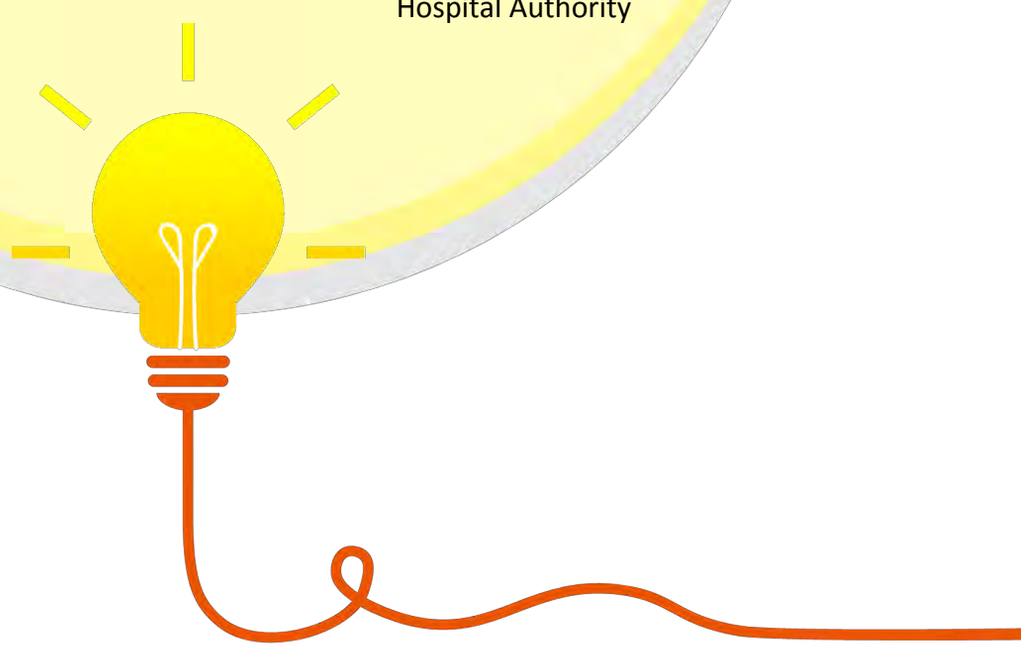
Hospital Authority Quality and Safety Annual Report 2015 - 2016

Acknowledgement

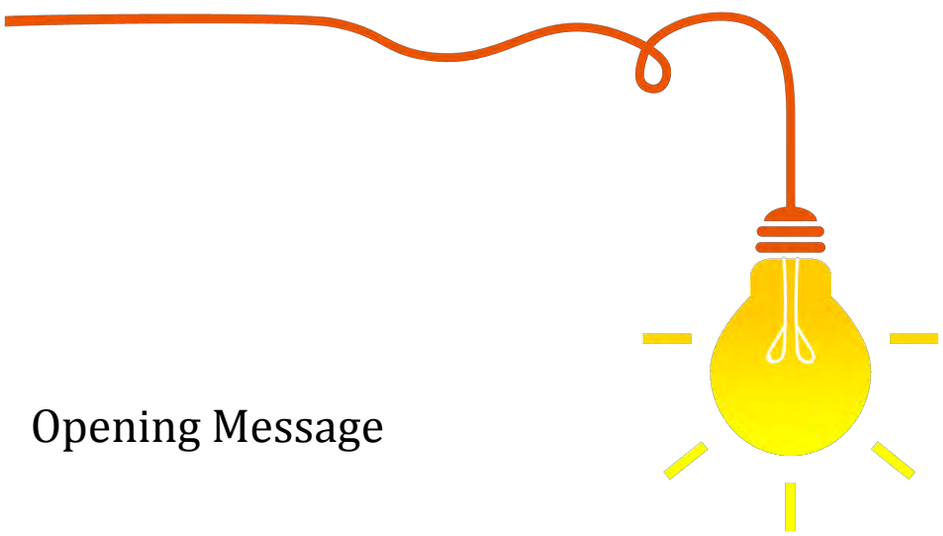
The publication of the Hospital Authority Quality and Safety Annual Report aims at collecting the good and key practices in quality and safety of the seven clusters in the year for their mutual sharing and learning. The major initiatives by Quality and Safety Division of Hospital Authority Head Office (HAHO), as a central coordinator and driver, are also highlighted. These succinct but essential elements not only paved our foundation for continuous improvement in providing a better and safer healthcare service to the public, but also demonstrated the commitment and innovation of our diligent and caring workforce.

Our sincere appreciation to all colleagues in the quality and safety department of clusters for their tremendous effort and contribution in the year. Hard work of our colleagues in HAHO are also very much appreciated. Hopefully, readers will find this second report after its revamp valuable and useful.

Quality and Safety Division
Hospital Authority

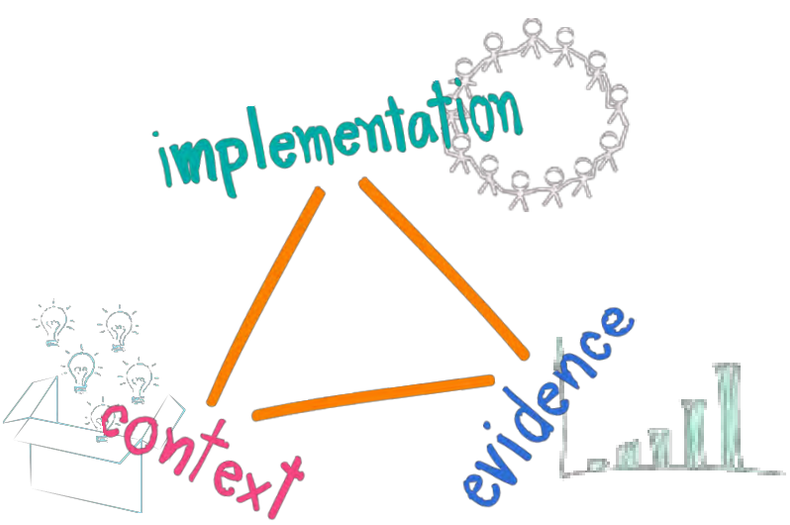


Content



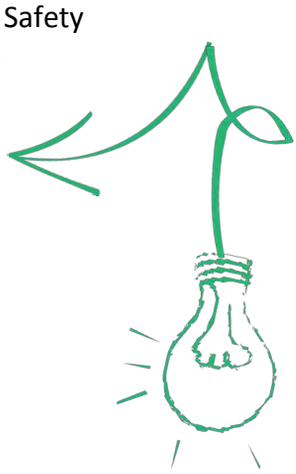
Opening Message

This Quality and Safety Annual Report is valuable in many ways, one of which is that it allows us to learn from the ideas of each other. But learning from each other is not simple. A few years ago, I heard from John ØVRETVEIT in a conference that the local result from a unit or hospital is dependent on 3 elements: 20% because of evidence-based practice, 30% because of effective implementation, and 50% because of our understanding of our local context. In this era of evidence-based medicine, most would agree to the importance of evidence. Yet, I remember Dr C T HUNG mentioned more than once that most, if not all, of the recommendations we put down in our root cause analysis reports, were not evidence-based. May be it's time for us to make a change? Don BERWICK wrote in 2008[1] that context + mechanism = outcome, which means that something proven to work under some conditions may not always work. We have to understand the mechanism and the context and see whether that piece of improvement is likely to be useful in our local context or needs some modifications. In other words, we need to know not only what works but also why it works. I believe we are moving in the right direction. In 2016 we have invited overseas and local experts to share their work in pressure ulcer and in 2017 we are going to do the same in suicide prevention



and hospital accreditation. Here, we are not only sharing the "what", but also the "why". John ØVRETVEIT also mentioned about the importance of research in discovering which context influences could affect improvement success[2]. So, some improvement actions can work in one hospital but not the others because of contextual differences, but it also may be related to the effectiveness of implementation. Implementation is an art and science is important for us working in quality and safety to learn and master. I believe that by addressing these three elements: evidence, context and implementation, we can learn from each other more effectively.

Dr SO Hing Yu
Chairperson
Committee on Quality and Safety
Hospital Authority



1. Berwick, DM. The Science of Improvement. JAMA 2008; 299:1182-4

2. Øvretveit J. Understanding the conditions for improvement: research to discover which context influences affect improvement success. BMJ Qual Saf 2010; 20(Suppl 1):i18-i23

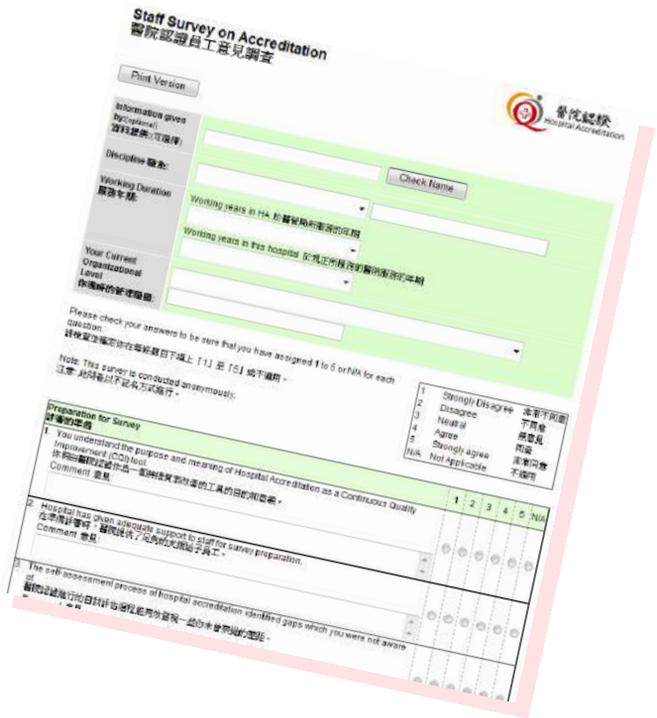
Hospital Authority Head Office (HAHO)

Hospital Accreditation

Hospital Authority (HA) continued its Phase II hospital accreditation program. As of 31 March 2016, 19 hospitals had been accredited. The remaining Phase II hospital, Yan Chai Hospital (YCH), would have its Organisation-wide Survey in May 2016. Meanwhile, HA had kicked off its Phase III hospital accreditation scheme in another 10 public hospitals as listed below.

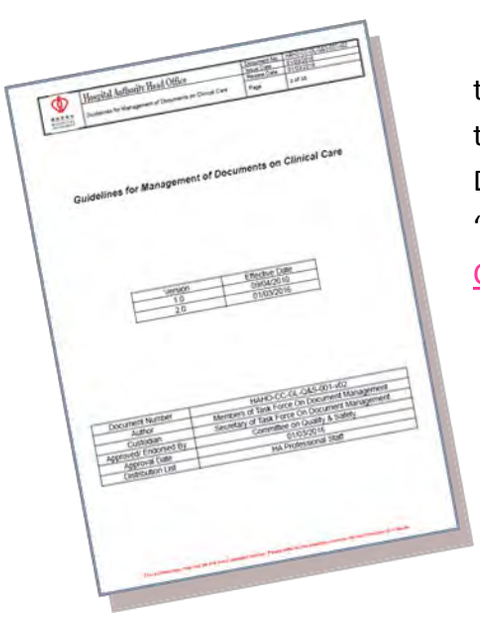
Cluster	Phase III Hospitals
Hong Kong East	Ruttonjee & Tang Shiu Kin Hospital (RTSKH)
Hong Kong West	Fung Yiu King Hospital Grantham Hospital (GH) MacLehose Medical Rehabilitation Centre The Duchess of Kent Children's Hospital
Kowloon Central	Hong Kong Eye Hospital (HKEH)
New Territories East	Bradbury Hospice Cheshire Home, Shatin Shatin Hospital
New Territories West	Siu Lam Hospital

To enhance the sharing of experience among peers, training workshops on accreditation were held bi-monthly. Local surveyors, quality managers or relevant experts from public and private hospitals were invited to share their experience. About 1,000 staff from HA, private hospitals and Department of Health attended the workshops with positive feedbacks.



Staff views and opinion were crucial for the long term development of Hospital Accreditation. Staff surveys were conducted in hospitals after their on-site surveys. In 2015/16, over 650 returns had been received from four hospitals. Around 80% of respondents understood the continuous quality improvement (CQI) purpose of accreditation which had helped identify gaps for further improvement. More than 70% of respondents agreed that there was mutual support from senior level and other colleagues during the course of preparation. At the same time, more than 70% of them expressed that preparation for accreditation survey had contributed to the increasing workload.

Progress of Major Recommendations from Accreditation

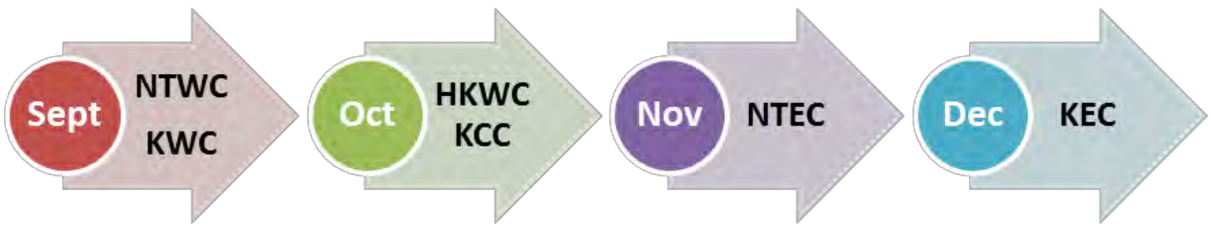


To ensure the controlled documents were kept up-to-date, revised regularly and accessible by relevant staff to support daily operation, the Task Force Meeting on Document Management had reviewed and revised the "Guidelines for Management of Document on Clinical Care" in 2015/16 with the addition of risk rating.

Informed Consent Form for Operation / Procedure / Treatment

To enhance the quality of documentation of informed consent forms, specifically in documenting risks of low probability but serious consequence, eliminating abbreviations and providing information in Chinese, the new package of informed consent form was released in August 2015. The informed consent forms were revised and the related "Legal Principles" and "Frequently Asked Questions" were updated.

