



醫院管理局
HOSPITAL
AUTHORITY



2023

QUALITY & SAFETY

ANNUAL REPORT





ACKNOWLEDGEMENT

The "Hospital Authority Quality and Safety Annual Report" for 2023 continues to showcase the significant quality and safety initiatives across the seven Clusters and the Quality and Safety (Q&S) Division of the Hospital Authority Head Office (HAHO). As we navigate the evolving healthcare landscape, the dedication and resilience of our staff remains resolute, ensuring the delivery of safe and high quality healthcare services.

Our heartfelt gratitude goes to the staff from each Cluster and the HAHO for their unwavering commitment to improving the quality and safety of healthcare services. Their relentless efforts and dedication have been indispensable in our continuous pursuit of a safer and higher standards of healthcare.

We also extend deep appreciation to the teams who have provided invaluable feedback and input that have been crucial in shaping this report. Their collaboration and support have been instrumental in ensuring that our quality and safety initiatives are effectively communicated and implemented across all levels of the Hospital Authority (HA).

Looking ahead, we remain steadfast in our commitment to fostering a culture of excellence and innovation in healthcare. With the continued dedication and collaboration of our colleagues, we firmly believe that we will continue to adapt and improve our services to meet the ever-changing needs of our patients and the community.

We are grateful to all our colleagues for their unwavering efforts have made this report a success.



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OPENING MESSAGE

In the ever-evolving landscape of healthcare, HA remains steadfast in its mission to prioritise patient safety and continuously improve the quality of care. 「不積跬步，無以至千里；不積小流，無以成江海」— 荀子 This wisdom highlights the importance of taking small steps to achieve significant progress, reflecting our commitment to continuous improvement and excellence in patient care.

Hospital accreditation serves as a globally recognised benchmark for performance assessment and targeted improvement, ultimately enhancing service quality and patient safety. To ensure the quality of HA hospitals continues to meet international hospital accreditation standards, HA will resume accreditation-related work in two pilot hospitals. By initiating accreditation with Pamela Youde Nethersole Eastern Hospital (PYNEH) and Prince of Wales Hospital (PWH) as pilot sites in 2023-2024, and adopting China's International Hospital Accreditation Standards (2021 Version), we are taking significant steps toward this goal.

Our dedication extends beyond the pilot sites, with plans to expand the accreditation programme to other public hospitals. By aligning our hospitals with international standards and the national healthcare system, we are not only reinforcing local leadership in promoting global standards, but also reaffirming our commitment to providing world-class healthcare to our patients.

In parallel with our accreditation efforts, we uphold the World Health Organisation (WHO) Patient Safety Rights Charter, which emphasises the importance of patient rights and safety. The Charter serves as a guiding beacon, reminding us of our duty to respect and fulfil health-related human rights. By integrating the Charter's principles into our quality and safety initiatives, we ensure that patient-centered care remains at the heart of every decision and action.

As we embark on this journey, let us remember that improving patient safety and quality of care is a shared responsibility, a moral and professional duty essential to building a healthier, safer future. By embracing collaboration, continuous learning and relentless improvement, we can leverage our collective expertise to create a healthcare system where patient well-being is paramount, setting a new standard of excellence in safety, quality, and patient-centered care.

Dr. Michael Wong

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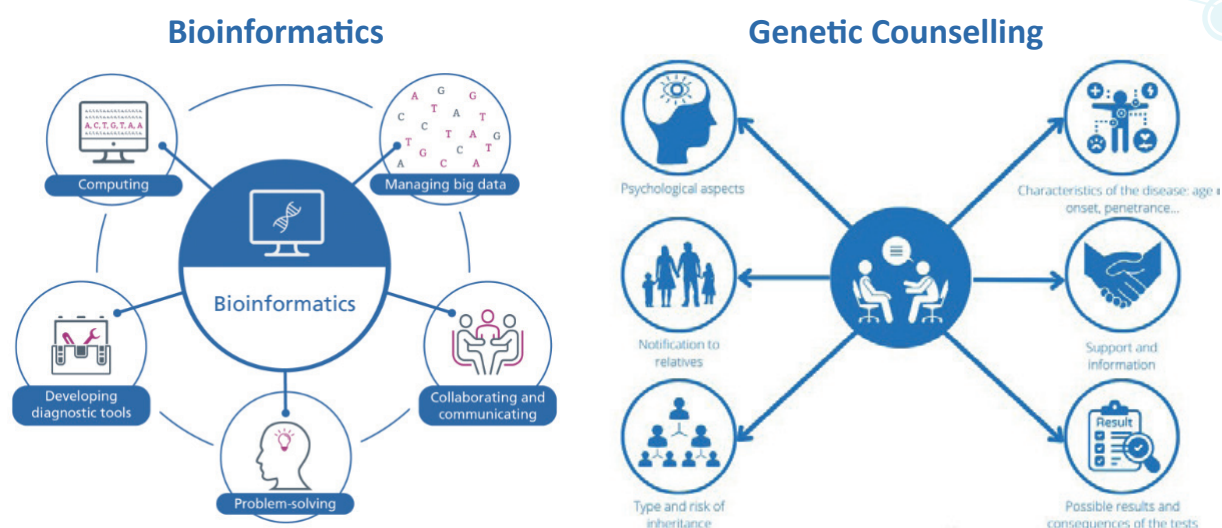
HOSPITAL AUTHORITY HEAD OFFICE

Clinical Effectiveness and Technology Management

Enhancing Bioinformatics and Genetic Counselling Services in HA

Introduction

Bioinformatics and genetic counselling are two essential components of advanced genetic and genomic (G/G) services. With reference to *Strategic Development of Genomic Medicine in Hong Kong* published by the HKSAR Steering Committee on Genomic Medicine in 2020, bioinformatics is a subdiscipline of biology and computer science concerned with the acquisition, storage, analysis, and dissemination of biological data, most often DNA and amino acid sequences, while genetic counselling is the process of helping people understand and adapt to the genetic, medical, psychological and familial implications of genetic contributions to disease.



As HA lacks a sufficient pool of G/G professionals, the Clinical Effectiveness & Technology Management Department has worked with different stakeholders to create two grades: **Bioinformatics Team (BIT)** and **Genetic Counselling Team (GCT)** in HA under the management of Allied Health Grade, for delivery of advanced G/G services. This new initiative dovetails with the Government's determination to hasten genomic medicine in Hong Kong for benefiting more patients in need. It is also one of strategies set out in HA Strategic Service Framework for Genetic and Genomic Services¹ to **enhance service quality** by building up relevant expertise.

Project Highlights

Being the major provider of public healthcare services in Hong Kong, **HA endeavours to keep pace with G/G advancements and enhance service quality**. Fundamental to the provision of advanced G/G services is to build up relevant expertise in bioinformatics and genetic counselling. It is well known that these G/G professionals help decipher the relationship between genomic variations and diseases, which lays the foundation for personalised treatment and precision medicine. Under this circumstance, the new grades of BIT and GCT

are created with effect from 1 April 2024², in accordance with local and international practices as well as HA's existing similar ranks to fill the expertise gap and address the healthcare needs in the long run.



Bioinformatics Team

BIT comprises mostly specialists in bioinformatics, computer science, biomedical science, etc. who are familiar with programming and coding, and turning them into effective analysis tools. They play an important role in interpreting and analysing genomic data for identifying the disease-causing variants of the patients.



Genetic Counselling Team

GCT is frontline professionals with training or experience in medical genetics and psychosocial counselling who study patient's family backgrounds, provide counselling for risk assessments and carry out tests after obtaining informed consent, and explain the results to patients and their family members. They play a pivotal role in translating genomics into clinical practices.

The complexity and magnitude of G/G services necessitate a multi-disciplinary team of G/G experts that compose of BIT and GCT to maximise potential. Given the fact that G/G data can be as large as 10G or even 100G for each patient, the role of BIT is crucial for the systematic collection, analysis, storage and retrieval of data, together with maintaining up-to-date databases of patient and genetic information, to assist doctors in patient diagnosis. They also communicate closely with clinicians and genetic counsellors for case discussions, and share them with knowledge about guideline updates, enabling them to deliver quality patient care.

Of equal importance is the GCT who act as the bridge of communication between doctors and patients to understand the importance of G/G tests and make informed health decisions. In the process of genetic counselling, they help patients and their families who have known genetic disorders or are at risk of certain genetic conditions to comprehend the hereditary nature, mode of inheritance, the risk of occurrence within the family, and means of prevention. This helps the affected patient or family to deal with the disorder and choose a course of action according, thus minimising the psychological distress and promoting positive health behaviours.

With their specialised expertise and training, both BIT and GCT would expand the application of genetics and genomics in enhancing the quality of clinical care for more precise diagnoses and tailored-made treatments, rather than the traditional "one-size-fits-all" approach.

Way Forward

Given the accelerating G/G service volume and complexity, HA will partner with the Hong Kong Genome Institute⁴ to critically review synergism between the Hong Kong Genome Project and HA services, assess the manpower establishments, and identify talents both locally and globally, particularly for senior positions of BIT and GCT who are expected to spearhead HA's overall strategy and planning in genomic medicine development. In addition to dedicated expertise, steps would be taken to raise the G/G literacy of other healthcare professionals, as utilisation and interpretation of G/G information have become more common and the G/G fields are diffusing into different clinical care settings. With the creation of these new grades, further liaison will be made with stakeholders to develop a new service model to augment the delivery of bioinformatics and genetic counselling services across HA.

1. The publication can be access at https://www.ha.org.hk/haho/ho/ap/HAGGSSSF_Eng.pdf
2. For details of BIT and GCT, please refer to Human Resources Circular No. 8/2024 issued on 19 April 2024.
3. To learn more, please view the video on HA's genetic counselling services (healthcare professional version).
4. Hong Kong Genome Institute was set up by the Government in 2021 to launch the Hong Kong Genome Project, the first large-scale genome sequencing research project in Hong Kong.

Infectious Disease Control Training Centre

Infection Control Training Seminars

Introduction

The Infection Control Branch (ICB)/ Infectious Disease Control Training Centre (IDCTC) plays a crucial role in promoting infection prevention and control in healthcare settings. One of the ways is by organising training seminars to equip healthcare professionals with the knowledge and skills necessary to effectively combat infectious diseases. This year, two theme-based seminars were organised. The first seminar focused on the impact of Coronavirus Disease 2019 (COVID-19) pandemic and the management of outbreaks of Multi-Drug Resistant Organisms (MDROs) after COVID-19. The second seminar centered around emerging infectious diseases including Monkeypox (Mpox), viral haemorrhagic fevers, and *Clostridioides difficile*.

Highlighted Seminars

Seminar on Infectious Disease and Infection Control Management of Patients with Multi-Drug Resistant Organisms (MDROs)

This seminar was held on 17 February 2023 via zoom webinar. It aimed to explore the impact of COVID-19 pandemic on MDROs and provide healthcare professionals with valuable insights and strategies on management of patients infected with MDROs and the prevention of MDRO outbreaks. This seminar brought together renowned international and local speakers who shared their expertise and experiences in various aspects of MDRO management. Through their presentations and discussions, healthcare workers gained practical knowledge that could be directly applied to their daily practice. The seminar shed light on the challenges faced by healthcare workers in dealing with MDRO outbreaks in the post-COVID era and provided them with latest updates on effective strategies and best practices.



Seminar on Infectious Diseases and Infection Control Management

This two-day event took place on 7-8 December 2023. It was designed to address the broader aspects of infectious disease control and management on emerging infectious diseases including Mpox, viral haemorrhagic fevers and *Clostridioides difficile*. The seminar aimed to equip healthcare professionals with the latest advancements and best practices in infection control. Distinguished international and local speakers, well-versed in the field of infectious diseases, were invited to share their insights and experiences. By covering a range of topics relevant to infectious diseases and infection control, the seminar provided attendees with a comprehensive understanding of emerging threats and effective management strategies. The presentations and discussions facilitated knowledge exchange and collaboration among healthcare professionals, enabling them to enhance their infection control practices and stay up-to-date with the evolving landscape of infectious diseases.



Seminar on Infectious diseases and infection control management

Webinar on 7 - 8 December 2023



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

Way Forward

Both seminars received overwhelming positive responses from participants, who appreciated the opportunity to learn from renowned experts and engage in meaningful discussions. Looking forward, we remain committed to organising more seminars of varying themes in the future, providing ongoing training opportunities to healthcare professionals and ensuring they stay updated with the latest advancements in infection prevention and control. These future seminars will continue to empower healthcare professionals, foster collaboration, and address emerging challenges in the dynamic landscape of infectious diseases.

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

Introduction

Bloodstream infection (BSI) is one of the common and significant healthcare-associated infections (HAIs) of concern. According to the HA-wide prevalence survey conducted in 2010, BSI is one of the five most common HAIs in HA hospitals. Moreover, BSIs are associated with increased morbidity, mortality and healthcare costs.

A Point Prevalence Survey on BSI ("Survey") was conducted to understand the prevalence of hospital-acquired BSI, hospital policy and real practices of peripheral venous catheter (PVC) care in different specialties of public hospitals in order to understand the magnitude of the problem and identify areas for improvement.

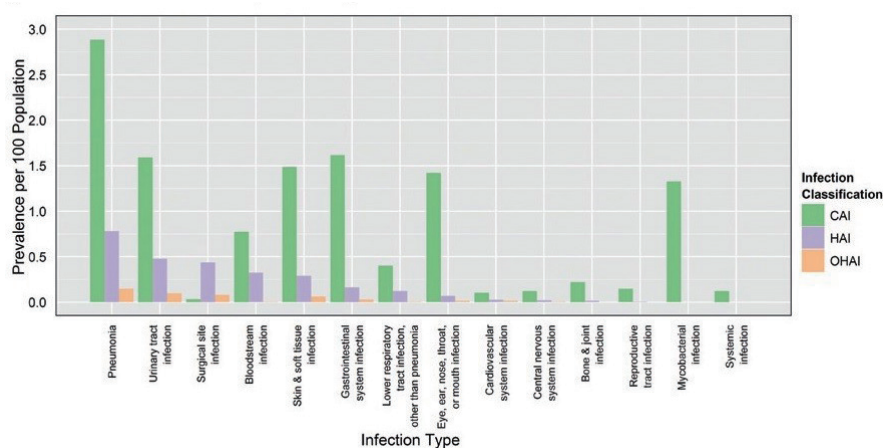


Figure 1- BSI is the fourth commonest hospital acquired infections in HA hospitals in Hong Kong. (Source: Prevalence Survey of Infections 2010)

Highlights of the Point Prevalence Survey

The Survey was divided into three parts. Part 1 focused on the prevalence of BSI, Part 2 focused on the policy of PVC care at departmental level while Part 3 aimed at understanding the compliance of PVC care to current recommendations. The Survey was conducted in two phases—the pilot study and live run. The pilot study aimed to test the protocol, the data collection instruments, the communication between different parties and to explore if the methodology is robust and accurate. The pilot study was completed successfully in June 2023. We will introduce the pilot phase this year and the live run would be reported in the 2025 issue.

Part 1: Prevalence of BSI

A total of 30 hospitals participated in Part 1 of the pilot study. One ward (either acute care or convalescent) would be selected from each participating hospital by the hospital survey team. The aim is to test the methodology in different scenarios (e.g. specialties and wards) before the live run of territory wide survey.

The US Centers for Disease Control and Prevention (CDC)'s National Healthcare Safety Network (NHSN) surveillance definitions were adopted for the Survey. A total of two to three patients with positive blood / catheter tip culture from the selected ward were assessed for BSI status.

In order to ensure the consistency and accuracy of the data between different investigators, internal and external validation were performed. Three patients with positive blood / catheter tip culture from the selected ward were assessed for validation. If there were less than three patients with positive blood / catheter tip culture from the selected ward, patients from other wards would be included. Each hospital survey team would assess selected patients for internal validation. The HAHO survey team (with investigators from Infectious Disease Control and Training Centre and Chief Infection Control Officer Office) would conduct external validation in seven major representative hospitals of the seven clusters by performing the survey independently and at the same time with hospital survey teams. A total of 22 cases were validated by HAHO survey team with sensitivity and specificity both to be 100% which met the target of 90% or above.

Part 2: PVC Care Policy

A total of 42 departments from 30 hospitals as volunteered by the hospital participated in Part 2 of the pilot study. Each participating department filled in a questionnaire on different aspects regarding the department's PVC care policy. By collecting feedback from different departments and through the process of data analysis, the design of the questionnaire was refined for the live run.

Part 3: Audit checklist for PVC compliance

A total of 30 hospitals participated in Part 3 of the pilot study. One ward from each hospital was selected. Five patients with PVC were selected with bed numbers starting with 1, and then multiples of 5 from the ward for assessment. The audit checklist included information such as the location of PVC, duration of PVC in-situ, indications for PVC and the visual infusion phlebitis (VIP) score. A total of 164 PVCs from 150 patients were assessed in the pilot.

