



醫院管理局
HOSPITAL
AUTHORITY



2024

QUALITY & SAFETY

ANNUAL REPORT



ACKNOWLEDGEMENT

The **Hospital Authority Quality and Safety Annual Report** provides a comprehensive overview of quality and safety practices across the Quality and Safety (Q&S) Division of the Hospital Authority Head Office (HAHO) and the Clusters. This year's report also highlights key initiatives and contributions from different departments, showcasing our collective dedication to enhancing healthcare quality and safety.

Throughout the year, our colleagues have demonstrated professionalism, dedication and resilience in providing safe and effective healthcare services. Their commitment to excellence and ongoing efforts to enhance patient care remain the foundations of our progress.

We would like to express our sincere gratitude to colleagues for their valuable input and support in compiling this report. Their insights and contributions were instrumental in capturing the breadth and depth of our quality and safety initiatives.

As we look ahead, we remain committed to fostering a culture of continuous learning, collaboration and innovation. We hope that this report will serve as a valuable reference and source of inspiration for all healthcare professionals as we work together to further strengthen the quality and safety of our services.

Quality and Safety Division
Hospital Authority





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OPENING MESSAGE

Our Commitment to Patient Safety Culture

As we reflect on our progress made in advancing patient safety across the Hospital Authority (HA), I wish to express my sincere appreciation for your dedication to this vital mission. Today, we also look ahead to how we can strengthen our safety culture for the benefit of patients and staff alike.

Over the years, significant effort has been invested in managing patient safety incidents and enhancing our incident management system. However, we recognise that relying solely on reactive measures is no longer sufficient. The true challenge lies in shifting our focus from responding to incidents after they occur, to proactively preventing harm and fostering a comprehensive, organisation-wide safety culture.

The recommendations set forth by the Review Committee on the Management of the Public Hospital System have provided invaluable guidance. These insights not only support operational enhancements but also underscore the importance of cultivating a robust safety culture at every level of our organisation.

Key initiatives such as organisation-wide risk management and hospital accreditation present vital opportunities to build a more proactive culture. Much like honing the skill of using a stethoscope — transforming it from a symbol into an indispensable clinical tool — we are continuously refining our risk management capabilities. This means expanding beyond reactive reporting via the Advance Incident Reporting System (AIRS) towards proactive risk identification and developing a broader, system-wide perspective on quality care. In parallel, we are embedding safety culture principles deeply within our accreditation process to ensure ongoing assessment and improvement.

The safety culture we aspire to build is one of thoughtful evolution: moving from reaction to prevention, from isolated improvements to systematic enhancement, and from straightforward fixes to sophisticated strategies that address the complexity of modern healthcare delivery. Your expertise and day-to-day experiences are essential drivers of this transformation.

World Patient Safety Day in September 2025 provided an opportunity to reaffirm our collective commitment to cultivating a safety culture that not only responds effectively to current challenges but anticipates and prevents risks. Together, we will create an environment where patients and healthcare professionals alike can thrive in a culture of safety, learning, and continuous improvement.

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



HOSPITAL AUTHORITY HEAD OFFICE

CLINICAL EFFECTIVENESS AND TECHNOLOGY MANAGEMENT

Introduction

HA has long been providing support for clinical research through research ethics review governance and provision of study sites with patient involvement. With its substantial pool of potential researchers, including the medical, nursing and allied health professionals, as well as the wide variety of clinical specialties and clinical data availability, HA continues to play a major role in clinical research in Hong Kong. In line with the Hong Kong Special Administrative Region Government's policy to establish Hong Kong as a leading hub for health and medical innovation, HA had implemented various initiatives to support and enhance clinical research and innovation development in 2024-25.

Project Highlights

New Governance for HA Clinical Research Oversight

To better steer the direction and formulate strategies for supporting clinical research and innovation in HA, a new governance platform, the Steering Committee on Clinical Research, was established in June 2024. This committee collaborates with the existing Steering Committee on Research Ethics to advance research governance and foster collaboration in research and innovation with the Greater Bay Area International Clinical Trial Institute (GBAICTI), academic institutions and external stakeholders.

Establishment of Central Clinical Research and Innovation Office

Under the new governance structure, a Central Clinical Research and Innovation Office (CCRIO) has been set up at HA Head Office in March 2024. The CCRIO plays a key role in coordinating research and innovation matters with GBAICTI, Cluster Clinical Research Support Office



The CCRIO webpage provides useful resources for research support and training including the All-in-One Reference Manual for HA staff.

at cluster-level, academia, and other external parties. Furthermore, the CCRIO is dedicated to organising research-related training and providing practical resources to facilitate frontline staff in conducting research. In November 2024, three training sessions on research compliance and research ethics were held with over 500 participants attending. An All-in-One Reference Manual was also made available on the Central Clinical Research and Innovation Office webpage.

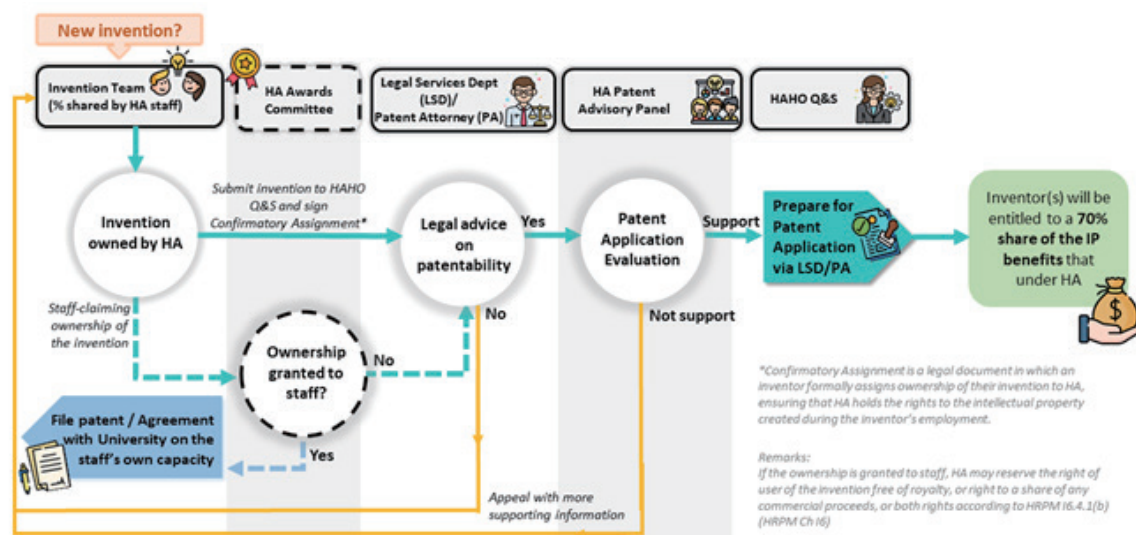
Invention Management in HA

The CCRIO also supports a one-stop service on invention management for HA-owned invention and joint invention with academia or research institution. With an aim to assess and make recommendations for patent filing applications, the HA Patent Advisory Panel has been set up with structured reviewing mechanism. The enhancement of invention management will support and encourage participation of HA employees in research and development (R&D) activities, contributing to medical advancement and improved patient care. Under the newly established corporate framework, patents for inventions created by HA employees during their work will

generally be owned by HA, while inventors will receive 70% of net benefits generated. This share is more competitive than many global institutions (e.g. 50% at SingHealth) and aligns with government practices (e.g. 70% at life and health tech institutes), helping to attract innovation, recognise contributions, and reduce disputes over ownership and benefits.

Biobanking

Besides coordinating research and innovation matters, HA is managing the GBAICTI Biobank in the Hetao Shenzhen-Hong Kong Science and Technology Innovation Co-operation Zone in



Enhanced workflow for HA invention management

collaboration with the Chinese University of Hong Kong. This facility serves as a pivotal research infrastructure, aiming to attract multinational pharmaceutical companies, Mainland enterprises specialising in biopharmaceutical innovation, hospitals, and research institutions. The GBAICTI biobank commenced operations in November 2024, with its systems, workflows, and protocols aligned with global standards. It is now inviting participation from research teams and actively recruiting samples, with the overarching goal of advancing clinical research across all disciplines.



The Greater Bay Area International Clinical Trial Institute (GBAICTI) Biobank

Way Forward

To further the policy of developing Hong Kong into a health and medical innovation hub, CCRIO will continue to work with other stakeholders to ensure the timely implementation of research initiatives. By strengthening of infrastructure and fostering of a robust research culture, a strong foundation will be established for ongoing advancement of clinical research and innovation within HA, thereby enhancing the quality and safety of healthcare services.

INFECTIOUS DISEASE CONTROL TRAINING CENTRE

Five-year IDIC Training Plan 2022-2027

Introduction

The Five-year Infectious Disease and Infection Control (IDIC) Training Plan was initiated by HA following the 2003 SARS outbreak, highlighting the important role for enhanced training in epidemiology and infection control. In response to this need, the HA Infectious Disease Control Training Centre (IDCTC) was established to coordinate training activities. The current IDIC Training Plan builds upon the framework established in previous years, with the 2024-25 training plan already marking the third year of this five-year cycle.

The overarching framework includes several key components, including theme-based training seminars that provide updates on specific infectious disease topics, IDIC emergency preparedness initiatives, and focused IDIC training that encompasses training sponsorship opportunities both locally and overseas. These events will cover critical topics such as multi-drug resistant organisms and infection control in specialised settings, ensuring that healthcare professionals stay updated on the latest developments in infectious disease management.

The current five-year plan puts emphasis on structural specialist training to foster close strategic partnerships with the Mainland and neighbouring Asian countries, integrating lessons learnt from the COVID-19 pandemic to bridge existing training gaps. As part of this initiative, a pilot attachment programme to Guangdong province was conducted in 2023, followed by the launch of an attachment to Beijing in 2024. Additionally, an attachment to Singapore is planned for the upcoming year in 2025.

Project Highlights

Theme-based training seminars

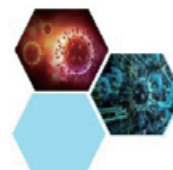
Central to the IDIC Training Plan were theme-based training seminars, which featured presentations from both international and local experts.

A seminar focused on the "Application of Artificial Intelligence (AI) on Infectious Diseases and Infection Control" was organised on 13 November 2024. This seminar aimed to explore the potential applications of AI in the field of infectious diseases and infection control, covering various aspects such as the overview of AI applications in healthcare, infection surveillance, optimising antibiotic use, predicting emerging infections, and advancing laboratory diagnostics. The seminar attracted 373 participants and was well received by healthcare professionals that have attended the seminar, it served as a platform for knowledge exchange and also paved the way for possibility of integrating AI solutions into daily clinical practice. The training materials can be assessed by IDIC portal at <https://icidportal.ha.org.hk/Trainings/>.



Seminar on Application of Artificial Intelligence (AI) on Infectious Diseases and Infection Control

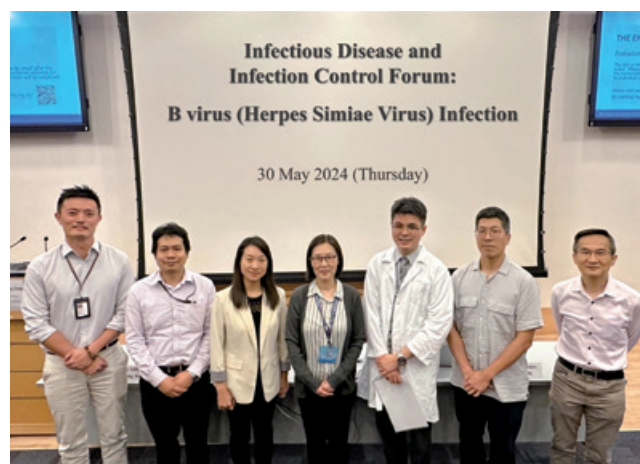
13 November 2024



Seminar on Application of Artificial Intelligence (AI) on Infectious Diseases and Infection Control was held on 13 November 2024

IDIC Forums

In 2024, four IDIC forums were conducted to provide right-on-time update to healthcare professionals on hot topics in infectious disease management. The first forum, held on 30 May 2024, focused on B-virus (Herpes Simian Virus) infection, discussed its clinical management and information about macaques in Hong Kong. This was followed by a forum on Invasive Group A Streptococcus (GAS) Infection and Streptococcal Toxic Shock Syndrome (STSS) held on 21 August 2024 providing updates on the situation both globally and locally, clinical management and preventive measures. On 10 September 2024, a forum dedicated to Mpox provided insights on the latest global situation of Mpox, its clinical management and the current vaccination recommendations. Lastly, the forum on Invasive Group B Streptococcus Infection was held on 24 September 2024, with a focus on the epidemiology, clinical and microbiological features, management and prevention strategies, raising awareness about its significance and treatment options. These forums were well attended by over 1600 healthcare workers in total. These forums served as valuable platforms for knowledge sharing and collaboration among healthcare professionals, enhancing their preparedness in managing various infectious diseases.



An IDIC forum on B-virus (Herpes Simiae Virus) Infection was held on 30 May 2024.

Infectious Disease and Infection Control Forum

Invasive Group B Streptococcus Infection

Webinar on 24 September 2024

MPox

Webinar on 20 September 2024

Invasive Group A Streptococcus (GAS) Infection and Streptococcal Toxic Shock Syndrome (STSS)

Webinar on 21 August 2024

B virus (Herpes Simiae Virus) Infection

Webinar on 30 May 2024



The materials from the training forums have been uploaded to the IDIC portal for reviewing at <https://icidportal.ha.org.hk/Trainings/>

Pilot attachment programme

In addition to the aforementioned initiatives, an attachment programme in Beijing took place from 21 to 25 October 2024. Delegates, who are from the fields of infectious disease, infection control, clinical microbiologists and laboratory, have joined the Programme. They have visited ten key health institutions and hospitals in Beijing, gaining valuable insights into the region's healthcare landscape and its innovative approaches to infection control, patient safety and multidisciplinary collaboration.

Efforts will be made to explore the possibility of applying the knowledge gained to enhance HA services. Examples include the adaptation of automation and smart technology in laboratories and implementation of smart surveillance systems. Additionally, a sharing forum has been organised in February 2025 providing a platform for participants to share their experiences and insights, facilitate exchange of ideas.



A half-day sharing session by HA delegates was held on 25 October 2024 to share the infection disease and infection control experience in Hong Kong.

北京市疾病预防控制中心

<https://www.bjcdc.org/cdmodule/jcdc/bssm/2024/111108.shtml>



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通知公告

香港医管局专业人员访问北京市疾病预防控制中心

发布日期: 2024-10-25 浏览量: 235 访问来源: 金保健康中心/北京疾病预防控制中心 【字体: 大 中 小】

2024年10月25日,香港特别行政区政府医管局(以下简称“香港医管局”)专业人员到北京市疾病预防控制中心(以下简称“北京市疾病预防控制中心”)进行访问交流。

根据双方签订的《京港传染病与感染控制交流计划》,香港医管局代表团一行10人,由中心主任王斌带队,并邀请北京市疾病预防控制中心相关专家及工作人员陪同。双方就传染病防控、实验室检测、感染控制、健康教育等方面进行了交流。

在交流过程中,双方就传染病防控策略与方法、实验室检测、感染控制策略等进行了深入探讨。双方专家就交流、交流成果、共同合作等方面进行了交流。

此次交流访问不仅加深了双方在业务工作上的了解,也为双方未来的合作奠定了坚实基础。双方将继续密切合作,共同提升传染病防控能力。



A newsfeed about the visit to Beijing Centre for Diseases Prevention and Control (北京市疾病预防控制中心) by HA delegates was published in its official webpage

Way Forward

The goal of the five-year IDIC Training Plan 2022-2027 is to enhance HA's preparedness for managing infectious diseases and to foster a knowledgeable and skilled workforce in infection control. Over the years, the vital components of the Plan, including theme-based training seminars, emergency preparedness initiatives and pilot attachment programme, were well received by participants. The IDCTC is committed to continue the provision of high-quality training programmes in the coming year by building on the success of previous years and integrating feedback from participants.

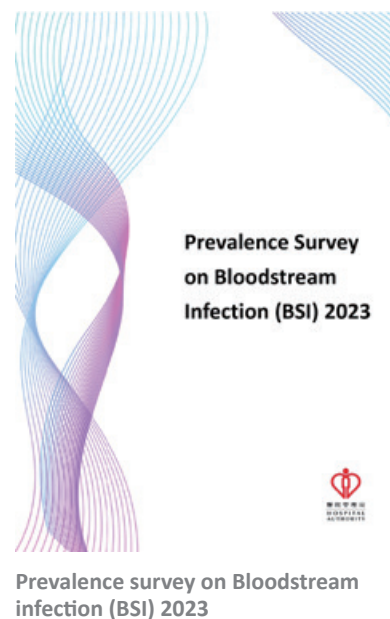
Point Prevalence Survey on Bloodstream Infection (BSI) in Public Hospitals

Introduction

A Point Prevalence Survey on BSI ("Survey") was conducted to assess the prevalence of hospital-acquired BSI, review hospital policy and care practices of peripheral venous catheter (PVC) care in public hospitals. The goal was to understand the situation and identify areas for improvement.

The Survey was conducted in two phases—the pilot study and live run. The pilot study was completed in June 2023, it tested survey methods and data collection to ensure that the methodology is robust and accurate. The results of pilot phase were shared in the previous report.

Live run of the Survey was conducted in November 2023 and included all wards fulfilling selection criteria from 32 hospitals. It was joined by members who had also participated in the pilot study to ensure continuity.



Highlights

The Survey was divided into three parts. Part 1 focused on the prevalence of BSI, Part 2 examined departmental policies on PVC care while Part 3 aimed at understanding the compliance of PVC care to current recommendations.

Part 1: Prevalence of BSI

A total of 32 hospitals from 7 clusters participated in the live run of the study. A total of 17,804 patients were surveyed and included in the analysis. Among them, 302 cases of BSI were identified. The overall prevalence of BSI was 1.7% (95% CI: 1.51%-1.89%). Among those patients with BSI, 100 were classified as hospital acquired BSI (HA-BSI) and 31 of these patients were further sub-classified as hospital-acquired catheter-associated BSI (HA-CABSI). The prevalence of HA-BSI and HA-CABSI were 0.56% (95% CI: 0.45%-0.67%) and 0.17% (0.11%-0.24%) respectively. The most common causative organisms of BSI were *E. coli* (37.7%) and *Klebsiella* species (12.6%). The most commonly used antibiotics were amoxicillin-clavulanate (50.0%), piperacillin-tazobactam (43.0%), meropenem (27.5%), vancomycin (20.5%) and ceftriaxone (15.6%).

Part 2: PVC Care Policy

For Part 2, we collected feedback on PVC policy from 130 departments of 32 hospitals. Most departments (99%) followed guidelines for PVC insertion and maintenance care and provided training on these practices to healthcare personnel. All surveyed departments had policies to disinfect skin with antiseptics, avoid touching the insertion site after antiseptic application and allow antiseptics to dry before PVC insertion. They also use sterile, transparent and semipermeable dressing to cover the PVC site. Additionally, 98% of surveyed departments required staff to wear clean gloves for catheter insertion and 96% documented the date and time

of PVC insertion. In terms of catheter care, all departments mandated their staff to stabilise and secure PVC and associated tubing and scrub the injection port with antiseptic prior to accessing the system. However, only 58% conducted regular audits on PVC care and 49% did so for PVC insertion practices.

