醫院管理局
HOSPITAL AUTHORITY

QUALITY & SAFETY ANNUAL REPORT 2025









ACKNOWLEDGEMENT

The **Hospital Authority Quality and Safety Annual Report** highlights the major quality and safety priorities in 2025, including key progress, risk reduction work, and learning and sharing across the Quality and Safety Division at Head Office and our Clusters. It serves as a record of our collective efforts to strengthen patient safety and continuously improve the quality of care for the community.

The successful implementation of the initiatives described in this report reflects the dedication and expertise of our staff. Colleagues across all hospitals consistently demonstrated professionalism in sustaining clinical excellence and managing the complexities of daily operations. We deeply appreciate the commitment of both frontline and administrative teams, whose contributions remain essential to the reliable delivery of care.

We also extend our gratitude to the many teams and individuals who contributed their time and insights to finalise this publication. As we transition into the restructured six cluster framework, we remain committed to a unified approach to quality and safety – strengthening a culture of continuous improvement and supporting better outcomes for our patients and the community.

Quality and Safety Division
Hospital Authority

TABLE OF CONTENTS

Opening Message

Hospital Authority Head Office

03 Clinical Effectiveness and Technology Management
05 Infectious Disease Control Training Centre
10 Infection, Emergency and Contingency
20 Patient Relations and Engagement
25 Patient Safety and Risk Management
28 Quality and Standards

Clusters

33 Hong Kong Island Cluster (East)
40 Hong Kong Island Cluster (West)
44 Kowloon Central Cluster
53 Kowloon East Cluster
57 Kowloon West Cluster
68 New Territories East Cluster
74 New Territories West Cluster

Editorial Board





OPENING MESSAGE

Cultivating a Sustainable Safety Culture

In healthcare, the quality of care is reflected not only in clinical outcomes but also in the systems and culture that sustain them. In recent years, our quality and safety work has matured: incident management has been strengthened, hospital accreditation has resumed and new technologies, including artificial intelligence, have been introduced to support clinical decisions. Each development reflects a shared commitment to care that is safer, more consistent and centred on patients. As we place renewed emphasis on safety culture, we recognise that enduring improvement depends not only on our systems but also on the people who use them and the values that guide everyday practice.

Safety culture is the foundation on which high reliability healthcare organisations are built. It influences how risks are recognised, how concerns are escalated and how teams work together to protect patients. Governance frameworks, accreditation requirements and digital tools provide structure and assurance, yet it is our collective mindset – our professionalism, vigilance and willingness to learn – that ultimately determines the standard of care.

To cultivate a sustainable safety culture, we must move beyond compliance to genuine commitment. Standards and policies set out what should happen, while culture determines how faithfully those expectations are met. As we shift from predominantly reactive incident management towards proactive risk prevention, our efforts need to be aligned within a coordinated, system wide approach grounded in transparency and learning. Transparent reporting, thoughtful analysis and consistent sharing of lessons help us anticipate harm, reduce unwarranted variation and strengthen resilience.

In a complex healthcare environment, resilience also depends on clear communication, multidisciplinary collaboration and psychological safety, so that concerns are raised early and addressed constructively. Partnership with patients and families further strengthens our approach: informed, engaged patients contribute to risk awareness and service improvement, reinforcing that safety is a shared responsibility. As we look ahead, nurturing safety culture remains both an organisational duty and a strategic priority. Through consistent leadership, institutional integrity and shared ownership at every level, we will continue to embed safety within our governance, operations and daily practice, advancing the quality and safety of care for the future.

Dr. Michael Wong
Director, Quality & Safety Division
Hospital Authority Head Office

HOSPITAL AUTHORITY HEAD OFFICE



CLINICAL EFFECTIVENESS AND TECHNOLOGY MANAGEMENT

Introduction

Blood products play a vital role in improving and saving lives, underscoring their indispensable contribution to patient safety. It is essential to ensure that patients receive the appropriate blood products to mitigate the risks such as infection and transfusion-associated graft-versus-host disease, which can be life-threatening. While standard blood donations save lives every day, certain patients – such as newborn babies, organ transplant recipients, or those with weakened immune systems – require specially processed or selected blood components. These include cytomegalovirus negative blood, irradiated blood and washed red cells. Supplies of these components are often limited, and the risk of not using them is significant.

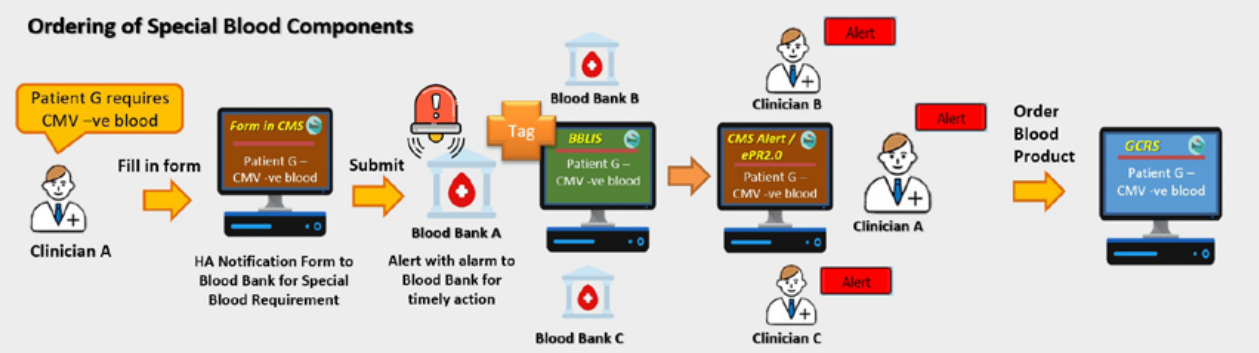
When a patient is indicated for a special blood component, clinicians submit requests to blood banks, which then review and approve the requirements. To further safeguard patient safety, the Hospital Authority (HA) refined the process and implemented various initiatives to ensure the timely and accurate provision of blood products for patients in need.

Project Highlights

Enhancement of Communication between Clinicians and Blood Banks on Special Blood Requirement

The Working Group on Enhancement of Communication between Clinicians and Blood Banks on Special Blood Components was formed under the Quality Assurance cum Information Technology Subcommittee of the Central Committee on Transfusion Service. Its aim was to formulate an improved mechanism for two-way communication between clinicians and blood bank, with three key targets:

- Early recognition of the need
- Early communication to blood bank
- Early communication to clinicians on the most up-to-date status of special blood requirement



Results and Achievements

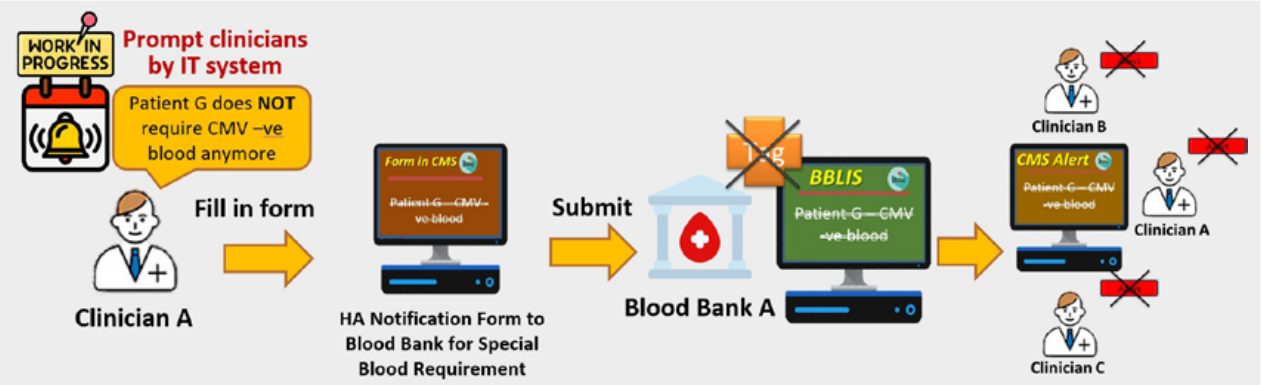
The Working Group successfully accomplished the improved mechanism through HA-wide standardisation and enhancements to HA Information Technology (IT) systems. These improvements established closed-loop processes, enabling timely updates to remove special requirements when they were no longer necessary, thereby ensuring patients with indications could receive the appropriate blood products.



- Bridged the understanding gap between clinicians and blood banks by standardising the indications, clinical workflows and notification form of tagging/ un-tagging patients for special blood requirement across HA hospitals
- Facilitated communication between clinicians and blood banks by establishing a closed-loop mechanism within various HA IT systems
- Secured ordering special blood components by automatically linking relevant special blood requirement details in HA IT systems
- Eliminated transcription errors from clinicians by upgrading from manual input alerts to automated alerts for special blood requirements in HA IT systems
- Prevented oversight and risk of forgetting to handle special blood requirements by enabling timely updates and traceability, establishing alert systems, and developing appropriate documentation in medical records across HA hospitals

Way Forward

Since 2022, the Working Group has been enhancing patient safety standards relating to special blood component requirements within HA. Building on these dedicated efforts, the Working Group will continue to progress in this direction, including the development of new review mechanism in IT systems. This mechanism will prompt clinicians to review and, where appropriate, remove special requirements when they are no longer necessary, thereby further safeguarding patient safety.



INFECTIOUS DISEASE CONTROL TRAINING CENTRE

Seminar on Pet-related and Emerging Zoonotic Infections

Introduction

With the increasing popularity of pet ownership in Hong Kong, healthcare professionals across the Hospital Authority (HA) are increasingly required to recognise, manage, and prevent infections at the human-animal-environment interface. In response to this evolving landscape, the Infectious Disease Control Training Centre (IDCTC) of the HA and the Infection Control Branch (ICB) of the Centre for Health Protection (CHP) jointly organised the Seminar on Pet-related and Emerging Zoonotic Infections on 23–24 October 2025.

The seminar aimed to enhance preparedness by updating healthcare workers on the epidemiology, clinical management, infection control, and public health implications of pet-related and emerging zoonotic infections. Emphasis was placed on practical knowledge applicable to clinical, laboratory, and infection control within HA.

Project Highlights

The two-day seminar featured a comprehensive programme covering a wide spectrum of zoonotic threats relevant to clinical practice. Key topics included occupational zoonotic infections among healthcare workers, cross-species transmission of emerging pathogens, mosquito-borne diseases in international travel, and the application of the One Health approach in combating antimicrobial resistance and emerging infections. These topics were particularly relevant to frontline healthcare professionals across HA.

Distinguished speakers from Hong Kong, the Mainland, the United Kingdom, Türkiye, and Thailand shared their expertise and real-world experiences, offering valuable insights into global and regional zoonotic disease trends. This seminar marked the first thematic seminar since the resumption of normalcy in which overseas speakers were invited to deliver their talks in person, with on-site attendance reinstated in place of a purely online format. The face-to-face setting facilitated direct interaction, dynamic discussion, and multidisciplinary exchange among participants.

The seminar was well received, attracting over 400 healthcare professionals from both public and private sectors. It provided an important platform to strengthen collaboration between human, veterinary, and environmental health disciplines, reinforcing a shared understanding essential for effective prevention and control of zoonotic infections.

Training materials have been uploaded to the Hong Kong Training Portal on Infection Control and Infectious Diseases (https://icidportal.ha.org.hk/Trainings/View/1195) for reference and continuous learning.

Way Forward

Building on the success of this seminar, IDCTC will continue to promote the integration of One Health principles into HA infection control practices. Future training initiatives will further strengthen HA-wide capacity to identify and manage zoonotic threats, particularly in the context of emerging infections, international travel, and antimicrobial resistance. IDCTC will also continue to organise thematic seminars to maximise engagement, encourage multidisciplinary participation, and facilitate practical knowledge translation into daily clinical and infection control practice across HA.



Professor Tom Solomon, Chair of Neurological Science at the University of Liverpool and Director of the National Institute for Health Research, Health Protection Research Unit in Emerging and Zoonotic Infections, delivering his lecture during the seminar.



Speakers, organising committee, and participants on Day 2 of the Seminar on Pet-related and Emerging Zoonotic Infections.

Infectious Disease and Infection Control Forum: Chikungunya Fever

Introduction

Chikungunya fever is an emerging vector-borne disease of increasing relevance to Hong Kong, particularly in view of regional outbreaks, the presence of competent mosquito vectors, and frequent cross-boundary travel. To strengthen HA-wide preparedness and response capacity, IDCTC organised two sessions of the Infectious Disease and Infection Control Forum: Chikungunya Fever in July 2025, bringing together healthcare professionals from different specialties to review latest developments and practical management strategies. The forums aimed to equip HA staff with up-to-date knowledge on epidemiology, clinical management across age groups, and vector control, enabling timely recognition, appropriate clinical care, and effective infection control measures across HA.



Speakers on Day 2 of the Infectious Disease and Infection Control Forum: Chikungunya Fever.

Project Highlights

The forums covered four key topics highly relevant to clinical practice within HA. The session on "Epidemiology and Latest Outbreak of Chikungunya Fever in Foshan" provided participants with insights into transmission dynamics, outbreak characteristics, and importation risk factors, highlighting the importance of vigilance and early case detection.

Clinical management was addressed through "Diagnosis and Management of Chikungunya Fever", which emphasised differential diagnosis from other acute febrile illnesses, appropriate laboratory testing, and supportive management principles. The session on "Prevention and Management of Chikungunya Fever in Children and Adolescents" highlighted age-specific presentations, complications, and treatment considerations. In addition, "Vector Prevention and Control for Chikungunya Fever" showcased key updates in local vector control, reinforced the critical role of public education and intersectoral collaboration in preventing onward transmission of the disease.

The relevance of the training event was underscored by subsequent developments, when 11 local cases of Chikungunya fever were recorded in Hong Kong later in 2025, shortly after the forum. Knowledge shared during the forum directly supported HA healthcare workers in early recognition, appropriate patient management, and coordination with public health authorities.

Presentation materials have been uploaded to the Hong Kong Training Portal on Infection Control and Infectious Diseases (https://icidportal.ha.org.hk/Trainings/View/195 and https://icidportal.ha.org.hk/Trainings/View/194) for reference and continuous learning.

Way Forward

IDCTC will continue to organise targeted forums on emerging and re-emerging infectious diseases to strengthen HA's readiness and response capability. Lessons from the Chikungunya fever forum will be integrated into ongoing training, clinical guidelines, and infection control practices across HA.

Future initiatives will emphasise rapid knowledge translation, multidisciplinary collaboration, and alignment with public health surveillance systems, ensuring that HA healthcare professionals remain well equipped to manage vector-borne diseases and other emerging infectious threats in a timely and coordinated manner.

Infectious Disease Forum: Update of the Sixth Edition of Interhospital Multi-disciplinary Programme on Antimicrobial ChemoTherapy (IMPACT)

Introduction

Antimicrobial resistance (AMR) is a major and escalating global health challenge that threatens the effectiveness of treatment, increases morbidity and mortality, and places significant strain on healthcare systems. Inappropriate antimicrobial use accelerates the emergence of resistant organisms, leading to prolonged hospitalisation, increased healthcare costs, and adverse patient outcomes.

To support rational antimicrobial prescription and to strengthen antimicrobial stewardship across HA, IDCTC organised the Infectious Disease Forum: Update of the Sixth Edition of the IMPACT in June 2025. The forum aimed to familiarise HA healthcare professionals with updated recommendations and facilitate their integration into daily clinical practice.

Project Highlights

The forum addressed key clinical areas where judicious antimicrobial use has significant impact on patient outcomes and AMR containment. Topics included Outpatient Parenteral Antimicrobial Therapy (OPAT), the role of metronidazole in Clostridioides difficile infection, a rational approach to Mycoplasma pneumoniae pneumonia in children and adults, short-course intravenous therapy and early intravenous-to-oral antibiotic switch, and an update on Staphylococcus aureus for clinicians. Through case-based discussions and expert insights, the forum facilitated consistent interpretation and application of the IMPACT recommendations, reinforcing multidisciplinary collaboration among clinicians, pharmacists, microbiologists, and infection control teams across HA.

Training materials have been uploaded to the Hong Kong Training Portal on Infection Control and Infectious Diseases (https://icidportal.ha.org.hk/Trainings/View/193) for reference and continuous learning.

Way Forward

The sixth edition of the IMPACT guidelines represents a strong testament to the Government's and HA's commitment to ensuring judicious antimicrobial use to preserve antimicrobial efficacy and curb the rise of AMR. The IMPACT guidelines serve as a cornerstone for antimicrobial stewardship in Hong Kong and form an integral part of broader initiatives against AMR, aligned with the Hong Kong Strategy and Action Plan on AMR 2023-2027.

IDCTC will continue to promote the widespread adoption and sustained utilisation of the IMPACT guidelines. Ongoing engagement of healthcare professionals across disciplines is essential to translate guidelines into routine practice. Through collective commitment and continued education, HA will play a pivotal role in safeguarding antimicrobial effectiveness and protecting patient health.



Speakers and participants of the Infectious Disease Forum: Update of the Sixth Edition of Interhospital Multi-disciplinary Programme on Antimicrobial ChemoTherapy (IMPACT).

INFECTION, EMERGENCY AND CONTINGENCY

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

- **Chief Infection Control Officer (CICO) Office** – provides expert advice on infection prevention and control and supports emergency responses to infectious disease outbreaks.
- **Head Office Major Incident Control Centre (HOMICC)** – coordinates the emergency preparedness and response activities of the Hospital Authority (HA) and acts as an information hub to share information during HA-wide major incidents or disasters.
- **Corporate Clinical Psychology Services (CCPS)** – promotes the psychological well-being of HA staff to ensure the delivery of high quality, person-centred services to patients.

CICO Office

Introduction

The CICO Office coordinates corporate-wide infection control strategies, manages outbreaks in collaboration with multidisciplinary stakeholders, and closely monitors infectious diseases through active surveillance. CICO Office also provides executive support to the HA Central Committee on Infectious Diseases and Emergency Response (CCIDER).

Project Highlights

(i) Ensure Readiness Against Looming Threat of Chikungunya Fever (CF)

In the light of the elevated risk of importation of CF cases since July 2025, CICO Office took the initiative to coordinate HA's overall multifaceted response measures. Concerted efforts from all parties have successfully prevented CF from taking root locally.

(a) Enhanced risk communication

As early as the beginning of CF outbreaks in adjacent regions, staff were advised to maintain a high level of vigilance against the disease. A thematic webpage, communication kit, education pamphlet, and staff forums were created to enhance the communication, while the overarching framework on HA's responses was outlined in the HA Preparedness Plan for CF.

