



醫院管理局

HOSPITAL
AUTHORITY

Doctor Work Reform Hospital Authority

Dr. W L CHEUNG

Director (Cluster Services), Hospital Authority



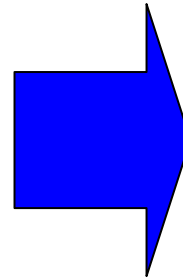
Background

Work Hours Doctor Work Reform Workload

- Traditionally, doctors worked long hours to provide 24/7 service (up to 120 hours / week in 1980s')



1980's



2000 and beyond



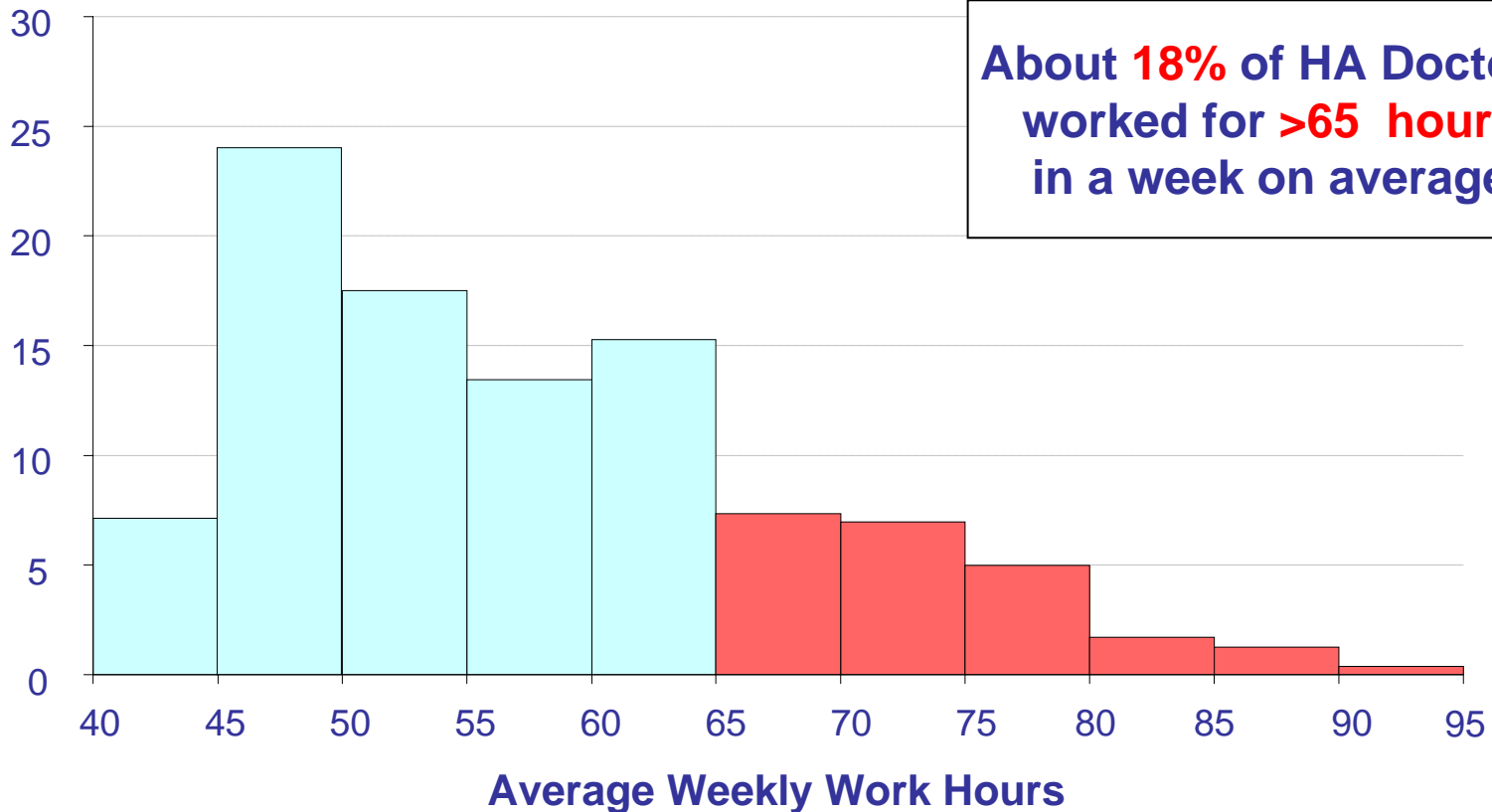
Average Weekly Work Hours of HA Doctors (2006)