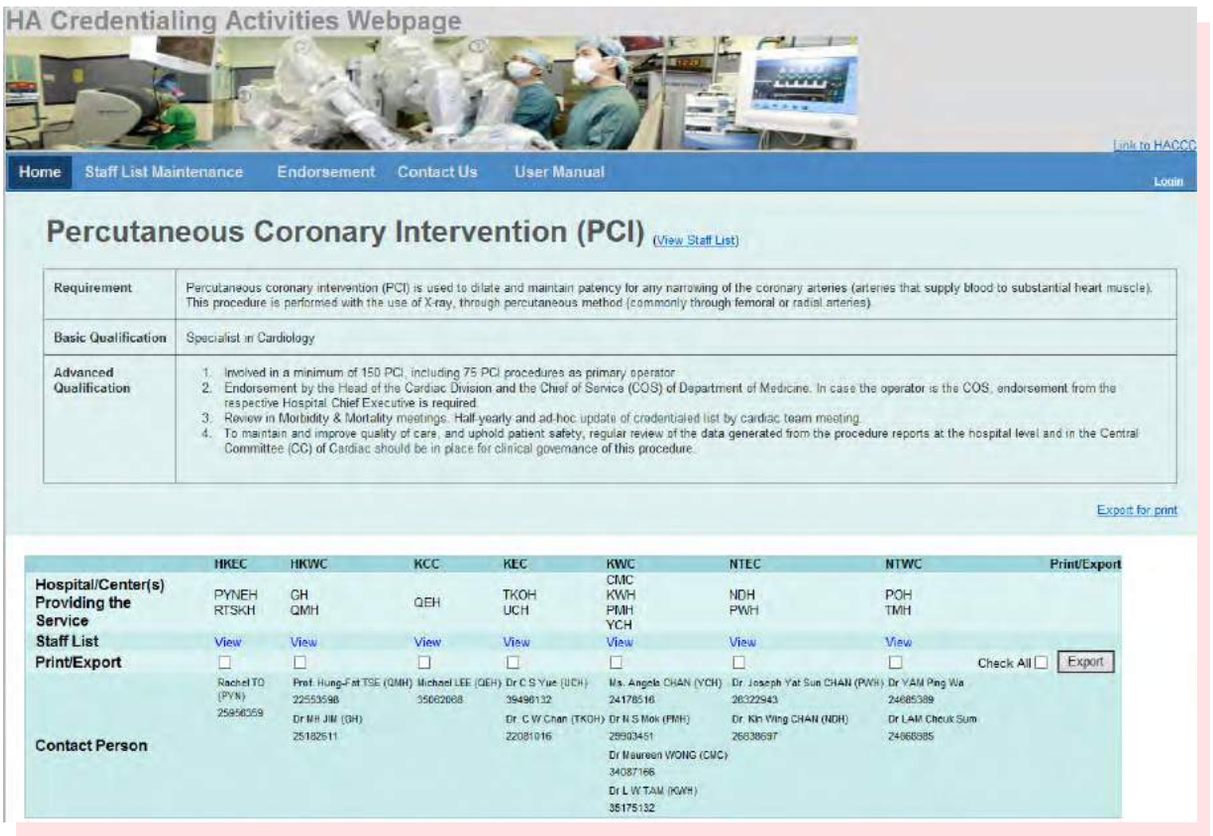
Moreover, a custom print Informed Consent Form (ICF) System was developed and launched in 2015 to help standardise information in consent forms, reduce doctors' handwriting time and provide patients with more information in Chinese.



As of December 2015, over 2,100 procedures had been aligned in the database, including 251 corporate data from 7 Co-ordinating Committees (COCs) – Accident & Emergency, Internal Medicine, Neurosurgery, Obstetrics and Gynaecology (O&G), Paediatrics, Radiology and Surgery. Over 99,500 consent forms had been printed from ICF System, of which 80% were in Chinese version.

Corporate Credentialing

HA Central Credentialing Committee (CCC) endorsed the first batch of five HA credentialing activities in December 2015. After extensive consultation and deliberation with key stakeholders, including Credentialing Committees of seven clusters, COC / Central Committees (CCs) and Specialty Advisory Groups (SAGs) of Nursing Services Department, the "HA Credentialing Activities Webpage" was being developed to facilitate updating, endorsement and access of credentialed staff lists.



By February 2016, the second batch of three credentialing proposals had been submitted to CCC for endorsement.

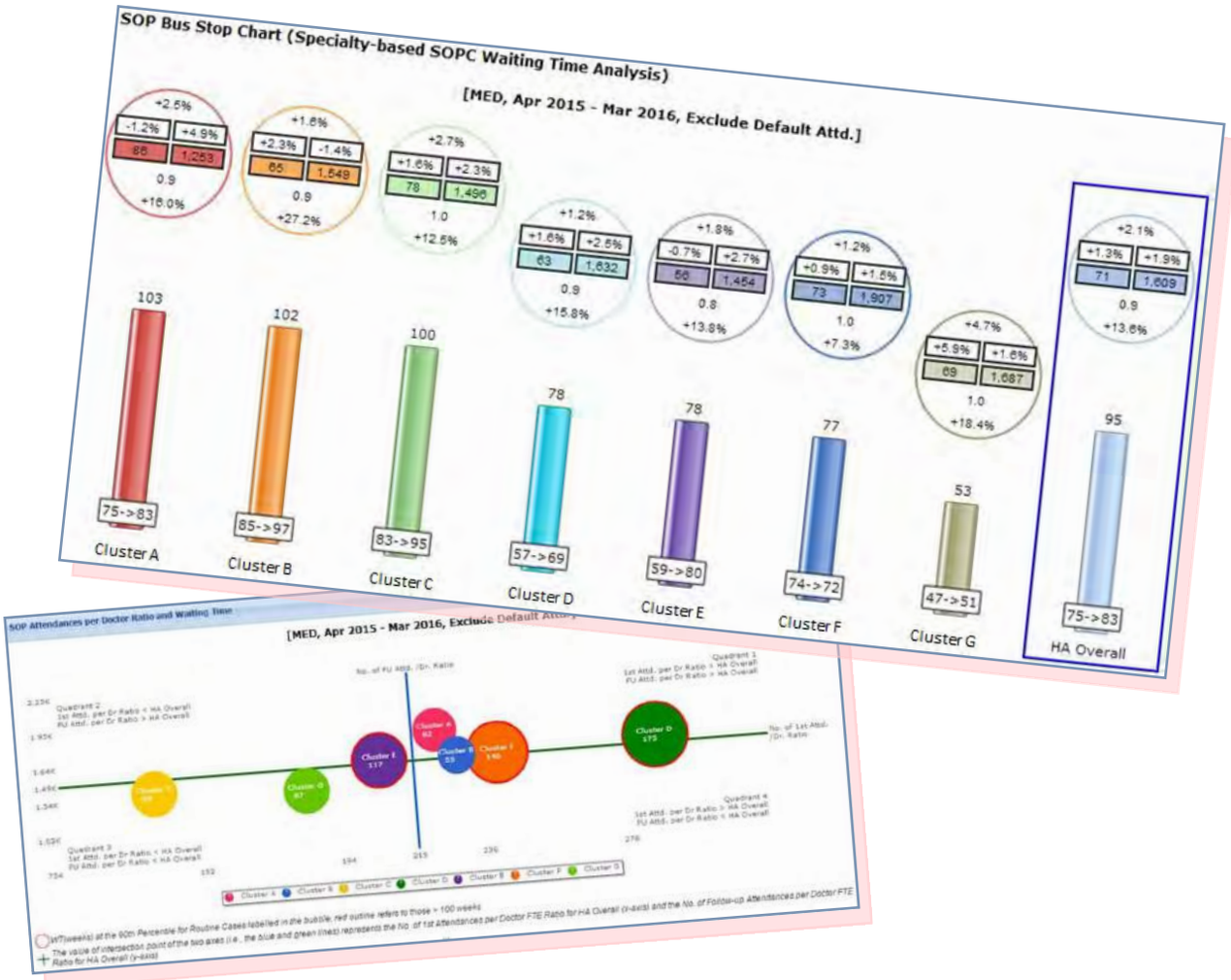
Specialty	Name of Procedure
Clinical Oncology	Intracavitary Brachytherapy for Carcinoma Cervix Uteri
O&G	Robotic Radical Hysterectomy
Radiology	Hepatic Transarterial Chemoembolization

Access Management

In 2015/16, HA had formulated action plans in response to the HA Review recommendations on Specialist Outpatient Clinic (SOPC) waiting time and the implementations were in good progress.

HA launched a Mobile Booking Application "BookHA" on 8 March 2016 to provide gynaecology patients with a more convenient means of making SOPC new booking, apart from coming to clinics in person or sending in application by facsimile. "BookHA" would subsequently be further rolled out to other major specialties.

The use of 2D barcode for the unique referral number on Referral Letter printouts was launched in March 2016. This feature facilitated retrieval of information by booking staff and appointment booking via "BookHA" by patients.

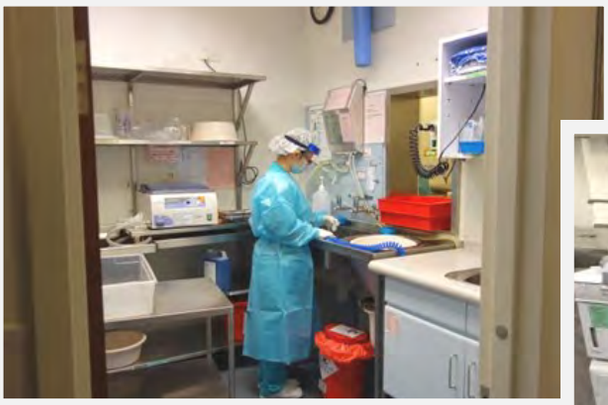


The production of management tools "Bus Stop Charts" and "Bubble Charts" in Management Information Portal (MIPo) had been available since December 2015. This auto-generation of data and graphical presentation in MIPo facilitated performance monitoring, service reviewing and planning.

HA had also completed the comprehensive review of the appointment scheduling practices of SOPCs and had identified good practices on scheduling appointments for patients in order to optimise the use of the earliest available slots. Such good practices were incorporated into the SOPC Operation Manual which was issued to all SOPCs on 1 January 2016.

Elimination of CIDEX® / CIDEX® Ortho-phthalaldehyde (OPA) in Open System

In August 2015, Directors' Meeting (DM) supported the long-term corporate direction of eliminating the use of CIDEX® / CIDEX® OPA for high level disinfection in open system to address potential occupational safety and health (OSH) hazard, and to ensure quality control of manual disinfection process.



Review of the Practice of Multi-dose Medications

DM also supported the corporate direction of daily disposal of eye drops / ointment in Eye Clinic. Clusters were recommended to implement the new practice and follow the prevailing mechanism of budget planning / prioritisation in case additional resources were required. COC in Ophthalmology was finalising the "Guideline on Application of Multi-dose Topical Eye Medications" to guide the practice. For other multi-dose medications, a "Guideline on Handling of Multi-dose Container Medication" was being drafted and would be consulted with relevant stakeholders.

Operating Theatre Utilisation

In 2015/16, Operating Theatre (OT) management tools had been fully rolled out to hospitals after piloted in Queen Mary Hospital (QMH) to facilitate local monitoring of OT efficiency. Key Performance Indicators (KPI) on the utilisation of OT service were being identified and developed in response to the HA Review recommendations for implementation in 2016/17.

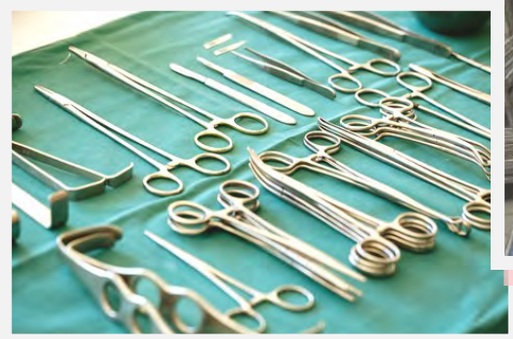
Endoscopy Service

In 2015/16, a reference standard of nursing and supporting staff manpower provision for endoscopy room had been derived to facilitate service planning and expansion.

Sterilisation Enhancement

The Surgical Instrument Tracking System (SITs) was completely rolled out to all 23 hospitals with OT service in March 2015. The last phase of implementation included YCH, Our Lady of Maryknoll Hospital, HKEH, RH, GH and Kwong Wah Hospital.

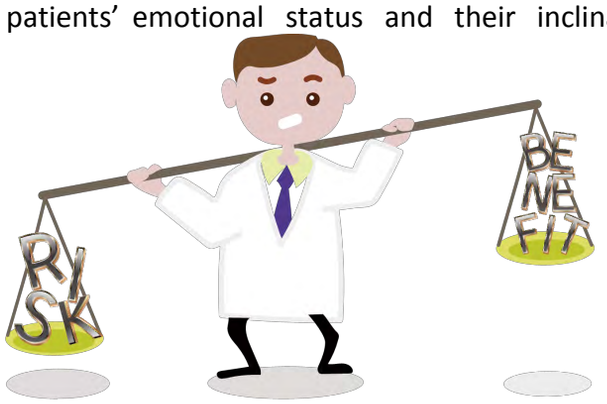
HAHO had also supported all relevant hospitals with the Cataloguing to SITs. As of March 2016, there were more than 108,000 instruments items in SITs and more than 96,000 items (around 89%) had been mapped.



Prevention of Inpatient Suicide

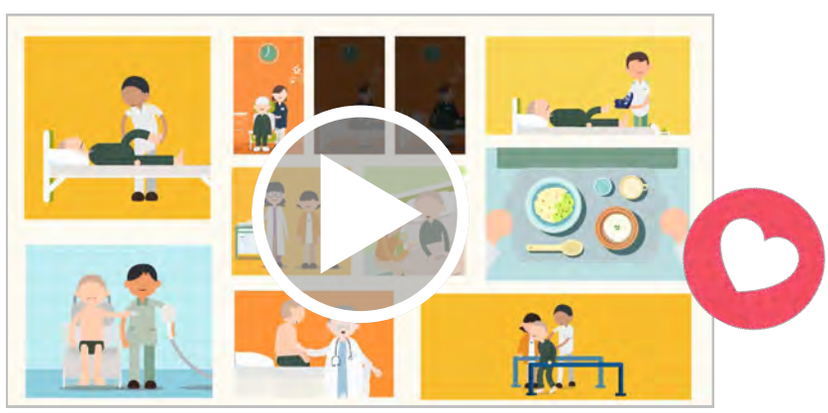
In response to the recommendations made by Internal Audit Report on Prevention of Inpatient Suicide issued in December 2015, the Subcommittee on Prevention of Inpatient Suicide had been reviewing the "Guidelines on the Prevention and Handling of Suicidal Behaviour in Non-psychiatric Inpatient Setting", and working with the HA Committee on Hospital Security to review the facility-related provision list in non-psychiatric inpatient setting. In order to provide a consistent and reliable source for nursing staff on identifying patient with prior significant suicidal attempts upon admission, the framework of the Clinical Management System (CMS) alert for history of suicidal attempt was being reviewed.