(b) Prompt case notification

The CICO Office coordinated with the Centre for Health Protection (CHP) of the Department of Health (DH) on the case reporting criteria. The electronic surveillance system "e-Chikungunya" was activated on 3 August 2025 to facilitate early case notification.

(c) Strengthened laboratory capacity

In anticipation of a potential local outbreak, the CICO Office led the HA microbiology laboratory network to proactively assess test reagents and coordinated HA-wide reagent stockpiling in order to bolster internal CF testing capacity as well as prepare to support the Public Health Laboratory Services Branch (PHLSB) of DH during a crisis. Moreover, a three-stage activation plan for CF testing within HA laboratories for different epidemic scenarios was developed.

(d) Case management

Confirmed cases of CF would be admitted to a mosquito-free environment during the period of viraemia. A Clinical Protocol for Discharge of Chikungunya Fever was developed to define discharge criteria and provide the option of referral to Chinese Medicine treatment for adult patients with persistent arthralgia upon discharge. In 2025, a total of 77 confirmed cases have been received in public hospitals, and all of them were discharged.

(e) Prevention of transmission in hospital

Hospitals were reminded to strictly carry out mosquito prevention and control measures in all HA premises, according to the latest instructions by the Head Office Business Support Services Department (HO BSSD). Relevant measures should be further intensified in case a confirmed case has been handled in the premises.



Mosquito fogging and application of larvicides in hospital premises

(ii) Ongoing Efforts in Managing Infectious Diseases and Infection Control

(a) Continuous campaign on antimicrobial resistance (AMR)

This is mainly achieved by infection control measures and antibiotic stewardship. Sustained efforts were instilled to enhance multidrug resistant organisms (MDROs) control measures in hospitals, such as methicillin-resistant Staphylococcus aureus (MRSA) decolonisation/ suppressive therapy for target patients, peripheral intravenous line care bundle audit. Despite varying implementation progress across hospitals, the rates of new MDRO cases and bacteraemia cases in 2025 remained comparable to the previous year, while substantial reductions in vancomycin-resistant Enterococcus (VRE) were achieved.

On the other hand, the Smart Antibiotic Stewardship Programme continued in full swing with refinements. The usage of selected big gun antibiotics declined in 2025 and the compliance of big gun antibiotic prescriptions was consistently higher than 90%.

(b) Implementation and review of Infection control surveillance

- ✧ Surgical Site Infection (SSI) Surveillance

  SSI surveillance is crucial in driving good clinical practice and reducing SSI rates. With this, the CICO Office worked with experts from relevant Coordinating Committees to proactively revisit the SSI rates and benchmarking; and review the surgical antimicrobial prophylaxis timing related to clinical practices to identify room for improvements.

✧ Dialysis Event Surveillance

Surveillance of dialysis-associated infections helps identify risk factors of infections and formulate preventive measures, thus improving patient safety. Through collaborative efforts from the CICO Office, the Central Renal Committee and relevant Infection Control Teams (ICTs), the dialysis event surveillance in HA was rolled out in early 2025. The surveillance enables close monitoring and reporting on dialysis events in outpatient Haemodialysis centres via the electronic Infection Control (eIC) platform. To facilitate the implementation, the Protocol for Dialysis Event Surveillance and briefing sessions were conducted correspondingly.

(c) Assessment on Personal Protective Equipment (PPE) stockpiling

In preparation for future pandemics, CICO Office and HO BSSD were tasked to revisit HA's PPE contingency stockpile target. In consideration of various factors including pandemic duration, consumption during crisis, lead time, diversity of suppliers, potential wastage, as well as both local experiences and overseas references, the contingency stockpile of PPE has been endorsed to the adjusted 120-day level which not only provides adequate supply of PPE to healthcare workers, but also optimises resource utilisation.

(d) Infection control advice for Tuberculosis and Chest Service (TB&CS)

Amid the planning of service integration of TB&CS, infection control is an important component to consider for the safety of patients and healthcare workers. To address this, CICO Office and Cluster ICTs conducted site visits to the chest clinics and deliberated on opportune enhancements to the existing infection control standards. The recommendations were communicated to the coordinating team accordingly.



Site visits to chest clinics

Way Forward

In facing the rapid evolution of infectious diseases, particularly the potential for local outbreak of dengue fever and the emergence of Disease X in the foreseeable future, CICO Office will remain vigilant and continue to monitor the situation, uphold close collaboration with stakeholders, and advise on infection control strategies.

HOMICC

Introduction

The Major Incident Control Centre (MICC) coordinates HA responses to disasters and major incidents, activating plans, mobilising resources across clusters and Hospital Authority Head Office (HAHO), monitoring situations in real time, and liaising with partners such as Fire Services Department, Hong Kong Police Force, and CHP, while supporting corporate initiatives.

In 2025, HA achieved key advancements: HA Special Duty Cadre (HASDC) deployed two doctors and two nurses to Myanmar within eight hours of the devastating earthquake on 28 March 2025, delivering critical care in a disaster environment and setting a new benchmark ahead of International Search and Rescue Advisory Group (INSARAG) classification in 1Q 2026; Cross-Boundary Ambulance Transfer (CBAT) service completed 19 southbound transfers by end of 2025 and explored the operational readiness for the implementation of northbound transfer; Smart Ambulance Booking System (SABS), launched 6 May 2025, handled over 43,900 Priority 1 (P1)/ Priority 2 (P2) bookings, reduced average P2 wait time to 2 hours 14 minutes through Artificial Intelligence (AI) and case grouping, and saved >1,300 journeys; Hong Kong Poison Control Centre (HKPCC) trained 387 mainland clinicians (16 instructors, 10 tutors) across nine cities under the Basic Clinical Toxicology Course - Mainland (BCTC-Mainland) three-tier framework by late 2025, with Hospital Authority Academy (HAA) guidance now being sought for governance and accreditation. These milestones strengthen HA's disaster readiness, regional integration, and patient-centred innovation.

Project Highlights

(i) The Story of the Cross-Boundary Ambulance Service: Coordinated Care Across Borders

Entrusted by the Health Bureau (HHB), the HA collaborates with relevant bureaux, departments, and counterparts in other Greater Bay Area (GBA) cities to launch the CBAT service. Aligned with the Guangdong-Hong Kong-Macao GBA development plan and successive Hong Kong Policy Addresses, the service delivers seamless, patient-centred care across borders.

Launched as a pilot on 30 November 2024 through joint efforts of the Hong Kong, Guangdong, and Macao governments, CBAT enables direct "point-to-point" transfers of clinically stable patients requiring continued hospitalisation between designated HA hospitals and designated referring hospitals. Streamlined customs and immigration procedures minimise delays, discomfort, and clinical risks compared to traditional boundary handovers.



Southbound CBAT service

The Medical Council of Hong Kong grants limited registration to escort medical staff ensuring uninterrupted care during transit.

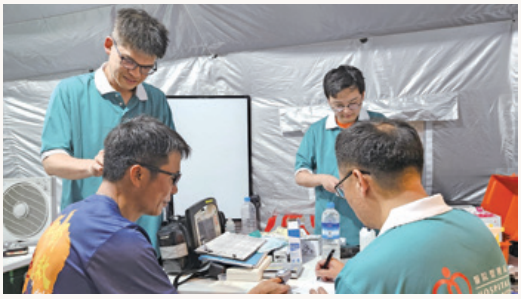
Southbound CBAT Service

The initial phase connects the University of Hong Kong-Shenzhen Hospital (HKU-SZH), Conde S. Januário Hospital (CHCSJ) in Macao, Zhuhai People's Hospital (ZHPH), and the Nansha Division of the First Affiliated Hospital, Sun Yat-sen University (FAH-NS) to HA hospitals. The first southbound transfer occurred on 10 January 2025 (HKU-SZH to Tuen Mun Hospital). By end of 2025, a total of 19 patients had been safely transferred southbound, with smooth operations and reduced transfer risks and times.

(ii) HASDC – Mission in Myanmar and the INSARAG Classification

Following the devastating earthquake in Myanmar on 28 March 2025, HOMICC was activated to provide medical and nursing personnel for the HKSAR Search and Rescue Team for deployment to the affected area. Within eight hours of the call-out, cross-discipline and cross-cluster collaboration enabled the deployment of two doctors and two nurses from HASDC, the collection of essential vaccines and medications, and the completion of all pre-deployment screening procedures. Operating in disastrous environment, HASDC members sustained team health and treated local residents, and HOMICC provided round-the-clock support. The mission demonstrated exceptional readiness and adaptability of the team, translating training into effective real-world response and setting a new HA benchmark for disaster response.





Special clinical services provided to the patient in Myanmar

(iii) The Evolution of Basic Clinical Toxicology Course (BCTC) to Toxicology Training in the Mainland

Since 2013, upon nomination by the Chinese National Poison Control Centre under Chinese Center for Disease Control and Prevention, the Hong Kong Poison Information Centre (HKPIC) has provided structured half-yearly training for mainland doctors. BCTC-Mainland was adapted from the Basic Clinical Toxicology Course – Hong Kong (BCTC-HK), a 2-day introductory course originally imported from the New York City Poison Control Centre in 2002. BCTC-HK is now a mandatory pre-specialisation requirement for emergency trainees under the Hong Kong College of Emergency Medicine (HKCEM). Over 1,000 Hong Kong doctors have completed BCTC-HK to date.



BCTC-Mainland

By September 2025, around 20 mainland doctors had completed the training, with many progressing to become instructors and tutors for BCTC-Mainland.

Echoing the national policy to enhance the management of major public health incidents, and to address the deficiencies in specialised and standardised training for clinical diagnosis and treatment of poisoning in the country, the Chinese Preventive Medicine Association invited HKPIC to import the BCTC-HK into the Mainland in 2024.

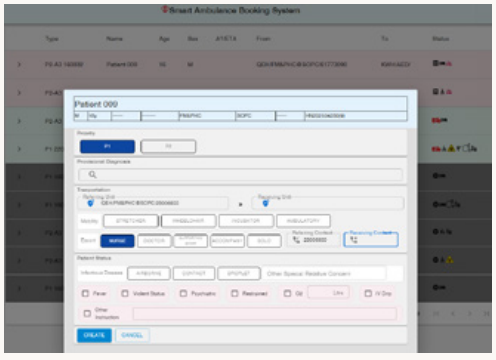
With endorsement from the HKCEM, a 3-year training plan was launched across 11 provinces. From September 2024, HKPIC co-organised courses in nine cities: Nanjing, Changsha, Shenzhen, Chongqing, Xi'an, Tianjin, Yunnan, and Wuhan. To date, 387 clinicians have been trained, including 16 instructors and 10 tutors.

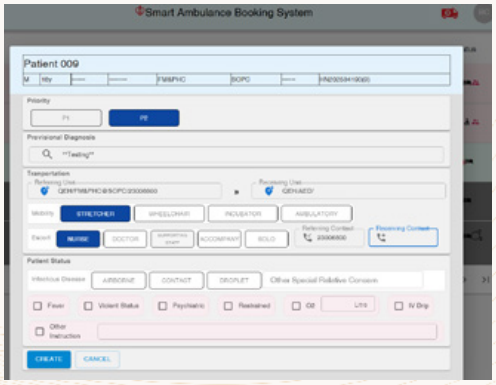
As the programme expands rapidly with growing invitations from provincial hospitals and professional bodies, HKPIC has sought guidance from the HAA on course governance and accreditation.

(iv) The Journey to a Smart Ambulance Booking System (SABS): From Pilot to Platform

The SABS, developed in collaboration with Information Technology and Health Informatics, represents a major advancement in HA's ambulance booking process. Officially launched on 6 May 2025, SABS streamlines request documentation, enables real-time case tracking and monitoring, and optimises patient conveyance and service quality.

SABS integrates with the Clinical Management System (CMS), automates P1 conference calls for instant communication with the Fire Services Communications Centre (FSCC), and uses Voicebot notifications for P2 assignments. It captures comprehensive data on patient demographics, clinical details, timestamps, and operational metrics, while intelligently grouping P2 cases at the same location to maximise resource efficiency.





In 2025, SABS supported over 43,900 P1 and P2 ambulance bookings. The Conference Call feature improved FSCC coordination, and average P2 waiting time was reduced to 2 hours 14 minutes. Grouping consolidated over 2,600 patients into approximately 1,200 journeys, saving more than 1,300 separate trips and significantly optimising resources.

Overall, SABS has created a robust data platform, standardised documentation for better clinical handover, reduced repetitive calls, and freed up manpower to prioritise patient care and safety.

CCPS

Introduction

The CCPS was established in 1996 for the development and provision of quality staff psychological services. With the aim to enhance acceptability, accessibility and availability, CCPS has developed 8 cluster-based Critical Incident Psychological Services (CIPS) Centres and 30 hospital-based Critical Incident Support Teams (CISTs). In collaboration with this hub-spoke service structure, CCPS strives to promote staff's mental well-being and foster a resilient workforce in HA.

Project Highlights

a) Psychological Support for the Tai Po Fire Incident

In response to the No. 5 alarm fire at Wang Fuk Court, Tai Po, on 26 November 2025, CCPS supported the immediate psychosocial response and post-disaster recovery. During the acute phase of the disaster, CCPS coordinated with Disaster Psychosocial Services Teams (DPSTs) in those alerted acute general hospitals to facilitate the provision of psychosocial support for victims, their families and affected personnel in the community. CCPS also assisted Hospital Coordinators of DPSTs with service record input and management through the Disaster Psychosocial Services Management System (DPSMS) to enable future reviews and debriefings among stakeholders. Concurrently, the public-facing Disaster Psychosocial Services Website was updated with incident-related resources, and an experience-sharing video on disaster handling was released early to support DPST members.



Experience Sharing Training Video for DPSTs

To mitigate the potential impact of secondary trauma and address the urgent needs of fellow HA staff, HA emergency responders, and staff who were affected by the incident, CCPS promptly provided tailor-made psychoeducational materials, online guided practice, crisis intervention services, treatment groups and individual case consultations. Wellness tips focusing on peer support and protection against secondary trauma were developed into various formats and disseminated through corporate communication platforms such as myHR App, myOasis App, HA Chat and WhatsApp broadcast.

Apart from handling acute stress, CCPS devised training materials and conducted pre-deployment training for approximately 350 deployed staff. In addition, CCPS worked in hands with Allied Health Grade and Medical Grade and provided professional input to the formulation of disaster psychosocial service pathway for disaster survivors in the aftermath of the fire. In light of the expertise in disaster management on psychosocial perspective, CCPS contributed in compiling a four-session low-intensity group intervention protocol - completed with relevant scripts, worksheets and screening tools within two days to meet critical timeline. To equip frontline



1st Session of the Low-intensity Group Intervention

workers (such as psychiatric nurses and allied health staff) with the necessary skills and beef up HA's mental health support for disaster survivors, training was rendered for the ~70 low intensity workers. The first round of these low-intensity intervention groups was rolled out in the New Territories East Cluster (NTEC) in December 2025. CCPS professionals conducted on-site observations to facilitate continuous protocol refinement and ensure service quality. With the successful adoption of the low-intensity intervention services pathway in HA, the model was further extended to transitional housing operators in the community so as to sustain the support for survivors. CCPS provided the train-the-trainer training upon the invitation from Health Bureau.

Moving forward, CCPS is mindful of the post-incident psychological support for HA staff. A Post-Incident Psychological Wellness Self-Assessment will be launched via various channels for all HA staff to raise awareness of post-traumatic responses and pick up cases that warrant psychological support. One additional class of mindful self-compassion retreat will also be organised to encourage HA staff to acquire practical coping skills and dedicated time for stress management after the incident.

b) Mental Health Promotion

(i) Campaign on Mindfulness and Self-compassion

From June to October 2025, CCPS launched a corporate-wide mental health promotion campaign on mindfulness and self-compassion to promote self-care and mental health well-being among HA staff. In collaboration with CIPS Centres and CISTs, series of activities/resources were promulgated at different hospitals and online platforms:

- A psychoeducational pamphlet on the basics of mindfulness and self-compassion
- Six exercise audios to allow self-practice at ease
- Eight psychoeducational videos on various topics of mindfulness and self-compassion (e.g., introduction, common misconceptions, application in daily life, potential challenges)
- Eight psychoeducational quizzes on the above videos
- Monthly challenges (e.g., self-care bingo, sharing of self-care tips)
- An online self-assessment platform to evaluate one's level of self-care and make recommendations
- 39 taster sessions for participants to get a taster of mindfulness and self-compassion through crafting activities
- 60 guided practice sessions running on consecutive weekdays each month to facilitate the building of self-care habits


Handmade bookmarks in some of the taster sessions


Promotion booth at HA Head Office

- 42 sessions of booth and exhibition at different hospitals to introduce mindfulness and self-compassion to frontline staff
- One class of mindful self-compassion retreat to provide participants with practical tools and dedicated time for stress management

The campaign was a success. It served a total of 29,242 beneficiaries, including 11,831 views for the psychoeducational resources and 17,411 attendances for various activities.

(ii) New Mental Health Promotion Video Series

Following the positive results of the "Q&A with Clinical Psychologists" (" 臨床心理學家你問我答 ") video series in promoting mental health since 2023, CCPS launched two new video series on diverse perspectives in 2025 and engaged HA colleagues with psychoeducational quizzes and rewards. The topics were:

- "Walk With You" (" 陪你走過 "): In this series, HA staff shared their personal stories of overcoming life obstacles (e.g., grief) to provide colleagues with practical coping strategies.
- "Mental Health Mini-drama" (" 心靈劇場 "): This series addressed mental health issues of colleagues in daily life (e.g., warning signals of stress in the workplace) via mini-dramas.



1st Episode of the "Mental Health Mini-drama" on peer support

These in-house produced videos continued to be highly cost-effective for raising staff's mental health awareness. As of 31 December 2025, the three-video series comprising a total of 36 videos accumulated 64,654 view counts and 39,005 submissions for related quizzes.