In order to ensure validity of the checklist, members of the HAHO survey team performed the audit simultaneously with hospital survey teams. A total of 42 PVCs from 32 patients were assessed by HAHO survey team. The Kappa statistics for inter-rater reliability was 0.89 which met the target of 0.7 or above. The checklist was subsequently further refined based on recommendations and feedback from hospital survey teams.

Live run

The pilot study provided insights into the inter-rater reliability and feasibility of the survey. Live run of the Survey was conducted in November 2023 on a larger scale involving all wards fulfilling selection criteria from 32 hospitals. It was joined by members who had also joined the pilot study to ensure continuity. Lessons learnt from the pilot study also helped to streamline the process for live run. We will report the live run in the 2025 issue.

Way Forward

We hope that the Survey could let us know the current situation of BSI and catheter care in HA. Based on the finding, future strategies for the prevention of BSI can be formulated. The findings on the policies and practices regarding PVC care in healthcare settings would enhance patient safety and outcomes.

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 response 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

While the community was embracing full resumption to normalcy after the 3-year long Coronavirus Disease 2019 (COVID-19) epidemic, HA encountered new challenges in infectious diseases brought by the aggravated *Candida auris* (*C. auris*) situation, incident of nosocomial Legionnaires' disease and surges of respiratory infections in 2023. HA also made due diligence to continue the pilot joint intervention programme with the Department of Health (DH) to combat Methicillin-resistant *Staphylococcus aureus* (MRSA) and Carbapenem-resistant Acinetobacter (CRA), enhance the Antibiotic Stewardship Programme (ASP) and review the stockpiling of personal protective equipment (PPE).

CICO Office, serving as the executive arm of the HA Central Committee on Infectious Diseases and Emergency Response (CCIDER), gathered advice from multidisciplinary experts and coordinated responses to the emerging infectious disease outbreaks/ incident. The Office also liaised and worked jointly with various departments to grapple with the rising issues.

Project Highlights

(i) Normalcy in full swing after COVID-19 pandemic

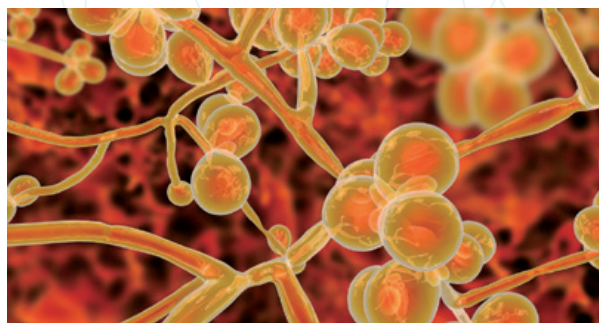
To tally with the Government's resumption of normalcy measures, since early 2023, HA has gradually scaled down additional infection control measures upheld during the epidemic after assessments by the CCIDER. To minimise the risk of infection amid the surge of COVID-19 and influenza, all patients, visitors, and staff are required to wear a surgical mask when entering patient care areas. Admission screening of COVID-19 for asymptomatic inpatients in high risk wards continues to be recommended.

(ii) Addressing antimicrobial resistance (AMR)

The global health threat of AMR has been fuelled by the COVID-19 pandemic through numerous drivers, such as increased use of broad-spectrum antibiotics, high volume of patients and so on. In response to this, HA has adopted multi-pronged measures to address the issue.

◆ Tackling the emerging threat of *Candida auris* (*C. auris*)

Since the importation of the first case of *C. auris* in 2019, sporadic *C. auris* cases have been reported throughout the years. Following the COVID-19 epidemic, there was an upsurge of cases in 2023, involving several outbreaks in some public hospitals and Residential Care Homes for the Elderly (RCHEs) in the Kowloon Central Cluster (KCC) and Kowloon West Cluster (KWC).



Candida auris

With the aim to reducing transmissions in public hospitals, institutions, and the community, and protecting vulnerable patients, HA has adopted the "find and confine" strategy, which includes early identification, segregation, and decolonisation.

Enhanced screening to identify occult cases

Aside from the prevailing screenings for patients with high risks of exposure, HA had introduced discharge screening for patients returning to RCHEs from a ward housing *C. auris* patient associated with nosocomial infection since mid-September. HA has also arranged *C. auris* patients to be placed in designated wards under the care of designated care teams to prevent cross-transmissions with non-*C. auris* patients.

Decolonisation to prevent infection and further spread

To shorten the duration of carriage of *C. auris* in patients, HA began to prescribe a 3-month decolonisation therapy consisting of Manuka honey bath and probiotics for colonised patients upon their discharge in mid-September. CICO Office liaised with the Social Welfare Department (SWD) to deliver a corresponding education session to RCHEs. With support from Community Geriatric Assessment Team (CGAT), decolonisation therapy was offered to residents already in RCHEs as a mop-up exercise, and has been regularised for subsequent new cases in RCHEs.

Controlling spread through environment

Taking reference to previous outbreak experience on the significant contamination of *C. auris* at air grilles, CICO Office solicited support from Head Office Business Support Services Department (HO BSSD) and Cluster Administrative Departments to introduce monthly surface cleaning of air grilles in inpatient wards of HA hospitals as far as practicable beginning from late September. This aims to minimise the risks of associated transmission.

CICO Office also worked closely with the Infection Control Branch (ICB) of the Centre for Health Protection (CHP) to conduct a pilot air grille surveillance in selected RCHEs under KCC and KWC catchment areas to assess any occult



Collecting air grille surveillance sample in RCHE

cases. From 30 October to 6 November, CICO Office collected 800 samples from 40 RCHEs, all the samples were tested negative for *C. auris*.

Collecting air grille surveillance sample in RCHE

With all the concerted efforts, *C. auris* transmissions in HA and institutions were brought under control. The extensive collaboration and synergistic actions of departments could be applied to the control of other Multi-Drug Resistant Organisms (MDROs) if situation allows.

◆ Pilot joint intervention programme to combat MRSA and CRA

To address the worrying situation of MRSA endemic, HA and DH have collaborated on a territory-wide pilot decolonisation programme in various hospitals and RCHEs since 2021. Currently, there are four pilot hospitals, including Queen Elizabeth Hospital (QEH), Queen Mary Hospital (QMH), Princess Margaret Hospital (PMH) and North Lantau Hospital (NLTH). Under the programme, RCHE residents will be tested for MRSA and CRA upon admission to the pilot hospitals, and offered MRSA decontamination regimen regardless of their MRSA test results. DH, on the other hand, will provide pre-emptive MRSA decontamination to all residents in RCHEs in respective catchment areas of the pilot hospitals.

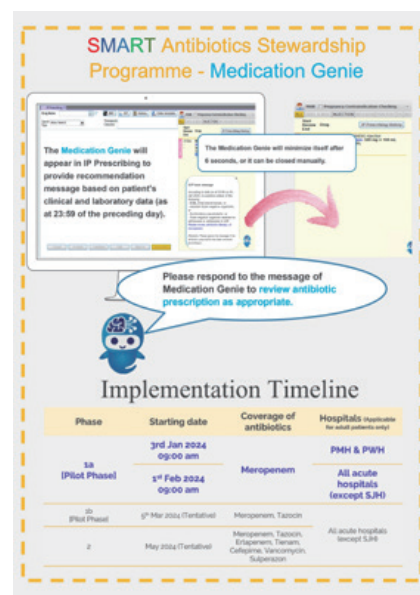
The respective positive rate across pilot hospitals was lingering around 50% for MRSA and 10% for CRA in 2023 with varying trends. HA and DH would suitably review the programme.

◆ Introduction of Smart Antibiotic Stewardship Programme (ASP)

Optimised use of antimicrobials not only effectively treats infections but also protects patients from harm caused by unnecessary antimicrobial use as well as combats AMR. The ASP, introduced since 2005, promotes judicious use of antimicrobials in public hospitals.

Riding the tide of technological advancements, HA has introduced Smart ASP, a protocol-driven IT tool that enables automatic identification of potentially inappropriate use of broad-spectrum antibiotics based on pre-set rules, and facilitates clinical decisions through automatic reminders in form of Medication Genie (MG) to clinicians in IPMOE. Management reports are shared with departmental Chiefs of Service (COSs) for review and education to prescribers having inappropriate prescriptions as needed.

Throughout the development process, CICO Office solicited expert advice from a panel of HA specialists, including clinical microbiologists, pharmacists and infectious diseases physician to formulate indications and analytic rules for potentially improper prescriptions.



HA Chat broadcast message on Smart ASP

Following a 2-week smooth trial run (from 20 December 2023 to 2 January 2024) in two selected hospitals and extensive promulgation efforts by the Working Group on ASP, the Smart ASP has been officially rolled out in early January 2024. The implementation was carried out in phases, with the extension to acute hospitals and coverage of 7 big gun antibiotics and 3 intravenous to oral switch of antibiotics.

The programme aims to facilitate auditing and monitoring procedures, alleviate manual workload of ASP teams, foster professional development of clinicians, enhance corporate monitoring and reduce AMR as a whole.

(iii) Responses to nosocomial cases of Legionnaires' disease (LD)

An LD incident occurred in PYNEH, had imposed a large impact on the hospital. Two definite nosocomial LD cases were identified, and multiple water samples from affected wards and water tanks were tested positive for *Legionella pneumophila*.



Legionella pneumophila which causes LD

CICO Office, together with the CHP, immediately rendered expert advice to the hospital regarding the incident. This included conducting retrospective and prospective surveillance, environmental investigations, implementing remedial control measures, collecting water samples as well as disinfecting the water system. Meetings and site visits were arranged to facilitate these efforts. Moreover, CICO Office also coordinated with the HO Capital Planning Department (CPD) to roll out Hospital Engineering Design Standard for Drinking Water Safety Plan (DWSP) in order to the strengthen governance related to LD prevention.

In order to enhance preparedness, the HA Expert Panel on LD was convened in January 2024. The panel consisted of experts from the CHP, Electrical and Mechanical Services Department (EMSD), HO CPD, Cluster Facility Management (FM). The panel suggested several major improvement measures, including:

- a. Installation of gate valves to facilitate zonal disinfection during opportunistic renovation of existing hospitals/ in new hospitals;
- b. Implementation of DWSP in individual hospital;
- c. Covering cold water tanks with tight-fitting lids;
- d. Insulating water tanks or install them in shady areas.

The Expert Panel also explored advanced technologies for LD control, such as the pilot use of ultraviolet water disinfection system in high risk areas. Meanwhile, CICO Office proactively reviewed the central stockpile of bacterial filters in preparation for potential LD outbreaks.

(iv) Combating the resurgence of respiratory pathogens

HA continuously monitors the situation of various respiratory pathogens through different surveillance systems. In 2023, the local community experienced increased activities of COVID-19 and influenza. HA was also aware of the rising trends of *Mycoplasma pneumoniae* infections among paediatric patients reported in Mainland China and overseas.

In response, CICO Office engaged Cluster laboratories and worked closely with the HO Primary Health Care (PHC) team to enhance testing services for seasonal influenza and COVID-19 in both inpatient and outpatient settings to facilitate decision making and improve bed turnover amid service demand surge. Moreover, CICO Office proactively participated in information exchange with Mainland experts in late November to discuss the wave of *Mycoplasma pneumoniae* infections.

To promote seasonal influenza vaccination (SIV), CICO Office had prepared training materials to educate staff on the importance of vaccination and to dispel common myths. To better understand the key barriers to SIV uptake, CICO Office introduced a questionnaire for unvaccinated staff since 8 December. The key findings would enable HA to review the promotional strategy for SIV.

(v) Review on Personal Protective Equipment (PPE) stockpiling

The establishment and maintenance of a robust PPE stockpile is essential for sustaining healthcare services and protecting healthcare workers with adequate provision of PPE. To prepare for future pandemic, CICO Office, together with HO BSSD, revisited the prevailing PPE stockpile target based on the calculation model developed by the HA Statistics & Data Science Department, overseas and local COVID-19 experiences. After deliberation among senior management, the reviewed stockpile is maintained at a 180-day level. The estimated daily quantity is adjusted based on the average daily actual depletion of PPE in the fifth wave of COVID-19. This approach supports HA's needs while optimising resource utilisation.

Way Forward

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

HOMICC

Project Highlights

a) The establishment of Hong Kong Poison Control Centre (HKPCC) in the Hospital Authority (HA)

The HA's Toxicology Service is mainly provided by four different units, namely the Hong Kong Poison Information Centre (HKPIC) at United Christian Hospital (UCH), which offers 24-hour telephone consultation and guidance services to healthcare professionals in Hong Kong; the Poison Treatment Centre (PTC) at PMH, which provides treatment especially for patients with unusual poisoning; the Toxicology Reference Laboratory (TRL) at PMH, which offers tertiary Clinical Toxicology laboratory services, and the Toxicovigilance Team of the Chief Pharmacist's Office (CPO) at HA Head Office, which is responsible for monitoring poisoning reports and the alert system, jointly supporting the development of Clinical Toxicology services in public hospitals.

As stipulated in Chief Executive's 2022 Policy Address, the HKPCC would be set up under HA to enhance poison control and management in Hong Kong and promote collaboration among various internal and external stakeholders.

In May 2023, the new Steering Committee of the HKPCC (the Steering Committee) co-chaired by Director (Quality and Safety) / HAHO and Cluster Chief Executive / Kowloon East Cluster (KEC) was formed to institutionalise the necessary building blocks. These building blocks include strengthening the governance structure, establishing an Integrated Chinese-Western Medicine (ICWM) Treatment Safety Centre to provide recommendations on ICWM applications, safety guidelines and training, and ensuring medication safety to support ICWM development.

In 2024/25, the HA will strengthen the role of the HKPCC in poisoning control and treatment. This will be achieved through the several measures aimed at improving the quality and safety of handling poisoning cases and enhancing effective and efficient communication among different stakeholders. These measures include:

(i) enhancing early warning systems for drug-of-abuse (DoA) related poisoning incidents and the emergence of novel DoA; (ii) establishing cross-boundary collaboration with Mainland China on antidotes, (iii) striving for excellence in national and international collaborations and (iv) synergising poison control centre information.



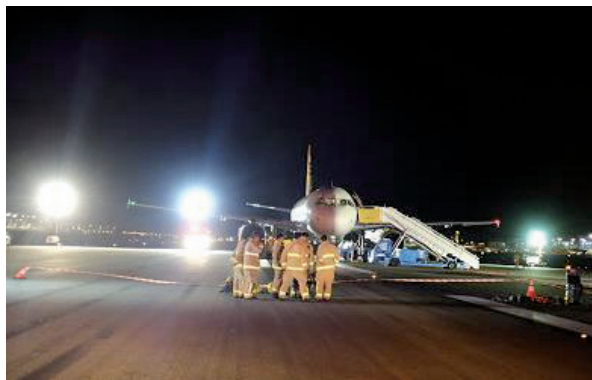
Inauguration Ceremony held on 24 Nov 2023

b) Drill and Exercise

In 2023, HOMICC proactively participated in a total of 33 emergency and preparedness exercises related to disasters, accidents, infectious diseases, chemical, biological, radiological, or nuclear (CBRN) incidents, and hospital evacuation drills. During these exercises, HOMICC collaborated with HA's strategic partners, including the Fire Service Department (FSD), the Hong Kong Police Force (HKPF), the Department of Health (DH), the Hong Kong International Airport (HKIA). The collaboration aimed at the testing emergency response procedures and the effectiveness of equipment. These exercises simulated real-life emergency situations and provided HA's first responders and relevant teams with the opportunity to practice specific skills and procedures and test new technologies. Following each exercise, HOMICC provided feedback and recommendations to the relevant parties and reviewed HA's and local contingency plans, operational guides, and operational flow between HAHO, Clusters, and hospitals.



Vegetation Fire-cum-Mountain Rescue Drill on 9 Feb 2023



Annual Aircraft Crash Exercise 2023



Annual Aircraft Crash Exercise 2023

c) HA Special Duty Cadre (HASDC)

In order to enhance the government's emergency response capability, HA has established the Hospital Authority Special Duty Cadre (HASDC). The HASDC is responsible for providing support and assistance during significant emergencies, disasters, or scheduled events within the Hong Kong Special Administrative Region (HKSAR). The formation of the HASDC was recommended by the HA Advisory Committee on Disaster Preparedness and approved during the Directors' Meeting.



The objective of the HASDC is to provide specialised emergency medical services in specific environments in Hong Kong. This includes responding swiftly and with a higher level of on-site medical support in emergency situations or disasters. To achieve this, two teams, namely "HAWK" and "FALCON," have been formed. Through training and collaboration with other government departments, such as the Police Medic, it is expected that the capabilities of the HASDC will be further enhanced.