While inpatient suicide within hospital compound showed a general reduction trend, home leave suicide cases remained unchanged over past few years. Following up on patients' emotional status and their inclination to commit suicide during home leave was difficult, especially when there was a change of environment. Therefore, in various platforms, healthcare providers were reminded to balance the risks and benefits when considering home leave arrangement for a patient.



Patient Care – Pressure Injury Prevention

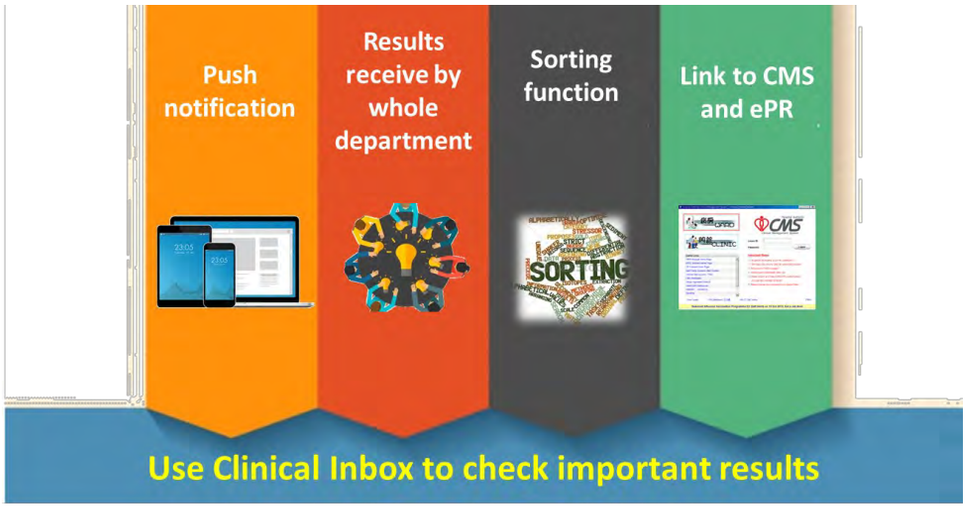
Proper prevention of pressure injury would substantially improve patient care. Patient Safety and Risk Management Department (PS&RM) would organise a symposium cum workshops on "Strategies on Prevention and Management of Pressure Injury" in late 2016, with participation of all clusters. Apart from increasing healthcare professionals' awareness and refreshing their knowledge on management of pressure injury, overseas and local speakers would be invited to introduce strategies on prevention and the latest international trend on advanced technology of treatment. Moreover, an animation on a patient journey with all-rounded multi-disciplinary treatments on pressure injury and a video on skin assessment and its follow up actions would be produced to supplement the training.



(Note: The symposium cum workshops on "Strategies on Prevention and Management of Pressure Injury" was successfully held during 3-8 November 2016 with about 700 colleagues participated. All the available training materials had been put on PS&RM website for reviewing.)

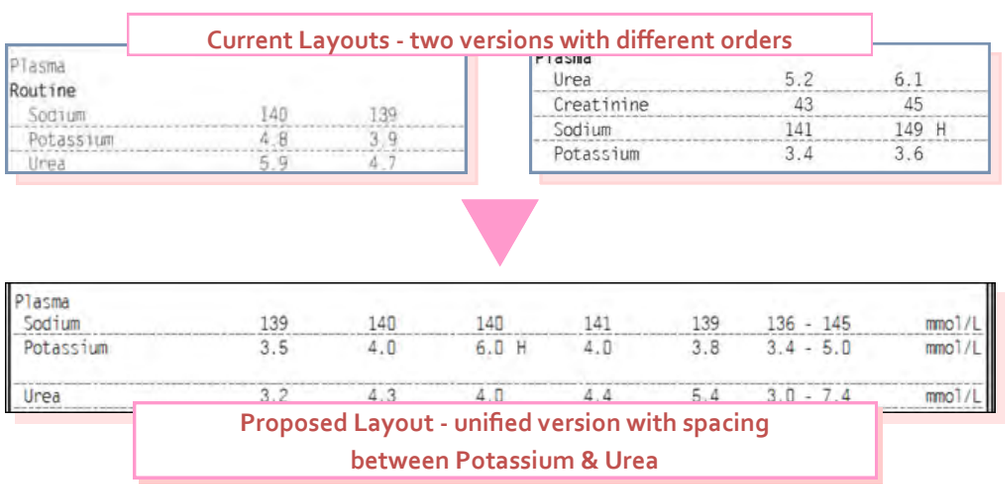
Handover of Important Investigation Results

Arising from episodes of delay in management of important histopathology or radiology reports / films, PS&RM had taken the lead to form a Task Force to explore risk mitigation measures, which included review of workflows, with an aim to ensure a timely handover of important information to parent clinical teams as well as safeguard the taking of appropriate actions. While focusing on histopathology reports, the initial idea was to promulgate the weekly summary report which had been used by individual cluster and explore with Head Office (HO) Information Technology and Health Informatics Division (IT&HI) for an electronic platform to identify and push the results to responsible staff members.



Standardisation of Biochemical Laboratory Reports

Observed from events that Urea result might easily be misread as Potassium in laboratory reports, PS&RM pro-actively suggested standardisation of the biochemical laboratory reports to clearly indicate the test results for Urea and Potassium. The proposed revised layout was agreed among different stakeholders and the enhancement would be ready by late 2016.



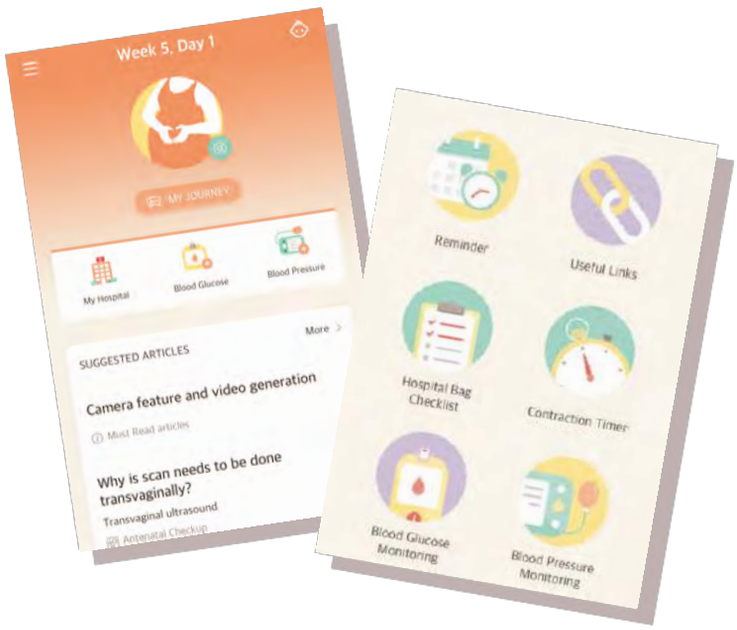
Medication Safety

The enhancement in Medication Order Entry (MOE) with a pop-up message to alert staff when long-term high-dose steroid was prescribed was completely rolled out to all clusters in May 2015. To further reduce the risk of inadvertent prescription of long-term steroid in paediatric patients, PS&RM had been working with HO IT&HI and COC in Paediatrics to refine the enhancement in order to meet the needs of paediatric specialty.

In-patient Medication Order Entry (IPMOE) with medication reconciliation capability had been rolled out to more hospitals in 2015/16. Pre- and post-IPMOE implementation review would be conducted to evaluate impact of IPMOE in medication safety. Other medication risk mitigation measures which included reviewing medication safety guidelines and recommendations issued by Medication Safety Committee, minimizing free-text drug allergy record in CMS and abbreviation management, and promoting a near miss reporting were implemented.

HApi Journey《喜程》

In collaboration with COC(O&G), an obstetric mobile application, namely HApi Journey (HA Pregnancy Information Journey), was being developed to provide useful and up-to-date health information for moms-to-be and their families. It could also record the health status (e.g. blood pressure and glucose level) and labour condition (by a contraction timer) of moms-to-be to facilitate doctors' review and decision. It was aimed to empower moms-to-be and reduce their anxiety by improving their relevant knowledge.



Breastfeeding and Baby Friendly Hospital

HA is committed to promote and support breastfeeding, which is the best form of nutrition for infants for healthy growth and development. To achieve this, HA had undertaken measures at corporate and birthing hospital levels to promote the initiative by adopting a multi-pronged approach comprising of an accreditation programme, staff training, education to mothers about the benefits and management of breastfeeding, monitoring and evaluating breastfeeding activities and outcomes, providing appropriate breastfeeding facilities, and creating a positive environment in workplace to support breastfeeding for mothers and employees.

With the support from the Government and senior management of HA, the accreditation scheme on Baby Friendly Hospital was being implemented by phases in the eight birthing hospitals. To achieve the "Baby–Friendly" designation, hospitals must successfully implement the World Health Organization (WHO) / the United Nations International Children's Emergency Fund (UNICEF)'s "Ten Steps to Successful Breastfeeding", develop evidence-based guidelines designed to support breastfeeding in maternity settings, together with an audit plan in place. The primary aim is to support more mothers to sustain breastfeeding through the provision of supporting services and guidance. Although there were still challenges, we continued to see progress with the Queen Elizabeth Hospital becoming the first hospital in Hong Kong to achieve the Baby Friendly Hospital status in May 2016. It was envisaged that all the remaining participating hospitals would be accredited by 2020/21.

As a result of these measures, exclusive breastfeeding rate on discharge in HA had risen to around 36% over the past few years and the crude breastfeeding rate to around 89%. We acknowledged there was room for improvement and we would continue to work with the hospitals to identify and reduce gaps in breastfeeding practice to further strengthen the promotion, protection and support for breastfeeding.

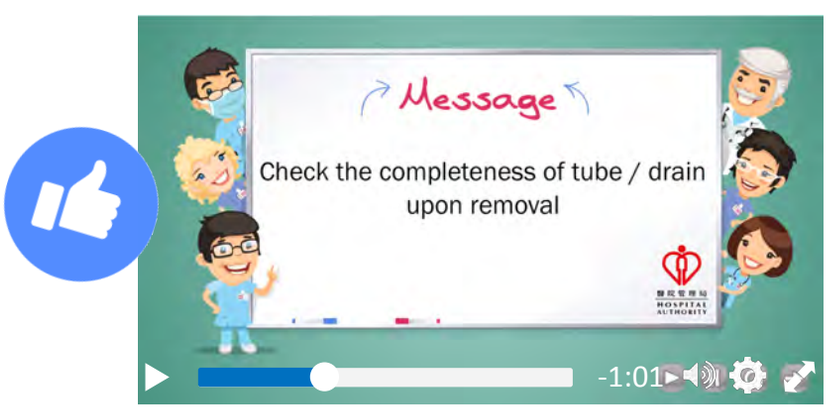
#SayYesToBreastfeeding
母乳育嬰齊和應

Including Unique Patient Identification (UPI) device in HA IT Technology Refresh Programme

UPI device had been widely adopted in HA hospitals and applied in various clinical procedures. PS&RM acknowledged the importance of UPI device to ensure patient safety. To ensure recurrent funding would be provided for its maintenance and replacement, the UPI device would be included in the Technology Refresh Programme starting from 2016/17.

Surgical Safety – Animation and Risk Mitigation Strategies

Following the momentum in the past year, another animation for surgical safety on "removal of drain" was produced and broadcasted at different staff forums as a training material. Apart from utilising the web platform, various surgical risk mitigation strategies for publishing at the front page of Hospital Authority Risk Alert (HARA) would be devised. Hopefully, these eye-catching and A4 size gist could alert staff when facing similar situations and serve as handy references during training sessions.



Patient Safety Guidelines

In collaboration with the Nursing Services Department and various stakeholders, the following three guidelines had been updated in 2015/16:

- Guidelines on Management of Missing Patients;
- Guidelines on Managing High Risk Patients with Dangerous Objects in General Hospital; and
- Guidelines for the Use of Physical Restraint.

Hong Kong East Cluster (HKEC)

Implementation of In-patient Medication Order Entry (IPMOE)

Medication safety had been identified as one of the top 3 clinical risks in HKEC over the past few years. Drug allergy was one of the major issues. To raise staff awareness, lunch forums were organised on a regular basis. The labelling of drug trolleys and drug ward stock were reviewed to help colleagues identify the drug groups easily. To reduce the risk of incorrect assumptions due to illegible handwriting and transcription errors, IPMOE was first launched in Ruttonjee Hospital (RH) in April 2015. With IPMOE, doctors would be alerted when medications were prescribed to patients with known allergy. A series of trainings and workshops were offered to doctors and nurses to facilitate the implementation of IPMOE in wards of RH. Pamela Youde Nethersole Eastern Hospital (PYNEH) had also started the preparatory work for implementation of IPMOE and the target implementation date would be June 2016.

◄ *IPMOE demonstration site promotional poster*

Despite the expected benefits of IPMOE in reducing medication error, we were aware that IPMOE could not reduce the risk of medication error caused by patient misidentification. To remind colleagues on the pitfall of IPMOE, Cluster Quality and Safety (Q&S) Office had included the relevant case sharing in Near Miss Digest.

Near Miss Digest (January 2016 Issue) ►

Infection Control

An audit on linen management was conducted in PYNEH (all inpatient and day wards) with an overall compliance rate of 83.8%. Recommendations on appropriate storage of clean linen were made to minimise the risk of contamination. The audit would be rolled out to other HKEC hospitals in Q1 2017. In face of escalating demands and challenges of new and existing infectious diseases, training would be strengthened and rotation training programme would be arranged for infection control nurses in 2016/17.

