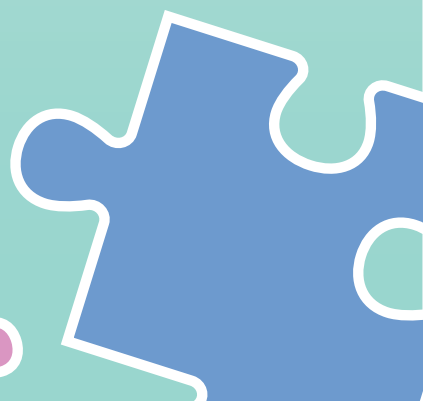
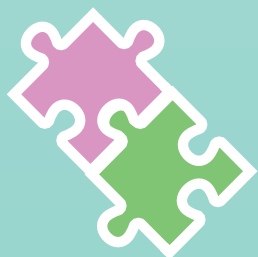


HOSPITAL AUTHORITY QUALITY AND SAFETY ANNUAL REPORT April 2016 - March 2017



This printed copy may not be the most updated version.
Please refer to the electronic version for confirmation if in doubt.

Acknowledgement

This year, as in past editions, the Hospital Authority Quality and Safety Annual Report comprises the latest practices and prevailing issues in quality and safety of the seven clusters and the key initiatives by Quality and Safety (Q&S) Division of Hospital Authority Head Office (HAHO). The dedication and diligence of our colleagues on the persistent improvement of quality healthcare services are our key assets to meet challenges and to reduce risks ahead. It is hoped that this report could bring to our healthcare professionals noteworthy insights and inspirations to provide high quality and safe services to the public.

We would like to express our very great appreciation to all colleagues for their endeavours to achieve best practices during the year. Heartfelt thanks are also extended to the colleagues who have contributed their valuable input and feedback to make this publication a success.

Quality and Safety Division
Hospital Authority



Table of Contents

4	Opening Message
6	Hospital Authority Head Office
14	Hong Kong East Cluster
20	Hong Kong West Cluster
28	Kowloon Central Cluster
32	Kowloon East Cluster
38	Kowloon West Cluster
44	New Territories East Cluster
50	New Territories West Cluster

Opening Message



Dr SO Hing Yu

Chairperson

Committee on Quality and Safety

Hospital Authority

The annual report is a summary of what we did in the past. It may be also useful to make use of it to think about what we need to do in the future. Allow me to share some of my thoughts here. We have long been spending a lot of our energy handling patient safety incidents. That certainly includes the collective efforts of everyone in improving the incident management system started last year and still ongoing. That is certainly necessary as there is where the fire is, but as we all know, it is insufficient. We all understand that we have to move from the reactive arena to being proactive. Organization-wide risk management and hospital accreditation are two such opportunities.

I remembered that in medical school we were told that we have to spend lots of effort to transform our stethoscope from a piece of toy and symbol to a useful tool. I am afraid that the same can be said for risk management and accreditation: we are still in the learning phase. For risk management, we have to better refine and master the tools, engage more staff, more from only focusing on AIRS to being more proactive in identification of risks, and broaden the concept from patient safety to other aspects of quality. For accreditation, once we extend beyond patient safety, we have to ensure that context needs to be considered. But what after we have made the diagnosis and identified what to be improved? Refining our workflow is certainly an important part of our work. In the past we had some success by introducing a barcode system to enhance accuracy of patient identification. We have introduced surgical safety checklists. Those work for simple processes. For complicated and complex processes we need something else. We have to start by knowing more about systems.

Healthcare system is a complex sociotechnical system and working on the technology alone will not work. We have to look into the human aspects as well, not only the human factors issue on device user interaction but also on change of attitude. Here I quote again the slogan used by our surgeons in the Prince of Wales Hospital when they introduced the surgical safety checklist “有制度，有態度，點搞都一條死路”. In both system engineering and changing attitudes, I have been adopting the “just do it” attitude and I realise that to move forward we need to change. We need to adopt a more scientific approach. This we need to borrow from the others who are already using it, like system engineers, organizational psychologists and educators. We need to build up quality and safety as a profession with its own scientific foundation who can make use of the knowledge from those disciplines and adapt to our own context, and be able to communicate to experts from those disciplines for collaboration. We then subsequently build up our own scientific foundation through research.

Last but not the least, we must realise that systems and education are only useful when our staff are responsive. Burnout is that condition which makes people not interested in anything. Studies overseas have identified that burnout is a major issue amongst healthcare professionals but this is not much studied here. Finally, I wish everybody a prosperous year of the dog.



Hospital Authority Head Office (HAHO)

Hospital Accreditation

With reference to “HA Report on Hospital Accreditation 2015-2017” (goo.gl/rKN7YA), there were updates on hospital accreditation programme in HA.

Common Recommendations with Corporate-wide Implications

HO Quality & Standards Department discussed with the Australian Council on Healthcare Standards (ACHS) in March 2017 on the progress of major common recommendations with corporate-wide implications including:

- Eliminate/standardise the use of abbreviation
- Provide patient identifier on medical record forms
- Handling of multi-dosing medication
- Work towards the elimination of the use of linen drapes
- Work towards the elimination of reprocessing of Single Use Device
- Implement process to launder mop heads
- Review the use of plastic bags in Psychiatric in-patient settings

HO Quality & Standards Department would further deliberate with clusters/hospitals on the practicability of the suggestions and action plans to mitigate the potential risks.

Informed Consent

Upon the launch of the Web-based Custom Print Informed Consent Form (ICF) System in 3Q 2015, there has been a steady growth in the system utilisation. As of March 2017, there were over 2,000 aligned procedures in the database, including 307 corporate data from 10 clinical Coordinating Committees (COCs) of Accident and Emergency, Clinical Oncology, Internal Medicine, Neurosurgery, Obstetrics and Gynaecology, Ophthalmology, Paediatrics, Psychiatry, Radiology and Surgery. Over 790,000 consent forms were generated from ICF System, of which 77% were in Chinese.

To better serve the needs of users, a number of major enhancements had been implemented in the ICF System, including export of doctor list from Clinical Management System (CMS), development of “Common Procedures” and “Interventional Radiological (IR)” procedure data for use by all departments, pre-printing of anaesthetic risks on the “Supplementary Sheets”, etc.

The screenshot shows the 'Hospital Authority - Informed Consent Form (ICF) System' interface. Callouts highlight the following enhancements:

- Exported the staff rank data from CMS:** Points to the 'Doctor Name' dropdown menu showing 'AU YEUNG, MAN, Associate Consultant'.
- Added "What's New" for important message and latest update:** Points to the 'News' link in the top right corner.
- Added common procedures and IR procedures for use by all departments:** Points to the 'Department Procedures' section with checkboxes for 'Common Procedures' and 'Interventional radiological (IR) procedures'.
- Pre-print specific anaesthetic risks on the Supplementary Sheets:** Points to the 'Print Supplementary Sheet' field.
- Changed default language of consent form to Chinese:** Points to the 'Consent Form Language' section where '中文' (Chinese) is selected.

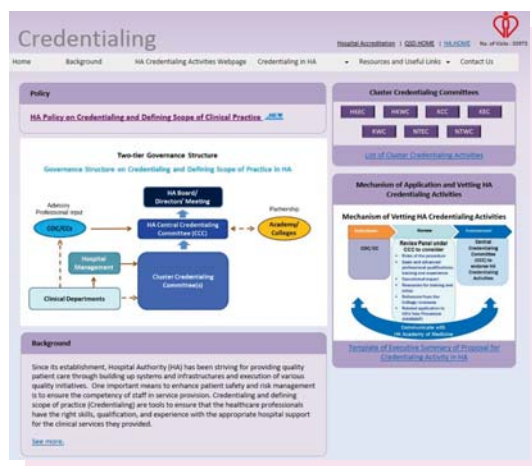
The form includes fields for Cluster/Hospital (HKEC), Department/Category (MED), Doctor Name, Procedure Name, Additional Procedure (Blood Transfusion), Consent Form (Operation/Procedure/Treatment), Consent Form Language (English/中文), Print Date, Consent Form Copy (1), and Print Supplementary Sheet (0 pages). Buttons for 'Generate Form' and 'Reset' are at the bottom.

▲ Highlights of enhancements in ICF System

Corporate Credentialing

HA Central Credentialing Committee (CCC) launched the “HA Policy on Credentialing and Defining Scope of Clinical Practice” in October 2016 which articulates the direction and framework on credentialing and defining scope of practice in HA. A “Guidance Notes on Implementation and Monitoring” defining the guiding principles as well as roles and responsibilities of key parties was developed and incorporated in the HA Credentialing Policy.