Way Forward

To prepare for future challenges, HOMICC, together with HAEOC, will maintain close cooperation with respective hospital command centers, the HOIT&HI team, HA's strategic partners, and colleagues from different clusters. This collaborative approach aims to transition towards a data-driven and agile response system. HOMICC will actively coordinate the improvement of emergency response and disaster management training for clinicians specialising in various areas such as A&E, trauma service, ICU, and toxicology. Furthermore, concerted efforts will be made to involve more colleagues from different clusters in drills and exercises, ensuring the relevance and effectiveness of HA's emergency response capabilities.

CCPS

Project Highlights

a) Increase in Variety and Accessibility of Treatment Groups

To address the mental health needs of HA colleagues, CCPS designed and introduced a range of new treatment groups in 2023. These groups covered a range of topics aimed at empowering staff to shape their roles for greater job satisfaction ("Job Crafting"), supporting caregivers ("Handling of Caregiver Stress"), providing strategies for parenting teenagers ("Parenting for Teens"), and promoting relaxation and well-being ("Relaxation Workshop at Mindful Garden").

Enrollment of groups has also been made available through the enhanced feature of CCPS' psychological wellness App – myOasis, which offers a streamlined enrollment function to facilitate online sign-up at fingertips.



Promotion of Different Treatment Groups

b) Proactive Collaboration with Other Departments

In order to extend mental health services to frontline staff and ensure service development according to staff's actual needs, CCPS proactively reached out to different departments and conducted tailor-made programs on diverse topics for various staff groups. In 2023, collaboration with HO and cluster departments (e.g. Operating Theatre & Theatre Services Centre, Obstetrics & Gynaecology, Nursing Services, Administrative Services and Human Resources) was initiated to introduce staff psychological services, resilience skills and wellness tips to about 3,000 staff in different occasions (e.g. orientation programs, forums, buddy programs). With encouraging feedbacks from the participants, CCPS will continue to explore collaborating opportunities with other departments.



Mental Health Talk at the "Nurturing Our Young Generation (NOYG) 2023" Event for Nursing Staff

c) Digitalisation of Medical Records

In an effort to enhance Staff Psychological Services Clinics' operations and promote data security and environmental sustainability, CCPS implemented a digitalised medical record system. This transition marks a significant step towards creating a paperless environment by reducing the reliance on physical documentation. Adopting digital medical records allows CCPS to streamline the management, organisation and accessibility of client information, resulting in improved efficiency, accuracy and security of its stand-alone clinical management system.

d) Mental Health Promotion

To raise staff's mental health awareness, strengthen their resilience and cultivate a caring culture in HA, CCPS continued to organise various mental health promotion activities. Key activities in 2023 were as follows:

(i) Mental Health Promotion Campaign on Act of Kindness

From May to August 2023, CCPS launched the Cultivating Care Campaign (「愛己及人 Cultivating Care 計劃」) to promote caring behaviours and improve peer relationships among HA staff. It comprised various components such as psychoeducation resources, quizzes, myOasis app challenges, experience sharing, distribution of caring cards/ WhatsApp stickers and provision of treatment groups. The campaign received positive response, with about 2,200 quiz participants, 500 experience sharing submissions and 3,700 myOasis app new users.



Experience Sharing by Participants

(ii) Question and Answer Series by Clinical Psychologists

In October 2023, CCPS introduced a new channel for psychoeducation and staff engagement, namely "Question and Answer Series by Clinical Psychologists" (「臨床心理學家你問我答系列」). HA staff were invited to raise questions on mental health topics via the myOasis app, while clinical psychologists of CCPS would respond to common questions by sharing fun facts and wellness tips in short videos in different episodes. To further strengthen the interaction, each episode was accompanied with mini-quizzes and lucky draw rewards to attract staff participation. 4 episodes have been produced and released as of 31 Dec 2023, recording over 2,000 quiz submissions and around 3,000 view count per video. The debut promotion platform and promulgation are promising in engaging staff in mental health promotion.



Episode on Myths of Suicide



Webinar on "Positive Communication"

(iii) Oasis "Fuel Your Heart" Webinar Series

In collaboration with the Advisory Committee on Personal Growth and Development Services of Oasis, a webinar themed "Positive Communication" for general staff was held on 18 Apr 2023. It aimed to foster positive workplace communications, collaborative relationships among colleagues and a harmonious working environment. The program was attended by over 1,000 participants with positive feedbacks.

e) "Coffee with Colleagues" Caring Program

Critical Incident Support Teams (CISTs) have been providing peer support, psychological first aid and caring activities to hospital staff all along. In light of the benefits of social support and connection on psychological wellbeing and interpersonal relationship at workplace (with reference from the program developed by Grant Wood Area Academy Agency in the United States amid the COVID-19), CCPS initiated a new CIST caring activity named "Coffee with Colleagues" (「歇腳亭」/「心靈休憩站」). 10 CISTs from 5 clusters joined the pilot sessions comprising 30-minute games and self-care tips sharing. The positive results and feedbacks from more than 150 participants were encouraging. Participants would equip themselves for the ultimate goal to launch the activity in their respective hospitals, with the professional support from CCPS and administrative support from Critical Incident Psychological Services (CIPS) Centres.



"Coffee with Colleagues" for HHH CIST

Way Forward

To meet growing psychological needs of HA staff, Oasis will continue to strengthen its staff psychological services proactively, including but not limited to the development of new psychological programs (e.g. mindfulness and self-compassion programs), enhancement of e-psychological services and collaboration with other departments.

Patient Relations and Engagement

Introduction

A trustful patient partnership is the cornerstone of quality healthcare services which HA has been entrusted to provide to the community. With HA progressively resuming its services to the pre-epidemic level in 2023-24, continued efforts have been made to render appropriate assistance to patients/relatives and handle public feedback and complaints in a timely manner.

Project Highlights

A. Overview of Appreciation, Complaints and Feedback Received

Public Feedback and Complaint Management at Hospital Level

The statistics on public complaints, feedback, appreciation and request for assistance received by HA hospitals and its General Out-patient Clinics for 2023-24 are summarised as follows:

It is worth to note that public appreciation received this year increased significantly by 32% from 32,879 to 43,468 which approached pre-COVID-19 level. This encouraging result was consistent with HA's and clusters' earnest efforts to promote positive patient relations and appreciation culture through provision of more user-friendly channels for patients to express their feedback and appreciation on the services received.



Given the substantial volume of services provided by HA, public feedback statistics should be interpreted with reference to the corresponding service level. The following charts reveal a consistent and clear trend of patient satisfaction with the significantly larger number of appreciation than complaints received for all services.

With rising expectation from the public for timely responses to complaints, and considering the higher chance of amicable resolution of complaints with early intervention, clusters/hospitals strived to handle the complaints within the target response time despite the challenges posed by heavy workload, case complexity and stretched manpower of Patient Relations Offices. All clusters have achieved an improvement in their complaint handling time with 87% of cases handled within 6 weeks, representing a 14% improvement as compared with last years.

C. Enhancing Capacity and Staff Competencies in Conflict Resolution

To equip our staff with essential skills to effectively address and resolve complaints and conflicts, different mode of training and development activities were organised. The bi-monthly webinar series "5:00 拆彈大本營" focused on practical tips in handling complaints were well received by frontline colleagues. Workshops on effective written communication on complaints handling were conducted to enhance the ability to communicate messages with clarity in a concise, appropriate, logical and organised manner. A specialised seminar was also organised with Dr Danny LEE to share his expert experience in managing complaints and inquiries by Medical Council. Meanwhile, staff development was facilitated with opportunities for job rotation to Patient Relations Office of different clusters/hospitals and HA Head Office and attendance of PCC meetings.



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

The HA was for the first time selected by The Ombudsman (OMB) as one of the three recipients of The Ombudsman's Awards 2023 for Public Organisations in recognition of its positive and responsive attitude to investigation of complaints of The OMB. Two HA colleagues, namely Dr KUNG Shu-wing, Deputy Hospital Chief Executive of Tseung Kwan O Hospital and Dr WONG Mong-sze, Chief of Service (Family Medicine & Primary Healthcare) of Hong Kong East Cluster received The OMB's for Officers of Public Organisations.

Way Forward

PRED will continue to work with stakeholders to promote a positive and appreciative patient partnership and a just complaint culture for continuous service improvement.

Patient Safety and Risk Management

Introduction

The Patient Safety and Risk Management Department (PS&RM) has consistently prioritised the enhancement of patient safety and healthcare quality across HA. In 2023, our efforts focused on deepening our risk management strategies and implementing key risk reduction projects, closely aligned with broader organisational goals to ensure a holistic improvement in patient care. Supporting essential Coordinating Committees such as Orthopaedics & Traumatology, Ophthalmology, Obstetrics & Gynaecology, and Paediatrics, PS&RM has facilitated the advancement of key safety initiatives and the adoption of innovative technologies. We remain dedicated to advancing healthcare quality and safety to ensure that all patients receive the highest standard of care.

Infusion Pump Risk Reduction

The safety of infusion pumps for drug administration is a worldwide concern. Infusion pumps are critical medical devices used to administer fluids, medications and nutrients to patients in controlled amounts. Due to the widespread use in healthcare settings, issues related to infusion pump safety are of paramount importance.

In our unwavering commitment to enhancing the quality and safety of healthcare services, the Working Group on the Safe Use of Infusion Pump conducted a comprehensive review of pertinent guidelines. This review identified smart pump solutions equipped with advanced safety features designed to prevent infusion-related incidents. Concurrently, the review highlighted the critical importance of manual tracing of infusion lines, performing independent checks and reinforcing adherence to the five rights checking of medication administration.

The direction for developing a standard dilution table for several high-risk intravenous medications has been established by HA. It aims to facilitate the development of drug library and marks a significant milestone toward the integration of smart pumps. By standardising dilution practices, we strive to ensure consistency and safety in medication administration across HA.

The feasibility of implementing a drug library for certain high-risk medications that would incorporate a dose error reduction system to enable the programming of infusion pumps with customised infusion limits remains under exploration. In addition, the investigation of central monitoring of infusion pumps is underway.

This innovative approach involves the display of infusion rates and alarms, facilitating real-time monitoring of infusions through a centralised system. Such a system empowers healthcare professionals to promptly identify and address any issues with infusions, thereby significantly enhancing medication safety.



Central Monitoring System of Infusion Pumps

Tourniquet Risk Reduction

Retention of tourniquets during blood sampling procedures has been a recurring challenge in healthcare systems, repeatedly highlighted since the first issue of HA Risk Alert (November 2007). To address this pressing issue, the Working Group on the Safe Use of Tourniquet was newly formed to review and recommend improvement strategies, and to explore innovative devices and technologies to enhance safe use of tourniquets.

In 2023, a comprehensive stocktake was conducted across all clusters to assess current practices and identify areas for potential improvement and preventive measures. Following this assessment, all clinical departments were mandated to implement the improvement measures in alignment with corporate direction in HA.

To eliminate the practice of using disposable gloves as tourniquets, the "*Policy on Prohibition of Disposable Gloves Use as Tourniquets*" was established. Disposable gloves are not designed to serve as tourniquets and do not provide equivalent efficacy or safety, posing unnecessary risks and potential harm to patients. To improve patient safety, all staff are prohibited from using disposable gloves as tourniquets and are required to use approved tourniquet.



The working group explored and piloted smart devices such as auto-release tourniquet and tourniquets with timers within HA. The auto-release tourniquets are designed to automatically release after a designated period if left on patients and feature visual and audio alarms to alert healthcare workers to potential retention. Tourniquets with timers similarly help increase staff alertness and awareness regarding retention incidents. These innovations are being evaluated for their efficacy in preventing tourniquet retention and enhancing patient safety.



To further promote the tourniquet safety, effective preventive measures were shared in the 70th issue of HA Risk Alert (July 2023) and on the Instagram of PS&RM. These communications highlighted the innovative devices and technologies aimed at minimising the risk of retained tourniquets.

Medical Student and Pre-Intern Training

In 2023, PS&RM continued our commitment to enhancing medical education by participating in training programmes for medical students and pre-interns. Building on our previous success, we contributed to the "*Patient Safety and Risk Management Seminar*" for medical students at the University of Hong Kong. The seminar aimed to introduce key concepts of patient safety and risk management, focusing on clinical risks such as surgical-related incidents, misidentification, medication errors and breach of patient privacy.

We maintained our involvement in the "Orientation for Pre-internship Block and Internship Training" at the Chinese University of Hong Kong, ensuring that pre-interns receive crucial safety knowledge. These initiatives continue to foster a culture of safety and continuous learning among future healthcare professionals, enhancing their understanding and application of patient safety and risk management practices.



PS&RM provides "Patient Safety and Risk Management Seminar" at HKU

PS&RM Seminar Series on Clinical Incident Management

Throughout 2023, PS&RM hosted the Clinical Incident Management Seminar Series, aimed at empowering healthcare professionals with advanced strategies for managing clinical incidents effectively.

The series commenced with a focus on ethical considerations in the handling of medical errors, emphasising a patient-centered approach and the importance of transparency in healthcare practices. This set the foundation for subsequent sessions, which expanded into effective communication strategies, particularly in dealing with the media during clinical incidents to maintain public trust and organisational integrity.

The concluding seminar explored the practicalities of managing medico-legal claims and disputes, highlighting the importance of obtaining proper consent and utilising alternative dispute resolutions to mitigate risks and improve patient safety.

Overall, the 2023 PS&RM Seminar Series enriched our healthcare professionals' understanding and capabilities in handling clinical incidents, integrating international expertise and comprehensive strategies to boost quality and safety across the HA.

Hospital Authority
Department of Patient Safety and Risk Management

PS&RM Seminar Series on Clinical Incident Management

The "right" way of handling clinical incidents and medical errors

Mon, 27 Mar 2023
5pm - 5:30pm

Details
Date: 27 March 2023 (Monday)
Time: 5pm - 5:30pm

Guest Speaker
Dr. Derrick Au Kit-Sing
Clinical Professional Consultant (honorary);
Advisor, CBK Centre for Bioethics, Faculty of Medicine

Join us!
Zoom ID: 989 1339 0766
Passcode: 227350

All HA staff are welcome!

Hospital Authority
Department of Patient Safety and Risk Management

PS&RM Seminar Series on Clinical Incident Management

Effective Media Communication in Clinical Incidents

Thu, 27 Apr 2023
5pm - 5:30pm

Details
Date: 27 April 2023 (Thursday)
Time: 5pm - 5:30pm

Guest Speaker
Dr. Che Chung LUK, JP
Vice Chairman, Virtus Medical Group Limited;
Former Cluster Chief Executive (2010 - 2022), Hong Kong East Cluster, Hospital Authority

Join us!
Zoom ID: 941 4802 1633
Passcode: 912229

All HA staff are welcome!

Hospital Authority
Jointly Presented by Patient Safety & Risk Management and Legal Services Department

PS&RM Seminar Series on Clinical Incident Management

UK Experience in Medico-legal Claims and Strategy

Thu, 11 May 2023 (Thursday)
Time: 5pm - 5:30pm
Venue: Room 203A, HAQ / Zoom

Guest Speaker
Mr Christopher Malla
Partner at Kennedys;
Member of Forum of Insurance Lawyers (FOL)

Key Learning

- How to deal with medico-legal claims
- How to obtain consent
- Discuss modes of alternative dispute resolution
- Discuss strategy in dealing with claims

Join us in person or via zoom!

Details
Date: 11 May 2023 (Thursday)
Time: 5pm - 5:30pm
Venue: Room 203A, HAQ / Zoom

Join us!
Zoom ID: 941 9367 1897
Passcode: 501050

All HA staff are welcome!

Quality and Standards

Viral Hepatitis Management

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

To reduce the risk of mother-to-child transmission (MTCT) of HBV, HA and the Department of Health (DH) have been collaborating to provide the PVST service since January 2022. Under the PVST service, babies born to HBsAg-positive mothers are referred for blood taking to check for the presence of infection or immunity after completion of hepatitis B vaccination. An interim review will be conducted by DH in 2024 on the clinical and service outcomes of this initiative.

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

To achieve the WHO target of diagnosing 90% of patients with CHB and treating 80% of eligible individuals by 2030, strategies are being explored to enhance the management capacity of CHB. This includes engaging primary care physicians to support CHB management. A collaboration model for the management of adult patients with CHB has been launched with a pilot implementation in the Kowloon East Cluster (KEC) in 2023, with designated Family Medicine Specialist Clinics (FMSC) receiving referrals of suitable patients from the General Outpatient Clinics (GOPC) and hepatology clinics for CHB management. The plan for subsequent implementation in Family Medicine units of other clusters will undergo further deliberation. Drawing upon the experience from the HA's pilot programme, a document of information resources to guide the management of stable adult CHB patients in primary care settings was published on 29 September 2023. The document is available on the Viral Hepatitis Control Office's website of DH for territory-wide promulgation to primary care physicians.

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 who were under the care of medical units have been gradually scheduled for appointments, while patients who are not currently under the care of medical units will be contacted for further assessment and management in a stepwise manner, starting from 2023 onwards.

