



醫院管理局
HOSPITAL
AUTHORITY



QUALITY AND SAFETY

Annual Report

2021



Acknowledgement

The “Hospital Authority Quality and Safety Annual Report” highlights the prevailing issues, including the good practices and innovative learning in quality and safety from each of the seven Clusters, as well as key initiatives from Quality and Safety Division of the Hospital Authority Head Office (HAHO).

COVID-19 has come upon us swiftly and has stayed longer than we hope. Admirably our staff have been unwavering in their commitment, to keeping patients safe and co-workers supported. We would like to express our profound gratitude to all our colleagues for their continuous efforts and dedication in maintaining high quality of care for the Hong Kong public.

Our heartfelt appreciation also goes to each contributing team in the Clusters and HAHO for their remarkable advice and sharing. We wish to thank everyone who has made this a success.

***Quality and Safety Division
Hospital Authority***



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Opening Message



Quality in the Time of Pandemic

「天行健，君子以自強不息」 – 《周易》(The Book of Changes)

If 2020 was a year of disruption, 2021 should be considered a year of resilience! To battle against COVID-19, early in the year, the Hospital Authority (HA) team has worked tirelessly with Government Departments to assess potential venues and deliver more than 2 million doses of vaccine at the Community Vaccination Centres. Among many other efforts, the MyOasis mobile application was also launched to promote mental well-being among staff. HA continued to strive for excellence, pushing forward new initiatives one after another, including our very own artificial intelligence for interpretation of chest X-ray and technology for training of complaint management and conflict resolution. As we cautiously resumed clinical services, it was nothing less than remarkable to see a decreasing waiting time in pressure areas towards the last quarter of the year. When 2021 came to a close, we delightfully witnessed the birth of the first Genetic and Genomic Test Directory, the grandest project of its kind in HA.

With much pride and joy, I saw innovation and transformation at the seven clusters continue to blossom. Adoption of the “hybrid mode” allowed important patient safety campaigns to thrive (HKEC). Patient safety rounds and new prevention initiatives flourished with clear vision and mission (HKWC). Routine workflows were enhanced with AI sensor and smart technologies (KCC). Novel communication strategies drew attention of all staff to key safety areas (KEC). Successful staff training did not only directly improve care quality, but also stimulated the younger generation to take up the baton to become future trainers (KWC). And just as one may think quality and safety is bounded within the four walls of the hospital, our Q&S colleagues looked above and beyond (NTWC), and took one step further to make contributions to the community (NTEC).

The coronavirus may rapidly mutate to outpace even the most agile. The course of the war against COVID-19 may seem unpredictable and the end distant. While we can only allow the virus’ natural evolution to run its course, it will be our unyielding strength, perseverance and continuous improvement, i.e. 「剛健自強」, that shall bring us the final victory. Managing the pandemic can have painfully conflicting priorities and interests among HA patients and operations, the past two years have never failed to challenge us and will continue to teach us to remain astute yet humble in the face of such challenge.

May I invite you to open this book, and share our achievements in this never-ending journey for patient health, quality, and safety in HA. Thank you!

K L Chung
Director of Quality and Safety



Hospital Authority Head Office

Clinical Effectiveness and Technology Management

Genetic and Genomic Test Directory

Introduction

Given the rapid advances in the field of Genetics and Genomics (G/G) worldwide, it is important for Hospital Authority (HA) to build up information infrastructure such as online resources, platform and tools, for improving the accessibility and quality of its G/G services. In response to the strategic directions set out in the Strategic Service Framework for G/G Services, the Executive Team of Central Committee on Genetic Services launched an electronic Genetic and Genomic Test Directory (GGTD) in January 2022 to facilitate standardised service provision and information sharing.

Background

Over the years, Departments of Pathology at HA have developed G/G tests independently based on local needs, yet most clinicians are not very well-versed with all G/G tests. Though the HA Genetic Test Formulary was set up a few years ago as an inventory of the G/G tests available in HA, it would benefit from more regular updates and clinician-oriented information. Hence, efforts have been made by the Executive Team of Central Committee on Genetic Services to develop GGTD for enhancing the dissemination of information on G/G testing. The Directory was designed to supersede the HA Genetic Test Formulary and better orientate for clinicians' use. According to this Directory, there are at present 25 test centres and laboratories providing G/G tests.

The image shows two overlapping web application interfaces. The background interface is the 'HA Genetic Test Formulary', and the foreground interface is the 'HA Genetic & Genomic Test Directory'. An orange arrow points from the formulary to the directory, indicating a transition or replacement.

HA Genetic Test Formulary (Background):

- Navigation: Genetic Test Formulary Scientific Committee | HA Genetic Test Formulary | Admin Only
- Title: HA Genetic Test Formulary
- Search For section:
 - Category: Please select...
 - Disease entity: [Text Input]
 - Sub-disease entity: [Text Input]
 - Hospital: Please select...
 - Keyword search by Gene/Loci: [Text Input]
 - Keyword search by Disease and Sub-disease: [Text Input]
- Buttons: Filter, Reset
- Footer: Laboratory Contact Information (with envelope icon)

HA Genetic & Genomic Test Directory (Foreground):

- Navigation: Genetic and Genomic Test Committee | HA Genetic & Genomic Test Directory | Supplement on Test Indications
- Title: HA Genetic & Genomic Test Directory
- Search For section:
 - Category: Please select... (dropdown)
 - Clinical Indication: [Text Input]
 - Test Name: [Text Input]
 - Test Centre: Please select... (dropdown)
 - Keyword search by Genetic or Genomic Target: [Text Input]
 - Keyword search by Clinical Indication and Test Name: [Text Input]
- Buttons: Filter, Reset
- Footer: Laboratory Contact Information (with envelope and phone icons)

Project Highlights

What is GGTD?

The GGTD is an updated web-based search engine in HA Intranet (<http://GGTD.home>), which covers nearly 1,500 G/G tests provided in HA. It is supplemented by a Supplement on Test Indications to elaborate on suggested testing criteria and other relevant information (e.g. special patient and specimen requirements, reference, additional notes) for eight selected categories of test indications: Adult Cardiology, Adult Endocrinology, Adult Neurology, Blood Cancer, Obstetrics & Gynaecology, Solid Tumours, Paediatrics, and Pharmacogenetics, among 310 G/G tests. The Directory, together with the Supplement, offer up-to-date references on where HA funded G/G clinical services and laboratory tests are available, supporting clinicians to arrange appropriate G/G tests for the patients in need.

How was GGTD developed?

Under the Central Committee on Genetic Services, a Genetic and Genomic Test Committee (G/G TC) was formed to review the HA Genetic Test Formulary for developing GGTD. The scope and content of GGTD was first proposed and endorsed at the first meeting of G/G TC on 12th October 2020. Areas of enhancement included the service coverage, information architecture and search functions. Prior to a complete overhaul, the HA Genetic Test Formulary remained accessible and kept up-to-date as far as possible. The development of GGTD was broadly divided into three phases:

1 First revamp of G/G test information


As an interim measure, the HA Genetic Test Formulary was thoroughly reviewed by 19 contributing centres and laboratories to remove obsolete genetic tests and provide essential updates on laboratory information in early 2021. This update, namely “GTF 2.0 beta”, was made available in Excel format on HA Intranet in May 2021. It was subsequently upgraded into an online database in July 2021 to facilitate corporate-wide information dissemination.

2 Enhancement of new G/G test information

At the same time, the existing test centres and laboratories that were providing G/G tests had been invited to provide their latest G/G tests for inclusion in the new GGTD. Additional G/G tests were reviewed and new test categories of “Pharmacogenetics” and “Immunology” were created to beef up the GGTD content until August 2021. Inputs had also been sought from expert reviewers nominated by Specialty Groups under COC (Pathology) to help alignment of genetic nomenclature and G/G test information. With these enhancement efforts, the GGTD was officially launched on 28th January 2022 which comprises a total of 1,495 G/G tests, representing a 42% increase of test numbers over the HA Genetic Test Formulary.

3 Establishment of GGTD Supplement on Test Indications

Along with the GGTD, there is a Supplement on Test Indications (1st Edition) that was published in May 2022 with the collaborative effort of the G/G TC, Working Groups for Genetic and Genomic Test Directory Revamp and the representatives of Specialty Groups under COC (Pathology). This Supplement as a supplementary to GGTD aims to elaborate on the aforementioned eight categories of test indications, which are chosen in view of their importance in clinical genetic services. The content contains information on suggested testing criteria, reference, special patient and specimen requirements, additional notes and current tests in GGTD. It helps augment information on the field of “Clinical Indication” and saves users’ time in finding appropriate G/G tests for certain clinical conditions. In particular, this Supplement offers a handy cross-reference for frontline healthcare staff to understand more about G/G tests in HA.



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Genetic and Genomic Test Directory

Supplement on Test Indications

(First Edition)

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Multiple Endocrine Neoplasia Type 2 (MEN2)

Suggested Testing Criteria

1. All patients with a personal medical history of primary C cell hyperplasia, MTC, or MEN2 (see below).
2. Patients with intestinal ganglioneuromatosis.
3. All people with a family history consistent with MEN2 or FMTC, and at risk for autosomal dominant inheritance of this syndrome.
4. Strong suspicion of MEN2 by specialist assessment.
5. Familial cascade screening as appropriate.

MEN2 phenotypes:

- MEN 2A:
 - (a) Presence of any two or more of medullary thyroid carcinoma (MTC), pheochromocytoma / paraganglioma (PHEO), and primary hyperparathyroidism (PHPT).
 - (b) Presence of any one of MTC, PHEO, or PHPT and with a first degree relative with MEN 2A features.
- Familial MTC:
 - (a) Only MTC without PHEO or PHPT in two or more generations within a family.
- MEN 2B:
 - (a) Presence of MTC, marfanoid habitus, medullated corneal nerve fibres, ganglioneuromatosis of the gut and oral mucosa, and PHEO.

Reference:

- Medullary thyroid cancer: management guidelines of the American Thyroid Association [Thyroid. 2009 Jun;19(6):555-612. PMID: 19468600]

Special Patient and Specimen Requirements

- Nil

Additional Notes

- Nil

Current Tests in GGTD

Test Name	Method(s)	Site Centre	Turnaround Time
Gene Panel Mutation	Clinical Exome Sequencing	Genetic Pathology Laboratory, Pathology, PHM	4 months
Mutation in RET	Sanger sequencing	Hofstadter or Diagnostic Services, Chemical Pathology, PHM	9-12 weeks
Mutation in RET	Sanger sequencing	Molecular Laboratory, Clinical Pathology, PHM	3 months

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Way Forward

The GGTD and its Supplement are subject to periodical update and will be promulgated to all relevant HA staff via email circulation and G/G Webinar. The content will be enriched and updated with time to embrace a broader range of G/G tests. It is hoped that these initiatives not only raise the G/G literacy, but also enable communication and coordination among frontline clinical and laboratory staff, for the benefit of HA patients.

Infectious Disease Control Training Centre

Infection Control Seminars and Workshops

Introduction

One of the key objectives of Infection Control Branch (ICB)/Infectious Disease Control Training Centre (IDCTC) is to provide healthcare staff training to maintain and enhance their knowledge in infectious disease control. Through the delivery of regular workshops, seminars and commissioned training programs, IDCTC is committed to bring about a structure and culture in the organization to facilitate continuous learning and improvement in infection control and infectious disease management.

Project Highlights

To support the initiatives in control of multi-drug resistant organisms and sterilisation practices, ICB/IDCTC organized seminars such as “Sterilisation of Surgical Instruments: From Basic to Advancement” held on 30 September 2021 and “Control of Multi-drug Resistant Organisms in Ambulatory and Long Term Care Facilities with COVID-19 Pandemic” held on 10 December 2021. Renowned international and local speakers were invited on specific topics of interest, giving the audience a comprehensive and fruitful experience. Speakers shared personal experiences and insightful perspectives that were practical for healthcare workers to adopt, and useful for shaping public health policies.

The COVID-19 pandemic has been a challenge to the organization of face-to-face seminars and workshops. Since 2020, events have been mainly organised as online webinars, with favorable comments and feedback. The aforementioned webinars on sterilization and multi-drug resistant organisms also received great response, attracting hundreds of attendees.

Way Forward

Seminars, workshops and symposia play a vital role in the dissemination of knowledge and strengthening of skills in tackling COVID-19 pandemic and other emerging infections. ICB/IDCTC would continue to provide regular briefings, refresher workshops, commissioned training programs and seminars to healthcare staff for long term combat of infectious diseases.



Community Vaccination Centres (CVC) and Community Testing Centres (CTC)

Introduction

Vaccination and strengthening testing for COVID-19 are integral parts of the epidemic control strategy. Testing helps to prevent the transmission of the virus by early identification, early isolation and early treatment. In this connection, the government has established a network of COVID-19 testing services with the aim of enhancing the availability of testing to cope with the anti-epidemic goals and facilitate the public. Moreover, a territory-wide COVID-19 Vaccination Programme for all Hong Kong residents has been implemented since 2021.

Project Highlights

ICB/IDCTC provided support in the assessment of venues for community vaccination and venues for testing in the infection control aspect. Potential sites for CVC were first identified by the Civil Service Bureau (CSB), including fixed locations (e.g. sports centre, hospital, school) and mobile units. The Food and Health Bureau (FHB) would then lead a multi-disciplinary team including ICB/IDCTC to assess the feasibility of these venues for setting up CVC. During a typical site visit, we would assess and provide necessary suggestions on work practices, physical layouts and routes of attendees with infection control principles highlighted. Twenty site visits for CVCs have been conducted since December 2020.

Apart from infection control measures for the administration of vaccines, ICB/IDCTC ensured infection control measures against COVID-19 including hand hygiene, temperature checking, social distancing, environmental cleaning and waste management in place in CVCs before operation. With the concern of environmental contamination by vaccine strain, we also provided infection control training to the operators of the CVC to remind them the importance of proper environmental decontamination.



Similarly for Community Testing Centres (CTCs), upon receiving the request from FHB, ICB/IDCTC conducted onsite infection control assessment to potential sites with respective government departments including the Electrical and Mechanical Services Department. To ensure infection control measures can be implemented in order, apart from the promulgation of infection control guidelines for specimen taking, we also delivered training to the operators of the CTC. For new operators, we would conduct site inspection during the initial phase of their operation.



Way Forward

ICB/IDCTC stands ready to offer infection control expertise and advice to assist the combat of COVID-19 pandemic and other emerging infectious diseases.

Assessment for Ventilation and Infection Control in Schools and Institutions for Children

Introduction

In Hong Kong, there were 1,046 kindergartens, 589 primary schools, 506 secondary schools and 62 special schools, with enrolment of 866,493 students for the 2020/2021 school year. COVID-19 outbreaks in school settings have been reported in other countries with attack rates up to 13.2%. Cumulating evidence has shown that short-range airborne transmission of SARS-CoV-2 in poorly ventilated enclosed environment was increasingly likely as the new variants emerged. Ventilation in schools was reviewed timely to prepare for the fifth wave of COVID-19 as in-person classes resumed.

Project Highlights

ICB/IDCTC invited the Education Bureau (EDB) and Electrical and Mechanical Services Department (EMSD) to form a team to jointly visit different types of schools to identify areas of concern, lay down standards and offer interim and long-term recommendations to improve infection control and ventilation in school settings. The infection control and ventilation assessments were conducted in 4Q 2021 by 2 phases.



Performing measurement of airflow velocity at air grill for calculation of airflow rate.

Phase I: To assess the infection control and ventilation in schools, with particular focus on schools with Upper Respiratory Tract Infection (URTI) outbreaks.

Phase II: To assess the ventilation at representative schools selected by EDB, covering primary and secondary schools.

Recommendations and strategies of promulgation were discussed and agreed among FHB, EDB, microbiologists, EMSD and Buildings Department and ICB/Centre for Health Protection (CHP). Key recommendations to schools include:

- Criteria for adequate mechanical ventilations was set at 10 Litre/second/person in enclosed rooms and 15 air changes per hour (ACH) in toilets.
- Schools should check the ventilation conditions of classrooms, function rooms and toilets using the checklist provided and take remedial actions as necessary. EMSD colleagues were available for consultation of professional advice in the process.
- Install air purifiers with high-efficiency particulate absorbing (HEPA) filter that can effectively reduce airborne contaminants, including virus, for all classrooms especially for kindergartens and kindergartens with child care centres.

A new guideline entitled “A Supplement on Ventilation - Guidelines on Prevention of Communicable Diseases in Schools / Kindergartens / Kindergartens-cum-Child Care Centres / Child Care Centres” was published at the CHP website for schools’ reference.

