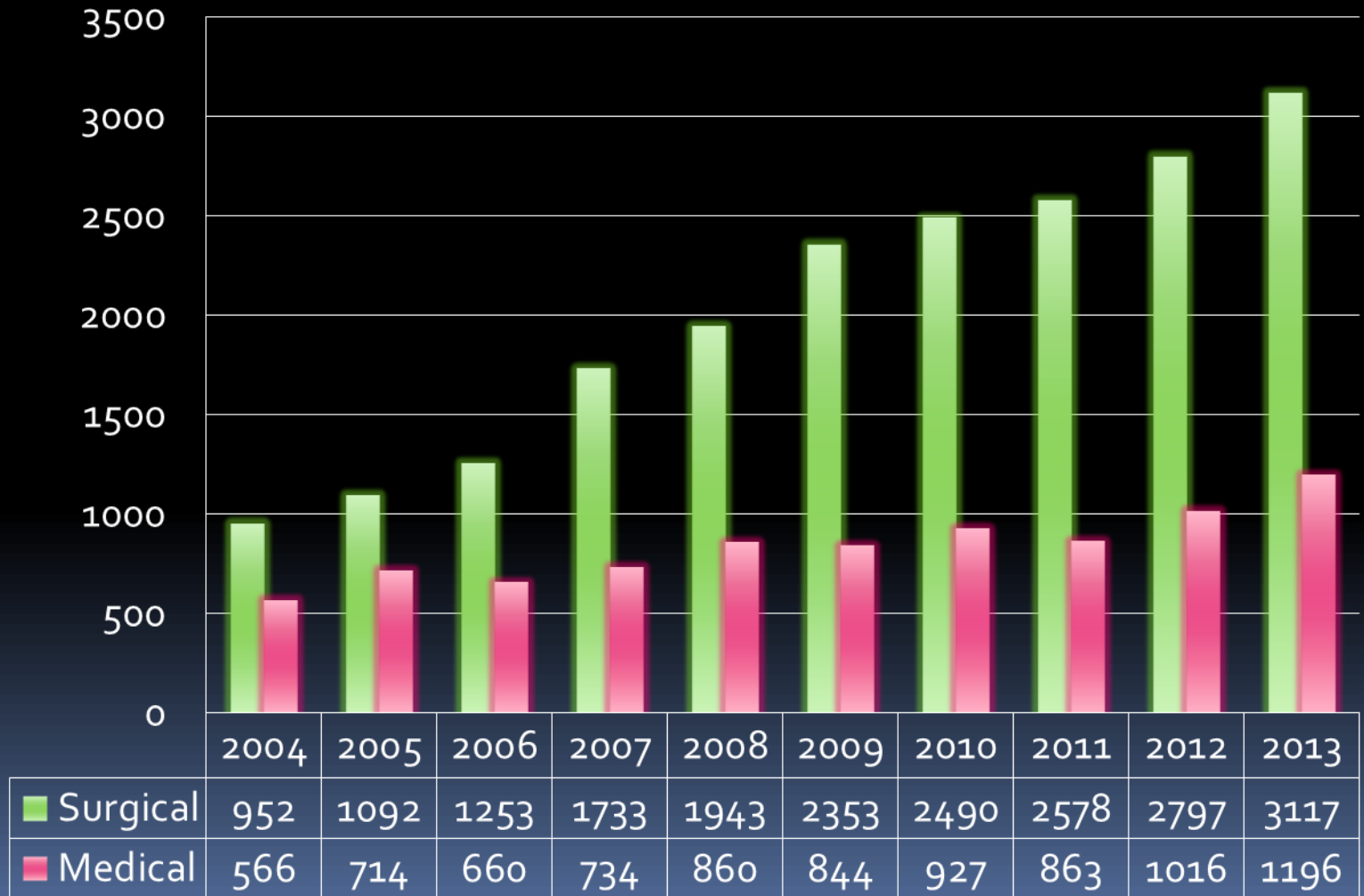




# Background

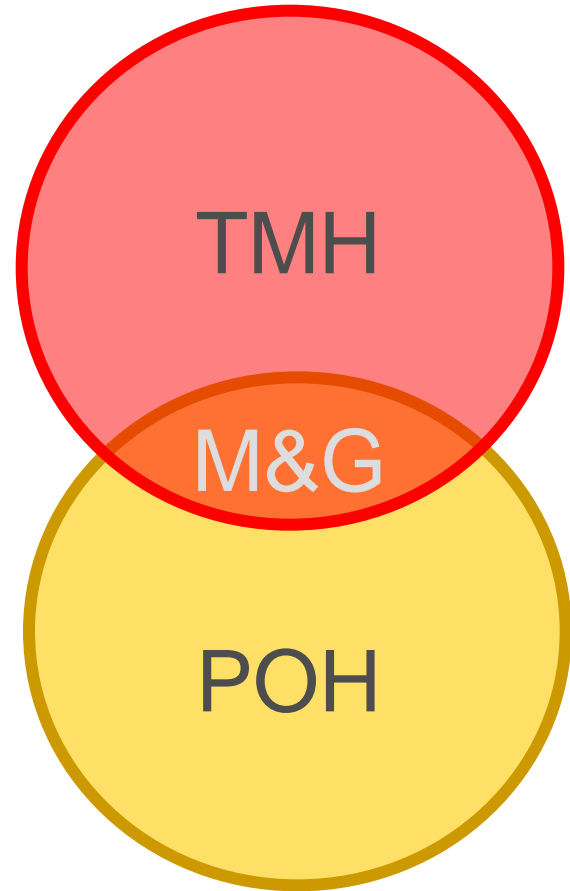
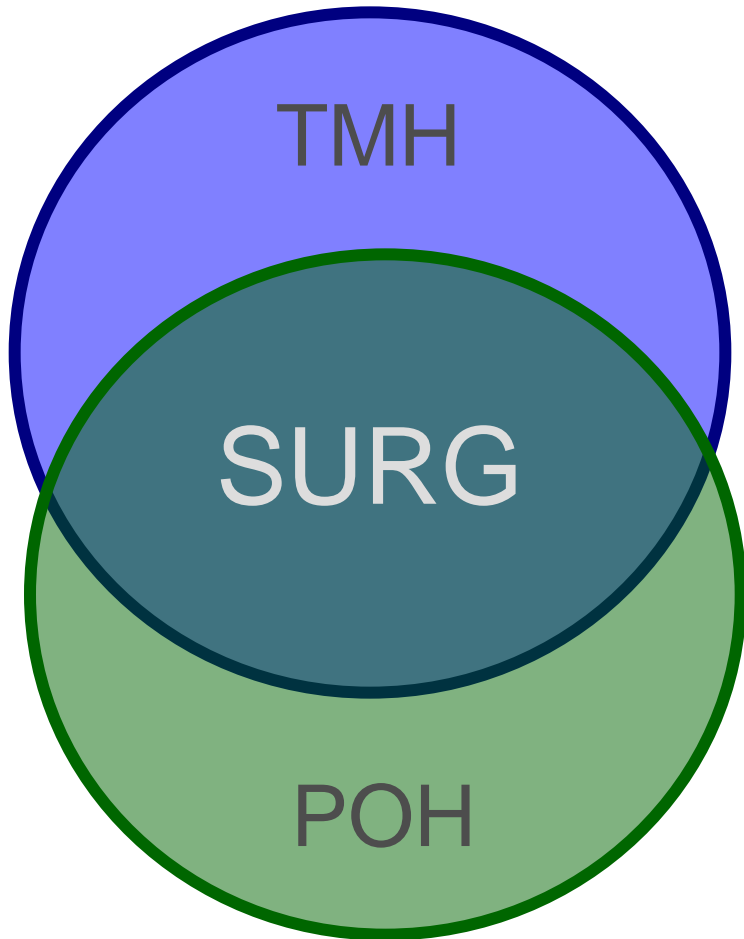
## Colonoscopies in TMH alone