Part 3: Audit checklist for PVC compliance

For Part 3, among 17,643 patients in the hospital on survey day, 49.4% had PVC. We surveyed one third of these patients (30.2%) and assessed 2,876 PVC for compliance to PVC care. Good compliance to PVC insertion on the upper extremity (95.3%) was observed. Good compliance was observed in documentation of the site and date of PVC insertion (92%). Other care practices also showed good compliance, including use of dressing and securement device that does not fringe inspection (95%), securing the PVC (100%), use of sterile, transparent, semipermeable dressing to cover the PVC site (100%) and keeping PVC insertion site clean and dry (98%). Daily inspections of the PVC insertion site were conducted 96% of case.

Comparison with overseas countries and Recommendations

The local prevalence of HA-BSI and HA-CABSI are lower than countries like Greece, Singapore and those reported by the European Centre for Disease Prevention and Control (ECDC), but higher than the UK.

Country	Year	Settings	Sample size	Total BSI prevalence	HA-BSI prevalence	HA-CA-BSI prevalence
Hong Kong	2024	32 hospitals in 7 clusters	17,804	1.7%	0.56%	0.17%
Greece	2022	8 acute hospitals	1,188	-	1.85%	-
Singapore	2017	13 general and specialty acute-care hospitals	5,415	-	1.16%	0.24%
ECDC	2016-2017	1209 acute hospitals	310,755	-	0.68%	0.24%
UK	2016	88 NHS Trusts and 6 independent organisations	48,312	-	0.46%	0.13%
US	2011	183 hospitals	11,282	0.77%	-	-

Comparison of local BSI prevalence with overseas studies

The overall policy of PVC care at departmental level was satisfactory. The major discrepancy with existing guidelines noted was the failure for surveyed department to set a minimum scrub time of 15 seconds for the injection port prior to accessing the system. Additionally, the gap between the actual compliance with PVC care practices (from Part 3) and the departmental policy (from Part 2) highlights the need for a regular audit and feedback system. This would ensure that healthcare personnel consistently follow departmental policy and adhere to best practice to promote the highest standards of patient safety and quality of care.

Way Forward

The Survey helps assess current practices and identify gaps. Accurate documentation of catheter details can ensure patient safety and enable effective audits. Including PVC removal upon early signs of phlebitis in the daily checklist allows clinical teams to take timely action to prevent development of BSI. Regular audits and monitoring compliance with recommendations will provide insights for continuous improvements.

Furthermore, HAI prevalence surveys play an important role in enhancing healthcare quality by identifying gaps between current practices and best practices, facilitating systemic improvements. In the future, we will continue to conduct various types of HAI prevalence surveys to maintain and uphold high standards of healthcare quality and safety.

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)** – co-ordinates HA's emergency preparedness and response activities 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, serving as the executive arm of the HA Central Committee on Infectious Diseases and Emergency Response (CCIDER), gathered advice from multidisciplinary experts as well as coordinated corporate-wide infection control strategies. The Office also maintained close monitoring of infectious diseases through proactive surveillances. Besides, collaboration with multiple stakeholders was undertaken to address emerging issues related to the management of infectious diseases.

Project Highlights

(i) Multifaceted Strategies to Control Multidrug-resistant Organisms (MDROs)

Ongoing efforts under a multi-pronged approach were made in 2024 as a further step to mitigate the risk of MDRO transmissions and protect vulnerable patients and staff.

To this end, CICO Office worked with cluster Infection Control Teams (ICT) to provide early Methicillin-resistant *Staphylococcus aureus* (MRSA) decolonisation/suppressive therapy to residents from Residential Care Homes for the Elderly (RCHE) upon admission and patients newly diagnosed with MRSA. Cluster ICTs also offer chlorhexidine gluconate (CHG) bathing agents to patients diagnosed with MDROs and non-ambulatory patients, and implement peripheral intravenous line care bundle audit in major hospitals. Moreover, regular reporting on MDRO statistics was conducted in high level meetings to enhance accountability of hospital management. In response to *Candida auris* (*C. auris*), CICO Office proactively collaborated with cluster ICTs to review the enhanced control strategies in late 2024, with an aim to mitigating its spread while optimising resources utilisation. For clinically-fit patients withheld from discharge due to *C. auris* carriage, the Office maintained close liaison with the Infection Control Branch (ICB) of the Centre for Health Protection (CHP) and Social Welfare Department (SWD) from March 2024 onwards to streamline discharge arrangements of these patients from RCHEs with suboptimal infection control infrastructures. This included expediting *C. auris* clearance through decolonisation, lateral transfer of residents to RHCE with proper isolation facilities, and enhancing isolation facilities in the RCHEs as much as possible.

With coordinated efforts from all parties, it is pleased to observe that all MDRO-related key performance indicators (KPIs)¹ set by the Expert Committee on Antimicrobial Resistance (EC) have been met in 2024. A substantial reduction in the number of *C. auris* new cases has also been observed, decreasing from around 390 cases in 2023 to 280 cases in 2024. Also, there are no more patients withheld for discharge due to *C. auris* carriage thus far.

(ii) Tech-powered Fight Against Antimicrobial Resistance

HA has embraced technological advancements to promote judicious use of antimicrobials and has introduced the Smart Antibiotic Stewardship Programme (ASP)² in 17 acute hospitals, involving one big gun antibiotic as a pilot run since early January 2024. Following its successful launch, the programme progressively extended to cover seven big gun antibiotics and three intravenous-to-oral switches of antibiotics in May and October 2024, respectively.

During the programme development, CICO Office solicited expert advice from a panel of HA specialists, formulated indications and analytical rules for potentially improper prescriptions, and prepared quick guide as well as a designated intranet webpage to facilitate information access for clinicians. In parallel, the Office produced and regularly reviewed related training and educational materials to enhance ASP knowledge and optimal prescription of antimicrobials among clinicians and pharmacists.



Smart Tips on Antimicrobial Use (Issue no. 4)

Through concerted efforts, a substantial decline on the overall usage of certain big gun antibiotics, including Tazocin and Meropenem, has been observed in HA during the second half of 2024.

(iii) Corporate-wide Prevalence Survey (PS) on Bloodstream Infections (BSI)

BSI is one of the most common healthcare-associated infections. A PS on BSI, covering 32 hospitals, was conducted in late 2023 to gain an in-depth understanding of the current landscape of BSI in HA and thus effectively prevent the infections. To support this corporate-wide initiative, CICO Office served as a coordinating role under close collaboration with ICB of CHP and ICT, including organising briefings to ICTs, facilitating data collection and performing data validation.

With tireless work from all stakeholders throughout 2024, the corporate report was issued in early 2025. Notably, the report highlighted the most common causative organisms for BSI, the most commonly used antibiotics used, peripheral venous catheter (PVC) care policies, practices and overall satisfactory compliance. The gaps in PVC care identified would be conducive to the implementation of best practices so as to promote the highest standards of patient safety and quality of care.

- 1 The KPI include (a) IT system enhancements to support Antibiotic Stewardship Programme as recommended by EC since 2021 to be implemented by 2024; (b) no year-on-year increase in proportion of *E. coli* non-susceptible to carbapenems from blood culture specimens collected > 48 hours after hospital admission from 2023 onwards; and (c) year-on-year decrease in proportion of MRSA and acinetobacter with reduced susceptibility to carbapenems in participating hospitals by 2024.
- 2 The Smart ASP is a protocol-driven IT tool that enables automatic identification of potentially inappropriate use of broad-spectrum antibiotic, which facilitates clinical decisions through automatic reminders in In-Patient Medication Order Entry (IPMOE).

(iv) Enhanced Post-COVID-19 Pandemic Respiratory Viruses Testing

To cope with the evolving epidemiology of respiratory infections and sustain prompt surveillance of SARS-CoV-2 in the post-COVID era, CICO Office coordinated the bidding process for the 2024/25 annual plan of post-COVID-19 pandemic respiratory viruses testing, along with related tender support. The programme was launched since October 2024 after coordinated efforts.

Under the programme, the spectrum of respiratory viruses under surveillance has been expanded through multiplex polymerase chain reaction (PCR) testing for paediatric patients and Intensive Care Unit (ICU) adult patients. Moreover, influenza A, B, RSV and SARS-CoV-2 PCR tests would be performed for some seriously ill adult patients on high-flow oxygen therapy as part of enhanced surveillance. With the enhanced surveillance in place, appropriate treatment and infection control measures could be initiated early to patients which ultimately improved patient outcomes and mitigated the risk of respiratory virus transmissions.

WAY FORWARD

CICO Office will continue to monitor infectious disease situations and collaborate with stakeholders to enhance infection control strategies based on the latest scientific evidence.

HOMICC

Introduction

The Major Incident Control Centre (MICC) plays a pivotal role in coordinating various stakeholders and departments, both in the HAHO and across clusters, during disasters or major incidents. It facilitates activation of response plans, mobilising resources, monitoring the situation while ensuring effective communication with various strategic partners, such as the Fire Services Department (FSD), Hong Kong Police Force (HKPF), and the CHP, etc.

The MICC also provides executive support to a number of corporate-wide initiatives. In 2024, one significant advancement was the implementation of AI in computed tomography scans for brain (CTB) across 17 Accident & Emergency (A&E) departments, which remarkably enhanced diagnostic capabilities. Additionally, the establishment of the Hong Kong Poison Control Centre (HKPCC) fortified the poison management, not only providing critical support in emergency situations but expanded the scope of services. The "InTraCare", a smart project under the Central Committee in Trauma Services, streamlined the capture and notification of trauma patients' information, ensuring that healthcare providers have timely access to vital data. Last but not least, the establishment of Hospital Authority Special Duty Cadre (HASDC) signified the HA's contributions to territory-wide events, such as the National Games (NG) and the External Classification of the International Search and Rescue Advisory Group (INSARAG).

Project Highlights

(i) The Story of AI CTB in A&E Departments

Advancing Emergency Care with AI CTB

The implementation of the AI CTB system across 17 A&E departments marks a significant milestone in acute clinical settings. With concerted effort by the Coordinating Committee (COC) in A&E and the COC in Radiology (Rad), along with executive support rendered by IEC, this initiative was supported in the Service Management Meeting (SMM) in A&E in 2022 and arrived full deployment in April 2024.

Enhancing Decision Support and Collaboration

AI CTB employs advanced machine-learning algorithms to detect and localise intracranial haemorrhage (ICH) and midline shift (MLS) in CT scans, providing near-instantaneous results. It facilitates timely decision support for diagnosis and alert clinicians for further work-up as appropriate. Its integration into the clinical management system (CMS) further enhances interoperability across medical disciplines, fostering stronger multidisciplinary collaboration. Encouragingly, 91% of AI-generated findings were reviewed by attending clinicians at the early phase of implementation, signified the system's role in supporting clinical decision-making. Additionally, AI-generated results are accessible by other specialties beyond A&E, ensuring that the attending specialty can review the AI findings immediately right after patients' admission, thus facilitating the continuity of care while eliminating unnecessary repetitions of scans or handovers between departments.

Supporting Radiology and Future Directions

Beyond its frontline applications as decision support tool, AI CTB has supported radiology departments by alleviating the burden of caseloads and manpower stresses. The implementation led to a notable reduction in default reporting rates compared to the previous year's baseline reports.

Commitment to Continuous Improvement

While AI CTB represents a meaningful advancement in emergency medicine, its continued success depends on ongoing evaluation and refinement. Through model improvements and the potential expansion of its applications, AI CTB remains a valuable tool in improving diagnostic precision, optimising clinical workflows, and ultimately enhancing patient care and safety.

(ii) The Evolvement from HA Toxicology Services (HATS) to HKPCC

The HATS has been established since 2005, comprising four key clinical units: the Hong Kong Poison Information Centre (HKPIC), the Prince of Wales Hospital Poison Treatment Centre (PWHPTC), the Toxicology Reference Laboratory (TRL), and a specialised team from the Chief Pharmacist's Office (CPO). For nearly two decades, HATS has provided comprehensive toxicology services throughout Hong Kong.

Established with the support of the Government of the Hong Kong Special Administrative Region, HKPCC was launched in November 2024. The Centre not only integrates the existing HATS, but also strengthens poison control and prevention of poisoning. In its inaugural year, HKPCC successfully established three sub-centres and fostered collaborations with relevant stakeholders.

- **Integrated Chinese-Western Medicine (ICWM) Treatment Safety Office:**

Makes recommendations on ICWM applications, updates and evaluates safety guidelines regularly, and provides training for Chinese medicine practitioners and dispensers to ensure medication safety in support of ICWM development.

- **Drug of Abuse (DoA) Early Warning Office:**

Proactively addresses the alarming rise in "space oil drug" abuse in the community and collaborates with the Narcotics Division, the Department of Health, social workers and schools to combat substance abuse through public education and early identification of potential abusers.

- **Antidote Coordination Centre (ACC):**

Plays a crucial role in the urgent procurement and coordination of antidote applications amid the outbreak of botulism related to cosmetic injections in July 2024.

In response to the national policy addressing the deficiencies in specialised and standardised training for clinical diagnosis and treatment of poisoning in the country, HKPCC has co-organised a Basic Clinical Toxicology Course with provincial medical bodies in Nanjing (南京) and Changsha (长沙) in 2024, and further collaboration is planned for 2025 with hospitals from 11 province-level divisions (PLD) in China.

(iii) HASDC Members' Contributions in NG and INASRAG Classification

In the fourth quarter (4Q) of 2025, the 15th NG, the 12th National Games for Persons with Disabilities (NGD), and the 9th National Special Olympic Games (NSOG) will be co-hosted by the Guangdong (廣東), Hong Kong, and Macao authorities. The HA is tasked with providing medical services to eligible participants in these prestigious events. To ensure a high standard of medical care, both Hawk and Falcon members from the HASDC are poised to support these exciting competitions. Our core team members of the HASDC together with the HOMICC colleagues have already demonstrated a strong commitment to preparedness and collaboration with strategic partners through participation in various site visits, drills and test events. Other HASDC members will also be equipped to provide top-notch support, contributing to the overall success and safety of the events.

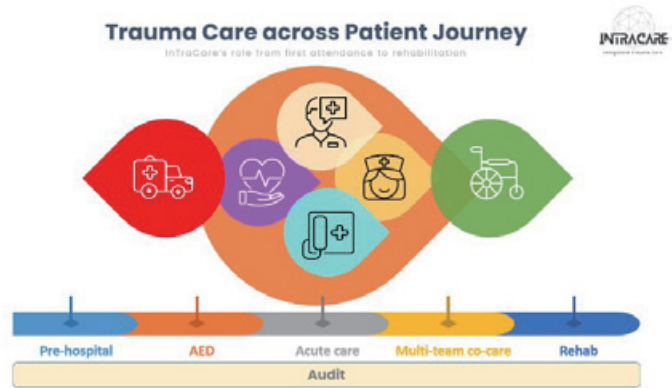


Another key highlight of the HASDC is the involvement of selected members in providing medical expertise to support the Hong Kong FSD Disaster Response and Rescue Team (DRRT) in striving for the external classification as a "Medium International Urban Search and Rescue Team" from the INSARAG, established under the United Nations (UN). These members have undergone extensive training, including classroom instruction, workshops, and rigorous 36-hour drills, to enhance their collaboration, operational readiness, and ability to perform effectively beyond their comfort zones. The INSARAG classification assessment is scheduled for the first half of 2026, and the HA will continue to provide unwavering support for this challenging mission.

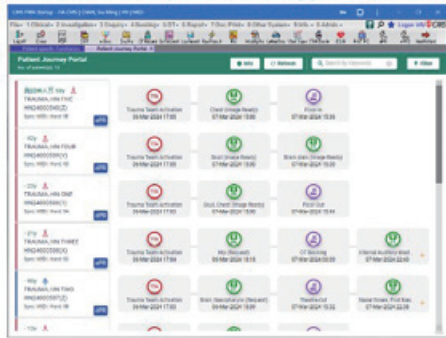


(iv) The Journey of Trauma Patients Through InTraCARE

The InTraCare project, short for **Integrated Trauma Care**, was initiated in mid-2022 with the aim of streamlining patient-centric information flow, providing reliable data-driven care, strengthening multidisciplinary communication and collaboration, and capturing data for continuous monitoring and audit. This is achieved through near real-time clinical information aggregation and dissemination throughout the entire patient journey in a trauma setting.



CMS Patient Journey Portal for Tagged Trauma Cases



With support obtained from senior management in late 2023, a **Minimum Viable Product (MVP)** version of InTraCare was swiftly developed by the HO IT&HI team and rolled out to all **five Trauma Centres and Pamela Youde Nethersole Eastern Hospital (PYNEH)** by the fourth quarter of 2024. The MVP features a **Patient Journey Portal** for trauma cases, enabling trauma teams to easily identify all trauma patients through an at-a-glance information platform, thus facilitating multidisciplinary co-care and management.

The MVP version of the **Patient Journey Portal** focuses on trauma cases tagged upon admission to the A&E Department, as well as the status of investigations and operations during the **Acute Care Phase** of trauma patient care.

To further advance seamless multidisciplinary collaboration and strengthen trauma service provision in the HA, the InTraCare project will continue to explore the opportunities for integrating data from trauma-related systems, potentially focusing on pre-hospital and resuscitation-related information in the **Pre-hospital** and **A&E Department Phases** as the next phase of development.

Way Forward

The MICC Team will continue to seek opportunities to enhance the HA's capabilities for swift emergency response. Together with our partners in the Head Office and the seven clusters within the Hospital Authority Emergency Operation Centre (HAEOC), the MICC Team will remain steadfast in overcoming the challenges ahead.

CCPS

Introduction

The Corporate Clinical Psychology Services (CCPS) of the HA was established in 1996. In early 2002, the Oasis–Center for Personal Growth & Crisis Intervention (Oasis) was set up under CCPS to further promote the psychological wellness of staff and provide psychological support as well as related services for HA staff.

In addition to the professional psychological services provided by clinical psychologists, our centre addresses the holistic needs of HA staff. A wide range of Personal Growth & Development services, such as consultations, talks, workshops, and retreats, are offered to foster resilience, positive attitudes, and overall wellbeing.

Project Highlights

(i) Resilience Programmes on Mindfulness & Self-compassion

In the face of increasing service demands, challenging working environment involving life-and-death situations, and the aftermath of different major crises in recent years, HA staff have been prone to elevated psychological distress, burnout and other mental health issues. To promote the psychological wellbeing and resilience of HA staff, CCPS was supported by the SARS Education Fund to conduct the following new intervention programmes, which have proven effective in building resilience and alleviating compassion fatigue, burnout, and stress-related symptoms:

1. 1-day Mindfulness and Self-compassion Retreats for frontline staff
2. 5-day Mindful Self-compassion Intensive Programme for staff psychological service providers/planners

The CCPS has engaged a qualified training organiser (Centre on Behavioural Health, the University of Hong Kong) to conduct six classes of retreats and one class of the 5-day programme in 2024. Over 300 participants attended the programmes. According to programme evaluations, participants appreciated the overall arrangement of the programmes (rating: 4.7/5.0) and their impact on strengthening coping strategies and resilience (rating: 4.6/5.0).



Mindful Eating Exercise during the 5-day Mindful Self-compassion Intensive Programme

Four additional classes of retreats will be held in 2025. CCPS will also develop new services/ resources on mindfulness/self-compassion to extend the benefits of these practices to more HA staff.

(ii) Increase in Accessibility of Self-help Services

To facilitate HA staff's access to psychological resources and encourage their practice of self-help exercises, CCPS collaborated with Critical Incident Psychological Services (CIPS) Centres to set up Staff Well-being Space in different hospitals. These spaces provide relaxing areas with a range of self-help and psychoeducational materials for self-care. Staff were welcome to unwind and enjoy relaxation/ mindfulness/ focusing activities at designated venues. As of December 2024, Staff Well-being Space was available in HAHO and 13 hospitals.