The “HA Credentialing Webpage” was launched in October 2016. The webpage consisted of the background of credentialing development in HA, governance structure of HACCC, credentialing policy, access to cluster credentialing committees and other useful resources / links related to credentialing. The link to “HA Credentialing Activities Webpage” had been added as well to facilitate instant updating, endorsement and access of the lists of credentialed hospitals and staff to perform the procedures.



Document Management

Further to the release of the corporate “Guideline for Management of Documents on Clinical Care” in 2016 to include the risk rating section for control documents, hospitals started to rate their controlled documents by different practices. The Task Force on Document Management kicked off the discussion in February 2017 with a view to developing a corporate framework on risk rating. After consultation with hospitals and discussion with ACHS consultants, the endorsed corporate risk rating framework was expected to be ready for launch by the end of 2017.

Access Management

In 2016/17, HA continued to implement action plans formulated in response to the HA Review recommendations on Specialist Outpatient Clinic (SOPC) waiting time.

HA launched a Mobile Booking Application “BookHA” since 8 March 2016 to provide patients with a more convenient means of making SOPC new case bookings. In addition to the pilot in Gynaecology, “BookHA” was rolled out to Cardiothoracic Surgery, Ear, Nose & Throat, Medicine, Neurosurgery, Ophthalmology, Orthopaedics & Traumatology, and Surgery in 2016/17. “BookHA” would be further rolled out to Obstetrics and Paediatrics in 2017/18.

New Key Performance Indicators (KPIs) on SOPC service throughput and capacity were developed and launched in 2016/17 to monitor the efficiency, capacity and demand gap for SOP services.



Operating Theatre (OT) Utilisation

Two Key Performance Indicators (KPIs) on OT services, namely “Ratio of scheduled to expected elective OT session hours” and “Utilisation rate of scheduled elective OT sessions” were developed and started reporting in January 2017. The KPIs aim to reflect the utilisation of existing OT facilities, to give insight on the potentials for further optimising the utilisation of OT resources, and to provide different dimensions of data for the management and planning of OT services.

Working Group on Operating Theatre Services was also set up to work with all Cluster OT Committees and specialty experts to oversee OT services performance related to capacity and efficiency, coordinate improvement initiatives related to OT services and promulgate learning and sharing of good practices on OT operations.

Working Group on OT Services

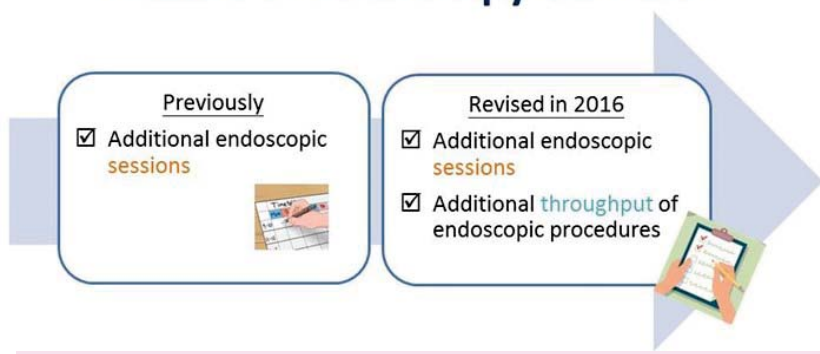
1. To **oversee** OT services **performance** related to capacity and efficiency
2. To **coordinate** **improvement initiatives** related to OT Services
3. To **promulgate** learning and sharing of **good practices** on OT operations



Endoscopy Service

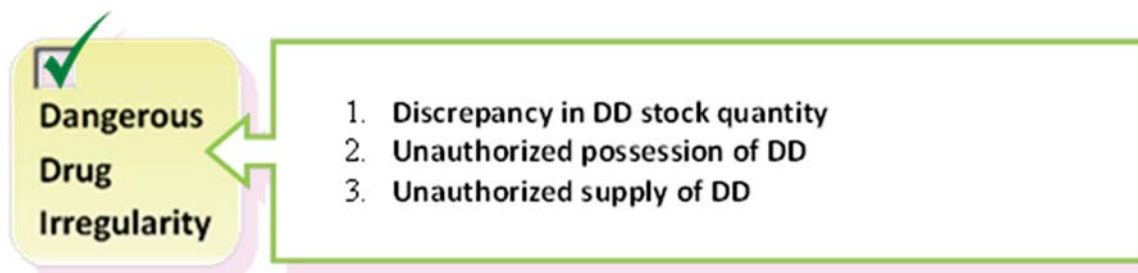
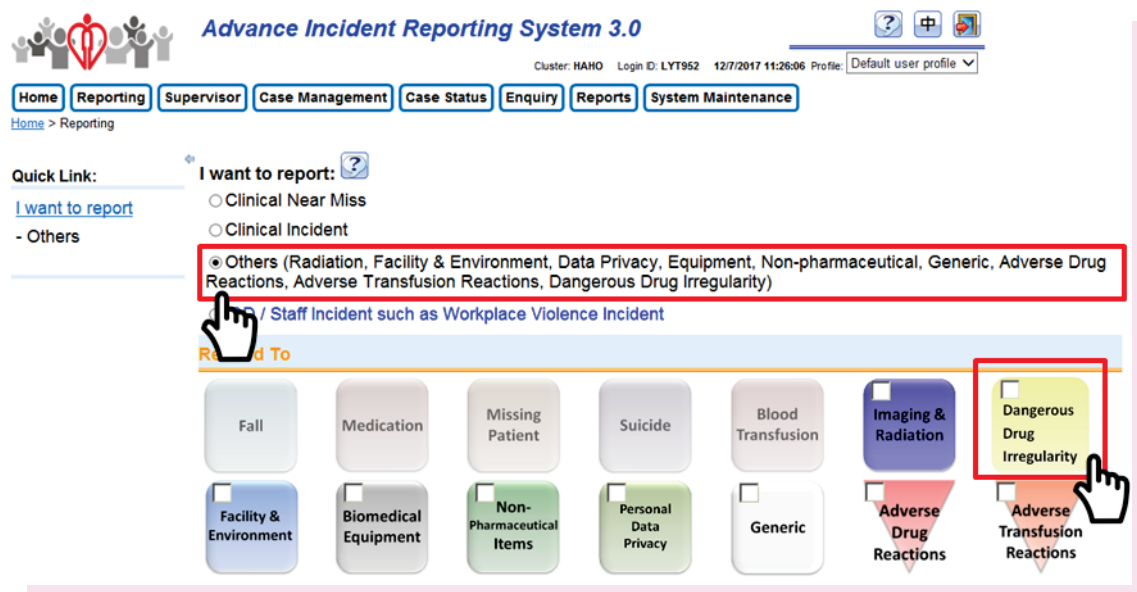
To facilitate forward planning of colonoscopy service, booking practice had been aligned across HA in order to enable development of waiting time statistics. Besides, monitoring of annual plan programmes related to endoscopy services was reviewed to facilitate the assessment of resources deployment.

Monitoring of annual plan programs related to endoscopy services



Advance Incident Reporting System (AIRS) Enhancement to include a New Template for Dangerous Drug Irregularity (DDI) Incident

In collaboration with the Chief Pharmacist's Office in HAHO, a new template of Dangerous Drug Irregularity (DDI) incident would be developed for reporting on the incidents of unauthorised possession, supply of DD and discrepancies in DD stock quantity in HA. The new template had taken into considerations of stakeholders' requests for facilitating reporting, filtering, monitoring, and communications on incidents related to the handling and storage of dangerous drugs (DD) in HA. The new template would tentatively be deployed in 2Q2017.



Review of Surgical/ Interventional/ Bedside Procedure Safety Policy

The “surgical / interventional / bedside safety policies’ was first implemented in 2009/2010/2011. In order to integrate essential safety steps into the normal operative workflow, a working group on the Surgical Safety Policy, comprising representatives of Coordinating Committees (COCs) / Central Committees (CCs) / Specialty Advisory Groups (SAGs), was set up to review the policies so as to ensure consistent adherence to the critical processes. Consultations to stakeholders were in progress.

Handover of Important Investigation Results

To ensure important investigation results (e.g. pathology and radiology reports of new diagnosis of malignancy) to be acknowledged and handled by responsible clinical teams in a timely manner, HAHO Information Technology and Health Informatics (IT&HI) Division, HAHO and cluster Q&S teams, COC(Radiology) and other stakeholders have worked closely to develop and implement mitigation measures.

In collaboration with IT&HI, the Important Result Reminder (IRR) at Clinical Inbox is undergoing development as an adjunct to existing workflow. A reminder for cancer-related histopathology results will be pushed to the department folder in the Clinical Inbox two weeks after the report is available. It will be piloted with users' feedbacks collected for further refinement and enhancement.

