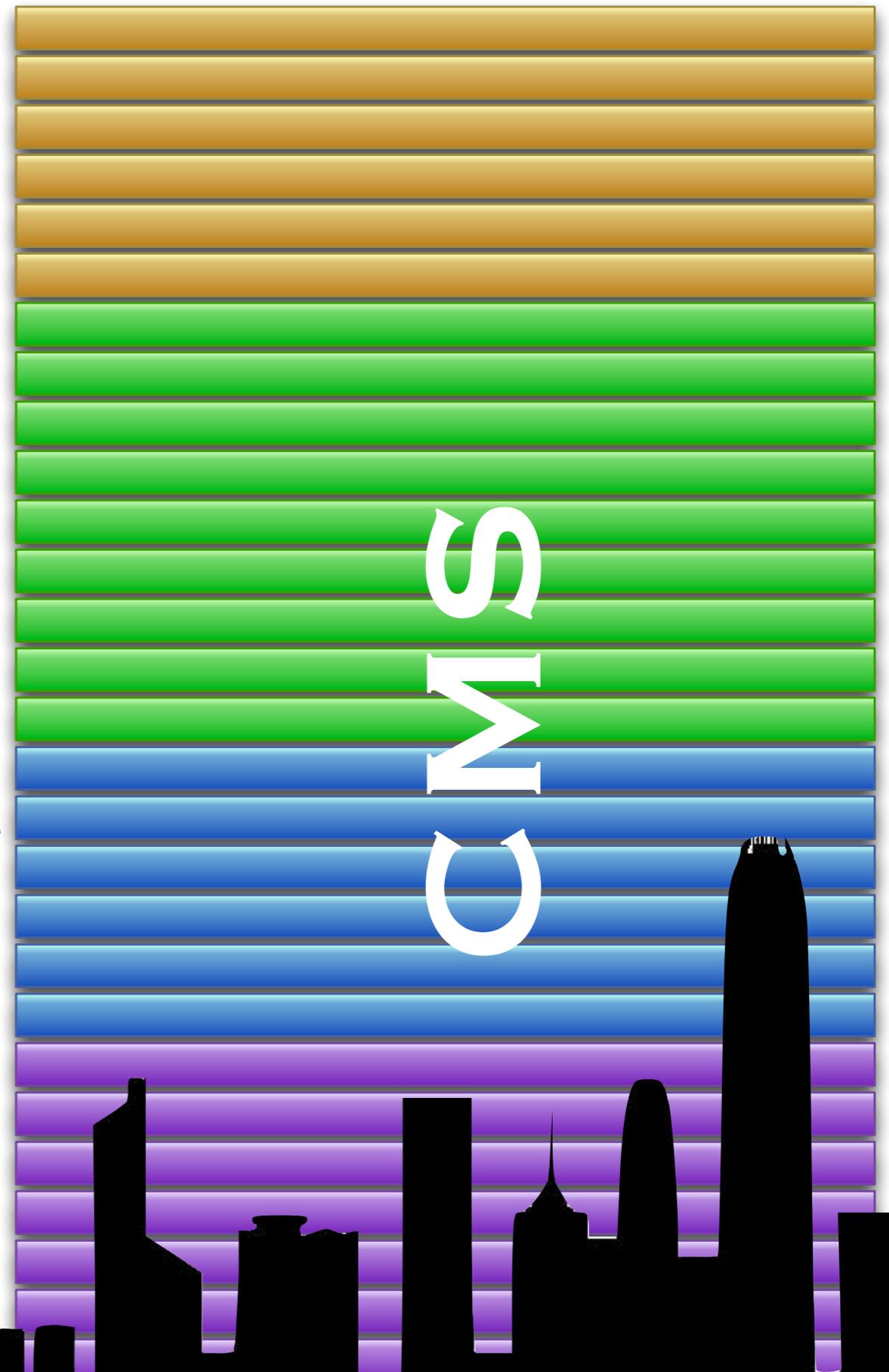
*110 applications
850 services
6000 datasets*

Servers

*1100 middleware servers
450 database servers*

Infrastructure

*5 data centres
Hong Kong wide
network*



HEALTH INFORMATICS IN HA

3 BASIC STEPS

Support the processes of care

- Enter once, use many
- Do the right thing
- Targeted clinical effort

Improve quality & safety

- Specific Q&S programs
- Measure & monitor
- Continuous improvement

Build the electronic patient record

- Comprehensive
- Standardized & structured
- Accessible

CMS EREFERRAL LETTER

***Mandatory field**

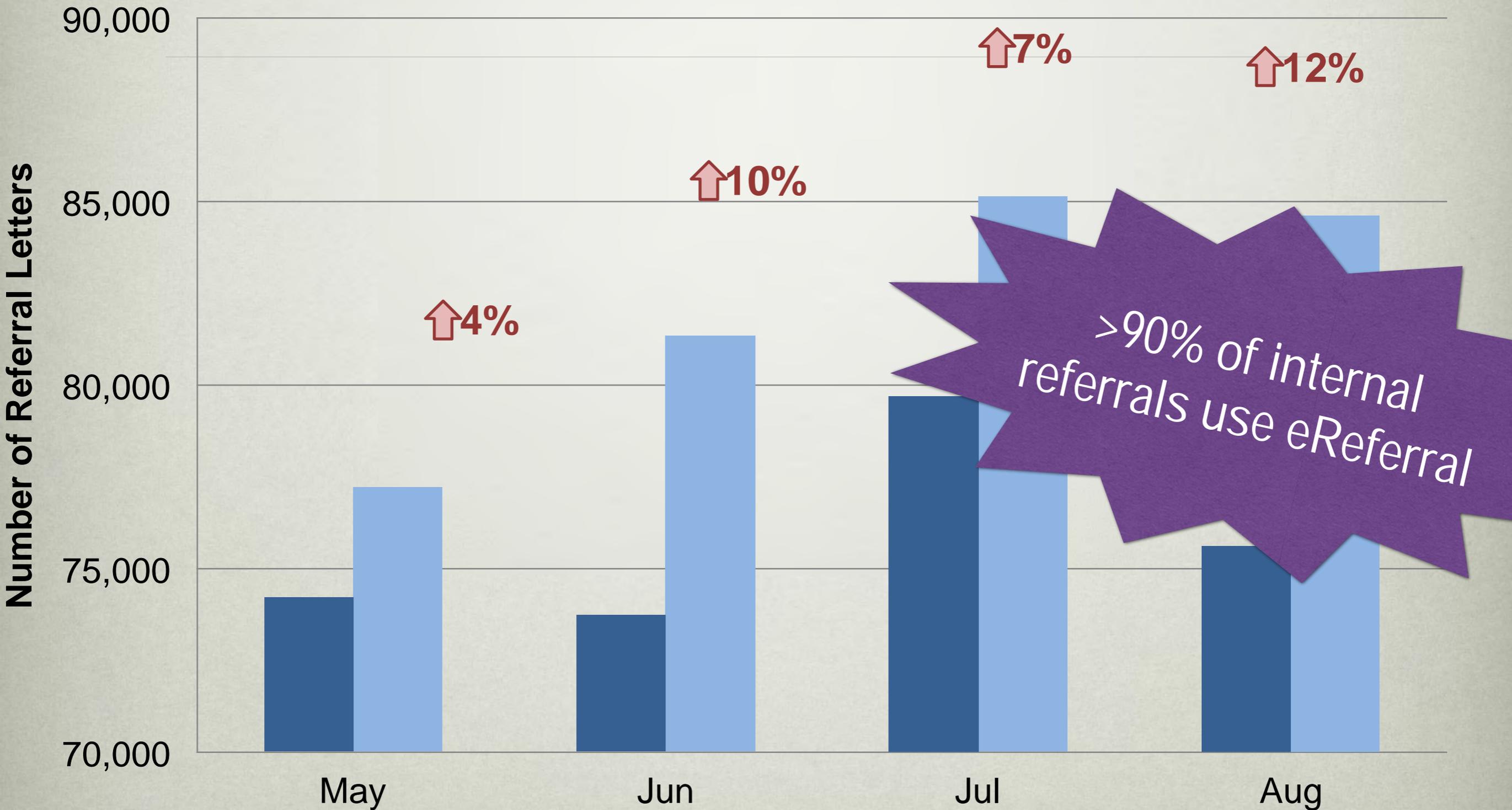
To	med	Address	+	
Atten	Department of Family Medicine			
Rea	Department of Medicine			
Spec	Department of Medicine & Geriatrics			
Rea	Department of Medicine & Therapeutics			
	Department of Paediatrics & Adolescent Medicine			
	General Out-patient Clinic			

