• Begin to take off in the US as medical informatics in 1950
• In Hong Kong, before 1990, the term was unheard of in healthcare field
The Hospital Authority Approach to Clinical IT
Objectives

- Enable Reform
  - Facilitate Virtualisation of Health Care Delivery
- Better Governance
  - Approval Process, IT Policies, Standards etc.
- Value for Money
  - Better Business Cases, ROI, Benefit Realisation
- Reduce Costs
  - Consolidate, Rationalise & Standardise IT
- Improve Service
  - Customer Focused ITD, More Communication
- Integrate IT and Business
  - Business to Own/Sponsor/Drive IT Solutions
  - ITD the Advisor, Custodian & Operator of IT
Hospital Authority

- 6.8 million population
  - 43 Public Hospitals
  - 46 Specialists Clinics
  - 74 General Clinics
  - 8.9m Outpatient attendances
- 28,176 Beds (90% market share)
  - 2.4m AED attendances
  - 1.2m Inpatient Discharges
- 52,000 Staff
  - 4,800 Doctors
  - 19,000 Nurses
  - 4,800 Allied Health Staff
- Annual Allocated Budget
  - HK$30 billion
- Annual IT budget 1.5%
A long journey of development

- 1990 “Green field” – no legacy system
- 1991 Patient Administration only
- 1992 Pharmacy System added
  - Dispensing & Labeling
- 1993 Lab results online
- 1994 Radiology Information System
- 1995 Clinical Management System
  - Order Entry & Outpatient Progress Notes
- 2000 Electronic Patient Records
  - Territory wide retrieval of information
- 2004 Radiology Images online
The First IT/IS Strategy 1992-2002

- Stage 1 -- Wide Area Network linked all HA institutions electronically
- Established the core operational systems that enabled the collection of data for the 4 key databases of Patients, Staff, Finance and Assets
The First IT/IS Strategy 1992-2002

- Stage 2 -- clinical support systems at the hospital and clinic levels
- Local Area Networks built in all major hospitals
The First IT/IS Strategy 1992-2002

- Stage 3 -- the Informational Systems and the electronic Patient Record (ePR).
On a Single Platform
The 2nd Largest IT Network in HK

7 million patients

12,000 workstations

29,000 Clinical Users
Characteristics

* Wide range of Applications in use
* Enterprise PMI and Unique Patient ID (HK ID)
* Only 1.5% of Budget per annum
* Technology Standardisation Focus
* Clinical Management System that is used by most Clinicians
* Centralised Management Focus
* Single Platform
* Built in-house
<table>
<thead>
<tr>
<th>Country</th>
<th>Manage</th>
<th>Funding</th>
<th>Operations</th>
<th>Software</th>
<th>ERP System</th>
<th>CPR System</th>
<th>Doctors Use</th>
<th>Outsource</th>
<th>ASP’s</th>
<th>Local Vendor</th>
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<tbody>
<tr>
<td>HK</td>
<td>Corporate 1.5% (5%)</td>
<td>&gt; Central In-House</td>
<td>No</td>
<td>Advanced</td>
<td>Most</td>
<td>No</td>
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<tr>
<td>Australia</td>
<td>Corporate 2% (9%)</td>
<td>&gt; Central Packages</td>
<td>Yes</td>
<td>Implement</td>
<td>Few</td>
<td>Yes</td>
<td>No</td>
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<td>UK</td>
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<td>Implement</td>
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<tr>
<td>USA</td>
<td>Local 4% (14%)</td>
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<td>Yes</td>
<td>Advanced</td>
<td>Few</td>
<td>Yes</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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Single Log On

Hospital Authority

Logon: ________________  Password: ________________

Important Notes
1. All patient information is strictly confidential
2. Staff may only use the CMS for authorised purposes
3. All access to CMS is logged
4. Please logoff immediately after use
5. Please ensure you have verified the content before you sign the computer printouts

PWH

Features:
- PWH Intranet Home Page
- HA Intranet
- HA News Update
Previous Prescription

<table>
<thead>
<tr>
<th>Date</th>
<th>Case No.</th>
<th>Ref.No.</th>
<th>Ordered by</th>
<th>Status</th>
<th>Type</th>
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<tr>
<td>22/02/06</td>
<td>SOPDO015241(1)</td>
<td>3659</td>
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<td>Sent</td>
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Prescription Details