Way Forward

Schools were encouraged to assess their ventilation system individually using the developed tools and checklist and to take remedial actions deemed appropriate. IDCTC/ICB and EMSD would continue to provide advice from infection control and engineering perspectives.



Demonstrating cross-ventilation by opening windows on the opposite sides of the classroom.

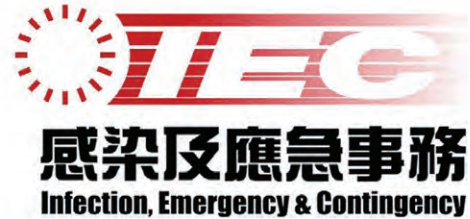


https://www.chp.gov.hk/files/pdf/supplement_on_school_ventilation_eng.pdf

Infection, Emergency and Contingency

Introduction

The Department of Infection, Emergency and Contingency (IEC) endeavors to combat infectious diseases, coordinate emergency response and strengthen contingency planning and preparedness. The department comprises three teams:



- **Head Office Major Incident Control Centre (HOMICC)** – Coordinates HA's emergency preparedness and response measures and acts as an information hub in relaying information during HA-wide major incidents or disasters.
- **Chief Infection Control Officer (CICO) Office** – Provides professional advice on infection prevention and control, and supports emergency response in infectious disease outbreaks.
- **Corporate Clinical Psychology Services (CCPS)** – Promotes psychological well-being of HA staff to ensure the provision of high quality and person-centred services for patients.

Project Highlights

I. The COVID-19 Pandemic and HOMICC in 2021

a COVID-19 Case Referrals and Diversion

HOMICC played the role as a relay in assisting the diversion of COVID-19 related cases, both confirmed and suspected, to HA hospitals for alleviating the pressure at various clusters. The set-up of the COVID-19 Admission Allocation System (CAAS) helped expedite the referrals from the Centre for Health Protection (CHP), HA hospitals, and private hospitals for bed allocation. The teamwork amongst the Head Office Duty Officers (HODOs), the Clusters' Bed Coordinators, and Hospital colleagues is pivotal to expedite the patient allocation process for prompt treatment/testing. At the most critical time of the pandemic, HA received a significant number of case referrals, not limited from the system but other means, including telephone calls, fax, and email from different units each day for centralized coordination.

b COVID-19 Vaccination Programme

In tandem with the Government's directives on combating the COVID-19 pandemic, HOMICC has been tasked to collaborate with various Government entities to support the COVID-19 vaccination programme, e.g. the set-up of Community Vaccination Centres (CVCs). 7 HA's CVCs were operating smoothly for the provision of Comirnaty (BioNtech) vaccination. Since the operation of the CVCs in Feb 2021, over 2 million doses of BioNtech vaccines were administered at the 7 CVCs during the period operated by the HA. In addition to the CVCs for the provision of BioNtech vaccine to general public, HOMICC also assisted in coordinating the vaccination service extension to Sinovac vaccination at selected General Out-patient Clinics (GOPCs), outreach vaccination for Residential Care Homes for the Elderly/Persons with Disabilities (RCHes/RCHDs), outreach vaccination programs for schools and outlying islands, vaccination for long stay inpatients, as well as vaccination for HA staff (Staff Vaccination Depot).



CVC at Sun Yat Sen Memorial Park Sports Centre in Sai Ying Pun.

c Strengthening of the Committee on Major Incident Response (C(MIR))

HOMICC, to an extent, is instrumental to the swiftness of HA's emergency preparedness and response during major incidents such as civil disasters, natural disasters, aircraft crash incident, and Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) incidents. To align with the Government's focus on disaster planning to strengthen the preparedness on possible large-scale adversity in particular counter-terrorism, a number of drills and exercises have been conducted by various law enforcement units in the past few months. With the rapid development of Greater Bay Area (GBA), there is an imminent need for HA to keep pace with its counterparts in the GBA on the collaborative development on major incident response. An advisory committee on disaster preparedness is established to strengthen the network and provide guidance on training as well as related collaborative development with Mainland China and other countries. The HOMICC has determined to help steer the C(MIR) towards the enhancement of contingency preparedness at HA while providing the opportunity for experience sharing and information exchange on crisis management on a corporate level.

II. Highlights on Actions of CICO Office for COVID-19

Ever since the beginning of the epidemic of COVID-19, HA has been adopting the strategy of “Early identification, Early notification, Early isolation, Early treatment, and Early prevention” to combat COVID-19. The HA Central Committee on Infectious Diseases and Emergency Response (CCIDER) plays a vital role in leading and coordinating the corporate responses by providing expert opinions from multidisciplinary professionals, with the CICO office being its executive arm. Towards the aim of reducing COVID-19 infection, disease severity and mortality, various initiatives have been put in place in HA for the year of 2021.

a COVID-19 Vaccination for Staff and Patients

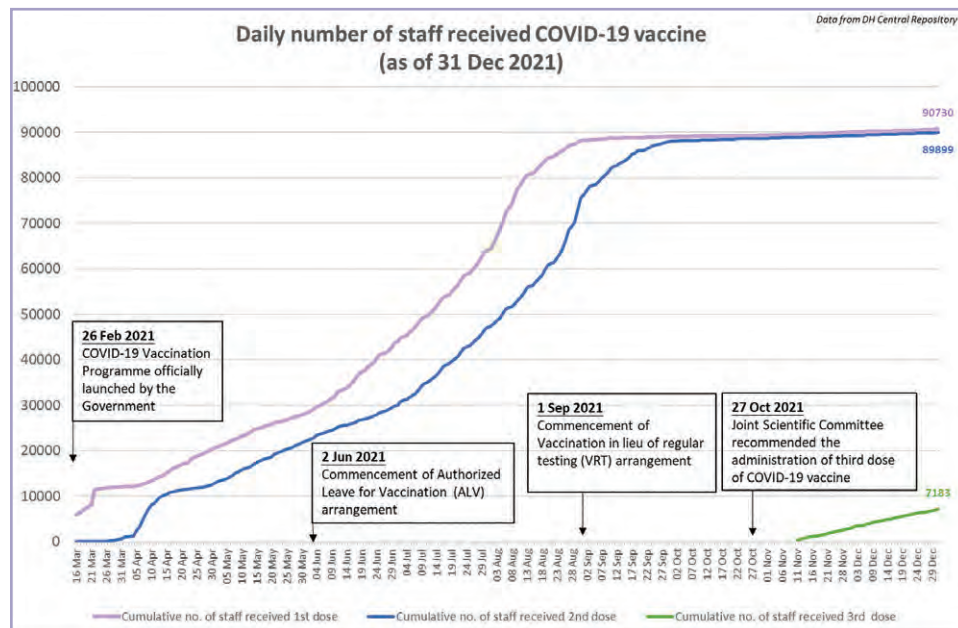
COVID-19 vaccination is one of the mainstays to offer protection against COVID-19 with its efficacy in lowering the risk of COVID-19 infection, hospitalization as well as mortality. HA encourages all staff and patients to receive COVID-19 vaccine to protect both themselves and their families.

To facilitate the access to vaccination, 41 Staff Vaccination Depots (SVDs) were established at hospitals to offer on-site vaccination to staff from March to September 2021; 13 depots have been gradually reactivated since late November 2021 to provide the third dose of vaccination. A variety of promotion activities have been implemented, including expert sessions sharing the scientific knowledge, distribution of limited edition souvenirs, lucky draw as well as hospital-based award recognition. Authorized Leave of Vaccination (ALV) was granted to staff for a good rest after the vaccination.

Leveraging on technology, HA enhanced myHR App in April 2021 for vaccine booking at fingertips and report of vaccination status; and a vaccine dashboard was launched for progress monitoring. As of June 2022, over 99% of HA staff had received at least one dose of COVID-19 vaccine and 97% received three doses of COVID-19 vaccine.



○ Dr Raymond Lai, CICO, received COVID-19 vaccination at CVC.



○ Staff vaccination rate is being closely monitored for proposing timely initiatives.

Aside from staff, HA always gives top priority to protect patients. Beginning from mid-June 2021, HA has made COVID-19 vaccination accessible to fragile, long-stay inpatients vulnerable to COVID-19 infection and complications but are unable to go outside for the vaccination. The programme starts with psychiatric and infirmary patients and gradually extends to suitable patients in other specialties.

b Staff Testing

To enhance protection for staff and patients via early detection of occult cases, staff testing was piloted for about 5,000 staff providing care for vulnerable patients¹ in February 2021 by using polymerase chain reaction-based nucleic acid tests (PCR tests).

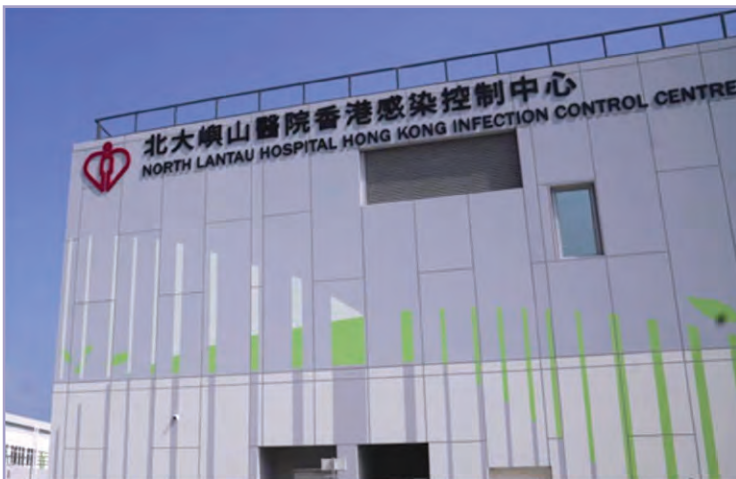
With more rapid antigen test (RAT) kits being available in the market, having due consideration to the cost effectiveness and testing accuracy between RAT and PCR tests, HA has switched to RAT for staff testing since March 2021. HA later extended the scope of testing to all frontline clinical staff from May 2021, involving around 70,000 staff. A bundle approach was adopted to facilitate staff to acknowledge receipt of test kits, perform the test, upload testing results, and view the records in the myHR App or HA Chat. A designated dashboard and website were created for close monitoring of the progress.



Under the Government's directives, HA extended the testing scope to all HA staff in August 2021 and later introduced the vaccination in lieu of regular testing (VRT) arrangement. Staff who have not yet completed the COVID-19 vaccination would be required to undergo a weekly PCR test using combined nasal and throat swabs (CNTS). On the other hand, being the high risk exposure group for management of COVID-19 patients, staff who work at the Hong Kong Infection Control Centre (HKICC) and the HA Infectious Disease Centre (HAIDC) were required to undergo the PCR test every three days. The testing frequency was increased to every two days starting from December 2021 in view of the emergence of the Omicron variant.

c Isolation Capacity

The HKICC featuring hospital-grade isolation facilities with 816 beds and onsite laboratory has come into service from February 2021 onwards, providing inpatient services to COVID-19 cases with mild to moderate severity as well as augmenting HA's testing capacity.



○ HKICC



○ HAIDC

¹ The five target groups included day centres providing chemotherapy or radiotherapy for cancer patients, outreach teams visiting institutions (e.g. Community Geriatric Assessment Teams and Psycho-geriatric Outreach Teams), Palliative Care Outreach Teams and oncology wards.

To optimize centralized handling of COVID-19 patients, HKICC and HAIDC were designated to receive all COVID-19 patients with effect from October and mid-November 2021 respectively. HKICC was also designated as a point-to-point facility for 14-day post discharge isolation and health monitoring of recovered COVID-19 patients, as a heightened measure to further minimize the risk of bringing back the virus to the community.

Furthermore, an escalation plan was formulated to guide the placement of patients in HA. In principle, depending on the scope and scenarios of outbreak (e.g. outbreak of elderly and paediatric cases), the hospital capacity, including Intensive Care Unit (ICU), would be reserved for frail patients who require special care while the HKICC and Community Treatment Facility (CTF) could accommodate patients with mild to moderate conditions.

d Heightened Infection Control Measures

The emergence of the Delta and Omicron Variants of Concern (VOCs) in May and November 2021 have increased transmissibility and escaped neutralization by existing wild type anti-SARS-CoV-2 antibodies. Subject to the availability of isolation beds, suspected and confirmed COVID-19 cases were arranged in single isolation room until their PCR test results of VOCs from the Public Health Laboratory of Department Health being available. To expedite patient cohort arrangement, cluster laboratories have also been equipped with single-nucleotide polymorphism (SNP) PCR-based assays for detecting different types of SARS-CoV-2 variants, with a turnaround time of 12 to 24 hours, when needed.

The use of dedicated patient equipment was introduced in 2Q 2021 to reduce the transmission risk through sharing of equipment. As a step-up measure, staff were advised to wear surgical masks, eye protection, isolation gown and gloves when performing oral hygiene or oral feedings for patients when splashing or spraying of body fluid or excretions is anticipated. Infection control measures have also been reinforced at dining areas for staff.

In addition, the testing requirement for patients attending day care centres/ receiving day services under Tier 8b Enhanced Laboratory Surveillance (ELS) was tightened in early 2021 that patients were strongly recommended to have a negative test result of COVID-19 within 72 hours prior to their first appointment. Those who had received the second dose of COVID-19 vaccine for over 14 days could be exempted from testing. To prevent the spread of COVID-19, only light meal would be provided for patients attending day services when needed.

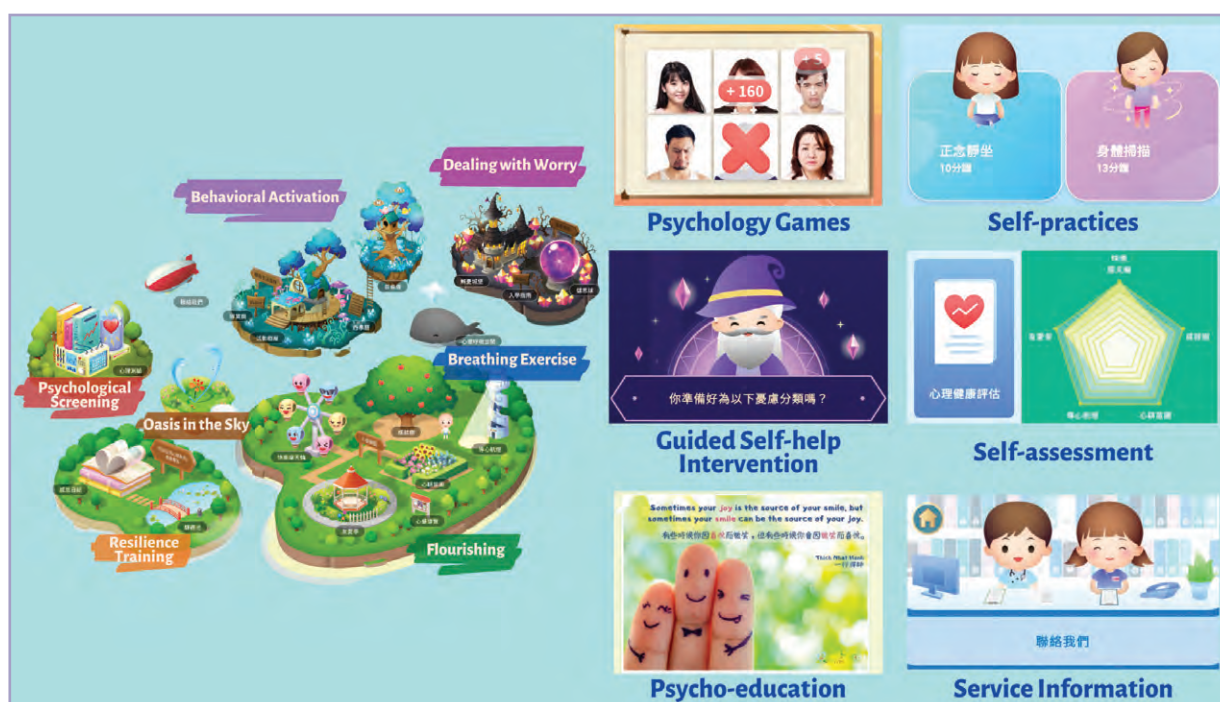
e Exchanging Views on Anti-epidemic Work with the Mainland

HA followed the lead of the Government to join the meetings on the anti-epidemic work of the Mainland and Hong Kong hosted by Deputy Director of the Hong Kong and Macao Affairs Office of the State Council (HKMAO) in September and November 2021, to discuss anti-epidemic strategies and study the resumption of quarantine-free travel between the Mainland and Hong Kong. HA's experts and the Mainland epidemic prevention and control expert delegation also made fruitful exchange on their professional views and shared anti-epidemic experiences in the visits of the HKICC as well as Tin Shui Wai Hospital and Tin Shui Wai (Tin Yip Road) Community Health Centre in late November 2021.