New module on self-help resources

(iii) myOasis App Enhancements

The myOasis, a mental health app for HA staff, had undergone major upgrades to enhance functionality and user engagement in 2025. A dedicated app module featuring self-help resources (e.g., mindful self-compassion, relaxation exercises) and promotional videos was launched to strengthen mental health promotion and promote self-care behaviours. New features were also introduced to improve accessibility and user experience, such as an alternative user interface with a simplified layout, deep links for direct entry to specific app modules and relocated icons for easy access to frequently used functions. Along with the ongoing efforts of various mental health promotion activities aforementioned, the number of myOasis users had reached over 32,000 as of 31 December 2025.

c) New Psychological Support Kits for Staff Involved in Complaint Procedures

Recognising the stress arising from service complaints, CCPS developed a new psychological support kit for staff involved. Each kit contains self-help resources such as a psychoeducational leaflet and a cushion blanket to assist practice of self-compassion. Collaborations with cluster Patient Relations Offices were established to facilitate distribution of the kits to staff in need. For supervisors handling complaints, CCPS is also devising psychoeducational materials to strengthen their support to subordinates.



New psychological support kits for staff involved in complaint procedures

Way Forward

With effect from 1 January 2026, CCPS is transferred to the HO Human Resources (HR) Division. This strategic reorganisation aims to enhance staff mental health by fostering stronger collaboration between CCPS and HR departments and maximising their synergy in staff services. At the same time, CCPS will continue to collaborate with and consult the Quality and Safety Division regarding critical incident psychological services and disaster psychosocial services.

PATIENT RELATIONS AND ENGAGEMENT

Introduction

Collaborative patient partnership improves clinical outcomes, healthcare team satisfaction, and organisational performance. To uphold a patient-centred approach, Hospital Authority (HA) uses a multi-pronged strategy to enhance both the quality and efficiency of care and to optimise patients' healthcare experience.

HA values patient feedback and appreciation, seeing it as a meaningful source of motivation force for staff, reinforcing the delivery of compassionate and high-quality care. Patient Relations and Engagement Department (PRED) aims to strengthen patient relationships based on trust, empathy, and mutual respect while continuing to advance a fair, transparent, patient-centric model for effective complaints management and collaborative patient relations.

The following outlines the key components of HA's complaint statistics and PRED's work for 2025-26.

Project Highlights

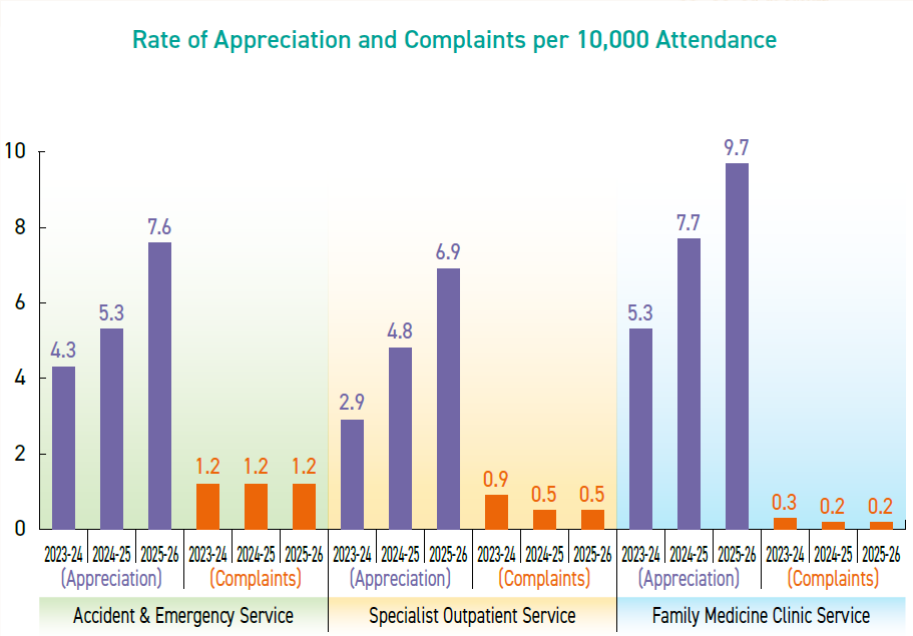
A. Overview of Complaint Statistics in HA

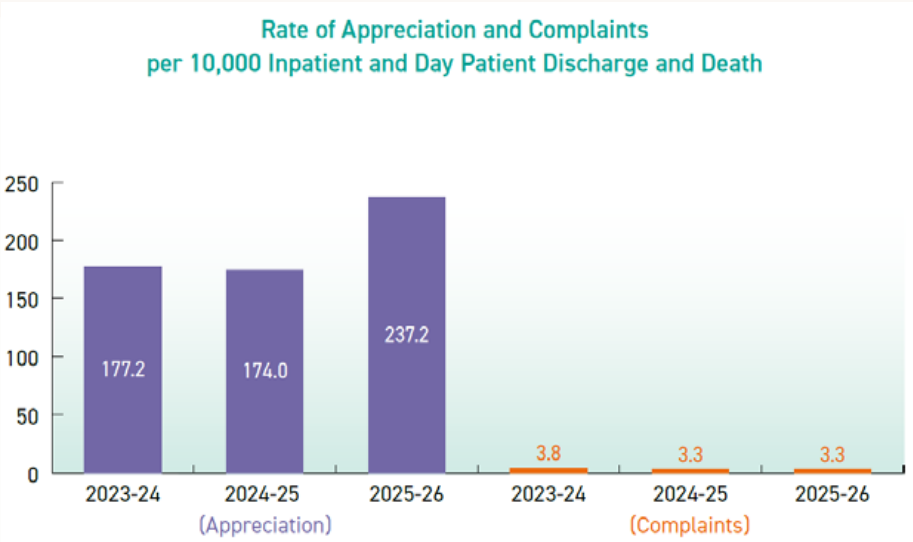
In the year, HA received 1,742 complaints which was comparable to 2024-25. There was a significant increase in feedback received (21%), largely on administrative issues, which was mainly related to the fees and charges reform, service arrangement and appointment booking.
It is worth noting that public appreciation received during the reporting period increased substantially by 26% to 73,914. This encouraging result was consistent with HA's earnest efforts to advance the "We Care, We Appreciate" ethos, thereby embedding a culture of collaboration and appreciation across our services. Building on past efforts, we focused on making it easier for patients to provide feedback through more user-friendly feedback channels. Positive comments and constructive feedback received were instrumental for hospitals to share patients' appreciation with staff and pinpoint areas for service improvement, driving ongoing enhancements in patient care.

The statistics on public complaints, feedback and appreciation received by HA hospitals and its Family Medicine Clinics for 2025-26 were summarised as follows:

Appreciation	Complaints	Feedback
73,914	1,742	21,064

Given the substantial volume of healthcare services provided by HA, the statistics of public feedback statistics should be considered in perspective as shown in the following charts:





The charts above reveal a consistent trend of patient satisfaction with the significantly larger number of appreciation than complaints received for all services.

B. Enhancement of Public Feedback Channels and Promotion of Appreciation Culture

Throughout the reporting year, HA championed collaborative patient partnerships to foster a positive culture in patient relations. Recognising patients' experiences as a key feature of quality improvement in modern healthcare delivery, HA leveraged feedback and complaints to drive continuous service improvements. In turn, an integrated suite of initiatives was deployed to enhance public feedback channels and cultivate a pervasive culture of appreciation across hospitals.

(a) Conducting Short Patient Experience Surveys via "HA Go"

HA rolled out the pushed short surveys via its mobile application "HA Go" to all Specialist Outpatient Clinic (SOPC) patients (except patients under 18 and telehealth cases) after their consultation starting from October 2025. Over 340,000 responses were received with an average score of 4.12 out of 5 on the overall SOPC experience. It was also encouraging

to receive many positive and constructive comments from the respondents which were instrumental for individual hospitals and SOPCs to share the patients' appreciation with staff and to identify key areas for improvement.

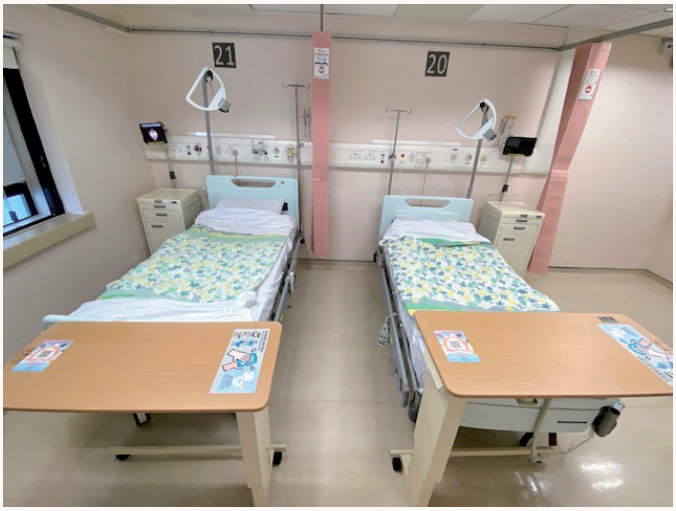


(b) Display of Quick Response (QR) Code

Corporate QR codes linking to a user-friendly electronic feedback form were introduced in hospitals by phases from June to October 2025. Members of the public can submit appreciation, feedback, and complaints through this digital channel via QR codes widely displayed in inpatient wards, Specialist Outpatient Clinics, Accident and Emergency Departments, and common areas. All submissions are duly reviewed by hospitals, while an automated notification system concurrently informs frontline staff of the appreciation they receive, enabling timely positive reinforcement and embedding appreciation into daily operations. Since implementation, this platform has recorded 6,410 submissions as at 31 March 2026, with over 90% being appreciation.







(c) Corporate Appreciation Cards

Noting that a substantial portion of appreciations had been conveyed via physical cards, HA launched corporate appreciation cards in the first quarter of 2026. Appreciation cards were strategically placed in patient and common areas in all hospitals, clinics and HA Head Office as a tangible and easy-to-use channel for patients and visitors to express gratitude during visits. These cards transform appreciation into visible recognition of frontline staff's dedication and professionalism, reinforcing appreciation culture throughout hospitals.





(d) Clusters' Initiatives

Cluster-level initiatives were introduced to boost public engagement and foster an appreciation culture across staff, patients, and the community. Key efforts included launching Artificial Intelligence (AI)-based information tools (AI robots and AI information kiosks) to help the public find hospital-related information and submit feedback, creating "appreciation corners" where patient thank-you messages are displayed, and implementing staff appreciation awards to formally recognise teams and individuals who receive the most appreciation. Going forward, HA plans to further improve its feedback system and strengthen appreciation-related programmes so that patient voices and recognition of staff contributions remain central to service improvement.

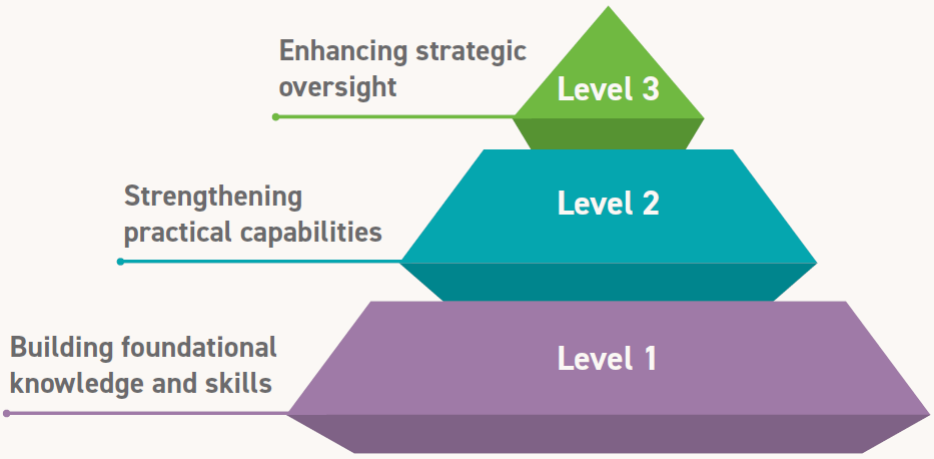




C. Empowering Staff Through Targeted Training in Complaints Management

The HA recognises that competent, well-trained staff are essential to the foundation of effective complaints management. To ensure staff at all levels are equipped with the right skills, a structured, competency-based three-pronged framework has been implemented, aligning training with staff roles, experience, and case complexity.

Three-Pronged Competency-Based Training Framework



This three-pronged training framework equips staff with the skills and knowledge required at each level, strengthening HA's capacity to manage complaints effectively, enhance patient relations, and support continuous service improvement.

Way Forward

PRED will work closely with key stakeholders to strengthen a patient partnership and create a culture of positive feedback, enabling continuous, patient-centred service improvement.

PATIENT SAFETY AND RISK MANAGEMENT

World Patient Safety Day 2025: "Together for Patient Safety" in the Hospital Authority

In 2025, the Hospital Authority (HA) marked an important milestone by participating in the World Health Organization's World Patient Safety Day for the first time, reaffirming our commitment to safer care across the public hospital system. Under the theme "Together for Patient Safety" 「醫患同心，安全同行」, the HA hosted a hybrid seminar on 17 September 2025. More than 250 staff attended in person, with a further 900 colleagues joining virtually from all clusters to reflect on progress, share innovations and align on the next phase of system strengthening.





Clusters' sharing: safe care in action

A dedicated cluster sharing session highlighted practical advances in four key areas of patient safety:

- Artificial intelligence (AI) decision support
  Clusters presented initiatives in electronic result screening and data-driven early warning, including specialty-specific predictive models designed to identify clinical deterioration earlier and support timely intervention.
- Smart devices and standardisation
  Teams showcased work to enhance infusion pump safety through smarter alarm configurations and standardised operating practices, aiming to reduce unwarranted variation and strengthen reliability across different care settings.

- Workforce capability and safety culture
  Structured patient safety training programmes, reinforcement of fundamental safety practices and initiatives to encourage speaking-up behaviours were highlighted as ways to build staff capability and promote shared accountability for safety.
- Patient partnership and system enablement
  Clusters shared efforts to empower patients to participate actively in their care, alongside improvements to workflows and infrastructure that support safer, more consistent service delivery.





Way forward

World Patient Safety Day 2025 helped galvanise staff engagement and reinforce a culture of transparency, learning and continuous improvement. The strong response from colleagues across HA demonstrated organisation-wide commitment to advancing safety. Building on this momentum, clusters continued complementary activities throughout the month to localise key messages and broaden participation, sustaining visibility for "Together for Patient Safety" 「醫患同心，安全同行」.

Looking ahead, the HA will maintain this focus by organising a dedicated patient safety seminar next year, continuing our participation in World Patient Safety Day and providing a platform for sharing learning, experience and good practice.

Training on the Advance Decision on Life-sustaining Treatment Ordinance

In preparation of the implementation of the Advance Decision on Life-sustaining Treatment Ordinance (the Ordinance), the HA organised the "Forum on Advance Decision on Life-sustaining Treatment Ordinance" in October 2025. The forum engaged over 1,000 attendees, who gained insights into the key implementation arrangements as well as the relevant ethical decision-making frameworks. The forum also featured case-based discussions to assist staff in navigating the processes of making advance medical directives and do-not-attempt cardiopulmonary resuscitation orders in practice, honing the vital communication skills needed for sensitive and compassionate end-of-life discussions with patients and families.

To support smooth and consistent implementation of the new statutory requirements, the HA will continue to provide structured training for relevant staff, including online learning modules and other education initiatives, to reinforce knowledge, readiness and good practice across services.



Hong Kong Breast Milk Bank

Since its establishment on 6 January 2025, the Hong Kong Breast Milk Bank (HKBMB) has made encouraging progress in its first year of operation. Over 400 mothers had successfully registered as breast milk donors, benefiting more than 400 infants and neonates. The total amount of milk donated has also exceeded the original target.

The dedication and hard work of the HKBMB team were recognised with the Outstanding Teams Award 2026. HKBMB will continue to provide critically ill and premature infants with access to safe, high-quality and nutritious donor breast milk, while maintaining rigorous clinical standards to ensure quality and safety of healthcare services.



QUALITY & STANDARDS

Viral Hepatitis Management

Hong Kong Viral Hepatitis Action Plan 2025-2030



The Government launched the Hong Kong Viral Hepatitis Action Plan 2025-2030 (the Action Plan) in December 2025. The Action Plan highlights the progress made in the prevention and control of viral hepatitis under the first Action Plan (2020-2024), and sets out strategies and priority actions to further reduce transmission and related morbidity and mortality, particularly from liver cancer. With the concerted efforts of the Department of Health (DH), the Hospital Authority (HA), the Primary Healthcare Commission and other stakeholders, Hong Kong is on track to eliminate viral hepatitis as a public health threat in the foreseeable future.

Post-vaccination Serologic Testing (PVST) for Babies Born to Mothers with Hepatitis B Virus (HBV) Infection

To reduce the risk of mother-to-child transmission (MTCT) of HBV, the HA and the DH have been collaborating to provide the PVST service since January 2022. Under this programme, babies born to hepatitis B surface antigen (HBsAg)-positive mothers are referred for blood tests to check for the presence of infection or immunity after completing the hepatitis B vaccination series. According to a review conducted by the DH, the acceptance rate for the PVST programme rose from 78.0% in 2022 to 95.1% in 2024. As of December 2024, 95.0% of babies enrolled in the PVST programme were seroprotected after the primary hepatitis B vaccination series. These achievements support the goal of a "hepatitis B-free generation" by eliminating MTCT of HBV.

System-wide Hepatitis C Case-finding and Linkage to Care Programme

Since 2021, a system-wide review has been underway to identify and manage individuals with potential hepatitis C virus (HCV) infection. By the end of 2024, more than 16,000 individuals with a history of HCV infection had been identified in HA records, with clinical review completed for over 90% of these cases. Those confirmed to have viraemic infection have been offered antiviral treatment. This programme has facilitated linkage to care for individuals with HCV infection, reducing the risk of serious liver-related complications and contributing to territory-wide hepatitis C elimination goals.

Management of Specialist Outpatient Clinics' Waiting Time

Specialist Outpatient Clinic (SOPC) new case waiting time has been regularly monitored by HA in various management platforms. Multi-pronged approach, including narrowing upstream, diverting midstream and collaborating downstream, has been deployed to guide and frame the formulation and implementation of a basket of initiatives to manage the long waiting time issue of SOPCs:

(a) narrowing upstream: to manage / reduce referrals to SOPCs via collaboration with Family Medicine (FM), including senior screening, FM Triage Clinics, secondary consultation platforms and joint clinics between Specialties and FM, and establishment of Clinical Referral References and structured referral templates to guide referrals;

(b) diverting midstream: to enhance efficiency and capacity via demand management, quota and booking pattern management, and doctor-led multidisciplinary integrated clinics; and

(c) collaborating downstream via enhancement of case close by regular review of cases by senior clinicians to facilitate case close, downloading of stable cases to primary care via FM Integrated Clinics or FM clinics, information technology system enhancement to facilitate case close process by clinicians.