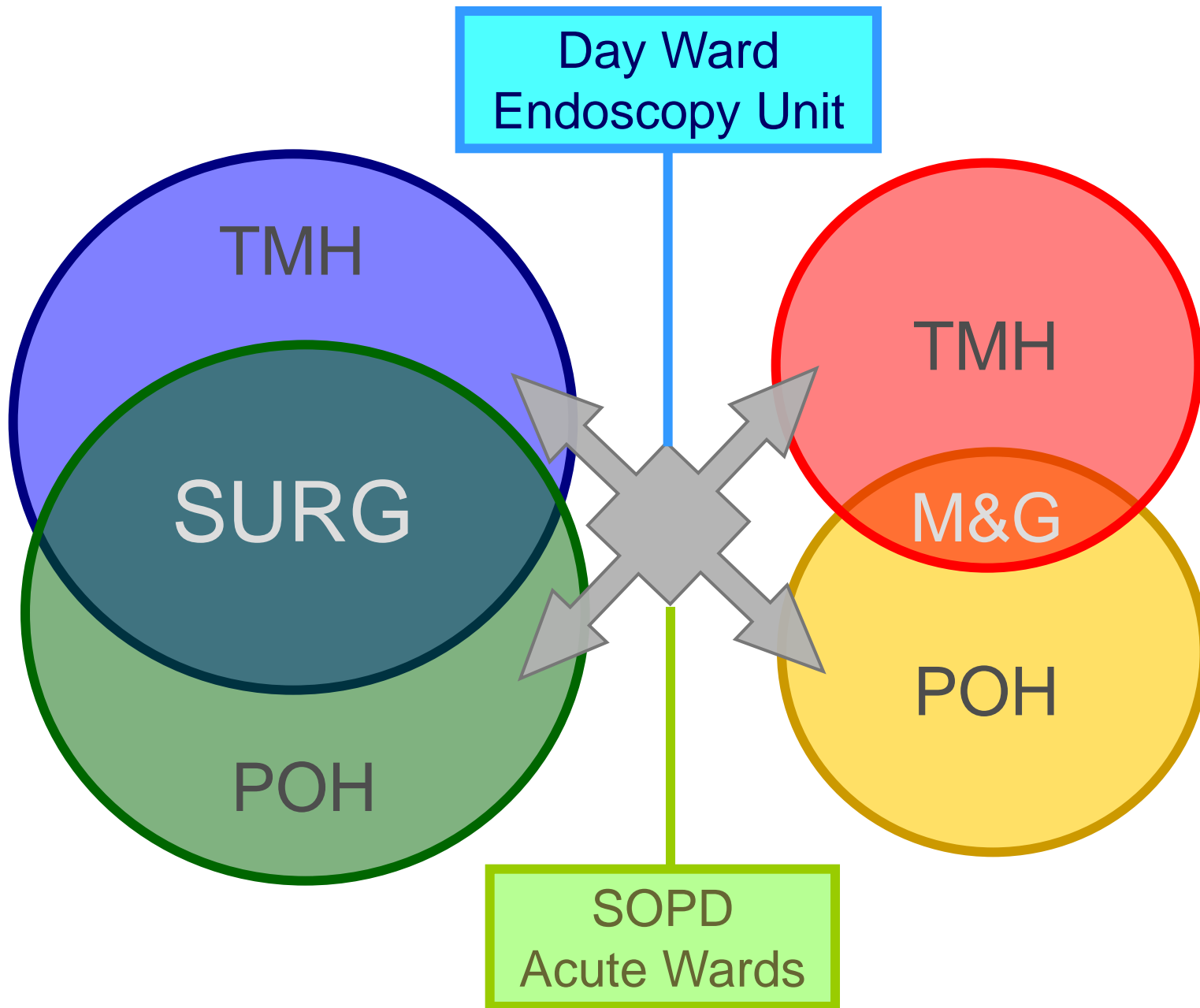


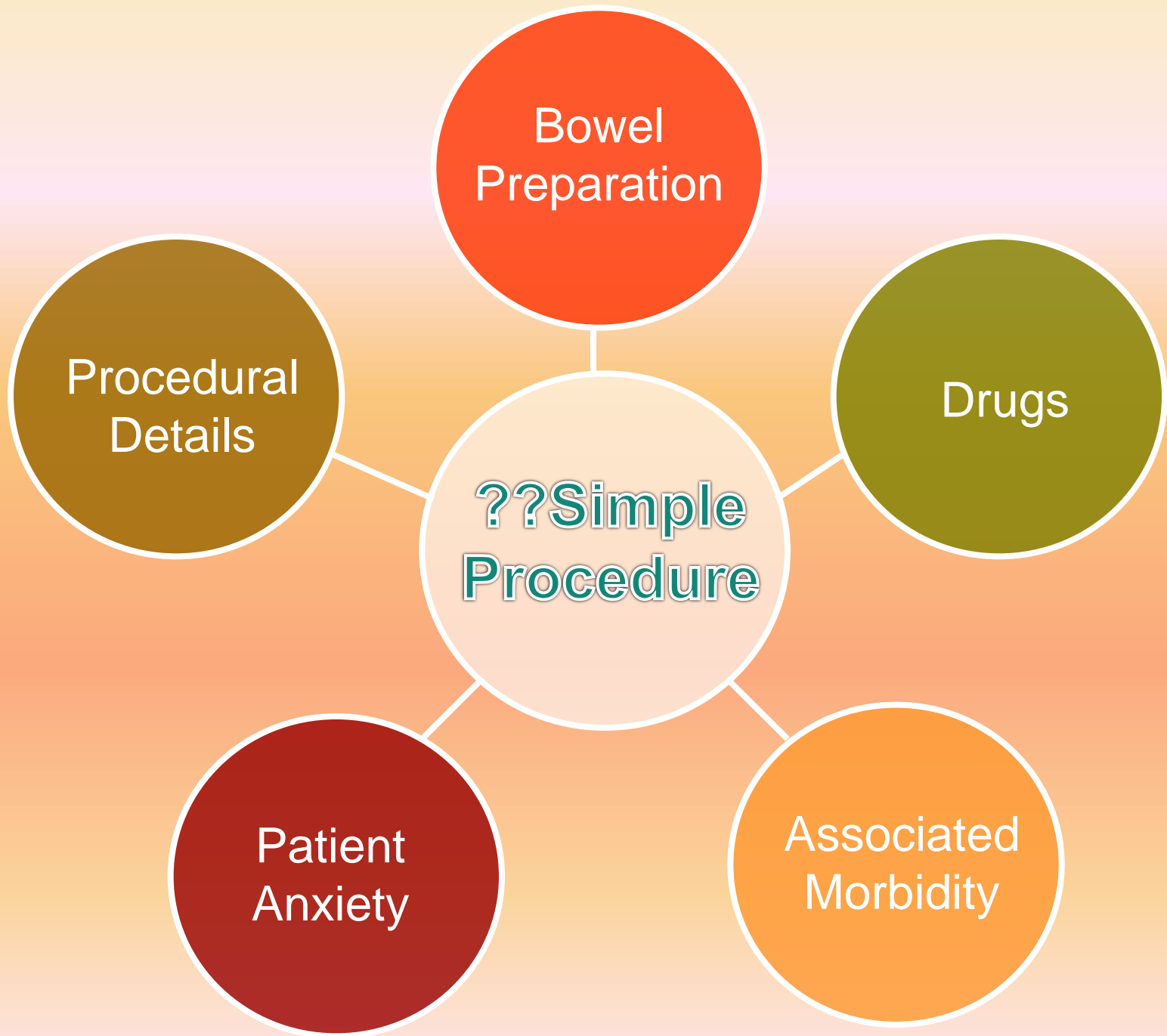
# Background

- Very common procedure
- Number rapidly on the rise

2014: TMH + POH  
= **5,065** colonoscopies



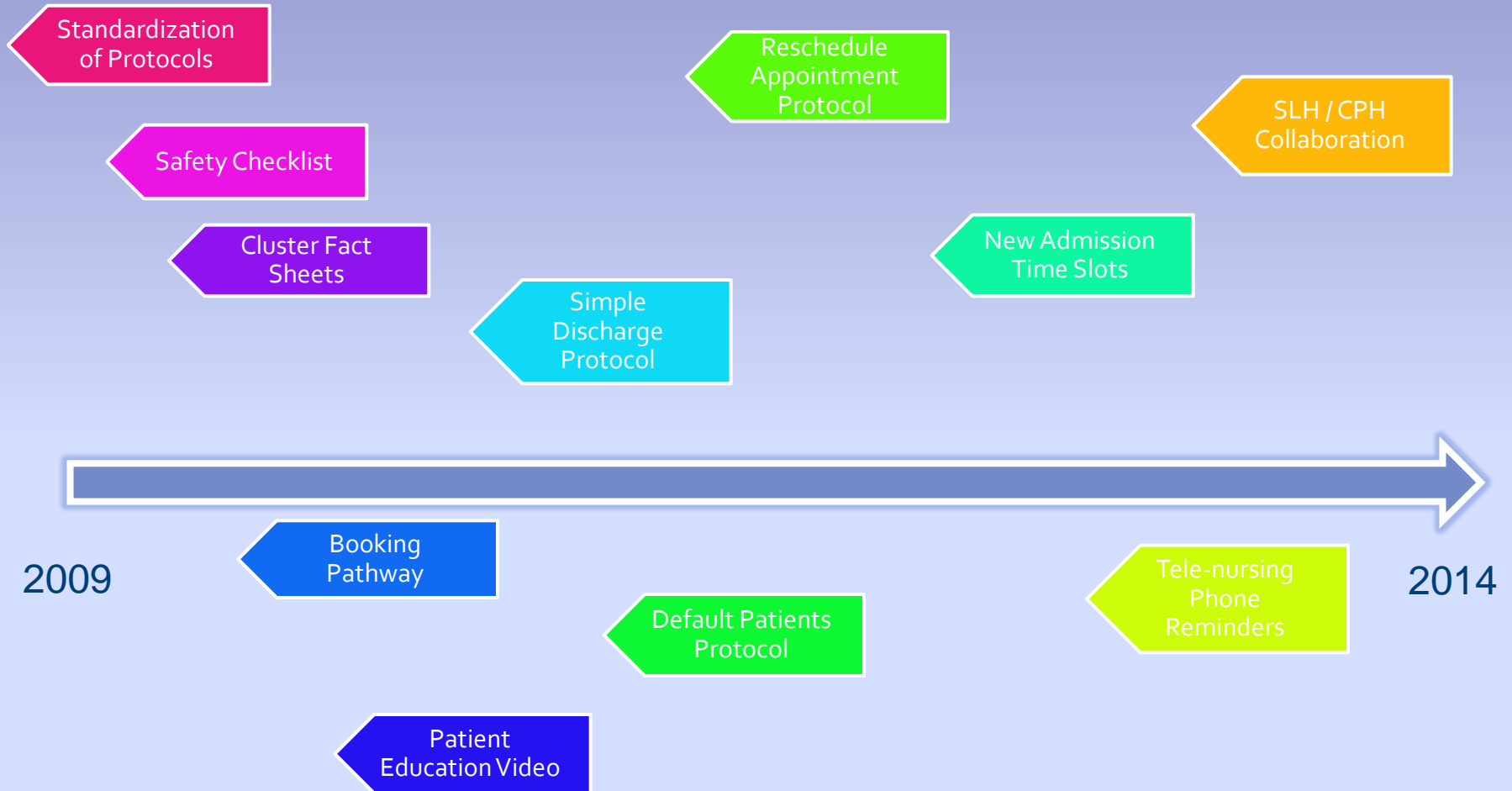




**1) Standardize Clinical Practice and Protocols**

**2) Ensure Quality and Safety of Procedure**

**3) Improve Patient and Staff Satisfaction**







Standardization of Protocols

Safety Checklist

Cluster Fact Sheets

Patient Education Video

Booking Pathway

Simple Discharge Protocol

New Admission Time Slots

Default Patients Protocol

Reschedule Appointment Protocol

Tele-nursing Phone Reminders

SLH / CPH Collaboration

# 1) Standardization of Protocols

- Collaboration with Dept. of M&G
- Reviewed International Guidelines



Bowel Preparation

Medications

Risks and Complications



## 2) Safety Checklist

- 1) Bowel Preparation
  - 2) Relevant Medications
  - 3) Admission and Special Concerns
- 

\*\*Colonoscopy Date: \_\_\_\_\_.

\*\*Doctor's signature: \_\_\_\_\_.

1) Need for special bowel preparations? ..	
<input type="checkbox"/> NO ..	→ 3L + 1L <b>Klean Prep</b> (recommended for normal cases). <input type="checkbox"/> Yes <input type="checkbox"/> 4L <b>Klean Prep</b> .. <input type="checkbox"/> Other regime (Please specify) _____ e.g. avoid PEG in high grade intestinal obstruction.
2) Is the patient on any of the following medications? ..	
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Oral Hypoglycaemic agents (OHA)</b> . → Stop <u>1 day</u> prior to colonoscopy (day of fluid diet) ..
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Fibre supplements and stimulant laxatives</b> e.g. Metamucil, <b>Agiolax</b> .. → Stop <u>3 days</u> prior to colonoscopy.