Attaching great importance to the Mainland's expert opinions, the discharge arrangement of patients recovering from COVID-19 was further tightened that they would be subject to a 14-day isolation and health monitoring after being discharged from hospital with effect from 27 October 2021, to guard against the resurgence of COVID-19 in the community.

III. myOasis – Psychological Wellness App

The first HA psychological wellness mobile application – “myOasis” (Phase I) was officially launched in April 2021. The app aims to promote HA staff's mental health awareness and resilience through interesting activities/features and offers psychological screening assessments, self-help psychology modules on “Flourishing”, “Gratitude” and “Mindfulness”, abundant psychoeducational resources, and practical functions of staff psychological services.



○ Major Modules/Functions in myOasis.

As part of Phase II enhancement, 3 more modules including “Breathing Exercise”, “Behavioral Activation” and “Dealing with Worry” were introduced in December 2021 and March 2022. To engage users, the CCPS promulgated new psychological resources from time to time, regularly updated wellness tips, conducted interactive quiz and made use of push notifications in the app. Favorable feedbacks were received and the number of users continues to grow, reaching 9,000 in March 2022.

IV. Staff Psychological Services for COVID-19

In the face of the prolonged epidemic, CCPS continues to develop and provide diversified and proactive psychological services for HA staff to strengthen their resilience and coping skills:

a Mental Health Promotion Campaign

To facilitate recovery from potential stress and anxiety, the “I ♥ Me Project” was launched in September – December 2021, comprising the following psychological programs under the theme of “Self-compassion”:



- (i) “A Flourishing Journey in myOasis”: An award winning activity to encourage HA staff to practice flourishing (a key concept of positive psychology) via the myOasis app. About 600 staff members participated in the activity.
- (ii) “Self-compassion Webinar”: Introduced ways to develop a compassionate self and show compassion to others by Storyteller. The event was heightened by the participation of CE, D(Q&S) and Dr Kathleen So, Chairman of the Advisory Committee on Personal Growth & Development Services of Oasis. Over 600 attendances were recorded in the 2 webinars.
- (iii) “Finding A Moment of Loving Kindness” - the Experience & Sharing: Promoted self-compassion among HA staff through online exercises and sharing of tips on webpage platform. More than 9,000 hit count was recorded.
- (iv) “Psychological Well-being Groups”: Conducted 7 groups (over 100 attendances) to facilitate intensive learning of mindfulness and self-compassion led by our clinical psychologists.

b Self-help Resources

CCPS continues to make best use of online platforms to develop / update self-help materials and audio-visual exercises on the Oasis Website corresponding to staff's needs in the rapidly changing epidemic situation. New contents in 2021/22 covered a wide range of topics e.g. pre-deployment, individual and family response plan, burnout, peer support, suicide prevention, mental illnesses, and parenting.

The resources were widely promulgated via different promotion channels in HA. The hit count was over 170,000 in total in 2021/22, making an average of 14,000/month and reaching a peak of 26,000/month during the 5th wave of COVID-19.

c Support for Pressure Areas in HA

To alleviate the stress of staff in pressure areas and facilitate their stand-down from heavy work engagements, CCPS proactively coordinated with relevant stakeholders and extended tailor-made self-care sessions and online exercises specially for the staff concerned. The services were piloted in the Community Treatment Facility at AsiaWorld-Expo (AWE) in March 2022. Liaison with other pressure areas is ongoing and support to respective areas was rendered.



d Online Psychological Support Kits

Owing to the surge in demand in the 5th wave, a new version of the kits in online format has been developed. Staff can now scan a QR code or visit the Oasis Website to receive the kits easily via email or WhatsApp.

By March 2022, the physical and online kits supported about 800 and 100 staff members/ their family members respectively. The service recipients showed appreciation for CCPS' timely response and, most importantly, the warmth and care delivered at this unprecedented trying moment.

e Enhancement of Disaster Psychosocial Services (DPS) Website

The DPS Website aims to promote an understanding of psychosocial aspects of disasters among HA staff and the general public. In 2021/22, new contents regarding COVID-19 as well as more resources for hospitals' Disaster Psychosocial Services Teams (DPSTs) were developed; educational content and viewing experiences were also enhanced. Since the website's official launch in 2019, the number of visitors had reached about 59,000 in total (as of 31 March 2022).



Special Topics on DPS Website.

f Continuation of Other Psychological Services

Apart from the above new initiatives / enhancements, the following services were also provided for staff in need during the epidemic:

- (i) Individual & Group Services: CCPS continues to provide individual and group services and adopt a flexible approach (flash programs and same-day promotion activities) to facilitate our busy health care workers to spend some quality moments to enhance their psychological well-being.
- (ii) Critical Incident Psychological Services (CIPS): CCPS collaborated with CIPS Centres and Critical Incident Support Teams (CISTs) to pay close attention to the well-being of HA staff by providing need assessment, and to render strategic services for pressure wards/ departments and areas at cluster hospitals, such as conducting psychoeducational workshops on relaxation, self-care, and stress management, disseminating psycho-education materials, as well as sending caring packs.

Way Forward

The rapidly evolving COVID-19 epidemic is posing unprecedented pressure on HA's healthcare system alongside the increasing service demand due to population growth and aging. There is pressing need to enhance the corporate preparedness for these challenges. IEC will remain proactive and continue its efforts in executing infection prevention and control, providing timely response actions during disasters, enhancing contingency planning for major incidents as well as strengthening staff resilience in response to crisis and adversity.

Patient Relations and Engagement

Introduction

Over the years, Hospital Authority (HA) has set up an established structure and system to collect and handle public feedback, appreciation and complaints for continuous service enhancement. The two-tier complaint handling system aims to provide an easily accessible, efficient and effective avenue for addressing complaints fairly, impartially and effectively, both for the complainants and those being complained against. Local resolution at hospitals/clinics is often the main emphasis in the first-level case handling, with appropriate assistance to be provided to patients and complainants as far as possible. Complainants who are dissatisfied with the outcome of their complaints handled by the respective hospitals/clinics can appeal to the Public Complaints Committee under the HA Board for a review of their cases.

HA has also been striving to promote a positive culture towards public feedback and complaints, which is essential for provision of high quality patient-centred healthcare service, through a multi-pronged approach. As a further step forward, HA has followed the international trend of employing Patient Experience Surveys (PESs) to proactively collect patient feedback for quality improvement.

Project Highlights

Patient Experience Survey (PES)

Understanding patient experience is a key feature of quality improvement in modern healthcare delivery. Following international practices, HA uses PES to proactively collect patient feedback since 2010. PES has become an integral part of the governance framework to engage patients throughout the care journey to improve quality for patient-centred care.

Throughout the years, patients' experience was generally found to be very positive, particularly in the confidence and trust towards clinical professionals, and majority of the treatment and care aspects. For areas identified for improvement, follow-up actions would be taken by HA via a structured and robust mechanism.

Due to the COVID-19 pandemic, the fieldwork of PES on Specialist Outpatient Service originally scheduled in the third quarter of 2020 was rescheduled to August 2021. The Survey covered over 13,000 patients who have attended any one of the 26 selected Specialist Outpatient Clinics of HA. Their experience would be analysed and evaluated by a validated questionnaire comprising four care aspects, including efficiency, environment and facilities, doctor, and staff. The fieldwork completed in January 2022, and the results will be shared with the public by late 2022.



With the use of consistent methodologies and validated tools in conducting PESs, HA is able to have a longitudinal monitoring of its service quality and patients' experience. Apart from the follow-up actions taken by individual hospitals to drive improvement on areas with low scores, a Working Group on PES was also set up to advise, coordinate and oversee HA-wide improvement plans, and to provide strategic direction for PES.

	醫院管理局 威靈頓聖王醫院	病人姓名：陳太文 性別 / 年齡：男 / 80歲 香港醫療證號：AOKK0001(D) 出生日期：1939年6月1日 住院號碼：HN1200292(V) 出院號碼(如有)：MED (P/I)
病人入院資訊摘要		
醫護人員給與此有此次出院的重要藥物指示：		

To facilitate better self-care for patients and caregivers, the Patient Discharge Information Summary project was implemented to provide patients with a clear and concise summary of important medical advice. Initiatives were also taken in response to patients' expression of the need for more information on channels for making complaints, feedback and appreciation, which included a revamp of HA website, and provision of QR codes and electronic form for feedback.

With the PES project launched for over 10 years, HA has engaged stakeholders, including patient groups and cluster representatives, and taken reference of the international development in reviewing and planning the future cycles of PES. Use of PES as an important platform to enhance patient engagement throughout the care process and improve service is well recognised. While continuing the PES project on inpatient and specialist outpatient service, it is suggested that new specialties/disease-based PESs be explored.

Enhancing Capacity and Staff Competencies in Conflict Resolution

With HA's increasing service volume and complexities, and public awareness of the right to complain, demands on complaint handling personnel service/support to mediate disputes are on the rise. There is also an increasing trend in complexity and severity of complaint cases with involvement of high-powered complaint redress organisations requiring intensive coordination and collaboration across hospitals/clusters.

Complaint management is challenging and experience-dependent. It requires knowledge in a wide range of subject areas of HA and the healthcare system as well as competencies in investigation skills, mediation/counselling skills, verbal and written communication skills. Initiatives to enhance capacity and staff competencies in conflict resolution included the following:

a Building a Cluster-based Patient Relations Office Structure

Given the importance of the function and role of patient relations officers (PRO) at hospitals, it was imperative to recruit and retain suitable staff so as to safeguard the quality of work on patient relations/complaint management. It was the corporate direction to set up cluster-based Patient Relations (PR) Office structure led by a cluster PR coordinator to align practices in the cluster, monitor and report on the cluster performance as well as to review the training and development of PROs. Cluster-based PR Office was established in five clusters, namely Hong Kong East Cluster, Hong Kong West Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster. Further implementation in the two remaining clusters was planned in 2022-23.

With the cluster-based PR Office as the focal point, regular visits and exchanges between Head Office and clusters were conducted to discuss case handling and related issues with a view to enhancing mutual communication and collaboration.



b Complaint Management and Conflict Resolution Trainings

Classroom training on complaint management was suspended due to COVID-19 pandemic since early 2020. Alternatively, the use of technology such as webinar was explored to engage clusters in organising training and sharing. Continued efforts have been made to enhance staff competence and capabilities in complaint management with due consideration of the epidemic situation.



Way Forward

A good and harmonious healthcare professional-patient relation is essential to maintain the quality of patient care. However, complaints are unavoidable, given the complexity of the healthcare systems, limitations of medicine and the unmet expectations regarding public health services. PRED will continue to work with stakeholders to advocate more public education, and promote a positive and just complaint culture to enhance communication and prevent misunderstanding.

Patient Safety and Risk Management

Introduction

Patient Safety and Risk Management Department (PS&RM) was established to coordinate improvement in patient safety and quality of care across HA. Through analysing reported incidents, PS&RM identifies risks in patient care processes, introduces various risk reduction measures and works with Clusters and other corporate Departments on integrated system enhancement projects.

PS&RM also provides executive support to four COCs – Orthopaedics & Traumatology, Ophthalmology, Obstetrics & Gynaecology and Paediatrics. Despite recurrent waves of COVID-19, many projects continued to make progress and we are pleased to highlight a few of them as follows, including CXR AI (Chest X-ray Artificial Intelligence) development in HA, warfarin safety, guide wire (GW) safety and phasing out of Single-Use Device.

CXR AI Staff Webinar

Staff Webinar on CXR AI Development in HA

To embrace the continuous efforts of HA in technology advancement, and to share and promulgate CXR AI development in HA, a webinar – “Back to The Future - CXR AI Development in HA” was co-organized by HO PS&RM and HA Clinical AI Working Group on 16 July 2021. Speakers from Radiology, A&E, HI&IT, Q&S and Legal Services were invited to give invaluable sharing at the webinar. Over 420 colleagues attended the webinar with over 97% of positive feedback. Participants generally considered the programme useful and met their needs. To facilitate staff access to the recording of the webinar, a link was posted on eLC.

Webinar on CXR AI Development in HA
Date: 16 July 2021 (Friday)
Time: 12:30 – 14:00

Run-down & Speakers

- 1. Introduction**
Dr Jackie CHEUNG, HOG&S SM(PS&RM)
- 2. Behind the Scene**
Radiologists' input in CXR AI development
Dr YC WONG, Chairman of COC(Rad); TMH Deputy HCE / TMHPOH/TSWH COS(DR&NM)
- 3. Fast & Furious**
CXR AI pilot in A&EDs
Dr CY LUI, Chairman of Technology & Service Development Subcommittee, COC A&E; Convenor of NTWC Smart Hospital Program Committee
- 4. Genie in the Portal**
HA&IT's continuous efforts in improving CXR AI
Dr Joyce CHAN, HOIT&HI SH(C)
- 5. Behind Superintelligence**
Guiding principles & common concern in adopting AI in clinical care
Dr Sara HO, HOG&S CM(PS&RM)
- 6. Words Before Curtain Call**
Q&A session
AI Panelist & Ms Catherine YEUNG, HOC LC(LS)

Organizer
HA Clinical AI Working Group
Health Information, IT&E Division, HAHO
Patient Safety & Risk Management, Q&S Division, HAHO
- CME/CNE/CPD Not Applicable

Let me help

Thanks AI Genie
Great decision support

e-Learning Centre
We are your preferred training partner.

Video Gallery

Webinar on CXR AI Development in HA
Date: 16 July 2021 (Friday)
Time: 12:30 – 14:00

Let me help

Webinar on CXR AI Development in HA
Webinar on CXR AI Development in HA

CXR AI Implementation Progress

After the dissolution of the CXR Steering Committee in June 2020, the recommended actions were continually followed up by the respective COCs and working groups. Implementation of AI to mitigate the risk of missing important radiology image findings became an important area of focus.

In 2021, CXR AI model developed in HA achieved an area under curve (AUC) of above 90% for lung mass / nodule and was implemented in mainly two clinical areas – GOPC and AED. AI to assist CXR reporting prioritisation became accessible across all GOPCs. By October 2021, AI to assist second look screening prioritisation as well as real-time decision support was available in all AEDs with encouraging results.

Further extension of AI imaging is underway. AI real-time decision support for CXR is now piloted in out-patient and in-patient clinical areas including PMH Department of Medicine and Geriatrics (M&G), Oncology, Surgery and Orthopaedics and Traumatology (O&T), Department of M&G in Our Lady of Maryknoll Hospital (OLMH), Kwong Wah Hospital (KWH), Queen Mary Hospital (QMH) and Tung Wah Group of Hospitals Wong Tai Sin Hospital (WTSB). AI extension for detection of nasogastric tube position on CXR has also been under study in Tuen Mun Hospital ICU and TSWH AED since October 2021.

New modules and functional enhancements including but not limited to localization and pleural effusion module would further empower CXR AI, to help our frontline colleagues.

Warfarin Safety

In 2020, around 19,000 HA patients were prescribed with Warfarin and among them, 2,200 were new cases. 98.5% of these patients were on daily or odd-even day regime, and 1.5% on complicated regime. Around 10 incidents related to Warfarin have occurred each year and it has been fatal. Common observations from the study of these incidents included: actual prescription different from the intended prescription or shorter than intended period, the most updated INR not being referred to, and complicated regime.

Recognizing the importance of collaborative input and tapping on colleagues' ingenuity, a safety campaign has been launched in Q2 2022, to call for proposals of bright ideas for warfarin safety. Ideas on safer and smarter prescription, administration, dispensing, patient communication, and any other relevant aspects, are welcome!

PS&RM has discussed and will continue to work with HI&IT, MSC and other relevant COCs / CCs to innovate system enhancement for corporate wide implementation.

GW Safety Animation

Animation Video on Central Venous Catheter (CVC) Safety

After launching the “Safety Precautions in CVC Insertion Training Video” via eLC in September 2020, HO PS&RM further developed a two-minute animation video which covered the critical steps and quick tips on safe CVC insertion so as to increase frontline staff awareness on CVC procedure safety and minimize the risk of GW retention. After months of preparation, the animation video has been released in Q2 2022 at eLC and PS&RM website.



Singe Use Device (SUD)

Complete Phase-out of Reuse and Reprocessing of Singe Use Device in Hospital Authority

Singe Use Device (SUD) is a medical disposable device intended by the manufacturer to be used on one patient during a single procedure. However, SUDs are routinely reprocessed for reuse by health care institutions in many countries as part of efforts to reduce costs and environmental impacts, including HA. The reprocessing of SUD includes procedures such as cleansing, disinfection, sterilisation and tracking. As a balance of risk implication and cost consideration, HA has adopted a risk stratified approach to phase out the reusing of SUD. SUDs are classified according to the risk by reprocessing as defined by the Spaulding classification and FDA (Code of Federal Regulation) Devices Classification. High to moderate-high risk items were phased out with priority, followed by other low risk items.