- DAONIL (GLIBENCLAMIDE) tablet
  - oral: 5 mg bd

- METFORMIN HCL tablet
  - oral: 500 mg bd

Prescription Duration

- Start Date: 03/05/2006
- End Date: 16/05/2006
- Hospital Code: VH
- For: 2 Weeks
Laboratory Order Entry
# Radiology Order Entry

## By Discipline

### Head and Neck
- SXR
- Cephalometry
- Internal Auditory Meatus
- Pituitary Fossa
- Petrous Bone
- Mastoid(s)
- Orbit
- Facial Bones
- Zygomatic Arch
- Styloid Processes
- TM Joint(s)
- Paranasal Sinuses
- Pharynx
- NPC View(s)
- Larynx
- Neck (Soft Tissue)
- Salivary Gland (Parotid)
- Salivary Gland (Submandibular)

### Thorax
- Side

### Abdomen
- View

### Pelvis
- View

### Upper Limbs
- View

### Lower Limbs
- View

### Others
- View

### Search

- New Ix
- Urgent
- XRAY
- Internal Auditory Meatus
- Right
- IAM Views

### Options
- Folder View
- Add Ix
- Save and Print Reminder
- Save
- Cancel
Hospital Authority
Tung Wah Hospital
Endoscopy

Case No: RM 95000013
Name: PATIENT, 28587
HKID: A282552(2)
MRN: DOB: 03/07/1932
Sex: F Age: 70y Ward: E1 Specialty: HASC

Exam. Date/Time: 21/02/2000 11:45
Condition: Elective

Endoscopist / Nurse:
[C] EDS CHAN T M
[E] YEUNG TAK TIM
({C} = Chief, {S} = Supervisor, {E} = Endoscopist, {N} = Nurse)

Medication: Nil

Indication / History
Diffuse CXR abnormality

Finding and Endoscopic Procedure
finding

Endoscopic Diagnosis:
Rupture colon, non-traumatic (569.89)

Procedure:
Clinical Data Framework

Dx Confirmed: 26/Nov/2001
1st Entry: 26/Nov/2001
This Entry: 26/Nov/2001
Mod: 26/Nov/2001

Status:
- Acute
- Acute non-Q
- Old

Site:
- Anterior wall
- Anteroseptal
- Inferior wall
- Lateral wall
- Posterior wall
- Right ventricular
- Unspecified

Common Complications:
- Post MI angina
- Cardiogenic shock
- Congestive heart failure
- 2nd degree AV block
- Complete AV block
- Left bundle branch block
- Right bundle branch block
- Atrial flutter
- Ventricular fibrillation
- Ventricular tachycardia

Other Complications:
- Atrial septal defect
- Coronary aneurysm
- Free wall rupture
- Haemopericardium
- Mitral valve insufficiency
- Mural thrombus
- Pericardial effusion
- Rupture chordae tendineae
- Rupture papillary muscle
- Tamponade \ pericarditis
- Ventricular aneurysm
- Ventricular septal defect

Comment:

Disease ranking:
- Principal Dx
- Secondary Dx
- Provisional
- Cause of death
- Hospital Acquired Complication

Acute myocardial infarction - anterior wall

Source case: HN98007353(A)

Show codes Save Cancel

AMI Procedures
### Search by Request Date

<table>
<thead>
<tr>
<th>Reference Date</th>
<th>Reference Time</th>
<th>Hospital Code</th>
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<td>15/12/2002</td>
<td>Not Stated</td>
<td>NDH</td>
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<td>12/11/2002</td>
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<td>19/10/2002</td>
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**Laboratory Result**

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<th>Value 2</th>
<th>Value 3</th>
<th>Value 4</th>
<th>Value 5</th>
<th>Value 6</th>
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<td>11.4</td>
<td>12.8</td>
<td>12.6</td>
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<td>RBC</td>
<td>3.82</td>
<td>4.15</td>
<td>4.34</td>
<td>3.94</td>
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<td>HCT</td>
<td>0.275</td>
<td>0.343</td>
<td>0.375</td>
<td>0.357</td>
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<td>MCV</td>
<td>72.0</td>
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<td>86.5</td>
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<td>MCH</td>
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<td>27.4</td>
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<td>33.1</td>
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<td>Platelet</td>
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<td>368</td>
<td>514</td>
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<td>WBC</td>
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<td>10.7</td>
<td>7.1</td>
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<td>Sodium</td>
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<td>Creatinine</td>
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<td>Protein, Total</td>
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</table>
### Report

**Last Updated Date:** 01/01/2005 17:19  
**Last Endorsed Date:** 10/01/2005 17:19

**Content:**

**URGENT PLAIN CT BRAIN.**

**Clinical History:**
Head injury with LOC and vomiting. (History from ePR: patient has history of NPC and Ca lung).

**Technique:**
- 5mm non-contrast axial CT scans of the posterior cranial fossa.
- 10mm non-contrast axial CT scans of the rest of the brain.