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Iron supplements</b> .. → Stop <u>1 week</u> prior to colonoscopy.
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Aspirin</b> .. → Continue drug as usual.
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Warfarin</b> (Please select one of the following). <input type="checkbox"/> <b>Low thrombotic risk</b> (DVT, simple AF, AVR, <b>bioprosthetic valve</b> ). → Stop 5 days prior to colonoscopy, no need for heparin. <input type="checkbox"/> <b>High thrombotic risk</b> (AF + CVA / <b>valvular lesion</b> , MVR). → Admit to ward <u>4 days</u> prior to procedure and follow warfarin protocol. <input type="checkbox"/> Others _____
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Clopidogrel (Plavix)</b> .. → Please discuss with patient's cardiologist or <u>consider postponing</u> colonoscopy (strongly recommended). <input type="checkbox"/> Yes <b>Other drugs</b> (with instructions) _____
3) Is there any special admission concern? ..	
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes Requires <b>Early Admission</b> (e.g. non-ambulatory, age > 75, diabetic) .. → Day ward staff will arrange early admission at <u>08:30</u> ..
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>CPH/SLH Inpatient</b> .. → Day ward staff will alert CPH/SLH and arrange admission at <u>12:00 noon</u> ..
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Others</b> (e.g. for <b>heparinization</b> ). → Please specify and issue <u>Admission Slip</u> with date and time. <b>ALL</b> remaining patients. → Day ward staff may arrange admission time at <u>12:00 noon</u> on day of colonoscopy.