[illegible]

For radiology results, “Radiology Report for Special Attention” was piloted in 4Q 2016. A “Special Attention” remark would be displayed in cancer-related CT reports (e.g. new cases of malignancy; incidental case of suspicious lesion and follow up cases with suspected tumor recurrence) which required special attention. The programme will be evaluated to collect feedbacks from radiologists and clinicians.



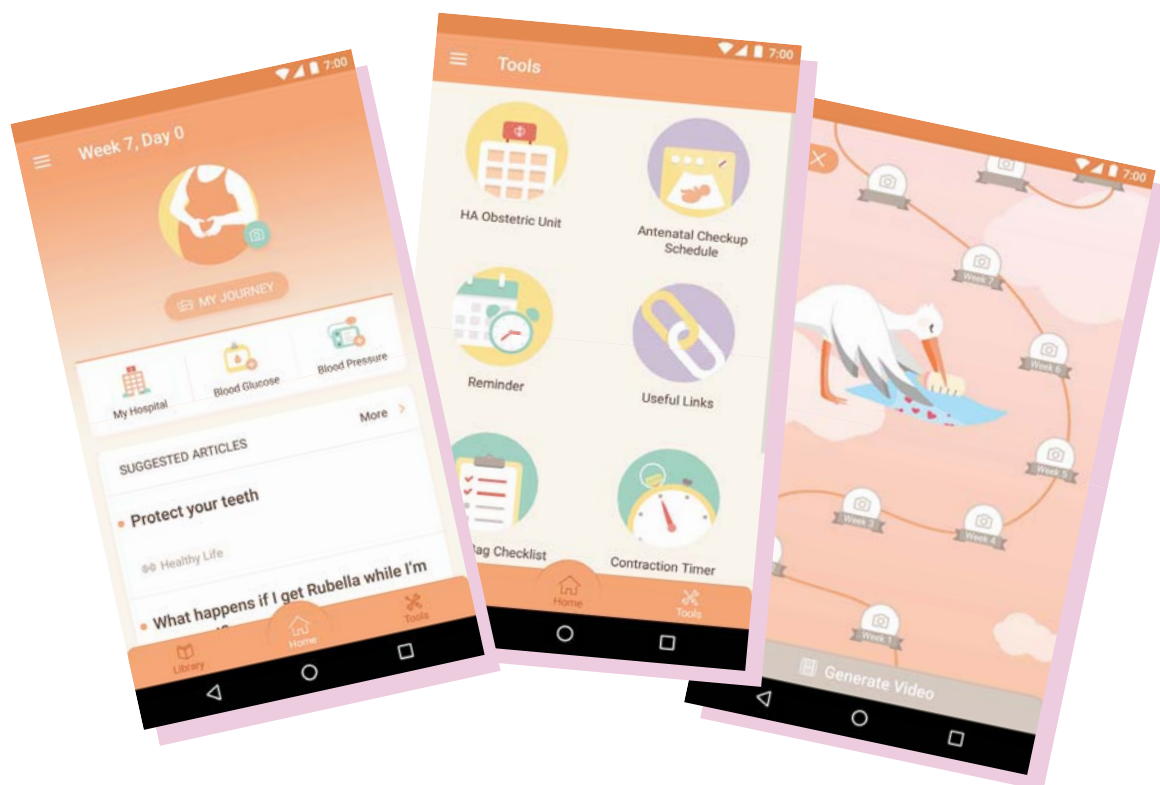
Prevention of Inpatient Suicide

Further to the Internal Audit Report on Prevention of Inpatient Suicide issued in December 2015, the Subcommittee on Prevention of Inpatient Suicide had reviewed and issued the revised “Guidelines on the Prevention and Handling of Suicidal Behaviour in Non-psychiatric Inpatient setting” on 1 August 2016. Furthermore, in collaboration with the HA Committee on Hospital Security, the facility-related provision list in non-psychiatric inpatient setting was updated and was incorporated in the new version of Guidelines on Hospital Security Design Planning. These facility-related provisions shall be considered when designing new wards or when doing major renovation / refurbishment of existing wards other than psychiatric wards. Taking note that toilets / bathrooms are high risk areas for inpatient suicide, hospitals / clusters should prioritise the implementation of such facility-related provisions for prevention of inpatient suicide in these high risk areas.

Patients committing suicide during home leave period still constituted a major proportion of inpatient suicide cases. Hence, in various platforms, the Patient Safety and Risk Management (PS&RM) Department had been continuously reminding healthcare providers to balance the risks and benefits when considering home leave arrangements for a patient.



HApi Journey 《喜程》



Being pregnant is an ecstatic jubilant moment, but yet stressful journey. Obstetric units have a long-standing history of offering antenatal classes to prepare moms-to-be to walk through various anxiety stages, however, not all mother-to-be will be able to attend. The obstetric mobile application HApi Journey (Hospital Authority Pregnancy Information Journey) was launched on 22 February 2017 to provide necessary information and readily accessible tools to moms-to-be in a timely manner. There are useful and up-to-date health information in the Apps aiming to empower moms-to-be and to reduce their anxiety by providing relevant knowledge. Moreover, it could also record the health status (e.g. blood pressure and glucose level) and labour condition (by contraction timer) of moms-to-be to facilitate doctors' review and decision when necessary. There were over 7700 downloads in the first month.



Hong Kong East Cluster (HKEC)

Review of 2016 Risk Reduction Programmes & Quality Initiatives, including Accreditation

Based on the annual HKEC Risk Assessment exercise, it was concluded that the Infection Control, Medication Safety and Fall remained as the top three clinical risks in HKEC. HKEC adopted a proactive approach in reviewing the improvement measures to mitigate the relevant risks in hospital settings.

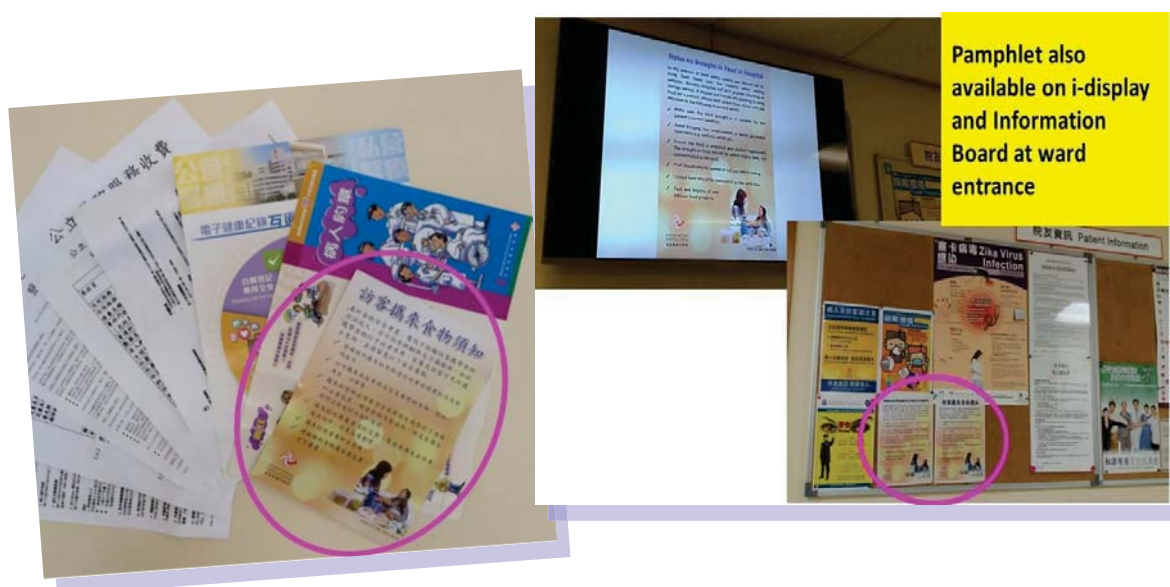
Infection Control

HKEC Infection Control Team exerted tremendous effort in conducting staff awareness activities, including Hand Hygiene Day 2017, Enhancement Programme on Bed Cleansing Techniques and Infection Control Awareness training during CPR for interns, etc.

In response to the outbreak of *Klebsiella Pneumoniae* (KPC 2) (a total of 43 cases) in HKEC hospitals in June and December 2016, the Team took the initiative to review existing practice and reinforce the improvement actions (e.g. strengthened onsite supervision, reinforced standard precautions, hand hygiene, etc). With the Team's continuous effort and ongoing staff education, an improving trend was noted in HKEC Hand Hygiene Compliance Rate from 77% in 1Q 2013 to 84% in 1Q 2017.



Further to the awareness programmes towards staff, the Team also noted the risk of infection from visitors. To safeguard patient safety, the Team had developed written guidelines / pamphlets for staff / families on bringing food to the hospital (including safe transportation, proper storage and disposal).