HKSAR Chief Executive 2024 Policy Address (PA) Target

It was announced in 2024 PA that HA would enhance the triage system and referral arrangements for SOP services, including setting up inter-specialty, integrated, outpatient clinics to avoid the need for multiple referrals. HA would also establish an electronic referral platform and develop clinical referral reference. Through all these measures, unnecessary referrals would hopefully be reduced, which would in turn help reduce the SOPC waiting time.

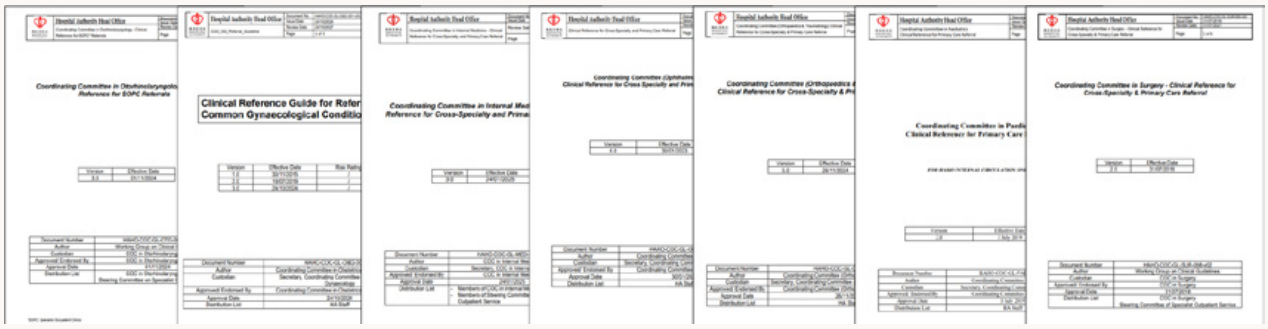
Electronic Referral Platform

The electronic referral platform is a platform that converts paper referrals into electronic versions to smoothen and expedite triage process. The platform facilitates staff to handle triage referrals from both HA and private doctors anytime anywhere across various electronic devices (e.g. tablet / notebook / desktop computer). It also facilitates a two-way communication between the referrers and SOPCs to ensure appropriate referrals.



Clinical Referral Reference

Clinical Referral Reference is a guide that provides referral criteria and advice on primary care management for selected diseases to ensure appropriate referrals and facilitates gatekeeping on referrals. Following the completion of the deliberation process in Coordinating Committees (COCs) of the eight major specialties[1], eight Clinical Referral References have been established in November 2025.



Inter-specialty, Integrated, Outpatient Clinics

There are existing inter-specialty clinics with collaboration with FM, such as joint clinics, secondary consultation clinics, and case discussions, including face to face and tele-consultations, with and without patients present. Inter-specialty, integrated, outpatient clinics are anticipated to be set up in Clusters in addition to existing FM inter-specialty collaboration for specific diseases that require multi-specialty care to avoid the need for SOPC referrals and follow-ups in multiple specialties. As of March 2026, 30 inter-specialty, integrated and outpatient clinics have been established.

Enhanced Quota and Booking Management

With a view to further reducing the waiting time, the quota and booking management has been enhanced. Under the enhanced system, a Target Appointment Booking Range, also known as the Notional Waiting Time, based on the average throughput and caseload of individual clinic for routine new cases, is set. All routine new case appointments should be booked in "first-come, first-served basis" within the booking range as far as practicable. The enhanced management has been piloted in four selected clinics under four specialties, including Gynaecology, Medicine, Ophthalmology and Paediatrics for each cluster starting from 3 November 2025, with full implementation covering eight specialties across all clusters planned for the second quarter of 2026.

Way Forward

While it would be challenging for continuous improvement in waiting time in view of the escalating demand and limited capacity, HA will keep striving to enhance and strengthen our SOPC service and patient care. On a wider front, further development of the Hong Kong's public primary healthcare system would turn around the population's over-reliance on specialist services. HA would continue its dedicated effort to dovetail closely with the Government's policy and directions.

[1] Eight specialties – Gynaecology, Medicine, Ophthalmology, Paediatrics, Orthopaedics & Traumatology, Ear, Nose & Throat/ Otorhinolaryngology, Surgery and Psychiatry

Hospital Accreditation

In line with the Chief Executive's 2022 and 2023 Policy Addresses, HA resumed hospital accreditation programme. Pamela Youde Nethersole Eastern Hospital and Prince of Wales Hospital were officially awarded with the accreditation status under China's International Hospital Accreditation (CIHA) Standards in December 2024 and March 2025, respectively. Pilot hospitals were invited to share their experience at topical workshops on implementation of hospital accreditation in 2025.

In addition to the two hospitals mentioned above, HA has extended the programme in 2025-26 to three public hospitals, i.e., Queen Mary Hospital (QMH), United Christian Hospital (UCH) and Tuen Mun Hospital (TMH). UCH and TMH have been accredited in December 2025 and QMH will conduct the on-site survey in March 2026.

To implement the programme in one major acute hospital in each cluster of public hospitals by 2026-27, hospital accreditation will continue to be implemented in two additional hospitals, i.e., Princess Margaret Hospital and Kwong Wah Hospital during 2026-27, ensuring hospital services are on par with international standards.

During the accreditation process, accrediting hospitals have implemented new systems and enhancements to enhance current practices, including:

- Strengthened Quality and Safety (Q&S) management systems at both hospital and departmental levels through a two-tier approach. The hospital-level Q&S Committee is responsible for setting policies, conducting audits, and managing incident reporting, while departmental units form their own quality teams to monitor local risks and pursue continuous improvement;
- Improved dangerous goods management by establishing a dedicated working group and reinforcing existing systems to ensure full compliance with legal requirements; and
- Standardised peri-operative safety protocols by implementing structured pre-operative discussion to enhance team communication and patient safety.

Surveyors also provided valuable recommendations for improvement in certain areas, including:

- Establish additional Key Performance Indicators (KPIs) / clinical indicators by requiring clinical departments to further develop and monitor relevant metrics, thereby driving targeted improvements;
- Enhance single diseases and clinical pathway management by developing standardised care protocols to improve efficiency and ensure quality of care;
- Improve patient safety management by strengthening measures such as restraint management, including setting out a clear guideline for regular observation after restraint application and timely removal of restraints; and
- Enhance staff training on quality improvement by strengthening Q&S training for staff at different levels, fostering a deeper understanding of Q&S principles and building their capacity to deliver quality care.

Head Office (HO) Quality and Standards have been working closely with accredited hospitals and subject officers to address survey recommendations.

CLUSTERS



HONG KONG ISLAND CLUSTER (EAST)

Patient Safety Month & Continuous Quality Improvement (CQI) Forum

Hong Kong Island Cluster (East; HKIC(E)) is committed to continuous improvement and fostering a culture of patient safety. Cluster Quality and Safety Office (CQ&SO) successfully organised Patient Safety Month, a flagship initiative underscoring the importance of collaboration in enhancing patient safety. This year's theme, "Empowering Teams, Advancing Patient Care: Speak Up for Safety! 凝聚團隊力量，改善醫療服務：為病人安全 Speak Up!" , focused on team empowerment and fostering a culture of safety. Held from 19 September to 13 October 2025, the programme received 96 abstract submissions, reflecting strong community engagement. A new video competition attracted 21 entries, while hospitals across HKIC(E) hosted interactive game booths.



The annual Tung Wah Eastern Hospital (TWEH) CQI Forum 2025 provided a valuable platform for knowledge sharing and advancing patient care through quality initiatives. Under the theme "Together We Rise: Unity for Quality Care 匯東院之力，創優質之巔 " , the forum featured six oral presentations and 32 posters showcasing diverse CQI projects. Dr Christopher See from the Chinese University of Hong Kong delivered insights on how artificial intelligence (AI) can enhance empathy, teamwork and reflection in education. The event fostered a culture of quality and safety through engaging talks, informative presentations and active participation.

Enhancing Safety Culture through Training and Rounds

Alongside regular lunch forums and workshops, CQ&SO organised an integrated training session for Department Quality and Safety (Q&S) Coordinators and Advance Incident Reporting System (AIRS) Filter Persons on 14 April 2025. The session clarified roles and responsibilities,

provided updates on quality and safety practices, and encouraged experience sharing. Incident management training was further strengthened through Sequence of Events (SOE) Workshops in April and Root Cause Analysis (RCA) Workshops in October and November 2025. To support staff who had completed RCA training but lacked practical exposure, the Observer Programme was launched in May 2025, with seven participants from various specialties.





Senior Executive Walkarounds and safety rounds across key areas such as suicide prevention, fall prevention, physical restraint, and wound management, were conducted regularly to enhance patient safety culture within HKIC(E).

Continuous Enhancement on Emergency Preparedness

The Civil Disaster Drills were conducted on 30 October 2025 at Pamela Youde Nethersole Eastern Hospital (PYNEH) and Ruttonjee & Tang Shiu Kin Hospitals (RTSKH) to assess stakeholders' responses under the 4C principles—Command, Control, Communication, and Coordination. Approximately 130 participants from various departments took part. Areas for improvement were identified through post-drill debriefing sessions and improvement measures would be taken accordingly.



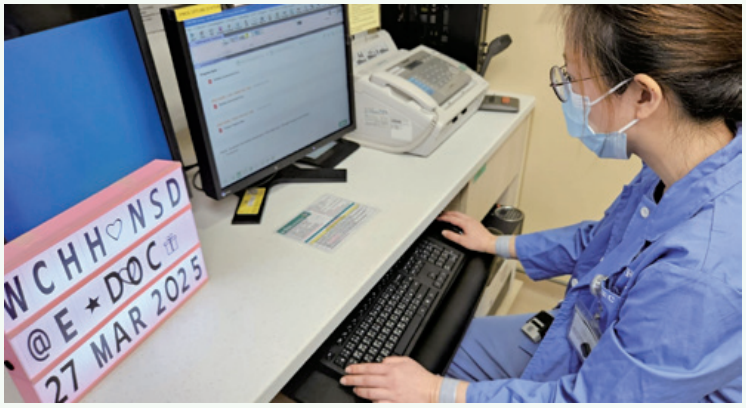
To stay vigilant for potential massive incidents and large-scale rescue operation during Cheung Chau Bun Festival, St John Hospital (SJH) has conducted Bun Festival Disaster Drill on 11 April 2025 with a multidisciplinary team participating in the exercise at Praya Street, Cheung Chau. The efficiency of and effective communication between Hospital Authority Head Office (HAHO), Fire Services Department, Government Flying Service and other government departments were tested.

Implementing Smart Ward Initiatives to Enhance Patient Safety in HKIC(E)

With the advancement of smart technology and AI, developing smart care has become a key strategic direction for Hospital Authority. Implementing smart ward initiatives not only enhances efficiency of the nursing care, but also safeguards patient safety and quality of care. Various corporate smart initiatives have already been fully implemented in HKIC(E), including Inpatient Medication Order Entry (IPMOE), e-Vitals, Smart Bed Panel, e-Results Screening, Generic Clinical

Request System Paperless Label Printing with UPI and Scheduling (GCRS-PLUS), e-Consent, Digital Ward Place, and Wound and Packing Module, Hospital Command Centre. With the support from hospital's management and frontline colleagues, all HKIC(E) hospitals were accredited as "Level III Smart Hospital" in January 2025. To further safeguard high standard of quality care, improve clinical efficiency, enhance closed-loop communication, and reduce occurrence of related incidents, HKIC(E) has piloted *e-Documentation, e-Blood Transfusion Record, Paperless Type and Screen, Paperless Electrocardiogram (ECG), and Electronic Intake and Output (e-I&O) Record System* in selected units, with full implementation tentatively scheduled across all HKIC(E) units by 2026/2027. Highlights from individual hospitals are outlined below.

Wong Chuk Hang Hospital (WCHH) has commenced the pilot of e-Documentation system in March 2025, and the e-I&O system was fully implemented in all wards in August 2025. These systems facilitate the clinical workflow, and safeguard an accurate documentation.





TWEH has implemented the new glucometer, which is equipped with Bluetooth connectivity and smart indicators for target range readings, in both inpatient and day-patient settings. The device enables real-time uploads of blood glucose readings to the e-Vital system and provides timely prompts via Medication Genie during administration rounds. This advancement strengthens medication safety, eliminates manual transcription, reduces errors, and streamlines workflows, thereby improving efficiency, patient safety, and overall care quality.

To enhance patient experience and safety, the Department of Medicine and Rehabilitation of TWEH, in collaboration with the Nursing Services Division, produced an admission video to help patients and families understand hospital services and key safety information. Covering hospital facilities, the patient journey, the multidisciplinary team, fall prevention, hand hygiene, the HA Go mobile app, and fire safety, the video is shown during visiting hours and is accessible via QR code. An admission reminder also provides a quick reference guide with the hospital telephone number and essential items for admission, further enhancing patient awareness and safety practices.



Admission Video



Admission Reminder

Cheshire Home, Chung Hom Kok (CCH) has implemented Radio-Frequency Identification (RFID) Geofencing Patient Tracking System to monitor patients who may attempt to leave the premises unnoticed. Clinical staff and security personnel would be alerted immediately if patients with RFID-tagged wristbands exit through hospital exits.



SJH has implemented eResus system in Accident & Emergency (A&E) department to facilitate comprehensive patient handover and monitoring in resuscitation room, all critically ill cases were using the electronic pathway to upload their vitals and treatment in the system automatically to avoid data transfer error.

Hospital Accreditation in PYNEH

To meet requirements set by the International Society for Quality in Health Care (ISQua), the Shenzhen Hospital Accreditation Research Centre (SHARC) reviews China's International Hospital Accreditation (CIHA) Standards every four years. PYNEH was invited to take part in the consultation and onsite testing of the proposed new standards.

In August 2025, Quality Champions and Group Leaders provided professional feedback on their respective areas. Ahead of formal testing, SHARC held an online training session on 12 September 2025 for PYNEH and other participating hospitals, outlining the review background, revisions, and testing objectives.

Onsite testing at PYNEH took place on 29 and 30 September 2025. Staff feedback on the proposed new standards was submitted to SHARC and HAHO. The revised standards are expected to be released in early 2026.

Advancing Medication Safety Through Systems & Culture RTSKH

The RTSKH 2025 medication safety strategy was designed to build robust systemic defenses against errors through three core initiatives:

- **Medication Safety Forum and Gathering**: A platform enabling staff to discuss errors, near-misses, and system vulnerabilities, thereby fostering continuous learning and proactive risk management.



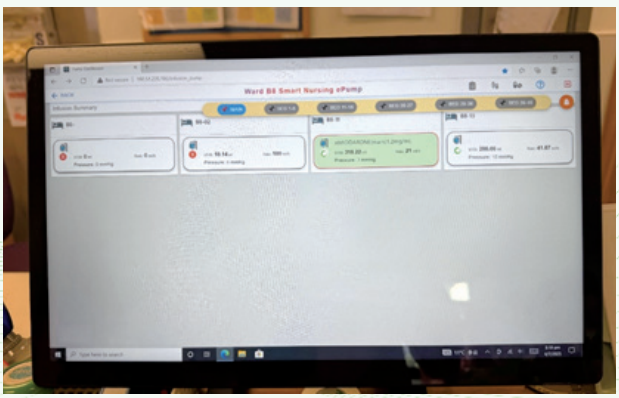
- **Publicity of e-messages for Medication Safety**: Critical safety alerts and evidence-based best practices were disseminated to relevant staff through the Clinical Management System (CMS), Hospital Intranet, and WhatsApp broadcasts, ensuring timely interventions to prevent errors.





- **Smart Infusion Pump Integration**: Piloted in B8 Surgical Ward, smart infusion pumps with enforced drug sets reduced dosing errors, while centralised monitoring enhanced real-time patient surveillance.





Comprehensive Fall Prevention Strategies: Enhancing Patient Safety Inpatient and Outpatient Settings in TWEH

Falls remained the highest risk in TWEH 2025 Risk Register. In response, a comprehensive range of preventive measures was implemented across inpatient, outpatient, and environmental settings.

For inpatients, advanced technologies were introduced, including sensor-based chair alarm pads and wireless safety-belt monitors with a two-button system, providing early alerts to nursing staff. Leg separators were also installed in healthcare chairs to further reduce fall risks.

For outpatients, regular analysis of fall data identified hotspots and guided targeted improvements. Key measures included enhanced patient education, assisted walking support for those with blurred vision, distribution of safety leaflets, training of patient safety ambassadors, and optimisation of hospital access routes.





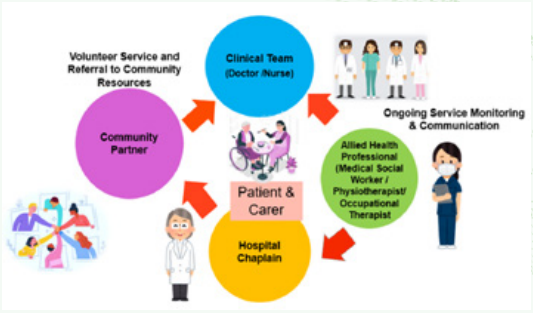

Improving Quality of Care to Central Infirmary Wait List (CIWL) cases in CCH

An Outreach Dental Care Programme (ODCP) for CIWL cases of CCH was launched on 4 June 2024 and conducted on 18 September 2025. This annual programme will be extended to include Original Home residents starting from 9 October 2025 onwards. A team of dentists and dental nurses provides on-site dental care education to patients / carers / staff, as well as dental assessment and treatment to enhance patients' oral health, comfort and safety while reducing transportation needs and demand for staff escorting.



Summary of Treatment for Long Stay Residents / Patients of CCH 2025							
	Participants	Scaling	Topical Fluoride	Dental filing	Dental Extraction	Denture	X-ray
OH Residents	21	4 (4)*	11(2)*	1	(2)*	(4)*	(6)*
CIWL Patients	21	14	21	3	1 (2)*		(1)*
Total	42	18 (4)*	32 (2)*	4	1 (4)*	(4)*	(7)*
Remarks	Three OH Residents no need to follow up after oral examination Treatment performed in CCH but ( )* pending in clinic All residents showed very positive response and appreciated the services						





With the implementation of new Advance Care Planning guideline in December 2025, recruitment will begin for suitable cases from the Original Home and Central Infirmary waiting lists.