For: Ward: 5A

Notify me for referral feedback

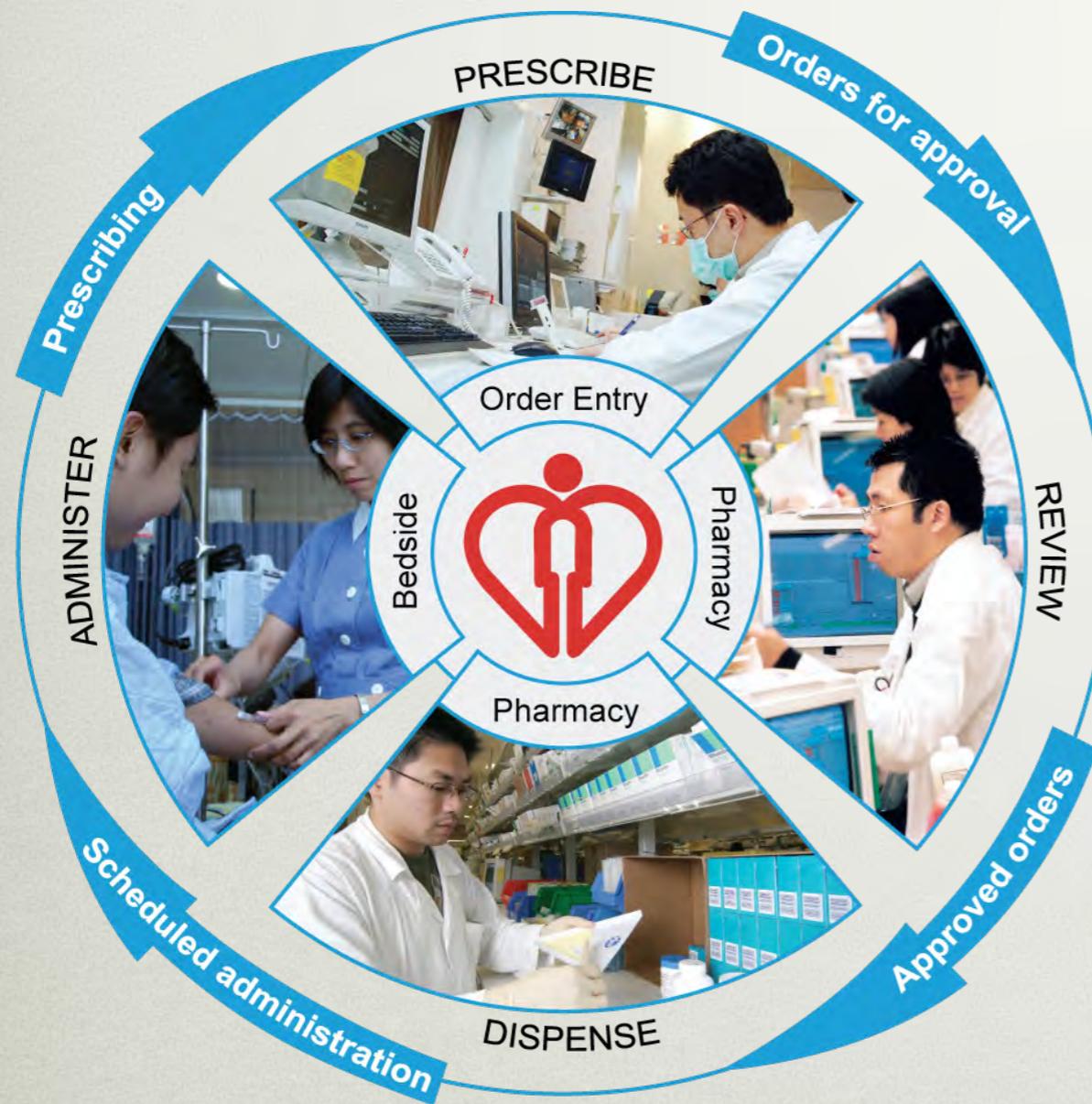
Updated by VH3 User (VH3) on 31/12/2014

INCREASING UTILIZATION OF CMS eREFERRAL



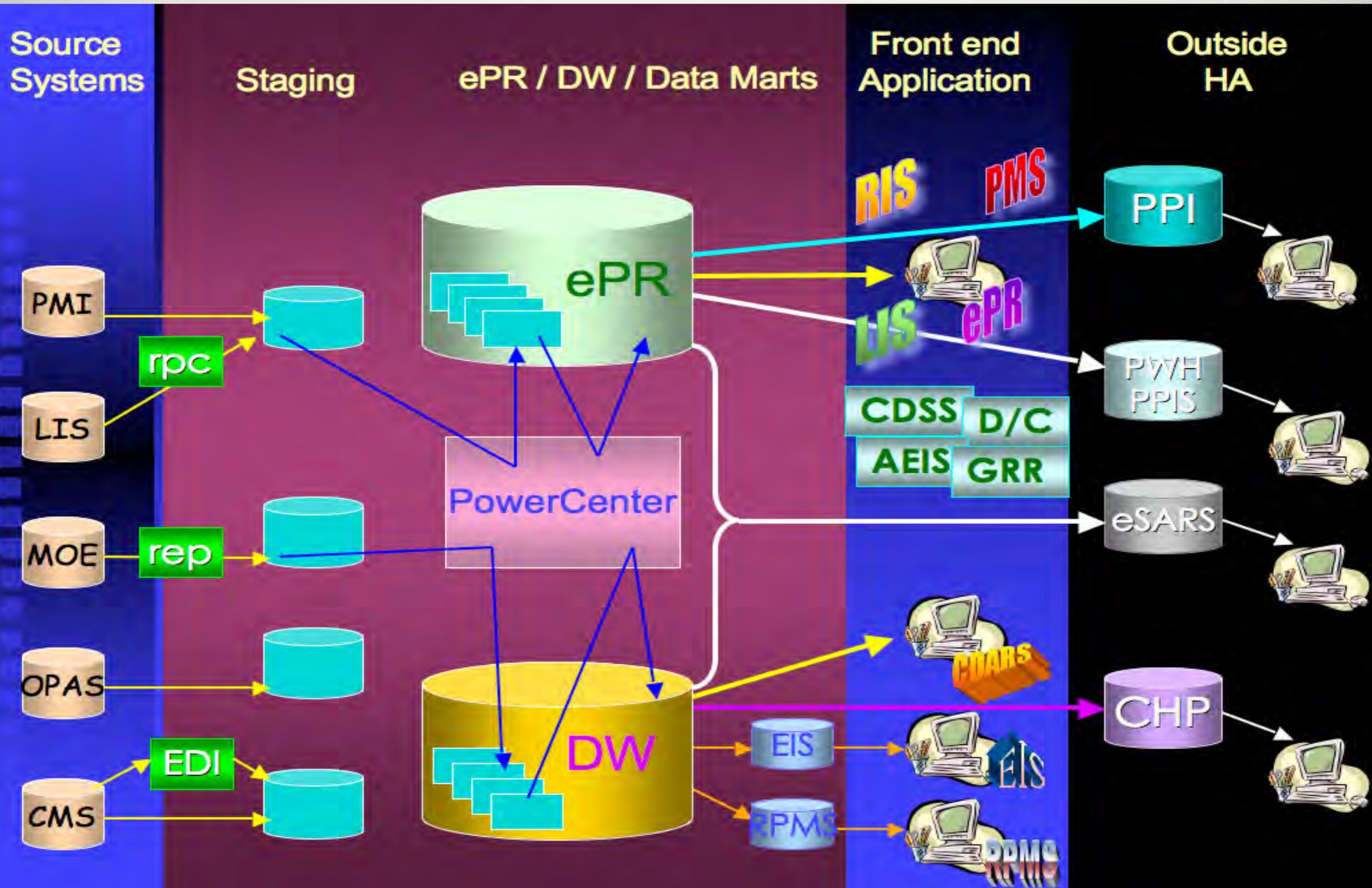
1. Rollout new "To" field and address generator to all hospitals on 10-Nov-2014
2. Rollout enhanced "Reason for referral" to all hospitals on 11-May-2015

CLOSED LOOP INPATIENT MEDICATION MANAGEMENT (IP-MOE)



- Electronic Prescribing
- Prescription vetting & dispensing
- Barcoded administration
- Medication Reconciliation

INFORMATION FLOW



Clinical Data Analysis Reporting System



Report History

Request Submission

User Definition

System Maintenance

Help Log Out

In-Patient Episodes Analysis

Step 4 of 4

Please **Define Layout** of your summary report.

Request Details

Query Criteria

Criteria Grouping

Layout

Summary Report: mghjghjgh

Selected Codes Full Profile

Keep Drill Down Details

*Double click the cells to modify dimension properties.

- Dimensions
 - Institution and Services Unit
 - Patient Demographics
 - Treatment Care
 - Patient Outcome
 - Diagnosis
 - Procedure
 - Drug
 - Radiology Information
 - User Defined Dimension (Episode Based)
 - User Defined Dimension (Patient Based)
 - User Defined Date (Episode Based)
 - User Defined Date (Patient Based)
 - User Defined Interval (Episode Based)
 - User Defined Interval (Patient Based)
- Measurements
 - Episode Statistics
 - No. of Episodes
 - No. of Episodes Headcounts
 - Admission Statistics
 - Discharges and Death Statistics
 - Patient Transfer In/Out Statistics
 - Bed Utilization
 - Length of Stay of Discharged Patient
 - Length of Stay of Discharged Patient By Specialty (EIS)

Page 1			Column 1			
			Column 2		Column 2	
Institution (IPAS)	Row 2	Row 3	No. of Episodes	Measurement 2	Measurement 3	Measurement 4
	Row 3	Row 3				
	Row 2	Row 3				
	Row 3	Row 3				
	Row 2	Row 3				
	Row 3	Row 3				