Access Management – Specialist Outpatient Clinic

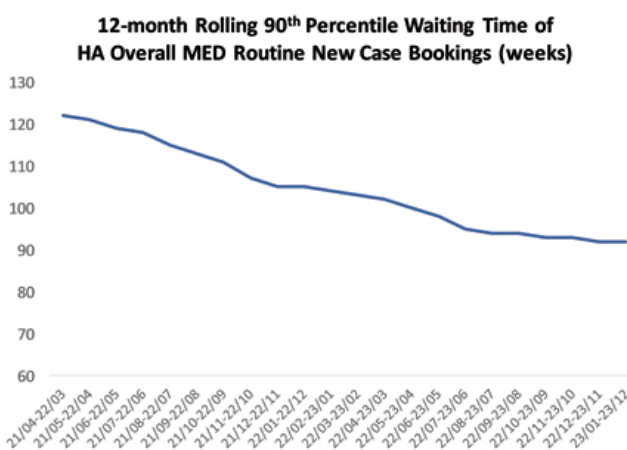
The waiting time of new case booking for Specialist Out-patient Clinic (SOPC) has been a public concern. While the subject has been regularly monitored by HA in various management platforms, it is also one of the focus areas of the Task Group on Sustainability (TG) formed under the HA Board's Executive Committee. Under the steer of the TG, various short-, medium-, and long-term measures and strategies have been implemented to address SOPC waiting time via narrowing upstream, diverting midstream, and collaborating downstream. With the concerted efforts made over the years, the number of SOPCs with waiting time over 100 weeks decreased substantially from 20 in 2021 to nine in 2022, and further decreased to six in 2023. HA overall SOPC waiting time has also improved in general.

HKSAR Chief Executive 2022 Policy Address Target

As set out in the HKSAR Chief Executive's 2022 Policy Address (PA) announced in October 2022, 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 of 122 weeks as the baseline, the target to be achieved would be no more than 97 weeks by 2023-24 (i.e. a reduction of 20% of the waiting time of this group of patients).

Working towards the direction to accomplish the target on improving SOPC waiting time for MED as pledged in the 2022 PA and to support SOPC service, HA has adopted a multi-pronged approach and implemented improvement strategies in managing the waiting time.

With the dedicated efforts and implementation of the above measures, HA's overall 90th percentile waiting time of stable new case bookings for MED from January to December 2023 was further lowered to 93 weeks, and the 2022 PA target has been achieved. Joint efforts of the HA corporate and cluster management will continue and the improvement strategies will continually be actively deployed and monitored with a view to maintaining the KPIs set out in 2022 Policy Address.

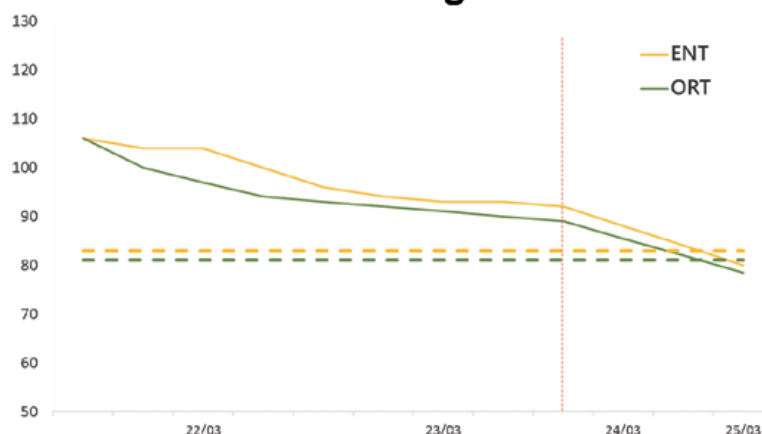


HKSAR Chief Executive 2023 Policy Address Target

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 baseline, 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 will 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 PA.

Expected Trend of Waiting Time of SOP Stable New Case Bookings in ENT and ORT



Resumption of Hospital Accreditation in HA

Given the advancement in medical technology, population growth and increasing complexity of hospital services, the establishment of a sound risk and quality management has become fundamental to improving quality of healthcare services. Hospital accreditation is a general global trend, which has been widely adopted across the world to enhance the quality of healthcare facilities and to ensure patient safety. Through hospital accreditation, the risks and inadequacies of various aspects such as hospital management, facilities and operation are assessed in an objective and systematic manner to ensure continuous service quality improvement.

To ensure the quality of HA hospitals continually attains international hospital accreditation standards, HA would resume accreditation-related work in two pilot hospitals – PYNEH and PWH in 2023-24 and adopt the China's International Hospital Accreditation Standards (2021 Version) (CIHA).

The CIHA Standards are developed by Shenzhen Hospital Accreditation Research Center (SHARC) under the guidance from the Shenzhen Municipal Health Commission in 2021. The Standards have been accredited by the International Society for



Training programme was held for local founding surveyors to familiarise with the CIHA standards and survey process

Quality and Health Care External Evaluation Association (ISQuaEEA) in February 2022. Given that there are variations in practice between the Mainland and Hong Kong, six expert groups have been formed to critically review the CIHA Standards and to customise the requirements for Hong Kong's local practice.

To facilitate the preparation of the resumption of hospital accreditation, HAHO, cluster core teams and local experts have been actively participating in exchange meetings and activities with SHARC including local surveyor trainings, briefings, consultancy visits and on-site surveys in Mainland hospitals to familiarise with the Standards and survey process.



Exchange meetings with SHARC and CIHA experts to facilitate mutual understanding of healthcare systems between the Mainland and Hong Kong



Mainland experts from SHARC were invited to attend a briefing session at HAHO to share with HA colleagues the CIHA standards

Development of eConsent Platform

Informed consent for medical treatment /procedures is part of quality care and also a legal requirement. The Informed Consent Form (ICF) system was implemented in 2015. To further improve the workflow of informed consent in daily clinical practice, the eConsent platform was developed to fully integrate with CMS and implemented by phases since 2021. For the first phase of implementation, the eConsent was rolled out to Operating Theatres involving procedures requiring anaesthetist in 1Q 2023. The target of the second phase is to roll out to high volume departments, i.e. MED, ORT, SUR, and ENT, and interface with other systems, i.e. RIS and HA Go, by 1Q 2024.

The interfacing of eConsent with HA Go has been piloted in NTWC hospitals in December 2023. This aims to support paperless processes and to increase patient convenience to access patient information leaflets on HA Go using their mobile devices. This facilitation will be further implemented in other clusters in 1Q 2024.



Figure 1. Accessing patient information leaflet on HA Go

During the development and implementation of eConsent, frontline users have been actively in providing valuable feedback and suggestions. The eConsent Advisory Group, consisting of clinicians and IT professionals, was established in February 2023 to discuss and propose system enhancements that could streamline the eConsent workflow in clinical operations.



CLUSTERS

Hong Kong East Cluster

Patient Safety Month 2023

The Hong Kong East Cluster (HKEC) Q&S Office organised the annual Patient Safety Month in November 2023, aiming to promote the delivery of quality healthcare and encourage sharing of good practices in HKEC hospitals. The theme this year was "From Crisis to Care, Innovation meets Compassion 復常之路攜手往 關懷創新共前行". A total of 61 abstracts submitted by HKEC staff were displayed as posters in PYNEH for sharing of their work and research findings as well as innovative ideas.

The event was closed with a Seminar on 30 November 2023, which included keynote presentations from Mr Fred SHEU of Microsoft Hong Kong on "Leading the Era of Artificial Intelligence (AI) in Healthcare" and Ms Connie LOK of Eastern Renal Support Association on "To Love with Sincerity". Another highlight of the Seminar was the Debate Competition on "人工智能取代醫護人員的工作利多於弊". Authors of outstanding abstracts were also invited to present their work and findings at the Seminar.



Q&S Forums, Workshops and Joint Journal Club of Q&S & Innovation

As the COVID-19 pandemic subsided and HA stood down the response level from Emergency to Alert in May 2023, Cluster Q&S Office (CQ&SO) resumed physical Forums, Workshops and Journal Clubs, with arrangement to facilitate and encourage onsite participation. A total of 20 lunch forums were successfully organised in 2023 with a cumulative number of participants over 3,400. The Office would continue to explore topics for the purpose of staff training, sharing, learning and ultimately fostering a safety culture.

Quality and Safety Rounds / Visits

CQ&SO continued to organise Senior Executive Walkarounds (SEW), Suicide Prevention Rounds, and Fall & Physical Restraint Safety Rounds for departments, aiming to share good practices and identify areas of improvement. The observations and recommendations gathered during the rounds would be compiled into reports and shared with the respective departments. The findings will also be shared and discussed at the Cluster Q&S Committee meetings to enhance patient safety.



Clinical Audit

A variety of clinical audits conducted at both cluster and department levels had been completed and shared in the HKEC Clinical Audit Master Register accessible from the Cluster Clinical Audit Committee website. The audits cover areas including phone calls management in the SOPD, the utilisation of HA GO for

GOPC booking by the elderly, the compliance with the surgical safety checklist, the adherence to treatment start times for Metastatic Spinal Cord Compression (MSCC), etc. A system would be established under the Cluster Clinical Audit Committee to monitor the progress and implementation of improvement measures identified in these audits reported to the Committee.

Surgical Safety

The integrated and electronic Surgical Safety Checklist in the Perioperative Nursing Information System (PNIS) has been rolled out since February 2023 as supported by the HKEC Working Group on Surgical Safety and Interventional & Bedside Procedures Safety. The PNIS safeguards correct patient identity by checking against information from the Operating Theatre Management System (OTMS) and eConsent.

PNIS layout for Patient Identification verification @ Reception

Information downloaded from OTMS

<p>Supervision Diagnosis</p> <p>(1) Supraventricular tachycardia + 2 at anterior wall</p> <p>Proposed Procedure</p> <p>(1) Surgical removal of supraventricular tachycardia + 2</p> <p>Alerts from CMIS</p> <p>Warnings</p> <p>No known Drug Allergy</p> <p>Adverse Drug Reactions</p>	<p>Automated Patient Verification</p> <p>Current Worksheet</p> <p>Step 1: Scan QR code of Patient Bracelet</p> <p>Step 2: Scan MRN no (2D bar code) of Patient Bracelet</p> <p>Patient Data Label</p> <p>Step 3: Scan MRN no of Patient Gun Label</p> <p>Testing INCORRECT Name/ID</p> <p>Testing INCORRECT MRN no</p> <p>Testing INCORRECT MRN no</p>
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**If there is any discrepancy
--> Alert will be pop-up & electronic form is not allowed to proceed**

NEXT ▶

Soft Mooncakes Event for Dysphagia Patients

HKEC Nutritional Care Committee prepared soft mooncakes for 640 patients with swallowing difficulties to share the joy and festive atmosphere in celebration of the Mid-Autumn Festival during their hospital stay. To assist our patients to source soft meals in the community after hospital discharge, Soft Meal Community Resource QR code Cards were distributed to them.



Clinical Research

To facilitate the development of clinical research studies in HKEC, a series of training workshops were organised by the HKEC Ethics Committee on an annual basis, covering various topics such as data management, research ethics and proposal writing. In September 2023, the first SPSS Workshop was conducted in response to feedback from previous workshops.

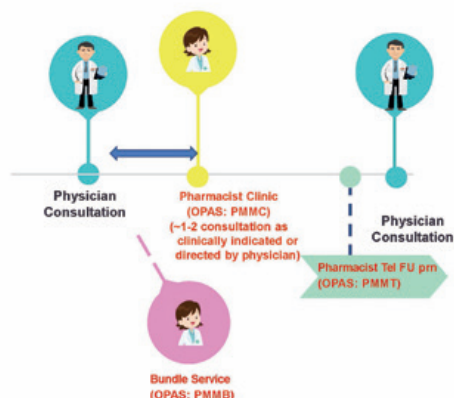


Smart Hospital

RTSKH is actively implementing a range of smart initiatives aimed at improving service quality, operational efficiency, and patient safety in 2023. The Smart Hospital Management Committee was established to devise implementation plans, monitor progress, evaluate effectiveness, explore potential opportunities, and recommend and test smart hospital products. Throughout 2023, RTSKH successfully implemented 12 Smart Hospital Products including Smart Panel, e-Vital System, Electronic Result Screening, GCRS PLUS, e-Consent, HA GO Telehealth, HA Ward Place, Smart Robots, Smart Kiosk, Blood Taking Scheduling, HA Go Registration and Payment, showcasing its commitment to embracing innovative technologies. Notably, the Capacity Command Centre and Resources Command Centre are expected to become operational before the first quarter of 2024.



Pharmacist Medication Management Clinic



To enhance the provision of drug therapy management, counseling, and monitoring, a Pharmacist Medication Management Clinic was established on 1 October 2023. Through collaboration with physicians, pharmacists are now actively involved in this clinic, following established protocols and the treatment plans set by physicians. The clinic primarily caters to stable Medicine & Geriatric Outpatients at the SOPD, aiming to optimise the utilisation of healthcare resources, alleviate the growing clinical workload, and address waiting time issues.

By actively involving pharmacists in the provision of medication-related services, the clinic aims to improve patient outcomes and enhance the overall quality of healthcare. This collaborative approach ensures that patients receive comprehensive care, with pharmacists contributing their expertise in medication management to support the treatment plans prescribed by physicians.

Smart Initiatives

Several Smart initiatives were implemented in the SOPD to enhance efficiency and increase patient satisfaction. For example, an e-payment counter and patient kiosks were established, offering various electronic payment methods. The introduction of the e-Vitals system allows patients to independently measure their vital signs before medical consultations, with the data automatically captured by the system. This empowers patients and streamlines the consultation process. Furthermore, a smart kiosk system was implemented for blood-taking appointments. Time slots for consultations were optimised to minimise patients' waiting time, and the appointment booking system was adjusted to reduce patient queuing time. These improvement measures were regularly reviewed to ensure effectiveness and accountability.



Drill on Management of Missing Patient

The drill on management of missing patient was conducted on 25 October 2023 with a focus on evaluating the responsiveness of the staff in handling missing patient incidents, the effectiveness of the search strategy and the communication with police force and family members. The searching route was further refined and hospital guidelines were developed to provide clear instructions for responding to similar incidents in the future based on the outcomes of the drill.



The Management of Missing Patients

The incidents of patients going missing can cause serious consequences by compromising patient safety and healthcare quality. Tung Wah Eastern Hospital (TWEH) had reviewed the existing guidelines and formulated a comprehensive strategy to prevent and respond to these incidents. A multidisciplinary and cross-departmental briefing was given to facilitate collaboration among healthcare professionals. A missing patient drill was also conducted for staff to familiarise themselves with their responsibilities.



Validation of the Electronic Medical Record Adoption Model (EMRAM)

In order to evaluate the digital maturity of HA hospitals, TWEH represented the HKEC in the validation of the Electronic Medical Record Adoption Model (EMRAM) by the Healthcare Information and Management Systems Society (HIMSS).

TWEH shared its achievements in electronic medical records and clinical management systems throughout a patient's journey. Besides, a case study titled "Utilisation of Digital Platforms on Fall Prevention and Management" was presented. It demonstrated how HKEC utilised various electronic platforms to continuously assess the fall risk of inpatients, implement prevention plans, and provide follow-up care after accidental falls. During the on-site visit, various departments showcased digital medical consultations, diagnostic procedures, and rehabilitation physiotherapy interventions.



Implementation of Electronic-Input & Output (E-I&O) System

On 31 October 2023, TWEH became the first hospital in HA to implement the "electronic input and output (e-I&O)" system in clinical setting. Colleagues recorded patient intake and output in real-time through iPads or bedside Smart Panels. The e-I&O system automatically illustrated the fluid status of patients over time, eliminating the need for manual calculations and reducing chance for errors. The implementation of e-I&O system provided precise and comprehensive real-time information that was shared in CMS and facilitated healthcare professionals' clinical decision-making.



Evacuation Drill – "PHOENIXSPIN"

On 5 November 2023, TWEH, along with the HA Headquarters and various government departments, conducted a Joint Departmental Exercise cum Hospital Evacuation Drill. The drill simulated a large-scale power outage, during which TWEH experienced a power failure including backup generators failure, necessitated the urgent transfer of critically ill patients to other hospitals. The exercise aimed to assess the adequacy and completeness of the hospital's evacuation plan and enhance the interoperability among government departments and other stakeholders in handling power disruptions.