Enhancing Immunity of Long-stay In-patient in WCHH

WCHH has been regularly providing COVID-19 boosters and seasonal influenza vaccinations to long-stay infirmary patients. The designated vaccination team coordinates the vaccination schedule and logistics. The high vaccination rate ensures that long-stay in-patients receive optimal protection from infectious diseases.





HONG KONG ISLAND CLUSTER (WEST)

Hospital Accreditation

In line with the Chief Executive's 2022 and 2023 Policy Addresses, the Hospital Authority (HA) resumed hospital accreditation in 2023/24. Queen Mary Hospital (QMH) is scheduled to participate in the second batch in 2025/26.

QMH held two consultancy visits in April and December 2025. In preparation for accreditation, the hospital conducted various staff engagement activities, such as department visits, lunch forums, mock surveys, and preparatory meetings with clinical departments, department Quality and Safety (Q&S) coordinators, and department accreditation coordinators, as well as regular meetings with the Cluster Chief Executive. Furthermore, QMH developed various templates to facilitate departments in preparing for China's International Hospital Accreditation (CIHA), and published《應知應會》, which is a quick reference guide outlining essential information related to CIHA standards for staff's easy reference.





QMH enhanced its two-tier quality management system. Under this framework, each clinical department has appointed at least one medical and one nursing staff member as Q&S Coordinators to support the Chief of Service. These enhancements strengthen departmental capacity to manage incidents and risks while driving continuous quality improvements. To build departmental Q&S Coordinators' proficiency, Q&S has conducted workshops on incident management, risk register, and Continuous Quality Improvement (CQI) tools.




As part of this two-tier system, the hospital has standardised morbidity and mortality (M&M) case reviews. Previously, M&M review practices varied across clinical departments, with differences in case selection, membership, participation, and documentation. To address this and align with China's International Hospital Accreditation (CIHA) standards, QMH standardised the review workflow, developed a guideline for conducting and reporting M&M meetings, and introduced standardised templates for case screening and documentation to ensure consistency at the departmental level. At the hospital level, clinical departments submit M&M reports to the HKIC(W) Standards and Clinical Audit Committee for monitoring and analysis.

Medication Safety

1. Reduction of Topping-up Ward Stock Medication & Dangerous Drug Storage

To avoid overstocking of medications in clinical areas and reduce the risk of medication misuse due to retrieval of wrong drugs, a review exercise for ward stock medications and Dangerous Drugs was carried out in HKIC(W). The exercise aimed to ensure only essential and adequate drug stock is maintained for daily operations, and was completed by 4Q 2025. As a result, the ward stock medications at QMH were reduced by 30%. Grantham Hospital, the Duchess of Kent Children's Hospital, Tung Wah Group of Hospitals Fung Yiu King Hospital, and MacLehose Medical Rehabilitation Centre, also completed ward stock reviews and reduced stock levels by 45% and 8.6% respectively.

2. Database for Medication Incident and Feedback Letter

In collaboration with the Department of Pharmacy and the Q&S Department, a unified database of medication incidents was developed. Both departments now utilise the same dataset to analyse medication trends. This represents a shift from the previous approach, where incidents were reviewed separately under "Prescribing," "Dispensing," and "Administration." Instead, medication incidents are now examined across the entire process, from prescribing to administration.

The feedback and suggestions regarding the medication incidents were also collected from the involved staff for sharing in the Medication Safety Committee. The collection method and the format of the feedback letters were aligned. The standardisation allows for consistent documentation of feedback involving different types of staff groups, which makes it easier to aggregate and analyse.

Prevention of Falls: Enhanced Fall Prevention Strategies in HKIC(W)

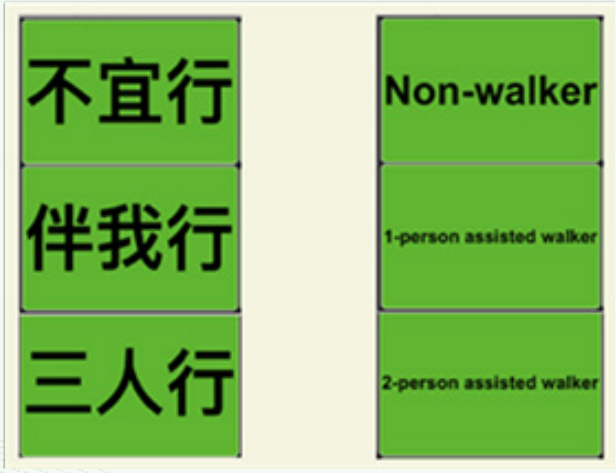
In 2025, patient falls were one of the clinical risks in HKIC(W), prompting a comprehensive, multidisciplinary response across leadership, systems, patient engagement, technology, staff training, medication safety, and allied health inputs. Led by hospital management, hospital-based workgroups were established across all HKIC(W) hospitals under top management leadership, while departmental working groups were led by senior medical and nursing staff. The HKIC(W) Guideline on Patient Falls Prevention and Management, originating from the HKIC(W) Guidelines on Patient Safety, was updated and released in August 2025 to provide clear direction on fall prevention strategies. To better engage patients and carers, an educational poster about serious

post-fall consequences, featuring QR codes linked to a fall prevention pamphlet and the " 防跌秘笈 " video was launched in October. In terms of technology, the Booguu system was piloted at QMH to identify potential fallers not captured by the standard Morse Fall Scale, enabling early detection. Acknowledging that staff engagement was a key factor in fall prevention, initiatives were strengthened through ward-based fall ambassadors, scenario-based simulation training, and a multidisciplinary Q&S Forum.



In September 2025, the QMH Department of Pharmacy collaborated with the Department of Medicine to pilot a proactive medication review using Fall-Risk Increasing Drugs (FRIDs). A reference table and QR code were provided at clinical workstations to support the process. Medical staff would review a patient's medications if potential side effects associated with FRIDs were identified.

Further enhancements on fall prevention were contributed by physiotherapists and occupational therapists. These included physiotherapists using the Screening and Assessment for Fall Incident Elimination (SAFE) programme to assess patient mobility and identify patients at risk of falls, and occupational therapists applying the Person-Environment-Occupation Model to evaluate cognitive function. Patient mobility status displayed on bed panels alerts staff to which patients are at risk of falls.



First Responder Cardiopulmonary Resuscitation (CPR) Training

The HKIC(W) Resuscitation Committee identified the potential risk of delayed response time by the central resuscitation team due to the physical distance between the new Clinical Building 1 and other blocks. In collaboration with the HKIC(W) Simulation and Training Centre, the committee initiated and launched the First Responder CPR Training to strengthen the hospital's emergency response capabilities and enhance staff CPR skills and performance during emergencies. The workshop covered core resuscitation elements, including airway management using supraglottic airway devices, early defibrillation in Automated External Defibrillator (AED) mode, and high-quality chest compressions. By December 2025, more than 1,700 doctors and nurses at QMH had completed the programme, with 93.4% of nurses from designated wards that were highly dependent on the central resuscitation team participating. This training also covered Tsan Yuk Hospital, David Trench Rehabilitation Centre and Family Medicine Clinics.





Patient Safety Awareness Event

HKIC(W) Patient Safety Awareness Week was held from 30 July to 13 August 2025. Game booths were organised across HKIC(W) hospitals to enhance staff awareness of patient safety through interactive learning. This initiative aimed to foster a culture of safety and empower staff with essential knowledge on correct patient identification, proper use of the eConsent process, and adherence to surgical safety measures.

World Patient Safety Day is led by the World Health Organization to raise awareness and drive action toward safer healthcare. Within this framework, HKIC(W) promoted the theme "Safe Care for Every Newborn and Every Child." Safety awareness activities were organised by clinical departments with support from Q&S, including game booths focused on medication administration, breastfeeding, early recognition of clinical deterioration, fall prevention, and scald prevention.






KOWLOON CENTRAL CLUSTER

Queen Elizabeth Hospital (QEH)



QEH remains dedicated to upholding the highest standards of patient care through proactive quality and safety (Q&S) initiatives. In 2025, the QEH Q&S Department advanced this commitment by organising targeted awareness activities, structured Q&S rounds and professional development programmes to empower staff and enhance patient safety across the hospital.

Quality and Safety Awareness Day

To promote essential patient safety practices among clinical professionals and support personnel, the Q&S Department organised two Q&S Awareness Days in 2025. One of the awareness days aligned with the observance of World Patient Safety Day on 17 September 2025. These interactive events engaged more than 1,000 participants in total and earned positive feedback.



Q&S Workshops

Additionally, the department delivered specialised training to build staff capabilities. In February 2025, a workshop on **Mediation and Conflict Handling Skills** was conducted by Mr. Albert So, Chairman of the Hong Kong Mediation and Arbitration Centre. The session provided practical training in mediation techniques, conflict resolution strategies, and legal considerations in complaint management.

In December 2025, the Q&S Department collaborated with the QEH Committee on the **WISER Movement** (We Innovate, Service Excel Regularly) to organise a **Project Management Workshop**. This programme equipped participants with foundational project management knowledge and skills to facilitate effective, sustainable improvements in healthcare processes. Both workshops received positive feedback from attendees.

Through these initiatives, QEH continues to foster a collaborative, safety-focused environment that prioritises patient well-being and staff empowerment. The Q&S Department remains committed to ongoing excellence in healthcare delivery for the benefit of patients and the community.

Kwong Wah Hospital (KWH)

Medication Safety Campaign

KWH Quality and Safety Team is dedicated to driving continuous improvement and advancing patient safety. In 2025, it launched the "Medication Safety Campaign," implementing various

multi-modal initiatives targeted at healthcare professionals. In the first and second quarters, three sharing sessions were delivered on Concentrated Insulin Therapy, Corporate Standard Dilution Table, and Dangerous Drugs. A micro e-Learning program was also introduced to reinforce organisational learning and support the safe provision of healthcare services. Concurrently, drug labelling practices were standardised to prevent unlabelled syringes and ensure consistency in labelling formats.

In the third and fourth quarters, an Online Medication Quiz and Pharmacy Visit were conducted to further embed a culture of medication safety, emphasizing innovation and the integration of Quality and Safety principles into routine clinical practice.



Full implementation of e-Documentation (e-Doc)

KWH successfully implemented the e-Doc System in November 2025, marking a key step in the digital transformation of clinical documentation. This one-stop platform allows the inputting and viewing of multidisciplinary clinical notes, and laid the groundwork for future big data applications in healthcare. A 2022 pilot study demonstrated that the system reduced ward round time and clinical errors — saving an average of 1.2 minutes per case, or 48–60 minutes per ward. The initiative had reduced paper-related expenses and minimized the need for storage. In summary, the implementation of e-Documentation at KWH reflected a forward-thinking and strategic commitment to enhancing care quality, patient safety, and operational excellence through digital innovation.



Kowloon Hospital (KH)

Patient Safety Round

The Q&S office continued to lead two types of patient safety rounds in KH: 1. Structurised Q&S Rounds, and 2. Inpatient Suicide Prevention Round. The quarterly structurised Q&S rounds aimed to address potential safety hazards related to i. Patient journey, Inpatient suicide prevention, Document/Guidelines, Clinical alarm system, informed consent and laboratory results, ii. Fall prevention, physical restraint and clinical records, iii. Medication and chemical safety, iv. Document control and data privacy, v. Facility management and environment, vi. Infection control, vii. Occupational safety and health, and viii. Equipment maintenance and medical equipment. Good practices were shared, potential risk areas were identified with recommendations made.



Promotion of Q&S Activities

Various Q&S activities were organised to promote Q&S awareness and safety culture in Kowloon Hospital. Q&S Fun Day was held on 19 September 2025 with the participation of more than 600 staff. There were booths from Central Nursing Department, Pharmacy Department, Occupational Therapy Department and Kowloon Central Cluster (KCC) Occupational Safety and Health (OSH) focusing on different Q&S areas. In addition, Q&S forum on "Physical restraint, Documentation and Data Privacy from Legal Perspective" and " 職業安全巡查知多啲 " were delivered by external speaker and KH/KCC colleagues respectively. Regular release of newsletter remains an important tool to promulgate and share Q&S related news and tips to all our colleagues. A digital signage was installed to showcase important Q&S messages in West Wing and Rehabilitation Building, replacing our existing conventional notice boards.



Snapshots from KH Q&S fun day held on 19 September 2025.



Q&S forum on "Physical restraint, Documentation and Data Privacy from Legal Perspective" and " 職業安全巡查知多啲 " was held on 6 June 2025 and 14 November 2025 respectively

Hong Kong Buddhist Hospital (HKBH)

SMART Initiatives for Enhancing Dangerous Drug Management in Operating Theatres (OT) – Collaboration between HKBH and QEH



Effective management of Dangerous Drugs (DD) is critical to patient safety and regulatory compliance. DD-related incidents in clinical settings and stringent legal obligations under Hong Kong's Dangerous Drugs Ordinance (Cap. 134) necessitate robust solutions. There is definite room for improvement in traceability and security for traditional DD storage arrangements inside Operating Theatres—key-locked cabinets in each OT suite. To address these clinical issues and legal requirements, DD Smart Cabinet project was initiated as a Q&S project in the QEH Operating Theatre under the Department of Anaesthesiology, Perioperative & Pain Medicine. The inception and application of idea, testing of workflow logistics and connectivity, trial running of cabinet prototypes were conducted by a core team of anaesthesiologists with support of QEH Operating Theatre senior nursing team since 2022. Phase I was launched in 2025 by HKBH Operating Theatre with refinement to the programmed procedure based on local inputs. Phase II launching in QEH is scheduled for 2026.

The local and custom-designed DD Smart Cabinet system successfully mitigates human error and medication mismanagement. Preliminary data indicate enhanced DD security, reduced error rate, and improved compliance with organisational policies. With real-time tracking and audit capabilities, the Smart Cabinet helps minimize discrepancies. Its keyless operation also streamlines workflows, supports automated ledger documentation and improves work efficiency. Cost savings are significant, estimated at one-fifth of existing Automated Dispensing Smart Cabinet by various vendors. Feedback from Operating Theatre staff highlights improved usability, reflecting high satisfaction. Staff also cited the intuitive design, reduced administrative burden and increased confidence in handling DD. Future enhancements include integration with pharmacy systems for expiry tracking.

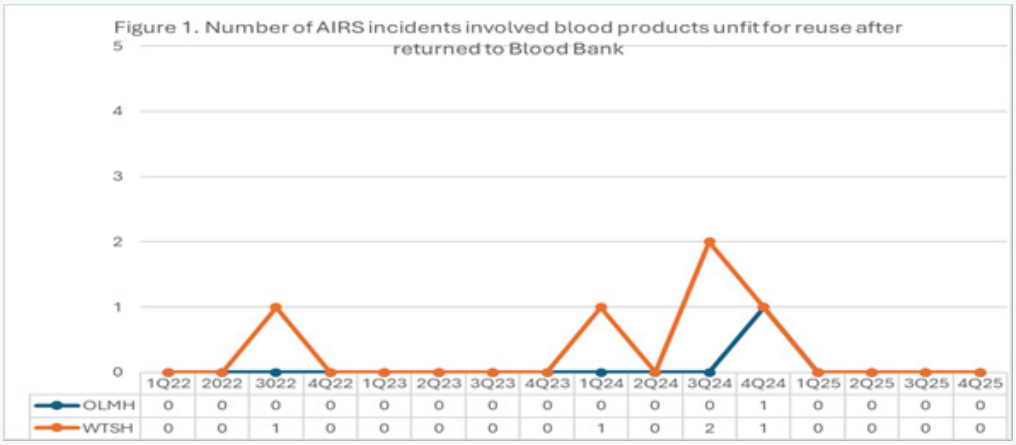
TWGHs Wong Tai Sin Hospital (WTSH)

Collaborative Solutions for Blood Transfusion Challenges: Cooling Tech and Workflow Redesign

Blood and blood components are delivered from KWH Blood Bank to WTSH and HKBH (the decanting ward of Our Lady of Maryknoll Hospital (OLMH)) via courier transport. If the patient is deemed unfit for transfusion upon delivery, the units must be promptly returned to the Blood Bank. The red cell units remain suitable for use if they are returned within 2 hours in validated, temperature-controlled transport containers after removal from the standard blood bank refrigerator.

However, logistical challenges often prevent timely returns, resulting in the unnecessary disposal of blood products. In 2024, six incidents were reported where blood products became unfit for reuse. The primary causes include: (1) long transit distances between hospitals, (2) delayed courier collections, and (3) unpredictable traffic congestion. Each instance of exceeding the 2-hour window mandates disposal of otherwise viable blood products, representing a preventable waste of critical resources that could save lives. This wastage underscores the urgent need for enhanced transport logistics and coordination.

Figure 1 shows the number of incidents reported in Advance Incident Reporting System (AIRS) by OLMH and WTSH involving blood products that were unfit for reuse after being returned to the Blood Bank.





To address blood transport challenges, we implemented an enhanced cold-chain system in Q1 2025 to extend the validated transport window beyond the standard two-hour limit. A new insulated bag (TempShell) features six coolant layers that maintain one red cell unit at 2-10 °C for up to four hours, provided the twist-lock seal remains intact after removal from the standard blood fridge. To ensure the implementation between hospitals, the workflow of sending Type & Screen samples to KWH and performing blood transfusion procedure was standardised. Clear instructions were given to nurses on the appropriate moment to unlock the insulated bag according to the patient's condition and fitness for blood transfusion. Concurrent workflow improvements included the endorsement of standardised packaging instructions for blood components and established procedures for returning insulator bags to KWH Blood Bank after transfusion. To ensure suitability for return-to-stock, the twist-lock seal must remain intact with the unique number matching KWH Blood Bank documentation, verifying the unit's integrity for subsequent clinical use. These measures have effectively doubled the safe transportation window from two to four hours while ensuring temperature compliance and reducing blood product wastage. Since implementation in Q1 2025, no incidents of blood product wastage due to transport delays have been reported.

Hong Kong Children's Hospital (HKCH)

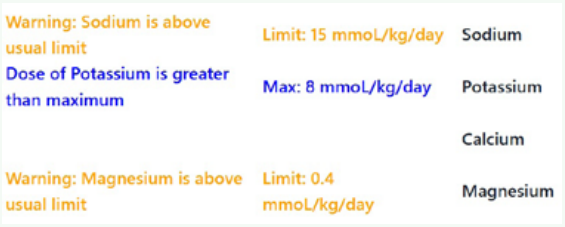
Smart Total Parenteral Nutrition (TPN) – An Electronic Prescribing and Preparation System for Safer Paediatric TPN in HKCH



Challenges: The prescribing and preparation of paediatric TPN, tailored to individual nutritional needs, is a complex, and error-prone process. Traditionally, TPN orders were handwritten and faxed to pharmacy for manual data entry and aseptic compounding. Lack of computerised clinical decision support, illegible handwriting, and the transcription steps increase the risk of errors and incidents.