Back

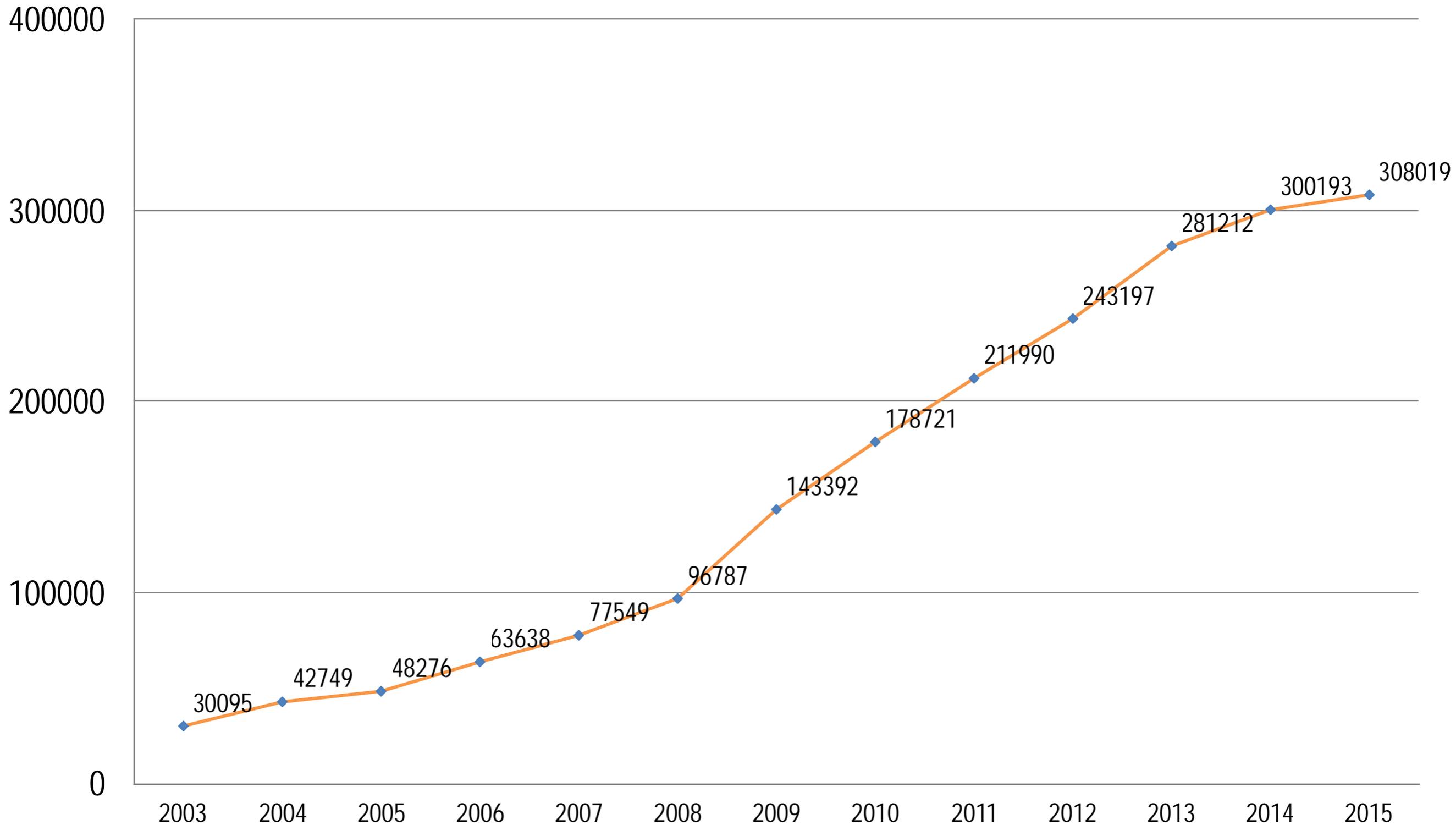
Delete

Reset

Save Layout

Submit

Number of CDARS Requests 2003-2015



Management Information Portal

Trend of A&E First Attendances, Admissions and Bed Occupancy Rate



Institution: HA Overall (15 Group 1 Hospitals) ▼

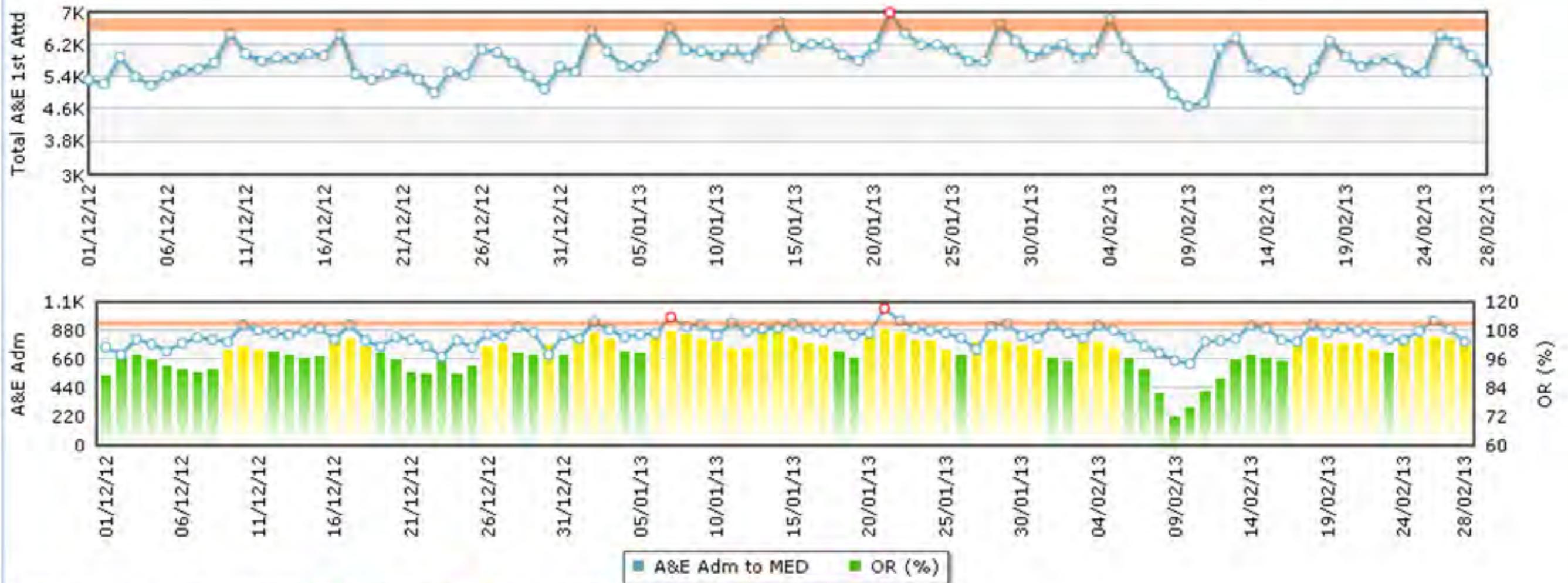
Specialty: MED ▼