FDA Classification	Spaulding Classification		
	Non-critical	Semi-critical	Critical
Class I	Very low risk	Low risk	Moderate risk
Class II	Low risk	Moderate risk	Moderate-high risk
Class III	No such item	High risk	High risk

New measures included mandatory reporting of new SUD, setting up risk mitigation measures for reprocessing SUD, and implementation of Guidelines and Standard Operating Procedures to unify the practice of reprocessing and reuse of SUD. As a result, HA stopped reusing all high risk SUDs in 2006 and will continue to phase out other items by phases.

Since HA formed directions to phase out all reprocessing and reuse of SUDs by phases in MSDC in 2010, the Advisory Group of SUD has benchmarked with the international practices on reuse of SUDs and made prudent proposals according to the stratified risk approach. Major milestones are as follows:

- a** HA stopped using Class III high risk SUD since 2006;
- b** From 2009/10 to 2019/20, 297 types of Class II (moderate to high risk) SUDs were phased out with \$87 million recurrent funding; and
- c** In 2020/21, further phase out of the remaining 130 types of Class I and II (moderate to high risk) SUDs with \$29 million recurrent funding.

As of 24 August 2021, there are only **50 types of remaining Class I very low risk and low risk reprocessed SUDs** to be phased out. HA plans to completely phase out reprocessing and reuse of all SUDs by 1 April 2023. This move signifies HA's commitment to continuously enhance patient safety and quality of care.

Quality and Standards

Access Management – Specialist Out-Patient Clinic (SOPC)

SOPC waiting time has all along been a focus of HA. In order to improve SOPC waiting time, senior management of HA Head Office arranged visits to all clusters in September and October 2021, to review SOPC waiting time and discuss good measures and practices to better manage the issue.

Measures along the three-pronged strategy of managing SOPC waiting time, i.e. narrowing upstream, diverting midstream, and collaborating downstream, were formulated and promulgated in various platforms, including Task Group on Sustainability, Executive Committee, Council of Hospital Governing Committee Chairman, Regional Advisory Committees, Directors' Meeting, Medical Policy Group, Senior Executive Round Table, and various Coordinating Committees etc. All clusters reported on SOPC waiting time management at respective Cluster Management Meeting in 2021 4Q as well.

With much efforts, despite the COVID-19 outbreak, especially during the fourth quarter of 2021, waiting time (WT) of pressure areas, such as Medicine (MED), Ear, Nose, & Throat (ENT), and Orthopaedics & Traumatology (ORT), had a decreasing trend and were below 100 weeks in almost all clusters in the month of December 2021.

SOP Waiting Time in 8 Major Specialties in December 2021 (provisional figures)

Waiting Time (weeks)								
	OPH	MED	ENT	ORT	SUR	PSY	GYN	PAE
90th Percentile <i>(provisional figures)</i>	143	91	95	90	94	92	77	28

Some short-term measures implemented by clusters include the Special Honorarium Scheme (SHS) to devote extra hours to see SOP new cases, demand management by diverting cases from a SOPC with longer WT to another SOPC within the same cluster with a shorter WT to even out service demand, review of booking pattern to ensure SOPC quotas are well utilized, and internal referral management, such as regular monitoring and gatekeeping by seniors and by Triage Clinics. Other medium- and long-term measures would be implemented starting from 2022.

In addition, an internal audit on the Management of Specialist Out-Patient Services Waiting Time was conducted by HA Group Internal Audit (GIA) in 2021. The audit report was released in December 2021 with recommendations for corporate and clusters to further enhance and refine the management of SOPC waiting time. Areas covered include senior management support, data capturing, and service model, etc.

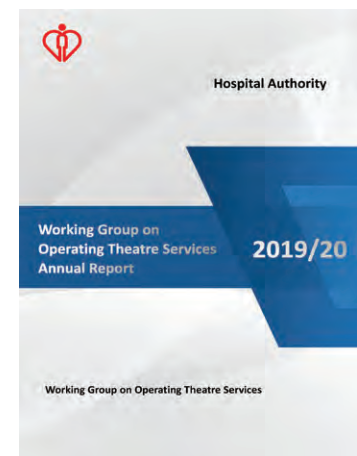
Working Group on Operating Theatre Services Annual Report 2019/20

The Working Group (WG) on Operating Theatre (OT) Services published the first Annual Report last year. It is a comprehensive summary of the work under the ambit of the WG. In addition to the OT utilisation performance indicators, the Annual Report also reviewed the recommendations made by GIA and external consultancy over the years. In brief, the Annual Report aims to:

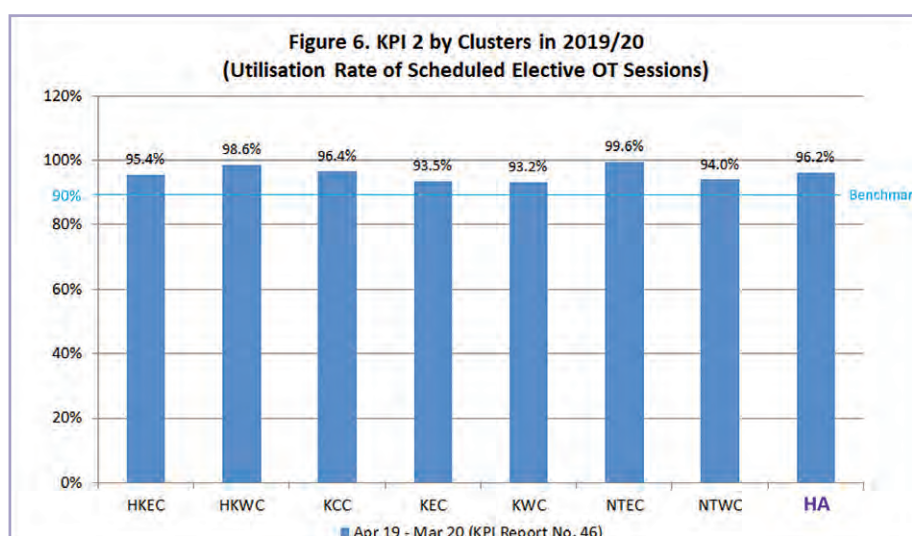
- Provide a regular report on the utilisation and efficiency of OT Services in HA
- Facilitate the monitoring of performance related to OT utilisation
- Promulgate learning and sharing of good practices on OT operations among clusters

Highlights of the reporting areas included:

- Governance of cluster OT services
- Information of OTs under HA Standardised OT List
- Performance measures on OT utilisation and efficiency (KPIs and other performance indicators)
- Key priority areas on improving OT utilisation
- Annual plans related to addition of OT sessions
- Sharing of good practices



It is encouraging to notice that OT Committees are set up at all clusters, improvement mechanism is in place and performance indicators are being monitored regularly. It is hoped that the Annual Report will become a good reference to facilitate the improvement of OT utilisation and efficiency across HA, by sharing good practice and providing HA overall data to serve as benchmarks.



(Excerpted from Figure 6 of the Annual Report) All clusters have maintained a very high utilisation rate of scheduled elective OT sessions throughout the year – all above the 95% benchmark referenced from the UK National Health Service (NHS).

In spite of the difficult times under the COVID-19 pandemic, our dedicated OT colleagues have helped maintain an efficient daily operation of the OT, with the best interest of patient safety, service quality and resource utilisation in mind. Moving forward in the pursuit of quality improvement, based on the cornerstones of OT utilisation Key Performance Indicators (KPIs) and a suite of supplementary indicators, the WG will look into a more comprehensive analysis on overall OT capacity and utilisation for long-term service planning and monitoring, and factors including safety and accessibility to emergency operations. We hope that all these will bring more benefits to the patients in HA, especially when we are expecting more than 90 additional OTs to be built in the 10-year Hospital Development Plan.

Viral Hepatitis Management

Prevention of maternal to child transmission of hepatitis B virus (HBV) infection was highlighted as a key initiative in the Hong Kong Viral Hepatitis Action Plan 2020-2024. In addition to providing antiviral to pregnant women with HBV infection and high viral load to reduce the risk of perinatal transmission of HBV, HA has worked with the Department of Health (DH) to implement the program of Post-Vaccination Serologic Testing (PVST) for babies born to HBsAg-positive mothers. Babies born in or after April 2021 would be referred for blood taking to check for presence of infection or immunity after completion of hepatitis B vaccination. Those with HBV infection will be referred for follow up and management while babies without immunity will receive an additional course of hepatitis B vaccine and a second PVST to confirm immunity. Preparation work was carried out with relevant stakeholders, e.g. Hong Kong Children's Hospital, Maternal and Child Health Centres and Public Health Laboratory Centre under DH, in 2021 for program implementation in January 2022.

Patients with end stage renal disease on dialysis were identified as a target group for micro-elimination of hepatitis C virus (HCV) infection in view of the higher prevalence of infection and risk of adverse outcome with HCV infection in this patient population. Between 2020 and 2021, patients with suspected HCV infection identified from the HA renal registry were referred for assessment and treatment with direct acting antiviral. Most of the patients were confirmed to be cured from HCV upon review in November 2021.

Development of eConsent Platform

To further improve the workflow of informed consent in daily clinical practice and achieve full integration with Clinical Management System (CMS), the eConsent has been developed to optimise the consent process, enhance documentation and data management. The eConsent has been piloted in four hospitals, namely Tin Shui Wai Hospital, Tseung Kwan O Hospital, Kwong Wah Hospital and Hong Kong Children Hospital in 2021. Training videos for eConsent major workflow and special functions have been launched to facilitate the implementation in cluster/hospital. Moreover, with the feedback and suggestions from pilot hospitals, several system enhancements were developed to further improve the workflow and be more user friendly, such as:

- eConsent module for A&E procedures
- Modified the layout of “Anaesthetic Information” for adult and children
- “Corporate eConsent Enquiry” function for previewing of eConsent forms across HA hospitals
- “Procedure done” for identifying the used eConsent forms

For the way forward, Phase II enhancement of eConsent would be continued to support clinical operations including interface with other clinical systems and integration into HA GO.

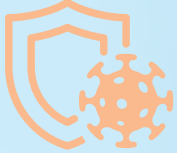
Modified the layout of “Anaesthetic Information” for adult and children.

eConsent module for A&E procedures.



Training videos for eConsent major workflow and special functions.

Clusters



Hong Kong East Cluster (HKEC)

Patient Safety Month 2021

Hong Kong East Cluster (HKEC) Q&S Office has resumed Patient Safety Month 2021 in September in a hybrid mode. With the theme “Resilience Through Innovation and Transformation of Q&S 質素安全新蛻變，同心抗疫共策新”, Patient Safety Month 2021 comprised five lunch forums and a workshop, including the keynote presentation from Ms Akina FONG, Media and Public Relations Expert, on better communications. Besides the unfailing support from HKEC colleagues, we also had participants from HKEC Hospital Governing Committee members, Hospital Authority Head Office (HAHO) and other clusters joining via cloud-based video conferencing platform.



Incident Management Simulation Workshop

To identify potential risks in clinical departments and to better prepare colleagues to handle incidents, the HKEC Q&S (CQ&S) Office and the Nethersole Clinical Simulation Training Centre (NCSTC) have jointly organized an Incident Management Simulation Workshop. The first workshop for the Department of Paediatrics was held on 5 May 2021. Five doctors and six nurses had participated in the workshop and positive feedback was received. Participants expressed that the scenarios were realistic and relevant to their daily practice. CQ&S Office would continue to explore potential topics and liaise with other clinical departments for future training.



Joint Journal Club of Q&S and Innovation

Continuous learning is the key to success. In 2021, the CQ&S Office organized 18 lunch forums and Journal Clubs with the aim to build up a culture of improving quality and safety with adoption of new technology and innovative ideas. Since June 2021, the CQ&S Office and the Cluster Committee in Healthcare Innovation (CCHI) have been jointly organizing the Journal Club, which was then renamed as “Joint Journal Club of Q&S and Innovation”. With enhanced promulgation channel from traditional email to instant messaging application and the convenience of online conferencing platform which supports live streaming, the number of attendants has increased substantially. CQ&S would continue to explore inspirational topics to broaden colleagues’ horizons.

Date	Journal Club Topic
27 January 2021	Incident Management
3 June 2021	Report Death to Coroner
8 June 2021	Eye Tracking Technology & Clinical Human Factors for Smart Healthcare
21 June 2021	Joint Grand Round: Surgical Emergency in Medical Ward
5 July 2021	Implementation of New Food Texture Standard in Dietetic & Catering Management System (DCMS) and International Dysphagia Diet Standardization Initiative (IDDSI) Fluid System in HA
8 July 2021	From Idea to Product: 3D Acu-man
15 July 2021	The Kick-off of a New Evidence-based Practice (EBP) Initiative: Bristol Stool Chart and Bowel Care
22 July 2021	HKEC Smart Hospital Series: One Small Step for Man, One Giant Leap for HKEC
10 August 2021	Safe Use of Physical Restraint
September 2021	Patient Safety Month 2021
18 October 2021	COVID-19 related Olfactory Dysfunction: From Discovery to Development
25 October 2021	Artificial Intelligence in Medicine - Ethico-legal Principles
9 November 2021	Roll-Out of Enhanced DCMS on 17 Nov 2021
1 December 2021	Conversational Artificial Intelligence in Healthcare

Promulgation on Proper Use of Physical Restraint in HKEC

Following the review of HAHO Guidelines for Use of Physical Restraint in March 2021, the HKEC Working Group on Physical Restraint and Safe Mobilization of Fragile Patients also revised the HKEC Guidelines, Assessment Form and Observation Chart of Physical Restraint in May 2021. Prior to the roll-out of the new forms, a Physical Restraint Safety Round was conducted in Pamela Youde Nethersole Eastern Hospital (PYNEH) in July 2021 to evaluate staff's readiness for the change. A Lunch Forum was held in August 2021 to highlight the learning points from previous restraint-related incidents as well as the latest updates in the Guidelines, which emphasized on shared care process and the importance of proper documentation. To enhance communication and better illustrate different types of restraints to relatives, the Working Group prepared a Fact Sheet and Cue Cards for Tele-visiting. This information package has been piloted in PYNEH Medical ward since June 2021 and a thorough study was conducted to evaluate its effectiveness which staff and relatives both found the information package being an effective means of communication. The Working Group would continue to promote the good practice of proper use of physical restraint in HKEC hospitals.

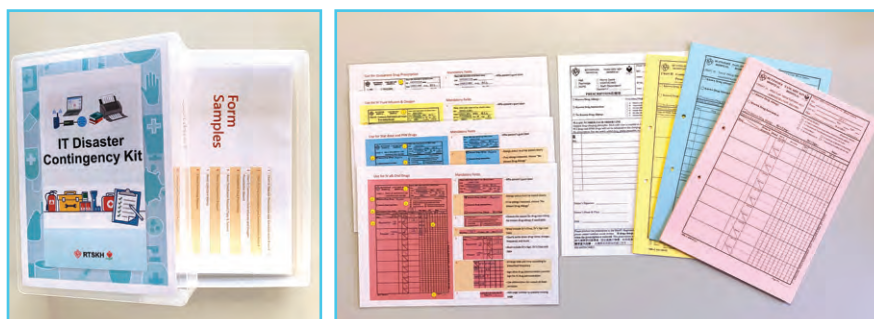


Enhancement on Prevention of Patient Suicide in HKEC

A review of the HKEC Guidelines on Prevention of Patient Suicide in General Wards was conducted by Cluster Q&S Committee and the updated version became effective from May 2021. Remarks on designated personnel and the updated Suicide Precaution Observation Record were added to the Guidelines. The update highlighted the need to “arrange designated personnel to stay with patient in ward after psychiatric consultation and while waiting to be transferred out to psychiatric unit for further management” and defined the designated personnel to accompany high-risk patients being the family members, relatives, friends, supporting staff or security guard etc. A Suicide Prevention Round was held on 2 September 2021 and the learning points were shared in the Working Group on Prevention of Patient Suicide in HKEC. The Working Group would continue to review the patient suicide risk and adopt good practice in HKEC hospitals.

IT Disaster Contingency Kit

In response to the incidents of breakdown of Information Technology System, the Hospital Information Technology (IT) Contingency Plan has been reviewed and an IT Disaster Contingency Kit was developed to provide essential manual order request (paper form) for supporting clinical services during IT emergency / Clinical Management System downtime. Since newly joined clinical staff may be unfamiliar with manual order request forms, not only does the contingency kit contain blank forms in 5 categories (Medication Administration Record, Blood / Blood Product Transfusion and Collection, Laboratory Investigation Request, Radiology Investigation Request and Last Office Record), it also includes samples indicating mandatory fields to be completed. The Contingency Kits were distributed to all inpatient wards on 22 January 2021.