**Findings:**
There is a hyperdense subdural haematoma in the left frontoparietotemporal region. It measures 9mm in thickness. There is mild mass effect with ipsilateral sulcal, ventricular effacement and mild midline shift.

**1st Endorsed By:** RIS User for DEMO  
**1st Endorsed Date:** 10/01/2005 17:19  
**2nd Endorsed By:**  
**2nd Endorsed Date:**
<table>
<thead>
<tr>
<th>Loc</th>
<th>Patient Name</th>
<th>Mod</th>
<th>Study Description</th>
<th>Study Date</th>
<th>Study Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PATIENT, 305997</td>
<td>CT</td>
<td>Abdomen plain, Abdomen+con.</td>
<td>3/11/2004</td>
<td>14:00:03</td>
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<td>CT</td>
<td>Thorax+con.</td>
<td>18/11/2004</td>
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<td>PATIENT, 305997</td>
<td>CR</td>
<td>Abdomen</td>
<td>26/1/2005</td>
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<td>PATIENT, 305997</td>
<td>CT</td>
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<td>5/1/2005</td>
<td>17:17:23</td>
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<td>PATIENT, 305997</td>
<td>RG</td>
<td>Fracture radius</td>
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<td>PATIENT, 305997</td>
<td>MR</td>
<td>3260 MRI TMJ with contrast</td>
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<td>19:37:03</td>
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<td>CT</td>
<td>Extremities^1 FootAnkle</td>
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<td>15:30:25</td>
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<td>PATIENT, 305997</td>
<td>RG</td>
<td>Thorax</td>
<td>7/1/2004</td>
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<td></td>
<td>PATIENT, 305997</td>
<td>CR</td>
<td>Ped chest AP (pneumo thorax)</td>
<td>5/1/2005</td>
<td>17:11:00</td>
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<td>PATIENT, 305997</td>
<td>CR</td>
<td>Ped chest AP (pneumo thorax)</td>
<td>5/1/2005</td>
<td>17:07:00</td>
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Results: 14
Risk Management

- Medication Allergy Checking
- High Risk Elderly Alert
  - Flagging Elderly Patients at Risk
  - Notifying on Admission / Discharge
- Diabetes Monitoring
- Infection Risk Alert
- Implanted Device Recalls
- Medication Recalls
- G6PD Deficiency Flag
- Auditing
Drug Allergy

- No known Drug Allergy

**Drug allergy record(s)**

<table>
<thead>
<tr>
<th>Allergen</th>
<th>Clinical Manifestation</th>
<th>Additional Information</th>
<th>Level of Certainty</th>
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<tbody>
<tr>
<td>ASPIRIN</td>
<td>Rash</td>
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<td>Certain</td>
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</table>

Non-Drug Allergy / Adverse Drug Reaction / Alert

<table>
<thead>
<tr>
<th>Type</th>
<th>Details</th>
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<tbody>
<tr>
<td>Alert</td>
<td>G6PD Deficiency</td>
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<tr>
<td>Adverse Drug Reaction</td>
<td>codeine : bradycardia</td>
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<tr>
<td>Non-Drug Allergy</td>
<td>micropore : dermatitis</td>
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<tr>
<td>Alert</td>
<td>ddfdfafad</td>
</tr>
</tbody>
</table>

Disclaimer:
Only the allergen under drug allergy record(s) is subjected to allergy checking against the medication(s) prescribed.
### Patient Information

**Case:** HN9007920400  
**HKID:** H0532160(O)  
**Name:** CHAN, KAI WAI  
**Sex:** M  
**Age:** 18m

<table>
<thead>
<tr>
<th>Report Date</th>
<th>Disease</th>
<th>Reported by</th>
<th>Last Updated</th>
<th>Pat. Spec. Hosp</th>
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<tbody>
<tr>
<td>14/02/2006 16:40</td>
<td>Chickenpox</td>
<td>CHAN, TAI MAN</td>
<td>14/02/2006 16:40</td>
<td>MED PCH Log</td>
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<td>14/02/2006 15:40</td>
<td>Tuberculosis</td>
<td>CHAN, TAI MAN</td>
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<td>MED PCH Log</td>
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<td>14/02/2006 15:40</td>
<td>Viral Hepatitis</td>
<td>CHAN, TAI MAN</td>
<td>14/02/2006 16:40</td>
<td>MED PCH Log</td>
</tr>
</tbody>
</table>