Medication Safety

In-patient Medication Order Entry (IPMOE) was fully implemented in Pamela Youde Nethersole Eastern Hospital (PYNEH) on 22 November 2016. The medication incidents related to IPMOE were reviewed and discussed in Cluster Incident Review Panel and the potential loophole on IPMOE was identified. The learning points were circulated to colleagues via Q&S publication. An educational video was also produced to promulgate the safe use of IPMOE and remind colleagues on the potential loophole of IPMOE. The video was uploaded on Q&S webpage for staff's easy reference.

Fall Prevention

Fall remained as one of the top 3 risks in the past few years. Apart from promulgating proper fall risk assessment and relevant fall prevention measures, Q&S office also raised colleagues' awareness on the appropriate and safe use of physical restraints to prevent fall among patients if other measures failed. HKEC had reviewed the types of physical restraint used within the cluster and purchased additional magnetic physical restraints for wards. The concept of fall prevention and safe use of physical restraint were further promoted via a new video produced by end of 1Q 2017. The video was also uploaded on intranet for colleagues' easy reference. To assess staff's knowledge on fall prevention, a Cluster-wide fall knowledge test would be conducted in 2017/18.

Hospital Accreditation

PYNEH had completed Phase 4 Periodic Review from 13 to 17 June 2016. Two Extensive Achievements (EA)s were attained for Care Planning and Safety Management Systems (OSH).



Tung Wah Eastern Hospital (TWEH) had completed the first accreditation cycle after the Periodic Review in June 2016 and TWEH attained two EAs in Infection Control System and Safety Management Systems.



Ruttonjee & Tang Shiu Kin Hospitals (RHTSK) started the preparation work for its first ACHS consultancy scheduled in late June 2017. To achieve a more comprehensive engagement with frontline colleagues, Hospital Accreditation Office set up regular Criteria Sharing Forums to disseminate knowledge on the Criteria, share standards and good practices. Game booths were also set up to enhance staff engagement.



▲ *Game Booth on Hospital Accreditation Promulgation*

Staff Training



◀ *Poster of Patient Safety Month 2016*

Patient Safety Month was held in October 2016. The HKEC 8th Q&S Seminar was held on 27 October 2016 with the theme “Patient Empowerment : From Philosophy to Practice”.

The annual Continuous Quality Improvement Forum, which was held in RTSKH in February 2017, allowed colleagues to share and exchange innovative ideas on elevating safety of patient care and optimizing working procedures.



▲ One of the winning teams of Oral Presentation Award in Continuous Quality Improvement Forum 2017

TWEH Q&S Office also organised the Quality Improvement & Experience Sharing Forum with theme of “Think beyond and Lead: Advancing Healthcare through Teamwork” on 7 October 2016.

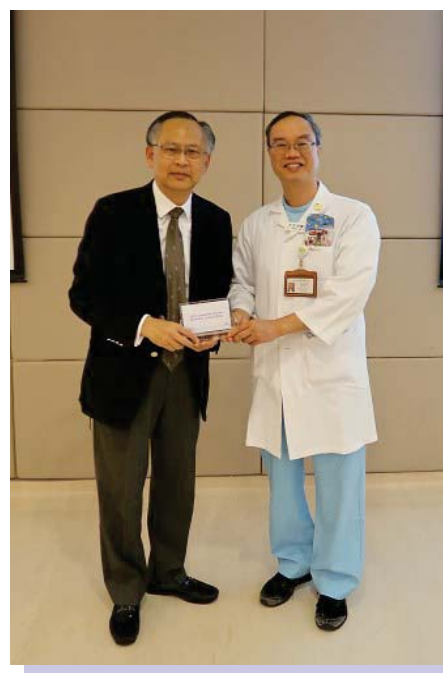


On top of the regular trainings, HKEC Q&S Office had also organised additional lunch forums and workshops during 2016/17 to help colleagues handle adverse events or incidents better. In view of staff turnover, HKEC Q&S Office had organised two identical Incident Management Workshops in May and August 2016 for HKEC filtered persons, newly promoted supervisors and staff nominated by departments. The workshops consisted of lectures on incident management and group discussions on Root Cause Analysis (RCA). Each group was led by experienced RCA facilitators or RCA Chairmen and participants had the chance to learn how to compile a precise factual account, what to consider during a RCA meeting and how to write a comprehensive RCA report. Positive feedback was received from both workshops.



▲ *Incident Management Workshop in May 2016*

In December 2016, Q&S Office invited Dr. LUI Siu-Fai to share his view on “Adverse Events Manage the aftermaths” and 361 HKEC colleagues attended the forum.



Hong Kong West Cluster (HKWC)

HKWC Hospital Accreditation

Queen Mary Hospital - Tsan Yuk Hospital (QMH-TYH) Periodic Review 2016

QMH-TYH had its second successful Periodic Review in October 2016.



The Duchess of Kent Children's Hospital at Sandy Bay - TWGHs Fung Yiu King Hospital - MacLehose Medical Rehabilitation Centre (DKCH-FYKH-MMRC) - Gap Analysis

DKCH-FYKH-MMRC had the Gap Analysis completed in November 2016, and were heading for their very first Organization-Wide Survey. Staff had been courageous and passionate enough in coping with various meetings with the surveyors.



Grantham Hospital (GH) Gap Analysis

GH had its first Gap Analysis during 31st October – 3rd November 2016. This exercise had definitely demonstrated the team spirit and cohesiveness of GH.



Tung Wah Hospital (TWH) Preparation for OWS

In order to assure various ward settings up to certain quality & safety (Q&S) standard between the recurrent cycle of OWS and periodic review, TWH Q&S Office had organised the annual Quality & Safety Round covering the whole hospital premises. Top management of TWH from multi-disciplines actively participated in the round and shared their expertise with the frontline through face-to-face debriefing right after the round.



HKWC Risk Registry 2016/17

HKWC adopted HA Organization-Wide Risk Management Framework (2015) to establish the Risk Register. Briefing sessions of the framework were organised to each department and forums were organised in QMH and cluster hospitals respectively. After HKWC Risk Register 2016/17, Cluster Functional Risk Registers and Hospital Risk Registers 2016/17 being established, they were reported to Cluster Management Committee, respective Hospital Management Committee and Hospital Governing Committee, and Cluster Quality & Safety Committee. These Risk Registers were also shared with our frontline staff in HKWC Quality & Safety Forums.



▲ **HKWC Quality & Safety Committee**

Culture of Quality and Safety

QMH - FUN Day

“FUN” approach was used to strengthen Quality Culture through games, plays, and snacks! Topics included Patient Safety Issue, Risk and Incident Management, Complaint Management, Medication safety, Manual Handling and Infection Control.



Grantham Hospital (GH) Annual Continuous Quality Improvement (CQI) Forum

The GH Annual CQI Forum cum Presentation of the Best CQI Award was held on 28 March 2017 to promote CQI culture and recognise colleagues' effort in improving service quality.

This year, Mr. Joseph Yip from Hong Kong Disneyland had been invited to deliver a talk titled "Protecting the Magic". Participants were greatly impressed by the wonderful risk management strategies being run in the world class theme park. Four teams had been awarded the outstanding CQI projects in the same event.



DKCH-FYKH-MMRC Continuous Quality Improvement (CQI) Forum

The DKCH-FYKH-MMRC's very first CQI Forum cum the Best CQI Award presentation was held in March 2017, aiming to cultivate continuous quality improvement atmosphere in the three hospitals and to recognise staff's tremendous efforts in conducting quality improvement works in the midst of pressing daily operations. Ms. Bonnie WONG, the Cluster Manager of Quality & Safety Division in NTWC, was honorably invited to share her precious experience and knowledge in the implementation of health quality improvement work. Big thanks to all participating staff for their unfailing contributions and support to the event.



TWH "Continuous Quality Improvement (CQI) Make Easy"

To equip project leaders and members with knowledge and skills on Continuous Quality Improvement (CQI) to lead and implement improvement projects in the workplaces, "Continuous Quality Improvement (CQI) Make Easy" Sharing Forum was organised by TWH in March 2017.



Medication Safety

HKWC Medication Safety Committee

HKWC Medication Safety Committee was formed in March 2017. Members included doctors, pharmacists and nursing representatives from clinical departments and pharmacy departments of each HKWC hospital. It promulgated and implemented corporate strategies on medication safety in the cluster so as to monitor and analyse medication incidents, near misses and adverse drug events and provide recommendations.



HKWC Cold Chain Management

HKWC's Guideline on Cold Chain Management of Refrigerated Medicines and Safe Use of Pharmaceutical Refrigerators was published to standardise practice of storage, handling and transportation of refrigerated medicines and to provide guidance on safe use of pharmaceutical refrigerators.

A total of 51 additional thermometers were issued to high risk clinical areas in QMH, such as areas with stored vaccines.