\*\*Colonoscopy Date: \_\_\_\_\_.

\*\*Doctor's signature: \_\_\_\_\_.

1) Need for special bowel preparations? ..	
<input type="checkbox"/> NO ..	→ 4L <b>Klean Prep</b> (recommended for normal cases). <input type="checkbox"/> Yes <input type="checkbox"/> 3+1L <b>Klean Prep</b> .. <input type="checkbox"/> Other regime (Please specify) _____ e.g. avoid PEG in high grade intestinal obstruction.
2) Is the patient on any of the following medications? ..	
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Oral Hypoglycaemic agents (OHA)</b> . → Stop <u>1 day</u> prior to colonoscopy (day of fluid diet) ..
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Fibre supplements and stimulant laxatives</b> e.g. Metamucil, <b>Agiolax</b> .. → Stop <u>3 days</u> prior to colonoscopy.
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Iron supplements</b> .. → Stop <u>1 week</u> prior to colonoscopy.
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Aspirin</b> .. → Continue drug as usual.
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Warfarin</b> (Please select one of the following). <input type="checkbox"/> <b>Low thrombotic risk</b> (DVT, simple AF, AVR, <b>bioprosthetic valve</b> ). → Stop 5 days prior to colonoscopy, no need for heparin. <input type="checkbox"/> <b>High thrombotic risk</b> (AF + CVA / <b>valvular lesion</b> , MVR). → Admit to ward <u>4 days</u> prior to procedure and follow warfarin protocol. <input type="checkbox"/> Others _____
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Clopidogrel (Plavix)</b> .. → Please discuss with patient's cardiologist or <u>consider postponing</u> colonoscopy (strongly recommended). <input type="checkbox"/> Yes <b>Other drugs</b> (with instructions) _____
3) Is there any special admission concern? ..	
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>CPH/SLH Inpatient</b> .. → Please arrange procedure in TMH if possible (CPH/SLH protocol).
<input type="checkbox"/> NO ..	<input type="checkbox"/> Yes <b>Early admission</b> (e.g. expected poor compliance to <b>Klean Prep</b> , for <b>heparinization</b> ). → Please specify and issue <u>Admission Slip</u> with date and time. <b>ALL</b> remaining patients. → Day ward staff will arrange admission on day of colonoscopy.



### 3) Cluster Fact Sheets

- Updated 2010 & 2012
  - Both Chinese and English versions
- 



# Endoscopy

## Endoscopy

Colorectal Endoscopic Submucosal Dissection (ESD) 大腸內視鏡黏膜下層剝離術 (2014/3/7)

ESD Consent

Endoscopic Ultrasonography 上消化道超聲內鏡

Capsule endoscopy 膠囊內視鏡

Colonoscopy 結腸內視鏡

ERCP 內窺鏡逆行胰膽管造影術

Balloon-assisted enteroscopy 氣囊小腸內視鏡

Percutaneous Endoscopic Gastrostomy 經皮內視鏡胃造口術

OGD 上消化內道窺鏡

## Introduction

Colonoscopy is currently the best method to examine the lower digestive tract. It is a long flexible endoscope which allows the direct visualization and diagnosis of disorders of the colon, rectum, anal canal and possibly the terminal portion of the small bowel. The procedure usually takes 20 to 30 minutes, and sedatives and analgesics may be given intravenously if indicated. Colonoscopy is not only useful in making a diagnosis (e.g. biopsy for tumour), additional therapeutic procedures can also be performed at the same time (e.g. removal of polyp)

## Indication

Per rectal bleeding, change in bowel habit, anaemia and follow up for colonic polyp or malignancy.

## Risks & Complications

(Overall incidence is 0.1%, complication rate could be higher in cases that require therapeutic procedures e.g. removal of polyp, bleeding control, colonic stenting etc.)

1. Cardiopulmonary complications due to sedatives and analgesics e.g. hypotension, aspiration, pulmonary suppression
2. Perforation of intestine
3. Bleeding
4. Infection
5. Perianal pain and tenesmus
6. Failed or incomplete examination due to poor bowel preparation or anatomical difficulties (~5%)

## Preparation

1. Patient should adopt low residue diet starting 3 days before the procedure. Iron preparation should be stopped at least 1 week before colonoscopy.

	Food allowed	Food to avoid
Cereal	Rice, congee, noodle, biscuit	Corn, wheat
Vegetable	Low residue fruit / juice	High residue vegetable / fruit
Meat	Lean meat or fish	Tendon, organ, processed meat
Bean and nut	Bean curd	Red bean, peanut, almond, cashew nut, sesame

2. Fluid diet on the day before procedure, e.g. soup, thin congee, juice, but avoid consuming too much milk or milk product.
3. Bowel cleansing agent (laxative) should be taken according to the instruction prior to the procedure (usually starting the day before). Shall there be any major discomfort after taking the bowel cleansing agent (e.g. severe abdominal pain or vomiting), please immediately seek medical attention.
4. Patients should inform medical staff of any major medical problems including diabetes, hypertension, valvular heart diseases, previous gastrointestinal surgery and pregnancy. Patients should also provide information concerning the current medications used

especially antiplatelet and anticoagulation drugs and any allergic history. The regime for the medications may be adjusted, so please follow as instructed by your medical staff.

5. Patients should avoid smoking, alcohol drinking and taking sedatives before the procedure.

## Post-operation care

1. There may be minor abdominal pain or discomfort, but these should subside after a short period of time. Minor per rectal bleeding is also after the procedure.
2. If the procedure is uneventful, patients should resume oral intake only after the effect of anaesthetic or sedative has worn off.
3. Patient will be observed for any complication after the procedure. Generally, most patients will be discharged on the same day after a few hours of observation.
4. Driving, signing legal documents or manipulating heavy machineries is prohibited for 12 hours after the procedure to allow the sedative time to wear off.
5. Under the rare and unfortunate complication in perforation of bowel, emergency surgery will be needed.

## Remarks

1. You may not be aware of complications until a few days after the procedure. You should contact **Tuen Mun Hospital (2468 5111) / Pok Oi Hospital (2486 8000)** within office hours for any queries or discomfort after the procedure. However, if serious events develop, such as passage of large amount of blood, severe abdominal pain etc. patients should seek medical advice at the nearest Accident and Emergency Department.
2. Information collected during the procedure including photograph and film may be used for professional or educational purpose.
3. In case of Typhoon signal no. 8 or Black Rainstorm Warning, the procedure will be cancelled. Patients should contact **Tuen Mun EDU (2468 5630) or Pok Oi Hospital EDU (2486 8270)** within office hours for further arrangement.
4. It is impossible to mention all the possible complications that may happen after the colonoscopy and the above is only a few important complications which may occur. Before agreeing for the colonoscopy, you must acknowledge and accept the fact that no matter how ideal the situation may be, complications may occur and can have serious sequels and may result in death.