Work Hours

Work Reform

Workload

% of Doctors

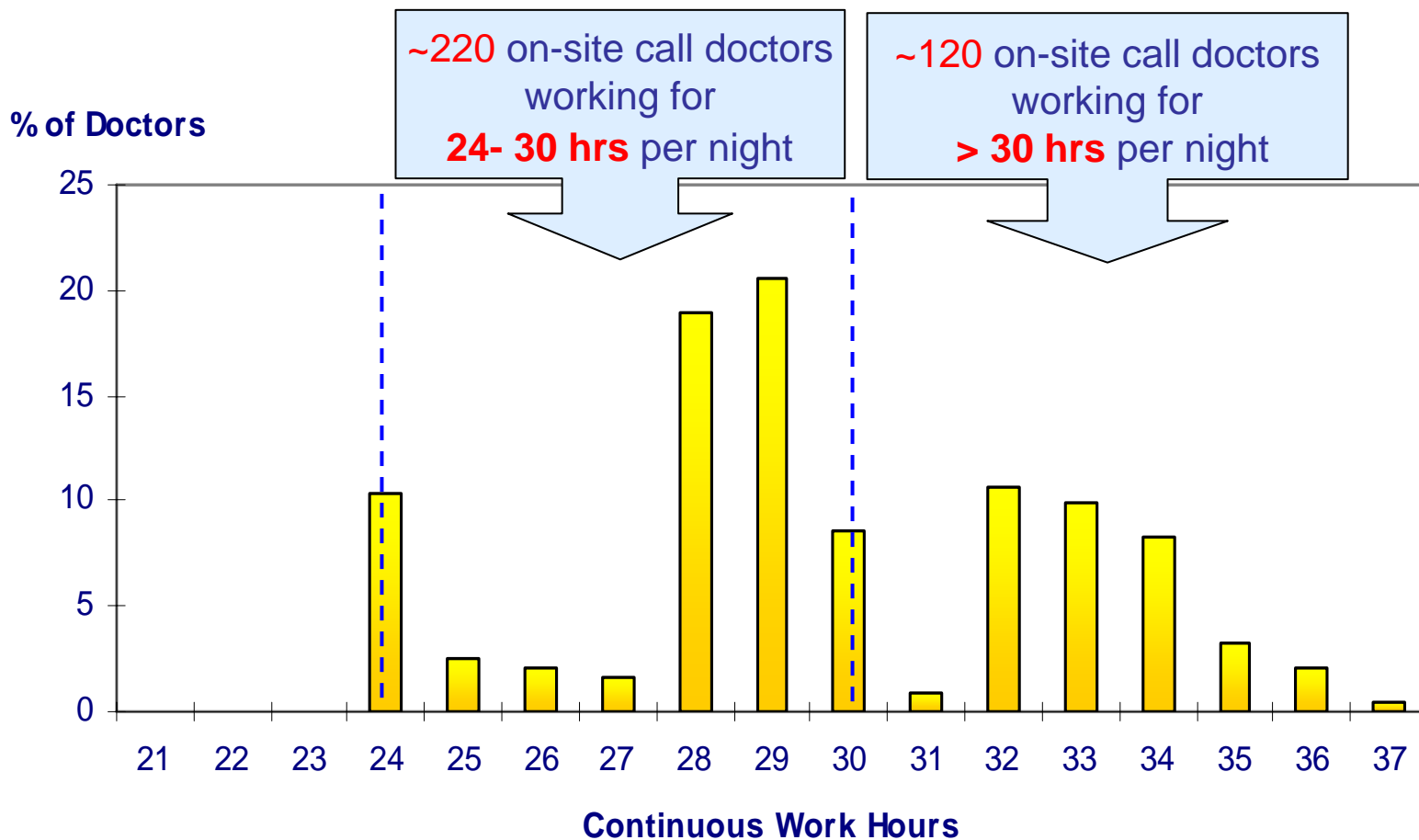


Continuous Work Hours of Doctors on Overnight On-site Call (2006)

Work Hours

Physician Work Reform

Workload



Problems of Long Work Hours

- Fatigue and inattentive to work / training
- Increased risk to patient care and detrimental to staff, patients and the entire organization

Quality Care
Patient Safety
Teamwork
Quality Hours



Milestones

Work Hours Doctor Work Reform Workload

- Oct 2006 Establishment of Steering Committee on Doctor Work Hour