Fall Prevention

Five sessions of Train-the-Trainer Workshops on Fall Risk Assessment & Prevention had been conducted in PYNEH and Ruttonjee & Tang Shiu Kin Hospital (RTSKH) for potential fall trainers from HKEC hospitals in 2015/16. Collaborating inputs from doctors, nurses, physiotherapists and occupational therapists, a training manual was also published to enhance staff knowledge on fall assessment and fall prevention. On top of that, an educational video on fall prevention would be produced in 2016/17 to enhance staff's knowledge on proper fall risk assessment.

▲ *Train-the-Trainer Workshops 2015/16 in PYNEH and RH*

Physical Restraint

The corporate-wide Prevalence Survey conducted in all HKEC hospitals in Q2 2015 revealed a decreasing trend in restraint prevalence rate. Subsequent to the survey, the Working Group on Physical Restraint further explored restraint alternatives in parallel with education on the proper use of physical restraint. A training manual for nurses was published to stress on this issue, followed by a lunch forum conducted in Q1 2016.

▲ *Lunch forum on minimizing use of restraint on 31 March 2016*

Prevention of Patient Suicide

Group Internal Audit (GIA) on Prevention of Inpatient Suicide was conducted in Q3 2015. The Audit team conducted ward visits in PYNEH and RTSKH, interviewed nursing representatives, reviewed relevant assessment tools and documentation, as well as conducted environmental screening at wards. They visited both psychiatric and non-psychiatric inpatient settings. The Audit Report was finalised in Q4 2015. With the existing robust system in HKEC, no follow-up action was required. To share the audit findings and raise staff awareness on prevention of patient suicide, a refresher lunch forum on Prevention of Patient Suicide would be held on 16 May 2016.

Occupational Safety and Health (OS&H)

OS&H was of paramount importance in our Cluster as we valued all our staff. The HKEC OS&H Committee continued to develop policies and strategies to ensure a safe and healthy working environment, and coordinate relevant promotional activities, educational and training programmes. OS&H Seminar was held on 22 January 2016 and the theme was "Beyond Safety – Building Wellness and Resilience at Work". With the introduction of 3-tier stepped care psychological services for Hospital Authority (HA) staff, HKEC Critical Incident Psychological Services (CIPS) Centre had commenced its service since September 2015.

Staff Training and Sharing Forums

Patient Safety Week was held in September 2015. The HKEC 7th Q&S Seminar was held on 25 September and the theme was "Healing Hands, Caring Hearts: Together We Build a Culture for Safer Healthcare".

Schedule of Patient Safety Week 2015	
21 Sep (Mon)	Lunch Forum : **Clinical Handover** (including e-Handover)
22 Sep (Tue)	**CRM** Symposium
23 Sep (Wed)	Lunch Forum : **Evidence-based Nutrition Practice**
24 Sep (Thur)	Lunch Forum : **Medication Safety** (including briefing on IPMOE)
25 Sep (Fri)	**HKEC 7th Q&S Seminar**

On top of routine lunch forums organised on cluster basis, HKEC hospitals also took the initiative to organise sharing forums on quality improvement at hospital level.

RTSKH organised its Continuous Quality Improvement Forum cum Award Presentation Ceremony on 16 March 2016. The theme was "Work Smart Work Safely Enhance Healthcare Quality".

▲ *Continuous Quality Improvement Forum in RTSKH*

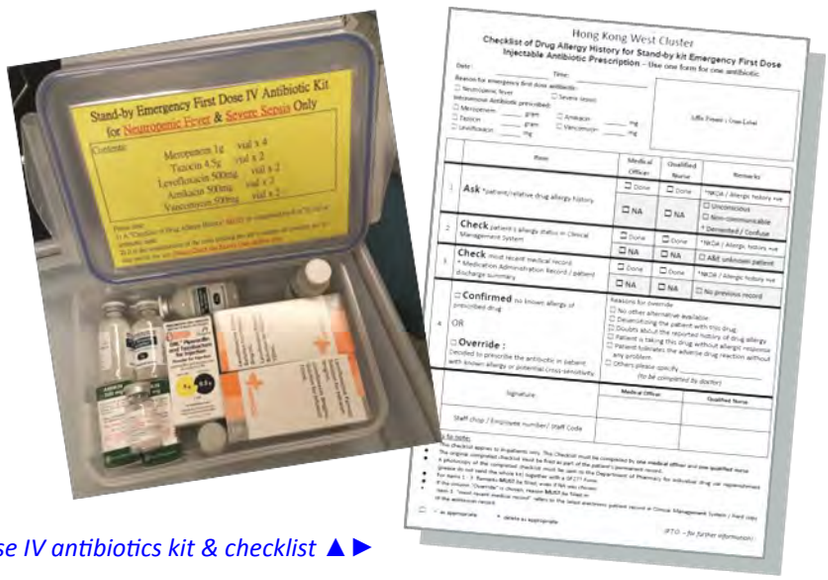
Tung Wah Eastern Hospital (TWEH) organised the Quality Improvement and Experience Sharing Forum on 5 June 2015 and the theme was "Enhancing Quality Healthcare: Our Way Forward".

Complaint management was also one of the key focuses of Q&S Office. HKEC Q&S Office organised a forum for frontline staff to enhance complaint handling and communication skills in PYNEH on 9 March 2016. A similar forum would be organised in RTSKH in November 2016.

Hong Kong West Cluster (HKWC)

Standby Emergency Antibiotics for Patients with Neutropenic Fever and Sepsis

To ensure empirical intravenous (IV) antibiotic be given to patients as early as possible with door-to-antibiotic time within one hour, stand-by emergency first dose IV antibiotics kit with drugs including Meropenem, Tazocin, Levofloxacin, Amikacin and Vancomycin were kept in 40 designated wards / areas. Checklist was used to check drug allergy history. It was implemented on 1 February 2016.



Stand-by emergency first dose IV antibiotics kit & checklist ▲►

Catering Heat Stress Improvement Program

HKWC catering heat stress improvement program was the first heat stress program initiated in HA. Compared with traditional control measures such as installing air-conditioning and spot cooling system, it was a more professional and specific control measure to tackle the heat stress issue (i.e. isolate the heat source, provide cool air and absorb the heat generated from the steam by heat pumps). After the implementation, heat stress was evaluated and results indicated that a significant improvement was achieved.

Medical Emergency Management

Cardiac and respiratory arrest is a life-threatening and medical emergency situation. Outcome depends on effective and timely cardio-pulmonary resuscitation (CPR) which requires staff skilled in performing CPR and well-equipped emergency trolley. Emergency trolleys in the hospitals were standardised. Emergency Response Drills for handling persons in urgent need of medical treatment or assistance (within the vicinity of Queen Mary Hospital (QMH), Tsan Yuk Hospital (TYH), David Trench Rehabilitation Centre (DTRC) and MacLehose Medical Rehabilitation Centre (MMRC) were conducted. CPR drills were also conducted in clinical trial center.

Tung Wah Hospital (TWH) Department Quality & Safety (Q&S) Officer

To enhance quality & safety culture in department level, supervisor or middle manager from clinical and non-clinical departments including doctor, nurse, allied health and administration & support colleagues were invited as link persons to take part in the Hospital Quality & Safety activities.

Grantham Hospital (GH)

Annual Continuous Quality Improvement (CQI) Forum

The GH Annual CQI Forum cum Presentation of the Best CQI Award was successfully held on 17 March 2016 to foster CQI culture and recognise colleagues' effort in improving service quality.

Mr Frankie HAU, Risk and Environmental Management Director of the Ocean Park Corporation, had been invited to share his experience on Enterprise Risk Management System. Positive feedbacks were received from the staff especially on the detailed sharing on risk management.

GH Kick-off Ceremony for Hospital Accreditation

On 11 September 2015, a kick-off ceremony for hospital accreditation was held in GH. Dr T L LEE, Chief Manager (Quality & Standards) from Head Office and HKWC Q&S Team were invited to officiate the ceremony. Moreover, Dr H C MA, Medical Director of Kiang Wu Hospital, had also been invited to share his experience in hospital accreditation.

TWH Periodical Review

TWH had undergone the three days Periodical Review during 21-23 September 2015. The Australian Council on Healthcare Standards (ACHS) surveyors felt satisfactory to the follow up actions of 2013 Organisation-Wide Surveys (OWS) recommendations. TWH was continuously awarded full accreditation. The ACHS surveyors also made some new recommendations and suggestions. TWH would follow up all recommendations and suggestions for continue service quality improvement in the coming two years.

The Duchess of Kent Children's Hospital (DKCH), Tung Wah Group of Hospitals Fung Yiu King Hospital (FYKH) and MacLehose Medical Rehabilitation Centre (MMRC) Hospital Accreditation Team

The DKCH-FYKH-MMRC Hospital Accreditation Team had been set up since November 2015 with Dr S L LEE, Consultant (Paediatrics & Adolescent Medicine) as the chairperson and General Manager (Nursing), Senior Hospital Manager (Administrative Services), Senior Nursing Officer (Nursing) and Q&S staff as core members.

These hospital were having gap analysis in 2016. Hospital Accreditation Kick-off Ceremony was successfully held on 24 November 2015, with Dr T L LEE, Chief Manager (Quality & Standards) from Head Office, Dr Marco HO and Ms Kate CHOI of HKWC Q&S Team being invited to deliver speech and share our spirits.

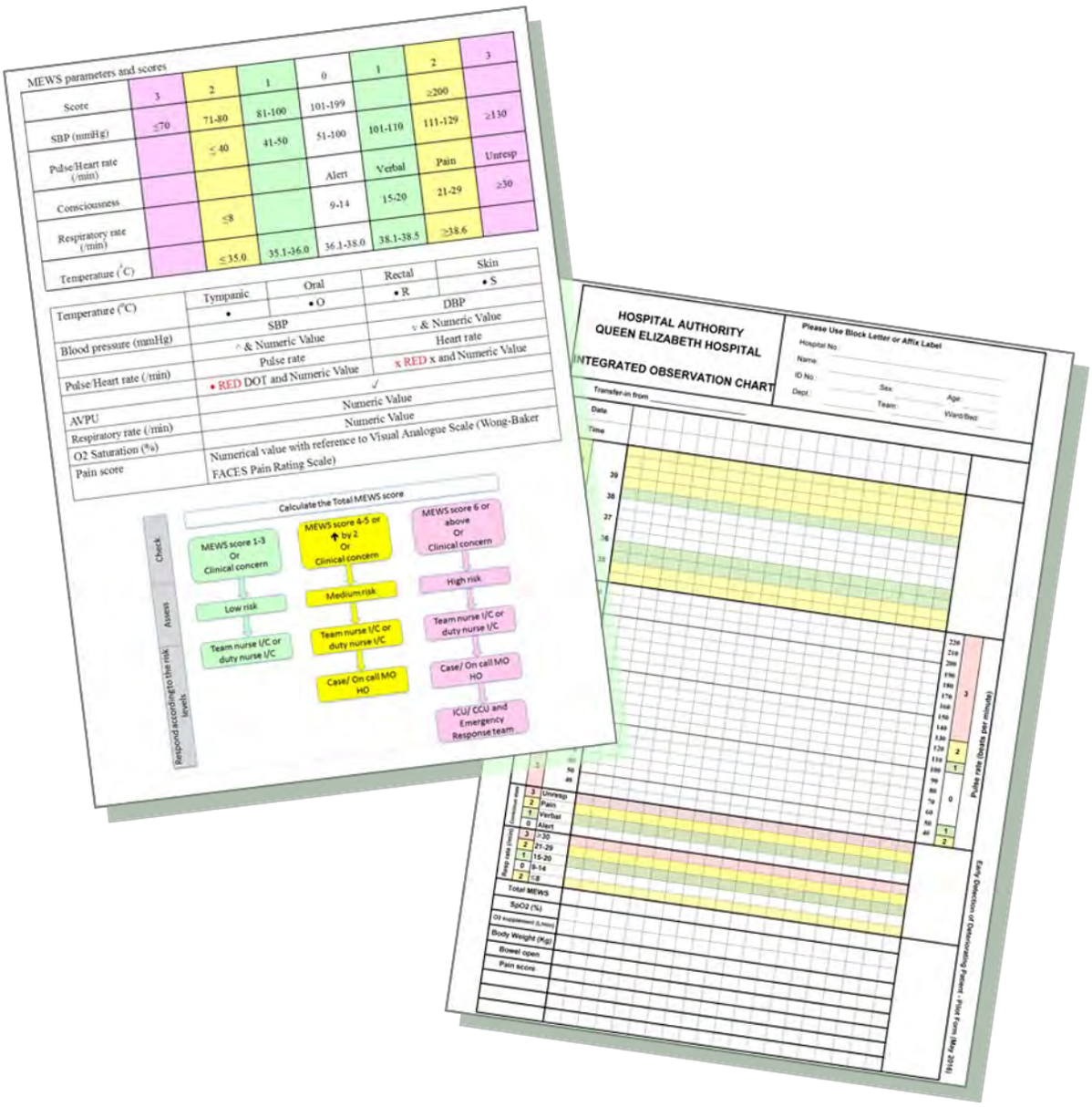
Kowloon Central Cluster (KCC)

Hospital Accreditation

Kowloon Hospital (KH) had gone through the Australian Council on Healthcare Standards (ACHS) Periodic Review on 2-5 November 2015, and was granted "Marked Achievement" for all 15 mandatory criteria. Of the 26 recommendations made in the 2013 Organisation Wide Survey, 24 were signed off or closed.