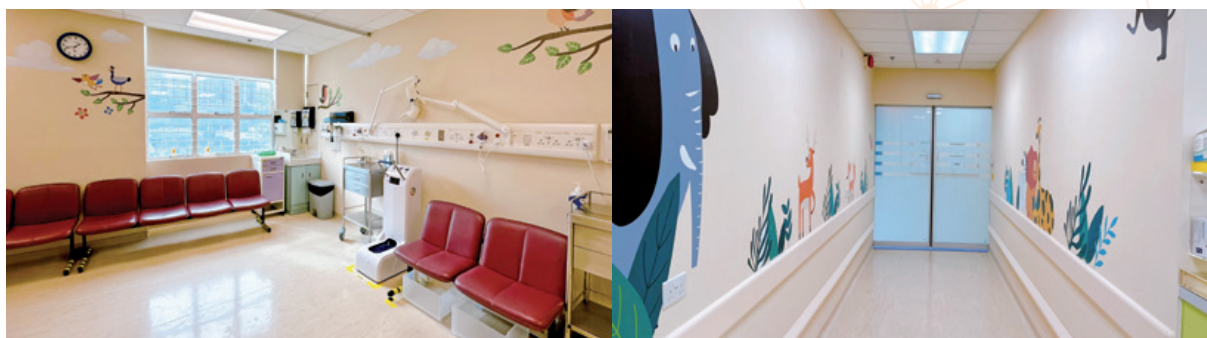
Go Filmless for Ophthalmic Investigations in TWEH Ophthalmology Outpatient Clinic

The implementation of the Ophthalmic Filmless Project has taken place since March 2023 at TWEH Ophthalmology Outpatient Clinic. This project enables clinicians to access investigation images through CMS instead of relying on hard-copy reports. The Ophthalmic Filmless Project improves the availability and readability of medical images, providing enhanced support for clinical decision-making.



Wall Arts in TWEH Eye Operating Theatre

Instead of ordinary white blank walls, the Department of Ophthalmology at TWEH refurbished the receiving areas, hallways and recovery rooms of its operating theatres with wall arts comprising of joyful and eye-catching prints of marine and forest themes, aiming to create a welcoming, warm and comforting atmosphere for patients. The wall arts are able to provide positive visual and mental distraction to patients to facilitate patient cooperation, improve clinical outcomes and enhance the overall quality of care.



Smart Solution for Fall Prevention – Fall Alarm Pad with Central Monitoring System

The Department of Medicine and Rehabilitation at TWEH conducted a pilot programme involving the use of wireless fall alarm monitors with bed exit sensor pads. The devices are connected to the same central monitoring system which allowed multiple devices monitoring by ward staff through one central system. If patients attempted to leave their beds, the system would trigger a real-time visual and auditory alarm, alerting ward staff and displaying the patient's bed number, enabling ward staff to promptly locate the patient and provide assistance.



"SMART" Laboratory & Radiology Result Management: Electronic Result Screening

Since mid-September, 2023, TWEH SOPC and GOPC have launched the "Result Screening App". Doctors are able to view the patients' laboratory and radiology reports and capture follow-up actions directly for nurses anywhere, anytime, using an iPad or CMS. This tool not only saves paper but also reduces the time required for nurses to collect and distribute reports. Closed-loop communication among healthcare workers were greatly enhanced.



Smart Ward and Care in WCHH

1. Smart drug cabinet: Installed in February 2023, enables safer medication inventory management and facilitates timely medication dispensing.



2. Real time pharmaceutical refrigerator temperature monitoring & alarm system: Implemented in 2Q 2023. It is equipped with an auto-dialer function to alert for temperature excursions in pharmaceutical refrigerators.
3. e-Vitals System: Fully implemented in July 2023 in all in-patient wards. It provides timely and accurate electronic data entry to the CMS, streamlines clinical workflow, as well as contributes to a paperless work environment.



4. Anti-wandering System: Implemented in all wards in 4Q 2023. The system heightens staff awareness on the movement of high-risk patients in ward.



The Setting Up of "Reminiscence Corner" in CCH

The effectiveness of Reminiscence Therapy had been proven in people with mild to moderate cognitive impairment in long-term care facilities. Multidisciplinary teams of CCH designed a corner in the clinical area to implement this therapy in late March 2023.



Small Job to Enhance Patient Safety in Suicide Prevention

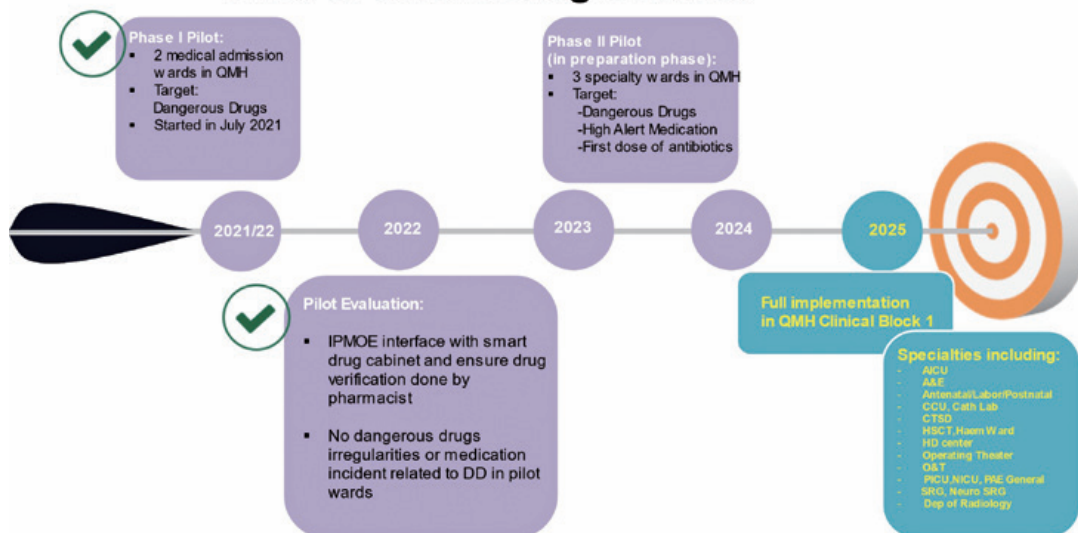


Hong Kong West Cluster

Pilot of Smart Drug Cabinet: Phase II

The pilot of the smart drug cabinet commenced in QMH in 2021-22, and the evaluation yielded positive feedbacks. The smart drug cabinet includes a built-in allergy checking module and interfaces with the IPMOE system, ensuring verification by pharmacists. Notably, there was no dangerous drug (DD) irregularities or medication incidents related to DD reported in the pilot wards during the implementation period. Moving forward, in 2023, Q&S coordinated with clinical teams and the Department of Pharmacy to prepare for phase II of the pilot. This phase involved three specialty wards / units within QMH, focusing on target drugs, including DD, high alert medications, and the first dose of antibiotics.

Pilot of Smart Drug Cabinet



HKWC Medication Safety Series

A series of medication safety promulgation activities via forum, workshop and booth game were organised in HKWC. Posters were also designed to deliver the key messages for easy reference.



Patient Falls Prevention

1. Tool – Fall Risk Assessment

An animation training video on fall risk assessment, which emphasised the correct interpretation of "Bedrest", was made to remind nursing staff how to perform Morse Fall Scale (MFS) accurately. The animation training video was up-loaded to HKWC Q&S website, as well as launched as eLearning course for easy access and record tracking.

e-course on Fall Risk Assessment HKWC Q&S

Objectives

To enhance the staff knowledge in conducting Fall risk assessment



2. Equipment – Pilot Robot-enabled Fall Management System

Grantham Hospital (GH), MacLehose Medical Rehabilitation Centre (MMRC), Tung Wah Hospital (TWH), TWGHs Fung Yiu King Hospital (FYKH) piloted the Ro-bot-enabled Fall Management System (Temi) for early detection and intervention for patients at risk of fall. When the "leave bed" alarm was triggered, the Temi robot would attend the patient and remind the patient to stay in bed, waiting for nurse or supporting staff to come. The evaluation would be conducted in 2024.



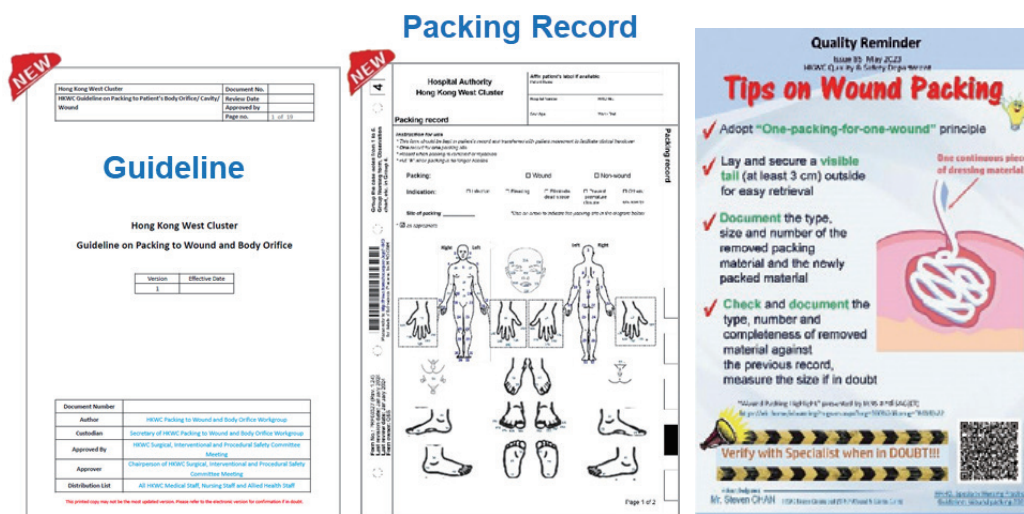
3. Method - 5P intentional round

In 2022, GH piloted 5P (namely Pain, Position, Potty, Periphery and Pump) intentional round in Tuberculosis and Chest Medicine (TBCU) to prevent patients' falls by proactive rounding and to promote bedside nursing care. In view of the favorable outcome, QMH adopted the 5P intentional round with 7 wards from different departments identified for phase 1 implementation since December 2023. Phase 2 implementation of other wards in QMH would be arranged in 2024.



Standardisation of the Practice and Documentation on Packing to Wound and Body Orifice

With the aim to enhance the safety on performing packing to patient's body orifice, cavity or wound and to avoid leaving any packing materials in patient's body orifice, cavity or wound unintentionally, a workgroup in cluster-based with representatives from medical and nursing team has been set up in 2023. This workgroup reviewed the related guidelines on wound packing and the relevant record forms using in HKWC. With the input from all stakeholders, a cluster-based "Guidelines on Packing to Wound and Body Orifice" and a record sheet on packing has been developed, to facilitate tracking information related to packing throughout patient's care journey. These documents have been put on trial and feedback will be collected from users for enhancing the design of the record form.



Apart from developing guidelines and record forms, a Quality Reminder on "Tips on Wound Packing" was published for reminding staff the safety concerns on wound packing. Moreover, skill-based simulation training workshops on wound packing management were developed and the aims of workshops were enhancing participants' awareness on the safety issues related to wound care and packing management.



Specimen Tracking System (GCRS-STAR & LIS SMART)

The proof of concept for electronic specimen tracking system was completed in QMH in 2019. The system was then adopted by TWH and DKCH in 2021 and 2022 respectively. In 2023, HOIT commenced to develop a tracking system, Generic Clinical Request System- Specimen Tracking & Acknowledgement Record (GCRS-STAR), which links up GCRS and Automatic Dispatching System (ADS) to track the specimen location. QMH is one of the pilot hospitals and collaborate with clinical teams and laboratory to prepare the pilot starting from 4Q 2023.

TWH also participated the pilot use of Laboratory Information System – Send-out Management and Record Trail (LIS-SMART) in 4Q 2023. It is a laboratory specimen tracking & management system to trace the send-out request electronically.

Central Temperature Monitoring System (CTMS) in Laboratory

Alarm failure of CTMS caused unattended temperature excursion of laboratory fridges happened after a power outage incident in April 2023. Gap analysis was performed and a core group with participation of Pathology, Q&S, FM, Biomedical Equipment Maintenance Section (BE) and EMSD was formulated to work on the improvement measures. Installation of CTMS for laboratories without such monitoring system, including QMH Anatomical pathology, GH Laboratory, TWH Laboratory & DKCH Laboratory, was completed in 3Q 2023.

IT Ransomware Drill

Q&S and IT team coordinated with clinical departments to prepare the IT Ransomware Drill. The drill participants included staff from special out-patient clinic, operating theater, laboratory, Department of Pharmacy, Department of Radiology, central porter team, Non-Emergency Ambulance Transfer Service team, and Cluster MICC members. As multiple IT system downtime in a ward, cluster MICC took part to activate contingency procedure, and communicate with clinical teams and HO MICC.

Fire Evacuation Drill with Fire Service Department



A surgeon communicated with an OT nurse to book emergency operation



Lab staff received blood specimen and check identity manually



Pharmacist used emergency labelling system to generate drug dispensing label for urgent medication dispensing for a patient who would undergo emergency operation



CT imaging were printed in form of hard copy

To help both clinical and non-clinical staff become familiarised with the evacuation procedures and the reporting mechanism during fire outbreak, QMH fire evacuation drill was conducted on 5 Aug 2023. The participants included CCE's office, Admin Service Department, Q&S, CND, EMSD, and HO Infection, Emergency & Contingency team. QMH Q&S colleagues participated as observers at different sites to provide feedback in the debriefing session.

Quality & Safety Orientation Program for Interns



Q&S scheduled quarterly Orientation Program for Interns in January, April, June and October (?2023) respectively to enhance interns training on quality and safety related topics. Hands-on practicum for "Proper Type & Screen Procedure", "Correct Patient Identification" and "Central Venous Catheter (CVC) Management" were mandatory sessions to be completed by all interns who was working in HKWC.



Kowloon Central Cluster

Queen Elizabeth Hospital (QEH)

QEH Q&S Department is committed to providing holistic training and education to enrich the knowledge, skills and behaviors of staff in continuous quality improvement and their practical applications to drive better patient safety. In 2023, QEH Q&S Department had coordinated a variety of training activities for Kowloon Central Cluster and QEH staff that included:

- Workshop on LEAN 6-Sigma and Analytic Problem Solving for QEH staff
- Q&S Workshop on care beyond medicine - communication skills with patients and staff for KCC Patient Relations Officers
- Q&S Workshop on care beyond medicine - communication skills with patients and families for QEH clinical staff
- Training on Chemical Restraint to Manage Patients with Acute Delirium for QEH clinical staff (4 identical sessions via Zoom)
- Briefing on Incident Management for QEH clinical staff
- Sharing of Q&S Matters to QEH doctors (9 clinical departments)



Kwong Wah Hospital (KWH) – Preparation for Move-In to New KWH

1. Identification of Mixed Gender Ward

The pre Move-In site visit had been held on 21-26 April 2023 which included 16 in-patient wards, 14 day-wards and A&E observation room, total of eight clinical specialties. The inspection round was led by hospital top management, including all department heads and administrative department. The categorised areas were set up according to the HA policy, the related cubicles arranged with single-gender, separate toilets and appropriate signage had been clearly indicated outside the cubicles. The distribution of mixed gender ward was to enhance the clinical operation. The updated list of mixed gender ward had been submitted to HA Mixed-gender Ward Register.



2. Drill

The implementation drills were crucial for emergency preparedness, team training and continue quality improvement.

CBRN (Chemical, Biological, Radiological and Nuclear) Drill

CBRN drill was held on 4 May 2023. The drill aimed at achieving safe and efficient segregation of personnel with chemical hazard, complete and effective decontamination, providing appropriate patient care and ensuring staff safety. To test the applicability of the new CBRN contingency operation plan for new KWH and to allow participants to be familiar with the principle of CBRN contingency operation, the drill included Accident and Emergency Department, Administrative Services Division, Security Office, Facility Management Department, Department of Pathology, Central Domestic & Portering Team, OSH and Infection control Team.

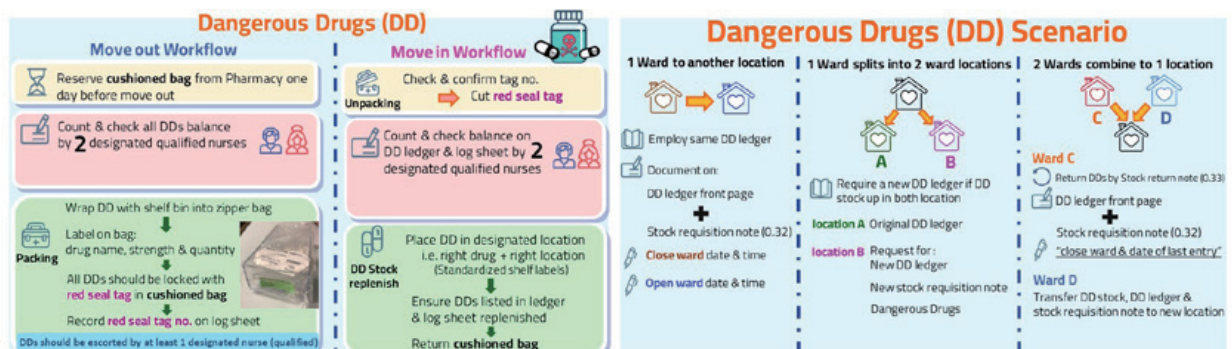


Drill on civil Disaster Contingency Plan

Exercise Drill for Multiple Casualties Incident had been implemented on 10 May 2023. The involved parties included HAHO IEC duty officer KWH senior management, all clinical departments and administrative department. From the activation of the drill to the whole patient journey, the admission logistics, prescription of medication, ordering of investigation and patient discharge arrangement had been tested and completed.