Smart TPN: To mitigate risks in TPN use, HKCH Pharmacy and IT Department co-developed "Smart TPN", a computerised TPN management system. Phase one introduced a web-based TPN prescribing module, which allows clinicians to reference previous day orders to enhance continuity of care. Safety features include clinical decision support with nutrient upper limits and alerts for out-of-range values, as well as automatic energy content calculations. The system was piloted in June 2024 and rolled out to all non-Intensive Care Unit (non-ICU) wards by March 2025. As of December 2025, over 3700 TPN orders have been processed, with **no reported medication incidents** related to TPN prescribing and transcription.

SOURCE	ENERGY (KCAL)	ENERGY (KCAL/KG)	%
Carbohydrate	198	19.8	59.1
Fat	88	8.8	26.3
Non-protein	286	28.6	85.4
Protein	49	4.9	14.6
Total	335	33.5	100.0





Future development: Phase two of Smart TPN introduces a compounding module that converts TPN prescriptions into ingredient volumes and generates worksheets for aseptic compounding. The module is integrated with the automatic compounding device in the clean room, eliminating the need for manual transcription into a separate system. This enhancement enables a seamless, closed-loop TPN workflow. The roll-out is scheduled for February 2026.

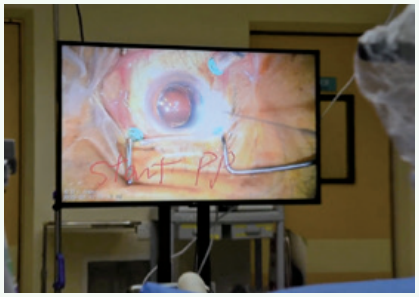
Conclusion: Smart TPN enhances medication safety through clinical decision support and accurate communication of patients' nutritional information. It eliminates illegible handwritten orders, minimises transcription errors, and streamlines the TPN ordering process, contributing to a safer and more efficient patient care.

Hong Kong Eye Hospital (HKEH)

5G Conferencing

5G Conferencing technology was introduced to allow senior clinicians to remotely supervise and guide surgeons without being physically present in the OT: In addition to integrating the camera into the operating microscope to broadcast the surgical process, the system includes audio and microphone features, as well as drawing tools, to allow instant interaction between surgeons and supervisors. This technology has been widely utilised in complicated and prolonged vitreoretinal surgeries.



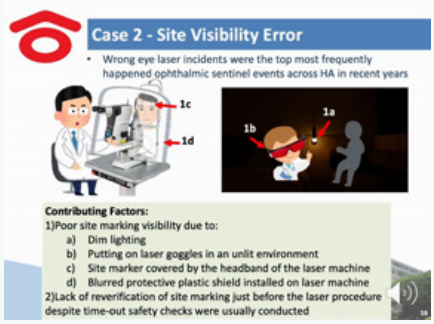


Traditionally, supervision requires senior physicians to enter the operating theatre. However, the time actually spent on providing guidance is limited. With 5G technology, senior staff can supervise remotely, freeing their time for other clinical duties and enabling more effective resource and manpower allocation to support the increasing demand for clinical services.

Enhancing Laser Safety awareness through eLearning courseware

In order to raise the safety awareness of ophthalmology laser procedures, a local eLearning training module analysing the contributory factors and learning points of past ophthalmic laser incidents was developed. Specific incident-prevention strategies, like proper time-outs, were also reinforced in the module. Clinical staff including doctors, nurses and eye care assistants had been encouraged to complete the new courseware.







Hong Kong Red Cross Blood Transfusion Service (BTS)

Mission critical blood bank system failure due to application, interface, network, server service interruption and vendor risk

While the existing blood bank system (Blood Bank Data Management Information System, BBDMIS) remains operational, persistent vendor issues prompted Hospital Authority (HA) to pursue an alternative approach. Following a strategic review with Hospital Authority Head Office, KCC and the Information Technology (IT) department, BTS has successfully commenced system implementation project with a new vendor for a sustainable and co-developed solution.

This report outlines the progress of the new Blood Supply Management System (BSMS) co-development initiative and the ongoing risk management of legacy BBDMIS.

Setting the Strategic Direction in 2024

The catalyst for this strategic transformation began in early 2024 when the existing BBDMIS vendor cited financial unsustainability and demanded a transition to a high-cost public cloud model. A Taskforce comprising Head Office, Cluster business and IT leadership evaluated alternatives and reached a decision to source a long-term sustainable solution with co-development.

Procurement and Governance

In early 2025, BTS officially commenced the procurement process. To mitigate vendor dependency, BTS adopted a "Co-Development Model". This approach leverages the maturity of vendor platform while investing in HA/KCC IT resources to customize the system for local application, meeting both safety, security, regulatory standards and latest international developments. This model also allows our internal teams to build expertise alongside the vendor and addresses the "knowledge gap" issues experienced with the previous vendors. A new governance structure was established and overseen by Head Office and Cluster management, steering the BSMS co-development and driving innovations with a defined BSMS roadmap.



Status of the New System Implementation

The implementation of BSMS was officially kicked off in late October 2025. Progress to date includes:

1. **Requirements Collection**: Building on the BTS Requirement Workshops in late 2024, the team initiated a structured, six-step requirements gathering process on 27 October 2025. This phase focuses on realising critical "to-be" workflows, including donor pre-registration, intelligent queue management, and complex blood product manufacturing processes under quality and safety framework.
2. **Infrastructure Deployment**: The primary site hardware has been successfully installed at the Data Centre. Setup of the cloud and hypervisor platforms has been completed for the ongoing Development and Production environments.
3. **Co-development Readiness**: The Head Office IT Department has approved the BSMS technical architecture, removing a potential project hurdle. Successful onsite visit to the vendor office further strengthened alignment and resolved key project expectations.
4. **Data Strategy**: To ensure data integrity, the vendor has been conducting a data migration study within an isolated validation environment established by KCC IT Department (KCC ITD) since project kick-off. The data migration process is put on the critical path to ensure successful and complete system migration to the new BSMS.




Existing BBDMIS System Risk Management

While the BSMS is being built, managing the incumbent vendor remains essential. Several operational risks persist:

1. **Technical Instability**: A prolonged service downtime that occurred in January 2025 proved that the BBDMIS vendor and subcontractors were not competent or reliable in investigating and fixing issues with long-term solutions (i.e., problem fixing but without detailed analysis for prevention). KCC/BTS has employed a strategy to control system changes to reduce likelihood of system outages. At the same time, additional system monitoring scripts for early issue detection were developed by KCC ITD.
2. **Service Delivery Gaps**: Although the Data Warehouse synchronization issue was resolved in November 2025, the vendor has delayed the necessary knowledge transfer sessions, and the synchronization issue re-occurred after few weeks. KCC ITD has therefore implemented an offline database with prior day (T-1) data from the existing vendor's BBDMIS to temporarily serve the reporting demands.
3. **Infrastructure & Disaster Recovery (DR) Vulnerabilities**: The DR setup remains pending. In a meeting in December 2025, the vendor cited a lack of infrastructure expertise as the primary bottleneck. KCC ITD has escalated this issue, demanding a feasible solution for Head Office's consideration.

Roadmap and Outlook

The implementation of BSMS remains on track for a targeted go-live in Q2 2027. The current focus is on stabilizing the existing BBDMIS, while accelerating the co-development of the new BSMS to ensure a seamless transition.

KOWLOON EAST CLUSTER

Hospital Accreditation

United Christian Hospital (UCH) was awarded the Certificate of Accreditation by the Shenzhen Hospital Accreditation Research Center (SHARC) following an independent assessment against the China's International Hospital Accreditation (CIHA) Standards (2021 Version). The award is effective from 23 December 2025 to 22 December 2029.





CIHA is a structured framework that supports alignment with international standards and drives continuous service improvement. The accreditation team organised and implemented a series of preparatory activities, including 27 CIHA forums, 67 clause-preparation meetings, 13 staff engagement activities and related publications, 13 staff training sessions, and 54 CIHA Preparatory Department Rounds.






The first consultancy visit, second consultancy visit, and onsite survey, held in March, June, and October 2025 respectively, were all completed successfully. During these visits and the onsite survey, the surveyor team visited various committees, departments, clinical and non-clinical units in UCH. Through systematic planning, strong staff engagement, and targeted improvement measures under the CIHA project, UCH has further strengthened its culture of quality and safety, thereby reinforcing its commitment to excellence.

Patient Safety Month

UCH launched its first "Patient Safety Month" campaign under the slogan "Patient Safety – Let's go hand in hand!" to strengthen staff awareness and foster a collaborative culture of quality and safety. Throughout April, a series of seminars and interactive booth activities engaged staff across departments.

The programme commenced with a keynote speech on "Culture, Leadership and Patient Safety", followed by thematic seminars and games that attracted 769 attendees and 627 visitors to the

booths. Staff feedback was highly positive: 98.5% expressed satisfaction with the event, 96% would recommend it to colleagues, and 97% found the topics applicable to daily practice. The campaign successfully promoted a strong safety culture and enhanced staff engagement in quality improvement.













TKOH Q&S Forum: Introduction to Root Cause Analysis (RCA)

The TKOH Q&S Office organised a staff forum on "Introduction to Root Cause Analysis (RCA)" to enhance essential knowledge of clinical incidents and RCA methodologies. The forum aimed to improve the safety and quality of patient care by addressing systemic issues and fostering a safe environment for reporting and discussing clinical incidents in a no-blame and just culture. Additionally, it focused on developing and promoting standardised approaches for reporting, analysing, and addressing clinical incidents. Overall, the feedback on the forum was positive.









Haven of Hope Hospital (HHH) Continuous Quality Improvement (CQI) Forum 2025

HHH CQI Forum was held in December 2025. The forum featured presentations on various continuous quality improvement initiatives in HHH by speakers from their respective disciplines. Topics included: "Proactive Approaches to Prevent Incontinence-associated Dermatitis (IAD): The Role of Early Screening and Timely Intervention"; "Patient Fall Prevention in Occupational Therapy"; "Optimizing Inventory Management: Smart E-store in Pulmonary Unit"; "Audit on the Implementation of Deep Vein Thrombosis/ Venous Thromboembolism Risk Screening by Physiotherapists in Hospital In-patient Setting in HHH"; and "Enhance the Care of Imminent Death in General Ward Setting".



Dr Ida WONG, HHH Deputy Hospital Chief Executive, concluded the event by emphasising the importance of continuous improvement and the promotion of hospital safety and quality. She encouraged departments to actively brainstorm innovative ideas and smart hospital initiatives, with a focus on enhancing patient care.



KOWLOON WEST CLUSTER

Advancing Emergency Excellence through Multidisciplinary Synergy

Kowloon West Cluster Simulation Training Centre (KWC STC), reinstituted in 2022, continued to enhance clinical competencies through simulation-based training, supporting clinical excellence and patient safety across the cluster.

In 2025, KWC STC conducted over 70 training sessions. Nearly 900 KWC staff members received comprehensive clinical skills training. This expansion reflected KWC STC's commitment to strengthening emergency preparedness.

In addition to its core programmes, KWC STC enhanced emergency preparedness training in collaboration with multiple departments. In 2025, partnerships with Obstetrics & Gynaecology (O&G), Anaesthesia, Operating Theatre & Theatre Services Centre (OT&TSC), Intensive Care Unit (ICU), Cardiac Care Unit (CCU), Accident & Emergency (A&E), and Paediatrics & Adolescent Medicine (P&AM) enabled the delivery of specialized emergency training programs to meet increasingly complex clinical demands.

Achieving Excellence in Obstetric Emergency Response

Excellence in obstetric care requires skilled, and well-coordinated workforce. Given the unpredictability of high-risk obstetric emergencies, KWC STC delivered targeted training programmes to address critical obstetric scenarios. Through hands-on simulation and realistic clinical scenarios, the programmes equipped healthcare professionals, from midwifery students to multidisciplinary clinical teams, with skills to manage obstetric emergencies effectively.

The Postpartum Haemorrhage Drill, conducted in collaboration with the Department of O&G on 23 April 2025, trained 15 staff members. This programme emphasized the timely recognition of excessive bleeding, prompt interventions and a coordinated team response. Through high-fidelity simulation scenarios and structured debriefing, participants strengthened competencies and team communication, while identifying areas for improvement in workflows.





Continuing this collaborative effort, the Simulation Training for Midwife Students was conducted in three sessions in 2025 for 18 midwife students. The programme focused on essential obstetric skills, including managing normal deliveries, recognizing labour stages, and handling shoulder dystocia emergencies. Through hands-on practice, students strengthened practical skills and clinical judgement, enabling them to manage routine deliveries and obstetric emergencies.





The Cord Compression Drill, conducted on 17 September 2025, trained 36 staff members from the Departments of O&G and P&AM. This joint training focused on managing cord prolapse, in which the umbilical cord slips ahead of the baby and compromises oxygen supply. Participants practised rapid assessment, appropriate maternal positioning techniques to relieve cord compression, and coordinated emergency delivery procedures. This training also incorporated Crew Resource Management (CRM) elements, emphasising clear role delineation and effective communication between the O&G and P&AM teams.




To strengthen the ability of A&E staff to manage obstetric emergencies, KWC STC collaborated with the Department of O&G to develop the Cluster Based A&E Training on Obstetric Emergencies. This programme trained 23 A&E staff members across KWC on 10 December 2025. The curriculum combined lectures on early pregnancy complications and emergency delivery techniques with hands-on skill training. A simulated emergency scenario was included to assess participants' ability to apply knowledge and skills in critical situations, enhancing their readiness to provide timely and appropriate obstetric care, particularly when O&G specialists might not be immediately available.





Collaborative Excellence in Specialized Emergencies

To strengthen emergency preparedness, KWC STC collaborated with various clinical departments to deliver simulation-based training for multidisciplinary teams managing critical cases. The programs enhanced advanced clinical skills, team coordination, and crisis response across KWC.

Between January and September 2025, five simulation sessions were conducted for 47 staff members from Department of Anaesthesia and Operating Theatre & Theatre Services Centre in Princess Margaret Hospital (PMH) and Caritas Medical Centre (CMC). The training focused on major intraoperative emergencies. CRM principles were incorporated to strengthen teamwork and communication during crises.





KWC STC co-organized a large-scale Simulation Workshop on Trauma Resuscitation on 11 September 2025 with the Central Committee on Trauma Service. The workshop trained 38 doctors and nurses from Trauma Teams across all clusters. With international experts as guest instructors, participants managed complex scenarios such as penetrating trauma in pregnancy and polytrauma with haemorrhagic shock. The training enhanced clinical decision-making and the interprofessional collaboration in high-risk trauma cases.





KWC STC collaborated with ICU to conduct 6 Simulation Training sessions for Impella care and crisis management between April and October 2025 for 33 ICU staff members from PMH, CMC and Yan Chai Hospital (YCH). The programme focused on Impella device management, complication handling, and safe patient transport through scenario-based training.





Building on ICU training, critical care collaboration expanded to include CCU through the CCU-ICU Collaborative extracorporeal cardiopulmonary resuscitation (ECPR) Drill held on 14 April 2025. This interdepartmental training brought together 22 staff members from CCU and ICU to practice ECPR. The programme recreated the high-pressure resuscitation scenarios to strengthen coordination, task management, and communication during life-saving procedures.





Through close collaboration with clinical departments, KWC STC has strengthened emergency readiness, ensuring healthcare teams are well-prepared to manage complex and life-threatening situations with confidence and precision.

Empowering New Staff Through Structured Orientation and Development

Orientation and Induction Programme (O&I)

The KWC O&I Programme for New Residents was conducted on 29 and 30 July 2025, with a total of 85 new residents in attendance. This programme aimed to promote a safety culture by enhancing residents' awareness of common clinical pitfalls and risks. Revamped in 2022, it included simulation scenarios and immersive video training. Positive feedback highlighted its effectiveness, particularly immersive videos that made sessions engaging and practically relevant. The Welcoming Reception fostered a supportive environment by inviting top management, including the Cluster Chief Executive, Hospital Chief Executives / Deputy Hospital Chief Executives, and respective Chiefs of Service, to share insights. A new session, "Adapting to the Hospital Environment", focusing on self-compassion and resilience, was also introduced in 2025. With an average evaluation rating of over 5 out of 6 and nearly 90% of participants reporting satisfaction, it affirmed success in preparing residents for their professional journey.





In addition to the KWC programme, an Induction and Orientation Programme was provided to newcomers and staff transfers in Kwai Chung Hospital (KCH). The programme covered topics such as infection control, patient violence, patient fall and medication safety to raise staff awareness of risk stratification.

A Nursing Staff Orientation was also held in CMC on 14 October 2025 to embed essential patient safety principles early in their careers.



KWC Better Clinical Communication Course

The KWC Better Clinical Communication Course (BCC) strengthened patient safety by equipping staff with essential communication skills to improve understanding and better identify patient needs. Strategically implemented in 2025, the course was conducted on 13 January, 14 May, 19 August and 20 October to enhance patient-centered and team-based communication competence. Through interactive learning methods, including real-case video analysis, immersive role-play exercises, and facilitated group discussions, participants developed practical techniques for engaging effectively with patients and families and collaborating seamlessly with colleagues. Feedback was highly positive, with over 92% of participants considered the course useful and indicated their intention to apply skills such as clear handovers, empathy, and active listening in daily work. Almost 90% expressed interest in further developing their clinical communication skills, reflecting a strong commitment to collaboration and teamwork.

By making the BCC mandatory, the programme ensured new residents were equipped from the outset to become future clinical leaders committed to quality and patient safety, capable of navigating the complexities of healthcare communication. This focus on communication excellence fostered a safer, more effective healthcare environment, benefiting both patients and healthcare professionals.