Staff Wellbeing Space at HAHO

In addition, CCPS made use of the Staff Well-being Space at HAHO to pilot-launch a series of guided short relaxation sessions, namely Chill Stay Lunch (星期二 · 鬆弛易), in a hybrid manner (face-to-face/online) at different times of the day at staff's convenience every Tuesday. These sessions allowed staff to practise relaxation/ mindfulness skills under the guidance of Clinical Psychologists (CPs). From March to December 2024, this initiative recorded 432 attendances and received encouraging feedback for further development.

(iii) Mental Health Promotion

CCPS continued its efforts to raise mental health awareness among HA staff and strengthen their coping skills through various mental health promotion activities. Highlights were as follows:

1. Psychoeducation Videos, Quizzes and App Challenge

Throughout the year, CCPS further developed its new promotion channel, "Question and Answer Series by Clinical Psychologists" ("臨床心理學家你問我答系列"), for psychoeducation and staff engagement. In-house production of 39 episodes, comprising 19 videos and relevant quizzes, were introduced to share fun facts and wellness tips on diverse topics (e.g., sleep hygiene, parenting, mindfulness, emotional support, biofeedback, dementia). The channel effectively captured staff's attention in mental health promotion, recording approximately 42,000 view counts for the videos and 26,000 submissions for the quizzes as of 31 December 2024.



Video on Sleeping Hygiene



myOasis App Challenge

2. myOasis App Challenge and Quizzes

With the increasing use of the myOasis app by HA staff, CCPS also initiated new promotional activities to familiarise users with the app's different functions and mental health content. An app challenge aimed at boosting user logins and two quizzes on Dealing with Worries and Behavioural Activation (low-intensity cognitive behavioural therapies) were carried out in 2024. These activities successfully engaged over 5,000 myOasis users.

3. Mental Health Talk

To promote HA staff's mental health literacy and help-seeking behaviours, CCPS extended the "臨床心理學家你問我答系列" from its video channel to a series of mental health talks featuring speakers from different fields. The CCPS made the debut by inviting Mr Hins CHEUNG (張敬軒), a Cantopop singer, to share his mental health journey with HA staff on 23 January 2025. Mr CHEUNG candidly talked about his personal struggles and offered practical tips for overcoming life challenges.



Opening Speech by Dr Michael Wong, D(Q&S)



Mr Hins CHEUNG Sharing His Mental Health Journey with Participants

The event received overwhelming responses with over 2,500 enrolments and 1,100 attendances. Evaluation results were also outstanding (a rating of 4.7/5.0 or above in all aspects). With Mr CHEUNG's renowned profile, the sharing was particularly inspirational and influential; some audience members even delightfully shared their experience, reflections, and the event's key messages (e.g. self-care) on social media, extending the talk's impact to more people. CCPS will explore more potential speakers and topics for continuation of the series in the near future.

Way Forward

To meet the growing psychological needs of HA staff, Oasis will continue to proactively strengthen its staff psychological services and engage colleagues in related activities, including, but not limited to, the development of new mental health programmes, the formulation of innovative promotion strategies, the enhancement of e-psychological services, and collaboration with other departments.

PATIENT RELATIONS AND ENGAGEMENT

Introduction

Patient experience is a crucial aspect of quality improvement in modern healthcare delivery. To advance the public healthcare system towards sustainable development, HA is dedicated to fostering innovative growth and digital transformation to improve user experience. By leveraging information technology, patients can now easily submit feedback and concerns through various digital platforms, ensuring their voices are heard.

The following outlines the key components of HA's complaint statistics and PRED's work for 2024-25.

Project Highlights

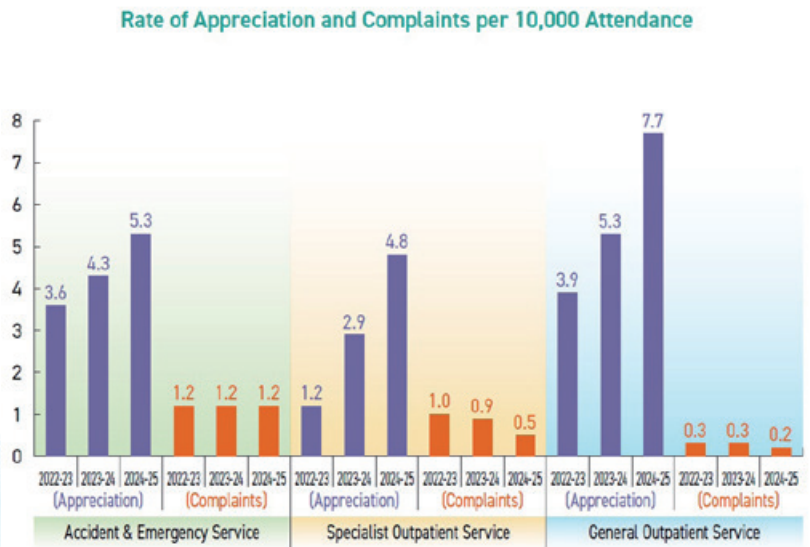
A. Overview of Complaint Statistics in HA

In 2024-25, HA received 1,752 complaints, representing a 16% decrease, particularly in cases related to staff attitude, medical services, and administrative procedures as compared to 2023-24. This was consistent with HA's and hospitals' efforts to enhance patient-centred communication and render early assistance in addressing questions and concerns of patients/ families. Another prioritised area of patient relations in the past year was promoting a culture of collaboration and appreciation by providing more user-friendly feedback channels, such as the HA Go mobile application. This effort is reflected in the encouraging 34% increase in the number of appreciations received, reaching a total of 58,422. This substantial rise also suggested that the majority of patients were satisfied with HA's services.

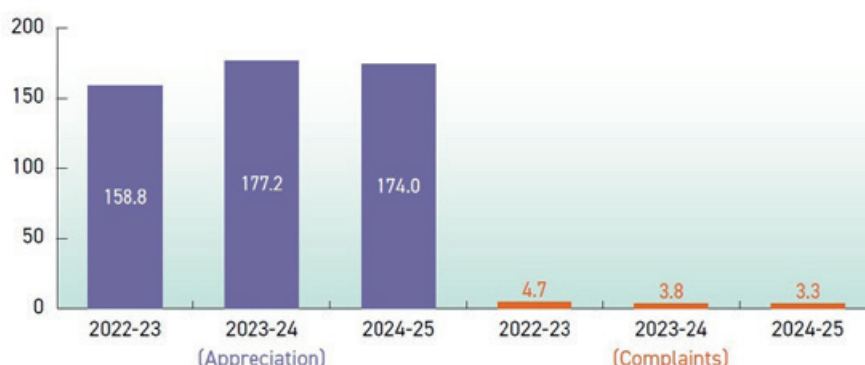
The statistics on public complaints, feedback, appreciation, and request for assistance received by HA hospitals and its General Out-patient Clinics for 2024-25 were summarised as follows:

Appreciation	Complaints	Feedback	Request for Assistance
58,442	1,752	17,451	17,580

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



Rate of Appreciation and Complaints
per 10,000 Inpatient and Day Patient Discharge and Death



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

B. Independent Comprehensive Surveys

HA adopts a three-pronged approach to proactively listen to patients' voices for service enhancement.

(a) 2023 Patient Experience Survey (PES) on Inpatient Service

The fieldwork of the latest PES on Inpatient Service was conducted from October 2023 to April 2024 via telephone and electronic platforms, successfully recruited approximately 10,000 patients discharged from 26 selected public hospitals. The overall patient experience was consistently very positive across all participating hospitals. 91% of the respondents rated their overall experience 7 and above on a 0-10 scoring scale, with a mean score of 8.1. A public report on the findings was released in December 2024, and detailed Survey findings can be found in the Full Report available on the HA website: https://www.ha.org.hk/haho/ho/hesd/pes_23_en.pdf



(b) Short Surveys Conducted via HA Go

With the growing utilisation of HA's mobile application HA Go, HA seized the opportunities to pilot sending short surveys via HA Go for agile collection of patients' experience and timely evaluation of the services provided. In September 2024, the first thematic short survey on HA Go User Experience was successfully completed, with nearly 160,000 respondents giving an average score of 4.29 out of 5. Another short survey via HA Go was piloted on Specialist Outpatient Clinics (SOPCs) Service in two public hospitals from November 2024 to January 2025. Nearly 9,000 SOPC patients responded to the survey after their consultation and the average score was 4.11 out of 5. During evaluation, patients gave positive feedback regarding HA's initiative to listen to their voices, and staff also found the survey results timely and specific for identifying areas for improvement. HA plans to roll out this short survey to all SOPCs in 2025.

(c) "Patient-Partners" by Patient Volunteer Groups

Volunteer participation is important to meet the multi-faceted needs of patients throughout their patient journey. As such, HA has engaged patient volunteers as "Patient-Partners" to evaluate the SOPC services they have personally received via a short questionnaire, and to participate in focus group sharing afterwards for a deeper understanding of their experience. "Patient-Partners" will also act as ambassadors to assist other patients in filling out the questionnaire after consultation. This initiative is set to be rolled out in the second quarter of 2025, starting with major hospitals of each Cluster.

C. Enhancing Capacity and Staff Competencies in Conflict Resolution

To strengthen conflict resolution and enhance staff competencies, HA implemented several initiatives focused on training and development. Training sessions that were organised included complaints training workshops and a bi-monthly webinar series titled "5:00 拆彈大本營". The webinar series equip participants with practical skills to navigate challenging situations. By engaging in these real-life scenarios, participants leave the series with theoretical knowledge and concrete strategies they can apply in their everyday interactions, ultimately fostering stronger relationships with patients and their families. Since its launch in March 2021, a total of 6,011 accounts have joined the series, receiving an overall rating of five out of six based on participant evaluations.

Cluster partnership programmes and attachees programme on complaints management were organised for 145 Patient Relations Officers and clinical leaders from clusters to attend Public Complaints Committee (PCC) Panel Meetings. This provided them with invaluable insights into the workings of HA's complaints handling process and promoted a culture of shared learning and best practices.

PRED WEBINAR SERIES ON COMPLAINTS MANAGEMENT
5:00 拆彈大本營

Topic
• Handling Complaints Related to Physical Restraint

What You Can Learn
• Fundamental principles of applying physical restraint & common concerns that may arise
• Practical strategies to prevent complaints & conflicts associated with physical restraint

Guest Speaker
• Dr CHAN Yu-hung, Deputy Service Director (Quality & Safety) of Kowloon
• Mr CHAN Man-tek, Manager (Nursing)/Chief Nursing Officer of HAHO

Details
• Date: 25 November 2024 (MON)
• Time: 5:00 - 5:30 pm
• Target Participants: Complaints management personnel & frontline staff who need to handle patient complaints

Join Us
• Zoom ID: 949 4973 5121
• Password: 500

For enquiries, please contact Mr Fionn NG (Tel: 2300 6440) or Mr Sunny MAK (Tel: 2300 8631).

PRED WEBINAR SERIES ON COMPLAINTS MANAGEMENT
「5:00 拆彈大本營」

Topic
• Pitfalls of Complaint Management in Frontline Clinical Settings

What You Can Learn
• Identify pitfalls in complaint handling in frontline clinical settings and their impact on patient care
• Explore effective strategies for improving complaint resolution in frontline clinical settings

Details
• Date: 25 March 2025 (Tuesday)
• Time: 5:00 - 5:30 pm
• Target Participants: Complaints management personnel & frontline staff who need to handle patient complaints

Join Us
• Zoom ID: 989 5008 3777
• Password: 500

For enquiries, please contact Mr Fionn WONG (Tel: 2300 7112) or Mr Sunny MAK (Tel: 2300 8631).

PRED WEBINAR SERIES ON COMPLAINTS MANAGEMENT
5:00 拆彈大本營

Topic
• From Experience to Opportunity: Enhancing Communication for Positive Patient Relations

What You Can Learn
• Understand the patients' experiences and expectation in their hospital journey
• How to enhance communication with patients to drive service improvement

Guest Speaker
• Mr Roy TSUT, Manager (PR&E)

Details
• Date: 15 January 2025 (Wednesday)
• Time: 5:00 - 5:30 pm
• Target Participants: Complaints management personnel & frontline staff who need to handle patient complaints

Join Us
• Zoom ID: 977 4495 6108
• Password: 500

For enquiries, please contact Mr Fionn WONG (Tel: 2300 7112) or Mr Sunny MAK (Tel: 2300 8631).

D. Recognising HA's Effort in Complaints Handling and Customer Services

The HA was awarded "The Ombudsman's Awards 2024 – Information Technology Application and Creativity Award" by the Office of the Ombudsman in recognition of its commitment and efforts in exploring the use of innovative methods and technology to enhance service quality and improve patient experience. Three HA colleagues, namely Dr CHEUNG Hon-ming, Deputy Hospital Chief Executive of Prince of Wales Hospital and Deputy Service Director (Quality & Safety) of New Territories East Cluster, Ms LAU Lai-ying Lillian, Executive Officer I (Health Informatics) of Hospital Authority Head Office and Dr MOK Ka-leung, Consultant (Accident and Emergency) of Ruttonjee Hospital received The Ombudsman's Awards for Officers of Public Organisations.



WAY FORWARD

PRED will continue to collaborate with stakeholders to foster a close partnership with patients, and promote a positive feedback culture to facilitate continuous service improvement.

PATIENT SAFETY AND RISK MANAGEMENT

Introduction

Patient Safety and Risk Management Department (PS&RM) has maintained its commitment to enhancing patient safety and healthcare quality across the HA. Our initiatives have focused on strengthening risk management strategies, implementing key risk reduction projects and delivering training programmes, ensuring alignment with organisational objectives to achieve improvements in patient care standards. Through continued support of Coordinating Committees (COC), including Orthopaedics & Traumatology, Ophthalmology, Obstetrics & Gynaecology, and Paediatrics, PS&RM has facilitated various safety programmes and innovative technology integration. We remain committed to advancing healthcare excellence and safety for all patients.

Project Highlights

1. Hong Kong Breast Milk Bank

The establishment of the Hong Kong Breast Milk Bank (HKBMB) marks a significant milestone in neonatal healthcare services. This pioneering initiative, aligned with the 2023 Policy Address directives, provides critically ill and premature infants with access to safe, high-quality, and nutritious donor breast milk, addressing an important clinical need while setting new standards for quality and safety in healthcare services.



HKBMB enhances patient safety through rigorous quality control measures, including comprehensive donor screening, pasteurisation processes, and strict storage protocols aligned with international standards. By providing the highest levels of safety and nutritional quality of donor breast milk, it reduces the risk of life-threatening complications such as necrotising enterocolitis and late-onset sepsis in vulnerable newborns, reflecting how evidence-based practice could translate into improved clinical outcomes, shorter hospital stays, and better long-term development for these infants.

Since the service commencement of HKBMB on 6 January 2025, it has been receiving positive feedback and support from society, successfully reaching its initial target of collecting 1,000 liters of breast milk within six months. As of mid-July 2025, more than 280 mothers have successfully registered as breast milk donors, and approximately 1,200 liters of breast milk have been collected to provide extremely premature and critically ill newborns with optimal nutrition. Pasteurised breast milk from donors has been distributed to neonatal intensive care units (NICUs) in nine public hospitals and 200 infants with clinical needs had benefited from the programme. In these NICUs, medical teams carefully prescribe the pasteurized donor breast milk based on each infant's clinical needs. HKBMB meticulously tracks and records every step, from collection and processing to distribution, ensuring full traceability and enhancing accountability and transparency.

HKBMB exemplifies HA's commitment to compassionate, patient-centered care that makes a lasting difference for Hong Kong families. More than just addressing critical clinical needs, this initiative nurtures lives by building supportive networks for families, offering hope while fostering a breastfeeding culture in our community. As the service continues to grow, it will further strengthen Hong Kong's neonatal care system, ensuring more infants receive the best possible start in life while setting new standards for patient safety and holistic care.

2. High-Risk Medication – Safer Infusion

Infusion pump safety constitutes a critical healthcare priority given their extensive utilisation in the administration of medications, fluids and nutrients. Comprehensive measures have been implemented to enhance medication safety following systematic analysis of infusion-related incidents.

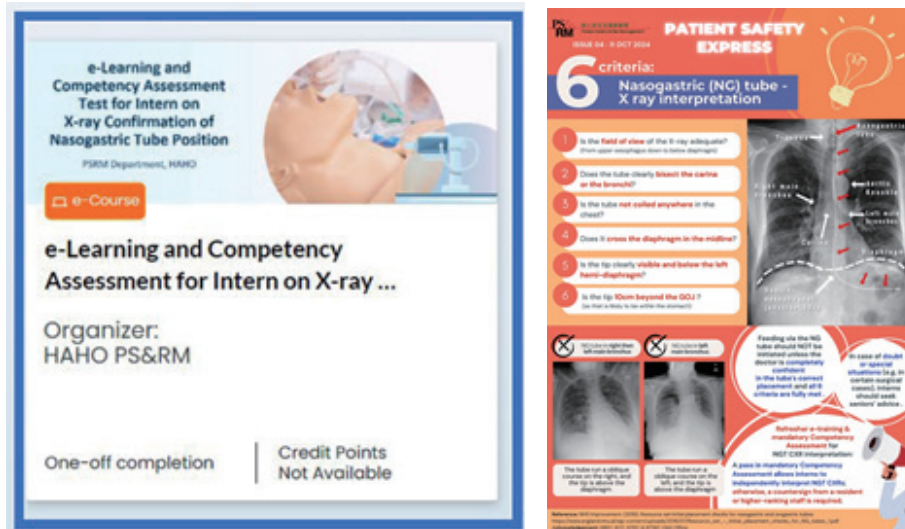
Four high-risk infusion drug groups were identified: Vasopressor, Opioid, Insulin, and Anticoagulant. Recognising the potentially severe consequences of errors involving these medications, proactive safety measures have been prioritised to strengthen medication management practices.

A comprehensive review of drug ordering practices across clusters has resulted in the standardisation of drug dilutions. A significant achievement has been realised through the development of a Corporate Standard Dilution Template (SDT) for the four high-risk infusion drug groups. Corporate SDT provides clinical staff with readily accessible reference information for managing high-risk drug infusions, helping to reduce the likelihood of errors and improve infusion safety.

The standardisation of dilution practices represents a pivotal step towards facilitating drug library development and supporting the future integration of smart pump technology.

3. Staff Competency Enhancement in Nasogastric Tube Verification

To strengthen the verification of nasogastric (NG) tube placement on X-rays, a mandatory online training programme with competency assessment was introduced for all medical interns. The initiative was complemented by the dissemination of six key interpretation criteria to all HA staff through Patient Safety Express, ensuring heightened awareness and reinforcing this critical knowledge among healthcare professionals.



Online course and Patient Safety Express on confirmation of nasogastric tube position

Additionally, through the concerted efforts of the COC (Radiology), the Sub-Committee for Diagnostic Radiography, HOIT&HI and PS&RM teams, the Generic Clinical Request System (GCRS) was enhanced with a new "For Nasogastric Tube Position" option in the predefined view list for chest X-ray orders. This enhancement facilitates clearer communication among healthcare professionals, ensuring chest X-ray images intended to confirm NG tube placement are taken using a view appropriate for this purpose.