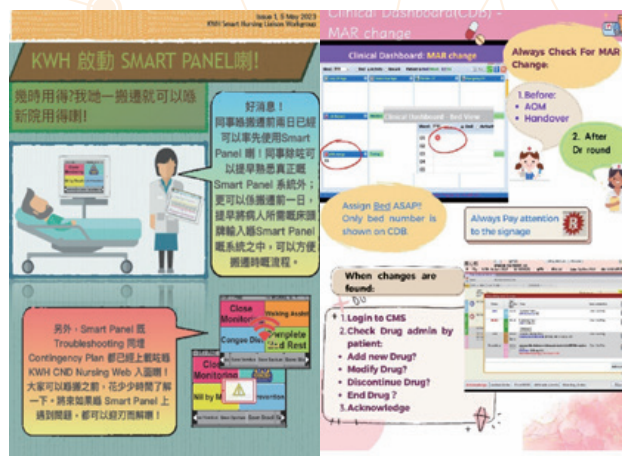
3. Handling of Dangerous drugs during Move-In day

To ensure all Dangerous drugs would be transferred to new locations safely, the workflow regarding "Move in" and "Move out" of Dangerous drugs had been prepared and briefed to nursing staff and Pharmacist. The drugs Storage Checklist had been established in clinical area.



KWH – After Move-In to New KWH Smart Hospital initiatives

To align with the HA's goal of developing a 'Smart hospital', KWH has introduced various technological enhancements after move in to the new building. To enhance medication safety, IPMOE conversion in KWH was implemented after move in to new building in May and it was fully implemented in November 2023. In less than six months, hardware installation, staff training and production drills were implemented and the Clinical Dashboard and Smart panel with 100% completed.



Kowloon Hospital (KH) – Patient Safety Round

The Q&S office continued to lead two types of structured Q&S round in KH: 1. Quarterly patient safety round, and 2. based or ad hoc patient safety round in response to a specific risk or an Advance Incident Reporting System incident. With the setting up of local Hospital Safety Committee, the quarterly patient safety round was enhanced to address potential safety hazards related to i. facility management and environment, ii. security, iii. fire safety, iv. dangerous goods, v. medical equipment, vi. radiation safety, vii. chemical safety, and viii. food safety. Good practices were shared, potential risks area identified with recommendations made.

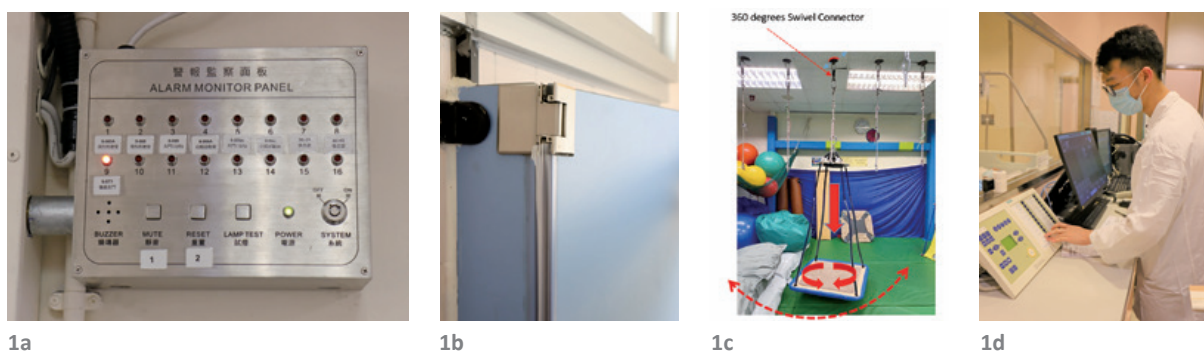


Figure 1. Examples of patient safety round conducted in Kowloon Hospital in 2023: A psychiatric gazetted-ward was visited on 18 January 2023. Various measures have been implemented to mitigate risk of patient abscondence. One example was shown in 1a, which is a newly installed alarm monitor panel that alerts staff with siren and flash light when a backdoor was being open ed irratically; 1b. all doors are "double-swing doors" including toilet doors that could be opened on either side; 1c. Department of Occupational Therapy was visited on 31 October 2023, 360-degree swivel connector was applied to all eye-rings to secure swing platforms that could be rotated; 1d. In response to an incident that an in-patient was wrongly sent to Department of Radiology (DR) for Chest X-ray, an ad hoc patient safety round was conducted on 21 June 2023 to review its workflow. All departments in Kowloon Hospital has since then adopted the Administrative (ADS) System to send in-patients to DR for X-ray.

KH – Promotion of Q&S Activities in KH

With the lowering of response level from emergency to alert level in May 2023, various Q&S activities thrived to promulgate Q&S issues in Kowloon Hospital, for examples, Q&S Fun Day was held on 25 September 2023 & 27 September 2023, and a Q&S forum on "Apology Ordinance" delivered by an external speaker was held on 28 November 2023. 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.



2a



2b



2c

Figure 2a&b. Snapshots from KH Q&S fun day held on 25 September 2023 and 27 September 2023 in main building (MB) and rehabilitation building (RB) respectively. More than 320 staff participated in the event. Safety tips related to their daily work, including infection control, correct patient identity, and occupational health safety, were delivered through fun games. Nurses from Greater Bay Area also found the game booths interesting and educational (Figure 2c).



3a



3b



3c

Figure 3a-c. Q&S forum on "Apology Ordinance" was held on 28 November 2023. A large number of clinical and non-clinical staff attended the forum. Their active participation in Q&A session was encouraging.



4a



4b



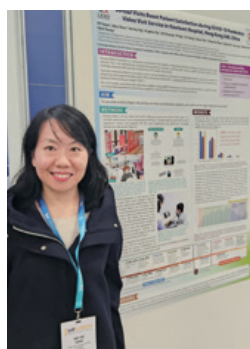
4c



4d



4e



5

Figure 4a. With the installation of e-notice board in hospital lobby, important Q&S issues could be showcased, together with our Newsletter, Newsletter special Issue on a specific safety topic, screen saver, and conventional notice boards, to all staff (Figures 4b-d). Souvenirs like calendar and magnetic clips with important Q&S tips or safety alerts highlighted were distributed to all staff (Figure 4e).

Promulgation of our work is not limited to within Kowloon Hospital but also outside HK. We have submitted an abstract on our remote video visit service to World Hospital Congress of International Hospital Federation (IHF) held in Lisbon in October 2023, which was selected for poster presentation (Figure 5).

Hong Kong Buddhist Hospital (HKBH) – Automatic Medication Unit Dose Dispensing System in HKBH

HKBH Pharmacy has implemented the Automatic Medication Unit Dose Dispensing System (AMUDDS) since July 2023.

AMUDDS is an automation system for dispensing solid oral dosage form (e.g. Tablet/Capsule). The system not only improves efficiency for pharmacy and clinical areas but also greatly enhance medication safety in the drug dispensing and drug administration processes.

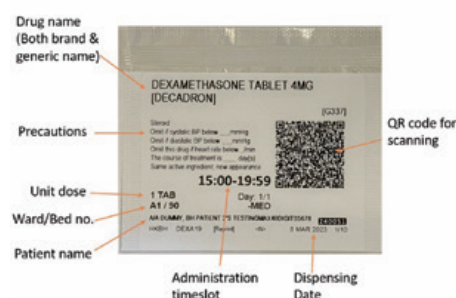


The AMUDDS consists of (1) a medication dispensing unit, where medications are packed into individual medication pouches; and (2) a medication checking unit, where the medication pouches will be checked against the database for accuracy.

The system is interfaced with the corporate clinical and pharmacy systems. According to the prescription order, the medication pouches are automatically packed on a unit dose basis. Each medication pouch contains the required number of tablets / capsules of one medication for a dose and in the order of administration.

At wards, the AMUDDS improves drug administration efficiency during drug rounds as the unit doses are sorted according to drug administration time. Furthermore, due to the unit dose feature of the AMUDDS, the need for calculation of number of tablets / capsules for each dose is reduced, thereby reducing potential human errors during drug administration. The pouches are printed with a QR code for verification of drug identity at the point of administration.

Medication pouches



Our Lady of Maryknoll Hospital (OLMH) – OLMH Q&S Forum 2023

The OLMH Q&S Forum 2023 was held on 13 December 2023 with the aim to promote the culture of continuous quality improvement and enhance professionalism. A total of 93 hospital staff participated in the event. 9 continuous quality improvement programs covering the theme of patient safety, staff safety and service quality improvement were presented. The program title "Strategies to enhance the Preceptorship Program for newly-joined Community Nurses" won the best presenter award.



Wong Tai Sin Hospital (WTSH) – Relocation of 99 Infirmarary Beds from HKBH to WTSH

To enhance inpatients' hospitalisation experiences, WTSH had conducted a 4-year ward renovation project from 2019 to 2023 and 99 infirmarary beds and patients were temporarily moved to HKBH for continuation of quality healthcare services to these affected patients during the renovation period. Before the project completion, WTSH Management had kicked off the returning exercise at the early of 2023 and targeted to return 99 infirmarary beds and patients in September 2023 respectively.

A task force, composed of representatives from key clinical and non-clinical departments, was established to plan the returning exercise. To ensure all involved parties were familiarised with the plan, to mobilise essential resources and to prepare for the contingencies, simulation models and respective contingency plans were prepared by different subject officers. Drills were also conducted before the vent to iron out the possible issues that would occur during the operation.

With the collaborative efforts of different teams, the exercise was conducted smoothly and uneventfully on 26 and 27 September 2023.



NEATS Team transfer patient from HKBH to WTSH and hand-over patients at Ward 1

Hong Kong Children's Hospital (HKCH) – Implementation of Electronic Risk Register System in Hong Kong Children's Hospital - A better way to manage organisation risk




Background

The Risk Register (RR) is an integral part of the risk management plan at HKCH, enabling senior management and the hospital Q&S team to identify risks and implement mitigation strategies effectively. In the past, the RR was managed using Excel, which presented several challenges.

Problem

1. Excel's format led to dense information being stored within a single cell or worksheet, making it challenging to view and utilise effectively.
2. The limited guidance in Excel resulted in the incorrect adoption of common HA risk categories and inconsistencies in risk ratings.


HA
 HONG KONG
 ANTICORRUPTION
 COMMISSION

HA ORM RISK REGISTER

Department:

Cluster/hospital:

(The first 2 rows are examples only)

#	Date Risk initially assessed	HA Risk Category	Sub Category (optional)	Risk Description	Existing Control Measures	Initial Consequence	Initial Likelihood	Risk Rating
Refer to:	N/A		"How to" guide: Identification	"How to" guide: Treatment	"How to" guide: Assessment			
E.g.	01-Jan-14	Patient Care & Safety	Patient Safety	Risk of patient misidentification due to failure to click "next patient" button according to doctor's consultation notes	1. Use screen label to remind staff which patient is being currently being seen 2. Video to educate staff to click "Next Patient" button before the next patient is seen	4	5	1.1 (H)
E.g.	01-Jan-14	Human Resources	Occupational Safety & Health	Risk of physical and emotional abuse on staff due to frustrated patients in waiting areas	1. Posters to educate patients on prohibited use of violence in hospital 2. Staff workflow design to reduce waiting time	3	3	3.1 (H)

Solution

To address these issues, the hospital implemented the Electronic Risk Register (eRR), a centralised system designed to consolidate and aggregate department and hospital risks.



Advantages

The eRR system offers a range of benefits, serving as an intelligent tool for managing organisational risks. These advantages include:

- **User-friendly interface for data input:** The system provides an intuitive interface that simplifies the process of entering risk information.
- **Keyword search functionality:** Users can easily search for specific risks using keywords, enhancing efficiency in accessing relevant information.
- **Pre-filled risk categories:** The eRR system offers predefined risk categories, reducing the likelihood of inconsistent categorisation.
- **Access to reference guides:** Users can easily access corresponding reference guides, ensuring consistent understanding and application of HA risk Categories.
- **Automatic risk score calculation and color-coding:** The system automatically calculates risk scores and applies color-coding to visually represent the severity of risks.
- **Seamless transfer of risks:** The eRR system allows for the easy transfer of risks from one reporting period to another, ensuring continuity in risk management efforts.
- **Notification and reminder generation:** The system generates notifications, reminders, risk summaries, and progress reports, enabling timely and comprehensive risk monitoring.

By implementing the eRR system, HKCH has embraced a more efficient and comprehensive approach to risk management, enhancing the overall safety and quality of care provided to patients.

Hello to Electronic format
Launched on 26 Jun 2023



Hong Kong Eye Hospital (HKEH) – Q&S Fun Day

The first HKEH Q&S Fun Day was held on 20 October 2023 to enhance safety culture through training, learning and sharing. More than 200 staff attended the event.



HKEH – Introduction of motorised patient examination chair at out-patient department

Issue

In view of several patient fall incidents related to examination chair in the past years, the out-patient department introduced 7 motorised patient examination chairs in the consultation rooms in 2023.



Fig 1



Fig 2

Intervention

The motorised chair (Fig. 1&2) had a round base with no legs, hence reducing the risk of trip and fall. Also, the chair height could be adjusted by doctor with a button or remotely by the Eye Care assistant to tailor patients of smaller bodybuilt. The ease of adjusting the chair height of motorised chair encouraged healthcare workers to adjust the chair according to patient's need in prevention of fall.

Comparing fall statistics

Fall statistics before and after the introduction of motorised chair was compared in Fig.3. Number of fall incidents happened in consultation rooms remained 2-3 before the introduction of motorised chairs (orange arrow). After the introduction of 7 motorised chairs, no fall case in consultation room was observed till 4Q 2023. This showed the effectiveness of motorised chair in preventing patient fall in consultation rooms.

Location of Fall Incident	H2021	Q122	Q222	Q322	H2022	Q123	Q223	Q323	H2023
Entrance of hospital	1	2	2	2	1	1	2	1	
Lift Lobby				1	1				
Waiting hall	1	2	2	2	2	1	3	1	3
Toilet		1			1				
Consultation Rooms	3	2	2	2	1	3	0	0	0
Treatment Room	1	1	1			1			2
Laser Room						1			
Optometry Room	1	1							
Orthoptic Room	1								
Centralised Investigative Area (CIA)		1	1		1				
Health talk room									1
Total fall case	7	11	8	7	6	8	5	3	6

Fig 3

Patient satisfaction

To review patient experience on the motorised chair, the Q&S department conducted a patient satisfaction survey regarding the motorised chair (Fig.4). The survey result showed that more than 85% of patients perceived motorised chairs provided more comfortability and convenience than old swivel chairs.

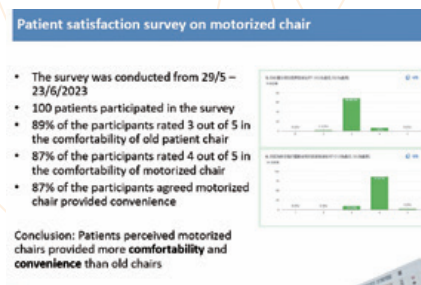


Fig 4

Hong Kong Red Cross Blood Transfusion Service (BTS) – Sustainability of blood supply to meet demand in Hong Kong

In 2023, the BTS still faced challenges as the social habit have been changed under the COVID period. As the blood inventory dropped to a significantly low level, BTS launched a formal appeal in May in order to boost up the collection. Moreover, BTS encountered serious impact on blood collection during and after the period of extreme weather in September. The collection activity was suspended for three days. To maintain a stable blood supply, numerous publicities had been scheduled throughout the year.

Various publicity and promotion activities

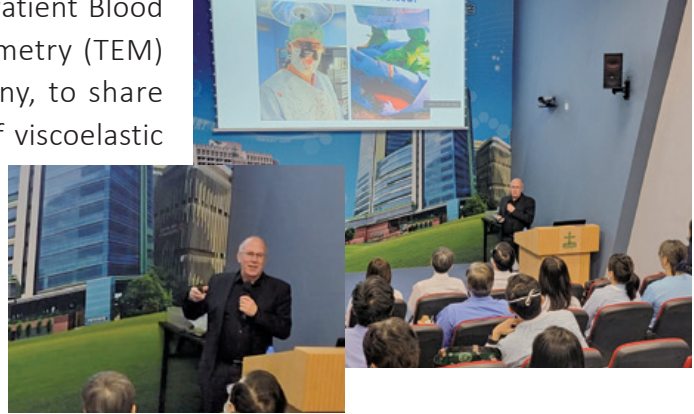
- To engage different organisers in the blood collection activity, Elite Partnership Awards were presented to a number of supportive corporate, community and academic partners, in recognition of their enthusiastic support and remarkable achievements for blood donation.
- Tsuen Wan Donor Centre and Shatin Donor Centre resumed their service at their original sites after renovation. Various publicity arrangements including publishing Facebook posts, placing donor centre rooftop banner & MTR station billboard, and pushing mobile app notification and SMS messages have been scheduled to promote the return.
- As the society resumed normalcy, the BTS held its Annual Donor Award Ceremony on 10 June 2023 to commend outstanding blood donors. The officiating guests of award presentation included the Acting Secretary for Health, Dr Libby Lee, Chairman of the HA, Mr Henry Fan; President of Hong Kong Red Cross (HKRC) Mr George Joseph Ho, Deputy Chairperson of HKRC, Ms Wendy Tsang; Chairman of BTS Hospital Governing Committee, Mr Ignatius Chan; Chief Executive of the HA, Dr Tony Ko and Cluster Chief Executive of Kowloon Central Cluster, Dr Eric Cheung etc.