- Nov 2007 Submission of DWR Recommendation Report to HA Board
- Dec 2007 Pilot reform programs started

Quality Care
Patient Safety
Teamwork
Quality Hours



Reform Objectives

Work Hours
Doctor
Work Reform
Workload

1. Quality patient care through teamwork
2. Risk management for enhanced patient safety
3. Quality doctor hours for service and training

Quality Care
Patient Safety
Teamwork
Quality Hours

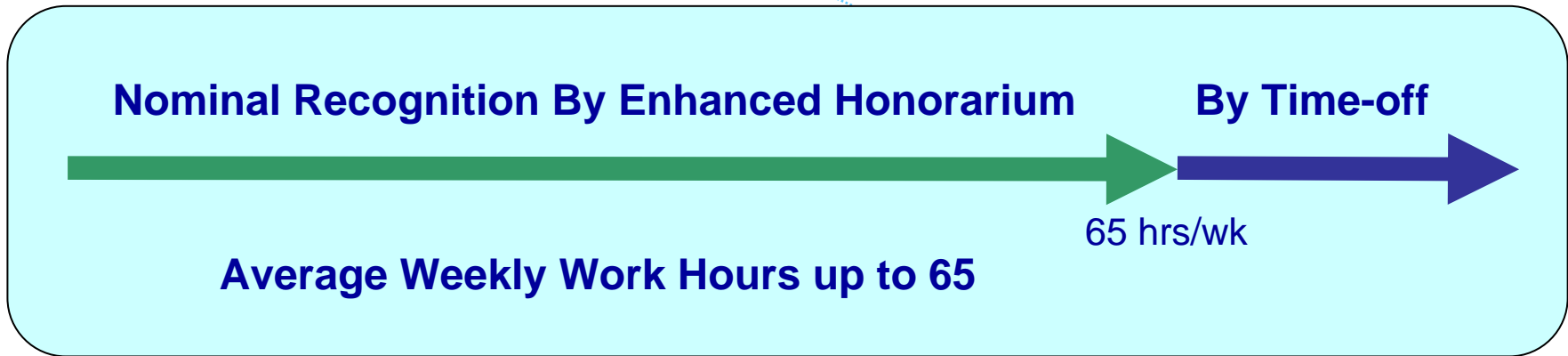


Doctors' Average Weekly Work Hours (Target : End of 2009)