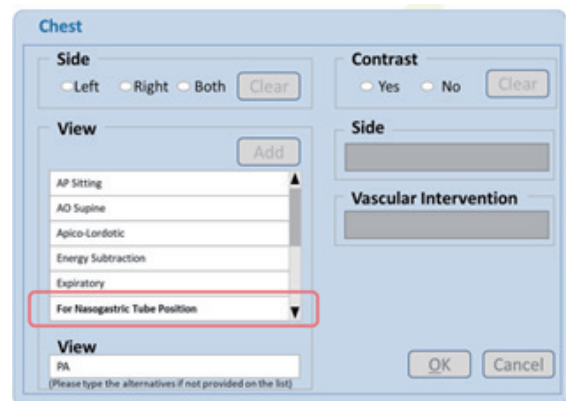


Illustration of New Option in GCRS Platform

4. Corporate Root Cause Analysis Training

As part of efforts to enhance incident investigation expertise, with a focus on system thinking and human factors engineering, the PS&RM department has introduced comprehensive corporate Root Cause Analysis (RCA) training programmes. Over the course of four two-day workshops delivered by an overseas RCA expert, more than 100 participants from across clusters — including RCA chairmen, facilitators, and Q&S staff — received hands-on training in conducting systematic RCA investigations.



A dedicated half-day interactive workshop was also conducted for senior management, ensuring alignment between operational staff and leadership in their commitment to effective incident investigation processes.

These training initiatives aims to enhance quality of incident investigations, and promote a culture of system thinking and continuous improvement in patient safety across the HA.



QUALITY & STANDARDS

Viral Hepatitis Management

Post-vaccination serological testing (PVST) for babies born to hepatitis B virus (HBV) infected mothers

Since January 2022, a collaborative initiative between HA and the Department of Health (DH) has been in place to reduce the risk of mother-to-child transmission (MTCT) of HBV. Under the PVST service, babies born to HBsAg-positive mothers are referred for blood tests to check for the presence of infection or immunity after completing the hepatitis B vaccination. An interim review conducted by the DH in 2024 showed that as of September 2024, approximately 95% of the babies enrolled in the PVST programme were sero-protected after the primary series of hepatitis B vaccination.

Management of patients with chronic hepatitis B (CHB) in primary care settings

A collaboration model for the management of adult patients with CHB has been launched with a pilot implementation in the Kowloon East Cluster (KEC) and Kowloon West Cluster (KWC) in 2023 and the New Territories East Cluster (NTEC) in 2024, with designated Family Medicine Specialist Clinics (FMSC) receiving referrals of suitable patients from the General Outpatient Clinics (GOPC) and hepatology clinics for CHB management.

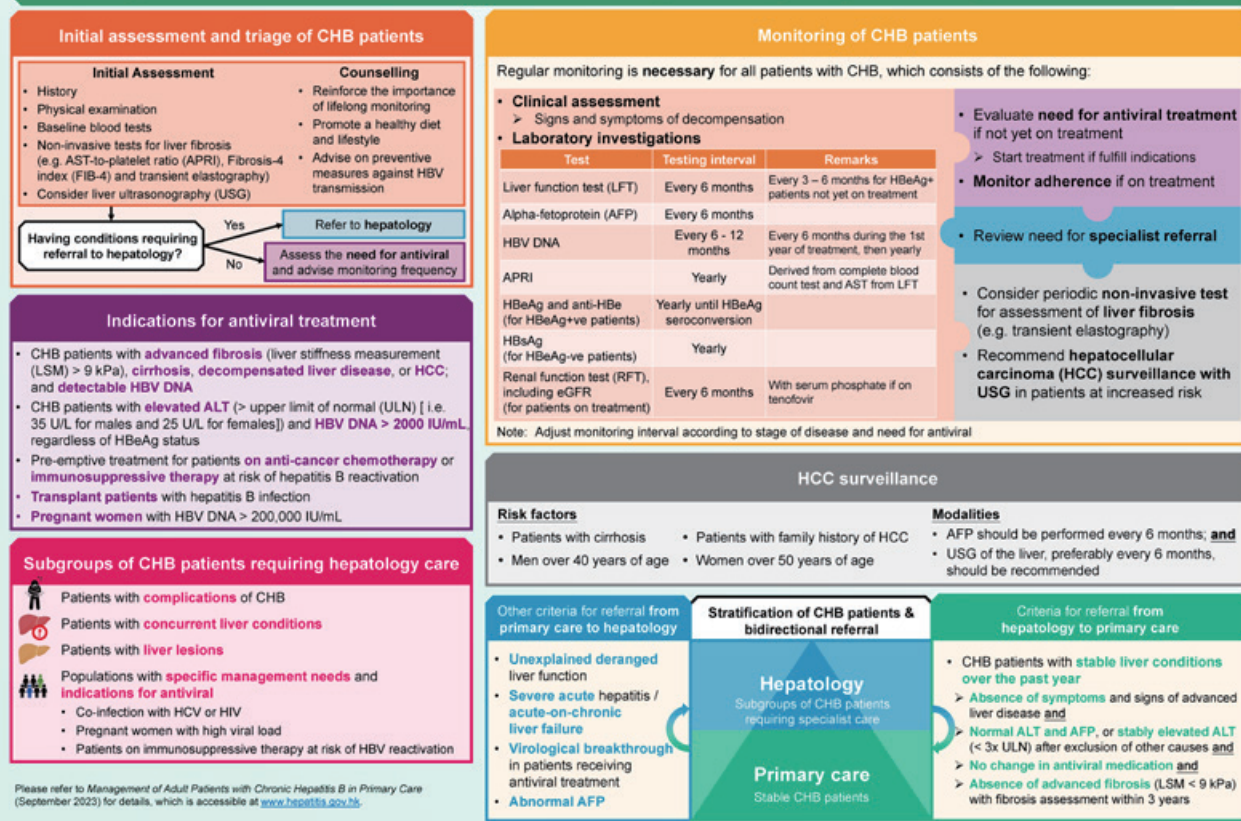
Drawing upon the experience from the KEC pilot programme, a document of information resources to guide the management of stable adult CHB patients in primary care settings was published in September 2023. This document was made available on the Viral Hepatitis Control Office's website of the DH for territory-wide promulgation to primary care physicians. Based on the experience from the KWC and NTEC collaboration models, the information resources will undergo further review with an aim to engage primary care physicians to support CHB management and enhance the territory-wide management capacity of CHB.

Macro-elimination of hepatitis C virus (HCV) in HA

To accomplish the goal of macro-elimination of HCV in HA, an ongoing review exercise has been in progress to identify patients with potential chronic HCV infection for appropriate management. Patients under the care of medical units have been gradually scheduled for appointments.

Starting from July 2024, patients identified in the review exercise who are not currently under the care of medical units have been contacted for further assessment and management. The outcomes of the review exercise and the number of patients arranged for treatment will be reviewed annually.

Management of Adult Patients with Chronic Hepatitis B (CHB) in Primary Care - Summary



Access Management – Specialist Outpatient Clinic

Specialist Outpatient Clinic (SOPC) new case waiting time has been a concern of the public and has all along been regularly monitored by HA in various management platforms. Under the steer of the Task Group on Sustainability (TG) formed under the HA Board's Executive Committee, various short-, medium-, and long-term measures and strategies have been implemented to address SOPC waiting time via narrowing upstream (e.g. referral management), diverting midstream (e.g. capacity enhancement), and collaborating downstream (e.g. case close). With the concerted efforts made over the years, the number of SOPCs with waiting time over 100 weeks decreased substantially from 20 (in October 2020 – September 2021) to nine (in October 2021 – September 2022), and further decreased to seven (in January 2024 – December 2024). HA's overall SOPC waiting time has also been improved in general.



HKSAR Chief Executive Policy Address Target

As set out in the Hong Kong Special Administrative Region (HKSAR) Chief Executive's 2022 Policy Address (2022 PA), HA will reduce the 90th percentile waiting time of stable new case bookings for Medicine (MED) by 20% in 2023-24 as one of the key performance indicators (KPIs) to enhance public hospital services in Hong Kong. Taking 2021-22 12-month rolling HA Overall SOPC 90th percentile waiting time of stable new case bookings in MED at 122 weeks as the baseline, the target to be achieved would be no more than 97 weeks by 2023-24. Through the adoption of a multi-pronged approach, the HA Overall 90th percentile waiting time of stable new case bookings in MED in 2023-24 was reduced to 92 weeks and the target was met.

As a further commitment to continuous improvement of public hospital SOPC service, it was announced in the 2023 PA that the 90th percentile waiting time of stable new SOPC case bookings for Ear, Nose and Throat (ENT) and Orthopaedics and Traumatology (ORT) would be reduced by 10% in 2024-25. Taking 2022-23 12-month rolling HA Overall SOPC 90th percentile waiting time of stable new case bookings in ENT and ORT of 93 and 91 weeks respectively as baselines, the target to be achieved would be no more than 83 weeks in ENT and no more than 81 weeks in ORT by 2024-25.

Taking reference to the experience in lowering SOPC waiting time of MED, HA continue to implement measures to narrow upstream, divert midstream and collaborate downstream to manage ENT and ORT SOPC waiting time with a view to achieving the target set in 2023 Policy address and support SOPC service. With the dedicated efforts and implementation of measures, the HA's overall 90th percentile waiting time of stable new case bookings for ENT and ORT from January 2024 to December 2024 were lowered to 81 weeks and 78 weeks respectively, and the targets are anticipated to be achieved in 2024-25. Joint efforts of the HA corporate and cluster management will continue and the improvement strategies will continually be actively deployed with a view to maintaining the KPIs set out in 2023 PA.

With the commitment to strengthen HA's public healthcare services, it was announced in the 2024 PA that HA will enhance the triage system and referral arrangements for specialist out-patient services, including setting up inter-specialty, integrated, out-patient clinics to avoid the need for multiple referrals. HA would establish an electronic referral platform and develop clinical referral reference in eight major specialties to enhance the triage system and ensure proper referrals in 2025-26.

Hospital Authority Head Office		Version	Effective Date
Coordinating Committee in Otorhinolaryngology - Clinical Reference for SOPC Referrals		4.0	2025/01/01
<p>Document Number: HA/COC/CL/OT/2025/01</p> <p>Author: Working Group on Clinical Guidelines</p> <p>Custodian: COC in Otorhinolaryngology</p> <p>Approved/Endorsed By: COC in Otorhinolaryngology</p> <p>Approval Date: 2025/01/01</p> <p>Distribution List: COC in Otorhinolaryngology</p> <p>Steering Committee on Specialist Outpatient Services</p>			

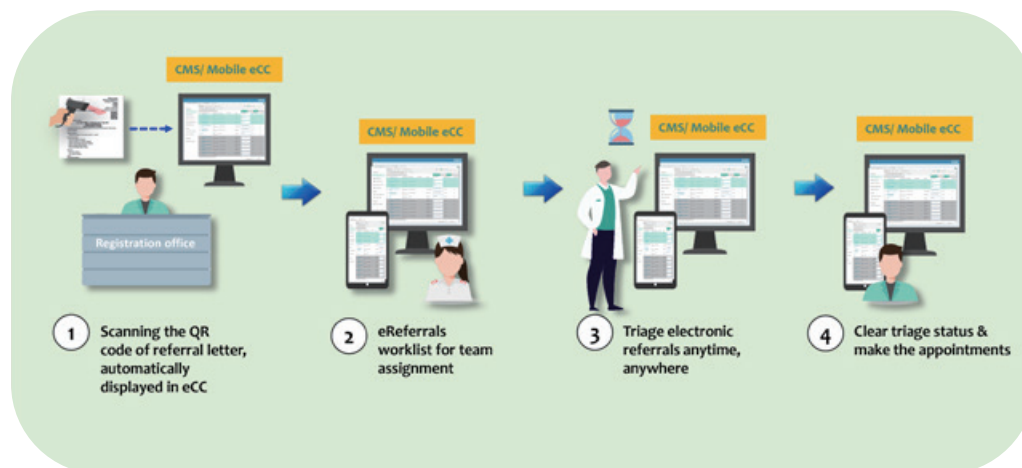
SOPC Specialist Outpatient Clinic

This printed copy may not be the most updated version. Please refer to the electronic version for the up-to-date information.

Hospital Authority Head Office		Version	Effective Date																		
Coordinating Committee in Otorhinolaryngology - Clinical Reference for SOPC Referrals		4.0	2025/01/01																		
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Please refer to the 1. specialist management guidelines, 2. patient information leaflets and 3. use of 2024 Data in patient health care

This printed copy may not be the most updated version. Please refer to the electronic version for the up-to-date information.



The progress of the targets listed out in the 2023 and 2024 PA will continue to be closely monitored. Reporting of progress would be made at related platforms (such as Directors' Meeting, Secretary for Health's Monthly Meeting with HA, Executive Committee, and etc.) in due course.

Development of eConsent Platform

Informed consent is a legal and ethical process that the nature, effect, risks and possible complications of a proposed treatment and any alternative options including the option of no treatment are explained to the patient. Since the Informed Consent Form (ICF) system was introduced in 2015, various enhancements have been implemented to improve the workflow of informed consent. To further streamline the workflow in daily clinical operation, the eConsent platform was developed to fully integrate with the Clinical Management System (CMS) and implemented in phases from 2021.



As of December 2024, the utilisation rate of eConsent reached 80%. Given the successful implementation of eConsent across all specialties, it is proposed to obsolete the ICF system starting from 31 March 2026. For certain special cases that require paper forms, shortcut links will direct users to print blank consent forms, with or without patient data. This transition will be implemented in phases.

The implementation of eConsent has brought numerous benefits to the healthcare system. The eConsent has enhanced service quality and patient safety by facilitating effective communication between clinicians and patients and improving the standards and completeness of clinical documentation.

Resumption of Hospital Accreditation in HA

Following the comprehensive review of hospital accreditation programme in HA, different hospital accreditation models across the world were studied. In 2023-24, HA resumed hospital accreditation programme in two pilot hospitals, i.e., PYNEH and Prince of Wales Hospital (PWH), by adopting China's International Hospital Accreditation Standards (2021 Version) (CIHA). The standards were developed by the Shenzhen Hospital Accreditation Research Center (SHARC) in 2021 under the guidance of leading experts from Hong Kong and the Mainland.

Given the variation in healthcare system and practices between Hong Kong and the Mainland, HAHO and Hong Kong experts worked closely with the Mainland experts to customise the application of the CIHA Standards to Hong Kong's unique operational context, ensuring alignment with local laws and regulations while maintaining international benchmarks. During this process, opportunities were identified to enhance current practices with localised approaches and establish new systems in line with CIHA requirements. The local customisation of the CIHA Standards was finalised in September 2024 with an operation manual issued to surveyors and hospitals. An information package about HA and its systems was provided to SHARC to enhance surveyors' understanding.

The accreditation process resulted in significant enhancements in both clinical and non-clinical areas. These improvements included strengthened quality and safety management systems, the establishment of a two-tier accountability framework, enhanced emergency preparedness and management, improved management of dangerous goods, standardised peri-operative safety protocols, and the development of clinical pathways aimed at streamlining and standardising patient care. Throughout the preparation, a culture of continuous improvement was cultivated through Plan-Do-Check-Act cycles.

After the two rounds of consultancy visits conducted in PYNEH and PWH in March and June 2024, the two hospitals completed their on-site surveys in October and December 2024. PYNEH was awarded with the accreditation status in December 2024 and result of PWH will be announced in 1Q 2025. HO subject officers will support PYNEH and PWH to address the survey recommendations.



Hospital accreditation will be implemented in three additional hospitals, i.e., Queen Mary Hospital (QMH), United Christian Hospital (UCH) and Tuen Mun Hospital (TMH) in 2025/26. Pilot hospitals will be invited to share their experience on the implementation of hospital accreditation. HO Quality and Standards will continue providing support to surveying hospitals throughout the implementation.

CLUSTERS



HONG KONG EAST CLUSTER

Patient Safety Month

Hong Kong East Cluster Quality and Safety Office (CQ&SO) successfully organised Patient Safety Month, a signature event that underscored the importance of collaborative efforts in advancing patient safety. The theme this year was "Journey to Safety: Progressing beyond Every Footprint 一步一腳印 — 「全」「程」有你", symbolising everyone's efforts along the journey to safer patient care. The events were held from 5 November 2024 till 5 December 2024. 60 abstracts were received, highlighting the vibrant engagement and commitment to improving patient safety within HKEC's community.



Two-Tier Hospital-and-Department Management System

HKEC endeavours to promote continuous improvement and foster patient safety culture. The Q&S management system was reviewed and enhanced in the cluster. A key initiative is the establishment of Structured Senior Executive Walkarounds (SEW). Senior management, comprising the Hospital Chief Executive, Deputy Hospital Chief Executives, Service Director (Q&S), General Managers, etc., conduct SEWs to all clinical departments and selected Allied Health departments at least once annually for onsite inspection and review of departmental Q&S activities. It was piloted at Pamela Youde Nethersole Eastern Hospital (PYNEH) in 2024 and is being rolled out to other HKEC hospitals from 2025 onwards.



The HKEC risk management framework has been enhanced with effect from 9 May 2024 to establish a structured close-loop system under a two-tier cluster / hospital-and-department accountability mechanism. Risk Subject Custodians are assigned to oversee the cluster's annual top-ten risks in close collaboration with Department Q&S Coordinators throughout the risk



reinforce departmental capability in managing public feedback and complaints, incidents, risks, and driving continuous quality improvements. A series of briefings and training sessions conducted by subject experts have been implemented to enhance Department Q&S coordinators' proficiency at tasks of Q&S at departmental level. Additionally, training is also in place for Risk Subject Custodians to discharge their roles at cluster level.

management process. Risk reporting is structured using a template developed by the CQ&SO based on HAHO's policies, and scheduled according to the prevailing governance structure.

To ensure the effective implementation of the two-tier management system, the roles and responsibilities of Department Q&S coordinators have been reviewed and strengthened. These enhancements

Enhancing Safety Culture Through Training and Rounds

The CQ&SO has been actively promoting a safety culture through various initiatives. In 2024, it organised Forums, Workshops, and Journal Clubs twice monthly, engaging over 2,900 participants across the Cluster. The CQ&SO continued to organise Suicide Prevention Rounds, and Fall Prevention & Physical Restraint Safety Rounds, providing platforms for sharing good practices and identifying areas for improvement. These efforts have further contributed to strengthening a safer healthcare environment.



Streamlining SOPC's Patient Journey



Smart Hospital



Provision of Wider Food Choice



Collecting Users' Feedback

Enhancing Patient-Centric Services

HKEC is committed to enhancing patient-centric services across multiple dimensions. Key initiatives include streamlining the Specialist Out-patient Clinics (SOPC) patient journey through the introduction of self-help kiosks and e-payment options, as well as the establishment of Integrated Patient Service Stations. Diverse food options are being explored through ongoing vending machine reviews and a food delivery web portal, which is currently piloted at Ruttonjee & Tang Shiu Kin Hospitals (RTSKH). Feedback is consistently gathered from patient groups to refine services based on user perspectives. In addition, HKEC actively promotes HA Go's functions for patients and caregivers.

The Hospital Command Centres at PYNEH and RTSKH leverage advanced technology to reinforce patient safety, enhance patient experience and streamline operational workflows. Key metrics covering average patient admission and discharge time are being closely monitored to ensure efficiency. Various enhancements have been implemented, including early discharge planning, streamlined workflows for dispensing discharge medications, and expedited drug delivery services to wards. These improvements have notably increased the percentage of patients discharged before 13:00. For example, it has risen from 16.7% to surpass HA's target of 28% in August and September 2024 at RTSKH's Command Centre. This achievement highlights the effectiveness of the Command Centres in optimising hospital operations and improving patient outcomes.

All SOPCs in HKEC have successfully implemented the cross-hospital blood taking service. This initiative extends even to remote areas, significantly enhancing patient convenience. For instance, patients residing in Cheung Chau can now schedule blood collection appointments at St. John Hospital during their follow-up visits. This arrangement substantially reduces travel time for blood collection, making healthcare services more accessible and efficient for patients.

Communication Drill on HKEC Major Incident Control Centre

The first HKEC Major Incident Control Centre communication drill was conducted on 21 June 2024, focusing on strengthening inter-hospital communication in response to emergencies arising from adverse weather conditions. Senior cluster and hospital management participated and improvement actions have been launched to fill the gaps identified.