A&E Patients: All From OAH

Reference Zone (Daily Avg.): Same month last year 2Q & 4Q of last year Last 12 months

[View](#)

[HA Overall (15 Group 1 Hospitals), MED, All, Reference Zone (Same month last year)]



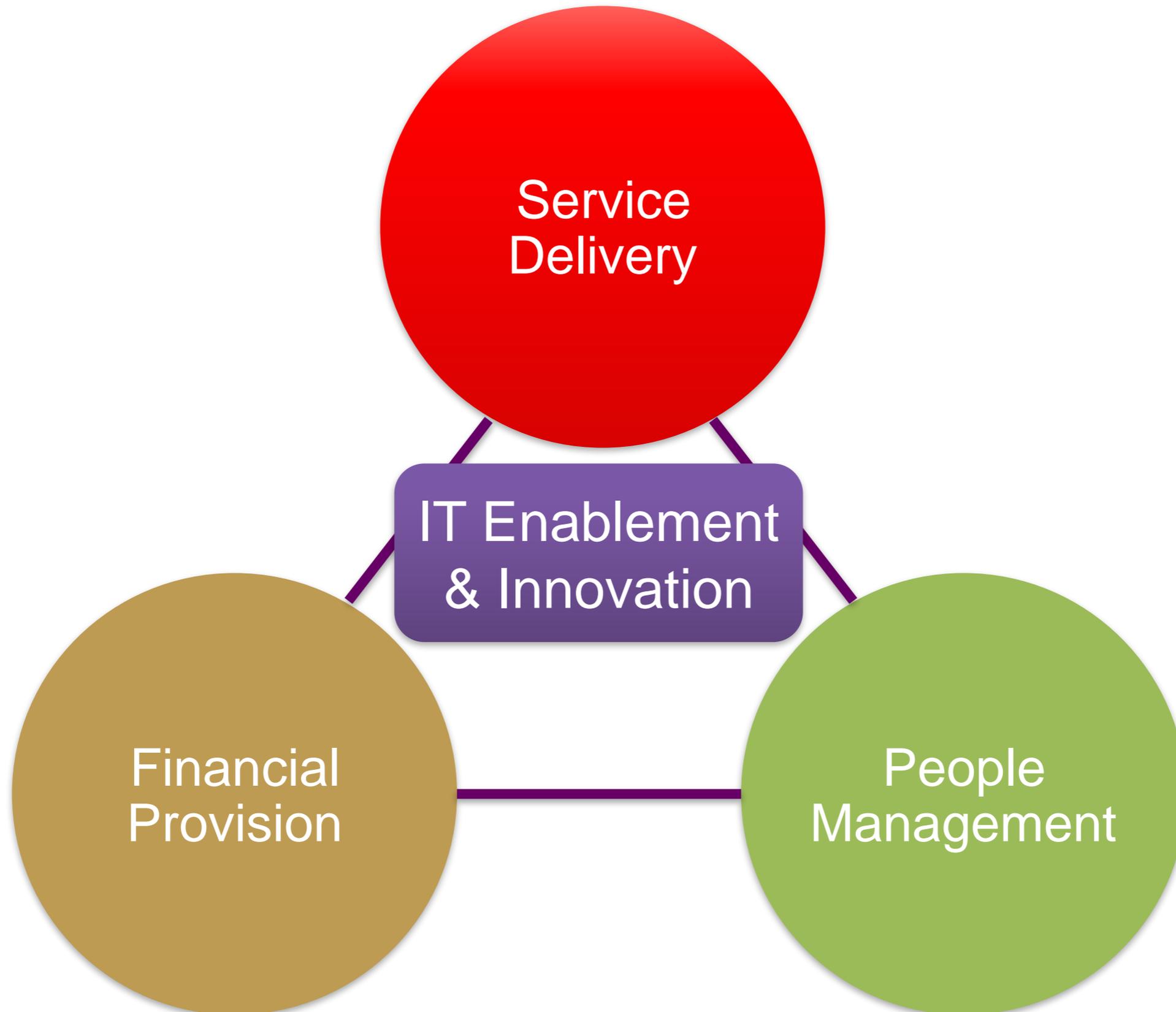
* Bed Occupancy Rate (OR%) - ■ < 100%, ■ between 100% and 115%, ■ > 115%