Workplace Violence Management Workshop in St. John Hospital

To enhance staff awareness and to equip them with practical skills on handling workplace violence, a workshop for frontline clinical and supporting staff in St. John Hospital was conducted. Colleagues gained fruitful knowledge on workplace violence through case discussion, video sharing and the practical de-escalation techniques were delivered by the HKEC trainers.



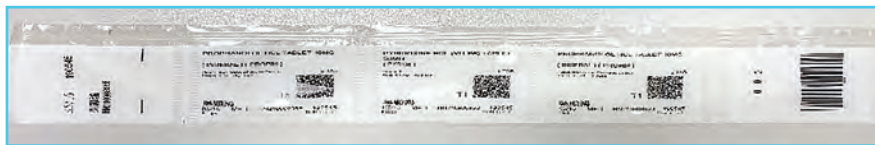
Medication Safety

Inpatient Drug Distribution

The Automatic Medication Unit Dose Dispensing System (AMUDDS) has been implemented in PYNEH and RTSKH since 2021. Instead of dispensing multi-day-dose pack of each type of medication, AMUDDS would machine-pack the medications (oral solid dosage form) into unit-dose pouches and in the order of administration time which would enhance drug dispensing efficiency and medication safety.



AMUDDS



Unit Dose Pouches

Drug Refill Service

Drug Refill Service (DRS) has been implemented in PYNEH and Ruttonjee & Tang Shiu Kin Hospital (RTSKH) since 2018 and 2021 respectively. Through this service, chronic patients with multiple drugs prescribed would collect their drugs in phase instead of obtaining drugs for a prolonged period to avoid potential complications from mixing up of drugs from multiple hospital admissions and medical consultations. Pharmacist would review and reaffirm the latest condition of the patient before each refill to reduce the risk of patient storing excess medications at home and improve medication safety through better drug compliance and reducing drug misuse.



Pharmacists review patients' condition and reinforce drug compliance.



Patients present refill coupon at Kiosk to save queuing time for drug collection at designated counter.

Non-blood Management Sharing Forum in RTSKH

In order to enhance staff's understanding on non-blood management, RTSKH Q&S Office invited external speakers from the Hong Kong Hospital Liaison Committee for Jehovah's Witnesses to share the non-blood management for Jehovah's Witnesses undertaken surgery. The forum was successfully held on 1 November 2021 with 57 participants from 11 specialties, including Medicine and Geriatrics, Surgery, Accident & Emergency and etc. It was a great opportunity for having external organization to share their valuable experience to the relevant departments in our hospitals.



Working Group of Staff Vaccination and Testing in RTSKH

In order to protect our staff from COVID-19 infection and promote staff participation in both COVID-19 and seasonal flu vaccination programs, a Working Group (WG) on Staff Vaccination and Testing was set up.

The WG kick-started with a recruitment of 60 staff ambassadors from different levels over 40 departments / units / wards / worksites in RTSKH to help disseminate updated vaccination-related information. Two briefing sessions and information kits were provided to the ambassadors for their better understanding. To acknowledge their contribution, certificates and souvenirs were awarded to the ambassadors for their services. Pull-up banners were also set up in the hospital to deliver latest vaccination-related information and help counter misinformation with facts and encourage staff to get vaccinated.



Implementation of Smart Panel and E-Vital in TWEH

To enhance clinical service efficiency and staff experience, Tung Wah Eastern Hospital (TWEH) piloted two brand new systems – Smart Panel & E-vital, under the Hospital Authority (HA) Smart Hospital Program in one of our stroke rehabilitation wards in 2021.

In May 2021, a multi-disciplinary working group, TWEH Smart Panel and e-Vital Task Force was established with support from the HA project team. In less than four months, hardware installation, staff training and production drills were completed and the two systems were successfully rolled out in August 2021. Encouraged by staff positive feedback and management's support, TWEH is planning on a hospital-wide implementation of the E-vital system by phase.



TWEH E-Vital & Smart Panel Live Run and Kick Off Ceremony on 31 August 2021.



E-vital app captures vital signs readings on interfaced physio-monitor devices.



Smart panels displaying individual patient's care alert and vital signs at bedside.

Installation of Patient Information Display System to Enhance Clinical Communication and Improve Patient Safety in WCHH

Good quality information helps ensure that the right services and care are provided to right patient. A Patient Information Display System (PID) integrated with bed-head trunking was piloted in the infirmary ward of Wong Chuk Hang Hospital (WCHH). PID can help to streamline clinical workflow by displaying easy-to-read and most updated patient care information such as warning notices, and diet and nutrition recommendation at the point of care. With all the information being digitalized, clinical communication and operational efficiency can be enhanced. The implementation of PID helps to create a positive practice environment and improve patient care and safety.



Trial of Sky Ceiling and 3D Wallpaper Pictures in Infirmary Ward of WCHH to Raise Quality of Life of Patients

Sky ceiling panels with peaceful sky views have been installed in the infirmary ward of WCHH to provide a relaxed environment to our long-stay in-patients. Also mounted is wallpaper with 3D pictures of beautiful nature scenery to create a comfortable and natural ambience. The sky ceiling and 3D wallpaper pictures not only make the ward look more spacious but also bring an atmosphere that is less clinical, more peaceful and tranquil for patients.

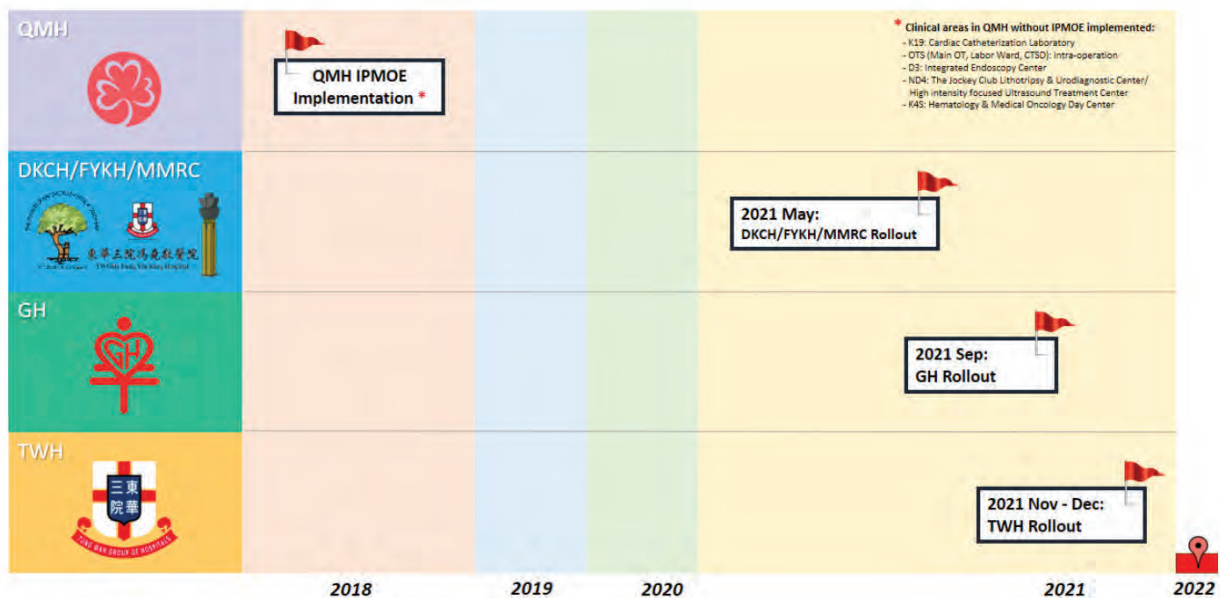


Hong Kong West Cluster (HKWC)

Corporate / Cluster Initiatives

Completion of In-patient Medication Order Entry (IPMOE) Implementation in December 2021

IPMOE is a closed-loop computerized system for prescribing, verifying, dispensing and administering drugs for HA in-patients. Implementation in Queen Mary Hospital (QMH) was completed in 2018.



With the concerted efforts from all parties, including Hospital Authority Head Office (HAHO), HKWC IPMOE Taskforces and IPMOE Taskforce / workgroup from The Duchess of Kent Children's Hospital, TWGHs Fung Yiu King Hospital & MacLehose Medical Rehabilitation Centre (DKCH-FYKH-MMRC), Grantham Hospital (GH) and Tung Wah Hospital (TWH), the implementation was successfully launched in HKWC non-acute hospitals by the end of 2021. TWH was the first hospital in HKWC to have IPMOE implemented for peritoneal dialysis and total parental nutrition, to prescribe, dispense and administer intraperitoneal drugs.

Prevention of Patient Suicide

In view of patient suicide during hospitalization, a taskforce was set up in HKWC in June 2020. After analysis of in-patient suicide data from 2014-2020, and review of existing strategies for patient suicide prevention, improvement areas were identified.

Four focused areas comprise staff, machine & material, method and environment.

Three subgroups were set up to address the improvement measures:

- Develop an assessment tool before granting home leave and guidance note on home leave issue;
- Explore an additional clue on top of the three screening items fit for various settings, including acute and rehabilitation setting; and
- Staff training focused on prevention of suicide.



Facility-related improvement work includes:

- Removal of potential risk in the toilet and fixation of shower hoses were completed in all cluster hospitals;
- Minimizing potential anchorage for hanging in high-risk area was in progress and installation of anti-ligature shower facilities during renovation to comply with the guidelines.

Items	
1	Wireless call bell - To minimize the risk: use of cable for strangulation (to be equipped in anti-wandering system)
2	Pillow - To prevent the use of plastic cover of pillow for suffocation - For prevention of MDRO
3	Poster – Dangerous items (Cluster base) - To alert patient and public on the dangerous items

MATERIAL

為保障病人及公眾安全，
 請勿攜帶任何利器或危險物品進入醫院範圍。
 For the Safety of Patients and the Public,
 Do NOT Bring Sharps or Dangerous Items
 into Hospital.

HKWC (HS) Governance (2017-2021)
Issued by CHSIS Committee

Quality & Safety Rounds in HKWC

HKWC hospitals conducted the theme-based rounds in three aspects: patient safety, environment safety, and infection control.

	DKCH-FYKH-MMRC	QMH	GH	TWH
Period (Resumed since)	Jan 2021	May 2021	Jul 2021	Sep 2021
Frequency of rounds	2-3 times per year	Twice weekly	Quarterly	Weekly (Sep – Oct 2021)
Areas covered	Clinical areas	Clinical areas	Clinical and non-clinical areas	Clinical and non-clinical areas
Percentage of completed Q&S rounds (as at 21 Jan 2022)	10/10 = 100%	50/76 = 65.8%	(1) 15/15 = 100% (2) Roof, minibus station, common pathway (e.g. stairs, corridor)	37/37 = 100%
Approach	Theme-based : patient safety and environmental safety			
Scope	<ul style="list-style-type: none"> Inter-/intra-hospital Transport of Critically-ill Patients Physical Restraints 	<ul style="list-style-type: none"> Medication (DD management, concentrated electrolytes, drug fridge) Fall prevention Suicidal prevention Patient identification OSH CCTV for patient monitoring 	<ul style="list-style-type: none"> Fall Prevention Physical Restraints Suicidal Prevention Pressure Injury 	<ul style="list-style-type: none"> Fall Prevention Patient Privacy Patient Identification
Members	Q&S staff	Q&S staff, OSH staff, Pharmacist (+/- DSD or SD(Q&S))	Representatives from Patient Safety Working Group (including PT, OT, nurse, doctor, Q&S staff and FM staff) and CND staff	Q&S staff

The objectives of the rounds were: to enhance communication with frontline staff through conversation; acknowledge good practices done by clinical departments; identify weaknesses and make improvement measures; and cultivate a safety culture.

Cluster / Hospital Initiatives

Standardization of Drugs Names in Dangerous Drug (DD) Cupboard

The initiative aims to avoid confusion or misinterpretation of medicines with similar names, especially medicines stored in DD cupboard. A list of DD in HKWC was first reviewed and the content to be included for the shelf labelling of the medicines in the DD cupboard in the ward was finalized. They included the name (generic and brand) and the strength, with use of different colours for different strength and TALLman lettering.

Decision	Sample	Comments from Clinical Department
1. Black outline frame All dosage forms (INJ, Solution, Tablet, Liquid, Syrup...) with black outline frame		67% Agree 33% Neutral
2. TALL man lettering Drug name with TALL man letters-> Red in colour and capital letter for the TALL man		94% Agree 6% Neutral
3. Drug name with EXTENDED / PROLONGED / MODIFIED RELEASE EXTENDED RELEASE (RED) / PROLONGED RELEASE (GREEN) / MODIFIED RELEASE (BLUE)		50 % Agree 39% Neutral 11% Disagree
4. Strength All strengths with black in colour and larger size		67% Agree 22% Neutral 11% Disagree
5. Same drug same strength with different volume: Volume will be underline for reminder		50 % Agree 39% Neutral 11% Disagree

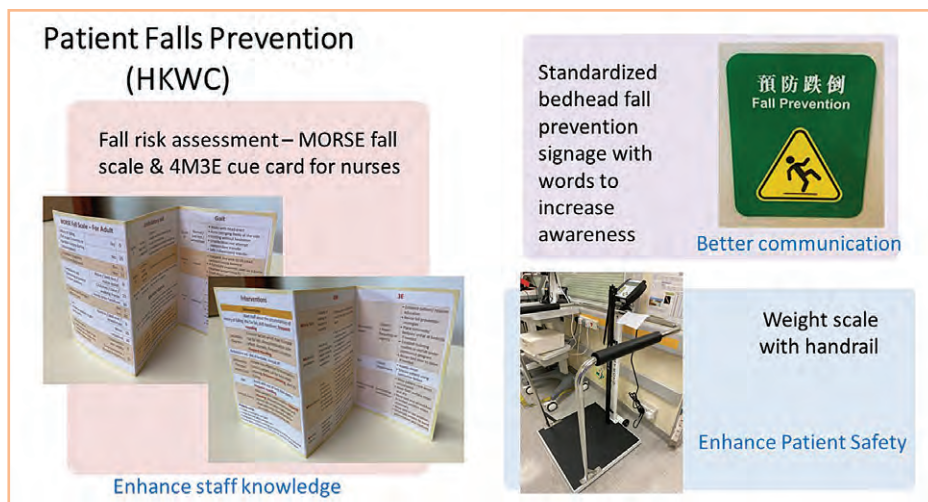
Standardize Bed Head Signage of Drug Allergy in HKWC

To enhance communication, a new red signage with the Chinese and English wordings of “藥物過敏 Drug Allergy” was proposed to replace the blank red signage (without wording) currently in use by QMH and was aligned across cluster hospitals.



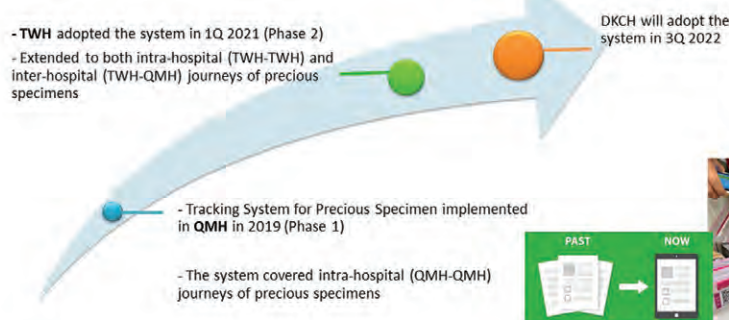
Patient Fall Prevention

Prevention and management of patient falls was one of the top priorities in HKWC. Standardized bedhead fall prevention signage with words was adopted to increase awareness and better communication. Cue card for fall risk assessment – MORSE fall scale and 4M3E was designed to enhance nurses' knowledge with easy reference. To reduce risk of patients losing balance while performing body weight measurement, a weight scale with handrail was introduced.



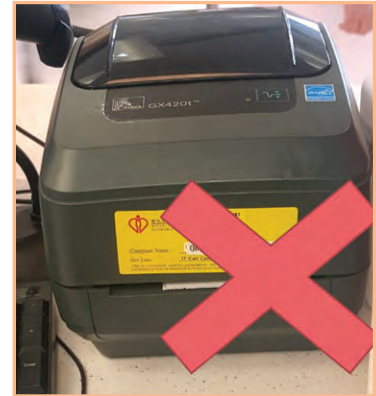
Tracking System for Precious Specimen in HKWC

The tracking system aimed to enhance the traceability of precious specimen to minimize specimen loss or delay of specimen delivery. The tracking system was implemented in TWH in 1Q 2021. The journey started from the Operation Theatre and Endoscopy Suite to laboratories of TWH and QMH. All paper log books were obsoleted after implementation of the electronic system.