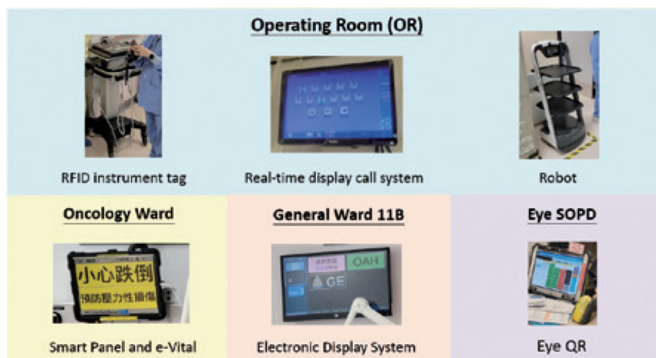
Kowloon East Cluster

Q&S Seminar – Patient Blood Management (PBM) in KEC

Patient Blood Management is one of the hot topics in HA in recent years. KEC has invited Dr Glaus Goerlinger, Medical Director of Patient Blood Management (PBM) / Thromboelastometry (TEM) Innovation GmbH, Werfen, in Germany, to share with KEC staff his insight on the use of viscoelastic haemostatic assay in Obstetric, Gastrointestinal bleeding and Intensive Care Unit settings on 18 December 2023. Staff expressed that the content was informative and practical for their daily practice.



Safety Walkround about Smart Solutions/Interfaces in UCH



Safety Walkround serves as a platform for operational review, service planning and promoting quality and safety culture. It is also a great chance for frontline staff to share their good practices and challenges faced in practical environment with hospital management team.

A total of eleven walkrounds to different UCH departments were conducted in 2023, including one theme-based walkround about smart solutions/interfaces. The devoted effort from different clinical teams in adopting smart solutions to enhance service quality and patient safety was appreciated by the visiting team.



Training on Communication during Emergency Situation in TKOH

Effective communication is crucial for patient safety and satisfactory clinical outcomes in patient management. It is especially critical during emergencies since communication errors can often lead to catastrophic consequences. To promote this concept, TKOH Q&S organised a training campaign on communication in patient management in 2023/24, including a Q&S forum and a workshop training program. The Q&S forum, titled "Better Communication, Better Patient Care: Communication Toolbox during Emergency Situation", was held in August 2023. The first session of the workshop training program, titled "Training on Communication During Emergency Situation", was launched in October 2023. During the training workshop, participants work as a clinical team to manage scenarios simulating urgent, rapidly changing clinical conditions. Common pitfalls and high-risk moments for communication failures are included in the scenarios. Participants can practice communication skills such as CRM key concepts in an interactive, hands-on manner.



HHH CQI Forum

The HHH CQI forum was held on 7 December 2022 and was crowded by over 90 enthusiastic staff. Smart initiatives including Patient Tracking System and the development of Online Cognitive Stimulation Program were shared in the forum. Another focus was the training of patient care assistants to improve staff safety, in effort to reduce injury on duty (IOD) in HHH. Findings on the adherence of Joint Commission mandated component of discharge summary in HHH was presented, stressing on the importance of information continuity.



Revamping of Specimen Handling and Delivery Logistic in HHH

In the past years, HHH had implemented various smart systems in effort to eliminate the service gaps in the patient journey. In view of the possible risks in specimen handling, a locally developed Specimen Delivery System was implemented in August 2023 and applied to the specimen delivery during office hours.

The newly developed mobile app transformed the way of record taking from filling the original handwritten forms to NFC-tapping and photo-taking. It also provided mandatory specimen collection routes and schedules for porters to follow, to avoid missing any locations. In terms of hardware, the individual specimen collection boxes were updated to a drawer system which ensured a one-for-one exchange of loaded and empty boxes in the wards during regular collection rounds. Colour-coded labels indicating different destinations were used to ensure clear communication with porters. On top of that, the Lab Guide was migrated from an Excel file to an electronic platform for staffs' easy viewing.

With all the new measures in place, it was observed that the daily workflow was improved. The efficiency and accuracy of specimen handling were enhanced. Positive feedback from colleagues and porters was collected. Most importantly, the number of AIRS incidents in specimen handling was greatly reduced. Among the 3 incidents in 3Q – 4Q 2023, none of them were related to regular specimen collection rounds.

For the ways forward, HHH planned to implement Specimen Delivery System during non-office hours in 1Q 2024. More improvements would be expected to come.



Print screen of specimen collection apps



Drawer system with QR codes for scanning by porters' mobile phones



Colour-coded labels for different destination

Kowloon West Cluster

Organisation of Simulation Trainings and drills by KWC Simulation Training Centre

Upon the reinstitution of KWC Simulation Training Centre (STC) in 2022, besides providing high quality simulation training to clinical staff to ensure they have the necessary skills and knowledge to meet clinical needs and enhance patient safety, KWC Simulation Training Centre (STC) is committed to continuous improvement and development of new simulation training programmes to address emerging challenges and advancements in healthcare.

In 2023, over 30 simulation training classes and drills were conducted with more than 360 participants. Also, three new simulation training programmes, namely "Infection Control Simulation Training – Fight against MDROs (Nursing care)", "Simulation Training on Care of Large Bore Intravascular Catheter and Related Crisis Management" and "Simulation Training on Tracheostomy Care" were introduced.

Infection Control Simulation Training – Fight against MDROs (Nursing care)

Recognising the threat of emerging infectious disease outbreaks and the challenges of the frontline staff, the "Infection Control Simulation Training - Fight against MDROs (Nursing care)" was introduced since June 2023 aiming at the application of infection control concept on nursing activities in handling patients with MDROs.



The programme incorporated different kinds of teaching tools including group discussions, mini-simulation exercises, and scenarios with a specific focus on outbreak control. Participants were engaged in interactive scenarios to handle situations which might be encountered in real life. 14 classes were held and 140 nurses were trained. Feedback from participants showed that this simulation-based approach was both interesting and effective in achieving the desired learning outcomes.



Simulation Training on Care of Large Bore Intravascular Catheter and its related crisis

In response to the increasing trend of incidents related to the complications arising from intravascular catheter, a novel simulation training programme composing of short lecture, demonstration and scenario-based simulation was launched since March 2023. The programme aimed at equipping staff with knowledge and practical skills for management of large bore intravascular catheter and sheath, and handling potential complications and emergencies. Five classes with 50 nurses have participated in this new programme.



Simulation Training on Tracheostomy Care

To improve safety and quality of care related to tracheostomy, simulation training programme was designed and launched in August 2023 with an aim to equip staff with the knowledge and practical skills for daily management of different types of tracheostomy tubes and familiarise them with the management to its related potential complications and emergencies. The training was welcomed by doctors and nurses. Four classes were held with 14 doctors and 32 nurses trained with positive feedback.



Cross-Cluster Hospital Infectious Disease Drill

In order to uphold vigilance to infectious disease preparation and awareness on prevention of pandemic vigilance in response to potential outbreaks; and to ensure effective coordination and communication among different clusters, two cross-cluster hospitals infectious disease drills with seamless live broadcasting were held in 2023.

"Ebola Drill" was held on 8 March 2023 and simulated a patient with suspected Ebola disease being transferred from HKWC QMH to HA Infectious Disease Centre (HAIDC) at KWC PMH. This drill aimed to evaluate the effectiveness of communication and patient flows from admitting a

patient with highly suspected Ebola virus through QMH Accident and Emergency Department to early isolation and management in HAIDC. Representatives from HO MICC were also invited to join the drill as observers.

"Anthrax Drill" was held on 7 November 2023 and simulated a patient contaminated with Anthrax being transferred from NTEC AHNH to HAIDC at KWC PMH. The objective of this drill was to enhance the effectiveness of the workflow in identifying a highly suspected Anthrax patient; implementing necessary infection control precautions; and facilitating communication and coordination among different parties involved for a safe inter-cluster hospitals patient transport to the designated isolation facility. Representatives from HAHO, Hong Kong Police Force and Hong Kong Fire Services Department also joined this event to enhance our collaboration in safe transportation of patient and experience sharing.



KWC Quality and Safety (Q&S) Forum

On 7 September 2023, KWC Q&S Forum was successfully held in hybrid mode under the theme of "Designing for Tomorrow: Innovating with Human Factors Engineering and Design Thinking in Healthcare".

Professor Hong FUNG, JP, Executive Director and Chief Executive Officer, CUHK Medical Centre, and Professor Calvin OR, Associate Professor, Department of Industrial & Manufacturing Systems Engineering, The University of Hong Kong, were invited to share their valuable experiences on design thinking in healthcare and human factors engineering in patient safety respectively. The forum was attended by more than 300 HA staff with positive feedback received.

To foster a culture of continuous quality improvement in our hospitals, KWC colleagues were encouraged to share their



quality improvement projects. Out of 38 abstracts, six and 21 were selected for oral and poster presentations respectively. These presentations effectively demonstrated how our staff implemented innovative ideas, starting with small changes to achieve significant results.



Implementation of Generic Clinical Request System - Paperless Label Management with Unique Patient Identification and Scheduling (GCRS-PLUS)

GCRS-PLUS is an innovative smart project co-delivered by HAHO and hospitals to enhance patient identification and streamline printing of specimen labels. By using an iPad with a "collect specimen" app, frontline colleagues are able to conveniently scan a patient's bracelet and instantly match it with the related tests ordered in Clinical Management System (CMS).

In PMH, one Lunch Forum was held in June 2023. Three identical sessions of Train-the-Trainer Workshops and various roadshows were also conducted to get staff familiarised with the new workflow. In addition, one-page slide on "To illustrate the workflow in a glance" was produced to facilitate frontline colleagues to learn the same in a short period of time. This project was rolled out to all departments within a month in August 2023.

GCRS-PLUS was implemented in NLTH since 29 March 2023. Train-the-trainer workshops and practices of GCRS-PLUS were provided to medical and nursing staff before implementation. A production drill was conducted on 22 March 2023 to walk through the patient journey from ordering laboratory investigation to sample collection. The changeover to GCRS-PLUS ran smoothly on the implementation date and the workflow from request to specimen collection was uneventful. Clinical teams worked closely with phlebotomists to further delineate the role and workflow among them, to streamline the patient care and ensure patient safety at the point-of-care.



Obstetrics Crash Call Drill in Labour Ward in PMH

To enhance the competencies in managing obstetric emergencies and recognising crisis situations and activating obstetric crash call timely, an obstetrics crash call drill in labour ward was held in PMH on 22 November 2023, following the launch of the Workflow on Obstetrics Crash Call in PMH in 2Q 2022.

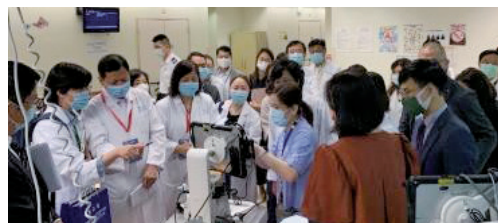
The drill simulated a postpartum woman who found to have cardiac arrest while being assessed by healthcare team for headache during observation in the delivery suite. The healthcare teams, including the doctors and/or nurses from Obstetrics and Gynaecology department (O&G), Intensive Care Unit (ICU), Paediatrics and Adolescent Medicine department (P&AM), and Anaesthesia department (ANA)/ Operating Theatre & Theatre Services Centre (OT&TSC), handled the emergencies collaboratively, activated the obstetric crash call timely and performed effective resuscitation according to the Advanced Cardiovascular Life Support (ACLS) guideline.



New Territories East Cluster

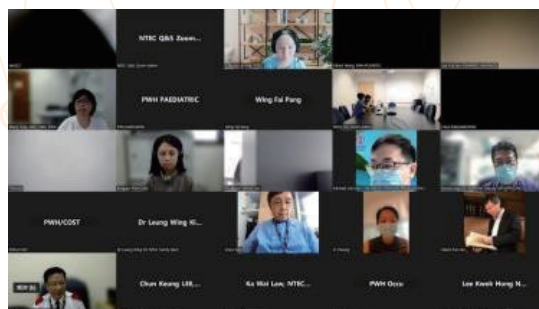
Hospital Accreditation

As one of the participating hospital on the new China International Hospital Accreditation Standard (CIHA), PWH started the preparatory work since 4Q 2022. A Kick-off Staff Forum on Hospital Accreditation was held on 30 May 2023. Six mainland experts from SHARC had visited PWH for experience exchange and local customisation of CIHAS on 10 June 2023.



Staff engagement activities including ZOOM briefing and training, department visits, bi-weekly nursing preparatory meetings, monthly Topic Workshops, were conducted. Two monthly newsletters, "Accreditation Express" (認證快易通) and the resource pack "Hospital Accreditation Practical Tips" (認證錦囊) were published to update staff on the progress of accreditation preparation and the practical tips.





Accreditation Express 認證快易通
9-11 Nov 2023

我想講...

為甚麼要做醫院認證

醫院管理層致力確保服務質素和病人安全，隨著醫療技術的進步，人口老化，醫療服務的需求亦增加，建立高質素和安全的醫療服務體系是醫院管理層的首要任務。透過認證，可以確保醫院的服務質素和病人安全，並提升醫院的聲譽。

時間表	預計時間表	評審專家	參觀安排
開幕 Consultancy Visit	2023年11月9日及11月10日	六位	為期三日
閉幕評審 Onsite Survey	2023年11月12日	十二位	為期三日

讓我們攜手努力，為澳門醫療服務質素和病人安全作出貢獻。

Accreditation Express 認證快易通

我想講...

《國際醫院評審標準(中國) (CHS18)》
共有18項核心制度

管理一組共13項	管理二組共11項
1. 醫療質量管理 (1)	1. 醫療質量管理 (1)
2. 病人安全 (2)	2. 病人安全 (2)
3. 感染管理 (3)	3. 感染管理 (3)
4. 藥物管理 (4)	4. 藥物管理 (4)
5. 醫療設備管理 (5)	5. 醫療設備管理 (5)
6. 醫療廢物管理 (6)	6. 醫療廢物管理 (6)
7. 醫療信息管理 (7)	7. 醫療信息管理 (7)
8. 醫療倫理管理 (8)	8. 醫療倫理管理 (8)
9. 醫療經濟管理 (9)	9. 醫療經濟管理 (9)
10. 醫療法律管理 (10)	10. 醫療法律管理 (10)
11. 醫療社會管理 (11)	11. 醫療社會管理 (11)
12. 醫療環境管理 (12)	12. 醫療環境管理 (12)
13. 醫療其他管理 (13)	13. 醫療其他管理 (13)

管理實施齊做好，自查自糾無難度

22 DEC 2023 FRI
HOSPITAL ACCREDITATION
TOPIC WORKSHOP 1
18 CORE PRACTICES 十八項核心制度

TIME: 12:30 - 14:00
VENUE: PWH AUDITORIUM + ZOOM

SPONSORED BY: PWH HOSPITAL ACCREDITATION PROJECT TEAM

ZOOM PASSCODE: 804358

LIGHT LUNCH WILL BE PROVIDED
ALL STAFF ARE WELCOME

Annual NTEC Quality and Safety Forum

NTEC Quality and Safety Forum 2023 themed "Transforming Healthcare with Smart Solutions Opportunities and Challenges" was held on 3 November 2023. Dr. Chan Tai Ip from Macau Kiang Wu Hospital was invited as plenary speaker to share the leadership and AI experience in Macau. 5 NTEC teams presented their Smart Continuous Quality Improvement (CQI) projects in the Forum.