Hospital Accreditation in PYNEH

PYNEH has become the first hospital in Hong Kong awarded the accreditation status under China's International Hospital Accreditation Standards (2021 Version).

Following the announcement of the resumption of Hospital Accreditation in May 2023, the PYNEH Accreditation Team was formed in Q2 2023 to collaborate with Departments in preparation for the onsite accreditation survey, which took place from 14 to 18 October 2024. Two consultancy visits by experts from the Shenzhen Hospital Accreditation Research Centre (SHARC) were organised in March and June 2024 for exchange and discussion with PYNEH colleagues. A total of 43 department visits, 23 meetings with quality champions and 15 staff forums, were conducted.



Award Ceremony on 8 December 2024



PYNEH Onsite Survey – Summation on 18 October 2024

Medication Safety Campaign in RTSKH

The Medication Safety Campaign 2024 was launched to promote the safety culture among healthcare professionals, encouraging best practices in medication usage and enhancing overall medication safety under the slogan of "Striving for Excellence in Medication Safety: Together, We Can!". Several key activities were included in this campaign:

- Medication Safety Forum: "Be Alert to High Alert"
- Medication Safety Quiz: Refresh medication knowledge and raise awareness of lessons learnt from medication incidents
- Electronic Messages: Disseminate important principles and practices
- Joint Medication Safety Rounds in a multidisciplinary approach
- MEDWISE: A newsletter for medication safety tips, incident sharing and analysis, and statistics to enhance safety awareness



Inter-cluster Infectious Disease (Avian Flu) Drill

On 31 October 2024, RTSKH participated in the Inter-Cluster Infectious Disease (Avian Flu) Drill, in collaboration with the Infectious Disease Centre (IDC) at Princess Margaret Hospital (PMH) in the Kowloon West Cluster (KWC). The drill provided an opportunity for both HKEC and KWC to rehearse established workflows, improve communication, and enhance emergency preparedness in managing patients with infectious disease.



Improvements from Patient's Perspectives

A series of improvement measures were implemented to enhance patient experience at RTSKH:

- Meeting patients' need for power charging: Public charging station and bedside charging facilities have been installed.
- Addressing patients' special needs: Special arrangements were introduced at the SOPC to support patients with visual or hearing impairments. By using identification labels upon registration and providing priority seating near nurse stations, nurses can provide timely and convenient assistance to these patients with special needs.

Continuous Quality Improvement (CQI) Forum

The RTSKH CQI Forum 2024 was held on 15 March 2024, providing a platform for sharing and exchanging innovative ideas aimed at enhancing safe patient care and optimising work procedures. Centered around the theme "Smart Hospital Care with Innovation", the forum showed a total of 40 submitted CQI projects, reflecting staff enthusiasm toward building a more efficient and innovative healthcare environment.



New Stage of Smart Hospital in TWEH

In 2024, TWEH reached a significant milestone by achieving Stage 7 on the Electronic Medical Record Adoption Model (EMRAM), the highest level of digital maturity recognized by the Healthcare Information and Management Systems Society (HIMSS). This accomplishment marks an important step in the development of digital healthcare within the organisation.



TWEH Smart Solution Workshop



Site Visit of Smart Solution

SMART and Innovative Initiatives

TWEH enhances patient experience through smart and innovative service delivery. At the Medicine & Rehabilitation Out-patient Clinic, the Temi robot, affectionately known as Top Boy, is deployed to greet patients and provide important information for patients' education and promotion of new services.

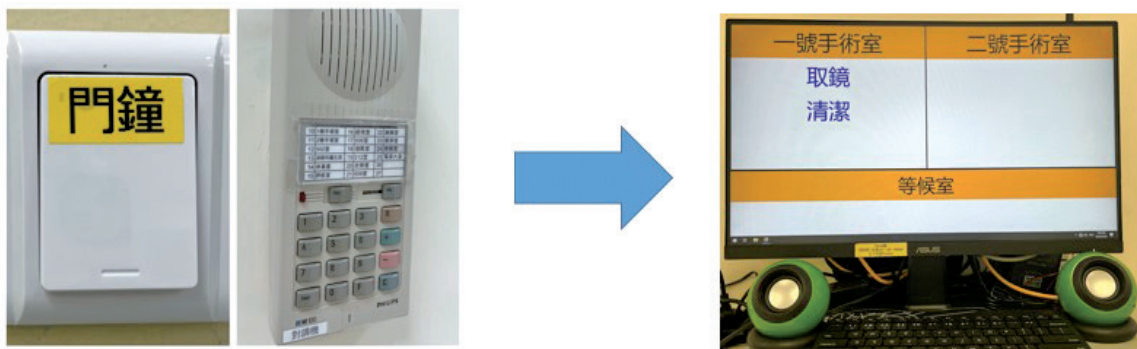


Kick-off Ceremony of "Top Boy (Temi robot)"



"Top Boy (Temi robot)" to Promote HA Go App

The Department of Ophthalmology has introduced diverse innovations to improve clinical efficiency and patient care. A digital imaging system enables filmless operation, supporting approximately 25,000 eye investigations annually. Doctors can access patients' digital images across consultation room, laser room, and operating theater. An electronic intraocular lens (IOL) inventory management system has replaced manual processes, aligning with the "Go Green from Eye" initiative. A Wireless Nurse Call System in the Operating Theatre enables quick and precise communication, ensuring efficient staff responses to patient needs.



From Combined Use of Intercom and Bells to a Simplified All-in-one Wireless Nurse Call System

Innovative Strategies to Promulgate Q&S

Interactive computer games were developed to promote key safety themes such as "Clean Your Hands at the End of Chinese New Year," "Smart Tung Tung," "Drug Safety," and "Safe Operation of Oxygen Cylinders". These interactive tools aim to improve knowledge retention and adherence to safety protocols in an engaging format.



Interactive Game Booth on Medication Safety Game Booth for Needle stick Injury Prevention

TWEH 95th Anniversary cum CQI Forum

The annual TWEH CQI Forum provided a platform to share knowledge and enhance patient care with the theme "Innovate, Elevate & Celebrate: Pioneering a Smart 95th TWEH". The forum featured six oral presentations and 27 poster presentations.

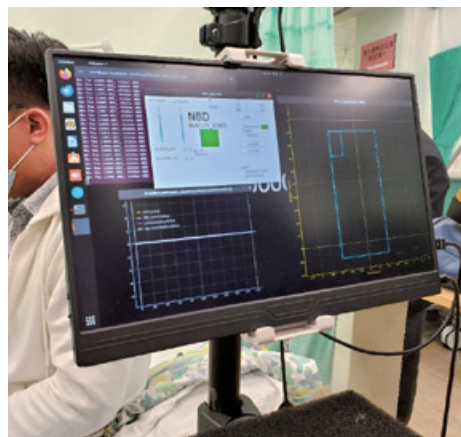


Development of Smart Tourniquet Dispenser & Radar Sensor System on Fall Prevention

The Smart Tourniquet Dispenser and the Radar Sensor System on Fall Prevention are two innovative solutions developed in collaboration with the Electrical and Mechanical Services Department to enhance patient safety and elevate the overall healthcare experience. The Smart Tourniquet Dispenser tackles the issue of tourniquets being inadvertently left on patients after procedures. It offers automated dispensing, traceability, alerts, and record-keeping to prevent tourniquets from being left on patients after procedures. The Radar Sensor System on Fall Prevention leverages advanced motion detection and AI algorithms to monitor patient movements in real-time, identifying early indicators of patients attempting to leave their bed, notifying healthcare staff to potential fall risks, and enabling swift interventions. These solutions are part of ongoing research and development efforts aimed at leveraging technology to reduce risks and improve patient care. Future trials will evaluate their effectiveness and adaptability in real-world clinical settings.



Smart Tourniquet Dispenser



Radar Sensor System on Fall Prevention

Smart Hospital Care and Support in Wong Chuk Hang Hospital (WCHH)

WCHH has achieved a 100% adoption rate of smart hospital products, reaching Level 3 in the smart hospital maturity framework. The Electronic Intake and Output (e-I&O) System was piloted in Ward 4A in September 2024.



Enhancing on Patient Care Quality

The Life Story Book project serves as a meaningful platform for open dialogue and discussion on Advance Care Plan (ACP) by capturing patients' experience and preferences, enabling nursing staff to acknowledge patients' stories and deliver patient-centered care.



Emergency Preparedness Drills at Cheshire Home, Chung Hom Kok (CCH)

A combined drill on the management of missing patients was conducted on 21 March 2024 with the Designated Response Team. The drill simulated a scenario in which a missing patient was found requiring medical treatment approximately 200m away from hospital. The drill served to familiarise staff with protocols for handling missing patient incidents, reinforce effective search strategies, and strengthen staff communication practices for managing patients found outside the hospital compound with injuries.

Due to the architecture design of the older building premises at CCH, it can be challenging to rescue residents with mobility impairments during emergencies, particularly when elevators are out of service. An evacuation device, the Fire Mattress, has been introduced to enable quicker and safer vertical evacuation of residents.



Improving Quality of Care to Central Infirmary Wait List (CIWL)'s cases

The Outreach Dental Care Programme (ODCP) for CIWL's cases at CCH commenced on 4 June 2024. It is a tripartite programme involving HA, Department of Health and Hong Kong Tuberculosis Chest and Heart Disease Association. Under the programme, a dedicated team of dentists and dental nurses will provide onsite dental care education, dental examinations, topical fluoride application and scaling and filling, simple dental extractions, and dental prosthetics such as removable dentures.

Enhancing Patient-Centric Services

With the support from the Hong Kong Cheshire Home Foundation, a dietary improvement programme since 2007 with the aim to improve nutritional status of residents to provide extra dishes such as Chinese Dim Sum, Chinese-style soups, and fresh fruits. This initiative reflects the commitment to creating a more holistic and enjoyable living environment for CCH residents.

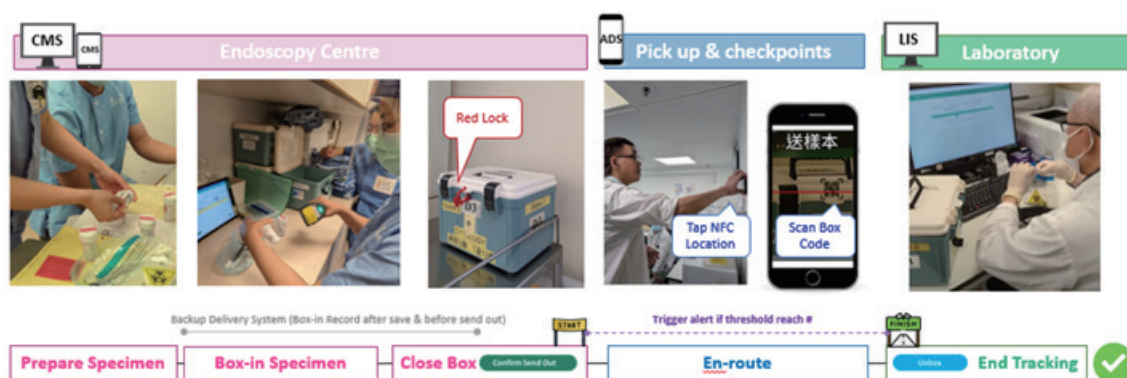
HONG KONG WEST CLUSTER

Specimen Handling

1. Co-development of GCRS-STAR in QMH

To address the occasional loss of patient specimens during hospital transportation, Quality & Safety Department, clinical teams, porter team and laboratory team at QMH collaborated with the Head Office Information Technology and Health Informatics Division (HOIT&HI) to develop and implement the General Clinical Request System - Specimen Tracking & Acknowledgement Record (GCRS-STAR). This system integrates GCRS, Automatic Dispatching System (ADS), and Laboratory Information System-Send-out Management And Record Trail (LIS-SMART) to enable comprehensive tracking of specimens. It monitors the entire process, from specimen collection to laboratory acknowledgement, ensuring transparency and accountability. The system also sends automatic alerts to relevant parties when a potential missing specimen is detected, facilitating timely tracing and retrieval.

The GCRS-STAR system was successfully implemented in QMH's Integrated Endoscopy Center in April 2024 and the operating theatres in August 2024. It supports a wide range of specimen types, including histopathology, cytology, microbiology, frozen sections, and radioactive specimen. Feedback from frontline users was positive, highlighting the system's user-friendliness and the efficiency of the HA Chat alert feature in enabling swift specimen tracing. Given its promising and effective outcomes, the system was extended to Tung Wah Hospital and Duchess of Kent Children's Hospital in October 2024.



2. Central Specimen Reception Station

To address critical gaps in specimen handling, such as delayed collection and unlabelled samples, a working group under the QMH Pathology Service Committee was established to review the specimen transportation workflow. The working group aimed at "No Specimen in Ward", requiring all specimens to be centralised in cold storage after laboratory office hours. It ensured all specimens are promptly centralised in cold storage after laboratory hours. This measure prevented missed laboratory submission, and ensured timely specimen processing.

To streamline specimen collection, sorting, and processing, a color-coded system for laboratory designations was introduced, along with the establishment of two Central Specimen Reception Stations (CSRs), located at Block K for in-patients and Block S for out-patients at QMH in 4Q 2024.

Colour Coding System for Laboratory Designations

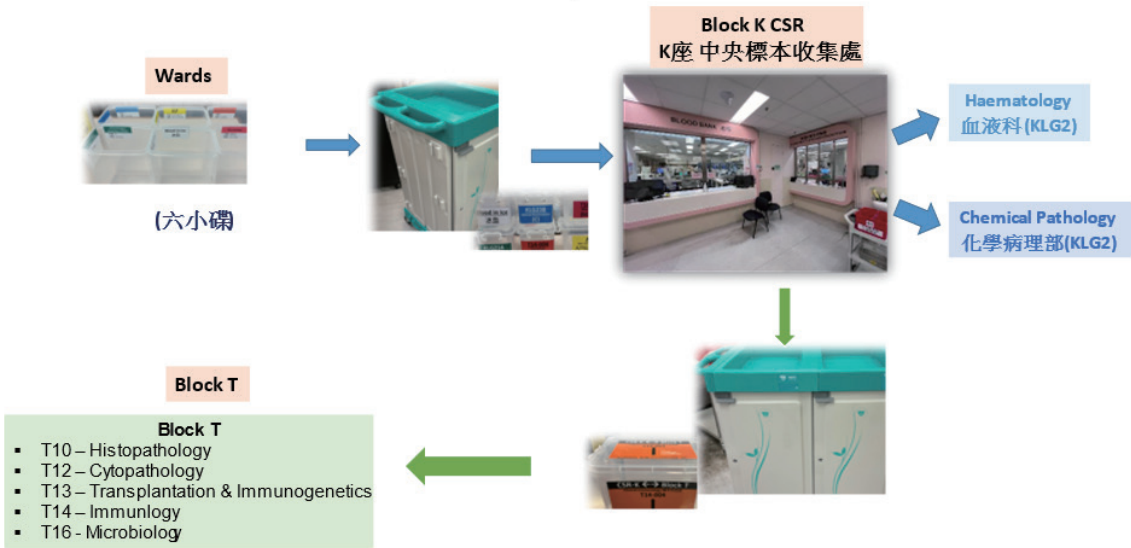
Colour Coding System to Indicate laboratory designations
Alignment in tools throughout the specimen journey

Laboratories	Colour code
Chemical Pathology – Blue	Blue
Haematology & Blood Bank - Green	Green
Anatomical Pathology & Cytopathology - Yellow	Yellow
Immunology (including T&I) – Orange	Orange
Microbiology – Magenta Red	Magenta Red
Blood on ICE – no colour	No colour

Specimens collected in other Clinical wards categorized into 6 smaller boxes with colour codes (六小罐)

Containers from clinical sites to CSR-K

Central Reception Station



Prevention of Falls

1. Video on Fall Prevention for Patients

Patient factor is one of the factors contributes to fall incidents. In order to engage patients and caregivers in fall prevention, QMH Q&S department and MMRC colleagues created two animated videos, which have already been displayed in clinical and public areas since August 2024.



Grantham Hospital (GH), MacLehose Medical Rehabilitation Centre (MMRC), Tung Wah Hospital (TWH), TWGHs Fung Yiu King Hospital (FYKH) implemented the Robot-enabled Fall Management System (Temi) to support early detection and intervention for patients at risk of fall in 2024. While QMH did not adopt the system due to spatial constraints, it continues to explore alternative AI-driven initiatives.

To further enhance patient centric services, the Temi robot was also utilised to broadcast videos on fall prevention and patient discharge education, and make public announcements promoting hand-hygiene and strengthen patient's awareness on date and time.

2. Staff Engagement in Post-fall Review

QMH previously conducted post-fall reviews by the Quality & Safety Executive Unit. Starting in July 2024, Ward Managers were engaged in these reviews, fostering collaboration on fall prevention and share strategies for reducing incidents. This engagement has resulted in a significant reduction in fall incidents.

3. Stage Mobilisation Programme

GH proposed a Stage Mobilisation Programme aimed at preventing falls among heart failure patients, by promoting safe mobilisation, patient reconditioning, and fall prevention. The programme consists of four stages, determined through assessments by doctors and physiotherapists, and involves close collaboration among cardiologists, physiotherapists, and nurses. During the pilot phase, which included 34 patients, no fall incidents were recorded.

4. Fall Prevention Training

DKCH, MMRC and FYKH conducted fall prevention training for all staff, incorporating quizzes and newsletter tips to reinforce awareness. TWH hosted a multidisciplinary workshop included five themed games covering topics of high fall-risk medications, mobility status, walking aids, fall-prevention patient rounds, and other measures. The evaluation results of the workshop showed improvement in staff knowledge based on pre- and post-workshop assessments.

Surgical, Interventional and Procedural Safety


1. Standardisation of the Practice and Documentation of Packing Orifices and Wound

A guideline on "Packing to Wound and Body Orifice" was developed and launched in HKWC to provide practical guidance to healthcare professionals on performing packing procedures. To enhance traceability and minimise risks of unintentional retention of packing materials in patients, a comprehensive packing documentation system was introduced in 1Q 2024.

In alignment with HAHO's direction, an electronic documentation module for wound and packing via the Clinical Management System was piloted in July 2024, and subsequently rolled out cluster-wide in December 2024. Two briefing sessions were held for workplace ambassadors, who was responsible to train nursing staff across departments. A standardised information package and video were also uploaded to the intranet, ensuring easy access for staff reference.

2. Incorporation of "STOP Before You Block" into the Surgical Safety Checklist

To mitigate the risk of wrong-sided peripheral nerve blocks, the "STOP Before You Block" was implemented in HKWC. In August 2024, it was incorporated into the TIME OUT phase of HKWC's Surgical Safety Checklist to reinforce the operating team's adherence to the checking process and its documentation. This safety step will be included in the Peri-Operative Nursing Information System to facilitate future electronic documentation.



TIME OUT

1. Involve Regional Anaesthesia
(exclude neuraxial anaesthesia)
☐ Yes (Go to 2) ☐ N/A

2. Verified the following with anaesthetist/nurse assisting the block:
a. Consent ☐ Yes ☐ N/A
b. Marking on the patient ☐ Yes ☐ N/A
c. Laterality ☐ Yes ☐ N/A

	Anaesthetist performing the Block	Anaesthetist / Nurse assisting the Block
Signature		
Name or Staff ID		

Tourniquet Management

The tourniquet management system changed from a "One-Patient-One-Device" to a counting record system in October 2024. Staff involved in venipuncture procedures were reminded of essential steps, including proper storage, distribution, and disposal of tourniquets. To further enhance staff awareness, a quality reminder on "Proper Use of Tourniquets" was also issued to emphasise proper use of tourniquet.