DKCH-FYKH-MMRC - Cross Hospital Pharmacy Night Cabinet System

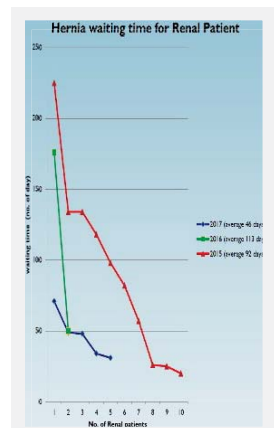
Cross hospital Pharmacy Night Cabinet System was set up in DKCH-FYKH-MMRC to fill up the gap in fulfilling the drug demand of patients at night. The improved system could provide flexibility to staff of DKCH, FYKH and MMRC in getting drugs from any night cabinets located in three different sites of the three hospitals when the drug varieties or quantity of the drug stock in respective night cabinet could not meet the prompt needs of patients.

TWH - Enhance Direct Access Hernia Surgery for Renal (ESRF) Patients in TWH

Regarding the booking for hernia repair by renal patients on peritoneal dialysis (PD), it was known that the existing referral process was quite clumsy and feedback on early surgical repair was frequently learnt.

Under traditional referral system, patients were required to undergo assessment from Specialty Out-patient Clinic first before proceeding to Pre-anaesthetic Clinic (PAC) and surgical repair. Waiting time for surgical repair on average was 92 days and 113 days in 2015 and 2016 respectively.

With a view to shortening the waiting time for surgical repair by direct referral of patients to PAC, a working group in multidisciplinary approach was convened to outline the workflow and formulate the direct access hernia surgery referral form for renal (ESRF) patients. Such initiative was implemented in December 2016.



Infection Control - Directly Observed Hand hygiene from staff to patients

Compliance of ambassador-initiated directly observed hand hygiene was 97.3% (428/440 episodes), which was significantly higher than patients' self-initiated hand hygiene via a patient education programme (37.5%, 218/582 episodes, $P < .001$).



Kowloon Central Cluster (KCC)

Hospital Accreditation

Queen Elizabeth Hospital (QEH) had gone through the ACHS Periodic Review from 3rd to 7th October 2016, and was granted “Marked Achievement” in all 15 mandatory criteria. Eighteen out of 23 recommendations from the Organisation Wide Survey (OWS) 2014 were successfully closed.

Sharing forums with QEH Hospital Accreditation Coordinators were regularly conducted to strengthen the culture of continuous quality improvement and to encourage participation of frontline colleagues in hospital accreditation activities. Topics including the ACHS criteria, key findings from pre-survey visits and preparations for closing surveyors’ recommendations were shared at the forums.

Hong Kong Eye Hospital (HKEH) had gone through the ACHS Gap Analysis in November 2016. A series of staff engagement activities, hospital safety rounds and preparation forums were conducted to promulgate the culture of patient safety and continuous improvement.

After the Gap Analysis, concerted effort had been made to work on the improvement plans to address the Priority Action Items. Several new committees including the Credentialing Committee, Communication Task Force and Editorial Board were established for better coordination in respective areas. Timeline for OWS preparation was also formulated to guide the implementation progress.



HKBH Q&S Office

To strengthen the quality and risk management in Hong Kong Buddhist Hospital (HKBH), Q&S Office, a designated team led by the Hospital Chief Executive (HCE) for handling quality and risk management issues in the hospital, was set up in January 2017.

HKBH Quality and Safety Office Organization Chart



KCC

Quality & Safety Forum

Q&S Forums were organised regularly in QEH. The forums covered a broad range of quality and safety related topics, including clinical handover, workplace violence, occupational safety and health, etc. Speakers from different expertise shared experiences to healthcare providers and administrators.

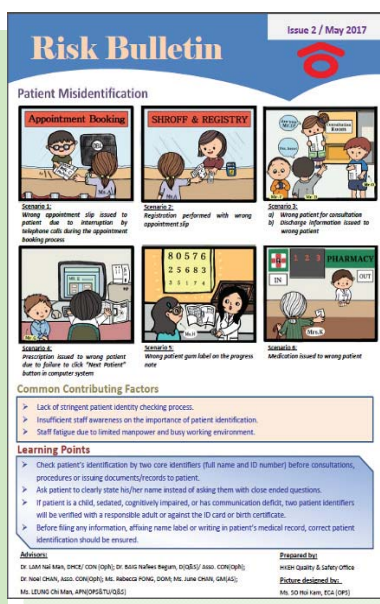
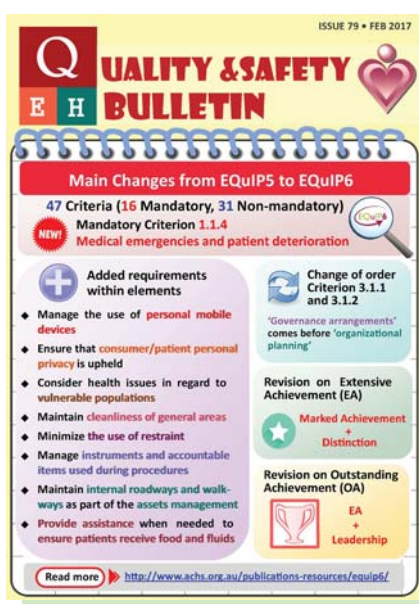
In joint coordination with Administrative Services Division, QEH invited Mr. James P. Keller, Vice President (International Market Development) of ECRI Institute to deliver a seminar on “Patient Identification Errors, an Analysis of US Hospital Experience and Proposed Risk Mitigation Strategies” on 10th November 2016.



Quality & Safety Bulletin

To promote quality and safety issues among healthcare professionals in QEH, the “QEH Quality and Safety Bulletin” was published monthly via email and intranet in 2017. Topics including the major changes from ACHS EQuIP5 to EQuIP6 and immediate management of critical incidents were shared in February and March 2017, respectively.

In Hong Kong Eye Hospital (HKEH), “Risk Bulletin” was published aiming to share and educate incidents with staff to prevent further occurrence of similar events. The first issue related to medication safety was published in January 2017.



HKEH designed a “Correct Patient” smart card that was attached on computer monitors and printers in consultation rooms to remind healthcare professionals for correct patient identity before drug prescription, clinical procedures and treatments.



Safety Round

The Safety Walk Round was conducted on every second and fourth Wednesdays of each month since January 2017 in QEH. The objectives were to build awareness and to solicit senior executive support and engagement on patient and staff safety. It also provided opportunities to share good practices in risk mitigation and identified areas for improvements. A debriefing session on the observations would be made by the visiting team. A report would be compiled after each visit and follow-up actions for improvements would be put on the Improvement Tracking System (ITS) to keep track of the improvement progress.

In response to the Group Internal Audit (GIA) on prevention of inpatient suicide, the QEH Working Group on Suicide Prevention-Focused Safety Round was formed in April 2016. It was agreed that the suicide prevention-focused safety round would be conducted 6 times a year in QEH, which involved the representatives from the Q&S Department, Central Nursing Division, Facilities Management Department, Department of Psychiatry and the visiting department. Improvement measures, such as reducing ligature points and installation of a CCTV monitor with better resolution, have been implemented with the assistance of Facilities Management Department.



In Kowloon Hospital (KH), Patient Safety Round to all departments/units within one year was initiated. Senior staff from various disciplines was invited to join the Patient Safety Rounds as peer reviewers together with hospital management team. Open and direct communication between frontline and hospital management was achieved. Cross department learning in quality improvement was also nurtured.

Kowloon East Cluster (KEC)

Accreditation

Thanks to the unremitting support and dedication from all staff in United Christian Hospital (UCH), the Periodic Review was conducted successfully in June 2016 following a series of preparatory activities including forums and warm-up visits. UCH achieved “Extensive Achievement” (EA) in 2 of the 15 mandatory criteria, namely the “Continuous Quality Improvement System” and the “Corporate and Clinical Risk Management Policy and System”. The hospital also attained “Marked Achievement” (MA) in all other mandatory criteria.



In Tseung Kwan O Hospital (TKOH), 3 Staff Engagement Forums were held in February 2017 with a total of 571 participants. The theme of this year was to introduce the 16 recommendations from 2015 Organization-Wide Survey via booth games so as to prepare staff for the Periodic Review.



Establishment of the KEC Q&S Subcommittee on Prevention of Inpatient Suicide

The KEC Q&S Subcommittee on Prevention of Inpatient Suicide was formed to minimise the risk of suicidal events in hospital. Reporting to the KEC Quality and Safety Committee, the Subcommittee is responsible for formulating strategies and monitoring the implementation of action plans related to the prevention of inpatient suicide. Hospital walkrounds were conducted to ensure a safe inpatient environment and to identify high risk areas. Mitigation measures were proposed and would be implemented to eliminate facilities of high risks.