Work Hours

Work Reform

Workload



Quality Care
Patient Safety
Teamwork
Quality Hours



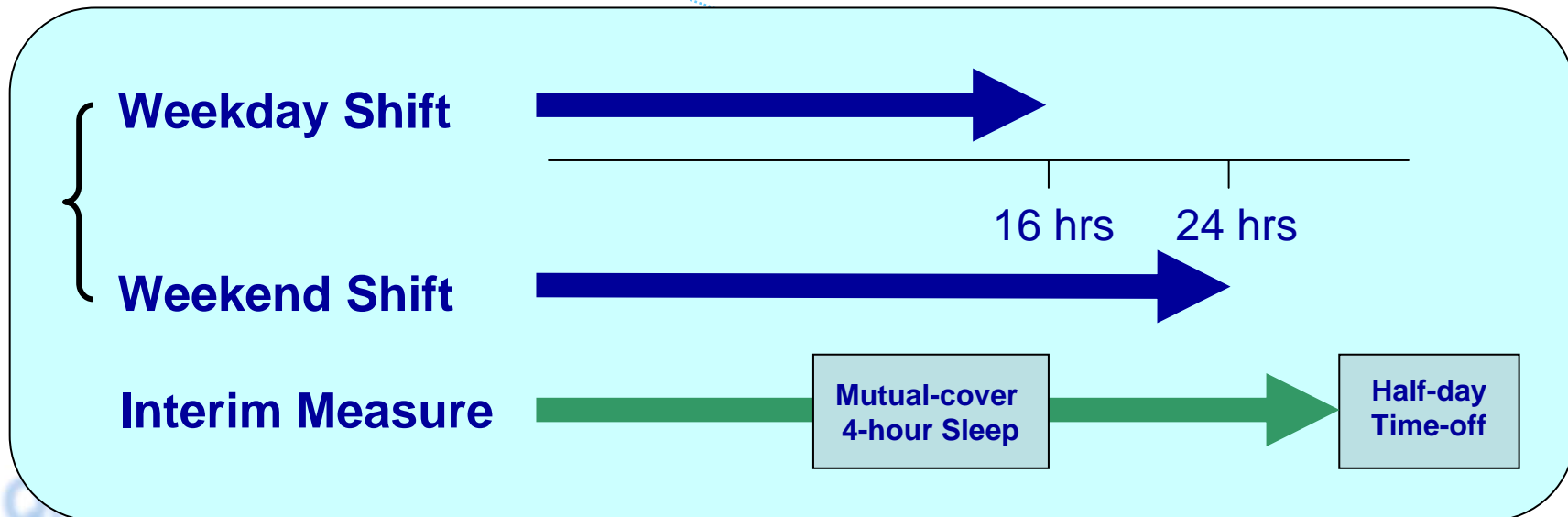
醫院管理局
HOSPITAL
AUTHORITY

Doctors' Continuous Work Hours (Long-term Target)