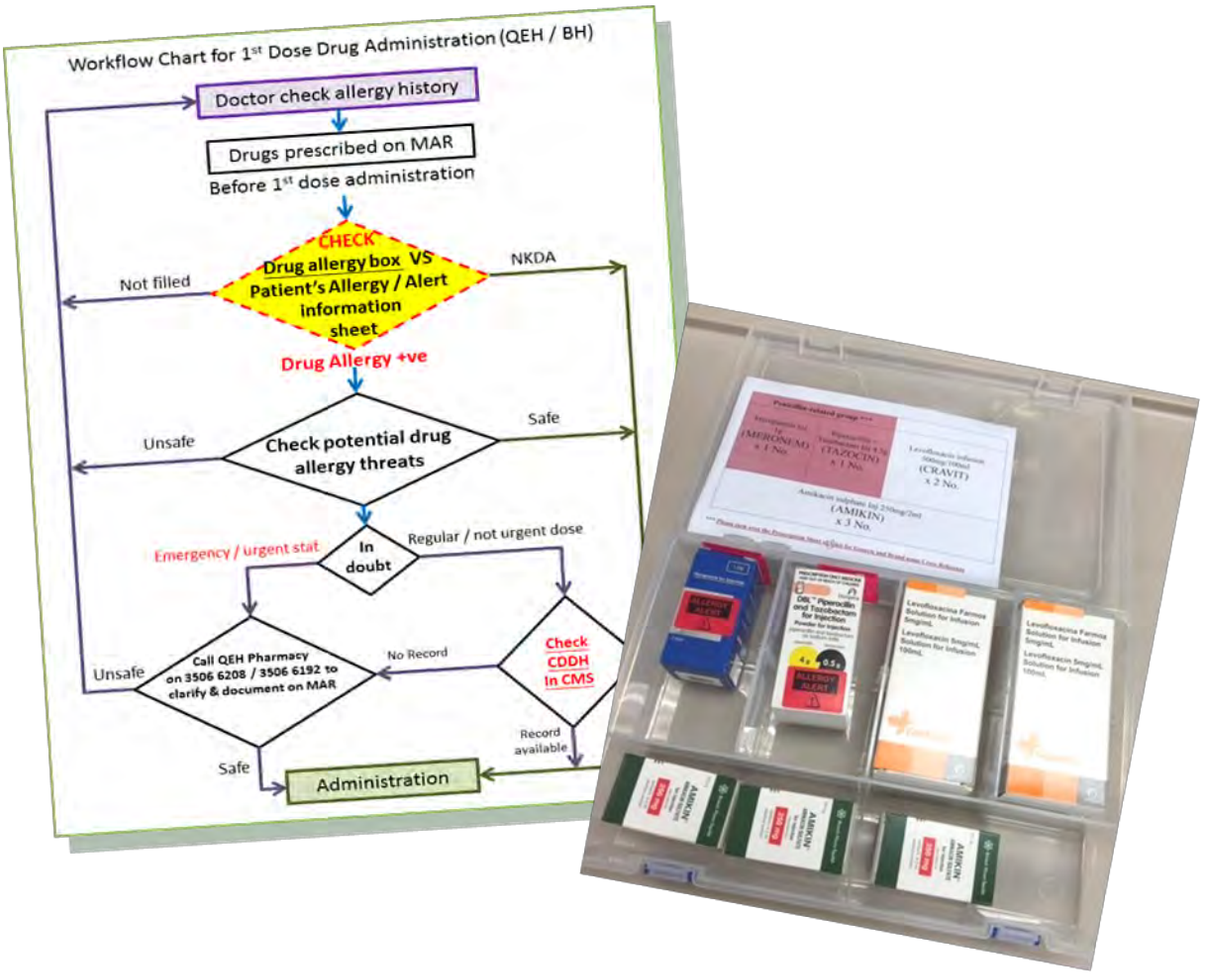
A series of screensavers in promoting the Periodic Review exercise and inviting staff engagement was prepared and uploaded to Clinical Management System (CMS). Accreditation gimmicks were awarded to hospital staff who had active participation in accreditation exercise as compliments. Besides, different gimmicks were also prepared for all KH colleagues as tokens of appreciation.

Hong Kong Buddhist Hospital (HKBH) had gone through the ACHS Organisation Wide Survey on 16-18 November 2015, and was awarded full accreditation for 4 years. The presentation award ceremony would be held on 31 May 2016.



Early Detection of Deteriorating Patient (EDDP)

To align the practice for early detection and intervention of deteriorating patients by adopting the Modified Early Warning Score (MEWS), KCC Task Group on EDDP developed the "Queen Elizabeth Hospital (QEH) Guideline on EDDP", Integrated Observation Chart, Neuro-MEWS Observation Chart, and Integrated Observation Chart for Department of Obstetrics. It would be piloted in Neurosurgery and Obstetrics & Gynaecology (O&G) Departments of QEH and the inpatient wards of Hong Kong Eye Hospital (HKEH) in Q3 2016.

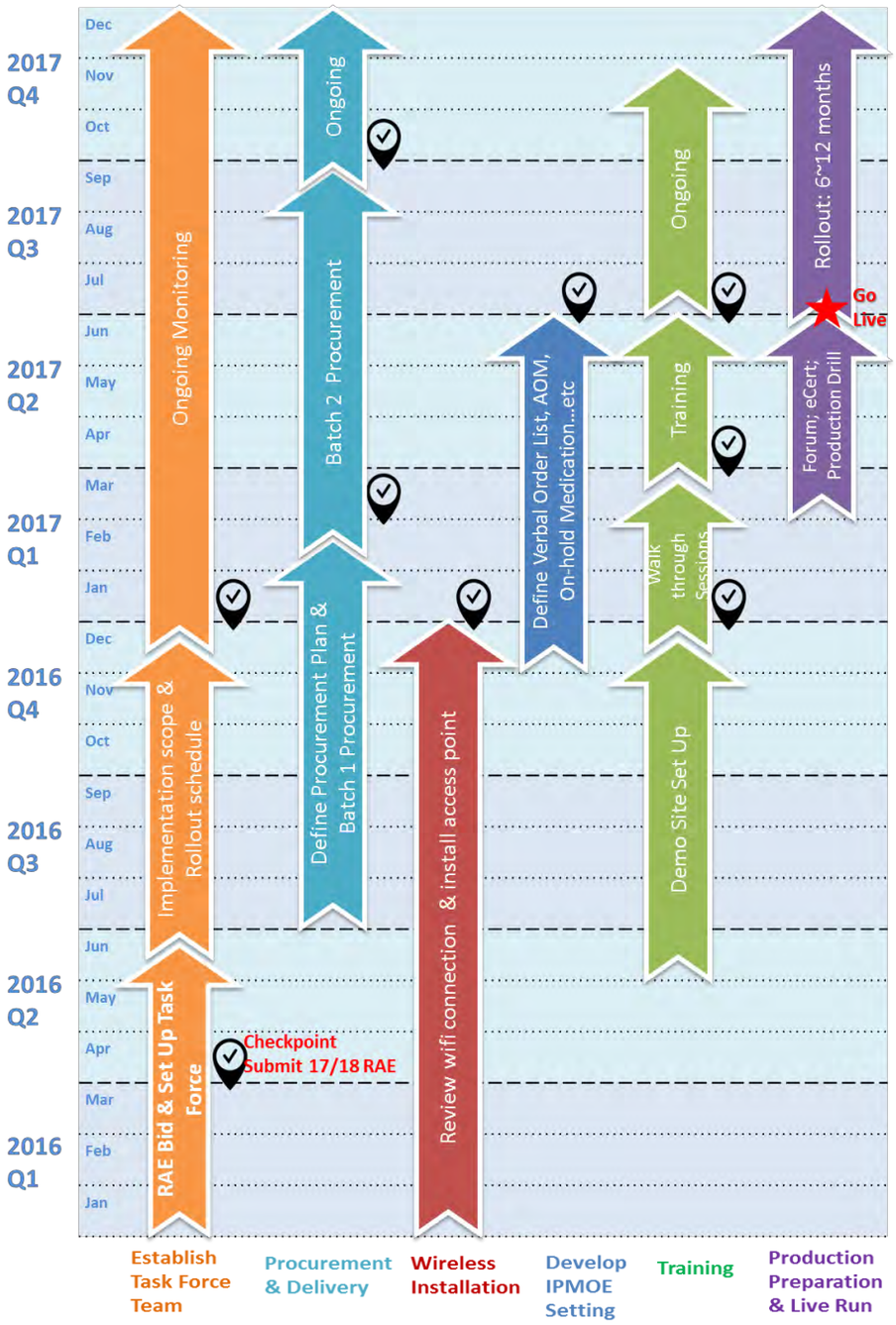


Standby Emergency Antibiotics for Patients with Post-chemotherapy Neutropenic Fever or Sepsis

In response to Coroner's recommendation for administering empirical intravenous antibiotics to patient with post-chemotherapy neutropenic fever within 1 hour after triage in Accident and Emergency Department (AED) or admission to ward, the standby emergency antibiotics kit was developed by the Pharmacy Department of QEH. The kit is limited for use as first dose antibiotics for post-chemotherapy patients with documented or suspected neutropenic fever. The "Guideline on Procedures for Prescribing and Administration of Antibiotics in Standby Emergency Antibiotics Kits" was also developed to guide the clinical use of the kit. The kit would be implemented in designated wards of Department of Medicine, Department of Clinical Oncology and Department of Paediatrics of QEH as well as the Integrated Palliative Care Unit of HKBH on 3 June 2016.

In-patient Medication Order Entry (IPMOE)

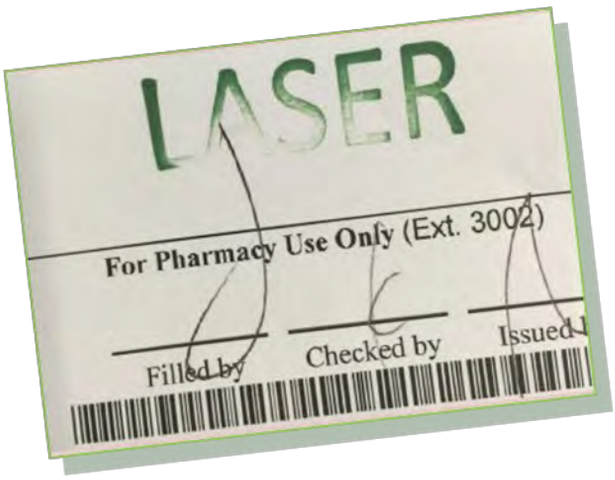
The IPMOE program would be live run in QEH in Q3 2017. In this connection, the QEH IPMOE Taskforce was established in March 2016 to engage and integrate ideas of clinical departments in proceeding to the implementation phase. Members of the Hospital Authority Head Office (HAHO) project team were involved in the taskforce meeting to give advice to the implementation plan and drug ordering (including prescription, dispensing and administration) logistics.



▲ *IPMOE schedule for QEH*

Medication Incident Management

The Medication Incident Management Flowchart was endorsed by HKEH Medication Safety Committee to enhance medication incident reporting and monitoring in HKEH. Series of initiatives were implemented to reduce drug prescribing, dispensing and administering errors. These included standardisation of Medication Administration Record (MAR) form and abbreviation in prescribing, counter-checking after prescription, drug separation after dispensing for inpatients, segregation of patient records for pre-operative pupil dilating eye drops administration, patient education and patient empowerment.



◄ *Counter-checking after prescription*

Life-size foam boards at hospital entrance for reminding patients on drug checking ►

◄ *Segregation of patient records for pre-operative eye drops administration*

Out-patient Service and Triage Unit

The Out-patient Service and Triage Unit of HKEH were appointed as “We Innovate, Services Excel Regularly” (WISER) Model Units with effective from November 2015 to October 2018.

Queue Management System (QMS)

The QMS was installed and rolled out at the Specialist Out-patient Clinic of HKEH in Q1 2016. It enhanced the communication with patients and work processes, and reduced the workload pressure on frontline staff. The system was awarded the Hospital Authority Outstanding Team in 2016 owing to the joint effort of colleagues from QEH, HKEH and United Christian Hospital (UCH).

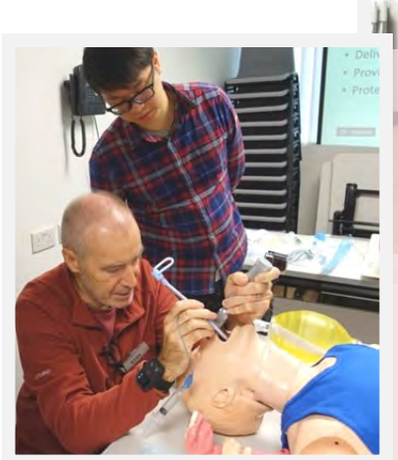
Kowloon East Cluster (KEC)

Establishment of KEC Training Centre

Patient safety is vital in maintaining high quality health care services and training plays an important role. The KEC Training Centre was established in December 2015 to provide Basic Skills Simulation Training, Crew Resource Management (CRM) Training and Resuscitation Training to various KEC departments.

▲ *Opening Ceremony of KEC Training Centre*

Basic Skills Simulation Training: This course aimed to enhance the competency of resident trainees in performing basic clinical skills on airway management, chest drain and tapping, lumbar puncture and central venous cannulation. During the workshop, doctors would experience hands-on simulation training under the guidance of experienced trainers.



◄ *Airway management simulation station*

CRM Training: CRM was originated from the aviation industry and its benefits to healthcare industry were well-recognised throughout the world. Ten workshops had been organised in KEC since 2014/15 with the theme "Mental Skills in Preventing Errors". Half-day classroom-based workshops focusing on cognitive and interpersonal skills, together with half-day simulation sessions were arranged for participants to practice their CRM skills under different simulation scenarios.

▲ *CRM simulation session*

Resuscitation Training: United Christian Hospital (UCH) Resuscitation Training Centre was established in 2012, which provided American Heart Association (AHA) basic and advanced life support programs. The centre was accredited as an international training centre of the AHA in 2015; and was the third training centre received this recognition under the Hospital Authority. These training programs had been extended to all professional staff in KEC since 2015.