Correct Patient Identification

Bypassing of the wristband scanning system was identified in incidents related to wrong specimen labelling. To ensure wristband scanning was performed, 1D barcode printers were obsoleted in operation theatre services and in-patient settings in 3Q 2021 in QMH.



Handling of Blood Product in Ward after Collecting from Blood Bank

A new system was developed to enhance the handover of blood components in clinical areas and ensure effective communication between porter team and colleagues in clinical areas of QMH. An information box for input of name and signature would be generated on every blood component issue report so as to facilitate the handover procedure.

H1701 22 404395 <input checked="" type="checkbox"/> V B Neg Plasma 30-Jul-2022 07:18 CMV -ve Thawed E8260V00					
For QMH use only: I have received all the blood components. Name: _____ Signature: _____					
Verified by : Leung, Lai In Annie 29-Jul-2022 07:41 Consultant : Dr. Rock Leung					
TRANSFUSION NOTES (Stick Transfusion Label in box OR fill in information if label is not available)					
Transfusion Label	Sign and Name	End Vol/Time	Transfusion Label	Sign and Name	End Vol/Time
Date & Time (hh:mm):	Admin. by	ml	Date & Time (hh:mm):	Admin. by	ml
DIN - Product Code:	Checked by	Date/hk/mm:	DIN - Product Code:	Checked by	Date/hk/mm:
ABO/Rh(D):		Reaction# Y / N	ABO/Rh(D):		Reaction# Y / N
Date & Time (hh:mm):	Admin. by	ml	Date & Time (hh:mm):	Admin. by	ml

Kowloon Central Cluster (KCC)

Queen Elizabeth Hospital (QEH) - Medication Safety-focused Safety Round

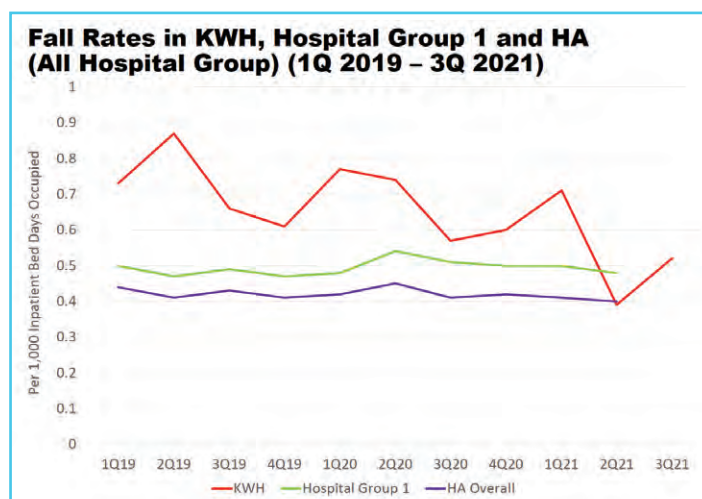
Safety round was previously suspended due to COVID-19 pandemic. Under the new normal, safety round with the focus on medication safety was resumed in October 2021. The aims were to promote good practice and strengthen the culture of medication safety in clinical areas. A multi-disciplinary team, including representatives of Q&S Department, CND and Pharmacy Department, was formed to identify risk areas and join forces to provide concrete solution to minimize the risks. A total of nine safety rounds were conducted in 2021.

QEH - Sharing on Quality & Safety Matters to Clinical Departments

To ensure timely delivery of important Q&S information to frontline doctors, QEH Q&S department took the initiative to coordinate sharing at clinical departments on regular basis since November 2021. Contents of the sharing were tailor-made according to the department's specific needs, risk areas and the latest corporate updates. The recent hot topics related to Q&S issue would also be included. Five sessions of sharing were organized in 2021. Positive feedbacks were received from doctors that the sharing could facilitate them to grasp the latest Q&S information amidst their busy clinical duties.

Kwong Wah Hospital (KWH) - The Journey to Increase Awareness on Patient Falls in Kwong Wah Hospital

The average fall rate of KWH was higher than the HA Hospital Group I for many years. In 2020, the average fall rate of KWH and HA Hospital Group I was 0.67 and 0.5 respectively. To address the persistently high fall rate, a series of measures were implemented:



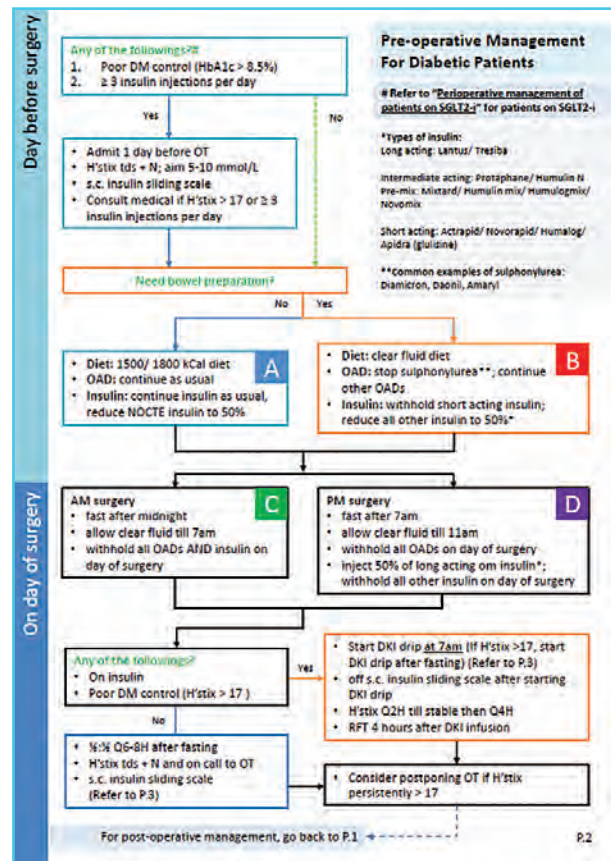
- Engaged ward and unit facilitators to enhance clinical supervision;
- Provided training to nurses and supporting staff and encouraged the use of bed exit alarm pad to suitable patients;
- Redesigned the fall risk assessment form and redefine the items to reduce scoring discrepancy;
- Designed a cue card to increase staff awareness on patient's fall risk reassessment;
- Implemented bottom-up approach during review of significant fall cases;
- Screened environmental factors by the multi-disciplinary team and made rectifications.

The fall rate of KWH decreased from 0.77 (1Q 2021) to 0.54 (3Q 2021) after the implementation of CQI measures.

KWH - The Perioperative Management for Patients on SGLT2 Inhibitor in KWH

Referring to the information on the Medication Safety Bulletin Vol:18, and the concern of CC (Diabetic Service) on the risk of SGLT-2 inhibitors associated euDKA especially when the patient was under prolonged fasting, a Taskforce was established and aimed to standardise the practice in KWH. The protocol of 'The Perioperative Management for Patient on SGLT2 inhibitor in KWH' was formulated and implemented in September 2021.

The Taskforce was led by endocrinologist. Members were nominated from various departments including D&IR, Anaes & OT, O&T, Neuros, O&G, SURG and pharmacist. Relevant papers, studies and protocols were reviewed. Apart from implementing the Perioperative Management for Patient on SGLT2 inhibitor in KWH, a Dextrose-Potassium-Insulin (DKI) Administration Record was also formulated. Briefing on the protocol updates and DKI Administration Record was conducted to doctors and nurses. Moreover, the experience in using the protocol was shared in the Medication Safety Forum 2021.



Kowloon Hospital (KH) - Focused Safety Round on Preventing In-patient Suicide

Preventing in-patient suicide is very important and it is one of the identified risks in Kowloon Hospital Risk Register 2021. "Focused safety round on preventing in-patient suicide" was first held in June 2020, and revisited on 8th January 2021. Much attention was put on ceiling hoist, which could be a potential ligature point for hanging. An A.I. sensor was subsequently installed near the ceiling hoist which has the advantage of mitigating hanging risk using SMART technologies, without compromising the normal function of the ceiling hoist.



"Focused safety round on preventing in-patient suicide" was held again on 8th January 2021. Members were concerned about the hanging risk of ceiling hoist (left), particularly in areas that could not be easily observed by ward staff e.g. side rooms and patient toilets (right).

A.I. Sensor installed near ceiling hoist to mitigate its hanging risks by eliciting siren and flash light upon detected movement, e.g. hanging of ropes.



KH - CQI - Partnership by Everyone

To promulgate Q&S culture and encourage departments' commitment to continuous quality improvement, a new program 'CQI – Partnership by Everyone' was launched. Proposals that could help to achieve quality improvement in clinical or non-clinical departments are invited. An outstanding project would be selected in each quarter. Winners would be invited to present their projects in various Q&S platforms to share their initiatives with other departments.



Promulgation in Kowloon Hospital Q&S Newsletter.



The application form.



Details of the winning projects would be announced in Kowloon Hospital Q&S Newsletter every quarterly.



Our first winner: KH CSSD was awarded for their newly designed computerized stock management system to enhance the handling of stored items in their Bulk Store.

Hong Kong Buddhist Hospital (HKBH) - Infection Control Practice Enhancement Workshop

In response to a major Carbapenemase-Producing Enterobacterales (CPE) outbreak in 4Q 2020, Infection Control Practice Enhancement Workshop has been organized since January 2021. The aim is to reduce the risk of hospital-acquired 'Multi Drug Resistance Organisms (MDRO)' infections for patients in HKBH through training ward staff on updated infection control measures and interventions. Revised workflows of the four risk prone procedures, namely Enteral and Oral Feeding, Sputum Suction, Urinary Catheter Care and Napkin Change were taught through simulation training approach to facilitate the staff application of skills. The Workshop has been held regularly in particular for newly joined staff. A total of 237 nurses and 101 supporting staff have been trained up to November 2021. Weekly audits have been conducted to monitor staff performance on the abovementioned procedures. The Workshop will continue to uphold the high standard of training on infection control practice in order to keep CPE or other MDRO at bay.

HKBH - Ward Pharmacy Service in A2 Ward

Pharmacist is an important member of the multi-disciplinary team in providing patient care, playing an important role in identifying drug-related problems, and enhancing medication safety in the sub-acute setting of HKBH. In this connection, Ward Pharmacy Service is provided by Pharmacists to A2 Ward in 4 aspects: (i) Medication reconciliation on admission and upon discharge, (ii) Vetting and verification of drug orders, (iii) Clinical review and (iv) Patient counselling by referral on a daily basis. Verbal and written interventions are made with suggestions to doctors. On average, 15.5 patient charts are being reviewed and 2.3 drug related problems are identified on each working day. 89% of the interventions are accepted and implemented by clinicians. The way forward is to extend the service to other medical wards in HKBH in future.

Our Lady of Maryknoll Hospital (OLMH) - Implementation of e-Vital

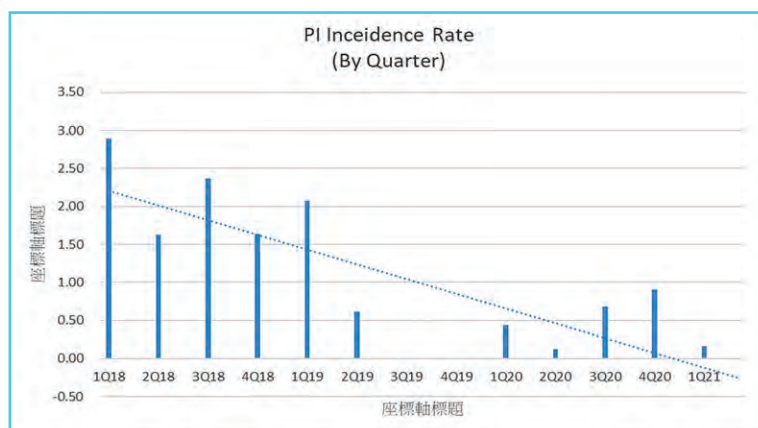
In the face of challenges from aging population and manpower shortage, OLMH has been actively engaging in incorporating smart initiatives in hospital development. As one of the smart initiatives in OLMH, the e-Vital was successfully rolled out in two medical wards and one geriatric ward from February to September 2021.

The implementation of e-Vital not only improves work efficiency of healthcare staff, but also promotes patient safety by enabling positive patient identification and reducing errors on manual charting.

In the future, artificial intelligence would be integrated in the e-Vital for early identification and management of patients with deteriorating condition.

Wong Tai Sin Hospital (WTSH) - STOP PI Team in DTBC

A 'STOP PI Team' was formed in Department of Tuberculosis & Chest (DTBC) to initiate bundle of care for pressure injury (PI) prevention, including proactive patient rounding, case sharing, use of prophylactic dressing and staff training. The incidence rate was successfully reduced from 2.13% in 2018 to 0.16% in 1Q 2021. Both staff awareness and knowledge on PI prevention were enhanced.



WTSH - New Challenge in Geriatric Day Hospital to Face COVID-19 Pandemic

Reengineering of workflow by Geriatric Day Hospital (GDH) during COVID-19 Pandemic successfully enhances infection control measures, and provides a safe environment for both elderly patient and staff. Partitions installation, phone follow-up and distribution of tailor-made leaflet to patients can alleviate their worries and sustain the GDH service favorably.

Hong Kong Children's Hospital (HKCH) - Enhance Medication Safety in Paediatric Haematology & Oncology Patients in HKCH - IPMOE Order Template (Drug Sets) with Dosing and Dilution Recommendations

Introduction

The Haematology & Oncology team in Hong Kong Children's Hospital (HKCH) provides territory-wide care to children with highly complex medical needs, including patients with haematological malignancies, solid tumours, brain tumours and haematopoietic stem cell transplantation. Various high-risk medications would be required in the treatment journeys, including chemotherapy, immunotherapy, sedative agents, narcotics, antibiotics, high-risk electrolytes supplement. The drug doses and dilution can be unfamiliar to front-line medical staff, especially those who have less experience in caring for such group of patients. The Haematology & Oncology team in HKCH worked closely with clinical pharmacists to develop comprehensive IPMOE drug set templates to bridge the gaps and customize for paediatric haematology & oncology service needs.

Project Highlights

IPMOE drug sets were created with reference to dose range, dilution recommendation, and preferred administration schedule. The medication entries were organized into functional categories for easy searching and reference. Different drug categories were created namely the supportive medications like analgesic, antiemetic, antibacterials, antifungals, antivirals, central line care, oral chemotherapy, electrolytes, immunotherapy, and intravenous fluids, etc. (Figure 1.1) The enhancement was promulgated via regular orientation sessions and reminders, so that frontline staff could incorporate the drug sets in the daily practice.

User Group: PAE	
Drug Set: HaemOnc - BMT Supportive Meds	
Item	Drug Details
16.	Filgrastim (Nivestim) prefilled syringe <Special Drug> intermittent IV infusion: make up to Dextrose 5% over 30 Minute(s) 0.5MU/kg Q24H from D+4 till ANC>1 after engraft ≥2 MU/mL with D5 IV infusion over 30 minutes (Nivestim for dose ≤12 MU)
17.	Filgrastim (Zarzio) prefilled syringe <Special Drug> intermittent IV infusion: make up to Dextrose 5% over 30 Minute(s) 0.5MU/kg Q24H from D+4 till ANC>1 after engraft ≥2 MU/mL with D5 IV infusion over 30 minutes (Zarzio for dose > 12 MU)
18.	Normal Immunoglobulin (Intragam P) infusion <Special Drug> intermittent IV infusion: 0.5-1g/kg over 4 hrs 4-weekly from D+2 to D+100 Check Ig pattern before infusion every 4 wks till D+180, then every 6 months

Figure 1.1 Examples of IPMOE Drug Set

Way Forward

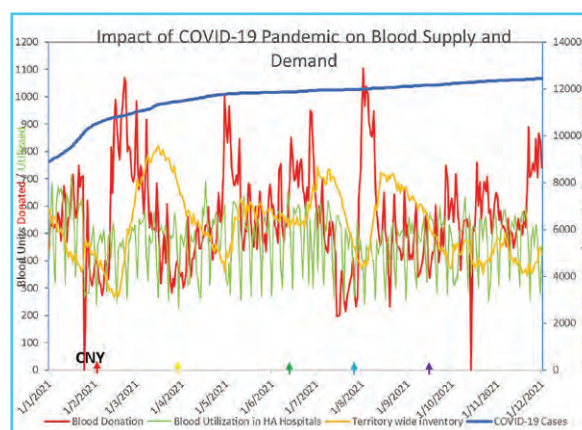
The efforts to implement and promote use of the drug set templates were met with exceedingly positive feedback from front-line colleagues. IPMOE drug sets were found to be very helpful to enhance the efficiency and accuracy of drug prescriptions. The Haematology & Oncology team in HKCH will continue to refine and update the IPMOE templates to enhance the safety and quality of prescription practices.