## 簡介

結腸內視鏡檢查，俗稱大腸鏡檢查，是檢查下腔消化道疾病的最佳方法。結腸鏡是一條細長可彎曲的內視鏡，內置有一個可調校角度的微細攝影鏡頭讓醫生能檢視結腸各部位、直腸、肛門內及甚至可能迴腸末端的情況並作出診斷。整個檢查一般需時二至三十分鐘，其間可能會為病人注射鎮靜藥物及止痛劑以減輕檢查時之不適。大腸鏡檢查除能發現致病原因外，在有需要時也能對病源作活鉗樣本化驗及進行治療（如切除癌肉）。

## 適應症

排便出血，排便習慣變異，貧血，腸癌肉及瘤腫跟進檢查。

## 可能出現的情況或併發症

併發症機會約0.1%，病人如要接受內鏡治療，如息肉切除、內鏡止血、擴張及支架放置等，出現嚴重併發症之機會會相對提高。

1. 由於鎮靜藥物及止痛劑引致的心肺併發症如血壓低、呼吸困難或窒息
2. 腸穿孔
3. 出血
4. 感染
5. 肛門隱痛及異常急便。
6. 由於排便不濟或生理結構上之障礙導致未能完成整個結腸鏡檢查 (~5%)

## 檢查前注意事項

1. 檢查前三天開始進食低渣食物。如病人服用鐵質補劑，須在檢查一星期前開始停服。

	可進食	避免進食
穀類	飯、粥、粉麵、餅乾	糙米飯、粟米、麥皮、麥包
蔬果類	瓜類如冬瓜、青瓜、隔渣後的果汁和菜	有渣的蔬果：如菜心、芹菜、茄子、椰子等
肉類	家禽的瘦肉和魚肉，以清淡為主	含筋膠之肉類、內臟、燒味、臘腸、肉乾、鹹魚、魷魚、豬皮及各類煎炸食品
豆類及果仁	豆腐、腐竹	紅豆、眉豆等連皮的豆類，果仁如花生、杏仁、腰果和芝麻

2. 檢查前一天只可進食清流質如肉湯、稀粥、去渣果汁；但勿飲過量奶類飲品。
3. 一般情況下，檢查前一天須依照指示服用腸道清潔藥物（瀉劑）。若於服用瀉藥水後感到嚴重不適（如肚腹劇痛或嘔吐），請立即尋求醫護協助。
4. 病人如有其他疾病如糖尿病、高血壓、心臟瓣膜性疾病、曾經接受腸胃手術或懷孕等，須事先告訴醫護人員。病人亦應提供現所服用藥物的詳情，特別是某些影響凝

血的藥物及任何過敏反應資料。藥物的劑量可能需要被調較，所以請聽從醫護人員的指示服藥應。

5. 病人應避免在檢查前酗酒、抽煙或服用不當份量的鎮靜藥物。

## 檢查後安排

1. 檢查後會有輕微腹痛、腹脹等情況，但此多屬暫時性。檢查後病人亦常見有輕微腸出血的現象。
2. 於檢查後，待麻醉藥或鎮靜劑藥力減退後病人便可進食。
3. 病人需於檢查後進行數小時的短暫留院觀察，大部份病人即日便可出院。
4. 檢查後十二小時內，由於鎮靜劑藥力未能完全減退，病人禁止駕車、簽署法律文件及操作重型機械，以防意外發生。
5. 如不幸出現腸穿孔的情況，便需要施行緊急手術。

## 備註

1. 檢查後的併發症有可能在數天之後才出現。如病人出現輕微不適，或對檢查結果、服藥有疑問者，應於辦公時間內致電 屯門醫院病房 (2468 5111) / 博愛醫院病房 (2486 8000) 查詢；但如出現嚴重事故，如大便出血、劇烈腹痛等，則應到就近急症室求診。
2. 所有檢查時獲得的資料包括圖片、錄影等將可能用於醫學或教學用途。
3. 在八號風球及黑色暴雨的情況下，檢查將會被取消。病人請於辦公時間內致電屯門醫院「心腦電檢部」(2468 5630) / 博愛醫院「心腦電檢部」(2486 8270) 更新檢查日期。
4. 由於沒有可能把所有風險或併發症列出，以上只列出最常見及重要的風險。在同意進行大腸鏡前病人必需清楚並接受無論手術安排如何完善，以上之事故仍然可以發生及引致嚴重後果或甚至死亡。



## 4) Patient Education Video

- 15 mins video
- Detailed explanation on:
  - Indications and details of procedures
  - Risks and potential complications
  - Dietary and bowel preparations
  - Administrative information



大腸檢查  
短片



RF ACTION



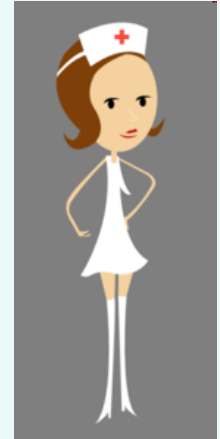


# 5) Simplifying Booking Pathways

- Problems:
  - Patients:  
LONG idle **waiting time** from booking to discharge
  - Nurses:  
**Repetitive work** over and over



Booking  
in SOPD

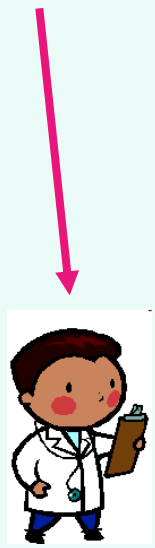
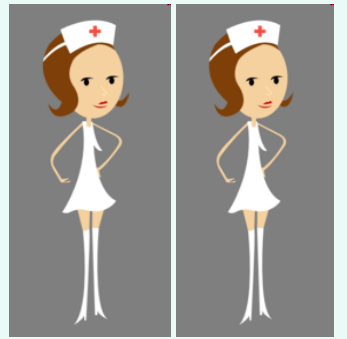
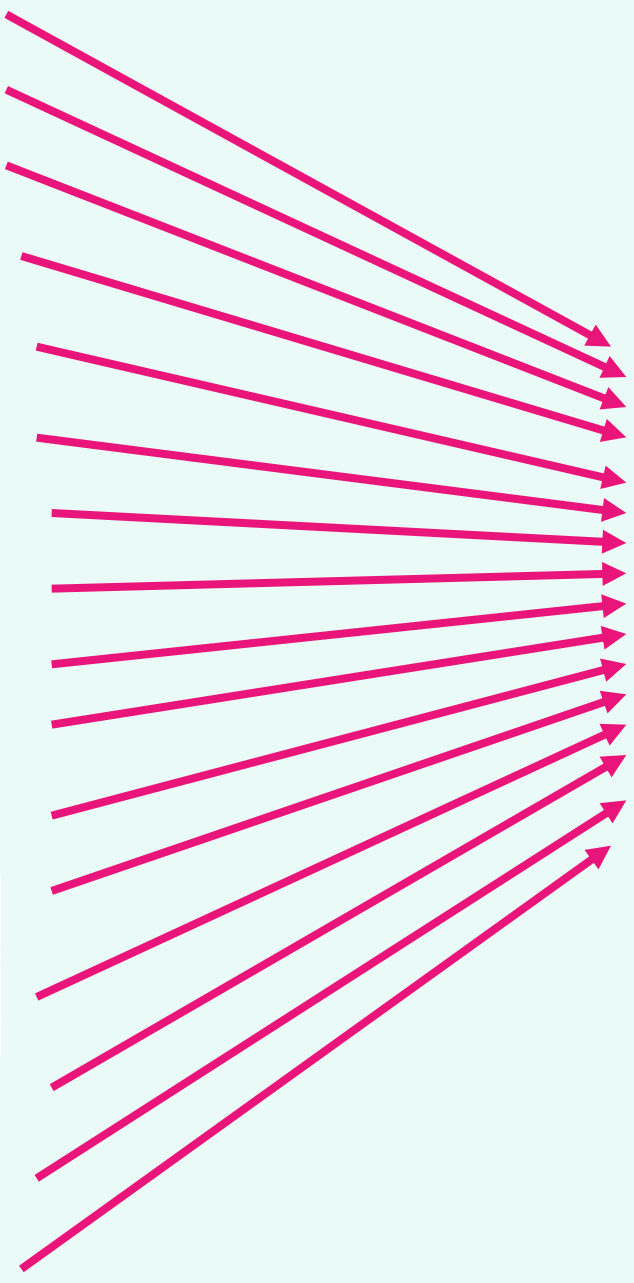