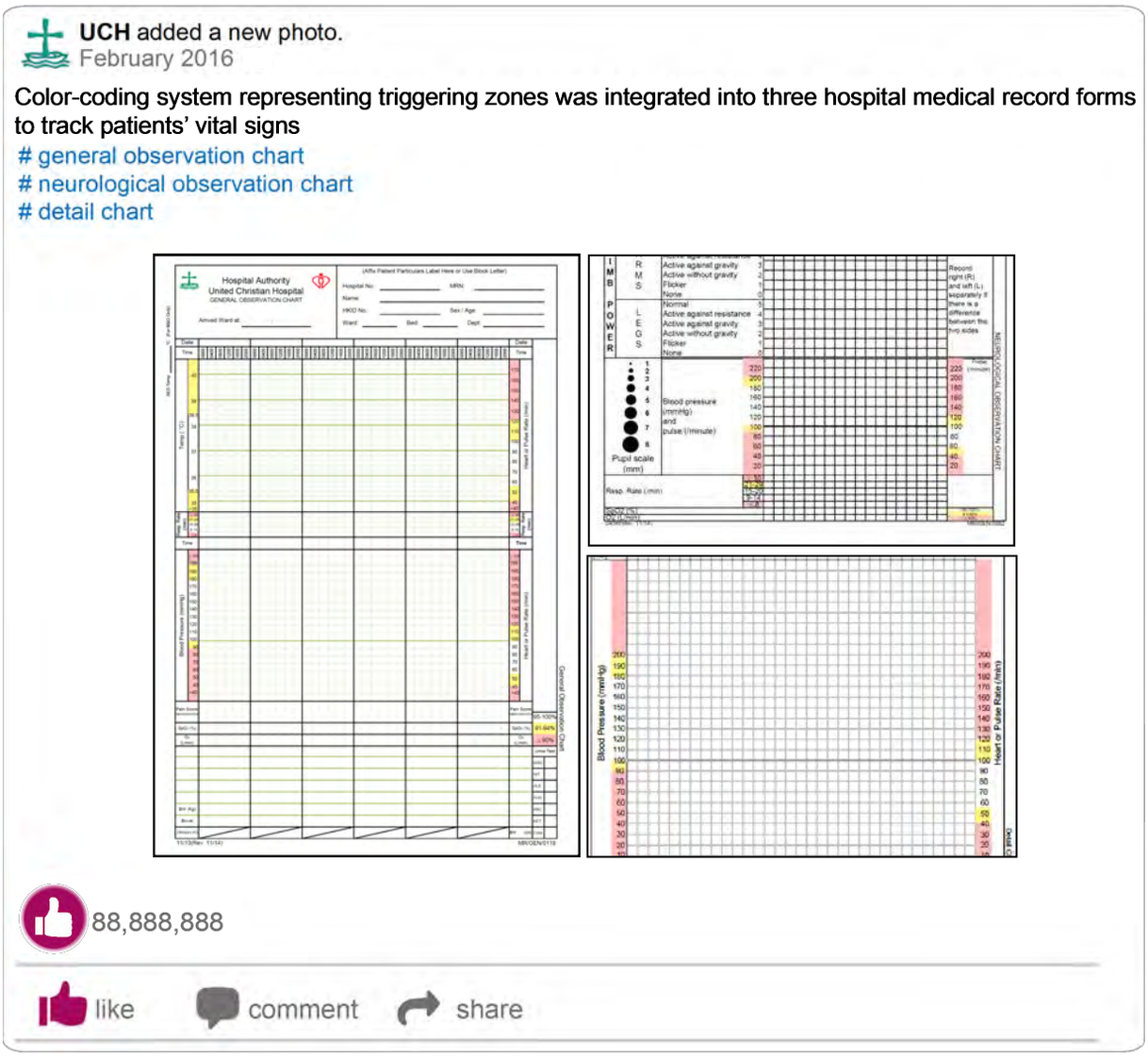
▲ *Basic life support program*

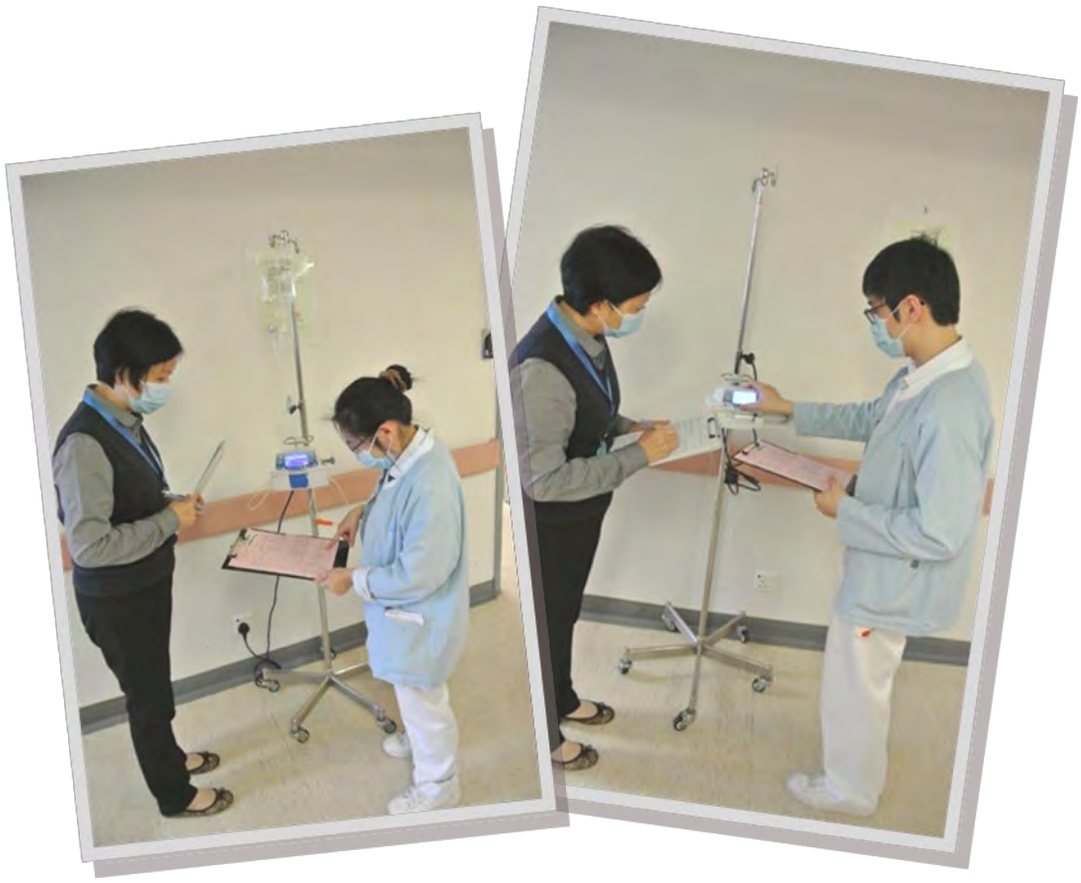
Detecting Deteriorating Patients – "Between-the-flags" in UCH

"Between-the-flags" had been rolled out to clinical departments of UCH since 2014. This "track and trigger" tool was used to record the vital signs or observations graphically and it also incorporated a threshold beyond which a standard set of actions were required.

Introduction of the tool had helped establishing a systematic mechanism to handle deteriorating patients across the hospital. Guideline on Mechanism for Detecting Deteriorating Patients in UCH was also formulated to provide guiding principles for the whole mechanism.

In February 2016, an audit was conducted to evaluate staff's compliance with the guideline. Results showed that the tool was widely adopted and successfully rolled out in the hospital to support the early identification of deteriorating patients.





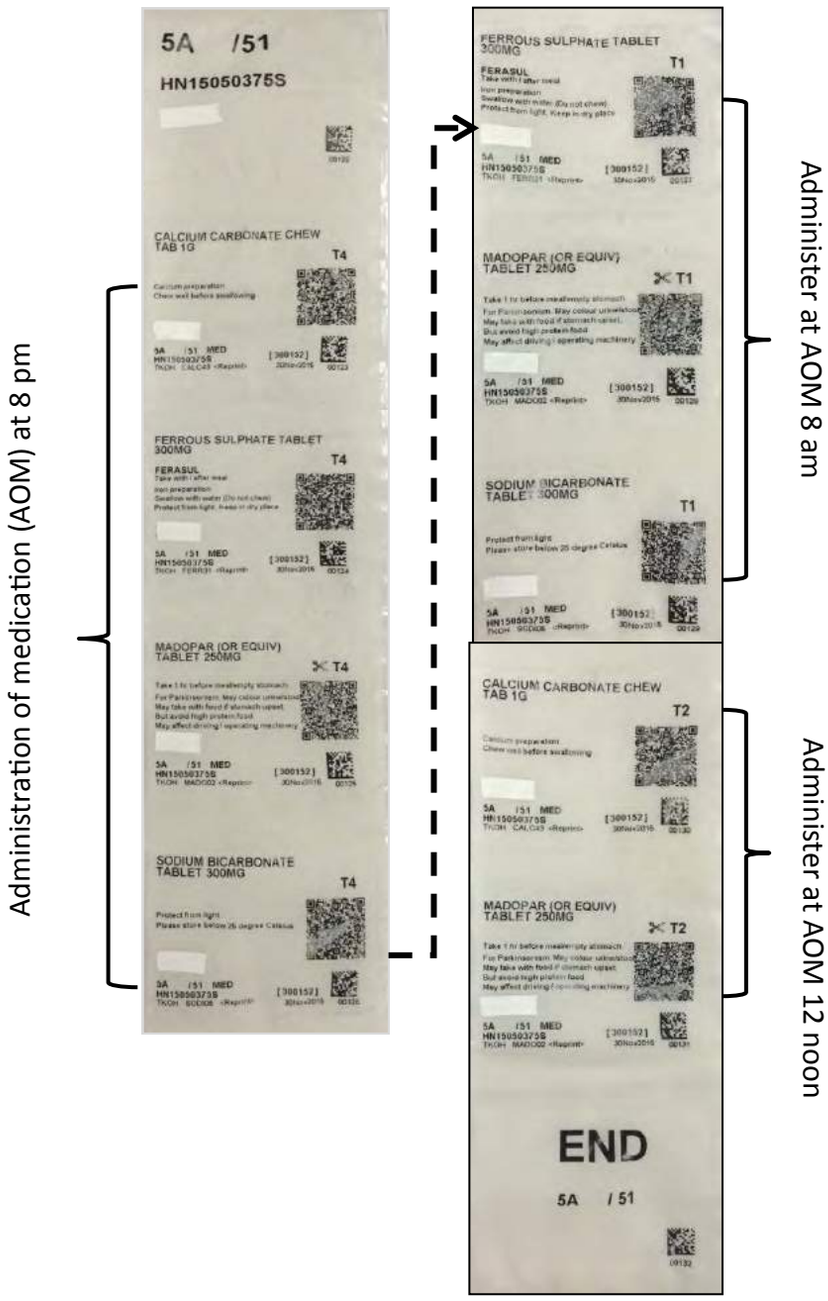
▲ *Individual assessment for participants on the use of infusion devices*

Medical Equipment Safety Program in Haven of Hope Hospital (HHH)

The Medical Equipment Safety Program had been rolled out in HHH since December 2015. The aim of the program was to provide nurses with the necessary knowledge and skills to achieve competency in the use of specific infusion devices safely and competently. The program consisted of classroom teaching, case sharing, hands-on skills training and individual infusion devices assessment. The mean score for the pre and post "True / False" assessment was increased by 38% and the number of participants attaining full score was increased from 2 to 33. The educational materials for new staff orientation and refresher training were under preparation and would be completed in 2016/17.

In-patient Medication Order Entry (IPMOE) Automatic Unit Pack Dispensing System (AUPDS) in Tseung Kwan O Hospital (TKOH)

AUPDS was implemented in TKOH in 2015 to enhance medication safety both at pharmacy and ward level. After prescription verification by pharmacists, the medications were dispensed via IPMOE AUPDS automatically and checked via Medication Detection Machine (MDM). The unit pack medications were arranged according to patient's bed number and administration time to facilitate medication administration process. New indicators of administration time, pro re nata (PRN) and fractional doses were printed on the unit pack.



▲ *Refill medications were arranged according to patient's bed number and administration time*

New indicators on medication pouch ▲►

Overall, the number of near-miss cases on dispensing at Pharmacy related to the new dispensing system was zero and no administration error on wrong drug, wrong dose and at wrong time was detected during the early phase of implementation. Positive feedback was collected from nurses, and time spent on medication administration was reduced by 9%.

Kowloon West Cluster (KWC)

World No Pressure Ulcer Day

Princess Margaret Hospital (PMH) organised a World No Pressure Ulcer Day in November 2015 with booths showing topics related to prevention of pressure sore, how to clean ulcer sore, skin care, etc. to raise staff and visitors' awareness on prevention of pressure ulcer and promote skin care and early intervention on pressure ulcer.

KWC Quality & Safety (Q&S) Forum

The KWC Q&S Forum was conducted on 21 January 2016 at PMH. The forum consisted of thematic speeches, continuous quality improvement (CQI) project presentations and poster exhibition. Two speakers, Mr LEUNG Ka-wing (梁家永先生) and Dr King CHENG (鄭景鴻博士) were invited to share their views on communication with public.

Electronic Patient Assessment Form (ePAF)

ePAF was one of the projects of Hospital Authority Head Office (HAHO) Nursing Informatics. It was an electronic platform for nursing staff to capture patient assessment data using a standardised generic data set. This electronic system was implemented in North Lantau Hospital (NLTH) in 2014/15 and PMH in Q1 2016. It would be further implemented in Yan Chai Hospital (YCH) and Kwong Wah Hospital (KWH) in 2016/17 and Caritas Medical Centre (CMC) in 2017/18.

Web-based Custom Print Informed Consent Forms (ICF)

The Web-based Custom Print ICF System was formally launched in KWC on 15 September 2015. To facilitate clinical staff's easy access to the system, the icon for ICF web link had been put on the homepage of KWC.

To demonstrate and collect staff feedback for the system, a roadshow was organised with HO Quality & Standard Team in PMH for KWC staff on 13 May 2015.

Implementation of Information Structure on Blood and Transplantation (ISBT) 128 Standard in Blood Transfusion

The ISBT 128 standard on blood transfusion service was implemented on 1 September 2015. The updated workflow for blood administration was explained to KWC staff on 23 April 2015. The KWC Guideline on the use of 2D Barcode Scanning System for Unique Patient Identification (UPI) in Blood Transfusion and Specimen Collection had been reviewed and updated based on the changes accordingly.

Hospital Accreditation

Our Lady of Maryknoll Hospital (OLMH) completed the Australian Council on Healthcare Standards (ACHS) Periodic Review (PR) in May 2015. The hospital was awarded an Extensive Achievements (EA) on criterion 1.5.1 Medication Management and Marked Achievements (MA) for the other 14 mandatory criteria.

