

CHAPTER 11 – THE WAY FORWARD

I. Pilot Implementation

- 1101 The Steering Committee recommends HA to pilot implement selected priority programmes of Doctor Work Reform in the hospital clusters. HA may consider developing its own plan for rolling out the reform strategies and implementing selected priority pilot programmes in other clusters to test out staff acceptability and feasibility of the reform strategies in reducing doctors' work hours.

II. Qualitative & Quantitative Assessments of Reform Impact on Patient Safety

- 1102 To maximize the benefits of Doctor Work Reform, HA may consider reviewing the impact of various reform strategies on doctors' work hours, distribution of workload, service operation and patient outcome through different means regularly. The Steering Committee recommends HA to measure performance targets like admission rate, average hospital stay, mortality rate, critical incident rate and outcome of operations conducted at night, etc. HA may also consider continually monitoring the reform and its benefits to both frontline doctors and the patients.

III. Change Management and Continuous Communication

- 1103 The Steering Committee recommends that HA monitor the progress of pilot programmes and evaluate the efficacy of reform in one year's time. In the meantime, HA may explore enhancing the effectiveness and safe working of night teams, develop an effective handover system, enhance critical care competencies at night and provide more guidance in these areas. Further liaison and collaboration with the Hong Kong Academy of Medicine is most desirable in modernizing the medical profession and identifying core competencies required to ensure patient safety at night.

IV. The Way Forward

1104 Figure 11.1 gives a brief outline of the upcoming work of the Steering Committee. On the whole, upon submission of the Doctor Work Reform Recommendation Report to the HA, the Steering Committee will embark on further rounds of communication with the community and relevant stakeholders, roll out the reform programmes to different hospital clusters and compile a final review report to the HA for consideration by the end of 2009.

(Fig. 11.1)