#### Notifiable Disease

- Acute Poliomyelitis
- Amoebic Dysentery
- Bacillary Dysentery
- Chickenpox
- Cholera
- Dengue Fever
- Diphtheria
- Food Poisoning
- Influenza A(H5) / Influenza A(H7) / Influenza A(H9)
- Japanese Encephalitis
- Legionsnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal Infections
- Mumps
- Paratyphoid Fever
- Plague
- Rubies
- Relapsing Fever
- Rubella
- Scarlet Fever
- Severe Acute Respiratory Syndrome (SARS)
- Streptococcus suis Infection
- Tetanus
- Tuberculosis
- Typhoid Fever
- Typhus
- Viral Hepatitis
- Whooping Cough
- Yellow Fever
<table>
<thead>
<tr>
<th>Disease</th>
<th>Reported by</th>
<th>Last Updated</th>
<th>Pat.Spec</th>
<th>Hosp</th>
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<tbody>
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<td>Acute flaccid paralysis</td>
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<td>PCH</td>
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<td>Chickenpox</td>
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<td>Tuberculosis</td>
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<tr>
<td>Viral Hepatitis</td>
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<td><strong>Communicable Disease</strong></td>
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<tr>
<td>Cryptosporidiosis</td>
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<tr>
<td>Listeriosis</td>
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<tr>
<td>Avian flu other than H5 / H7 / H9</td>
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<tr>
<td><strong>Enterovirus 71</strong></td>
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<tr>
<td><strong>Botulism</strong></td>
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<tr>
<td>E. coli O157:H7 infection.</td>
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<td><strong>Smallpox</strong></td>
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<td>Brucellosis</td>
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<tr>
<td>Haemophilus influenza type B meningitis</td>
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<td>Creutzfeldt-Jakob Disease</td>
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<tr>
<td>Hantavirus Infection</td>
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</table>
**Patient Information**

- **Case:** HN90079694(Y)  
- **HKID:** D442470(7)  
- **Name:** PATIENT, 426448  
- **Sex:** M  
- **Age:** 60

**Diagnosis:** 
- Not Influenza A (H5)

**Condition:** 
- Satisfactory

**Lab Investigations Related to Influenza A within 3 months**

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<thead>
<tr>
<th>Request Hospital</th>
<th>Specimen</th>
<th>Collection Date</th>
<th>Laboratory</th>
<th>Result Ready Date</th>
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<td>NASOPHARYNGEAL ASPIRATE</td>
<td>01-Nov-2005</td>
<td>PWH</td>
<td>01-Nov-2005</td>
<td>Influenza A Antigen</td>
<td>NEGATIVE</td>
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<td>PWH</td>
<td>12-Oct-2005</td>
<td>Influenza A Antigen</td>
<td>NEGATIVE</td>
</tr>
</tbody>
</table>

**Presenting Symptoms:**

- **Febrile**  
  - Onset Date: 

**Resp. Symptoms**

- **Cough**  
  - Onset Date: 
- **Sputum**  
  - Onset Date: 
- **Rhinorrhea**  
  - Onset Date: 
- **Sore Throat**  
  - Onset Date: 
- **SOB**  
  - Onset Date: 

**GI Symptoms**

- **Diarrhea**  
  - Onset Date: 
- **Abdominal Pain**  
  - Onset Date: 
- **Vomiting**  
  - Onset Date: 

**Non-Specific**

- **Headache**  
  - Onset Date: 
- **Myalgia**  
  - Onset Date: 

**Others:**  
- Onset Date:
Standard Based

- Where possible, international health IT standards are used:
  - HL7, ICD-9CM, LOINC, SNOMED, DICOM

- Where necessary, local standards are developed:
  - Clinical Data Framework, EntityID
Security Measures: Network

- Security consultant to review security architecture
- Network based IDS & Corporate Firewalls
- VPN gateway with SSL encryptions
- 2-factor user authentication using SecureID
- Enable server-farm firewall service
Privacy Measures

