



**For information  
on 23.3.2023**

**HAB-P334**

## **Hospital Authority**

### **Cluster Presentation Programme – Hong Kong East Cluster Rationalisation and Enhancement of Ophthalmology Service**

#### **Advice Sought**

Members are invited to note for information the re-organisation of ophthalmology service in Hong Kong East Cluster (HKEC) for enhancing service efficiency to meet the increasing service need.

#### **Background**

2. HKEC is currently operating two ophthalmic centres in Pamela Youde Nethersole Eastern Hospital (PYNEH) and Tung Wah Eastern Hospital (TWEH) for providing comprehensive and quality eye services to the community. Under the existing service delivery model, PYNEH serves as a tertiary hospital in the cluster with a comprehensive range of ophthalmic services, including inpatient and anaesthetic support while eye centre in TWEH provides purpose-built specialist outpatient clinic (OPD), day ophthalmology ward and designated operating theatre (OT) for ophthalmology patients. With the escalating service demands arising from the aging population having complex eye diseases, coupling with medical manpower and space constraints, there is an imminent need for the cluster management to review the service model and develop long term strategies to meet the service and patients' needs. A re-organisation of ophthalmology services with enhancement of services in both hospitals and plans for future expansion is therefore necessary.

3. In tandem with the advancement in medical technology, there is a significant paradigm shift in ophthalmology surgery in recent years that many inpatient surgical procedures can now be performed in ambulatory day surgery centres while patients could complete post-operative rehabilitation at home based on instructions provided. In addition, new ophthalmology treatment modalities, for example, injection (intravitreal) service for age-related macula degenerative and diabetic eye diseases, can now be delivered in ambulatory settings. In view of the above, ambulatory care is considered as a more efficient and patient-oriented service delivery model for addressing the service needs for ophthalmic services in HKEC, which would also enable the cluster to plan for future service expansion.

## **Service Review and Re-engineering Plans**

4. A comprehensive service review steered by the Chief of Service (Ophthalmology) was conducted for mapping out the service re-engineering plan covering both eye centres in HKEC. A Cluster Working Group comprising representatives from both hospitals is set up to:

- (a) review the current service arrangements and gaps;
- (b) advise on the future service model to enhance the quality of care and outcome;
- (c) formulate strategies to reengineer the services; and
- (d) make plans for future expansion.

5. Having considered a basket of factors, such as the services provided in the respective centres, service capacity, patients profile, etc., the Cluster Working Group has identified several issues in the following areas to be looked into, namely, (a) the paradigm shift in the management of ophthalmological diseases that the majority of common ophthalmological diseases can be managed in a day surgery setting (e.g., cataract, age-related macular degeneration); (b) thin manpower support for general anaesthetic (GA) service provision in TWEH; (c) the increasing demand for ophthalmology service in HKEC; (d) manpower shortage of ophthalmologists and allied health professionals and the provision of relevant professional training, and (e) the limited expansion capacity in the Specialist Outpatient Clinic (SOPD) of PYNEH. In this connection, a proposal was formulated to re-engineer the ophthalmic services to be provided in the eye centres in HKEC for a better role delineation and thus achieving efficiency gains.

6. Under the proposed service plans for the eye centres, TWEH, equipping with designated day ward and day surgery facilities, will offer one-stop ambulatory services focusing on diagnostic investigations and day treatment for common ophthalmic diseases such as cataract and age-related macular degeneration. Throughput of day care and injection (intravitreal) services in TWEH will be increased to address the escalating service demands from patients with age related eye diseases (e.g. maculopathy, diabetes mellitus retinopathy/ maculopathy, retinal venous occlusion etc.). At PYNEH, its better anaesthetic support and major operating theatre facilities have enabled it to perform as a centralised hub for patients requiring complex surgical operations under general anaesthesia and those ophthalmic patients with multidisciplinary clinical problems. To support the clinical services re-engineering, auxiliary hospital services such as pharmacy, medical record and shroff in TWEH will be enhanced with additional resources to augment their capacity.