KEC Crew Resource Management (CRM) Symposium and Workshop



The KEC Training Centre organised a KEC CRM Symposium & Workshop this year. The theme of the Symposium was “Mental Skills in Preventing Errors” and Dr Richard Riley, an anaesthetist at the Royal Perth Hospital and Clinical Associate Professor at the Department of Anaesthesia of University of Western Australia, was invited to share the key concepts in error prevention and practical tips in planning and developing simulation based education activities. Participants also practiced their CRM skills under different simulation scenarios during the workshop.



KEC Critical Incident Psychological Services (CIPS)

With the joint efforts of hospital management and Oasis, the KEC Critical Incident Psychological Services (CIPS) Centre was set up in September 2015 to provide stepped-care and to coordinate various CIPS at KEC hospitals. It aimed to provide timely and quality psychological care to HA staff. Using the stepped care model, with the on-going assessment and monitoring, the interventions can be stepped up or down in intensity depending on the staff's needs. HA staff can approach CIPS Centre for psychological support services like psychological triage, psycho-educational talks and treatment groups. The staff would be assisted to resolve their life and work challenges through individual and group sessions. For early identification and prevention of psychological issues, 2 talks and 5 treatment groups with the themes of positive psychology, stress management and dealing with worry were organised to mitigate increasing occupational and personal stress.

In addition, in the fourth-alarm fire at the mini-storage units in Ngau Tau Kok in June 2016, responding to staff's needs, caring packs which included psychological education materials, relaxation CD, leaflet of Corporate Clinical Psychology Service, Critical Incident Support Team (CIST) and CIPS, caring cards and gifts were distributed in collaboration with CIST.



Enhanced Recovery After Surgery (ERAS) Programme

Colorectal cancer surgery involves lengthy hospital stay of a minimum of 1 week in general. Enhanced Recovery After Surgery (ERAS) is an evidence based programme to improve patient's recovery. It consists of multidisciplinary approach with collaborations of surgeons, anaesthetists, nurses, physiotherapists and dietitians. However, it is not widely practiced in Hong Kong. Tseung Kwan O Hospital started ERAS programme since November 2015 for elective colorectal cancer surgery.



Through a multidisciplinary team and the establishment of a “one-stop” clinic, the patient care journey from pre-operative to post-operative can be better coordinated, and high risk patients can be identified for tailor-made pre-habilitation before operation.

After 1 year of the ERAS programme, more than 90% patients recruited for ERAS received pre-operative risk stratification and 100% received post-operative rehabilitation. Most of them achieved early mobilisation.

Nurse-led Pre-anaesthetic Assessment (NLAA) Programme

Pre-anaesthetic assessment is the key to safe and efficient ambulatory surgery. In the past, patients very often needed to attend several clinic visits before operation. To facilitate the process and improve our ambulatory surgery service, a nurse-led pre-anaesthetic assessment service (NLAA) was developed in our Ambulatory Surgery Centre (ASC) in Tseung Kwan O Hospital since 2008. The clinic aims at providing a one-stop comprehensive peri-operative care services, including pre-anaesthetic assessment, disease optimisation and patient education. It has greatly reduced the waiting time for pre-anaesthetic assessment clinic appointment and satisfied the fast growing demand for ambulatory surgery services in the KEC. The programme received the Merit award of Tseung Kwan O Hospital Continuous Quality Improvement (CQI) 2016.



Kowloon West Cluster (KWC)

Hospital Accreditation

Yan Chai Hospital (YCH) completed the 1st Australian Council on Healthcare Standards (ACHS) Organisation Wide Survey (OWS) on 2 June 2016. Four criteria were accredited with Extensive Achievements (EA), including criterion 1.1.4 Care Evaluation, 2.1.4 Management of Complaints & Feedback, 2.3.4 Information & Communication Technology and 2.4.1 Promotion of Better Health & Well-being.

Caritas Medical Centre (CMC) completed the 2nd Periodic Review (PR) on 28 October 2016. Three recommendations were received.



Our Lady of Maryknoll Hospital (OLMH) completed the 2nd OWS in March 2017. Three EAs were awarded, including criterion 1.1.7 Care Of Dying & Deceased, 1.5.6 Correct Patient, Correct Procedure, Correct Site and 2.4.1 Better Health & Wellbeing. Marked Achievements (MA) was given for the other 44 criteria.



Princess Margaret Hospital (PMH) completed the 1st Periodic Review on 18 November 2016. PMH was accredited with the Outstanding Achievement (OA) on Medication Management and Marked Achievement (MA) for all the other 14 mandatory criteria. The report was distributed to all staff for reference and follow-up.



A briefing session on the newly published EQuIP6 was held on 19 January 2017 to enhance staff understanding on the new version.



KWC Quality and Safety (Q&S) Forum

The KWC Q&S Forum was conducted on 9 March 2017 at PMH. The forum consisted of Thematic Speeches, CQI Project Presentations and Poster Exhibition. Two speakers, Mr Stephen Leung, Country Manager of Pfizer Corporation; and Ms Quince Chong, JP, Chief Corporate Development Officer of CLP Power Hong Kong and Chairman of PMH and North Lantau Hospital (NLTH) Governing Committee, were invited to share their experiences and stories on the topics of “Change Management” and “Engaging and Communicating in the Digital Era”.



KWC STOP Pressure Ulcer Week

KWC STOP Pressure Ulcer Week was held in October 2016 with booths showing topics related to prevention of pressure sore, how to clean ulcer sore, skin care, etc. to raise staff and visitors' awareness on prevention of pressure ulcer and promote skin care and early intervention on pressure ulcer.



KWC Orientation & Induction (O&I) Programme for New Residents

The KWC Orientation & Induction Programme for New Residents was held on 19 and 27 July 2016. The scope of the programme was to raise the awareness of residents regarding common pitfalls and risks in hospital practices, and to strengthen their skills in managing incidents at the beginning of their career.

Patient Identification

The KWC Policy on Patient Identification was endorsed and promulgated in October 2016. To raise awareness on patient identification, promotional screensaver was designed and set up in all KWC CMS and personal computers from April to August 2016. Audits were also conducted in KWC hospitals to ensure compliance of proper verification of patient identification.



Mental Health Promotion Activity

The Closing Ceremony of the Art Jamming Programme, “Nourishing Life—Shaping Future...with HEART...”, was organised on 16 April 2016 in Kwai Chun Hospital (KCH). With concerted efforts by our staff and approximately 800 participants, including persons-in-recovery, their family members and carers, volunteers, students and teachers from our community, a fingerprint painting event on “Recovery Journey” was held. The completed painting measured 458.2 square metres, and was recognised by Guinness World Records as the world’s largest fingerprint painting.



e-Special Honorarium Allowance System (e-SHS)

A web-based platform of SHS system was developed to increase working efficiency and mitigate the risks associated with authorisation, compliance, accuracy and monitoring of SHS programmes. Stakeholders including Project Owner/Co-coordinators, Human Resource, Finance, Management and Staff are all benefited from the system through automation of the end-to-end process.



IT Asset Management

A new Enterprise Asset Management System on IT Asset was launched in 2016. To further enhance the asset management lifecycle, PMH introduced several improvement practices for effective and efficient control over IT assets. Asset records are made available for user retrieval online, and annual verification exercise would be conducted to remind asset owners the importance of proper IT asset management.

Health Information and Records

The self-compliance checklist on medical records management system for non-Medical Record Office (MRO) Records Stores was rolled out to include all KWC hospitals so as to identify the volume, locations and conditions of medical records kept in non-MRO Records Stores and to ensure these medical records are managed in accordance with the policy.



New Territories East Cluster (NTEC)

NTEC Quality and Safety Forum

The NTEC Quality and Safety Annual Forum 2016 themed “WISER Handover” was held after 5 forums at local hospitals on 18 October 2016 at the Prince of Wales Hospital (PWH) Auditorium. The forum featured 2 plenary sessions: Prof Daniel Long spoke on “Operations Management in Healthcare Management” ; Dr SV Lo and Dr CT Hung shared CCEs’ wisdom on ‘Wiser’ handover. 7 teams from cluster hospitals presented their outstanding Continuous Quality Improvement (CQI) projects. A total of 293 attendants participated in the forum.



The NTEC WISER (We Innovate, Service Excel Regularly) Programme

The NTEC WISER Programme started off as structured lean management training in December 2014. The 3rd NTEC Lean Leader Course was completed in 2Q2016, with 104 colleagues engaged. They applied the lean management to improve their work. A graduation ceremony was held on 29th April 2016. All NTEC WISER teams presented and shared their innovative projects in the Forum.



The WISER Subcommittee developed two teaching materials on the Lean concepts posted up in NTEC iLEARN platform.