Coordinated by Lisa LAU Dr, HOCS M(MG/CP) - Data refreshment policy

* Data last updated on 1 Mar 2013

CMS IV - THE 4 P'S

- Paperless
- Protocol driven
- Personalised
- Closed loop communications



HEALTH INFORMATICS IN HA

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HEALTH INFORMATICS IN HA

THE 4TH STEP

Enable new models of service delivery

Make data actionable

Engage patients in their own care

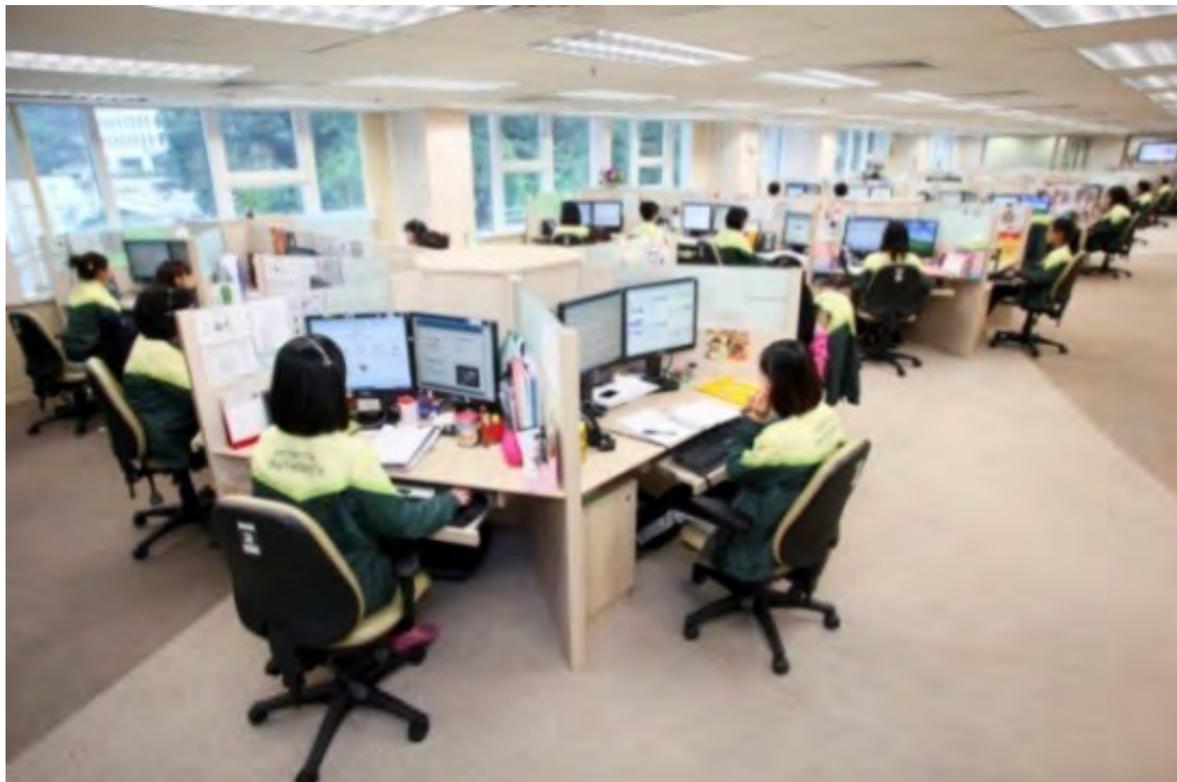
Support the processes of care

Improve quality & safety

Build the electronic patient record



Community Health Call Centre Services



Service development journey

Patient Support Call Centre (PSCC)

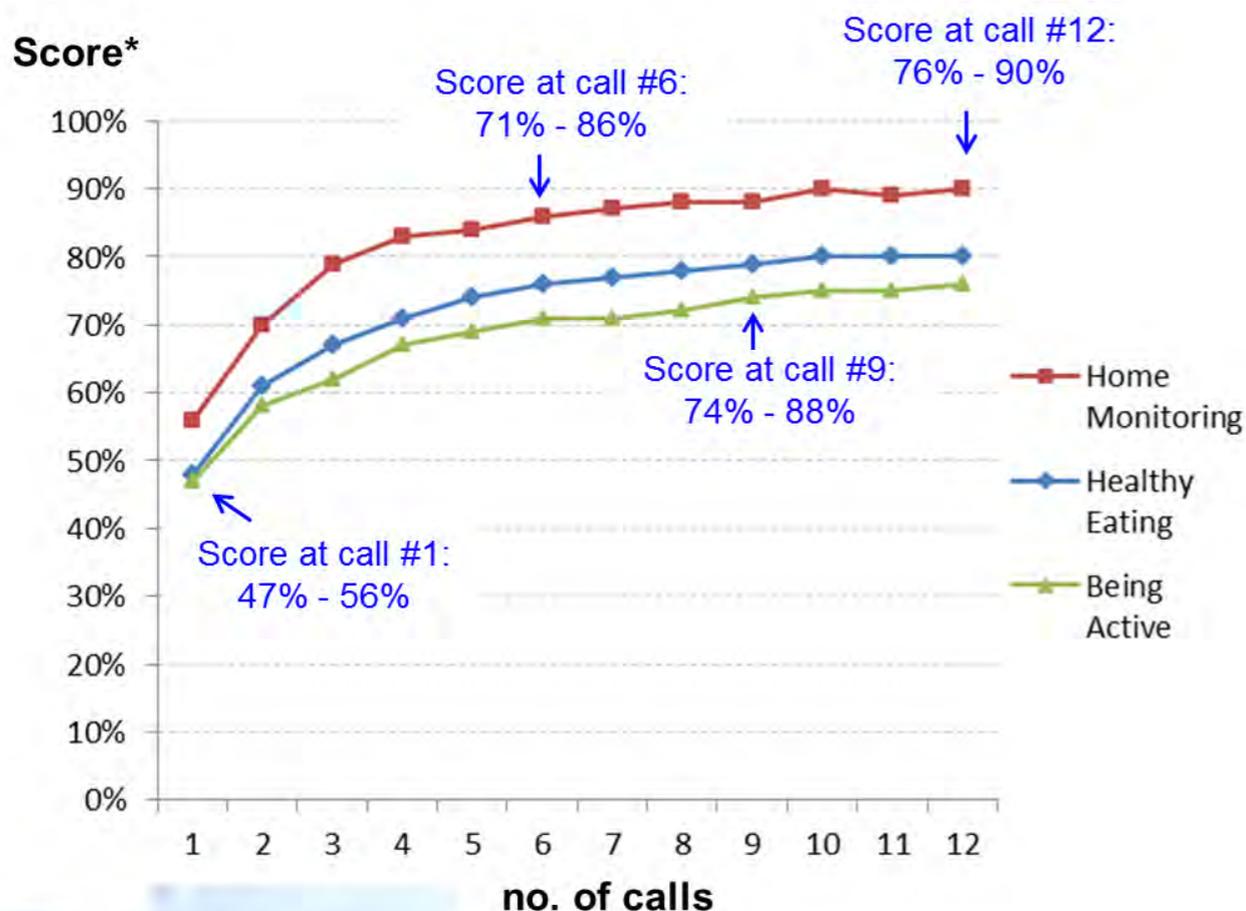
- 2009 High Risk Elderly (HARPPE) proactive calls
- 2011 Chronic Disease Management - DM patients with suboptimal disease control

