

## Development of community partnerships, education and engagement

CHD services are ideally positioned to forge stronger partnerships with patients and their carers across the care pathway and to strengthen community collaborations. Initiatives include:

- **Engagement of patients and their families as partners in care:** (1) Include patient-centred care and empowerment as essential elements of clinical pathways and services; (2) improve staff skills to help engage patients as active partners and co-producers of care; (3) strengthen patient self-care by providing information and education.
- **Development of community partnerships:** mobilisation of patient and self-help groups, volunteers and non-government organisations to complement patient care, such as through education and mutual support.

## Improvements in clinical practice

Development of HA's CHD services will go hand-in-hand with a system for regular review of the quality of care against agreed standards. Key initiatives include:

- **Enhancement of patient outcomes and service quality:** A set of service quality and patient outcome measures will be carefully selected and monitored to support a culture of continuous service improvement. The capability of hospitals to provide data in a standardised format will be a pre-requisite to primary PCI.
- **Enhancement of staff proficiency:** In developing PCI services, the impact on service volumes will be considered and how these will affect staff proficiency. Applicability of staff proficiency and accreditation in the local context will be considered with clinical staff, to support professional training and service quality.
- **Utilisation of innovative and advanced technology and medicines:** Introduction of new technologies, devices and drugs for acute and non-acute CHD patients will align with the overarching HA process for their planning, management and funding, to ensure their coordination, safe and effective use.

## Build capacity

The HA Strategic Plan 2012-2017 outlines the strategies and directions HA will be pursuing, including how HA will retain, attract and motivate its staff. Similarly, for development of cardiac services, we will seek to engage and nurture staff to help ensure an environment which is supportive and an attractive place to work. Priorities include:

- **Strengthening of a sustainable workforce through cluster-based cardiac teams:** (1) There will be a cluster-based approach to the cardiac workforce, so as to enable pooling of talents and sharing of workload, as well as teaming up for both expertise and administration; (2) service developments will be prioritised, so as to reflect the need to develop staffing levels and skills, as well as accommodate changes in workflows and staff deployment.
- **Enhancement of training and career development:** (1) To increase staff exposure outside traditional places of work to enhance skill-sets, knowledge and capabilities for cross-working and eventually expanding their scope of professional development; (2) to promote sharing of expertise among different healthcare professionals as a means to support better patient care.
- **Enhancement of staff recognition:** Within the wider context of HA, there are continuing efforts to recognise and support staff through well-structured performance management and appraisal. Over the coming years the HA will be exploring effective modes of recognition and incentives that are appropriate in the public healthcare sector to recognise good performance.

## Implementation and Monitoring

Implementation of the Framework will be incremental, to take into account the priorities of HA and readiness of key enablers, such as cluster-based cardiac teams and facilities for networking of PCI services. The HA annual planning process will be the mechanism through which resources will be sought to support implementation of the strategies.

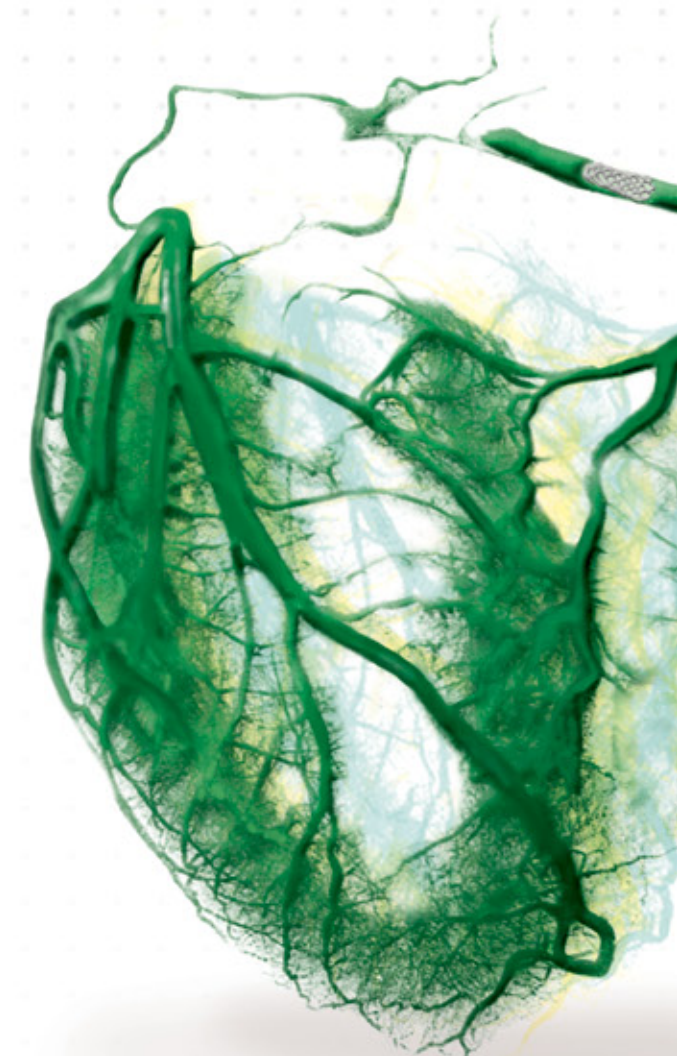
The Framework will be monitored on several levels. This includes the regular HA performance monitoring mechanism, through outcome deliverables tied in with resources made available through the HA annual planning process. In addition, development of an operational plan for the Framework will enable key milestones to be mapped and progress evaluated. Lastly, service quality and outcome indicators linked to the CHD pathway will enable regular review and assessment of the success of Framework strategies.