It also developed our local course: the 4th NTEC Lean Leader Course for health care workers incorporating theories as well as consolidation through application in health projects. 10 teams from NTEC departments joined the course which included 2 days classroom training and 3 individual tutorials for project coaching. All the teams would present their projects in the WISER Day on 10 October 2017 and one would be selected to share at NTEC Q&S Forum in November 2017.

Safety Management in relation to In-Patient Medication Order Entry (IPMOE) Implementation

After successful launching of IPMOE at PWH in 2015; the programme was further rolled out to Alice Ho Miu Ling Nethersole Hospital (AHNH) and North District Hospital (NDH) in 2016. To prepare the hospital for the implementation of IPMOE in 2016/17, a multi-disciplinary Workgroup comprising patient safety officers, doctors, nurses and pharmacists was formed to manage potential risk proactively. The IPMOE medication process was risk scanned, preventive measures were devised and workflows were standardised. Common drug orders/ drug sets were developed for complicated regimens to minimise the medication error during prescription in IPMOE.

Downtime procedures to minimise clinical risk due to scheduled or unexpected downtimes were prepared. Feasibility test of IPMOE downtime procedures was conducted with the participation of frontline nurses from Departments. In collaboration with the head office teams, Pharmacy and Information Technology, downtime drills were conducted.



The NTEC IPMOE Forum themed 'IPMOE: 下一站、之後' was planned to be held on 14 July 2017. Head of HOIT&HI would be invited to talk on 'Next Era of Innovative IT in HA Hospitals'. The launching ceremony of Bradbury Hospice (BBH), Cheshire Home Shatin (SCH), Shatin Hospital (SH) & Tai Po Hospital (TPH) IMPOE preparation project also took place to signify the IPMOE Phase 2 to be rolled out at NTEC in 2018-19.



Medication Safety

Policy and Procedures

A new 'Procedures for Clarification of Problematic Prescriptions for In-Patients' is under preparation to set a structured clarification process associated with problematic prescriptions for in-patients.

Temperature Monitoring of Drug Fridges

In view of incidents reported in the cluster at the end of 2016 in relation to drug storage in fridges, an ad hoc meeting with multidiscipline participation was called in January 2017 to discuss safety measures on drug fridge management. In order to maintain safe storage of drugs and early detect out-ranged temperature in drug fridges, a few safety measures were concluded:

- Availability of Essential power supply for drug fridges;
- Availability of audible alarm; and
- Alert label to prevent accidental switch off of power.

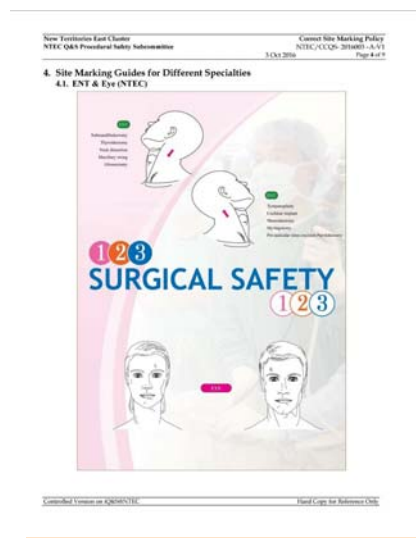
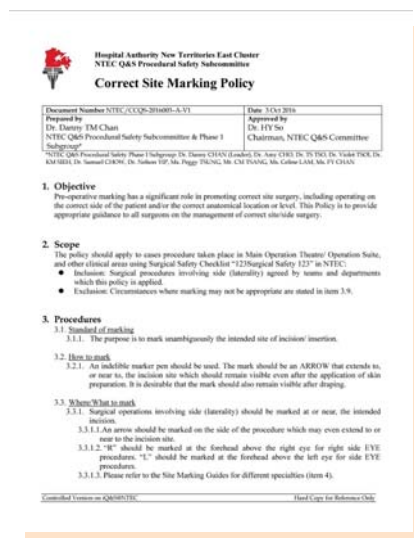


An i-smart flyer was issued to share the learning points. Risk reduction measures including adding of clear plastic cover with alert label “藥物雪櫃 切勿關掉” were piloted at the drug fridges in Department of Medicine, AHNH with satisfactory feedback. The project was planning for implementation hospital /cluster wide. Another pilot of “Temperature logger with alarm” on older drug fridges with no power failure alarm would be conducted in AEDs .

Procedural Safety

Correct Site Marking Policy

With reference to local and overseas good practices, the ‘Correct Site Marking Policy’ was introduced in NTEC from October 2016 to guide the management of correct site/side surgery and ensure operation on the correct side of the patient and/or the correct anatomical location. Procedures and guidance on site marking were clearly illustrated with pictorial guides.



Naso Gastric (NG)/ Drain Label

In order to reinforce safety in NG tube / drain insertion and removal, use of NG tube label was unified while surgical drains removal checklist was piloted as Continuous Quality Improvement (CQI) project in O&T, O&G and Surg. Departments of PWH.

NG Tube Insertion Label and Removal Label (Examples)

Naso-Gastric Tube Insertion

Date & Time: _____

Site of Insertion: Left _____ Right _____

Size: _____ Marking: _____

Type: PVC _____ Silicone _____ Other: _____

pt of aspiration: _____

Date of Next Change: _____

Signature: _____

Name & Rank: _____

Updated Labels

Naso-Gastric Tube Removal

Date & Time: _____

Intact and Complete: ☐ Yes ☐ No

Signature: _____

Name & Rank: _____

PWH Bedside Procedure Safety Checklist

Removal of Drain / Hickman Line

Date of removal: _____ Time: _____

Name of drain: _____ Side / Site: _____

No. of anchoring stitch(es) removed: _____ (If appropriate, *delete if not applicable)

After Procedure

Integrity of removed: ☐ Intact, OR ☐ Have a sharp cut end without appearance of being jagged or torn drain

Drain site skin suturing: ☐ Not Applicable ☐ Done (no. of suture(s) applied, remove on _____ (date))

Removal process: ☐ Smooth ☐ *Resistance / slipped out / broken → Inform senior ☐ Yes

For Hickman Line: Removal of cuff: ☐ Yes ☐ No (If no, please inform senior)

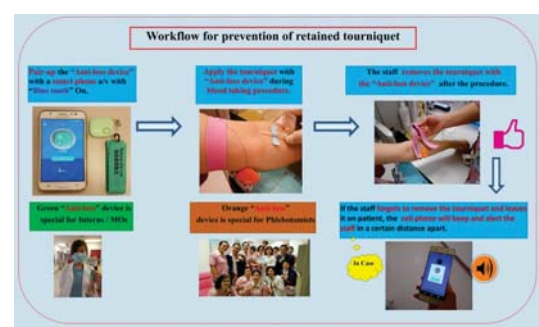
Remarks / Complications (if any): _____

Drain removed by: _____ (Sign/CMS331)

Removed drain inspected by: _____ (Sign/CMS331)

Special Project

A project on Prevention of Tourniquet Retained on Patients from Safe Link to Anti-Loss Alarm Device had been fully implemented in the team of phlebotomists and interns in NDH since July 2016. The purpose of this anti-loss alarm device is to prevent the retention of tourniquet after blood taking or establishing intravenous cannulation procedures. During the pilot period (1/7/16 to 31/12/16), there was no reported case of retained tourniquet in NDH. 35 Phlebotomists and 30 interns participated in this programme during this period. This was a dramatic improvement when comparing the number of incidents reported (2 cases) in NDH in the preceding 6 months with that reported in NTEC (9 cases) over the whole 2016. The project was well supported by the hospital management. Bright achievement was granted by the NTEC and Best Poster Award was achieved in the HA Convention 2017. This had further encouraged the implementation of safety measures during patient care.



Updating of Policy and Training

The NTEC Document Control Policy was revised in April 2016 with a clear definition of "High Risk Document". All cluster committees were invited to risk-rate their existing policies, as a result of the stock-take, 8 cluster policies were defined as high risk policies. Annual audit would be conducted to ensure the compliance.