## **Patient Service Enhancement**

7. Under the first phase of the service re-engineering plan, the existing OPD and day ward facilities in TWEH have been expanded by 2 July 2021 to prepare for the service growth in outpatients (60%), day patients and intravitreal injections (30%). The initiatives and enhancement measures under the re-engineering plan are summarised in the ensuing paragraphs.

8. HKEC strives to provide a one-stop and integrated ophthalmic service to smoothen patient flow and enhance service quality. For instance, patients used to visit the hospital four times for pre-operative assessments before the surgery of intravitreal injections. Under the re-organised service, patients can complete pre-operative assessments on the day of surgery. In the third quarter of 2021, an Integrated Diagnostic Suite was set up adjacent to the ophthalmic day ward of TWEH to provide common and essential ophthalmic investigation procedures such as visual field check / optic nerve scan / retina scan / corneal topography and biomicroscopy / optical coherence tomography (OCT) for OPD and day patients. With that, patients can be taken care of by a designated team of experienced medical staff in a dedicated day ward under comfortable environment and advanced medical facilities such as mobile nurse call system, e-Vitals system and filmless system and the number of visits is reduced.

9. On surgical and inpatient care, with the reshuffle of GA and local anaesthesia (LA) OT sessions between TWEH and PYNEH, surgical patients under GA will be handled at PYNEH whereas TWEH will focus on patients requiring LA. With the robust and comprehensive OT facilities and anaesthetic support in PYNEH, the quality and safety of perioperative care for patients under GA will be further enhanced. On the other hand, TWEH will maximise its resources to deliver high volume day surgery services for patients with ophthalmic diseases which require LA.

10. Major actions and deliverables and the corresponding progress of the service reengineering plan are summarised as follows :

- (a) Translocated three inpatient beds and all GA OT sessions of TWEH to PYNEH in early July 2021, (i.e. increase from four to nine sessions per week), while the vacated OT sessions in TWEH are used to provide six additional LA per week;
- (b) Converted 17 inpatient beds to day beds in TWEH;
- (c) Transferred 17 000 outpatients from PYNEH to TWEH by phases which has been completed in November 2022; and
- (d) Increase the throughput of intravitreal injection, cataract surgery, SOPD consultation sessions and ophthalmic investigation procedures at TWEH after this translocation exercise by the first quarter of 2023, with target deliverables of serving 1 000 new SOP attendances and 3 000 subsequent SOP attendances.

11. There is corresponding improvement in PYNEH inpatient and OT support to inpatients and the related surgery so that patients requiring operations under GA can receive better pre- and post-operative care. With the re-engineered service model, all GA cases are handled by PYNEH whereby patients can consult anaesthetists (and other specialties if indicated) before the operation date, avoid the hassle of requiring TWEH patients needing operations under GA to consult anaesthetists only on the day of operation.

12. Other hospital services in TWEH, such as the pharmacy, medical record office, administration services department and the shroff office, will also be enhanced to facilitate the implementation of the re-engineering plan. The TWEH Pharmacy Department will be expanded to cater for the significant growth in workload arising from the additional outpatient and day patient services. Express dispensing service will be set up accordingly to cater for patients who were only prescribed with single drug item so as to reduce the waiting time. Opening hours of Shroff office will also be extended to align with the Pharmacy Department to facilitate drug payment settlement and minimise administrative hardship caused to patients. Manpower of medical record office and administrative services department will be strengthened to support the service growth in SOPD attendances and numbers of day surgeries.

### **Way Forward**

13. Following the completion of the programme, ophthalmology patients are expected to be benefited by a one-stop integrated service and more efficient patient journey for new case consultation, surgery, ophthalmic investigation procedures. This re-engineering exercise will also pave the way for future expansion of ophthalmology services in HKEC.