

CHAPTER 3 – OBJECTIVES OF DOCTOR WORK REFORM

301 The whole tenet and ultimate aims of Doctor Work Reform are not merely to reduce doctors' work hours, ensure appropriate use of doctors' time and enhance their professional training, but to ensure quality patient care and safety and improve service access. In a gist, Doctor Work Reform carries three main objectives, namely, quality patient care through teamwork, risk management for enhanced patient safety as well as quality doctor hours for service and training. Efforts to reengineer work processes and revamp the role of healthcare workers will be important supporting strategies underpinning the Doctor Work Reform.

I. Quality Patient Care through Teamwork

302 Since its inception, HA has all along been inculcating and adhering to its core value "quality patient-centred care through teamwork". The Steering Committee is aware that HA always advocates that staff should respect patients and their team members. It is imperative that this teamwork concept continues to be fully implemented in HA to ensure quality patient-centred care.

303 Apart from teamwork, quality patient care can be achieved through the following reform strategies which will be elaborated in the ensuing chapters:

- a) Reducing avoidable admissions by establishing Emergency Medicine wards, employing part-time private practitioners to relieve doctors' workload and exploring other measures like Telephone Nursing Consultation Service, so as to enable doctors to be more focused on core medical services for better patient care
- b) Implementing treat-and-transfer initiatives to ensure equitable and timely access for patients with specific conditions to highly specialized care
- c) Augmenting the extended day capacity with better manpower deployment to reduce hospital activities at night time
- d) Enhancing diagnostic and imaging support for timely patient care
- e) Extending the roles of non-medical staff for timely and seamless care
- f) Developing clinical protocols and care pathways to streamline care processes
- g) Facilitating and encouraging doctors' training

II. Risk Management for Enhanced Patient Safety

304 According to the HA-wide Survey on Doctors' Work Hours conducted in September 2006, there were about 220 and 120 doctors on overnight on-site call each day who worked continuously for 24 to 30 hours and over 30 hours respectively. Doctors in different specialties worked independently of one another and on-call doctors were often inundated with a large volume of clinical and mundane activities and exhausted by the long continuous work hours at night. Moreover, the staffing and facility support did not match with the variation of hospital activities over the night. These were all significant risk factors in patient care which should be properly managed.

305 The Steering Committee recommends the following reform strategies to reduce risks in patient care and enhance patient safety in HA hospitals:

- a) Establishing Emergency Medicine / Admission Wards to pool scattered medical staff to manage newly admitted patients with urgent and emergent clinical conditions and reduce repetitive activities in hospitals at night
- b) Restricting out-of-hour operations to patients with life, limb and sight-threatening conditions only
- c) Promulgating a common ward language to proactively identify patients at risk who require timely specialist intervention
- d) Building core-competency call teams to provide patient care services at night
- e) Developing clinical protocols and care pathways to streamline patient care, reduce variability in clinical practice and repetitive tasks and minimize occurrence of errors
- f) Changing the overnight on-call practice to a shift system to reduce risk of errors made by sleep-deprived doctors
- g) Enforcing a structured and comprehensive multi-disciplinary handover system to ensure continuity of care

III. Quality Doctor Hours for Service and Training

306 As a Doctor Work Reform initiative, the Steering Committee recommends HA to gradually implement reasonable weekly (not exceeding 65 hours in a week on average) and continuous work hours (ultimate target of 16 hours on weekdays and 24 hours at weekends, public and statutory holidays) to ensure that doctors are in good physical and psychological conditions to deliver quality patient care and benefit from their training programmes. This, together with two other HA initiatives, namely, New Career and Pay Structure for Doctors as well as Flexible Employment, would contribute significantly to uplifting the morale of doctors.