Researches on Safety Culture and Practice

Clinical Incident Study

Stemming from the intent of evaluating the effectiveness of the cluster Incident Management Workshop I&II (Part I on immediate incident management; part II on prevention of recurrence) conducted since 2012, a study on the Health Care Providers' experience of clinical incident and perception about patient safety was developed in 2015. Through the collaboration of NTEC Q&S, NICHE and OASIS a Mixed Research Method was adopted which included:

(A) Quantitative questionnaire survey and

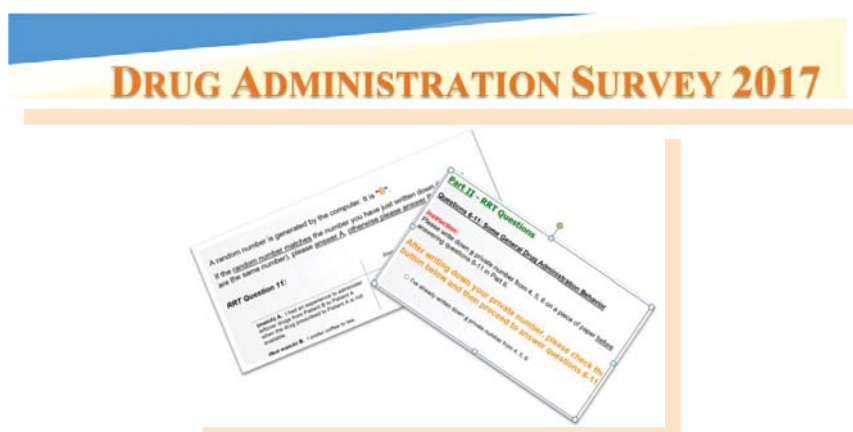
(B) Qualitative In-Depth Interview

The study would be conducted from late June to early September 2017 with research funding support from Alice Ho Miu Ling Nethersole Charity Foundation. A stratified random sample of 362 professional staff would be generated from the e-mail list. The selected participants would be invited them to join the online survey and interview. Result would be available by end of 2017.



Drug Administration Survey with Randomised Response Technique (RRT)

In order to improve medication safety through enhancement of existing practices, a cluster wide online “Drug Administration Survey” was planned to be conducted from mid-June to July 2017 with the aim to understand nurses’ difficulties in drug administration and enhance workflow efficiency. It was an independent research by a group of academic researchers from The Hong Kong University of Science and Technology (HKUST), The University of Hong Kong (HKU), Hang Seng Management College (HSMC) with the local support from CND and Q&S team. A surveying procedure called RRT would be employed to obtain truthful answers from respondents on some relative sensitive questions while avoiding response distortion.



New Territories West Cluster (NTWC)

Medication Safety

In 2016/17, the Drug Administration Safety Committee (DASC) continued to implement risk mitigation measures to minimise medication-related risks. One of the key risk mitigation measures was the implementation of In-patient Medication Order Entry (IPMOE) in minimising medication errors in in-patient wards.

To drive the implementation process, an IPMOE Committee, an IPMOE Implementation Group and a Nursing Subgroup on IPMOE were formed at the cluster level.

Pok Oi Hospital (POH) was the first hospital in the NTWC to use IPMOE. The IPMOE rollout project had started since 3Q 2016. To facilitate staff in familiarising the IPMOE, an IPMOE Office was set up in POH and trainings were provided to staff of all relevant disciplines. An IPMOE website and a handbook was also developed to provide guidance to staff in operating the new IPMOE devices.

After the completion of implementation in POH in February 2017, the IPMOE Office was moved to Tuen Mun Hospital (TMH) to facilitate the IPMOE rollout in TMH in May 2017.

The Nursing Services Division had also introduced drug return cabinets to enhance drug safety by minimising the re-use of unused drugs in wards. These cabinets were locked cabinets which drugs could not be retrieved once being put inside. Only authorised staff would be able to clear the drugs in the cabinets, which would then be returned to the pharmacy for further handling.



Safe Specimen Transportation

There had been incidents of loss of specimens during their transportation from clinical areas to the laboratory in the NTWC and other HA hospitals. In view of this, a multi-disciplinary Quality Improvement Team on Specimens Collection and Transportation, with joint efforts from Nursing Services Division, Administrative Services Division, Quality and Safety Division and Clinical Pathology Department, was formed in August 2013 to tackle the problem and improve the specimens transportation mechanism and enhance patient safety in the NTWC.

Two key improvements stemmed from this project. New plastic bags, which were bio-degradable and non-resealable, and tailor-made specimen racks for keeping specimens in upright position were used in the transportation to minimise the chance of loss. New tailor designed specimen collection trolleys were also installed in all clinical areas to provide a standardised collection area for all specimens.

The programme was published in the HA Quality Times and had been accepted for speed and poster presentation in the Hospital Authority Convention in May 2017.



Revamp of Patient Safety Walk Rounds (PSWR)

In order to enhance the effectiveness and efficiency of Patient Safety Walk Rounds (PSWRs), the existing frequency and format of PSWRs were reviewed. In the new format, all clinical and non-clinical areas in TMH, POH and Tin Shui Wai Hospital (TSWH) would be visited at least once a year. The department's discussion part became more structured which included the reporting of follow up actions taken after previous walk rounds and past incidents, department's top risk and other quality improvement projects.

In 2016/17, Q&S managers together with cluster executives (extended to DOMs, SNOs and senior therapists) have conducted Patient Safety Walk Rounds in 157 areas (clinical and non-clinical) in TMH, POH and TSWH. Risks identified were discussed with the respective department heads and agreed for follow up actions to be taken.

Observations and outcomes of PSWRs were reported to the Hospital Management Committee quarterly with risk reduction plans and strategies for advice and endorsement. To disseminate the good practices observed during PSWRs, a sharing session was conducted in March 2017 with about 150 colleagues attended.



Critical Incident Psychological Services Centre (CIPS Centre)

The CIPS Centre continued providing one-stop timely psychological care for HA staff. In 2016/17, the CIPS Centre had provided 238 individual sessions to staff and there were 89 attendances in the treatment groups on “Positive Psychology” and “Emotional Regulation” conducted by clinical psychologists. The CIPS Manager rendered individual triage services and professional consultations with a total number of 281 sessions. Besides, treatment groups on the topics of “Stress Management” and “Assertive Communication” had a total of 111 attendances. Feedback showed that the events could help them manage stress and improve communication skills. Furthermore, there were 96 attendances for crisis intervention services offered by Corporate Clinical Psychology Services (CCPS), CIPS and Critical Incident Support Team (CIST). In terms of professional training, a sharing session on “Mindfulness Talk” was held with 95 attendances.



On the other hand, a Staff Psychological Wellness Campaign (Sunshine Campaign 2016-17) was commenced in mid-November 2016. Psychological care programmes including simple happiness and spiritual literacy were kicked off with the aims of promoting mental health awareness and strengthening staff resilience. On 19 August 2016, Dr. Rebecca Lee was invited to be a speaker to deliver a speech on her preparation and management in completing the adventures in Antarctica. Over 280 staff attended the talk.

Furthermore, on-going service promotions were conducted in different management meetings and general staff activities such as the monthly “Orientation and Induction Programme”, department visits and booths, which led to an exposure to 1,860 staff in the cluster.



The CIPS Centre also adopted a proactive approach in liaison with various stakeholders at the cluster level to make the CIPS services more easily accessible to staff in need. Collaboration with NTWC Staff Clinic was strengthened and CIPS Centre information cards were placed in doctors’ room. The CIPS Manager also joined as a member of the NTWC Workplace Violence (WPC) Working Group and participated in the management of WPC for post-incident psychological support. Moreover, the CIPS Centre would be introduced to affected staff of critical incidents upon request.

Annual Quality Conference (AQC)

AQC had been a landmark event to promote safety culture and a driving force for continuous improvements towards quality excellence in the NTWC. The 11th AQC was held from 6th to 9th December 2016. The Organizing Committee adopted “One Team One Dream” as the theme of AQC 2016 to enhance staff team spirit.

In AQC 2016, the Organizing Committee invited distinguished guests including Professor Gabriel Matthew LEUNG, GBS, JP, Dean of Medicine, Chair Professor of Public Health Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Professor Francis Ka-leung CHAN, JP, Dean of Medicine, Choh-Ming Li Professor of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong and Mr Peter LOWE, Vice President, Operations, Hong Kong Disneyland Resort as speakers. Their precious experiences and expertise in different domains had enlightened participants on the proper attitude and procedures essential to patient safety. Furthermore, the project competition session provided healthcare management, professionals and frontline staff a good opportunity to get together, share experiences and learn from each other.

More than 1,000 staff and guests attended the key-notes lectures in the AQC project competition. In addition, 188 staff members participated in the four half-day conference seminars conducted by local guest speakers.



Internal Trainings for Q&S Staff

Eight sessions of internal lectures to staff of Quality and Safety Division were conducted by senior staff in 2016/17 to enhance competency and knowledge related to quality and safety. Lecture notes and videos were uploaded to the intranet for sharing.

Besides, a Q&S Journal Club was introduced since March 2014, which journal presentations were conducted monthly by an Executive Officer (EO) II grade staff.

Moreover, to better engage staff and promote learning culture, all staff in the Q&S Division were invited to give presentations on book or share their experiences during lunch time. Awards were presented quarterly to the top 3 active participants, and the best presenters of the lunch sharing and journal presentations.



Copyright © 2018 Hospital Authority. All rights reserved.

Published by the Quality and Safety Division
Hospital Authority
Hong Kong

Available at www.ha.org.hk

This printed copy may not be the most updated version.
Please refer to the electronic version for confirmation if in doubt.