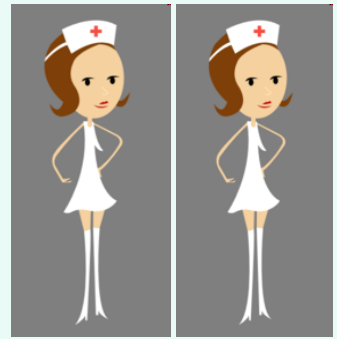
Education  
in DW



?Drugs  
?Bowel prep  
?Admission Slip









Checklist



Admission Slip



Education Video

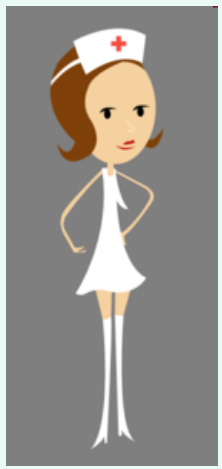
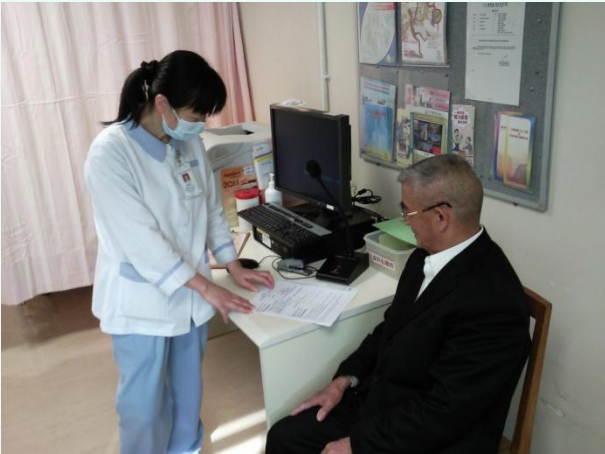
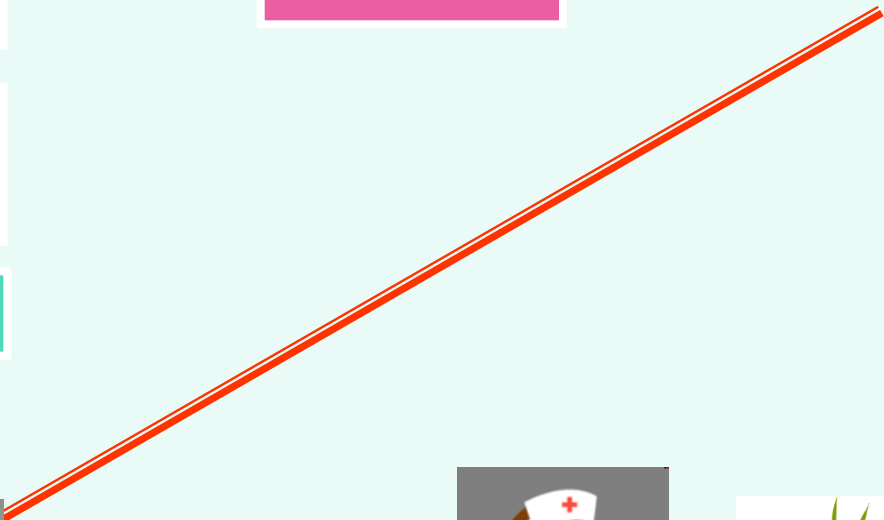


Fact Sheets

Booking in SOPD



HOME



Hotline



## 6) Simple Discharge Protocol

- Standard discharge information
  - Follow ups
  - Sick Leave
  - Medications
- Early discharge if suitable
  - ↓ patient idle time

Goal:

Eliminate / Minimize need for nurses to contact doctors after procedure

# First audit

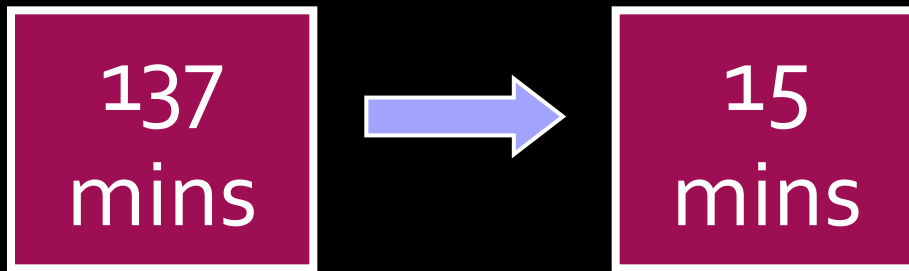
- Nov 2010
- 2 weeks pre- and post- implementation
- 69 patients

## Targets:

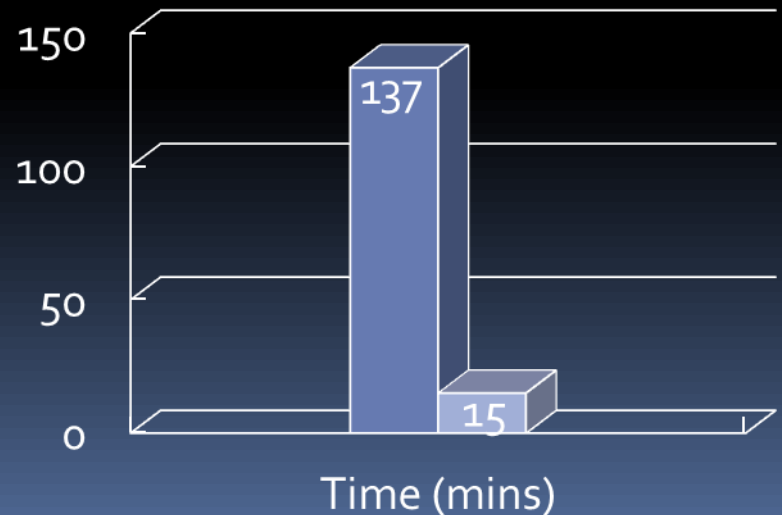
- 1) Time saved (Patients and Staff)
- 2) Quality of colonoscopy
- 3) Patient satisfaction

# Audit: 1) Time saved - Patients

Average time from booking in SOPD to discharge



Also ↓ next day return



# Audit: 1) Time saved – Nursing Staff

- 2010 TMH:
  - 2400 colonoscopies  
( $>2/3 \Rightarrow$  Day Ward for education)
  - Avg. 10 mins education by nurses

1600+ x 10 mins = 16,000 mins =

267+  
Hours

2014: 3100 colonoscopies  $\Rightarrow$  340+ Hours

# Audit: 2) Quality of colonoscopy

- Quality of bowel prep
  - 70%      Good (58%)
  - 26%      Fair (35%)
  
  - 4%      Poor (7%)

# Audit: 2) Quality of colonoscopy

- Objective Measures:

	ASGE standard	Baseline	Audit
Complete colonoscopy	>90%	92%	94%
Polyp detection	>25% ( ♂ ) >15% ( ♀ )	50%	40%
Complication		0%	0%

# Audit: 3) Patient Satisfaction

## ■ Satisfaction Survey

20 FU colonoscopy cases

- 75% satisfactory  
(25% no comment)

All cases

- 70% satisfactory  
(28% no comment)

新界西醫院聯網  
大腸檢查前準備意見調查問卷

姓名：\_\_\_\_\_ (自願填寫)

年齡：\_\_\_\_\_ (自願填寫)

性別：男/女(請刪去不適用者)