Fostering of a Culture of Quality and Safety with Knowledge Exchange

PMH 50th Anniversary Scientific Conference

To celebrate PMH's 50 years of dedicated service in 2025, the PMH 50th Anniversary Scientific Conference was held on 20 September 2025 under the themes "Innovating Healthcare 創新醫療 ", "Touching Lives 觸動人心 " and "Making a Difference 引領未來 ". Members of the PMH & KCH Hospital Governing Committee, as well as senior management from Hospital Authority Head Office (HAHO), KWC and PMH, were invited to participate in the Opening Ceremony to commemorate this significant milestone. The event drew more than 200 attendees and proved to be both meaningful and impactful.

Seizing the opportunity to showcase the scientific work of colleagues, all PMH users were encouraged to submit research abstracts, and a total of 86 submissions were received. From these, six outstanding abstracts—covering both medical and non-medical streams—were selected for oral presentation, providing a structured presentation platform for clinical research, service innovation and quality improvement. In parallel, other abstracts were displayed as electronic posters, further enhancing opportunities for knowledge exchange and cross-disciplinary learning. These achievements not only highlighted the research capabilities of our colleagues but also reflected the collective wisdom of all teams. Various awards, including "Best Oral Presentation", "Best Poster Presentation" and "Most Popular Poster", were presented during the Closing Ceremony to recognize and appreciate their exceptional contributions.

Moreover, informative and interactive scientific sharing sessions were also conducted, with highlights on "Innovative Technology", "Rare and Complicated Disease" and interdisciplinary clinical case sharing and discussions on innovative service models. Distinguished speakers





from PMH, KWC, and leading Mainland institutions, including experts from Shanghai Ruijin Hospital and Peking Union Medical College Hospital, shared their expertise to facilitate in-depth exchange, fostering collaborative networks that integrated clinical experience into the Conference.

The PMH 50th Anniversary Scientific Conference not only marked a significant milestone in PMH's 50-year journey but also reaffirmed our commitment to advancing clinical excellence, innovation, and compassionate care in the years ahead.





World Patient Safety Day 2025

In alignment with the World Health Organization's global initiative, KWC participated in World Patient Safety Day on 17 September 2025, contributing to a worldwide movement dedicated to elevating patient safety as a strategic health priority. Under the global theme "Together for Patient Safety," the initiative aimed to strengthen safety culture through integrated engagement of healthcare professionals, patients, and families, recognizing that patient safety is a shared responsibility across all stakeholders.

It addressed a critical evidence gap: while healthcare safety traditionally focused on staff competency and process compliance, contemporary research demonstrated that patient and family engagement substantially enhanced safety culture, improved patient outcomes, and built workforce resilience and retention. KWC's activities aimed to:

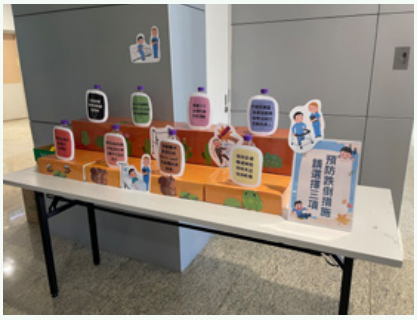
- Foster shared mental models of safety between healthcare professionals and patients/ families, recognizing their roles in medication management, symptom monitoring, and communication, as well as their valuable insights into system vulnerabilities.
- Strengthen psychological safety culture that enables staff and patients to speak up about safety concerns without fear, a foundational element of high-reliability organisations.
- Demonstrate organisational commitment to integrated patient and worker safety.

To operationalize this integrated approach, KWC coordinated cluster-wide promotional activities across all five KWC hospitals:

- **Expert-Led Learning Session**: A live broadcast of the HAHO Patient Safety Seminar provided evidence-based expert perspectives on contemporary patient safety priorities across the HA system. This ensured alignment with HA-wide safety governance frameworks and exposed staff to best-practice knowledge.

- **Interactive Co-Designed Engagement**: Interactive game booths were established in all five KWC hospitals to create accessible, psychologically safe spaces for staff and patients/families to explore patient safety concepts together. Evidence demonstrated that co-designed, interactive activities—rather than passive information delivery—substantially enhanced knowledge retention, fostered mutual understanding.



By positioning patients and families as active safety partners, KWC advanced the strategic objective to transform from a "safety-as-compliance" culture to a "safety-as-partnership" culture, a foundational shift for sustainable, resilient healthcare systems.







Beyond conducting World Patient Safety Day 2025 successfully across all KWC hospitals with active staff participation, CMC organized a special contest as part of the event, inviting colleagues to submit creative ideas for enhancing patient safety. The initiative received an excellent response, with 13 entries received. The submissions showcased a wide range of innovative concepts, addressing diverse patient safety topics across multiple specialties. Key areas included Medication Safety, Ventilator Safety, Surgical Safety, and Fragility Fracture Prevention. Ultimately, the contest fostered a culture of innovation and collective responsibility, truly embodying the spirit of "Together for Patient Safety".







Strengthening Safety and Performance Optimization Through System-based Approach

Venous Thromboembolism (VTE) Prevention

To strengthen staff knowledge and clinical competency in VTE risk assessment, evidence-based prevention strategies, and timely management, the Quality and Safety (Q&S) Department of PMH organised "VTE Academy" on 2 June 2025, a targeted awareness and engagement campaign designed to address documented knowledge gaps in VTE prevention across healthcare disciplines.

The campaign reached more than 450 staff members across medical, nursing, and allied health disciplines through a blended delivery model combining on-site and virtual participation via Zoom. This hybrid approach ensured accessibility for staff.

Recognizing that knowledge acquisition alone does not translate into sustained behavioural change in clinical practice, the campaign employed a multimodal learning design combining narrative engagement with interactive practical activities. The curriculum featured a creative narrative framework centred on a fairytale character—"Sleeping Princess of PMH", who developed VTE and required interprofessional clinical intervention to recover. This narrative approach served multiple pedagogical functions: it provided memorable cognitive scaffolding for complex clinical concepts, fostered emotional engagement and professional empathy, and positioned VTE prevention as a collective professional responsibility requiring teamwork and interdisciplinary collaboration.

Three expert speakers from Medicine & Geriatrics, Orthopedics, and Physiotherapy delivered evidence-based sessions focused on VTE pathophysiology, risk assessment protocols, prevention strategies specific to vulnerable populations, and interdisciplinary management approaches.

Interactive game booths reinforced clinical learning objectives through hands-on, scenario-based activities—translating theoretical knowledge into practical situational awareness and decision-making skills. Evidence demonstrated that gamified learning environments improve knowledge retention, enhance staff engagement, and foster non-technical competencies essential for VTE prevention in complex clinical systems.

The campaign successfully elevated hospital-wide awareness of VTE risks, prevention strategies, and the critical role of early identification and timely intervention in reducing VTE-related morbidity. By engaging staff across disciplines and clinical levels in an interactive, memorable, and psychologically safe learning environment, the initiative reinforced VTE prevention as a shared organisational safety priority and strengthened the evidence-based practice culture essential for sustaining high-quality patient outcomes.









Introductory Forums on Human Factors and Ergonomics (HFE)

To advance organisational patient safety culture by fostering a sociotechnical systems perspective on healthcare delivery, the KWC Q&S Department coordinated Introductory Forums on HFE on 22 July and 23 October 2025, providing cluster-wide staff with foundational knowledge and practical frameworks for understanding how systems design, human capabilities, and environmental factors interact to influence safety and performance.

The forum addressed a critical gap in healthcare systems thinking: the widespread misalignment between traditional "error-focused" approaches to safety and evidence-based human factors science. Participants developed competency in:

- Recognizing HFE core principles: including the International Ergonomics Association definition of human factors; understanding cognitive workload, communication dynamics, and task design as primary drivers of performance and safety.
- Systems thinking application: transitioning from the perspective that "error is a cause" to the HFE perspective that "error is a symptom" of systems-level design, resource, or communication failures.
- Translating theory to practice: applying HFE frameworks to analyse their own workflows and design evidence-based improvements to reduce hazards, optimise cognitive and physical workload, and enhance staff performance and satisfaction.

This approach directly supports the HA's commitment to building a learning organization culture where frontline staff are empowered to participate in continuous systems improvement.

The forum attracted participants across all KWC hospitals and clinical disciplines, creating a cluster-wide community of practice focused on human-centered systems thinking. Through real-world case discussions and interactive small-group problem-solving activities, healthcare professionals collaboratively explored how system components, including task design, communication protocols, environmental conditions (lighting, noise, interruptions), team structure, organisational expectations, and time pressures, interact to shape behavior and clinical outcomes. Evidence demonstrates that in situ, participatory HFE workshops significantly enhance staff engagement, knowledge retention, and subsequent implementation of systems-level improvements compared to traditional didactic training approaches.

The initiative positioned HFE not as an isolated technical discipline but as a foundational philosophy for all healthcare professionals to apply in their daily practice. By teaching staff the principle that "good human factors design enables staff to 'do the right thing' more easily and makes 'doing the wrong thing' more difficult", the forum reinforced that safety is a shared systems responsibility, dependent not solely on individual vigilance, but on intentional design of workflows, communication pathways, equipment interfaces, and physical environments to support human performance.

This systemic perspective directly supports the Hospital Authority's governance objectives for sustainable quality improvement, patient safety culture development, and workforce wellbeing and retention.









NEW TERRITORIES EAST CLUSTER

Hospital Accreditation



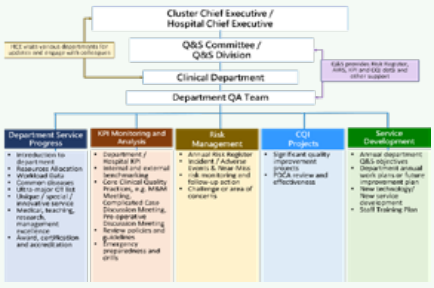
In February 2025, Prince of Wales Hospital (PWH) was accredited by Shenzhen Hospital Accreditation Research Center (SHARC), becoming the second public hospital in Hong Kong to be awarded the Certification. Leveraging this milestone and insights from the past two years, PWH has outlined seven priority areas for continuous improvement:

1. Medical Quality Management: Clarifying Responsibilities, Focusing on Outcomes
2. Medical Technology Management: Standardizing Procedures, Ensuring Safety
3. Democratic Management: Uniting Ideas, Moving Forward Together
4. Risk Alert: Preparedness and Rapid Response
5. Humanistic Care: Patient-Centered Care, Supporting the Vulnerable
6. Social Responsibility: Engaging with the Community, Promoting Health
7. Positive Energy-Driven: Transforming Feedback into Momentum for Progress

Two-Tier Hospital-and-Department Accountability Mechanism and Department Quality Assurance (QA) Teams







To leverage the insights gained from the PWH accreditation, the New Territories East Cluster (NTEC) has proactively implemented the Two-Tier Hospital-and-Department Accountability Mechanism across cluster hospitals. Supported by coordinating level, this initiative reinforces departmental management responsibilities, enhances hospital-level supervision, and fosters

standardised advancement in medical quality and safety. A dedicated QA team has been established in each clinical department to oversee five key domains at the departmental level: service progress, key performance indicator (KPI) monitoring and analysis, risk management, Continuous Quality Improvement (CQI) projects and service development. Through the Hospital Chief Executive Department Visits with standardised reporting template, departments would report service outcomes and seek direction on service development.

KPI Monitoring



Building on lessons from accreditation, PWH has formalised its KPI monitoring process into a more structured, documented, and sustainable framework through a two-tier, three-level accountability mechanism. In addition to 89 China's International Hospital Accreditation Standards (CIHA) KPIs, this monitoring will gradually expand to include single-disease and clinical pathway KPIs, departmental quality assurance KPIs and venous thromboembolism (VTE)-related KPIs.

Fostering Safety Culture

In 2025, NTEC launched a series of activities to enhance staff engagement and awareness of patient safety:

1. Annual Quality and Safety Forum

In August to October 2025, NTEC hospitals held the hospital annual Quality and Safety Forums respectively. The centrepiece annual NTEC Quality and Safety Forum, themed "Safety Culture and Technology" was held on 31 October 2025 with keynotes speech by Dr. Alex Ng, President of Tencent Healthcare, presented lessons on technology integration in high-risk environments; and Captain Lok Lee, Deputy Chief Pilot of Cathay Pacific Airways, shared industry perspectives on building effective safety cultures.





















2. Hospital Authority (HA) Seminar on Patient Safety

On 17 September, 2025, NTEC proudly participated in the inaugural Hospital Authority Patient Safety Seminar to mark World Patient Safety Day. Dr. Fanny Ko (Chairperson, PWH Medication Safety Subcommittee) and Mr. Peter Lam (Secretary, NTEC Medication Safety Subcommittee) represented NTEC to share the topic on "Empowering Patients and Enhancing Systems: A Dual Approach to Safer Healthcare in NTEC". The presentation received strong positive feedback from attendees and demonstrated NTEC's leadership in patient safety innovation.





3. Patient Safety Carnival 2025

In September and October 2025, NTEC organised a Patient Safety Carnival across all cluster hospitals. Themed booths covering "Patient Safety Culture", "Medication Safety", "Correct Patient Identification" and "Oxygen Safety" addressed our safety priorities. The gamified approach attracted approximately 1,200 participants, combining education with culture-building activities.







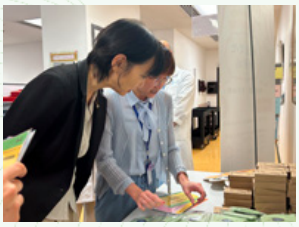




















4 Patient Safety Culture Video

NTEC developed an innovative animated educational video, namely "Together for Patient Safety" that professionally animated scenarios depicting real healthcare situations and provided a practical demonstration of all ten HA patient safety elements.









Medication Safety

1 Patient empowerment through education talk

In 2025, NTEC organized two impactful medication education talks, titled "Warfarin & Direct Oral Anticoagulants Safety" and "Coronary Disease 冠心病全攻略 ", on 8 March and 20 December 2025 respectively. Over 640 patients and caregivers joined in the 1.5 hours talks. Their active and enthusiastic participation in the talks demonstrated their health conscious and engagement.











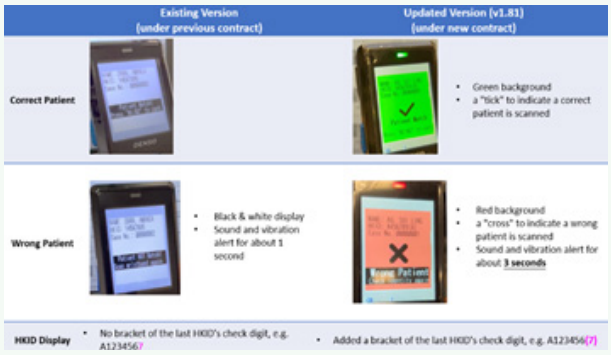




2 Management of long-term replacement therapy and medications: Thyroxine Steroid, post-Percutaneous Coronary Intervention Antiplatelet/ Anticoagulant, Desmopressin acetate (DDVAP), Hepatitis B Antiviral Therapy

NTEC continued proactive screening of patients on long-term replacement therapy and medications with the use of "Clinical intention" function. The patient alert card for long-term steroid use was uploaded in HA Go in 2025. NTEC also developed the patient information leaflet on anti-viral therapy to raise awareness and enhance patient engagement.



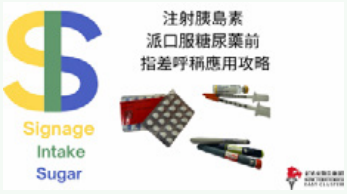


3 Leading the Safer In-Patient Medication Order Entry (IPMOE) Handheld Scanner in HA

The NTEC-initiated enhancements to the IPMOE scanner, strengthening visual, auditory, and sensory cues, were completed in all NTEC scanners in July 2025. These enhancements are highly appreciated by cross-cluster nursing teams and have been adopted in the HA new IPMOE scanner design.

4 Application of Pointing and Calling Strategy for administration of antidiabetic drug

In June 2025, initiated by cluster Central Nursing Department, NTEC hospitals have fully adopted the Pointing and Calling Strategy (指差呼稱) on administration of insulins and oral antidiabetic drugs. Since the implementation of this initiative, no related medication incidents have been reported.



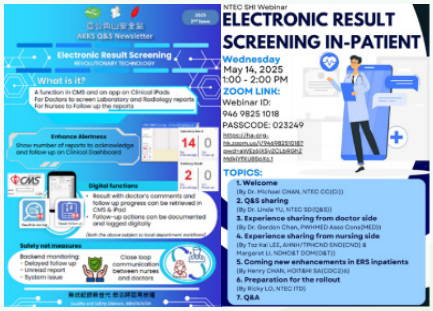




Investigation Risk Reduction Measures

1 Roll out of electronic result screening (ERS)

The ERS has been rolled out widely across Alice Ho Miu Ling Nethersole Hospital, Bradbury Hospice, Shatin Cheshire Home, Shatin Hospital and Tai Po Hospital. PWH and North District Hospital have adopted the integrated approach through the introduction of the eDOC (Electronic Documentation) system in 2025.



2 Paperless Electrocardiogram (ECG)

The paperless ECG solution supports the automatic uploading of ECG images to Clinical Management System and Electronic Patient Record to facilitate timely patient managements. NTEC had launched a mass roll out in whole cluster by end of 2025 successfully.



Intra-hospital Transportation of Critical Ill Patients

To support the recently updated HA guideline on Intra-hospital Transport of Critically Ill Patients, the NTEC Resuscitation Safety Subcommittee has developed a revised training video in 2025. This video is now available on the internal staff e-learning platforms, including iLearn and eLC.



Training video



Staff Training and Promulgation of Safety Culture

To enhance QA team capabilities, in 2025, two identical sessions of "Failure Mode and Effect Analysis (FMEA) in Healthcare", the quarterly "Incident Management Workshops", and a half-day interactive Risk Register Workshop were organised. The participants provided overwhelmingly positive feedback, commending the interactive nature of these trainings.





















NEW TERRITORIES WEST CLUSTER

Tuen Mun Hospital (TMH) Completed the On-Site Survey for China's International Hospital Accreditation (CIHA) 屯門醫院完成評審認證



To prepare for the on-site survey for CIHA held in November 2025, the New Territories West Cluster (NTWC) Quality and Safety (Q&S) Division supported the hospital and all departments with preparation and coordination throughout the year.

Engagement and training for staff were conducted, including staff forums, topic-based trainings, department visits, accreditation and pre-survey executive walk rounds. Updates and important information were regularly disseminated through the TMH Hospital Accreditation Express, ensuring transparency and alignment across all levels of the organisation.