Work Hours

Work Reform

Workload



Patient Safety
Teamwork
Quality Hours



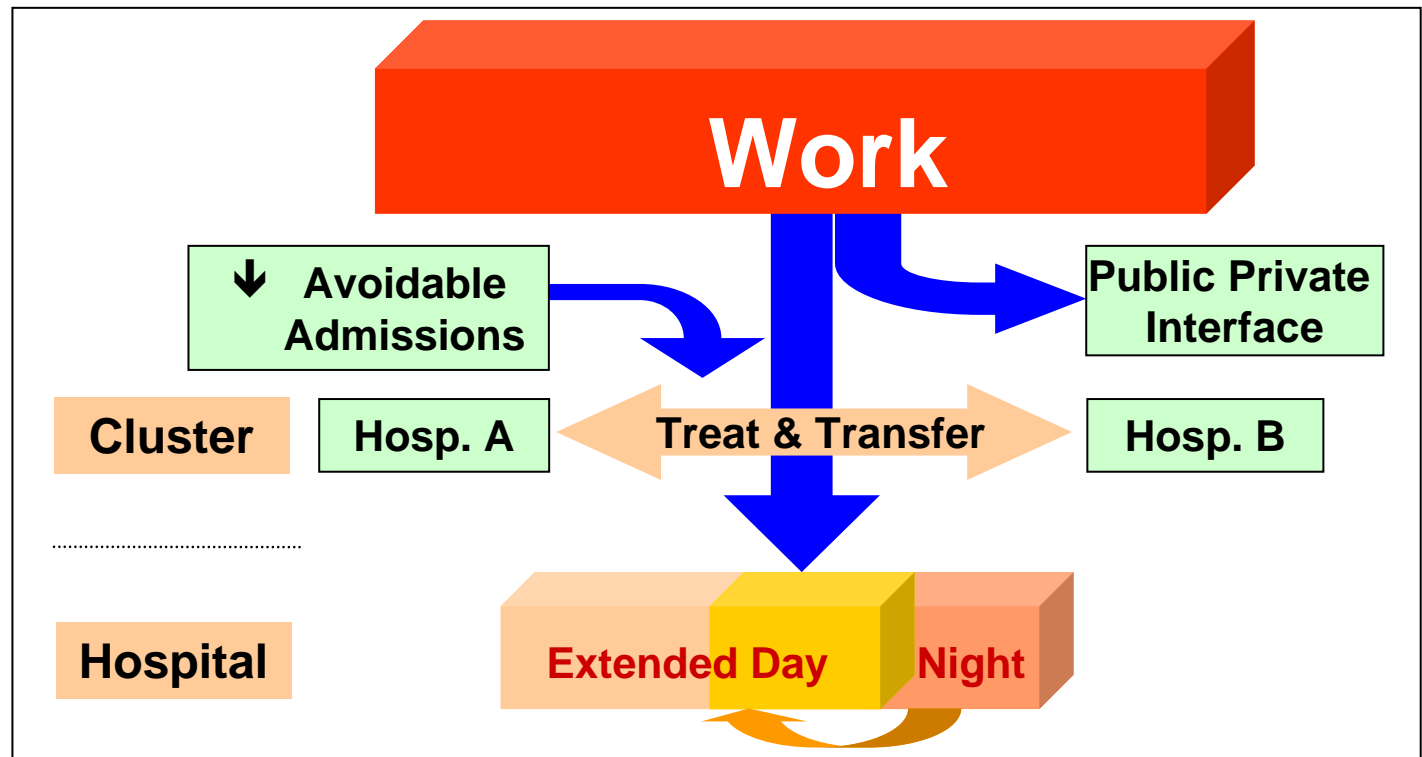
Overall Strategy on Workload

- No One Model Fits All Hospitals!

Manage Workload

Change Work Pattern

Improve Manpower



Increase Doctors
In Pressure Areas

Resource Injections

Work Hours
Doctor
Work Reform
Workload

- 07/08 - \$31 Mn injected for DWR pilot programs
- 08/09 - \$77 Mn injected, supporting 348 new posts for doctors, nurses, allied health and other supporting grades of staff
- 08/09 – 47 Resident Trainee posts allocated to specialties for DWR purposes