Mental Health Direct (MHD)

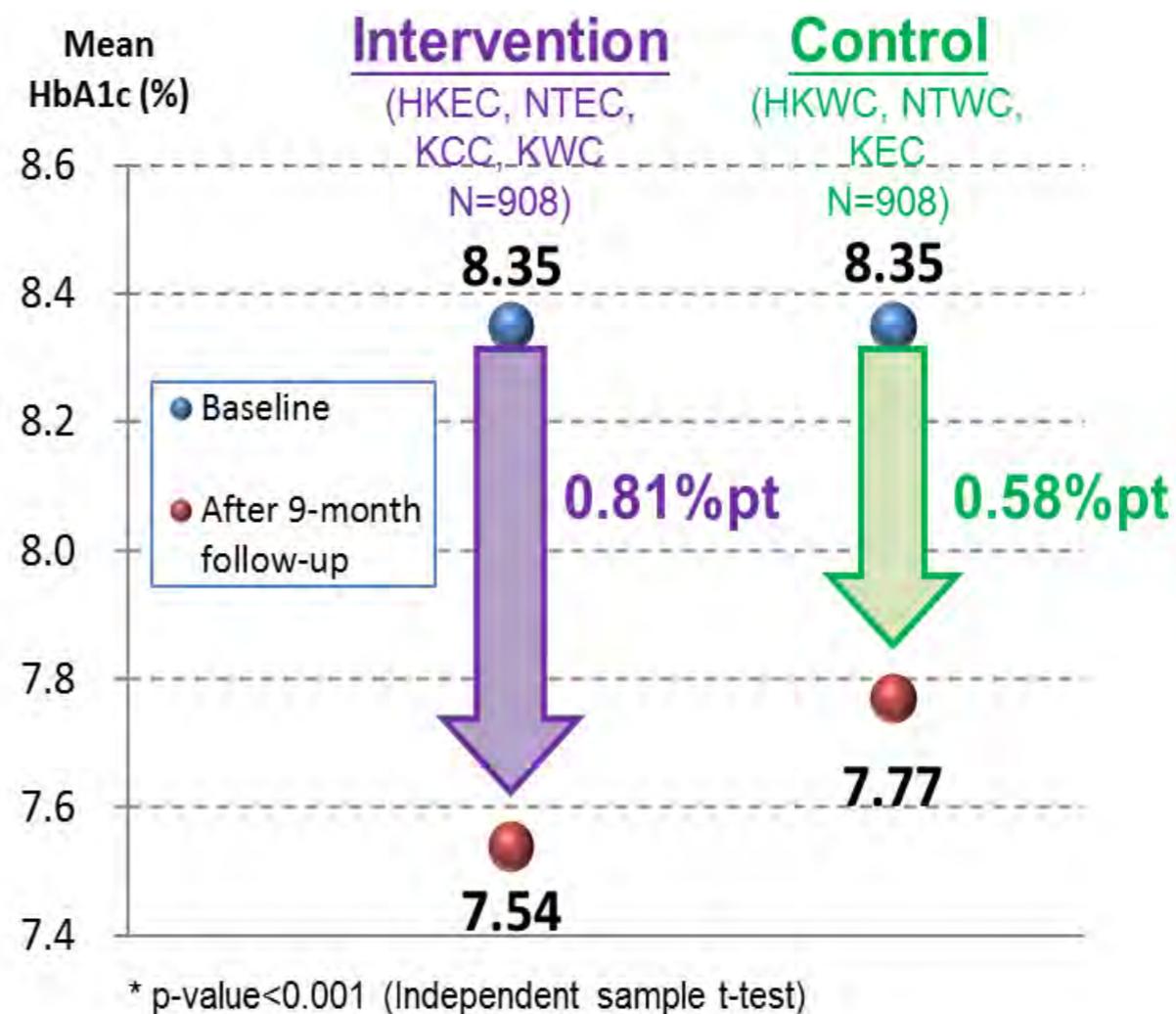
- 2012
 - 24-hour advisory hotline service by psychiatric nurses
 - “Telecare” service targeting patients with severe mental illness
- 2014 Defaulter tracing service