Medication Safety

For timely administration of antibiotics and Prothrombin Complex Concentrate (PCC) to patients with neutropenic fever / sepsis and warfarin-induced coagulopathy, respective hospitals at KWC had assigned locations for keeping such drug items as standby items after seeking endorsement from their Drug Therapeutics Committee and Quality and Safety Committee.

The system conversions of free-text records on Non-steroidal Anti-inflammatory Drug (NSAID) as an allergen group was performed as a HA initiative. Monthly reports had been generated and distributed to concerned departments for review through cluster representatives between August and October 2015.

Infection Control

KWC hospitals had conducted different programs to enhance infection control measures, such as environmental sampling of Multiple-drugs Resistant Organisms (MDRO) cases, hand hygiene awareness program and installation of thermal body thermal system in General Out-patient Clinics (GOPD) triage area. The KWC Electronic Respirator Record System was also launched on 17 November 2015.

Patient Identification

KWC hospitals conducted audits on patient identification to ensure the compliance of patient identity checking. A slogan and screensaver competition on patient identification was conducted to enhance staff awareness. The KWC Policy on patient identification was also published. At KWH, game booth on "Patient Identification" was held in May 2015 during the Celebration for International Nurses Day.

Inpatient Suicide Prevention

In response to the recommendations in Group Internal Audit (GIA) Report on Prevention of Inpatient Suicide Audit, KWC Quality & Safety Coordinating Committee had endorsed the checklist for environment surveillance for suicidal risk in hospitals. As such, KWC hospitals conducted Suicide Prevention Safety Scanning Round to identify high risk areas in Q1 2016.

Unique Patient Identification (UPI) Replacement Plan

To manage the UPI replacement logistics on ageing UPI devices in KWC hospitals, a KWC UPI Working Group was established to coordinate the project. 350 sets of UPI devices would be replaced by Q3 2016 in KWC hospitals.

Construction Safety

Ways to improve site safety included demanding workers from contractor to attend safety training, providing adequate personal protective equipment (PPE) for their workers, and conducting regular briefings on the essence of safety to local facility management colleagues and contractor. Term Maintenance Surveyor (TMS) had been asked to have joint site inspections for construction safety to ensure all key items for safety were implemented.

Business Support Services

Environmental hygiene in clinical areas, including Multi-drug Resistant Organisms (MDRO) beds, had been enhanced in all KWC hospitals through regular review of workforce and usage of disinfectant and cleansing materials.

To ensure patients using non-Emergency Ambulance Transfer Service (NEATS) were satisfied with the service, follow-up calls, on random basis, were made to Geriatric Day Hospital (GDH) patients and discharge patients to get their feedbacks on the NEATS performance. Results showed that all contacted patients were satisfied with the service as they were safely delivered directly to their residence.

To tighten ward area security, the management of Access Card had been enhanced. Designated access cards would be issued to non-hospital staff on a "need-to-access" basis. Also, annual stock taking of the access cards would be conducted.

Orientation & Induction (O&I) Program for New Residents

The KWC O&I Program for new residents was held on 31 July and 4 August 2015. The scope of the program was to raise the awareness of residents on common pitfalls and risks in hospital practices, and to strengthen their skills in managing incidents at the beginning of their career.

Incident Management Training Workshop

To introduce the quality and safety management framework in HA / KWC and to equip participants with skills in conducting root cause analysis, managing and reporting incidents, four identical sessions of the captioned training were organised in September and October 2015 for KWC doctors, nurses, allied health and administrators.

New Territories East Cluster (NTEC)

Hospital Accreditation

The Periodic Review (PR) of North District Hospital (NDH) and Prince of Wales Hospital (PWH) were successfully completed in September 2015. PWH was awarded Extensive Achievement (EA) in criterion 2.1.1 Continuous Quality Improvement (CQI) System while NDH was awarded EA in criterion 1.1.4 Care Evaluation and 2.1.3 Risk Management. Alice Ho Miu Ling Nethersole Hospital (AHNH) and Tai Po Hospital (TPH) were actively preparing for the PR in July 2016 while Shatin Hospital (SH), Bradbury Hospice (BBH) and Shatin Cheshire Home (SCH) had the local Quality and Safety team established in preparation for the Gap Analysis (GAP) in November 2016. With the commencement of accreditation activity at SH, BBH and SCH, NTEC would become a Cluster with all hospitals participating in the Accreditation Program.

▲ *An effective clinical handover started with "active listening"*

NTEC Quality and Safety (Q&S) Forum

The NTEC Q&S Forum themed "Critical Handover 危中傳情" was held on 11 November 2015. Prof Joshua HUI (Director of Simulation, UCLA-Olive View Emergency Medicine, David Geffen School of Medicine at UCLA USA) was invited as the key note speaker. 7 outstanding NTEC CQI projects on Clinical Handover were presented. A total of 284 attendees from various clusters and hospitals including guests from Head office and universities joined this annual event in order to sustain the safety culture. In addition, "NTEC Policy on Clinical Handover" was implemented to ensure that clinical handover standard and practice were in place for continuity of care.

WISER (We Innovate, Service Excel Regularly)

The NTEC WISER program which was commenced in 2014 was continued in 2015/16. Staff was engaged through training to revisit their workflow in group with an aim to improve safety as well as efficiency. Up till now, 3 batches of 46 WISER improvement projects with multi-disciplinary participants had been completed.

Q&S Strategic Planning Workshop

NTEC Q&S Strategic Planning Workshop was held on 27 February 2016 at The Little Egret Nature Park, Tai Po, with the theme “Transforming & Modernizing Q&S”. Participants found the discussion on the strategic direction for services improvement very fruitful and the talks of the guest speakers inspiring. Three strategic directions were identified which became the mission of Q&S Team.

Near Miss Reporting

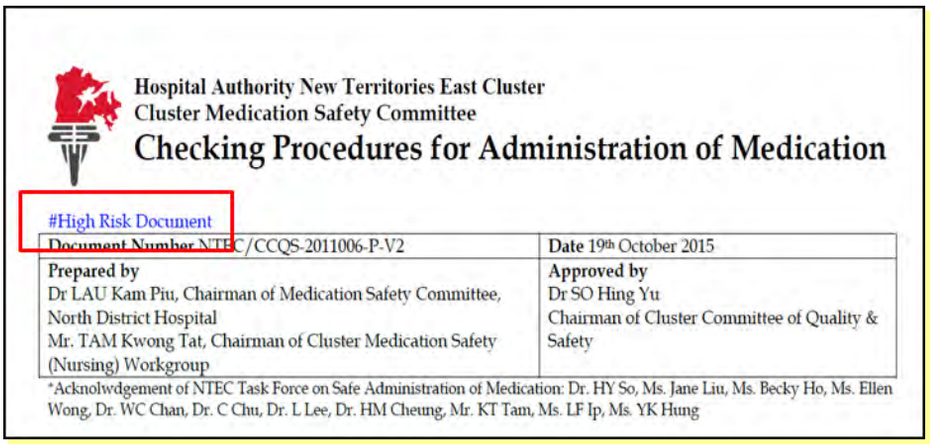
"Policy on Reporting and Management of Near Miss" was implemented to promote reporting of near miss cases for identification of useful and protective mechanism and / or potential system pit-falls. A "Good NET Program" was initiated to reinforce near miss reporting. Recognition to reporters would be awarded by Hospital Chief Executive (HCE) at the Cluster Chief Executive (CCE) / HCE Forum.

Environmental Scanning for Prevention of Inpatient Suicide

An environmental scanning of facilities for prevention of patient suicide at inpatient setting had been conducted cluster-wide in 2015/16. With the concerted effort of the facility management, clinical departments and administrative services (security), a total of 87 wards had been visited and 515 locations scanned. Principles in suicide prevention measures at inpatient environment were endorsed. The data was submitted to hospital management for prioritization and cost estimation of improvement works.

Enhancement in Documentation

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



Hospital Authority New Territories East Cluster
Cluster Medication Safety Committee
Checking Procedures for Administration of Medication

#High Risk Document

Document Number NTEC/CCQS-2011006-P-V2	Date 19th October 2015
Prepared by Dr LAU Kam Piu, Chairman of Medication Safety Committee, North District Hospital Mr. TAM Kwong Tat, Chairman of Cluster Medication Safety (Nursing) Workgroup	**Approved by** Dr SO Hing Yu Chairman of Cluster Committee of Quality & Safety

*Acknolwdgement of NTEC Task Force on Safe Administration of Medication: Dr. HY So, Ms. Jane Liu, Ms. Becky Ho, Ms. Ellen Wong, Dr. WC Chan, Dr. C Chu, Dr. L Lee, Dr. HM Cheung, Mr. KT Tam, Ms. LF Ip, Ms. YK Hung

To continue to enhance participants' knowledge in quality documentation through group discussions and stimulating exercises, two NTEC Workshops on Advanced Document Control had been held in 2015/16 with 48 staff participated from various disciplines.

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

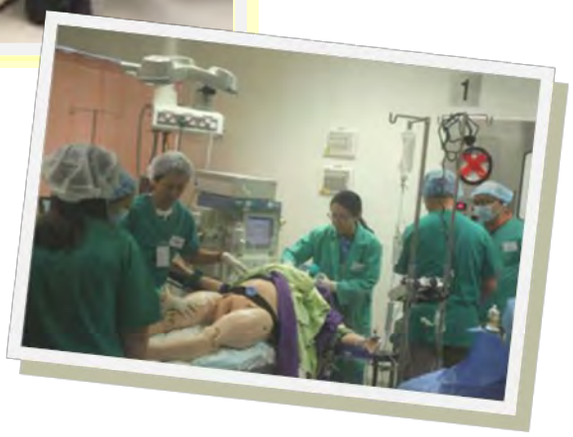
IPMOE had been fully implemented in PWH since June 2015. The system would be further rolled out to NDH from April 2016 and to AHNH and TPH from August 2016. Incidents associated with IPMOE were closely monitored and analysed. Incidents were regularly reported to Hospital Medication Safety Committee and feedback to IPMOE implementation group for possible feature enhancement. Common pitfalls had been shared with clinical staff through various meetings, sharing sessions, electronic platform and flyers.

EQUAL-safe Course

The NTEC incident management course EQUAL-safe with Incident Management I (Immediate Incident Management) and Incident Management II (Preventing Recurrence of Patient Safety Incident) had been continuing quarterly. Over 350 staff had joined the course in 2015/16.

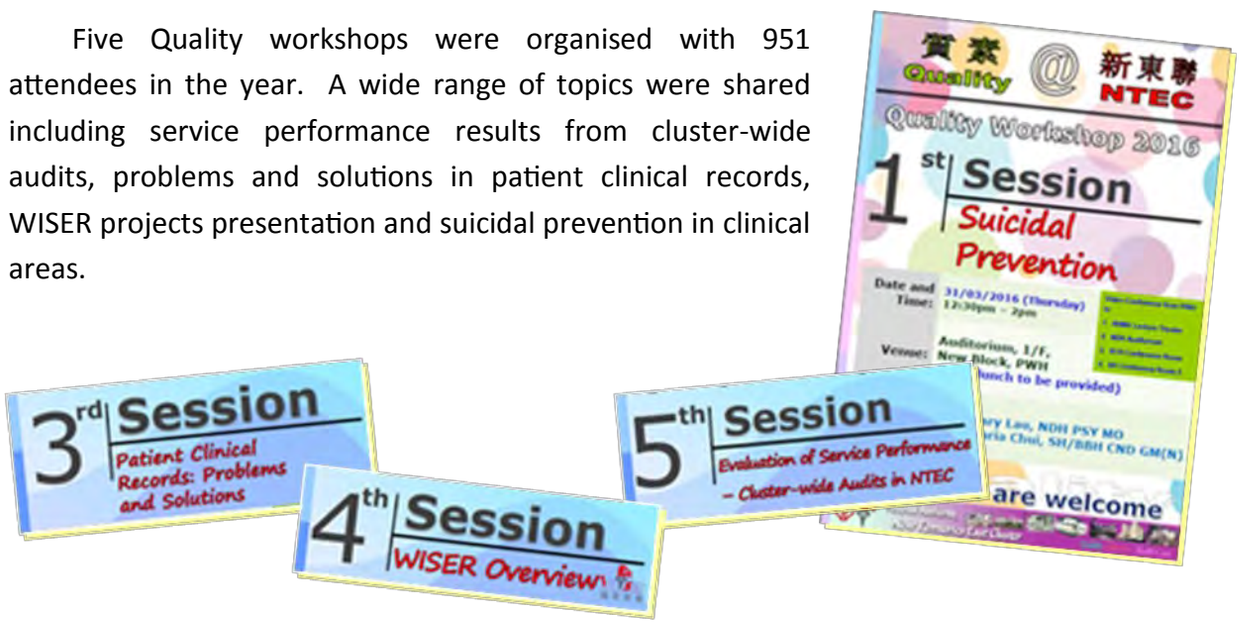
Crew Resource Management (CRM)

The CRM training in NTEC was commenced in June 2014. 12 basic training classes and 1 instructor course were conducted in 2015/16. A total of 134 staff was trained and 20 instructors qualified.