Quality Reminder

Issue 90 Oct 2024 HKWC Quality & Safety Department

正確使用抽血帶的注意事項

Points-To-Note: Proper Use of Tourniquet

Dos 應做	Don'ts 禁止
<div>管理抽血帶存取記錄 Record tourniquet in and out</div> <div></div>	<div>使用手套作抽血帶用途 Use disposable glove as tourniquet</div> <div></div> <div>嚴重可引致病人受傷 而接受紀律處分 The consequences will lead to patient injury and disciplinary action.</div>
<div>綁緊抽血帶於衣服外 Apply tourniquet over clothing</div> <div></div>	<div>衣服遮蓋抽血帶 Tourniquet being covered by clothing</div> <div></div>
<div>抽血或留置導管完成後 鬆開及移除抽血帶 Remove tourniquet right after blood taking or IV cannulation</div> <div></div>	<div>使用抽血帶止血 Use tourniquet for stop bleeding</div> <div></div>

根據醫院及總部相關政策，嚴禁使用手套作為抽血帶用途，否則將被紀律處分。
According to HAHO policy, the use of disposable gloves as a substitute for tourniquet
is strictly prohibited and will result in disciplinary action.



KOWLOON CENTRAL CLUSTER

Queen Elizabeth Hospital (QEH)

To enhance staff awareness on correct patient identification, QEH Q&S department organised the Patient identification Fun Day in March 2024. A total of 560 staff including clinical and non-clinical staff participated in the scenario-based quizzes and positive feedback was earned.

Moreover, to equip staff with knowledge of structured tools for service improvement, and guide staff to identify and mitigate the risks in workplace, QEH Q&S Department sponsored and collaborated with QEH Committee on We Innovate Services Excel Regularly (WISER) movement to organise two WISER workshops on mitigation of clinical risks, for QEH and KCC staff in March and December 2024 respectively. Positive feedback was also received from the participants.



Kwong Wah Hospital (KWH) – GCRS-Paperless Label Management with UPI and Scheduling (PLUS)

Since January 2024, KWH has successfully implemented the GCRS-PLUS system, a comprehensive paperless label management solution that integrates Unique Patient Identifiers (UPI) and scheduling functionalities. This innovative system enables healthcare professionals to efficiently arrange blood and laboratory tests using mobile devices, significantly enhancing both the efficiency and accuracy of these processes. GCRS-PLUS has resulted in the reduced consumption of over 140,000 sheets of paper.



KWH – Automated Assembling & Sorting System (AASS)

KWH Main Pharmacy installed the first in HA "Automated Assembling & Sorting System" in March 2024 as a proof-of-concept site. After testing and interfacing, the system went live in mid-June 2024. AASS is an automated system consisting of several sets of conveyor belts and a sorting machine. It facilitates the drug assembling process by sorting automatically according to the dispensing label barcode and use of Optical character recognition (OCR) technology. The system enhances medication safety and reduces OSH-MHO risk.



Interfacing of the ventilator's alarm to the nurse call system

The modification of the nurse call system for ventilators had been successfully implemented at isolation wards in Kwong Wah Hospital. This enhancement of the isolation units within the hospital to ensure optimal patient monitoring and care. The modification aims to improve response times and enhance patient safety by ensuring that healthcare professionals can quickly address any issues that may arise with ventilated patients. This upgrade not only streamlines communication among nursing staff but also fosters a more efficient workflow in managing critical care situations.

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Kowloon Hospital (KH)

Patient Safety Round

The Q&S office continued to lead two types of patient safety round in KH: 1. Structurised Q&S round, and 2. Inpatient Suicide Prevention Round. The quarterly Structurised Q&S round was enhanced to address potential safety hazards related to i. Patient journey, Inpatient suicide prevention, Document/Guidelines, Clinical alarm system, informed consent, 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. The Inpatient Suicide Prevention Round was also enhanced. Good practices were shared, potential risk areas were identified with recommendations made.



Promotion of Q&S Activities in KH

Various Q&S activities thrived to promulgate Q&S awareness and safety culture in KH. Q&S Fun Day was held on 3 Oct 2024 with the participation of more than 500 staff. There were booths from Central Nursing Department, Pharmacy Department, Physiotherapy Department and KCC OSH focusing on different Q&S areas. Q&S forum on "Managing Patient Violence: De-escalation Strategies and the Application of Physical Restraint" and "Don't let your Gaps become your Traps" were delivered by Psychiatry department and Pharmacy department respectively. Regular release of newsletter remains an important tool to promulgate and share Q&S related news and tips to all our colleagues. E-notice boards were set up in hospital lobbies to showcase important Q&S messages, in addition to our existing conventional notice boards.



Snapshots from KH Q&S fun day held on 3 Oct 2024.



Q&S forum on "Managing Patient Violence: De-escalation Strategies and the Application of Physical Restraint" and "Don't let your Gaps become your Traps" was held on 31 May 2024 and 21 Nov 2024 respectively.

Hong Kong Buddhist Hospital (HKBH), Our Lady of Maryknoll Hospital (OLMH) and TWGHs Wong Tai Sin Hospital (WTSH)

Integration of HKBH/OLMH/WTSH Q&S Office

The Q&S offices of HKBH/OLMH/WTSH (referred to as the "three hospitals") have officially been merged since April 2024. The management and structure of the Q&S offices of these hospitals have undergone a comprehensive review and reorganisation aimed at fostering synergy, improving communication, streamlining decision-making processes, and enhancing service quality and safety outcomes across all three hospitals.

With the strengthening collaboration of Q&S teams among the three hospitals, all Q&S related meeting and events, including but not limited to Quality and Safety Committee, structured walk rounds, audits and publications, are integrated to optimise operation efficiency and provide platforms for learning and sharing among colleagues of the three hospitals to foster a culture of continuous quality and safety improvement.

HKBH

Security Enhancement - Use of Motion Sensing in Closed Circuit Television (CCTV) System to Enhance Monitoring of Major Hospital Access Points

HKBH is fully equipped with infrared Intranet Protocol (IP) CCTV cameras in both indoor and outdoor areas in the hospital compound, providing Security Team with not only a tool of instant security surveillance of hospital environment, but also captured CCTV footage by a few Network Video Recorders (NVR) as record and for review.

Subsequent to a review in missing-patient search and monitoring procedures, the hospital has further enhanced the monitoring function of the CCTV system at night time at major hospital accesses when the entrance gates are closed and locked with a view to further improve the efficiency and effectiveness of the Security Team in search for missing patient when necessary. Taking into consideration of efficiency of the enhancement and cost-effectiveness of different options of system enhancement, the Security Team has fully utilised the motion sensing detection function of the NVRs of the CCTV system.

By setting up motion sensing grids on the images captured by the infrared IP cameras at strategic locations of major hospital accesses, and by setting up appropriate monitoring period in the system, the NVRs can give an instant alert on the monitoring screen of CCTV systems at the Central Security Control Room when movement of subjects is detected in the grids. Instant enlarged image of the concerned CCTV camera on the CCTV monitor would be popped up with sound to alert Security Staff for arranging immediate security response actions accordingly.



Motion Sensor Grids for CCTV cameras in major hospital access points

WTSH

Pilot Installation of "Food Waste TranSmarter 廚餘再生俠" in HA Hospitals for Reduction Carbon Footprint

A pilot project to introduce a system that converts food waste into slurry at TWGHs Wong Tai Sin Hospital was launched in August 2023 and completed in October 2024 with support from the Environment and Conservation Fund, EPD, and HKPC. The system has processed 200 tons of food waste, generating nearly 6,520 kWh of electricity. Capable of handling up to 200 kg of food waste and decomposing a meal in just one hour, it streamlines waste management for hospital catering staff while promoting environmental protection. Furthermore, it extracts 97% of organic matter which the slurry is sent weekly to the Tai Po Sewage Treatment Works for electricity generation, reducing daily collection of waste and the carbon footprint of transportation.

Opening Ceremony
"Food Waste TranSmarter 廚餘再生俠" on 22 November 2024

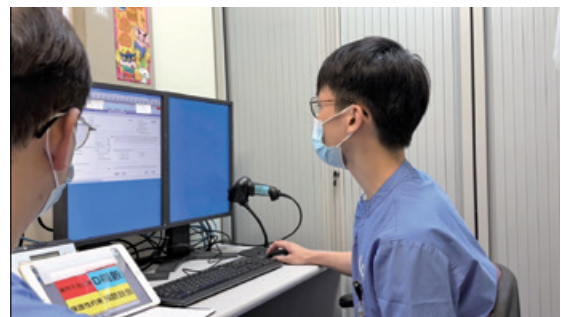
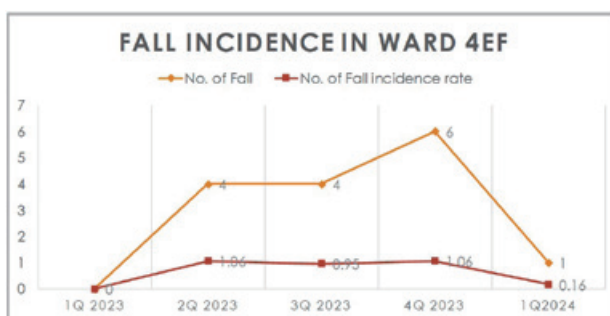


The opening ceremony for the "Food Waste TranSmarter 廚餘再生俠" project was held on 22 November 2024, with officiating guests including the Chairlady, 4th Vice Chairman, and CEO of TWGHs, along with representatives from the EPD, HKPC, KCC, and members of the Hospital Management Committee of WTSH. The General Manager of HKPC delivered a briefing on the project before the Chairlady of TWGHs officially activated the TranSmarter system.

Smart Ward System to Enhance Nursing Communication and Nursing Care Effectiveness in the Department of Rehabilitation and Extended Care

After renovation of Ward 4EF in 2023, the ward has introduced several smart ward systems including Clinical Dashboard, E-bed Panel, E-vital Sign, Patient Belonging Tracking System and IPMOE. The fall incidence rate was increased from zero in 1Q 2023 to 1.06 per 1,000 patient days in 4Q 2023, and the number of fall cases increased from zero to six. After the root cause analysis, breakdown of communication in different dimensions was the key factor that leading to the increased fall incidence. The goal of the project is to enhance the nursing communication by improving team nurse daily shift handover and assessment by using of different smart ward system. After reviewed the practice on the use of smart ward systems. Our team developed a "Communication Enhancement Package" in order to guide our nursing colleague to use the smart system in the same way, and SBAR communication technique was introduced for the shift handover. The "SBAR Technique Guide" was developed with the demonstration video to our frontline nurses for helping them to integrate the SBAR communication technique with the use of smart ward systems.

After implementation of the project, > 90% of nurses agreed that the communication framework can enhance them to use E-system for shift handover. From 4Q 2023 to 1Q 2024, the number of fall decreased from six to one case and and fall incidence rate decreased from 1.06 to 0.16 per 1,000 patient days. Through the project, our nursing team developed a positive attitude on facing new challenges, maintained patient safety with the help of technology and evolving our department towards smart hospital.



OLMH

Implementation of GCRS-Plus

GCRS-Plus has been successfully rolled out in April 2024 for OLMH decanting units in HKBH and WTSH. The implementation of GCRS-Plus enhances workflow efficiency and ensures patient identity is verified at the point-of-care and reduces risk of missing orders.



Hong Kong Children's Hospital (HKCH)

Optimisation of Radiation Dose for Fluoroscopic Micturating Cystourethrogram in Sitting Approach

Tse YK¹, Leung KH², Ng TM¹, Fung KFK¹, Kan YLE¹

¹ Department of Radiology, HKCH; ² Department of Clinical Oncology, QEH

Introduction

Micturating cystourethrogram (MCU) is a crucial fluoroscopic examination for assessing the lower urinary tract in paediatric patients. This study introduces a sitting approach to the MCU exam (Figure 1), aimed at enhancing patient comfort compared to traditional supine and standing positions. Prior to clinical implementation, we evaluated the radiation dose associated with this new position by optimising the automatic exposure rate control (AERC) system within the fluoroscopy framework.



Figure 1 - MCU in Sitting Approach

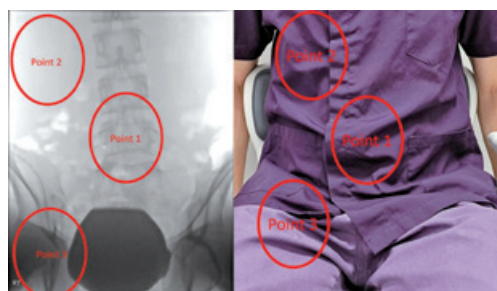


Figure 2 - Three reference points for radiation dose measurement as illustrated by x-ray image

Methodology

Utilising an anthropomorphic phantom, we measured radiation doses at three anatomical locations: — (1) spine, (2) right kidney, and (3) right pelvic region (Figure 2) — under two AERC settings: full measuring field and central measuring field cell.

Result and Discussion

Results indicated a significant reduction in radiation dose exceeding 70% when employing the central measuring field cell, effectively minimising unnecessary exposure from the extended femur and thigh soft tissue during sitting (Table 1). By excluding these areas from the target measuring field, we achieved adequate diagnostic imaging without compensatory radiation.

Parameters	Automatic Exposure Rate Control Measuring Field		Percentage Change in Dose vs Full Field	Dose Reduction Ratio
	Full Field	Central Field		
kVp	77	73		
mA	241	95.9		
ms	11.5	3.5		
Cu Filter (mm)	0.6	0.2		
Pulse Rate (/s)	4	4		
Averaged Dose @ Point 1 (µGy)	65.5	13.8	- 78.9%	4.7X
Averaged Dose @ Point 2 (µGy)	22.4	5.7	- 74.6%	3.9X
Averaged Dose @ Point 3 (µGy)	75	16.4	-78.1%	4.5X

Table 1 - Comparison of radiation doses using full field and central field cell

Clinical Outcome for Our Department

We have established a fluoroscopy protocol for the sitting MCU approach that prioritises patient safety through reduced radiation exposure while maintaining diagnostic quality. Ongoing reviews of radiation doses in sitting MCU cases will be implemented to ensure sustained adherence to low radiation utilisation standards.

Hong Kong Eye Hospital (HKEH)

1. Q&S Fun Day

The 2nd HKEH Q&S Fun Day was held on 2 August 2024 to enhance safety atmosphere with more than 250 staff attendances. Medication safety, oxygen cylinder handling and body fluid exposure were promulgated. Occupational Safety and Health (OSH) issues, as well as eye donation, were promoted by KCC OSH team and HKEH eye bank respectively.



2. Smart Hospital initiatives

Smart Care



- 1. E-Resulting Screening, launched on 18 March 2024, providing a close-loop communication for outpatient laboratory and radiology results between doctors and nurses.

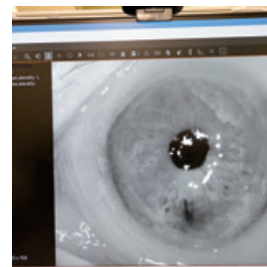
- 2. Telehealth, launched on 21 March 2024, allows nurses to remotely conduct preoperative reassessment for patients with suboptimal control of medical conditions to improve patient experience and reduce consultation waiting times.





3. GCRS-Plus commenced on 26 March 2024. Besides printing of jobsheet would no longer be necessary, bedside label printing is facilitated and ensuring patient identification.

4. Tier 2 of the Ophthalmic Filmless Project was launched in 3Q 2024. Ophthalmic investigation images, such as slit lamp photos and specular microscopy can be viewed via ePR and access through designated workstations or hardcopy reports would no longer be compulsory.

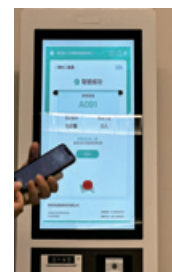
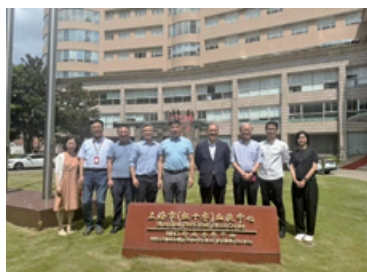


5. eWound packing has been implemented since 16 December 2024, providing a platform for wound and packing information exchange across HA healthcare setting and risk of retained dressing materials can be eliminated.

Hong Kong Red Cross Blood Transfusion Service (BTS) Mission Critical Blood Bank System Modernisation

A collaborative taskforce was formed in April 2024 with representatives from HOIT&HI, HO Legal Services Department, Cluster Procurement and other key stakeholders, in evaluating future options for BTS and ensuring continuous system improvement and modernisation.

Two potential suppliers in Mainland China were identified. BTS also organised site visits to blood centres implemented with these Mainland systems. Both potential suppliers noted the requirements in Hong Kong are different from the Mainland national standards, therefore significant system customisation and new software development would be required if either system is implemented in BTS.



BTS provided progress update in HA Directors' Meeting in August 2024. Members noted the limitations with existing vendor and agreed to proceed with sourcing a replacement solution from the Mainland as soon as possible.

In November 2024, two BTS Requirement Workshops were conducted, with reference to the Smart Hospital Workshops during the inception of HA Smart Hospital initiatives.

Members also reviewed the mock-ups provided by the potential vendors, with another visit scheduled in mid-December 2024 with detailed workflow discussions and updated mock-up for further assessment.

The strategy remains to migrate the essential (core) BTS operations to a new BBDMIS within the next 30 months or even shorter (subject to outcome from the existing vendor on potential new on-premises contract); and with new features in subsequent phases.

KOWLOON EAST CLUSTER

UCH Preparation of Accreditation

The Hospital Accreditation Programme, adopting the CIHA (2021 Version) is scheduled for UCH in 2025-26. To facilitate this process, related Preparatory Committee and Project Steering Committee were set up in 3Q 2023. Co-chaired by Hospital Chief Executive and KEC Service Director (Q&S), representatives from Tseung Kwan O Hospital (TKOH) and Haven of Hope Hospital (HHH) are also invited to join in the discussion and planning.

The structure of CIHA project in UCH was established and roles and responsibilities of subject officers for individual clauses and standard of CIHA were assigned.

A series of talks, seminars and forums have been arranged to progressively enhance staff informedness and their capacity to prepare for the survey. In addition, activities were coordinated accordingly for staff engagement to strengthen readiness for staff from all levels for the on-site survey.

A series of familiarisation/sharing programmes and activities were organised as follows in 3Q – 4Q 2024:

Six **Clause briefing sessions** for Group Leaders, Subject Coordinators and Item Officers

21 **Staff forums/meetings** for the requirements of specific topics

Two co-jointed **Safety rounds**, organised by Nursing Service Division (NSD) were carried out in Accident & Emergency Department (AED), Central Sterile Supply Department (CSSD) and Department of Medicine and Geriatrics (M&G).

The **Accreditation Promotion Day** was organised on 31 October 2024 to highlight the features of various aspects to achieve standard requirements with informative quizzes and souvenirs. The overall feedback was encouraging with participants expressing that they had gained more understanding of the implementation process of CIHA project in the hospital.





A website was developed exclusively for CIHA to keep staff abreast of the updated progress and development on the accreditation project of the hospital.

UCH Patient Safety Walkrounds

Patient Safety Walkrounds serve as a vital platform for operational assessment, service planning, and the cultivation of a culture focused on quality and safety. It provides a valuable opportunity for frontline staff to share their good practices and challenges in practical environment with the hospital management team.