請於適當的空格內填上

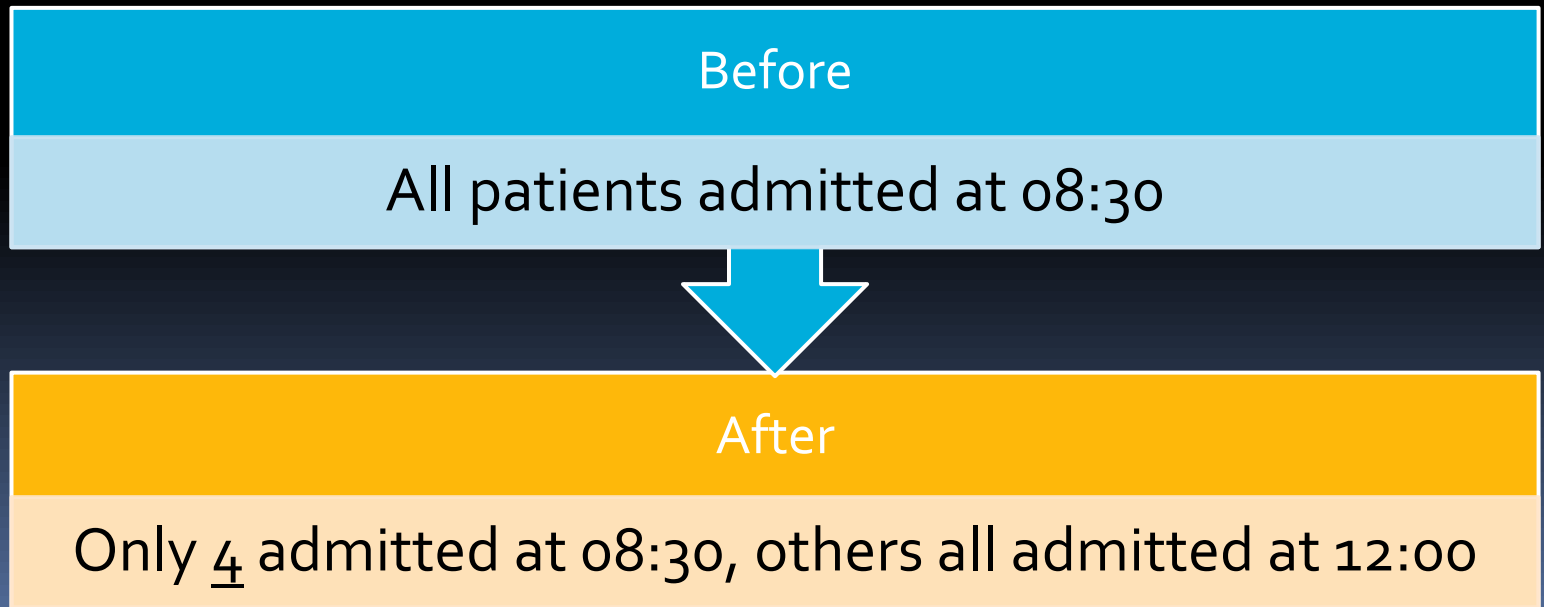
門診部	非常 不同意	不同意	無意見	同意	非常 同意	不適 用
1. 請與上一次檢查前準備比較：						
影片內容已清楚指示所需準備						
播放影片地點合適						
影片長度合適						
觀看影片後減少對所接受檢查的恐懼及擔心						
減少前往BT病房接受指示的時間						
2. 檢查前的電話跟進服務：						
加強對所需檢查的準備						
接受電話跟進的時間合適						
減少對所接受檢查的憂慮						
3. 如有查詢需要，容易找到協助及熟練服務						
4. 清楚知道接受所需檢查當日的安排及流程						
5. 整體而言，本人滿意貴院所提供的服務						

其他意見：

非常感謝閣下完成問卷及提供寶貴意見  
祝君健康  
-全卷完-

## 7) New Admission Time Slot

- Avg. 12-14 colonoscopies / day
- Problem:
  - 1) Very long waiting time for patients in ward
  - 2) Peak hour for morning admissions





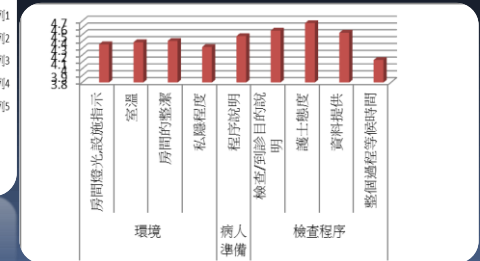
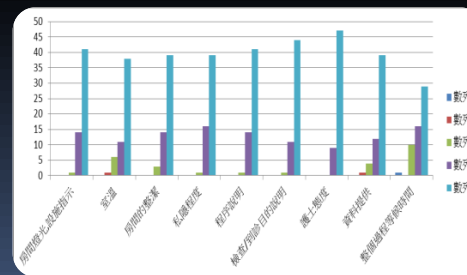
# 7) Audit: New Admission Time Slot

## 1) Waiting time:

- Longest waiting time: 6.2 hrs  $\Rightarrow$  4.3 hrs
- Shortest waiting time: 1.3 hrs  $\Rightarrow$  0.3 hrs

## 2) Satisfaction Survey

- 53 /58 (91.3%) patients rated satisfied or above



## 8) Default Patients Protocol

- Problem:

Default patients ⇨ Wastage of colonoscopy slots

- Aim:

Early detection via - 1) Telephone reminder

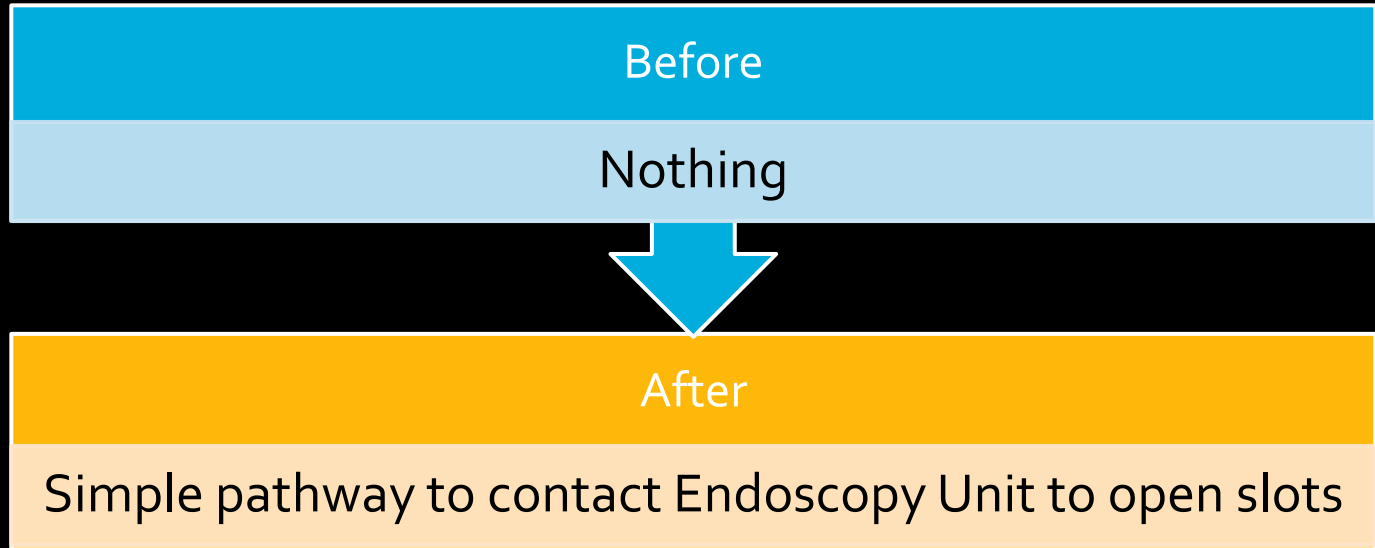
2) Patient hotline

Early communication - 1) Day Ward

2) Endoscopy Unit

3) Doctors

# 8) Default Patients Protocol





# 10) Tele-nursing Phone Reminders

- Phone reminder 3 days prior to colonoscopy
  - Dietary restrictions
  - Bowel preparation
  - Medications
- Problem:
  - 1) Overlapping education (video, pamphlets...)
  - 2) Time burden on nurses (~ 15 calls per day)