神隊友 The Magic of ICU Telemedicine
NDH and AHNH Tele-ICU Initiative

- A 3D directional audio-visual telecommunication platform is established between frontline staff and remote specialists via:
 - A head-mounted device ("Smart glasses") for hands-free operation
 - A teleconferencing software + augmented reality (AR) + artificial intelligence (AI) functions

Using Technology: Antibiotics Linking with A-Safety Monitoring System for Fall Prevention Enhancement in SHMBG

Anti-Climb demonstration

Virtual Reality as a distraction therapy in PWH Labour Ward

SMART AHNH/TPH e-Drug Formulary

AHNH/TPH e-Drug Formulary

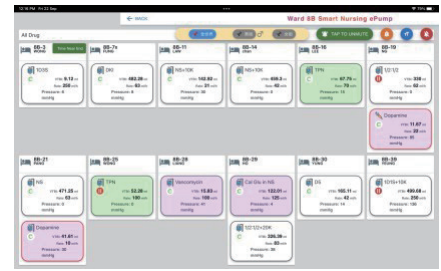
Smart Change and Usage of Syringe Pump in BBN

Method

Medication Safety

1. Infusion Safety - Pilot of e-Pump

The e-Pump, which enables remote monitoring of pump status and the application of drug libraries, was piloted in PWH in 2023. It will be further rolled out in NTEC in 2024.



2. Infusion Safety – 3C4N

NTEC had established a "3C4N" checking steps to facilitate and strengthen the trace back of infusion drugs among nursing staff.



3. Safety Initiative on Lifelong Thyroxine Replacement

A multi-disciplinary patient-engagement program on thyroxine replacement was commenced in 2023. A registry for patient requiring lifelong thyroxine replacement was established. Pharmacists would provide individual or group education and monitor their stock of thyroxine.



4. Proof of Concept of IPMOE Handheld Scanner

A proof of concept (POC) on change of screen lighting, colour, display format and sound emitted initiated by NTEC with joint participation of NTWC, KCC, KWC and HKWC was conducted. Staff feedbacks and comments were collected for further enhancement.



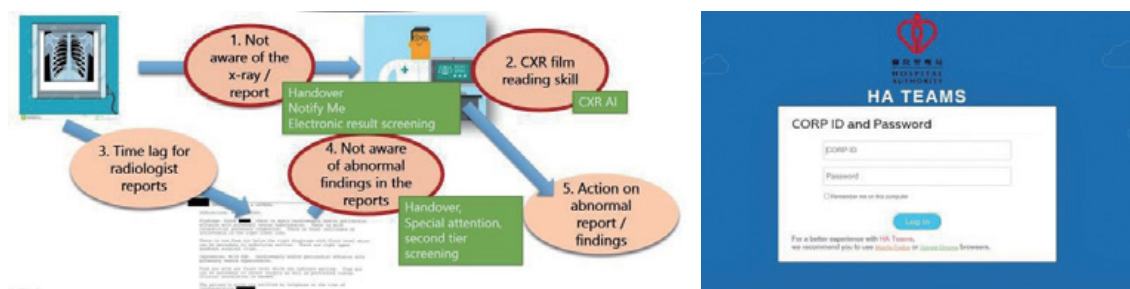
5. Anticoagulant and antiplatelet incident comic for junior doctors

NTEC Q&S has developed and issued the mobile phone version incident comics for junior doctors in 2023. The 1st issue is on Anticoagulant and Antiplatelet. The electronic comics would be uploaded to the HA eLearning in 2024.



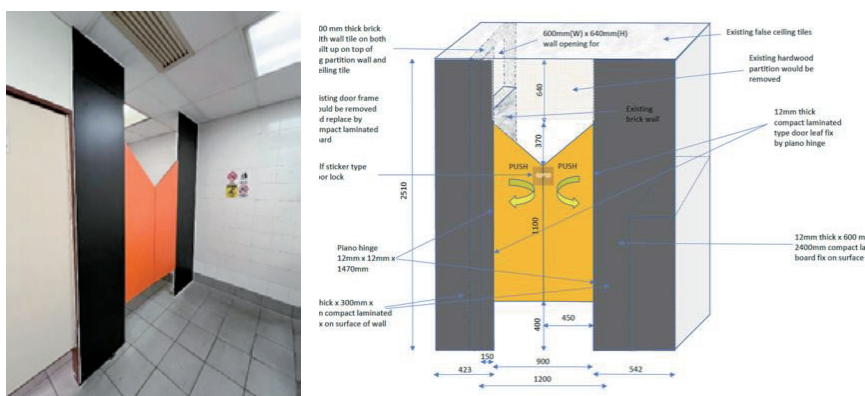
Investigation Safety: Second Tier Screening (Manual IRR) for Radiology Reports of Special Attention

NTEC Q&S Division liaised with cluster Radiology Department to upload the patient list with radiology special attention reports into "HA Team" on a monthly basis. The department designed staff could download the patient list and follow up these radiological reports.



New design of doors and frames for the psychiatric patient toilet

With reference to the designs of overseas psychiatric facilities and with the support from Hospital Planning and Facility Management Division of NTEC, the toilet cubicle door with new design was installed in a SH psychiatric ward in late 2023. Evaluation would be conducted.



Fall preventive program: Proactive Toileting Training programme (PTTP) in Tai Po Hospital Psychiatric Unit

The implementation of the PROACTIVE TOILETING TRAINING PROGRAMME (PTTP) in the Department of Psychiatry at TPH has resulted in significant improvements in patient's fall incident. The overall fall rate decreased from 0.27 to 0.19. The program was showcased at HA Convention and ISQua International Conference 2023.



Staff Training, Education, Learning and Sharing

Three NTEC Incident Management Workshops with total 70 senior staff were completed in 2023. The 8th NTEC Lean Leader Course was completed in 3Q2023. 17 WISER project teams by 10 NTEC departments shared their Lean Projects during the Final Project Day on 19 December 2023. 2 identical sessions of Risk Register Workshop were successfully conducted on 6 and 13 November 2023. The training material in iLEARN was also revised.



Promoting a Safety Culture

1. Hospital Safety Campaign

Cultivating a safety culture is one of the goals of a high reliability healthcare organisation. A poster design competition on hospital safety was launched in September 2023. Three winning posters had been uploaded as NTEC CMS screen savers and were posted up in all departments.



2. Near Miss Reporting

The PWH bimonthly comic strip "師傅嗌你" continued to share the near miss cases. The Nice Catch Team and Nearmiss "MVP" were awarded in PWH Q&S Annual Forum 2023.



New Territories West Cluster

Organised Patient Safety Carnival 2023 to Promote Patient Safety Culture



To promote patient safety culture and raise awareness on patient safety among NTWC staff, particularly the younger generation, an NTWC Patient Safety Carnival was organised in 3Q 2023. The Patient Safety Carnival was held from 26 July to 8 August 2023 (10 working days) in Tuen Mun Hospital (TMH), Pok Oi Hospital (POH) and Tin Shui Wai Hospital (TSWH). All NTWC staff could join the Carnival at any venue. Opening ceremonies were held on the first day of the Carnival in each hospital, which members of respective Hospital Governing Committees were invited to join the event.



The Carnival covered 6 key patient safety themes, namely correct patient identification, medication safety, falls prevention, patient transfer safety, physical restraint safety and data privacy protection. A booth was dedicated to each theme, with games at each booth designed by frontline staff of that booth's coordinating team, which patient safety elements were incorporated in the games. An exhibition area showcased various patient safety devices, such as fall alarm mats, different types of restrainers and the demonstration of how to set up an infusion using an infusion pump. Other booths included promotion of NTWC Q&S Quick Post, the newly developed Safety Agent Team and organ donation.



Patient Identification



Medication Safety



Restraint Safety



Fall Prevention



Patient Transfer



Data Privacy



Exhibition Area



Quick Post



Safety Agent Team (SAT)



Lucky Draw



Souvenir Bags

To encourage the participants to engage with the booth games and learn about patient safety knowledge, they could get a souvenir bag and join a lucky draw after completing 5 booth games or more. The souvenir bag contained souvenirs and a booklet of patient safety tips of the 6 key themes, so that the participants could continue to enhance their knowledge after participating in the Carnival.

There were total 5,041 attendances in the Carnival. From the 2,103 returns of the satisfaction survey, 98% of the participants felt the Carnival was informative and interesting and that they had learnt patient safety knowledge through the games. Overall, they rated the Carnival 9.02 out of 10.



Set-up of Q&S Rapid Incident Management Team (RIMT) to Handle Daily Incidents

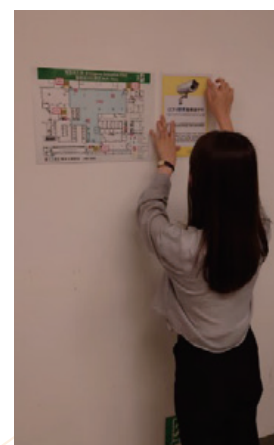


To enhance the governance and ensure timely monitoring of reported incidents in the NTWC, the structure of the Cluster Daily Brief meeting was strengthened. Since 1 August 2023, senior staff including Cluster Chief Executive, Hospital Chief Executives, Cluster General Manager (Administrative Services) and senior hospital administrators, Cluster General Manager (Nursing), General Manager (Nursing) and Service Director (Q&S) had been invited to join the Cluster Daily Brief meeting. Representatives from Nursing Service Division (NSD), Q&S Division and Public Affairs Team reported the latest nursing night reports, incidents reported to Advance Incidents Reporting System (AIRS) and health care related news respectively.

To facilitate speedy review and initial investigation of incidents before each Cluster Daily Brief meeting at midday, a Rapid Incident Management Team (RIMT) was established in the Q&S Division to handle incidents in a team approach. The RIMT was led by Service Director (Q&S) and comprised nurses, human factors specialist and administrators. All incidents would be screened in every morning by the RIMT. Site visits with NSD or other teams would be conducted when required. A summary with photo illustrations and preliminary investigation findings would be produced to facilitate reporting the incidents to senior management in the Cluster Daily Brief meeting.

Strengthened Governance and Management of Closed-circuit Televisions (CCTVs)

Following the new HA Closed-circuit Television (CCTV) Management Guidelines for Clinical Settings introduced in January 2023, the governance of CCTVs in clinical settings in the NTWC was reviewed and strengthened. Under the new governance structure, a CCTV Management Office managed by Q&S Division was formed. Clinical departments were required to submit their request on CCTV installation, removal, relocation, change of function and



request for retrieving CCTV footage to the CCTV Management Office for registration and approval. Cluster Service Director (Q&S) and Information Security and Privacy Officer would review and make recommendation on the request. All requests had to be approved by the respective Hospital Chief Executive before proceeding for subsequent works. The new governance structure and application workflow were shared in relevant clinical staff meetings between February and March 2023.

An electronic CCTV inventory and management system had been under development by Q&S Division and Information Technology (IT) Department since June 2023. This system aimed to provide clear CCTV layout plans, installation purposes and functionalities of all CCTVs in clinical and

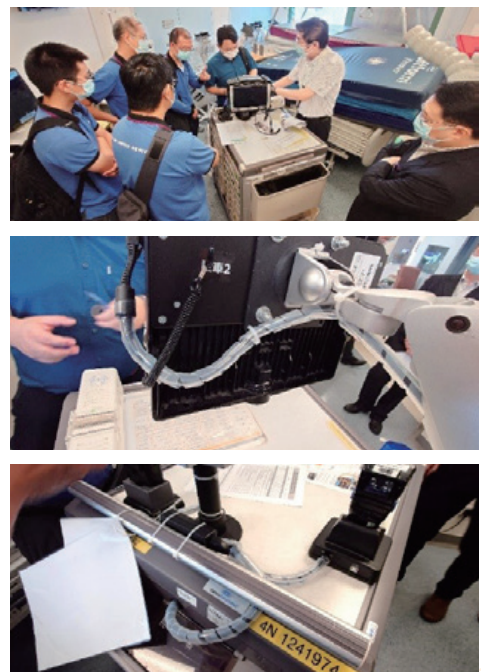


non-clinical areas. The system would also support the application for installation, removal and functional change of all CCTVs and their accessories. Groundwork was commenced by developing a CCTV register with maps, assigning specific codes to CCTVs and their accessories, conducting site visits to verify the existing CCTV locations and functions and whether a proper CCTV notice was posted nearby. It was expected that the electronic system would be piloted in 4Q 2023.



Supported Enhancement of Cable Management of In-patient Medication Order Entry (IPMOE) Trolleys

Following some incidents of electric cables were found to be cut in IPMOE trolleys, a Workgroup on Management of IPMOE Trolleys with members from NSD, Q&S Division, IT Unit, Cluster Procurement and Material Management Unit and Facilities Management Unit was formed in May 2023. The Workgroup delineated the roles and responsibilities, discussed the workflow of repair and maintenance of IPMOE trolleys and formulated action plans for comprehensive checking of all IPMOE medication trolleys in the cluster. Visits were conducted with representatives from Q&S Division of HA Head Office and the vendor of IPMOE trolleys in May 2023.



Nine improvement areas during repair and maintenance of IPMOE trolleys identified in the visits were discussed by the Workgroup. These improvement areas included the relocation of transformer, the control of swing arm, the addition of protective sleeves on cables, and the better security and labeling of cables. The vendor, with the lead from NSD and IT Unit, commenced the improvement works in June 2023. All improvement works had been completed in all IPMOE trolleys in the NTWC in October 2023.



Supported Introduction of Cross-hospital Blood Taking Service

To enhance patients' convenience in receiving phlebotomy service by enabling cross-hospital blood taking within NTWC, an NTWC Cross-hospital Blood Taking Workgroup was formed in August 2023. The Workgroup comprised NSD, Q&S Division, IT Unit, clinical departments and Head Office Health Informatics and Information Technology Department. It aimed to explore the feasibility of arranging for patients to receive phlebotomy service in the blood taking centers near to their place of residence.



The programme was implemented by phases and firstly adopted a unidirectional approach. In the first pilot phase, Oncology, Urology and Renal patients in TMH were allowed to attend POH for blood taking via advanced booking in the scheduling kiosk. A pilot drill was demonstrated by Head Office Health Informatics and Information Technology Department with NSD and Q&S Division and the programme was rolled out in October 2023.



The promulgation plan was advocated in various committee meetings and supported by hospital management. The project would be extended to other blood taking centres in the NTWC in 2024.

Enhanced Management of Patients' Dentures in Hospital



There have been incidents that patient reported loss of dentures during hospitalisation. Analysis found the most common reasons of denture "loss" were being wrapped in tissue and left on meal trays, mistaken for rubbish and thrown away and accidentally swallowed by patients.

To ensure patients' dentures were well kept and managed in the hospital, Q&S Division designed a new "eye catching" denture box to replace the existing denture box, which used a disposable container with a denture label, looked like takeaway container which might mistakenly be disposed. The new denture box had a sharp fluorescent green colour to enhance visual alertness and a container to facilitate drying after cleansing. There was also a reminder printed on the top of the box reminding patients to remove their dentures before sleep. The new denture box was piloted in Medicine and Geriatrics Departments of TMH and POH and Clinical Oncology Department, TMH in March 2023. An



evaluation was conducted

to collect feedback from staff and patients. 96% of staff and 91% patients would recommend the denture box to other patients. With the positive feedback received, the denture box was rolled out to all clinical wards in the NTWC on 1 August 2023.

Further, two issues of Q&S Quick Post were published in June and September 2023 to educate staff on the importance of denture checking and proper handling of suspected denture loss and alert staff on possibility of denture being swallowed.

Provided Q&S Advice on Environment and Equipment Safety

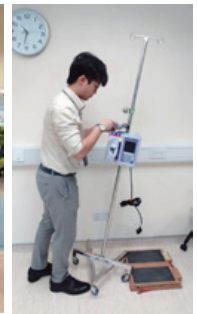
From the system perspective, environmental safety and equipment usability can help enhance patient safety and work performance.

In view of some recent patient falls in changing rooms, a Changing Area Review Team was formed, comprising Q&S Division, NSD, Facility Management Unit, Occupational Therapy Department and Occupational Safety and Health Team. A checklist comprising environmental standards for changing areas according to guidelines and references from Hong Kong and international with cluster occupational therapist and ergonomist's input was used for evaluation. 27 out-patient and day-patient changing areas in 14 clinical departments in TMH, POH and TSWH were inspected and examined whether the settings of changing areas met the standards in August 2023. Suggestions on modifying the changing areas' environment, such as ensuring adequate bench's size, installing grab rails, providing call bell, etc. were given. The standard requirements of changing areas would be added as reference for future renovation.



In May 2023, following a patient fall in SOPD which the patient tripped over the wheel of a wheelchair and fell in the corridor, Q&S Division, NSD, Supporting Services Department and SOPD examined the environment and rearranged the seating and set up a designated wheelchair area. The redesigned setting reduced wheelchair patients being located at different areas including corridors.

In view of the necessity to purchase new model of oxygen flowmeters in the NTWC, a usability evaluation of some new models of oxygen flowmeters from the commercial market was conducted by Q&S Division and NSD in June 2023. Also, following an incident of patient injured by a fallen drip stand with infusion pump in October 2023, an ergonomic evaluation on drip stands in the NTWC was conducted by Q&S Division, OSH Unit, NSD and Physiotherapy Department. The evaluation report would be presented to cluster management when the result is available.



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