A total of 12 walkrounds were conducted, including theme-based sessions such as **"Prevention of Inpatient Suicide"** in Ward 3C, 2C, 8B and 10B. Recommendations included modifying the curtain track between cubicles to a ligature-resistant design; ensuring the appropriate height of handrails, shower heads, and shower hose lengths in patient toilets; and installing collapsible hooks in patient toilets. These recommendations aim to prevent incidents of patients' self-harm risks and enhance patient safety. The walkrounds also covered various specialties, including clinical areas of A&E, Pathology, Radiology, M&G and Physiotherapy, and non-clinical areas such as Health Information and Records Department. Recommendations were suggested and the plan for improvement will be followed and monitored regularly.



Tseung Kwan O Hospital (TKOH)

3rd TKOH/QEH Neuroscience Educational Symposium

Building on the momentum of two highly successful lectures in 2023, the 3rd Neuroscience Educational Symposium, co-organised by TKOH and QEH was held on 12 April 2024.

The programme was designed to enhance the quality of neuroscience services at KEC by fostering improved communication, understanding, and collaboration between healthcare professionals. Two critical areas were focused: Common Neurosurgical Emergencies in Adults and Common Neurosurgical Operations.

Featured in-person lectures and Zoom participations, the overall feedback was positive.



HHH

CQI Forum 2024

The HHH CQI Forum was held in December 2024. The forum featured presentations on continuous quality improvement programmes at HHH by speakers from various disciplines. Topics included simple tricks for smart solutions in the hospital; quality and safety practices in hydrotherapy; evaluation of e-documentation in occupational therapy; quality and safety on the use of oxygen therapy in pulmonary and palliative care (P&PC) wards; and early screening for effective discharge planning in a geriatric ward.

Dr Kenny YUEN, HHH Hospital Chief Executive, concluded the event by emphasising the importance of being resourceful and avoiding over-engineering when addressing problems. HHH staffs' innovative and intellectual contributions to enhancing patient care and operational efficiency of the hospital were commended.



KOWLOON WEST CLUSTER

Achieving Clinical Excellence Through Diverse Training Programmes

Following the reinstitution in 2022, Kowloon West Cluster Simulation Training Centre (KWC STC) remained committed to its mission of providing comprehensive simulation-based education to healthcare professionals. Throughout the years, various training programmes and drills were conducted to improve clinical competencies and patient safety through innovative learning methods.

In addition to the two inter-cluster hospitals drills on infectious disease held annually, KWC STC made a concerted effort to diversify and extend the coverage of its simulation trainings. In comparison to the 30 training sessions for 360 participants in 2023, KWC STC's training activities grew significantly in 2024, offering over 50 simulation sessions to more than 685 participants. While the core programmes on infectious disease management, infection control, catheter care, and tracheostomy management were maintained, KWC STC launched seven new specialised training initiatives to address the current healthcare challenges and enhance clinical expertise across different specialties.

Advancing Patient Safety Through Simulation Training in High-Risk Procedures

Patient safety was of the highest importance in delivering healthcare excellence, particularly in high-risk clinical scenarios where precision, preparedness, and teamwork were essential. Performing high-risk procedures was complex and challenging. In view of this, KWC STC introduced a series of specialised training sessions in 2024. These trainings addressed different challenges of high-risk procedures, including paediatric procedural sedation, central venous catheter insertion and chest drain management. They reflected KWC STC's forward-thinking commitment to fostering a culture of safety, ensuring healthcare professionals to be well-prepared to handle complex procedures with precision and care.

The **Paediatric Procedural Sedation Workshop**, held on 2 September 2024, exemplified this proactive approach to patient safety. Twenty-one staff members from the AED in KWC hospitals were taught with essential skills in sedation protocols, such as pre-procedure assessments, important elements in both pharmacological and non-pharmacological techniques. Hands-on skill stations and case-based simulations highlighted the importance of vigilance, teamwork, and emergency preparedness, enabling safe sedation in diverse clinical settings.



Similarly, the **Central Venous Catheter (CVC) Insertion Training Programme**, held on 19 August 2024, focused on reducing risks in bedside procedures. Doctors from the cluster's hospitals participated in this pilot programme, which emphasised patient safety through means to prevent complications, troubleshooting, and procedural precision. The training included lectures, hands-on practice at dedicated skill stations, and structured debriefing, helping participants enhance their skills in CVC insertions.



KWC STC also co-organised the **Simulation Workshop for Chest Drain Insertion and Related Care 2024** with the Department of Medicine and Geriatrics (M&G) in Princess Margaret Hospital (PMH) to enhance the procedural and critical care skills on 10 July 2024. Healthcare professionals including doctors and nurses participated. The programme combined lectures, hands-on skill stations, and scenario-based simulations with structured debriefing.

Participants gained essential knowledge in managing pleural emergencies, practicing both routine and crisis interventions to ensure safe outcomes for patients.

Last but not least, a specialised **KWC Tracheostomy Care Simulation Workshop for Nurses** was developed, concentrating on the management of tracheostomy procedures. This workshop aimed to provide nurses with the opportunity to practice essential skills such as stoma care, tube securement, and emergency airway management. By using scenario-based learning, participants became better prepared to handle potential life-threatening situations while providing high-quality care.



KWC STC's commitment to advancing patient safety was demonstrated by the initiatives of specialised simulation training programmes. By addressing the challenges of high-risk procedures, these courses equipped healthcare professionals with the skills, confidence, and preparedness required to deliver safe and effective care to patients.

Expanding the Scope of Simulation Training Across Diverse Specialties

KWC STC continued to expand the reach of its simulation training programmes, tailoring initiatives to meet the needs of a broader range of healthcare professionals. By extending simulation-based learning to specialties beyond traditional medical and nursing roles, KWC STC strived to prepare diverse teams to handle unique challenges in their respective fields. In 2024, simulation training was also extended to speech therapists and patient transport staff.

(i) Allied Health (Speech Therapists)

One key aspect of this expansion was the incorporation of simulation training into the Allied Health professions. The **Simulation Workshop for Speech Therapists in Handling Clinical Emergencies** conducted on 26 September and 22 October 2024 equipped speech therapists with the skills to handle critical situations, including choking and sudden loss of consciousness. Through hands-on skill stations and scenario-based exercises, participants practised critical airway management techniques, enhancing their ability to handle emergencies effectively.



(ii) Patient Transport Staff

In addition, simulation training was extended to the Non-Emergency Ambulance Transfer Service (NEATS) through the **Simulation Training on Safe Transportation for Patients with Special Needs**, conducted in

December 2024. This programme provided NEATS staff with essential skills for the safe transportation of elderly and vulnerable patients. Practical simulations enhanced the participants' competency in handling infection control, oxygen therapy, and crisis intervention during complex situations.

The expansion of simulation training to include diverse specialties demonstrated KWC STC's commitment to enhancing the skills of healthcare professionals and ensuring the standard of patient care across disciplines.

Safe Transport of Critically Ill Patient

Committed to fostering a safety culture and providing quality care, several initiatives had been implemented in KWC hospitals to enhance staff knowledge in handling transport of critically ill patient.

Promulgation Activities to Reinforce Staff's Awareness

To raise awareness and improve knowledge of the patient transport process and necessary preparation for critically ill patients, forums were conducted in KWC hospitals, including two forums each at Caritas Medical Centre (CMC), Kwai Chung Hospital (KCH), Yan Chai Hospital (YCH), and PMH, and one forum at North Lantau Hospital (NLTH) since December 2023. These forums

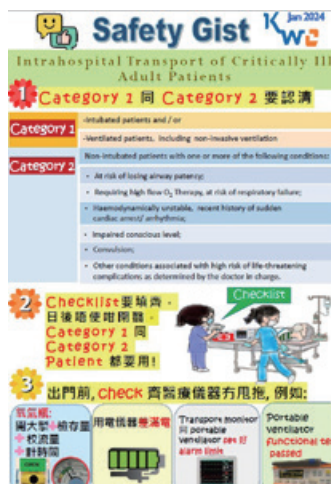
included live demonstrations on the safe operation of oxygen cylinders, with over 960 staff attended. Video recording of the forum was also made available as e-learning material in e-Learning Centre (eLC) to facilitate broader coverage and sharing among all our staff.



Building on the momentum generated by these forums, a campaign named **"Check Oxygen, Save Lives 生命之氧"** was also conducted in CMC in September 2024 to raise staff awareness on the importance of oxygen safety and reinforce proper handling and correct usage of oxygen cylinders. Approximately 600 enthusiastic healthcare professionals had participated with positive feedback.



The KWC Safety Gist on "Intra-hospital Transport of Critically Ill Adult Patient" was issued in January 2024 and messages on "Safe use of FX Oxygen Cylinder" were also regularly shared through various platforms, in addition to posting relevant reminders in ward areas and attaching cue card on oxygen cylinders.



Training Programme to Improve Skills and Practices

With an aim to enhance the skills and capabilities of medical and nursing staff working in infectious disease settings, the Transportation of Critically Ill Infectious Patients Training was developed by STC with the Department of M&G of CMC. The training incorporated Crew Resource Management (CRM) principles and included interactive simulations, providing participants with practical experience in addressing real-life patient transport challenges.



Also, CRM training was specifically designed for Paediatrics & Adolescent Medicine and Ophthalmology departments at CMC to enhance communication skills among staff in clinical settings, ensuring better teamwork and coordination during patient transport.

Audits to Strengthen Compliance of Safety Standards

To ensure adherence with safety protocols, audits were implemented in KWC hospitals, and revision/ development of relevant protocol and associated checklist were also initiated in CMC. In addition, to ensure that staff adhered to the established guidelines and uphold safety standards, cluster-based return demonstrations were conducted for all nursing and supporting staff on proper use of oxygen cylinders.

Promotion of a Culture of Q&S

The Q&S Forum had served as a vital platform for sharing knowledge and best practices while engaging healthcare professionals, administrative leaders, and supporting staff in collaborative improvement efforts. In KWC, two forums were held in 2024, one in cluster-based format and one specifically for CMC.

KWC Q&S Forum

The KWC Q&S Forum on "Advancing Healthcare: Practical Innovations and Hospital Accreditation" was conducted on 9 September 2024, with approximately 300 staff in attendance providing positive feedback.



Three distinguished speakers shared insights on innovative application of technology and the CIHA Standards. They included Ms CHAN Yuk Sim, Honorary Consultant at the Shenzhen Hospital Accreditation Research Centre; Dr Jeffrey LAI, Chief Manager (Quality & Standards) at the HAHO; and Ms MA Wai Ling, Centre Head of the Community Rehabilitation Service Support Centre of HA.

To foster CQI, KWC colleagues presented their improvement initiatives. From 65 submitted abstracts, six CQI projects were selected for oral presentations and 25 for electronic poster presentations. Two new awards,



"Most Popular Poster" and "Most Popular Oral Presentation", were introduced alongside regular awards, recognizing innovative strategies that started with small changes and led to significant improvements.

CMC Q&S Forum

The Q&S Forum, held on 9 October 2024 during the CMC 60th Anniversary, was an inspiring and biennial event aimed at promoting safe, high-quality healthcare services. Over 200 staff participated with encouraging responses.

The forum showcased 30 impressive posters from various clinical and allied health departments at CMC with six standout teams delivering oral presentations and attendees responded positively to the sessions. Dr Welchie KO, Service Director (Primary and Community Health Care)/ Consultant from the Hong Kong West Cluster, enriched the discussions as the keynote speaker to share valuable insights on primary healthcare development in the public sector.

This forum fostered a patient safety culture by emphasising innovation and integrating Q&S principles into daily practice.



Strengthening Knowledge Sharing through Publications

KWC Publications

To foster a culture of learning and continuous improvement, and align the latest practices and advancements in quality care and patient safety, publications such as KWC Safety Gist and KWC Newsletter were regularly issued to designated staff groups across the cluster.

The regular release of the KWC Safety Gist highlighted the collaborative efforts of the KWC Quality and Safety departments, with each hospital in the cluster taking turns to prepare the publication. This initiative aimed to emphasise significant or urgent topics that required special attention.

In 2024, the KWC Safety Gist addressed topics of current foci including transport of critically ill patients, safe blood transfusion, safe depot injection, patient identification, management of aggressive patients and alert to equipment in patients' surroundings to reduce suicidal risk. Key points were summarised for clear guidance and ease of reference to enhance both clinical and non-clinical practices. In addition to email distribution, topics of vital concern, such as correct use of tourniquet, were featured as KWC screensaver to ensure that essential information was easily accessible to all staff.



In October 2024, the first issue of KWC Q&S Newsletter was proudly launched to frontline medical and nursing staff, with subsequent issues expanded to include all KWC staff to further promote the Q&S culture. Rather than providing key takeaway messages for daily operations like the Safety Gist, the Newsletter highlighted essential information and insights based on past Risk Alerts, publications and appreciation letter related to patient relations, and more. The sharing of good practices, communication tips and appreciation through the Newsletter received positive feedback and encouraged the exchange of insights among healthcare professionals. This initiative fostered an environment of open dialogue and collaboration, significantly enhancing our collective commitment to maintaining the highest standards of patient care and safety in KWC.



Publications in Local Hospitals

In addition to the collaborative publications at the Cluster level, publications in local hospitals were also regularly issued to enhance knowledge sharing and address specific needs. These publications, such as the YCH Q&S Newsletters and Safety Reminders, CMC Q&S Sharing Points and Lessons Learned, as well as the NLTH Safety Gist and the Quality Care News of KWC Family Medicine and Primary Healthcare, were issued to promote optimal patient safety practices and enhance vigilance.

Alongside the collaborative publications at the Cluster level, the synergy brought by both Cluster and local publications enriched knowledge sharing while also addressing the specific needs of individual institute. This complementary approach not only fostered a culture of learning in KWC but also acknowledged the dedicated efforts of all teams in striving for quality care and patient safety.



Enhancing Safety Culture Through Collaborative Approach

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

In PMH, to further encourage continuous improvement and strengthen patient safety culture through enhanced on-site visits and communication with all clinical and non-clinical departments, the Hospital Safety Round was revamped as Senior Executive Walkaround with increased frequency from quarterly to monthly since November 2024.

Hospital Safety Round in YCH provided an excellent platform for frontline staff and management to discuss clinical issues. In addition to the participation of more senior doctors from a range of specialties in 2024, the frequency of rounds was also increased to monthly, as identifying problems early and implementing timely improvements would reduce risks and enhance service delivery.

For other KWC hospitals, Safety Rounds also achieved positive results where good practices and recommendations were discussed for improvement. For NLTH, quarterly Hospital safety Rounds were conducted in clinical and non-clinical departments, while CMC held monthly multidisciplinary joint safety walk rounds to these areas as well. As an enhancement, monthly Medication Safety Ward Round would be arranged starting January 2025 in KCH.



NEW TERRITORIES EAST CLUSTER

Hospital Accreditation

PWH is proud to be one of the pilot hospitals participating in CIHA Standards (2021 Version). The accreditation journey began in May 2023, and our Cluster Chief Executive, Dr. K L CHUNG, encourages PWH colleagues to be open, diligent, and dedicated in the efforts to improve with "three hearts and two minds" (三心兩意：虛心，悉心，用心). The accreditation process focused on patient safety, clinical quality, and governance. Leveraging the strong support from the Motherland, PWH has embraced the international stage with an open mindset, taken proactive actions, and collectively drive healthcare services toward higher standards.



To prepare for accreditation, PWH conducted various staff engagement activities, such as Q&S walkrounds, department visits, Staff Forums, Topic Workshops, webinar training, intern sharing sessions, Nursing Preparatory meetings, quiz game and game booth, regular briefings and sharing session of clause subject officers with CCE. The monthly bulletin "Accreditation Express" was published to update staff and promote transparency, alongside the 應知應會 booklet to understand hospital governance, structure, policy, facilities, and regulations.

6th Edition - 15 Apr 2024



7th Edition - 16 May 2024



8th Edition - 14 June 2024



9th Edition - 15 July 2024



10th Edition - 15 Aug 2024



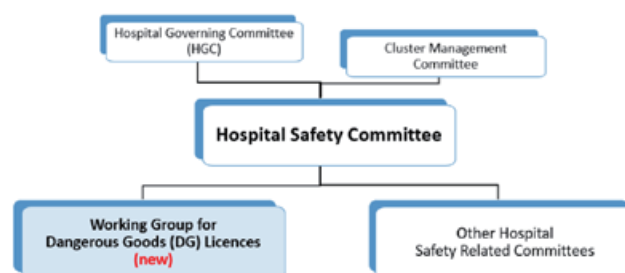
PWH held two consultancy visits in March and June, and the on-site survey was completed in December 2024. The outcomes of these collaborative efforts resulted in 3 clauses achieving an Excellent (優秀) rating, 30 clauses received a Good (良好) rating, 146 clauses meeting the required standards (達標).





Management of Dangerous Good (DG)

A multidisciplinary workgroup was established under the Hospital Safety Committee at PWH to oversee and coordinate the management of dangerous goods and their licences. A comprehensive list and detailed stock record of dangerous goods was developed. With the assistance of the OSH team, staff training and drills on handling dangerous goods spills had been conducted.





2022 化學品洩漏/溢漏事故演習報告	
緊急事故演習日期	29/11/2022
緊急事故演習名稱	化學品洩漏/溢漏 RapiSlide PA (Part A)
部門	SSU OT/A&C
地點	5/F Endoscopy Room (95C17)
時間	1500
參與人員	1500 - 1545 (Drill), 1545 - 1600 (Debriefing)
參加人數 (即知名單)	10 (See attachment)
部門主管姓名	Lee Chun Kwong, DDM/OT
負責人	Leung Man Wai, WM/SSU
背景	一位 SSU 同事在 RapiSlide PA 洩漏後，意外打翻大約 30 毫升殘留的 Part A 的未反應液體在內及地上。
演習事項	Generally, the staff could handle the spill calmly and not in a hasty manner. The presence of the new iC was beneficial in organizing the procedure. She gave clear instructions so that the fellow colleagues could safely follow.
改善事項	<p>Improvement</p> <ol style="list-style-type: none"> If staff has to do the environmental cleaning before the completion of room air change (15 mins after spillage), they should wear the protective goggles and chemical respirators. If the air change is not completed, the room would still contain RapiSlide PA vapour which could be harmful to staff's eyes and respiratory system. On the other hand, the staff can wait for 35 mins outside the room for the air change to complete. Then they can perform the environmental cleaning with usual PPEs (surgical mask and gloves). If RapiSlide PA is spilled on the protective gown, staff has to neutralize the residual chemical stained on the gown before disposal. Neutralization to the residue RapiSlide PA has to be done if it is found to have contaminated the outside of the chemical bottle. It is not necessary to wear the apron if water proof protective gown is worn. Staff is reminded to report to A&ES and phone the OSH Office as soon as the spill is managed. OSH staff may need to go to the spillage site and perform chemical concentration measurement afterwards.
計劃行動	<ol style="list-style-type: none"> Photos of the drill was kept record for review. Local instruction on RapiSlide spillage was revised.
匯報人	Leung Man Wai, WM/SSU
日期	29/11/2022
部門小組主管	

Medication Safety

1. Long-Term Steroid Replacement

Proactive Screening of CMS alert entry in NTEC

NTEC has initiated proactive screening of manual CMS alert entries for patients on long-term steroid replacement therapy. This effort involves a multi-disciplinary collaboration with HOIT&HI, Cluster IT, Cluster Statistics Division, Pharmacy, endocrinologists, and Q&S teams.