# 10) Tele-nursing Phone Reminders

Before

Phone reminder for all 15 patients



After

Phone reminder for 4 patients only (08:30 admissions)

# 10) Audit: Tele-nursing Phone Reminders

## ■ Time saved

OLD

▫ 5 mins / patient x 15 patients x 5 working days  
= 375 mins / week = 1500 mins / month

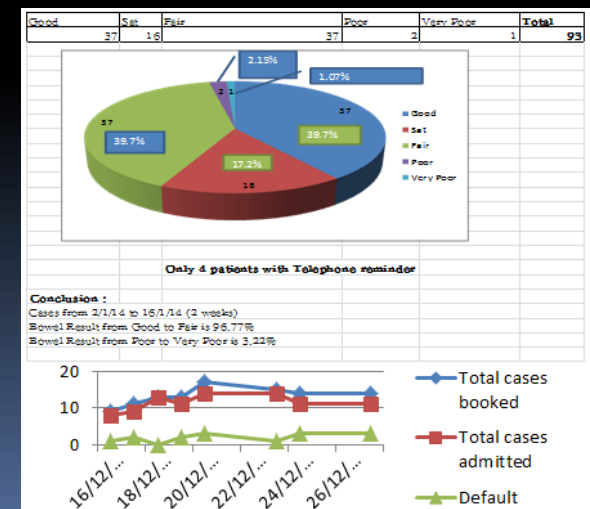
New

▫ 5 mins / patient x 4 patients x 5 working days  
= 200 mins / week = 400 mins / month

↓ 73.3%

## ■ Quality

- Bowel preparation same
- Default rate same





# 1 1) SLH / CPH Collaboration

- Problem – SLH / CPH patients in TMH
  - Patient: Unfamiliar environment ⇨ Unease
  - Nurses: Unfamiliar patient groups ⇨ Unease
  - RESULT: Poor bowel prep



# 1 1) SLH / CPH Collaboration

Before

Patients admitted to TMH for bowel preparation



After

Bowel preparation back in SLH / CPH  
Special admission arrangement

# Flow chart & Check List

Examination will be booked by doctors and patients will receive:

- 1) An appointment sheet for Colonoscopy
- 2) Admission Slip to Day Ward (F3DW / DW) (Appendix 2)
- 3) Dietary information and other instructions (Appendix 3)

CPH / SLH ward staff will need to **notify TMH / POH day ward** once the colonoscopy appointment is received as soon as possible

- ♦ TMH: Tel – 24686104 Fax – 24685497
- ♦ POH: Tel – 24868280 Fax – 24868281

**Low residue diet** should be ordered for patient through DCMS four days before the examination

Day ward staff will contact CPH / SLH staff three days before the examination as a reminder.

## Transfer of patient:

- 1) Before exam: CPH / SLH staff will book NEATS for transfer to day ward AND transfer back to CPH / SLH
- 2) After exam: Day ward staff will notify NEATS for the return trip

## Klean Prep

- 1) Fax MAR to CPH / SLH Pharmacy for 4 litres of Klean Prep one day before examination.
- 2) Give **3 litres** of Klean Prep from 4 pm to 7 pm (finish no later than 10 pm)

### **Normal patients:**

- Give final 1 litre of Klean Prep at **CPH / SLH** before 7 am (no later than 10 am)
- Fast patient after this final litre
- Allow home leave and transfer to TMH / POH by NEATS, and admit to day ward through Admission Office

### **Infectious patients**

- Give final 1 litre of Klean Prep by **CPH / SLH** before 6 am (no later than 7am)
- Fast patient after this final litre
- Allow home leave and transfer to TMH / POH by NEATS, and admit to day ward through Admission Office

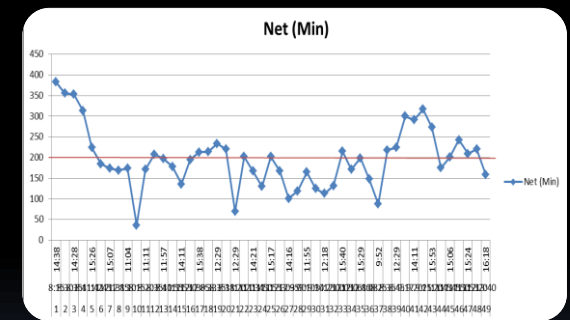
## Checklist for Colonoscopy Preparation by CPH / SLH Ward Staff

- Notify day ward (TMH / POH) for colonoscopy booking, and they will reconfirm the time for admission
  - Fax the colonoscopy appointment sheet to either **TMH day ward** at 2468 5497 or **POH day ward** 2486 8281
  - Please fax the colonoscopy appointment sheet as soon as possible in order to receive an updated admission slip with special arrangement.
  -
- For infectious patients (E.g.: VRE, VRE contact precaution cases, MRA... etc) please contact day ward for special arrangement with CEC (EDU)
  - Call day ward at least one week before the appointment
- Book NEATS with a return journey
  - ⇒ Infectious patients will be admitted at 11:00
  - ⇒ Normal patients will be admitted at 12:00 noon
- Order “low residue diet” 4 days before the appointment
- Order “Fluid diet” and “Klean prep” 2 days before the appointment
- Give 3 L Klean prep (dilute in water) in the evening before the appointment
- Give 1 L Klean prep (dilute in water) in the morning of the appointment
- Patient should be granted on home leave for the procedure

# 1 1) Audit: SLH / CPH Collaboration

- ↓ Waiting time

	Average WT	Longest WT	Shortest WT
General pt.	197.4	400	40
CPH/SLH pt.	141	196	48



- Bowel preparation improved
- Positive feedback from nursing staff

## TMH

Wards	Day Ward	SOPD	CEC
Dr. YW Wong (Con) Salina Lo (DOM) Lau Ka Wai (WM) Joan Pang (WM) Mang Fan Wai (WM) Lee Mei Yee (WM) PF Chan (APN) WY Cheng (APN)	MN Leung (WM) Alice Wong (RN) Rachel Yeung (RN) Au Lai Ha (RN) Wan Mei Yuk (RN) SC Lai (RN) MY Mo (RN) CT Leung (RN)	Chan Kin Ngan (DOM) Grace Chiu (APN) Leung Po Yuen (RN)	Isabella Lee (WM) Chen Mun (APN) MW Kwok (APN)

POH	SLH	CPH	M&G
KY To (DOM) Cheung Yun Lan (DOM) Calvin Chan (WM) Sung Hoi Yan (RN) Lam Shuk Man (RN)	Josephine Au (DOM) WF Li (NO) Porter Ng (NO)	WH Wong (GMN) KY Wong (APN)	Cindy Lam (DOM) HW Wong (APN)  (Special thanks) Dr. KK Li Dr. Lawrence Lai Dr. Calvin Ng





THANK YOU