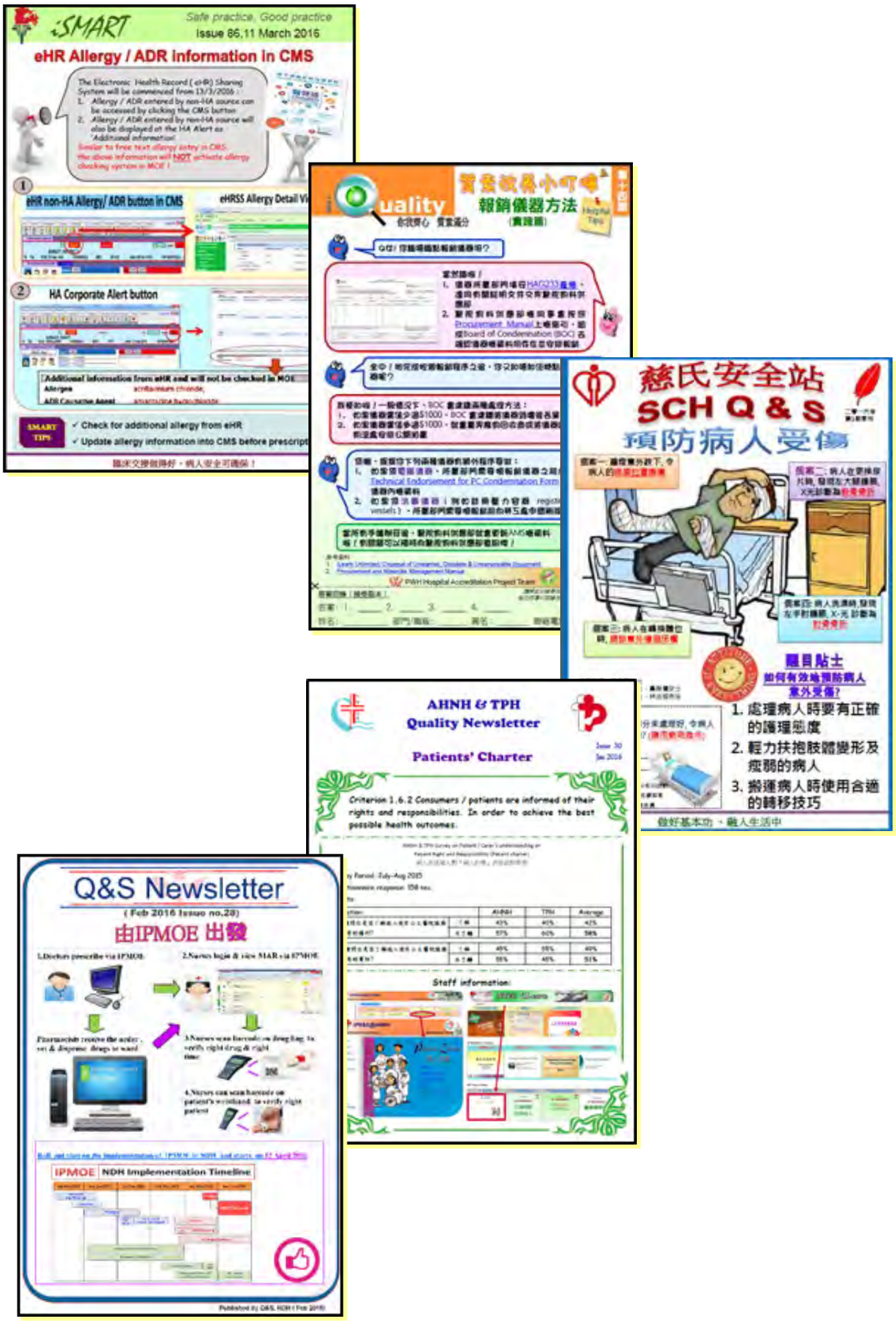
Quality Workshops

Five Quality workshops were organised with 951 attendees in the year. A wide range of topics were shared including service performance results from cluster-wide audits, problems and solutions in patient clinical records, WISER projects presentation and suicidal prevention in clinical areas.



Newsletter

i-SMART was published monthly to alert frontline staff of the risks and share learning points from adverse incidents reported locally or elsewhere. In addition, local hospitals also released quality flyers to alert colleagues on common quality issues.



New Territories West Cluster (NTWC)

Enhancement of Clinical Research Governance

With the increasing number of clinical studies initiated in the cluster, a Clinical Research Governance Committee (CRGC) was established to steer the research development, manage sponsored trials, advise the management of Cluster Research Fund (CRF) and decide the eligibility of provision of assistance to respective departments in conducting clinical research studies. The CRGC would directly report to Cluster Management Committee.

On the other hand, a Cluster Research Assist Team (CRAT) was formed in Q3 2015 to centralise the deployment of clinical research assistants who were located in difference clinical departments. The CRAT would provide executive and statistical supports to clinical research projects as decided by the CRGC. An opening ceremony of the CRAT office was held in November 2015.

Up till 31 March 2016, the CRAT had supported 65 studies which were in the "open recruitment" status of recruiting patients for clinical trials and 10 studies which were in the "start up" preparation and negotiation process. Further, the CRAT would conduct a series of promotions, trainings and education to all hospital staff to establish a good culture in clinical research.

In addition, a Standard Operational Procedure of Sponsored Trial Budgeting in NTWC was developed. The CRAT would assist to review the financing procedures of sponsored clinical trials including standard budget template, negotiation process and payment checklist.

Standardisation of Models of Oxygen Regulators

To reduce the potential risks in the misuse of oxygen regulators, a Workgroup on Standardisation of Oxygen Regulators was formed by Nursing Services Division, Quality and Safety Division and Procurement Materials and Management Unit in June 2014. The Workgroup had conducted a stock taking exercise in which more than 40 models of oxygen regulators were found being used in the NTWC. Two models were then identified as the standardised models for use in the NTWC to prevent staff from using oxygen regulators of unfamiliar models.

A one-for-one replacement exercise had been carried out between April and July 2015 with more than 600 regulators being replaced. A bilingual cue card and an education video were produced to facilitate staff in using the oxygen regulators. An online training system was also launched in March 2015. More than 3100 staff who were required to handle portable oxygen cylinders, manage oxygen regulators and transfer patients had completed the online training course with quiz. The programme was accepted for poster presentation in Hospital Authority (HA) Convention 2016 and oral presentation in the International Hospital Federation (IHF) World Hospital Congress to be held in October 2016.

Enhancement in Risk Registers Development

In 2015/16, the NTWC had worked with HA Head Office (HO) Information Technology Department in developing an electronic risk register system (ERRS) for NTWC. The ERRS aimed to provide a structured and user-friendly electronic platform to facilitate department heads in submitting their departmental risk registers and allowing timely review and update of departmental risks.

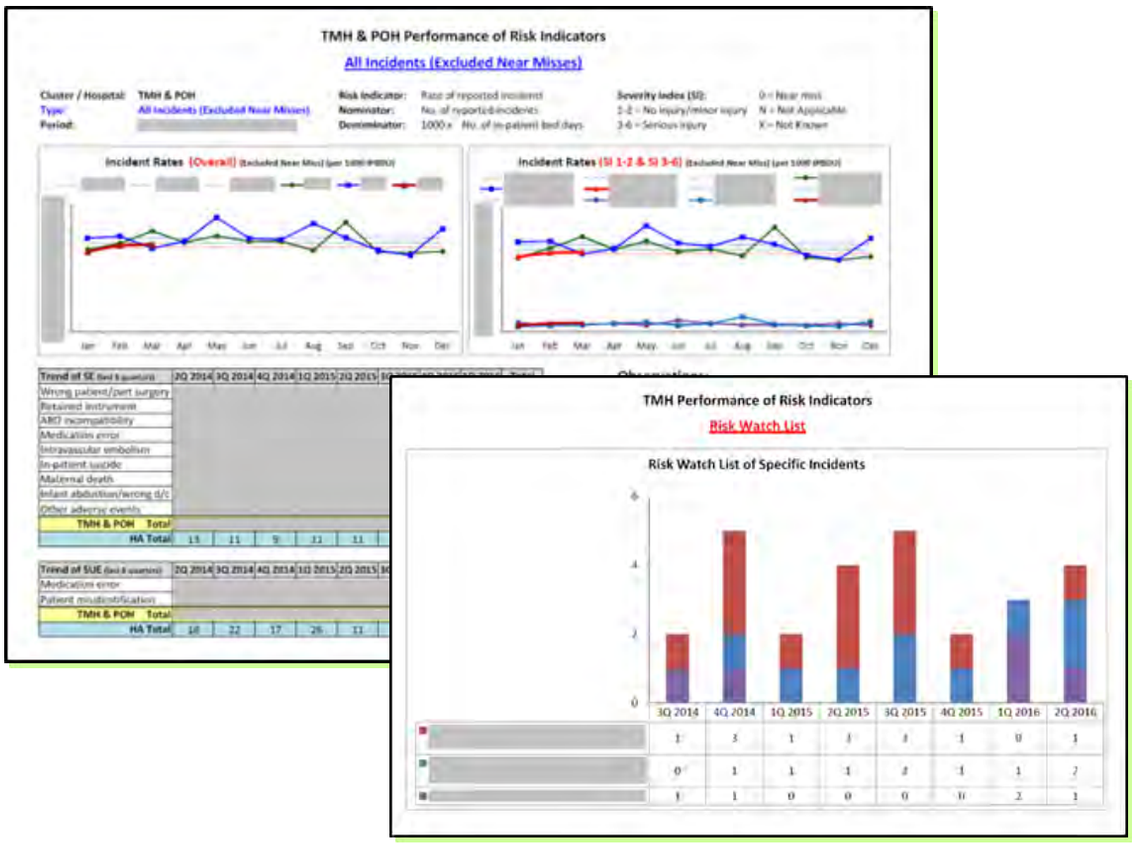
On the other hand, an "NTWC Risk Taxonomy", adopted and modified from the Evaluation and Quality Improvement Programme (EQuIP) criteria, was developed to unify the understanding of risks among hospital staff. Departments welcomed the use of the Taxonomy as all departments could share the same nomenclature of risks. It also facilitated cluster / hospital management in understanding the departmental risks and formulating the cluster / hospital risk registers. In view of the positive feedback, the "NTWC Risk Taxonomy" had been adopted by the HO in the HA-wide Risk Management Framework.

Development of Cluster Key Risk Indicators (KRIs)

To allow hospital management in understanding the latest major risks performance, KRI reports had been developed since Q1 2016.

The KRI reports helped monitor the performance of common risks by tracking incident trends and / or other risk indicators (e.g. rate of serious deterioration). Other risks which were not identified as a KRI would also be monitored by the Quality and Safety Division. Risks with high concern would be put into a risk watch list for monitoring of any abnormal changes in incident rates.

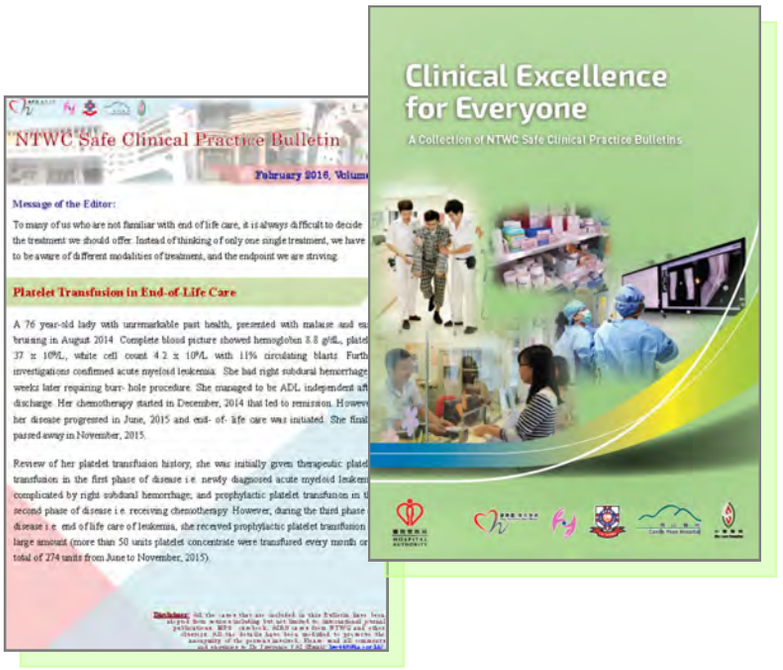
The KRI reports and Risk Watch report were regularly reported to the Cluster Quality and Safety Committee and Hospital Management Committee. Further work would be carried out when an abnormal surge of incident trend was observed. For example, a Workgroup on Management of Missing Patients was formed in March 2016 to investigate the rising trend of missing patients and identify solutions in preventing missing of at-risk patients in hospital.



Safe Clinical Practice Bulletins

To promote safe clinical practice and arouse junior doctors' interest and discussion of various clinical risks, the Editorial Board invited Chiefs of Service and Chairpersons of clinical risk-related committees to submit practical cases, expert opinions and take home messages for sharing among frontline doctors via the Safe Clinical Practice Bulletin. A total of 6 issues of the 2-page bulletin had been published and uploaded to NTWC intranet in 2015/16.

Further, to promote continuous learning and enhance clinical governance, a collection book named "Clinical Excellence for Everyone: A Collection of NTWC Safe Clinical Practice Bulletins" was published in December 2015, bringing together 44 issues of previously published bulletins with 51 cases.



Nutrition Care Management

Malnutrition is commonly noted in geriatric patients. To improve their oral intake, a program of adding condiments at meals was pilot run in Pok Oi Hospital (POH). An individual pack of sweet soya sauce was provided to such patients. Positive feedbacks were received. It would be further extended to TMH with more variety of condiments.

Hospital Accreditation

Tuen Mun Hospital (TMH)

Following the completion of the 2nd Organisation-wide Survey (OWS) during 15-19 September 2014, the TMH Accreditation Taskforce embarked on improvement actions in response to the 24 recommendations issued, through engagement of relevant subject teams and hospital staff. A summary of improvement outcomes was submitted to the Australian Council on Healthcare Standards (ACHS) in September 2015 as the review report.

Pok Oi Hospital (POH)

Pursuant to the completion of the Periodic Review in June 2015, the POH Accreditation Taskforce coordinated with various clinical and administrative departments to embark on necessary improvement plans and initiatives in response to the 10 recommendations issued by the survey team of the ACHS.

Castle Peak Hospital (CPH)

The CPH / Siu Lam Hospital (SLH) Accreditation Taskforce coordinated with various clinical and administrative departments to embark on necessary improvement plans and initiatives in response to the 9 recommendations issued by the survey team of ACHS in the OWS conducted in May 2014. A summary of improvement outcomes was submitted to the ACHS in April 2015 as the Year-1 SASS review report.

Siu Lam Hospital (SLH)

SLH was confirmed to be one of the participating hospitals under Phase III hospital accreditation programme in 2015. The CPH accreditation team had been reorganised into the CPH / SLH accreditation team to support the accreditation of SLH. The team acted as a bridge between various clinical and administrative groups to facilitate coordinated preparation and support various committees whose functions were crucial in the preparation for accreditation. The team would continue to work closely with all parties in the hospital to ensure readiness of SLH to undergo the gap analysis in 2017 tentatively.

Published by the Quality and Safety Division
Hospital Authority
Hong Kong

Available at www.ha.org.hk