Chronic Disease Management- DM Program

Improvement in Behaviours

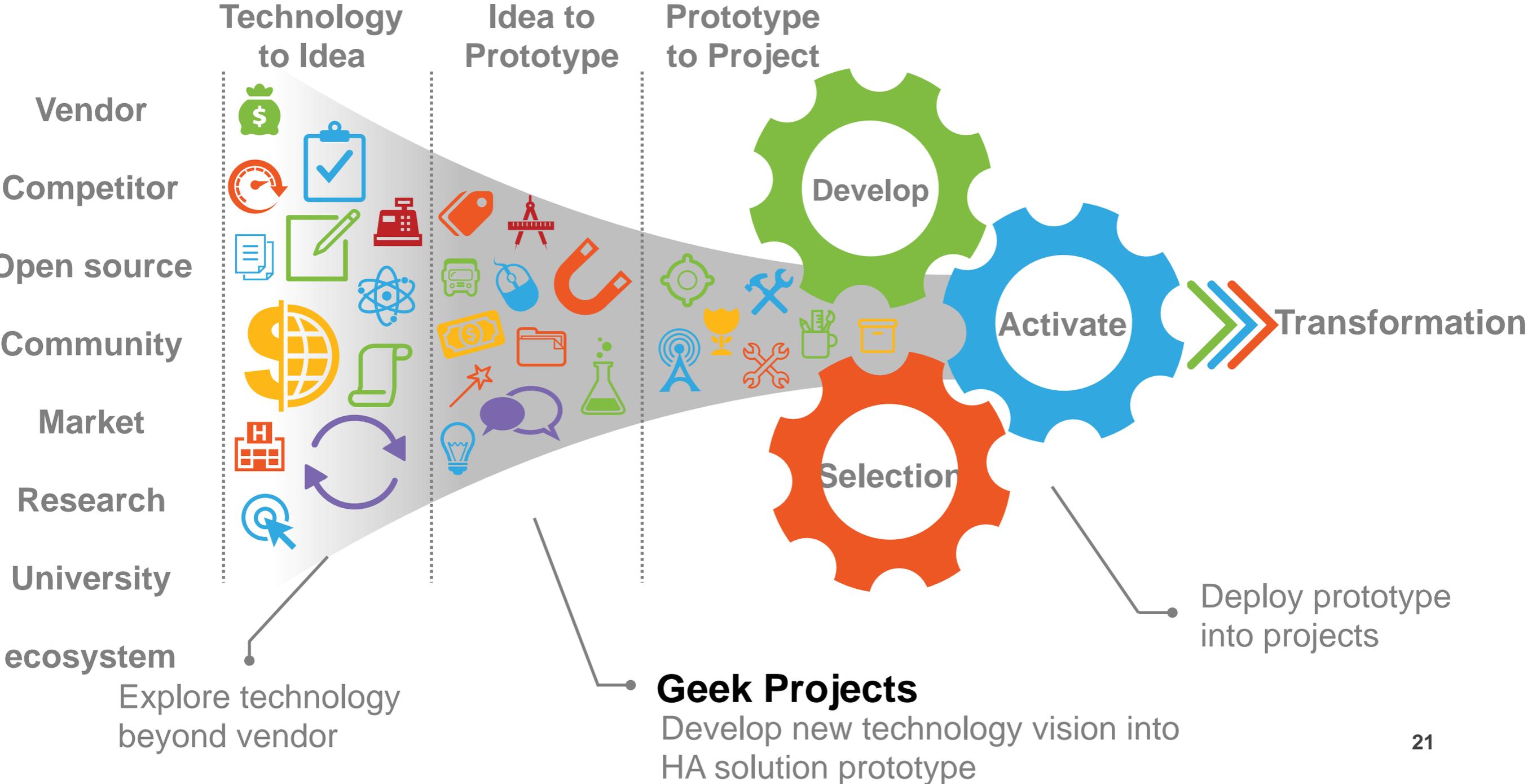


Improvement in HbA1c



Additional 0.23% point* reduction in HbA1c

The Innovation Funnel



Geek Project

iBeacon Indoor Navigation



- **Low-cost**
- HK\$ 60 / iBeacon

- **Support iPhone/
Android Phones**
- via Bluetooth connect

- **Indoor navigation**
- Auto-detection of user's location
- Visual and voice guidance
- Shortest route to the destination



HA mobile apps for patients and staff



HA Touch
(General Info)



TouchMed
(Prescription Queuing)



HRApp
(App for HA staff)



BookHA
(SOPD Booking)



easyGO
(Wayfinding pilot)

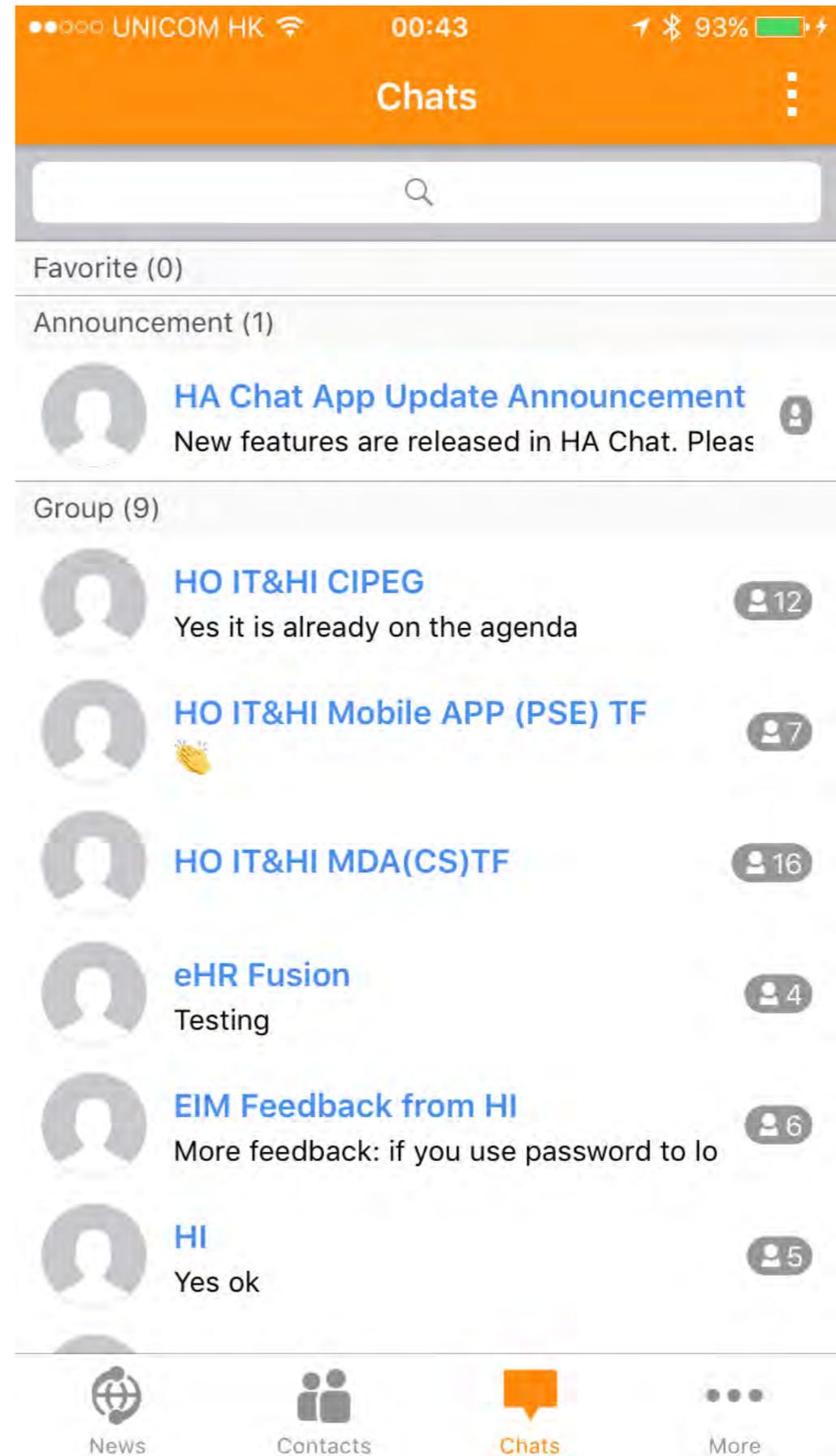


mSHR
(Staff medical record)