Hong Kong Eye Hospital (HKEH) - To Enhance Staff Awareness on Safe Handling of Sharps and to Promote Occupational Safety and Health to all HKEH Staff

Sharps Injury is one of the risks in the Risk Register of Hong Kong Eye Hospital (HKEH). Behavioural Based Safety Observation (BBSO) has been implemented to prevent needle stick injury (NSI) in Operating Theatre starting from October 2018. To further enhance the staff awareness on prevention of NSI, Q&S office organized a short video competition to engage staff and to promote the safety culture on NSI in February 2021. Staff actively participated in the competition and a total of 7 videos were collected. The competition result was announced and the awarded video clips were posted on KCC website as staff recognition.

Hong Kong Red Cross Blood Transfusion Service (BTS) - Sustainability of Blood Supply to Meet Demand in Hong Kong

In 2021, blood collection activities were still adversely affected by the COVID-19 pandemic. Blood collection activities at mobile drives were particularly affected with school suspension and work from home policy. Hence, collection was mainly conducted at donor centers and blood donation vehicles. To maintain stable blood inventory levels and blood supply, various publicity and promotion activities were arranged to boost blood collection.



Various Publicity and Promotion Activities

- Over 120,000 thank you letters were sent to blood donors who donated in 2020 during the pandemic to support the blood inventory in January and February. Positive feedback were received and generated in social media.

To provide a convenient centre in the busy Wan Chai District, a new Wan Chai Donor Center commenced service in late March. Various engagements and group donation activities had been arranged with the Bureau and government departments.

- A series of celebratory arrangements for the World Blood Donor Day on 14 June 2021 to thank blood donors for the continuous support.
- To further reach out to the community, a new blood donation vehicle donated by BOCHK had been launched in July 2021. A launching ceremony with press release and media reports were arranged.
- Most school drives were resumed in the new academic year. A promotion truck was scheduled in October to enhance collection during the University blood drive tour. The truck also visited popular places nearby Mongkok and Causeway Bay Donor Centres with more than 2,500 new donors recruited in October.

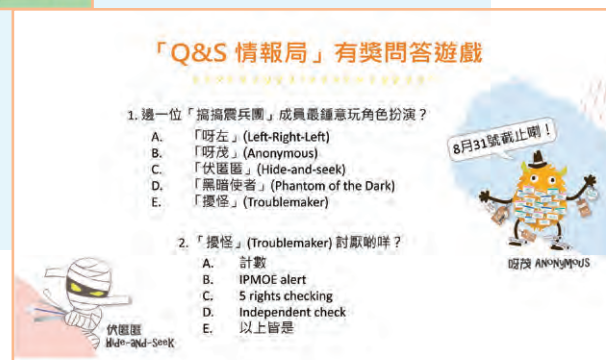
Kowloon East Cluster (KEC)

New Promulgation Platform for Incident Prevention in KEC – “Q&S 情報局”

In addition to traditional communication channels, this year the Kowloon East Cluster (KEC) Q&S Office explored new alternative way to communicate with our younger staff who are from the 80's, 90's or even 00's generation. A new series “Q&S 情報局” had been published as an enticing and more understandable approach in providing staff with information on clinical incident prevention.

Five characters, who represent five selected incident categories, were featured in publications with respective characteristics and prevention tips, aiming at enhancing staff understanding and awareness on the subjects.

To ensure the lessons learnt and prevention tips of incidents reached our frontline staff, Q&S Office organized a prize quiz on “Q&S 情報局” in July 2021. Three hundred and seventy-nine KEC staff from different staff groups participated. Over 90% of the questions were answered correctly; and over 70% staff had all answers correct. KEC Q&S Office would continue to explore other soft approaches to promulgate key principles in incident prevention.



KEC Informed Consent Seminar

Informed consent is a vital crucial part of quality care and legal requirement. It is more than getting a patient to sign a written consent form. It is a communication process in which a qualified health care provider informs a patient about the indications, risks, benefits, and alternatives of a given procedure or intervention.

The KEC Informed Consent Seminar was successfully held on 22 July 2021. Invited speaker, Ms Bianca Wu, a lawyer specialized in medico-legal matters, shared the legal principles and practical tips when obtaining informed consent. Our KEC colleagues had shown great interests in the seminar with total number of three hundred and nineteen participants.



Implementation of GCRS PLUS in TKOH & HHH

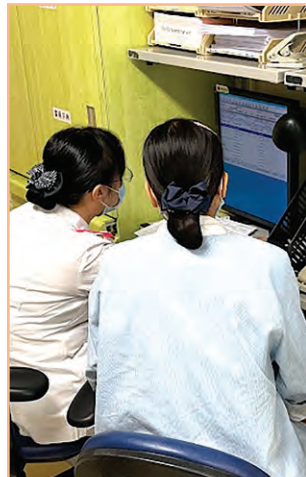
Generic Clinical Request System (GCRS) has been applied in HA for investigation ordering for more than a decade. In 2019, Haven of Hope Hospital (HHH) was invited to co-develop a specimen collection application by HAIT & HI - the GCRS Print Specimen Label with Unique patient identifier & Scheduling (PLUS).

This paperless solution supports in-patient specimen label printing. The “Collect Specimen” mobile app on iPad, replaces printed pages of specimen list for each patient, and allows users to schedule the specimen collection time via the iPad app or the CMS clinical dashboard. The system also captures specimen label printing details and facilitates closed-loop specimen management.



HHH Experience

GCRS-PLUS had been fully launched in HHH in early June 2021. The benefits of GCRS PLUS include unique patient identification, traceable close-loop specimen collection, timely notification among teams and environmental friendliness. The implementation in HHH was smooth and user feedback was actively sought during the process. There had been ongoing enhancement in response to suggestions from frontline colleagues. Staff acknowledged the obvious benefits of GCRS PLUS and agreed that it is easy to use.



TKOH Experience

Tseung Kwan O Hospital (TKOH) was the first acute hospital to adopt GCRS PLUS. The system has been used in the Department of O&T and O&G wards, Operating Theatre, Central Endoscopy Unit, and ASC/DSC on 14 September 2021. The implementation to remaining inpatient wards and services units such as Surgical, Paediatrics, EM ward, ICU, Radiology, Medical, etc., have been completed on 26 October 2021. Main users of the system, including frontline doctors, nurses and phlebotomists, welcomed the implementation and had positive comments on the new system.



Implementation of eConsent in TKOH

TKOH was the first hospital to pilot eConsent system for patients undergoing surgical procedures with involvement of anaesthetists. The TKOH eConsent taskforce was set up in December 2020 to facilitate the preparation and implementation of eConsent. Many preparatory works such as consent data preparation, intensive training and engagement of colleagues, hardware preparation, contingency and workflow planning have been completed to ensure smooth rollout. Up to November 2021, eConsent are used for selected procedures in A&OT, O&T, SOPD, CEU, EDU, MED, PAED, SUR, O&G, ENT, EYE and AED.

Based on our pilot experience, we observed several benefits in the eConsent system. The paperless feature, besides being environmental friendly, mitigates the risks of paper document loss. The use of electronic system facilitates clear and effective consent documentation with updated and structured data. The “pop up” reminder for different diagnosis and procedure laterality mitigates risk of incorrect laterality selection. Opinions from TKOH colleagues on potential system enhancement were collected and reflected to HAHO project team. Some of these enhancements had already been implemented in the eConsent system to date.



Continuous Quality Improvement (CQI) Forum in HHH

Yearly CQI forum was successfully held in HHH on 8 December 2020. Five departments shared their smart programs, including Smart Panel & E-vital signs charting pilot project in Ward 1C, Automated Microscopy System for AFB smear, Go Smart with MVP, Ward Base Rehab and Monitoring of compliance to Occupational Therapy process of 365-day stroke rehabilitation. The participants were required to sit in five different venues due to infection control measures during COVID-19 pandemic. Even so, our staff were enthusiastic and actively participated in the forum with attendance of one hundred and twenty-six staff. HHH HCE Dr Kenny Yuen delivered very encouraging closing remark, by expressing appreciation towards the work of our staff in providing good care to patients. He was also excited to know the good use of technology made the workflow more efficient.



Kowloon West Cluster (KWC)

KWC Quality and Safety (Q&S) Forum

KWC Q&S Forum, themed “Sustainability & Innovation in Healthcare”, was successfully held on 22 June 2021 via Zoom Webinar. A total of 324 HA colleagues attended.

Ms Adela LAI, Chief Nursing Officer of CUHK Medical Centre and Mr Ringo NG, Managing Director of Consumer Group of HKT, were invited to share their valuable experiences on patient journey and workflow design, and telemedicine and healthcare remote monitoring solution respectively.

To promote continuous quality improvement in our hospitals, KWC colleagues were encouraged to submit quality improvement projects. Out of 76 abstracts, 6 and 20 abstracts were selected for oral and poster presentation respectively.



KWC Incident and Complaint Management Training

KWC Incident and Complaint Management Training Workshops were organized to enhance staff's knowledge and skills to handle incidents and complaints. The program was recently revamped to include elements of role play and group discussion to facilitate interaction between participants. With the support of KWC Corporate Communication Department, a series of training videos were produced for scenario-based training.

Two training sessions were conducted on 15 September and 27 October 2021 with overall positive feedback. Participants treasured the learning experience and welcomed subsequent targeted program for their clinical specialties/departments.



KWC Orientation and Induction Programme for New Residents

KWC Orientation & Induction Programme for new residents was held on 16 and 21 July 2021. The programme aimed to raise awareness of residents on the common pitfalls and risks in clinical practices, and to strengthen their skills in managing incidents at the beginning of their career. 61 new residents attended the training sessions and positive feedback was received from the majority of participants.



The format of orientation and induction programme in lecture format would be revamped in 2022 to include scenario-based training. Simulation-based training and skill demonstration would be encompassed in the revamped programme.



KWC Crew Resource Management Classroom Training

Crew Resource Management (CRM) Training enhances patient safety by strengthening collaboration and communication between colleagues in the healthcare team. Eight classroom workshops were organized successfully in May, August, November and December 2021. Feedback from participants was overwhelmingly positive and some participants expressed interest in being a trainer in future CRM courses.





Hospital Safety Rounds

To promote quality and safety culture with leadership support and to identify difficulties encountered by frontline staff, theme-based Hospital Safety Rounds were conducted regularly by a team, consisting of top management and Q&S colleagues. Q&S Department would collaborate with departments to work on the recommendations proposed in the safety rounds.

Linen handling practice in Operating Theatre (OT) of PMH was reported occasionally as incidents of staff Injury On Duty (IOD). The issue was reviewed in July 2021. To facilitate linen lifting and reduce manual handling, a conveyor system and trolley with electrical lifting platform would be introduced.

Current Practice



Linen Chute

Mounted table to prevent staff from falling into linen chute accidentally.



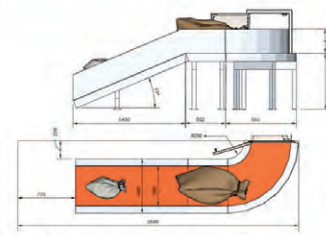
Linen Chute

The plate could be lowered when in use to prevent staff from falling into linen chute accidentally.

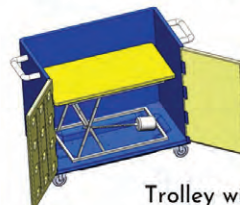
Limited linen storage area



Smart Solution



Conveyor system



Trolley with electrical lifting platform

New Territories East Cluster (NTEC)

COVID-19 - Patient and Staff Vaccination Programme

One of the most effective ways to fight against COVID-19 disease is by vaccination. New Territories East Cluster (NTEC) Q&S Team joined in the setting up of Sheung Shui Lung Sum Community Vaccination Centre. Q&S Team also collaborated with Infection Control Nurses and other teams on issuing series of newsletters to promote and reassure staff on COVID-19 vaccination.



NTEC Quality and Safety Forum

Keeping the momentum on continuous quality care and mitigation of patient safety risk, the NTEC Quality and Safety Forum themed “From Investigation Risk to Smart Solutions” was held on 19 November 2021 via Zoom Webinar. Ms Julie WIDMER from Cleveland Clinic in US, Dr Matthew MAN from Megasoft Limited in Science Park, and Dr Joyce CHAN from HOIT&HI shared their experiences on innovation and technology in healthcare and future development from an IT perspective. Four NTEC brilliant CQI projects were also shared in NTEC website.



Medication Safety

Implementation of IPMOE in Department of Accident and Emergency

IPMOE was first implemented in the Department of Accident and Emergency (A&E) of NDH in early December 2020. On 16 November 2021, PWH A&E became the second A&E in NTEC to implement the IPMOE.



Establishment of Smart Drug Calculators

With the bright idea and expert input by Pediatricians, Pharmacist and A&E staff, three NTEC A&Es established the electronic calculators to ensure accurate dosage of emergency medications for paediatrics patients. NDH Pharmacy staff also developed a smart local calculator for complicated TPN regimens to eliminate manual calculation.

The screenshot shows the Pediatric Calculator interface with various medication dosages and calculations. It includes fields for patient information, medication name, dosage, and calculation results.

The screenshot shows the Pediatric Calculator interface with various medication dosages and calculations. It includes fields for patient information, medication name, dosage, and calculation results.

The screenshot shows the Hospital Authority New Territories East Cluster North District Hospital Accident & Emergency Department interface with various medication dosages and calculations. It includes fields for patient information, medication name, dosage, and calculation results.

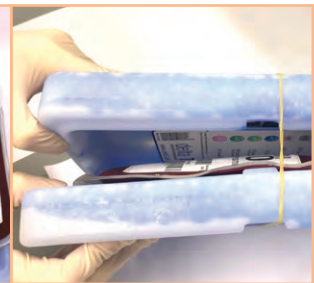
The screenshot shows a mobile application interface with various medication dosages and calculations. It includes fields for patient information, medication name, dosage, and calculation results.

The screenshot shows the TPN Calculator interface with various medication dosages and calculations. It includes fields for patient information, medication name, dosage, and calculation results.

Patient Blood Management and Transfusion Safety

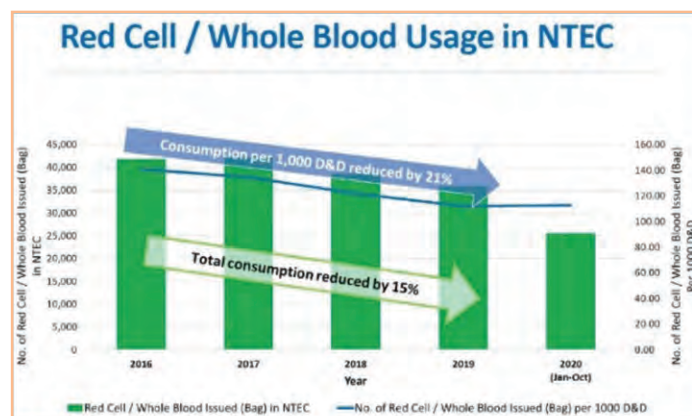
Temporary Blood Storage Bag

To enhance effective blood product management, a temporary blood storage bag with an alarm system facilitating temporary storage of red cell or whole blood for 4 hours was introduced and fully implemented in NTEC in 2021.



Introduction of Iron and ESA Therapy

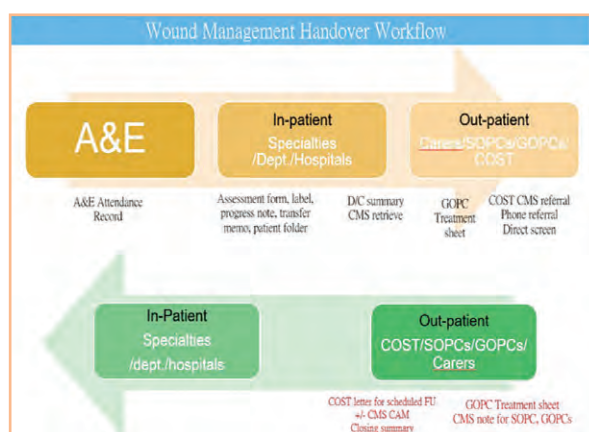
The iron and ESA therapy for anaemic patients of Gynecology, Gastroenterology and Nephrology in NTEC reduced the consumption of red cell and whole blood usage (reduced by 15% in total) during operations and procedures. The strategy will be promulgated to other specialties to minimize utilization of blood products.