To strengthen readiness for the on-site survey, two three-day consultancy visits were conducted in accordance to the arrangement by the Shenzhen Hospital Accreditation Research Center (SHARC), held from 23–25 March 2025 and 24–26 June 2025. Surveyors provided valuable insights and recommendations, enabling the hospital to prepare for the on-site survey. Necessary enhancements have been implemented to foster continuous improvement.





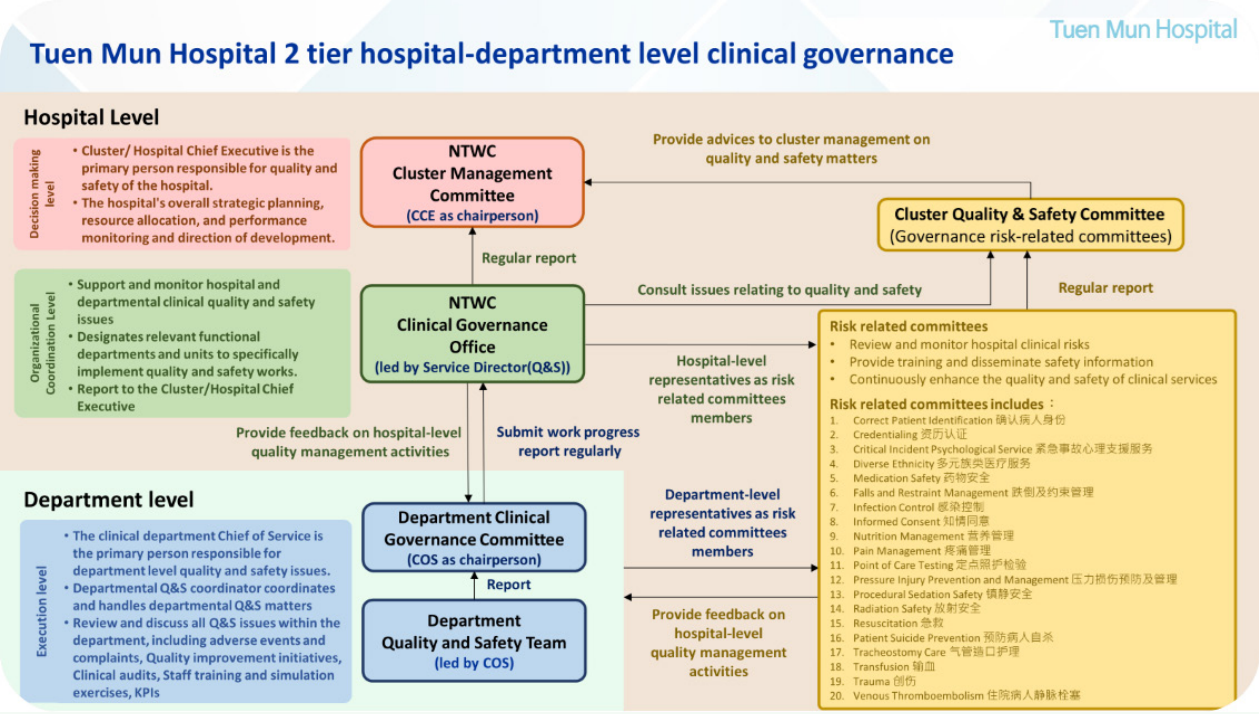
Following the recommendations from the two consultancy visits, TMH established the Clinical Governance Office (CGO) and Healthcare Technology Management Office (HTMO). Workflows and practices related to the 18 core practices for healthcare quality and safety were enhanced and reinforced. These included a new inter-departmental consultancy policy, a new complicated case discussion template, enhanced credentialing list management, standardised handling practice of critical results, and a new mortality discussion policy and template.

With comprehensive preparation, TMH successfully completed the on-site survey between 3 and 7 November 2025. The survey proceeded smoothly, and the hospital's arrangements and preparation work were highly recommended. Surveyors proposed approximately 35 highlights*, including dedicated efforts in highly prioritising the accreditation, robust patient identification management, Plan-Do-Check-Act-driven error reduction, comprehensive incidents and complaints analysis and management with closed-loop rectification mechanism, and a robust and standardised system for managing high-alert and look-alike-sound-alike medications. The surveyors also made around 20 suggestions*, such as enhancing fall screening for out-patients with visual impairment and improving safety in the staff gymnastics room. TMH will follow the surveyors' suggestions to drive continuous improvement. (**Formal report to be received in 1Q 2026)*



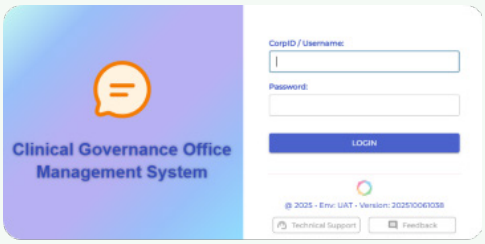
Strengthened Hospital-Department Two-Tier Clinical Governance System
強化醫院及科室兩級臨牀治理體系

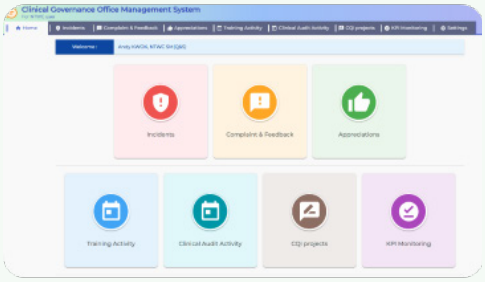
To strengthen the hospital-department two-tier clinical governance framework, the CGO under the NTWC Q&S Division was established in June 2025 to coordinate and support quality management activities through a two-tier hospital-departmental mechanism. The CGO's core functions include monitoring and overseeing the Q&S performance of departmental Q&S Teams, identifying and mitigating clinical risks from the hospital perspective, and providing structured feedback on Q&S issues to cluster management and clinical departments.

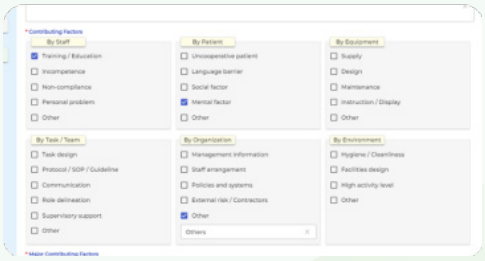


At the departmental level, all clinical units formally established Departmental Clinical Governance Committees and appointed dedicated Departmental Q&S Coordinators. Clear terms of reference were defined, emphasising systematic incident reporting and root cause analysis (RCA), regular performance monitoring, and follow-up of improvement actions. This structure ensures that heads of clinical departments take primary responsibility for their unit's quality and safety management, while the hospital level provides essential strategic guidance and resource support, with the Hospital Chief Executive serving as the primary accountable person of the hospital.

Departmental Q&S Teams are also required to submit quarterly work reports to the CGO summarising essential activities, including incident and complaint trend analysis, audit activities, quality improvement projects, morbidity and mortality (M&M) discussions, and key performance indicators monitoring. The CGO reviews these reports to identify common or recurring issues and report significant or cross-departmental risks to hospital management for strategic decision-making.





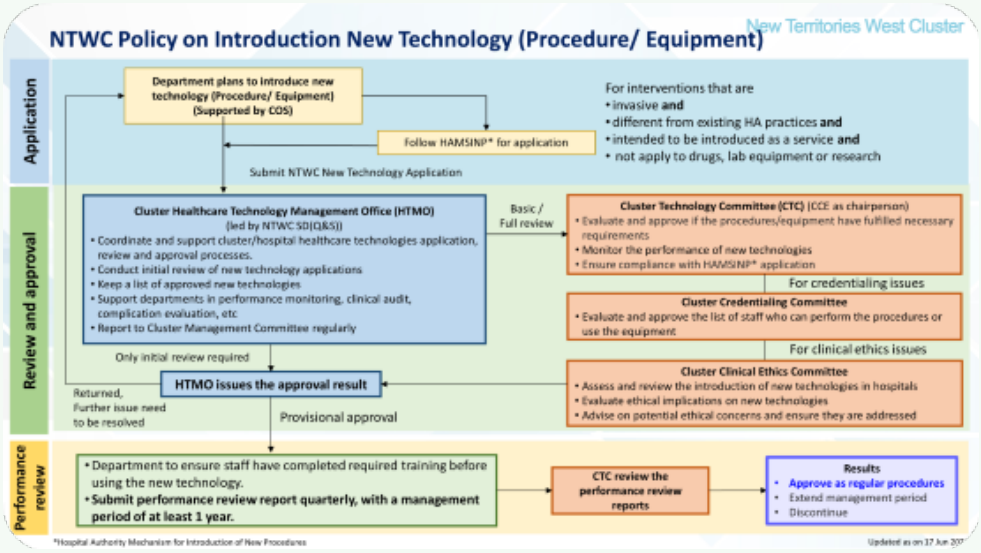


To enhance efficiency in the analysis of incidents and complaints, the CGO developed a Clinical Governance Office Management System in October 2025. This integrated system combines incident and complaint data, enabling department heads to review their data and submit reports for better analysis. Department staff could also submit RCA reports in a simplified electronic format, allowing the CGO to effectively analyse root causes and assess the effectiveness of recommendations. The system

significantly enhanced traceability and analytical capability, enabling effective trend monitoring and supporting data-driven decision-making.

Through these structured reforms, TMH successfully developed a cohesive and effective hospital-department two-tier clinical governance framework, laying a solid foundation for sustained excellence in clinical quality and patient safety.

Strengthened Governance on New Healthcare Technology Introduction
強化新醫療技術管理



In 2025, to safeguard patient safety amidst rapid technological advancements, the NTWC HTMO under the NTWC Q&S Division was established to strengthen the cluster's governance framework for the introduction of new healthcare technologies, including both equipment and clinical procedures. The HTMO's core functions were to coordinate and support the application, review, and approval process for all new healthcare technologies within the cluster. While adhering to the Hospital Authority's existing mechanism for new technology introduction through the Hospital Authority Mechanism for the Safe Introduction of New Procedure/Technology (HAMSINP), NTWC also conducts additional independent reviews for the new technologies based on specific criteria. To facilitate the application process, a new NTWC Health Technology Management System website was developed in October 2025.

To introduce a new technology, the initiating department had to submit an application via the System. The HTMO would conduct an initial review to thoroughly assess various factors, such as clinical effectiveness, personnel qualifications and training requirements, clinical performance and outcomes, and patient safety and ethical considerations. Based on the technology's classification and risks, the application would be submitted to the Cluster Technology Committee, Cluster Credentialing Committee, and the Cluster Clinical Ethics Committee for comprehensive review. Cluster Chief Executive would approve the application when all the requirements had been fulfilled.

Following initial approval, the department was required to ensure that staff receive all necessary training and documentation before implementation. Furthermore, departments had to submit

quarterly review reports for a management period of at least one year to ensure ongoing performance monitoring. After this period, the Cluster Technology Committee would grant final approval for the technology to be adopted for regular use, provided performance evaluations are satisfactory.

This structured governance model ensures thorough review of risks and ethical considerations associated with the new technologies and effectively prohibits the use of unapproved ones in the NTWC. It safeguards patient safety while ensuring that all technological advancements are integrated into clinical practice in a safe and ethical manner.

Safety Culture Building in NTWC 提升病人安全文化

In 2025, NTWC continued its dedicated mission to build and cultivate a positive safety culture. The Safety Culture Building Team, comprising four main working components, assisted the cluster management in achieving this mission with encouraging results.

The Rapid Incident Management Team (RIMT), established in August 2023, ensures prompt incident review by a designated team formed by the Q&S Division and Nursing Services Division (NSD). The RIMT visits wards and units daily to review incidents, and reports its findings at the cluster's daily noon briefing meeting to seek advice and directions. This vital mechanism fosters a safety culture built from the board to the ward by enabling two-way, open communication with staff to discuss root causes and corrective actions.









The Q&S mascot "Bulby", designed by Q&S Division in 2022, aims to raise staff awareness of safety, particularly engaging younger hospital staff. Bulby has been used in the promotion of Q&S events and safety messages. To further enhance communication, the Q&S Quick Post broadcast channel was established, providing staff with timely safety messages. As of 31 October 2025, more than 5,000 staff had joined the channel, with over 140 messages posted on topics such as medication safety, fall prevention, and patient identification. Bulby also featured in patient education posters – for example, at clinic counters and patient lifts – reminding patients and relatives to check documents before leaving.



The NTWC Safety Café, established in January 2024, continued to strengthen safety culture and enhance staff clinical skills through hands-on practice in a relaxed and supportive environment. The programme conducted 540 sessions with 5,400 participants. The simulation-based training proved highly effective, with 98% of staff reporting improved skills competence and rating the sessions as 'satisfactory or above'. Training topics covered clinically relevant areas such as infusion pump management, safe oxygen therapy transfers, tracheostomy care, and sharing of recent incidents.



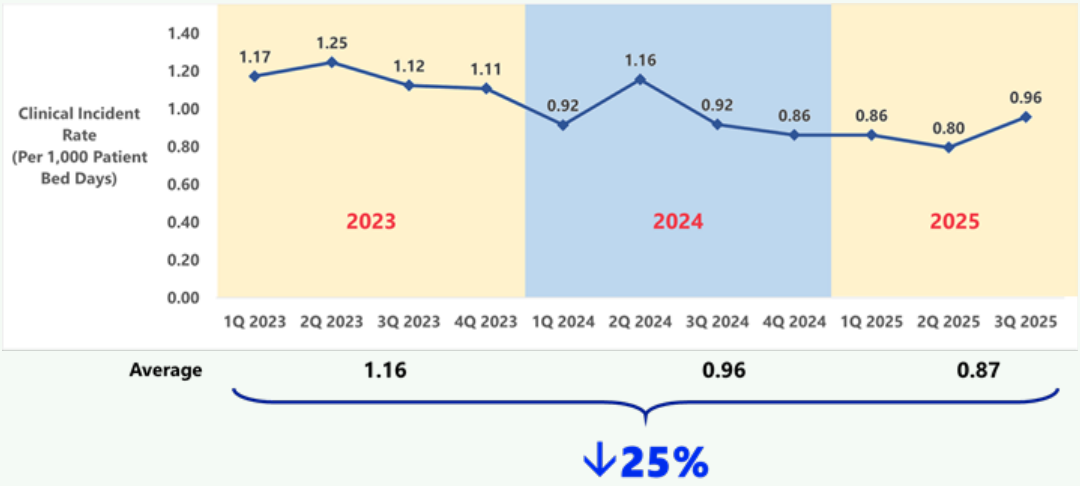


The Safety Agent Team (SAT), established in August 2022, has served as a cornerstone for building safety culture through active participation and frontline staff ownership, empowering staff to lead and coordinate safety projects. The team currently consists of 115 safety agents from 27 departments, managing 20 different projects.





Collectively, the efforts of the Safety Culture Building Team delivered positive outcomes in clinical safety. The clinical incident rate in NTWC decreased from 1.16 in 2023 to 0.87 in 2025, representing an overall reduction of 25%.



NTWC Safety Quiz Competition 新界西聯網安全常識問答比賽







The Q&S Division launched a Safety Quiz Competition in November 2024 to promote safety culture, reinforce hospital accreditation, and test staff knowledge of safety practices.

The competition, conducted through a series of 10 quizzes via the Hospital Authority myHR App, covered 20 topics including patient identification, medication safety, fall prevention, occupational

safety and health, hospital environment and medical equipment safety, and hospital accreditation. To encourage participation and strengthen safety culture awareness across different disciplines in NTWC, the Q&S Division regularly set up information booths and conducted on-site visits to various clinical units.



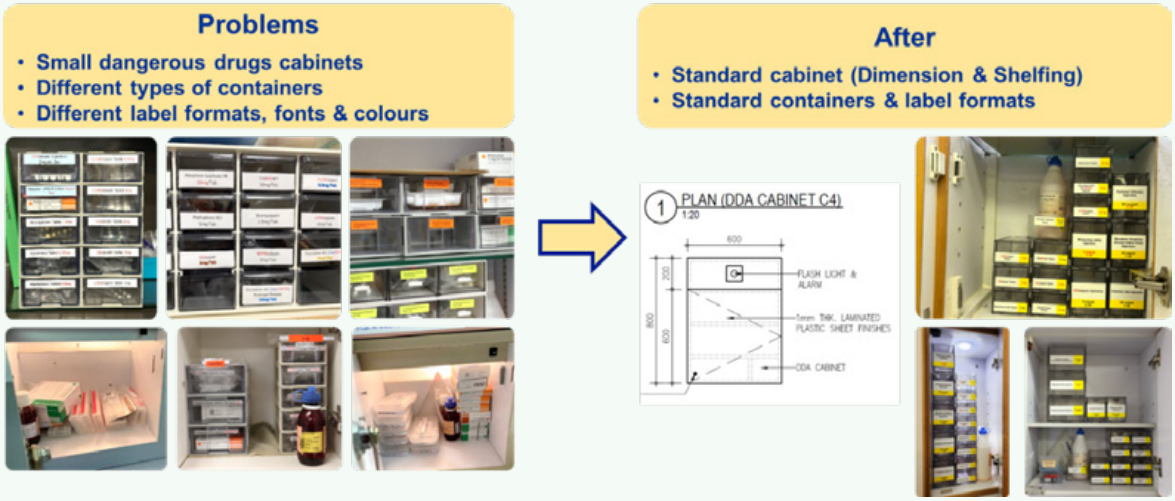
With enthusiastic participation from colleagues, the competition was completed in September 2025, achieving more than 12,000 entries across all 10 rounds of quizzes.







Standardisation of Storage Management of Dangerous Drugs in Wards
標準化危險藥物的儲存



In 2024, the Medication Safety Committee conducted Medication Safety Executive Walk Rounds to review medication safety practices and storage management in different wards. Findings revealed inconsistencies in the storage management of dangerous drugs across the wards, including the use of varied types of drug containers, inconsistent formats of drug cabinet labels, and inadequate space of dangerous drugs cabinets.

To address these issues and enhance patient safety, a workgroup led by the Q&S Division and NSD was formed, with participation from clinical departments and the Pharmacy Department. The workgroup reviewed the report findings and introduced several initiatives, including unifying the design of dangerous



drugs cabinets and standardising the types of drug containers and drug label format.



The standardisation project was piloted in selected wards in May 2025. Following positive feedback, the project was extended to all remaining clinical wards in the cluster. As of 31 October 2025, all wards in TMH had adopted the standardised labels, and 63 wards had replaced their drug containers with the new standardised types. The project will continue in the remaining wards in 2026.

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