Mobile CMS



HA Chat



A&E Dashboard

A&E QUEUING (BETA)

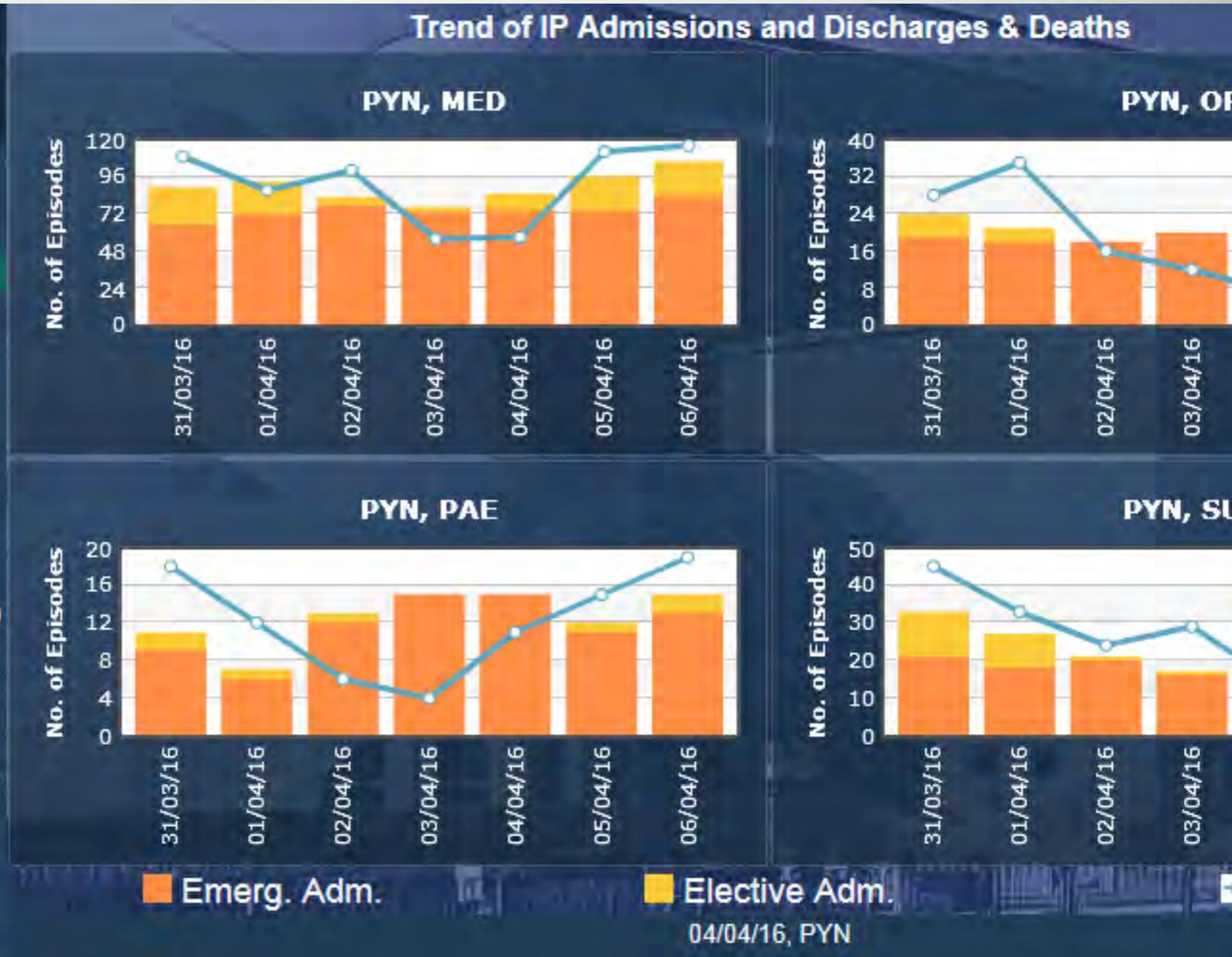
7 Apr, 17:29

Awaiting Consultation	Max WT (last 3hrs) (in min.)	Awaiting Adm. (> 8hrs / > 4hrs / > 2hrs / Total)
25	176	0 / 0 / 0 / 6
22	204	0 / 0 / 0 / 0
4	25	0 / 0 / 0 / 0
51	204	0 / 0 / 0 / 6

(06/04/2016)

Total A&E 1st Attendance: 370

Emerg. Adm.	Elective Adm.	D & D
84	22	116
21	6	27
13	2	19
22	13	38



Specialty: ORT IP Emergency Adm. to ORT: 22 IP Acute Elec. Adm.

IP D&D: 7

Bed Occupancy Dashboard

BED OCCUPANCY (BETA)
 PYN ▼
 7 Apr. 17:32

[Spec. Chart] [Spec. List] [Ward Location]

MED



108%

ORT



137%

SUR



110%

PAE



112%

● ● ● ● ●

Thresholds Adjustment

■ < 69% ■ 69% - 145% ■ ≥ 145%



200

BED OCCUPANCY RATE (%)



Scheduled Beds: 519 No. of Patients: 563
 Extra Beds Occupied: 215
 * Wards of MED: 108%

A5 - MED

Scheduled Beds : 43
 Extra Beds Occupied : 16
 No. of Patients : 52
 Occupancy Rate : 121%

A10 - MED 94%	A4 - MED 67%	A5 - MED 121%	B10 - MED N/A	B4 - MED 65%	B5 - MED 119%
D10 - MED N/A	D11 - MED 7%	D4 - MED N/A	D5 - MED 100%	E4 - MED 102%	E5 - MED 121%
F4 - MED 126%	F5 - MED 119%	F6 - MED 205%	F8 - MED 150%	G6 - MED 14%	H5 - MED 100%
H8 - MED N/A	K5 - MED 89%	K8 - MED 106%			

N/A : □ scheduled bed

* Bed Occupancy Rate = (No. of Patients / Scheduled Beds) * 100

MIPO Admission Block Alert

HO IT&HI MIPO 

2 April 2016 at 8:05



To: Kenneth Fung, HOCS M(OCS), Magdalene CHAN, HOCS SM(OCS), [and 15 more...](#)

MIPO Early Alert (02 Apr 08:05): A&E Patients waiting for admission for over 12/24/36/48 hours (Trial version)

Dear Sir/Madam,

Please note there are A&E patients in as of 02 Apr 08:05 having waited for admission for over 12 hours or longer as follows:

Waiting Adm.	> 12 hours	> 24 hours	> 36 hours	> 48 hours
	2	0	0	0

Hospital	Blocking Case No.	Waiting Adm. (hours)	Adm. Spec. (if data available)	IP Case No. (if data available)
		16	-	-
		22	-	-

Calculation formula of waiting time is attached for your reference.

TRANSFORMING HEALTHCARE DELIVERY

- CMS will continue to enhance the quality, safety and efficiency of HA care
- More use of data to drive timely clinical and management action
- IT innovations will improve the patient and staff experience
- IT will enable new models of service delivery