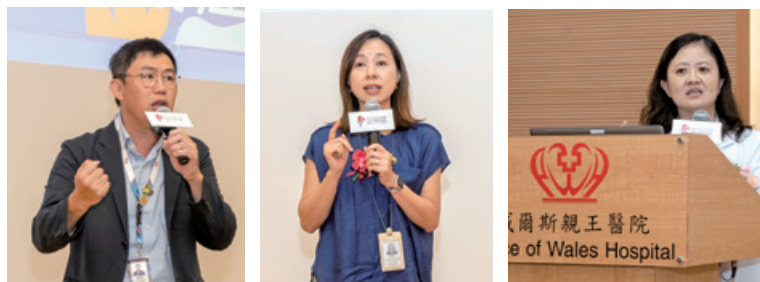
Redesign of patient information leaflet and Steroid Alert Card

The patient information leaflet on adrenal insufficiency requiring long-term steroid therapy, and the steroid alert cards at NTEC have been reviewed and redesigned for easy reference. These two items have been proposed to be digitalized in the "HA Go" app.



Patient Education Talk on Adrenal Insufficiency and Steroid Replacement Therapy

The patient education talk on Adrenal Insufficiency and Steroid Replacement Therapy co-organised by the NTEC Medication Safety Sub-Committee, Patient Relation and Engagement Division and Pharmacy was held on 21 September 2024 and had attracted a total of 470 patients and their caregivers with overwhelming appreciation.

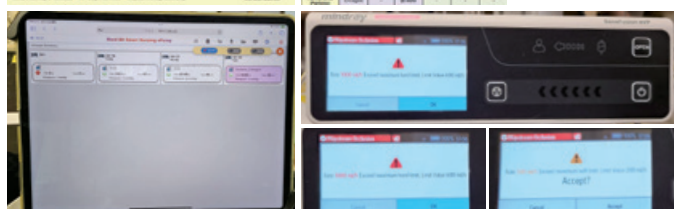


NTEC Standardised Dilution Regimens on Prescription and Administration of Drugs for Intravenous Infusion with INFUSION PUMP

Drug	Concentration	Flow Rate	Time	Volume
Adrenaline	1mg/10ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml
Atropine	1mg/10ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml
Clonidine	2mg/100ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml
Epinephrine	1mg/10ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml
Fentanyl	0.1mg/10ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml
Hydrocortisone	100mg/100ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml
Insulin	100U/100ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml
Midazolam	1mg/10ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml
Morphine	10mg/100ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml
Nitroglycerin	10mg/100ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml
Propofol	10mg/100ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml
Sufentanil	100ug/100ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml
Vancomycin	100mg/100ml	0.5-1.0ml/hr	1-2hr	0.5-2.0ml

2. Infusion Safety - Standardised Dilution Tables, Safety Procedures, and Use of Smart Pumps

To align with Corporate SDT for vasopressors, opioids, insulins, and anticoagulants for general adults, NTEC had revised the Safe Procedures on Intravenous Infusion and the Standardised Dilution Tables, incorporating elements on infusion device and line management, and dose limits of drug libraries to facilitate the rollout of e-Pumps.



Oxygen Safety

NTEC has published the oxygen Safety 3-2-1 ePoster, flyers, two educational videos about the checking procedures and residual air entrapment to raise staff awareness. The on-hand train-the-trainer (TTT) workshop for allied health staff, revision of the Oxygen Cylinder Smart Card, development of Oxygen Safety Checklist, and use of the LIV IQ Oxygen Cylinder among NEATS team were carried out to mitigate the risk.



Investigation Risk

1. Introduction of paperless ECG

The Paperless ECG system streamlines the workflow allowing clinicians to access the latest ECG results from anywhere and has piloted in five clinical areas at PWH in June 2024 and would be rolled out in NTEC other clinical areas in 2025- 26.

2. Reporting and Management of Critical Results

A cluster policy for reporting and managing critical laboratory results and urgent radiological imaging assisting colleagues in streamlining their workflow was established in November 2024.



Anaphylaxis Management

In January 2025, a cluster guideline on anaphylaxis management aligning with SHARC accreditation requirements was rolled out to ensure timely and safe administration of intramuscular adrenaline. The new anaphylaxis kit has been set up and equipped in each emergency trolley across NTEC.



Early Detection of Deteriorating Patients

The implementation of MEWS in the E-vital system to assist early detection of deteriorating patient with action pathway was commenced at PWH in August 2024, followed by Cheshire Home (Shatin) (SCH) and Bradbury Hospice (BBH) in September 2024, and Alice Ho Miu Ling Nethersole Hospital (AHNH)/ Tai Po Hospital (TPH) in January 2025. To aid staff in understanding this process, "lazy bags" were issued.



Venous Thromboembolism (VTE) Prevention

In May 2024, a multi-disciplinary taskforce including doctors, nurses, physiotherapists, and pharmacists, was assembled at PWH to develop a hospital-wide guideline as a framework for tailored VTE prevention protocols. Concurrently, clinical departments formulated their own guidelines to ensure systematic VTE risk assessment and preventive measures.

The collage displays various VTE prevention resources from PWH. On the left is a detailed 'Thromboembolism Risk Assessment (Caprini Risk Assessment Model)' form. In the center is a 'Patient Care Label' for VTE prevention. To the right is a 'Flow chart' for VTE prevention. On the far right is a colorful infographic titled 'Prevent VTE for Hospitalized Patients' which states that up to 60% of all VTE cases are associated with hospital stays and lists signs and symptoms of VTE, such as swelling, pain, redness, and warmth.

Chemical Restraint Workgroup

A workgroup at PWH was established in September 2024 to create a framework and guideline for the safe use of chemical restraint in adult patients in non-psychiatric settings. A newsletter and a set of educational materials were published. This guideline will be rolled out to other NTEC hospitals in the future.

Severity	Clinical features	Intervention
Mild agitation	<ul style="list-style-type: none"> Signs of overt 	<ul style="list-style-type: none"> De-escalation skills
Moderate agitation	<ul style="list-style-type: none"> Difficult to redirect, without danger, physically or verbally threatening 	<ul style="list-style-type: none"> Consider informing doctor for further assessment.
Severe agitation	<ul style="list-style-type: none"> Violent or aggressive, a danger to self and others 	<ul style="list-style-type: none"> Inform doctor; requires IM/IV chemical restraint.
Observation items	<ul style="list-style-type: none"> Airway, Respiratory Rate (RR), Peripheral oxygen saturation (SpO2), Blood Pressure, Pulse, GCS 	
Frequency (Reference: i) AED COC Procedural Sedation in Emergency Department; ii) Recommendation from Pharmacist)	<ul style="list-style-type: none"> At least Q30 mins for 4 times, then hourly till the patient awakens or according to doctor's instruction. Inform the doctor if significant change 	
Reassessment	<ul style="list-style-type: none"> Within the first hour after IM/IV sedation Determine the need for further sedation. 	

The infographic titled 'Chemical Restraint in PWH' defines chemical restraint as the use of drugs for the purpose of immediate control of patient with disturbed/violent behavior. It lists when to apply chemical restraint (e.g., physically or verbally threatening, violent, danger to self and others) and provides clinical features, intervention, and monitoring. The infographic also includes a QR code for more details.

Staff Training and Promulgation of Safety Culture

Three NTEC Incident Management Workshops were completed in 2024. The yearly Root Cause Analysis (RCA) Workshop, cultivating a just culture, was successfully conducted on 23 August 2024.



NEW TERRITORIES WEST CLUSTER (NTWC)

Commenced the Preparation for Hospital Accreditation in Tuen Mun Hospital (TMH)

TMH would be undergoing the hospital accreditation on the CIHA Standards in 2025. To prepare for the accreditation, TMH CIHA Hospital Accreditation Task Force was formed under the Cluster Management Committee to plan and oversee the overall strategies for this process. TMH Hospital Accreditation Office under NTWC Q&S Division was set up to handle the logistics and training arrangement. Departmental Q&S Coordinators were also appointed to engage with and support accreditation activities in their departments.



Followed by the Open Forum to brief TMH staff on the commencement of hospital accreditation on 27 February 2024, the preparatory work and activities on hospital accreditation were initiated. TMH Hospital Accreditation Office worked closely with stakeholders, including group advisors and criteria owners of the six accreditation expert groups to ensure compliance with the standards.

Department visits to the various departments and units have been conducted since April 2024 to discuss preparation work with department management. Topic trainings were conducted to enhance staff's understanding on the standards and local customisation from the CIHA standards. A website for TMH Accreditation was developed to provide accreditation-related resources to staff. Accreditation pre-survey rounds to different departments will commence in December 2024.

In addition, three surveyor trainees from NSD, Pharmacy and Q&S were nominated to receive training from SHARC to gain in-depth knowledge of the CIHA requirements.

Launched NTWC Safety Café to Enhance Hands-on Clinical Skills Training

In 2023, NTWC organised a successful Patient Safety Carnival to enhance safety awareness among staff. Building on the positive momentum from the Carnival, Q&S worked collaboratively with NSD to introduce NTWC Safety Café in February 2024 to continue building staff's safety culture.



The Safety Café aimed at enhancing staff's clinical skills competency through hands-on practice while providing a casual, relax and comfortable environment for learning. The Café selected training topics through recent incidents with concerns. The management of oxygen cylinders and regulators for patient transfer, as well as the safe use of infusion and syringe pumps, were selected as the first series of training topics in TMH, Pok Oi Hospital (POH) and Tin Shui Wai Hospital (TSWH). Castle Peak Hospital (CPH) and Siu Lam Hospital (SLH), on the other hand, focused on physical restraint as their training topic.



The Safety Café was first launched at TMH in February 2024, and was subsequently expanded to POH and TSWH in March 2024, and to CPH and SLH in July 2024. The Safety Café adopted a small-class training format, with each session accommodating about 12 trainees and lasting approximately 1 hour. Beverages and snacks were provided to the trainees in a refreshing atmosphere throughout the training.

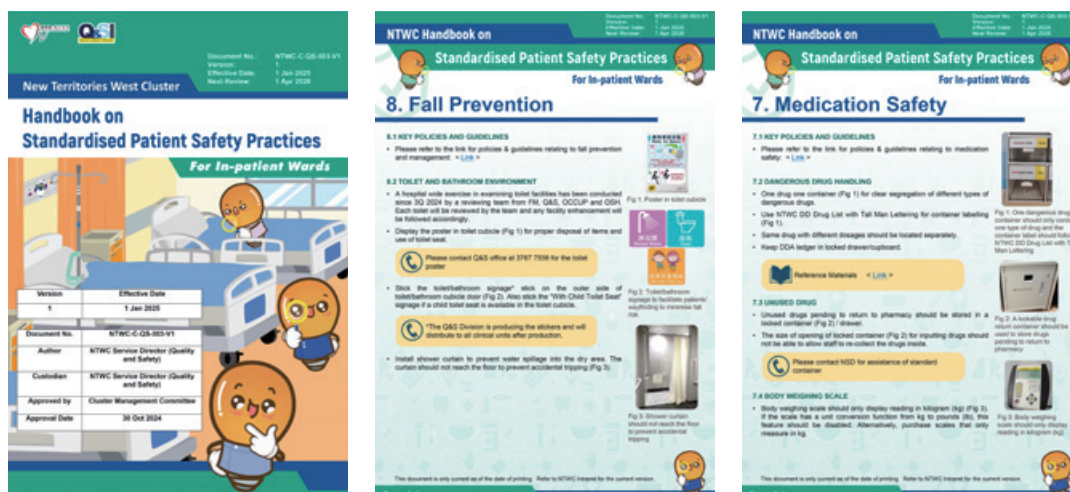
Staff responses to the Safety Café had been overwhelmingly positive. More than 2,000 nurses had been trained in the Café. By creating a supportive and engaging learning environment, the NTWC Safety Café had successfully empowered staff to enhance their clinical skills and safety-focused behaviour.



Standardised Various Patient Safety Practices in NTWC

From the review of past incidents in the cluster and references from other hospitals and overseas, non-standardised clinical and operational practices could be key risk factors for clinical incidents. In addition, policies and guidelines without detailed work descriptions at the operational level may lead to difficulties in local implementation and varied practices across clinical units.

In view of this, Q&S has developed a Handbook on Standardised Patient Safety Practices for In-patient Wards, which aims to provide clinical departments with a set of standardised patient safety practices to minimise variations across clinical units, enhance the ease of compliance with the requirements from HA and NTWC policies/guidelines and minimise the risk of clinical incidents.



The Handbook, targeted at the in-patient wards of TMH, POH and TSWH, covered 13 essential patient safety topics, including patient identification, medication safety, fall prevention, patient transfer. For each topic, the Handbook outlined the relevant policies and guidelines, patient safety practices at operational descriptions supporting existing HA and NTWC policies and guidelines, highlights of proper patient safety practices, and essential contact points and reference materials of standardised practices. The Handbook also included a section on past Q&S Quick Posts for staff's reference on suggested practices. It was disseminated to all in-patient wards in TMH, POH and TSWH in November 2024 and the standardised practices would be effective on 1 January 2025. Wards that had difficulties to implement the standardised practices would be required to provide written justifications to Q&S for evaluation and record.

To ensure the standardised practices have been implemented, compliance would be checked via Patient Safety Walk Rounds. Furthermore, Q&S Division would continue to collaborate with NSD and relevant committees to identify new practices which could be standardised and to update the Handbook regularly. An example would be the standardisation of dangerous drugs management and storage. There had been medication incidents related to suboptimal management and handling of dangerous drugs. Also, from the theme-based Medication Safety Walk Round conducted in May 2024, it was observed that clinical units had various practices in the storage and handling of dangerous drugs. The design and installation of dangerous drug cabinets in each clinical unit were also different. In this regard, a workgroup comprising members from Q&S, NSD, pharmacy and clinical units was formed in 3Q 2024. The workgroup aimed to develop a robust set of principles to standardise the management and storage of dangerous drugs in the cluster.

The workgroup had developed a set of principles for the safe management and storage of dangerous drugs, including standardising the design and dimensions of new dangerous drug cabinet, establishing a practice to regular review of dangerous drugs' types and quantities, specifying which items could be put into the cabinet, and using designated dangerous drug containers and labels. It was anticipated that the standardisation could be introduced in 1Q 2025.



Before



After

Organised NTWC Safety Quiz Competition to Promote Hospital Safety Culture

In 4Q 2024, a Safety Quiz Competition was organised for all clinical and non-clinical staff in the cluster. The Competition aimed at promoting patient and hospital safety culture and hospital accreditation among staff while testing their safety knowledge.

The Competition, commenced in November 2024, featured 20 topics, including patient identification, medication safety, fall prevention, occupational safety and health, hospital environment and medical equipment safety, and TMH CIHA hospital accreditation. It was conducted through a series of 10 quizzes. Each quiz lasted for 2 weeks and the whole competition would end in 2Q 2025. All NTWC staff could get access to the Competition via the HA myHR App. To support staff preparation, the quiz syllabus and relevant learning materials were shared via the event promotion.

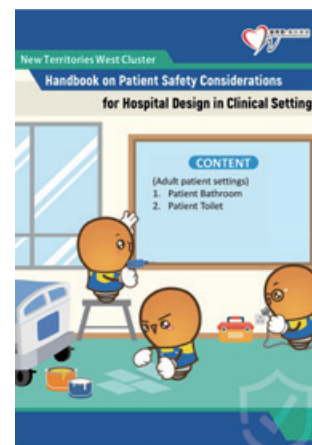


To enhance participation and ensure entertainment, prizes would be given to the participants with highest scores and highest participation rate. A lucky draw would also be conducted for all participants. Also, evaluation of each quiz would be conducted to identify questions with a low percentage of correct answers. This would help understand which area of training should be enhanced in the future.

Improved Hospital Design in Clinical Settings to Enhance Patient Safety

The design of hospital environment could contribute to patient injuries including falls and suicide. Also, during visits to clinical units for incident investigation, the design of toilets and bathrooms was found to be suboptimal. Therefore, a facility reviewing team comprising members from Q&S, Facility Management Unit (FMU), Occupational Therapy Department and OSH Team was formed to inspect the environmental safety in toilets and bathrooms in clinical units.

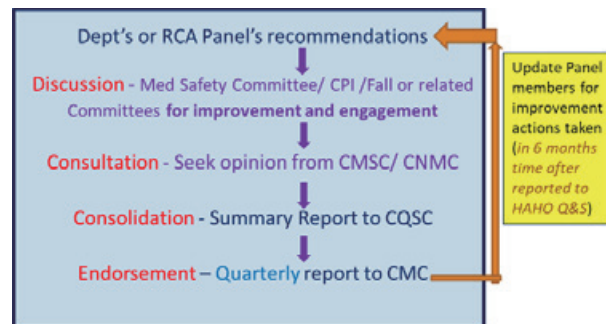
The team developed two chapters of recommended principles in toilet and bathroom design in the Handbook on Patient Safety Considerations for Hospital Design in Clinical Settings in NTWC (exclude psychiatric settings). The team had commenced visits to clinical units since November 2024, using the recommended principles to examine the existing toilet and bathroom designs. Any facility modifications, such as installation of handrail or wall-mounted chair, would be suggested during the visits and followed up by the Facility Management Unit. It was anticipated that the visits would be completed by end 2025.



Enhanced RCA Recommendations Review and Engagement Process

Q&S Division had undertaken a comprehensive review of its post-incident improvement and engagement process. This initiative aimed to enhance the effectiveness of recommendations from RCA by considering the potential for standardisation of practices in the cluster and refining the recommendations to address the practical environment and specific situations faced by frontline staff.

The new process involved deeper engagement with clinical risk-related committees, such as Medication Safety Committee (MSC) and Correct Patient Identification (CPI) Committee, to discuss the RCA recommendations, provide insights and identify areas or practices with potential for standardisation. The RCA recommendations would also be discussed in the Cluster Medical Services Committee (CMSC), Cluster Nursing Management Committee (CNMC) and Cluster Allied Health and Pharmacy Management Committee (CAHPMC) to seek opinions from the senior management of clinical units. All RCA recommendations would be consolidated by the Cluster Quality and Safety Committee (CQSC) through a thorough discussion and finally be endorsed by the Cluster Management Committee.



Recognising Staff's Effort through Patients'and Relatives'Appreciation

NTWC highly regarded patients'and relatives'appreciation as recognition to staff's hard work and dedication to patient services. In 2024, Q&S Division supported the introduction of various initiatives to appreciate staff and foster a culture of gratitude and recognition.

i) Appreciation Award Ceremony

The 2023/24 Appreciation Award Ceremony held in July 2024 was a resounding success. This event was designed to honor the exceptional contributions of NTWC staff. It celebrated the dedication and excellence demonstrated by departments in delivering high quality, effective, and efficient services. During the ceremony, a prize presentation highlighted the achievements of the top three departments/units of each hospital to recognise their hard work and commitment. This ceremony marked the first time for NTWC to host an exclusive event of this nature with more than 350 staff in attendance, including participation from other clusters. This broad participation demonstrated the collective support and recognition to the awarded teams, fostering a sense of unity and shared purpose across the organisation.



ii) TMH Appreciation Contest for Most Heart-touching Appreciation

TMH Appreciation Contest was organised to allow staff to vote on appreciation cards and letters from patients and relatives. TMH staff were invited to vote for the most heart-touching appreciation cards or letters. The top three departments/units, whose their appreciation cards or letters received the highest votes, were invited to receive recognition in the hospital staff event 「屯門醫院秋日感謝祭」, which was organised by Human Resources Division, in October 2024. Gifts and awards were presented for their outstanding contributions and commitment to excellence in patient care.

iii) Staff Appreciation Award

Aimed at boosting healthcare staff morale and recognising their contributions during the challenging times of COVID-19, the Staff Appreciation Award was launched in 2023. It acknowledged exceptional efforts in providing quality care amidst unprecedented circumstances. Each quarter, the top three departments/units of each hospital with the highest number of appreciations received were selected for recognition. Reinforcement strategies included award certificates, cookies, team photos, and prominent recognition on internal communication platforms. This initiative uplifted staff morale and fostered unity and collaboration within the organisation.



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