- Role-based access control
- Need to know / patient under care basis
- Detailed audit trail logging
- Audit checking
- SMS codes and notifications
- Privacy ordinance
Daily Transactions

- Number of users
  - 12,000 per day
- Number of patient records accessed
  - 90,000 per day
- Number of online transaction
  - 2,000,000 per day
- System Availability
  - 99.98%
## International Recognition

### Best in Class Around The World

<table>
<thead>
<tr>
<th>Category</th>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Implementation/</td>
<td><strong>Hong Kong</strong></td>
<td>• Focused Uniform Clinical Information Systems Project</td>
</tr>
<tr>
<td>Scope Management</td>
<td></td>
<td>• Focus on Ancillary Integration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Probably not replicable anywhere else in the world</td>
</tr>
<tr>
<td>Components/Innovations</td>
<td><strong>United States</strong></td>
<td>• CPOE/Decision Support</td>
</tr>
<tr>
<td></td>
<td>(Kaiser)</td>
<td>• Advanced Models For Clinical Documentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• CMV and sophisticated rules engine management</td>
</tr>
<tr>
<td>Security/Privacy</td>
<td><strong>Canada, UK</strong></td>
<td>• Clear Regulations with Enforcement Mechanism</td>
</tr>
<tr>
<td></td>
<td><strong>Brazil, US</strong></td>
<td>• Active Engagement of Consumer Advocacy Groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Smart Card Solutions For Authentication except in U.S.</td>
</tr>
</tbody>
</table>

Australia Healthcare Summit Conference in June 2003  
Dave Garets, Executive Vice President of HealthLink Incorporated
Awards won

- 2004 Stockholm Challenge (Health)
- IT Excellence 2005
- APICTA 2005
Critical Success Factor

- Clinicians engagement
- Requested by the clinicians
- Designed by the clinicians
- Built for the clinicians
- Used by the clinicians
- Governed by the clinicians
Make the users the owners

- Deliver value to the users
- Make the system bend to the user, not vice versa
- Build up an informatics culture
- “Driven by clinicians, built for clinicians”
- 80% data entry by clinicians
Near 100% acceptance by doctors

<table>
<thead>
<tr>
<th></th>
<th>MOE for OP</th>
<th>MOE for Discharged cases</th>
<th>Discharge Summary</th>
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<tr>
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<td>Oct-05</td>
<td>Nov-05</td>
<td>Dec-05</td>
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<td>HKEC</td>
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<td>99.0%</td>
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<td>HKWC</td>
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<td>96.0%</td>
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<tr>
<td>KWC</td>
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<td>98.0%</td>
<td>99.0%</td>
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<tr>
<td>NTEC</td>
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<td>99.0%</td>
<td>99.0%</td>
</tr>
<tr>
<td>NTWC</td>
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<td>98.0%</td>
<td>99.0%</td>
</tr>
<tr>
<td>Overall</td>
<td>98.0%</td>
<td>98.3%</td>
<td>98.4%</td>
</tr>
</tbody>
</table>
Other Success Factors

- Unique citizen identity card
- Non-Big Bang Approach
- Home-built system
- Careful implementation policies
- Pilot sites
- Dedicated User training teams
Clinician benefits

- Speed up Work Flow
- More efficient clinical practice
  - No need to search for data elsewhere
- Make decisions with comprehensive clinical information
- Avoid errors associated with paper records
- Access data and images at home or remote sites for expert consultations
Improved Service to the Community

- Scheduled appointments and faster admissions
- Reduced need to queue for each service
- Drug labels and drug history
- Test results available sooner
- Less duplication of tests
- Allergies and chronic conditions known
- Menu choice in some hospitals
- Consolidated medical records and shared access
- Medical records more available at time of treatment
Data Available for Performance Review

- Corporate databases and corporate systems enable the HA to construct the Enterprise Data Warehouse.
- The DW feeds the Executive Information System (EIS).
- The EIS allows all users to view standard or ad hoc reports on both operational data and performance indicators.
- Each hospital or specialty can compare their performance against other similar hospitals.
- Subject specific decision support systems are also being constructed for more detailed reviews.
Data Available for Planning & Research

- The Data Warehouse and the EIS provides data required to
  - Plan health services
  - Review fees and charges
  - Plan for new medical equipment and its location
  - Manpower planning