The full version of the **Strategic Service Framework for Coronary Heart Disease** can be downloaded from the Hospital Authority website: [www.ha.org.hk](http://www.ha.org.hk)

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## HOSPITAL AUTHORITY STRATEGIC SERVICE FRAMEWORK FOR

# CORONARY HEART DISEASE



醫院管理局  
HOSPITAL  
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## Introduction

The Hospital Authority (HA) has developed the Strategic Service Framework for Coronary Heart Disease (the Framework) as HA's blueprint for the strategies and directions of its coronary heart disease (CHD) services over the next five to ten years. It has been guided by the expected role and strategic priorities of HA, as laid down in the HA Strategic Plan 2012-2017.

## Planning Process

The Framework has been formulated by professionals involved in the delivery of HA CHD services and its planning has included extensive participation and engagement from a range of frontline staff, Head Office executives and patient representatives, with guidance from HA Management.

## The Framework

The Framework aims to reduce upstream caseloads, enhance time-critical life-saving interventions, as well as better support the downstream needs of CHD patients.

The strategic goals of the Framework set out what HA wants to achieve for its CHD services, which are to: improve service coverage; strengthen collaborations and partnerships; enhance service quality, safety and effectiveness; and strengthen workforce.

## ST-Elevation Myocardial Infarction as the Key Driver

The central theme of the Framework is enhancing services for the reduction, acute management and comprehensive rehabilitation of ST-elevation myocardial infarction (STEMI) patients. As a focus of development, improvements in STEMI treatment and management will stimulate enhancements in other aspects of the cardiac service, such as non-invasive cardiac imaging and structural heart disease.

## Cluster-based Cardiac Teams and Networking as Cornerstones

The two key principles which underpin the framework are:

- Formation of **cluster-based cardiac teams** to pool and build expertise in support of service sustainability in both acute and elective interventional services.
- **A networked cardiac service** to provide timely, standardised, connected and yet differentiated care along the patient journey as the foundation for future service developments.

## Strategic Objectives and Priorities

Six strategic objectives and 17 corresponding operational priorities map out the key service directions HA will pursue to develop its CHD services.

The strategic objectives are as follows:

- Enhancement of preventative care.
- Enhancement of provision for primary percutaneous coronary intervention (PCI) for STEMI.
- Development of comprehensive cardiac rehabilitation
- Development of community partnerships, education and engagement
- Improvements in clinical practice
- Build capacity

### Enhancement of preventative care

To help reduce upstream caseloads and support better disease maintenance, priorities include:

- **Enhance provision for comprehensive health risk assessment for patients followed-up in General Out-patient Clinics:** **(1)** automated electronic risk-scoring platforms like Framingham score to help identify high-risk patients and facilitate decision-making; **(2)** referral and special investigation protocols between primary and secondary care; **(3)** enhance chronic disease management programmes for diabetes and hypertension and; **(4)** reinforce the role of the smoking cessation and counselling service.
- **Increase coverage of secondary prevention medicine:** **(1)** review current prescribing rates for CHD patients and promulgate successful prescribing and compliance activities; **(2)** enhance patient knowledge of medicines.

### Enhancement of provision for primary percutaneous coronary intervention (PCI) for STEMI

To strengthen HA's reperfusion strategies for STEMI we will develop a 24-hour primary PCI service for the whole of Hong Kong, through cluster-based cardiac teams and networking.

- **24-hour primary PCI for STEMI through phased expansion and networking:** Through formation of cluster-based cardiac teams, a 24-hour primary PCI service for the whole of Hong Kong will be implemented. Phased expansion will include roll-out of 12-hour primary PCI services at the seven cluster regional hospitals and Kwong Wah Hospital. Concurrently, there will be detailed analysis and planning for the delineation, timing and setting-up of designated centres for 24-hour primary PCI in HA.
- **Standardisation of the acute myocardial infarction (AMI) / STEMI pathway:** **(1)** develop and update standardised guidelines and protocols for AMI / STEMI, so as to lay the foundation for networked cardiac care; **(2)** routine monitoring of performance across the territory and enable assessment of the impact on other cardiac services.
- **Synergy with other cardiac services:** Development of cardiology will be in collaboration with other specialties and disciplines, such as cardiothoracic surgery and radiology, to support sustainable services and enhanced care. Multi-disciplinary approaches to care will be promoted, such as "heart teams", to improve coordination and care planning for high quality care.
- **Alignment of cardiac catheterisation laboratory provision with cluster-based primary PCI service development and enhancement of provision for coronary care unit beds:** The aim is to match the upcoming infrastructure and facilities development with the design of cluster-based primary PCI services.

### Development of comprehensive cardiac rehabilitation

Enhancing the coverage and uptake of structured cardiac rehabilitation is an important component for better patient recovery and outcomes. Key priorities include:

- **Expansion of cardiac rehabilitation coverage:** Develop cluster-based services under the direction of medical rehabilitation.
- **Standardisation of cardiac rehabilitation programme content:** The aim is to develop multidisciplinary standardised programme content that takes into account the bio-psycho-social needs of patients, with flexibility to enable local tailoring to support care delivery and patient uptake. Aligned with referral pathways, patient flows will be streamlined, with clearer navigation for patients between services.