Procedural Safety

Standardization of Wound Packing Documentation

To reduce communication gaps among the wound carers along patient journey, NTEC has launched a standardized wound packing record and wound assessment form on 12th January 2021 and 13th December 2021 respectively. Several sessions of staff education and tutorial were conducted to minimize the risk of wound packing retention.



HOSPITAL AUTHORITY NEW TERRITORIES EAST CLUSTER

WOUND PACKING RECORD

One record for one wound only

Part A: Description of Wound Packing

Part B: Record for Removal and Dressing

HOSPITAL AUTHORITY NEW TERRITORIES EAST CLUSTER

WOUND ASSESSMENT FORM

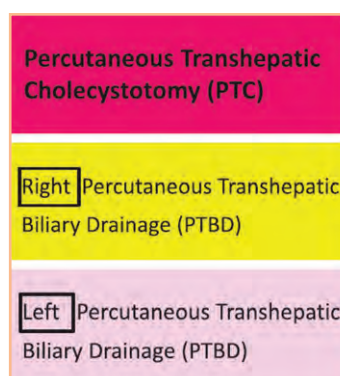
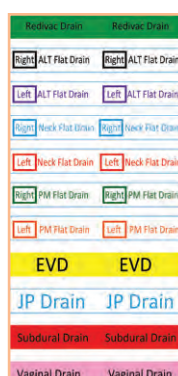
One form for one wound only. Document after changing of dressing

Part A: Wound Assessment

Part B: Wound Management

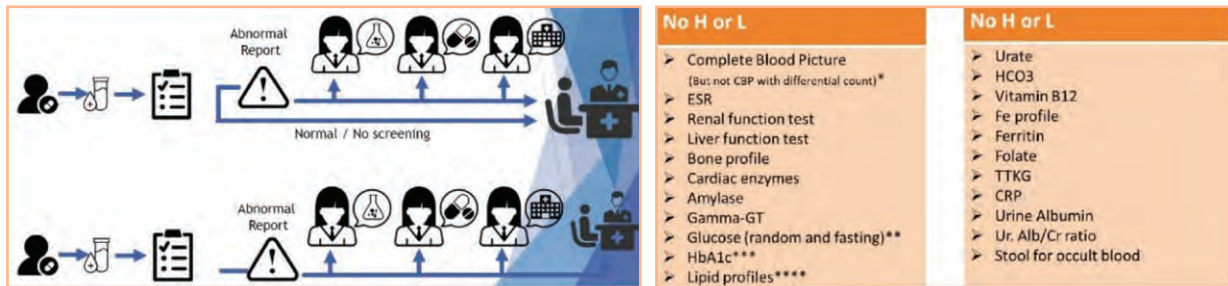
NTEC Drain Labels

Since April 2021, three NTEC Operation Theaters implemented the standardized drain labels to facilitate identification and tracing of surgical drains. Drain labels for percutaneous transhepatic biliary drainage (PTBD) and percutaneous transhepatic cholecystostomy (PTC) were also introduced in PWH.



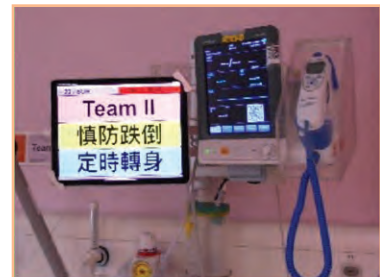
Investigation Risk

The NDH Q&S Medicine initiative in 2018, that minimized printing of normal laboratory reports in SOPCs, was extended to 22 laboratory tests and to 13 departments in PWH (M&T, Surgery, O&T, Clinical Oncology, ENT, O&VS, A&E, OMCS, PSY, GYN, Government Servant and Staff Clinic, Lithotripsy & Uro-investigation Centre, and Family Medicine Shatin & Ma On Shan District) from August 2020 to July 2021. The project would be further extended to other SOPCs in NTEC hospitals.



Implementation of Smart Panel and e-Vital System in NTEC

Two surgical wards in PWH and NDH were the first surgical adult units in HA to implement the Smart Panel and eVital System on 8th December 2020 and 14th April 2021 respectively. With real time vital signs available in CMS, clinical teams can view patients' latest conditions anywhere and anytime. The system would be rolled out to other departments and hospitals in NTEC by phases.



Near Miss Reporting

Bimonthly comic strip 「阿姐提提你」 in NTEC shared the learning points of near miss cases. PWH launched the “Nice Catch Super Cup” and the winners of the program in 2021 were presented with great prizes during the PWH Q&S Forum 2021. The programme would be continued in 2022 to keep up the momentum.



Staff Training, Education, Learning and Sharing

Following staff vaccination requirement, NTEC Q&S gradually resumed staff training and education sessions both onsite and via webinar. Quality and safety flyers for learning and sharing on local incidents with smart tips and bright ideas of quality improvement tips were published periodically on website and via HA chat.



Sharing on Medicolegal Issues.



NTEC Root Cause Analysis Workshop.

The 7th NTEC Lean Leader Course.

Quality Workshop

Three sessions of Quality Workshop, titled “Capnography: Why It Matters?”, “Safeguarding Patients with Suicidal Ideation” and “Investigation Process – Evolution” were conducted via webinar on 22 March, 27 May and 16 December 2021 respectively.

1st Session 2021
Quality @ NTEC
Quality Workshop
Capnography: WHY IT MATTERS?

Date: 22 March 2021 (Monday)
Time: 12:45pm – 1:45pm
Venue: Auditorium, 1/F, Main Clinical Block, PWH
Speakers:
Dr. SO Hing Yu, NTEC Advisor(Q&S) / AHNH MED Cons(ICU)
→ Background & Update of the HKAM Guidelines on Procedural Sedation
→ Capnography – Application outside OT & ICU
Ms. POON Shing Tak, PWH&ICU NC(ICU)
→ Practical tips and experience sharing on the use of Capnometer

Infection Control Measures
→ Participants must wear masks during the event.
→ Participants must complete the temperature checking and hand rubbing before entering the venue.
→ Participants must follow the seating arrangement at the venue to keep social distance from others.

Video-Conference from PWH to:
AHNH Lecture Theatre, 1/F, Block J
NDH Auditorium, 1/F
SH Conference Room II, 3/F
SCH Conference Room, 2/F
BBH Seminar Room, 1/F

CNE: 1 point
(Application in progress)

Takeaway Light Lunch will be provided.

Hospital Authority
New Territories East Cluster

2nd Session 2021
Quality @ NTEC
Quality Workshop
Safeguarding Patients With Suicidal Ideation:
From environmental mitigation Strategies to psychological supports

Date: 27 May 2021 (Thursday)
Time: 12:45pm – 1:45pm
Venue: Conference Room 1-3, 2/F, Day Treatment Block and Children Wards, PWH
Speakers:
Ms. Angela Mei Ling KWOK, BBH/SCH/SHCHD GM(N) (Chief of Nursing workgroup on patient missing & suicide prevention)
→ Update on anti-ligature hospital facilities
Mr. Terence TAM, HQ&S CP(CPS)
→ Open up the Pathway for Assisting Life: How to deal with patients with suicidal ideation

Takeaway Light Lunch will be provided.

For departments which would like to arrange **departmental site** for colleagues to join Quality Workshop via live broadcasting, please email to Mr. Herman WONG, ykm441@ha.org.hk for ZOOM link.

Broadcast via Zoom from PWH to:
AHNH Lecture Theatre, 1/F, Block J
NDH Auditorium, 1/F
SH Conference Room II, 3/F
SCH Conference Room, 2/F
BBH Seminar Room, 1/F

CNE: 1 point
Bring your Staff Card for Registration

Hospital Authority
New Territories East Cluster

3rd Session 2021
Quality @ NTEC
Quality Workshop
Investigation Process - Evolution

Date: 16 December 2021 (Thursday)
Time: 12:45pm – 1:45pm
Venue: Practical Room, 3/F, Lui Che Woo Clinical Sciences Building, PWH
Speakers:
Dr. KM CHOW, Cluster Investigation Taskforce chairman
→ Various Achievements in Facilitating Investigation
Dr. Gordon CHAN, PWH Renal team Associate Consultant
→ Sharing of Experience in Result Screening App in OP
Dr. Ralph CHEUNG, PWH AED Consultant
→ Evaluation of CXR AI in PWH AED

Broadcast via Zoom* from PWH to:
AHNH Lecture Theatre, 1/F, Block J
NDH Board Room, 3/F
SH Conference Room II, 3/F
SCH Conference Room, 2/F
BBH Seminar Room, 1/F

For departments which would like to arrange departmental site for colleagues to join Quality Workshop via live broadcasting, please email to Mr. Max YIP, yip967@ha.org.hk for ZOOM link.

CNE: 1
Bring your staff card for Registration

Takeaway Light Lunch will be provided.

Keep Social Distancing

Hospital Authority
New Territories East Cluster

New Territories West Cluster (NTWC)

Introduced Designated Disposable Tourniquets for Inpatients

To better segregate the use of non-critical patient-care equipment among inpatients and reduce infection control risk during the COVID-19 pandemic, designated use of disposable tourniquets for inpatients was introduced in the NTWC in May 2021. Anticipating the risk of tourniquet retention, Quality and Safety (Q&S) Division worked with the Nursing Services Division (NSD) and nursing representatives of clinical departments in developing a mechanism to check and record the use of disposable tourniquets. The disposable tourniquets would be single-used and checked by ward staff upon the provision to staff like phlebotomists and house officers and before disposal. All records would be documented in a designated 'Collection, Distribution and Disposal Records for Disposable Tourniquets' with staff's names and signatures.

[illegible]

Preventing Patient Injuries During Hospital Stay and Transfer

In response to the incidents where patients without footwear sustained foot injuries during transport by the non-emergency ambulance transfer service (NEATS), a programme was introduced to provide socks to patients discharged via NEATS and without personal footwear to provide extra protection during the transportation. The first trial was conducted in a medical rehabilitation ward in Tuen Mun Hospital (TMH) and a medical convalescence ward in Pok Oi Hospital (POH) in September 2020. Positive feedback was received that the socks could fit well for most patients. The programme was then extended to all wards in TMH, POH and Tin Shui Wai Hospital (TSWH) in November 2020. The socks were made available as a common stock item in early 2021.



It was noticed that elderly patients with fragile skin conditions had a higher chance of getting skin tear injuries.

To prevent such injuries and enhance staff awareness and competency, a skin tear prevention and management programme was developed and trialed in the Medicine and Geriatrics (M&G) Department, POH in September 2021. The programme, with input from nursing wound specialist, provided structured guidance for staff in the patient care processes including assessment, communication, documentation, injury prevention techniques and post-injury management. An evaluation of the programme was conducted in December 2021 and discussion on programme enhancement would be conducted in 1Q 2022.

Skin Tear Risk Assessment

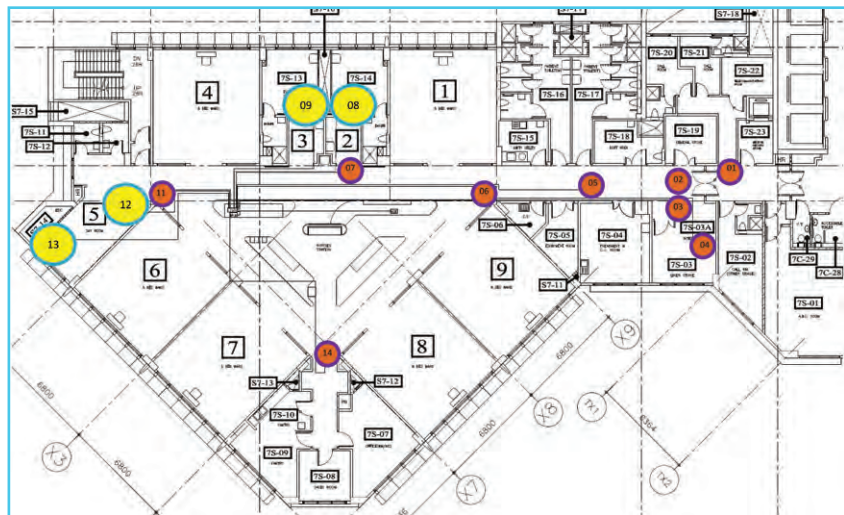
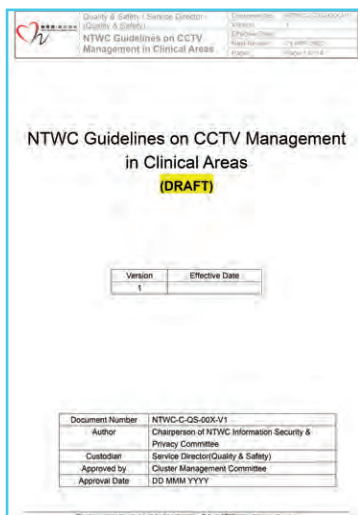
1. History of skin tears within the last 90 days, or
2. Age ≥ 80 with fragile skin
(E.g. ecchymosis, bruise, dry, thin), or
3. Age ≥ 80 with aggressive behavior/restraint

Name & Signature of Nurse: _____



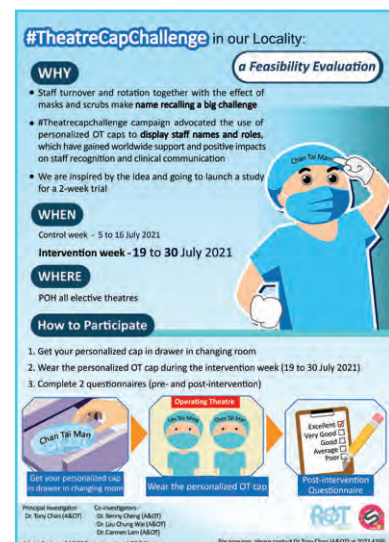
Strengthened the Governance and Management of Closed-circuit Televisions (CCTVs) in Clinical Areas

With the rising privacy concern on the use of CCTVs in clinical areas, the NTWC Information Security and Privacy Committee (CISPC) had formulated the NTWC Guidelines on CCTV Management in Clinical Areas. This document explains the roles and responsibilities of different stakeholders, the procedures in installing and removing CCTVs in clinical areas, the principles on whether the recording function should be activated and the procedures in viewing, keeping and destroying the recorded images. Consultation with various stakeholders was conducted in November 2021. Furthermore, the Q&S Division supported the CISPC in the risk assessment of new installation of CCTVs in clinical areas and maintained a register and floor maps of CCTVs in clinical areas in the cluster.



Trial of Theatre Caps to Enhance Communication in Operating Theatre (OT)

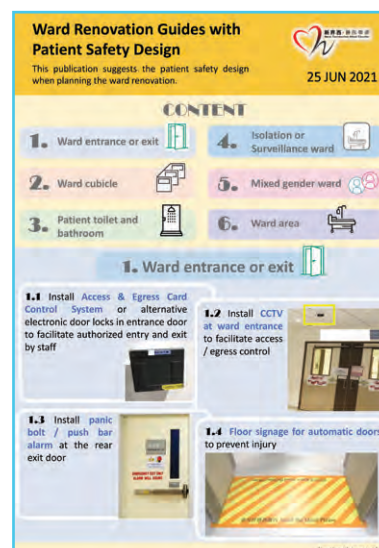
Inspired by the worldwide #theatrechallenge Campaign launched by the PatientSafe Network to display staff names and roles on OT caps which had positive impacts on clinical communication and staff engagement, the Q&S Division supported the Department of Anaesthesia and Operating Theatre Services in the preparation of OT caps, design of promulgation posters and signage to conduct a feasibility study on the implementation of personalised theatre caps in POH in July 2021. Staff feedback on the programme would be collected.



Revamp of Patient Safety Walk Rounds (PSWRs)

PSWRs had been suspended due to the outbreak of COVID-19 pandemic since early 2020. Taking into account of the easing COVID-19 situation locally, the Q&S Division and Occupational Safety and Health (OSH) Unit worked in collaboration by conducting Joint Rounds of PSWR and OSH safety audits. In each Joint Round, PSWR executives and OSH safety auditors would walk through the visiting areas with unit managers to observe the good practices and discuss the areas of concerns. The OSH Safety Auditors, who were members of the Cluster Safety Audit Working Group, would also review the essential OSH documents prior to the round. A debriefing session would be held after each walk round to discuss and summarise the observations and concerns. The new Joint Rounds were trialed from December 2020 to February 2021, with positive feedback of reduced frequency of visits for inspection and workload to prepare materials and documents. This new Joint Round format had been commenced since July 2021.

Following the publication 'PSWR Good Practice Sharing', the Q&S Division had developed another publication 'Ward Renovation Guides with Patient Safety Design' in June 2021. This new publication aims to provide a patient safety design reference for ward staff and Facilities Management Unit when planning for ward renovation.



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