- The Clinical Data Repository provides data for
  - Clinical Audit and Quality Assurance Reviews
  - Medical Research
  - Drug Efficacy Research
  - Epidemiological studies
Huge Data Warehouse

- 80+ Terabytes
- 7.6 million patient records
- 57 million episodes of care
- 540 million lab results
- 34 million radiology results
- 400,000 image studies
- Sub-second response time
- Near real time update
The Future
CMS Phase III
The Clinical Systems Strategic Plan
2003-2008

- Access to clinical information
- Support for patient care processes
- Knowledge management and decision support
- Internal governance and decision making
- Information management and standards
- Strengthening the technical infrastructure
# Dashboard

**Ward:** A5

**No. of active patients in ward:** 35

**No. of patient displayed:** 64

<table>
<thead>
<tr>
<th>Bed</th>
<th>MO</th>
<th>i/c</th>
<th>Alert</th>
<th>Info</th>
<th>Appointments</th>
<th>Orders</th>
<th>Recent</th>
<th>lx</th>
<th>Results</th>
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<td>Alert</td>
<td>Alert</td>
<td>Alert</td>
<td>Alert</td>
<td></td>
</tr>
</tbody>
</table>

- **OPAS Appointments**
- **RIS Appointment**
- **OT Appointment**
- **Outstanding Orders**
- **Lab. result a/v in last 4 hrs.**
- **Radiology results a/v in last 4 hrs.**
- **Film images a/v in ePR in last 4 hrs.**
2005/06
- Enterprise Application Integration
- Generic clinical documentation
- Communications (clinician inbox)
- Security & identity management
- ePR Phase II

2006/07
- Workflow support
- Imaging
- Order management

2007/08
- Scheduling
- Clinical decision support

2008/09
- Clinical vocabulary
2006/07

Webification of CMS client

2007/08

Deliver advanced capabilities of 40a (including support for billing, EHR sharing)

IP MOE and MAR

2008/09

Nursing applications

Enterprise Scheduling

2009/10

Management information portal

Care protocols/guidelines, alerts & reminders

Advanced presentation

Pilot new functions in pilot sites
More Gaps to Fill

- In Patient MOE & Documentations
- The 10% private hospital market
- The 70% primary care market
- Sharing across whole territory – pilot in place
- Capacity Building
- R&D
Health Information Infrastructure

Specialist Outpatient Clinics

Elderly Homes

Private Practitioners

Hospitals

General Outpatient Clinics

Private Group Practices
Sharing – Secure & Effective

1. User Password
2. Token
3. Patient Key

HA

CMS

Patient key

DM Zone

DM Zone

Private Doctor

Secure Token

Shared record platform

ePR

Patient key

Patient key

25438295

25438295
Logon

User ID: 

Log in to access this protected resource. If you don't remember your login information, contact your help desk or administrator.
Internet Access of HA Clinical Systems

1. Remote user using Web browser connecting to HA Web Portal via Internet for accessing HA information. Two-factor authentication token is required during the user authentication process for accessing confidential information.

2. HA Web Portal forwarding the user credentials to the Centralised Authentication Server for authenticating the remote user.

3. Centralised Authentication Server checks the user accessing rights and group from User Directory Server.

4. For accessing internal information, HA Web Portal passes the request to the SSL VPN Gateway for accessing the Internal Web Servers or Citrix.

5. When connected to the Citrix Server, authorised application icons are shown for accessing the Clinical Servers.

6. Clinical Web Servers are accessed directly via SSL VPN.
IT Governance

HA Board

Supporting Services Development Subcommittee (SSDC)

IT Advisory Committee (ITAC)

Information Technology Policy Group (ITPG)

IT Technical Reference Group (ITTRG)

Clinical Informatics Program Steering Group (CIPSG)

Non-Clinical Informatics Program Steering Group (NCIPSG)

Clinical Informatics Program Executive Group (CIPEG)

Clinical Informatics Program Office (CIPO)
In Conclusion

- All the developed economies of the world are striving for an interoperable electronic health record.
- The Hospital Authority has already achieved this for 90% of Hong Kong Citizens.
In Conclusion

- Innovative technology and implementation strategies have created 100% user acceptance and 100% reliability at an affordable cost.
- Gaps needs to be filled in the decision support, in-patient transactions & nursing informatics
In Conclusion

- Research & Development of expertise programs calls for capacity building & partnership with vendors.
- The future lies in sharing of electronic patient records between public and private sectors.
Thank You !