Quality
Patient Safety
Teamwork
Quality Hours



Pilot Reform Programs

Work Hours

Doctor

Work Reform

Workload

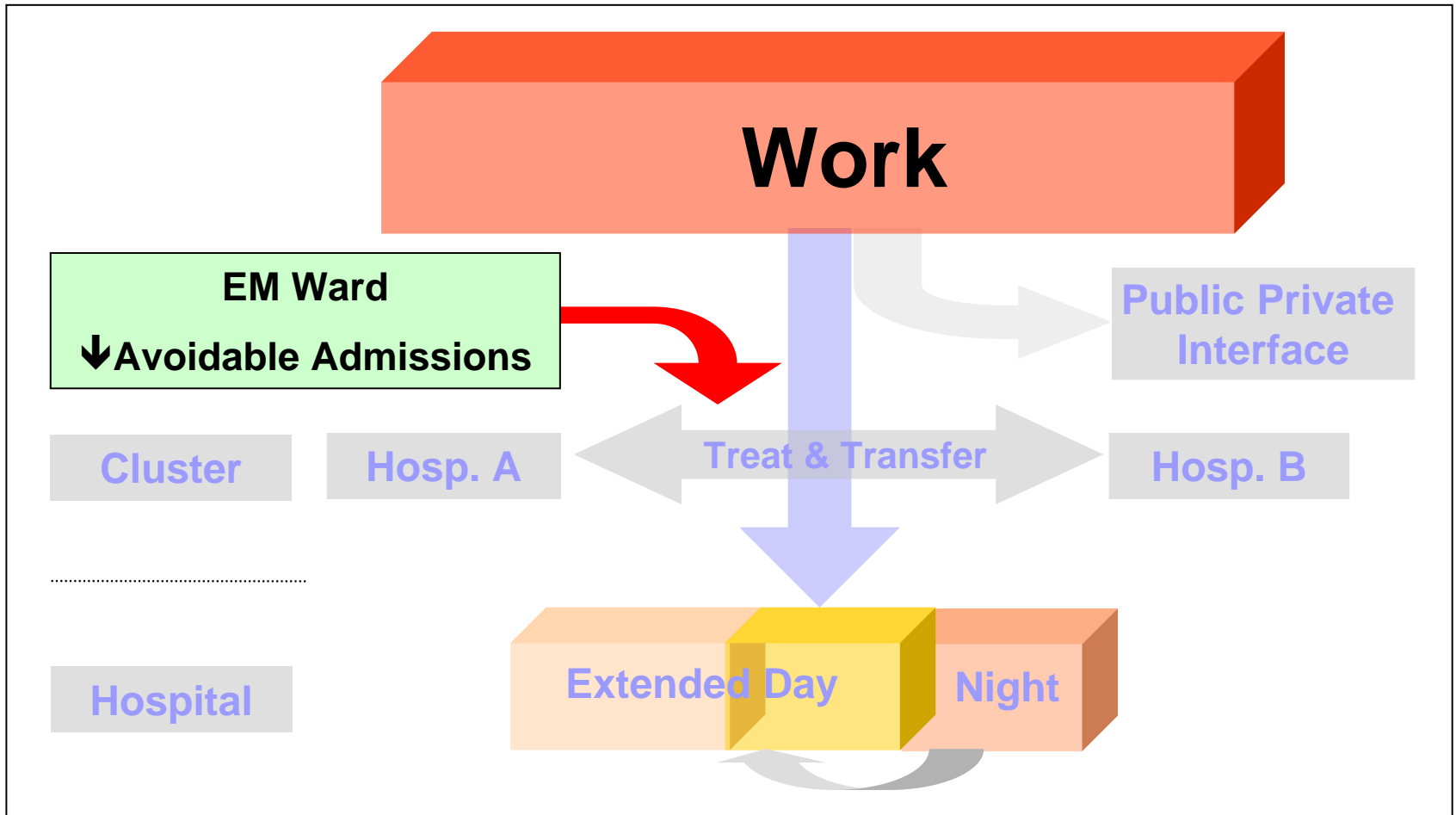
- Quality of care improving
- No increase in critical patient incidents
- Doctors' work hours decreasing

Quality Care
Patient Safety
Teamwork
Quality Hours



Pilot Program – Emergency Medicine Ward

Work Hours
Doctor
Work Reform
Workload



Emergency Medicine Ward

- Targets
 - To reduce avoidable admissions into clinical departments
 - To rationalize hospital inpatient services at night

Quality Care
Patient Safety
Teamwork
Quality Hours



Lessons Learnt

Work Hours Doctor Work Reform Workload

- Subject to adequate bed number (8-10% of A&E daily attendances)
- Protocol-based care and coordination with medical, surgical & orthopaedic specialties & community care services
- Fast-track diagnostic & imaging support
- Concentration of psychiatric, emotionally disturbed and drunken cases in EM Ward can reduce disturbance to other specialties

Quality Care
Patient Safety
Teamwork
Quality Hours

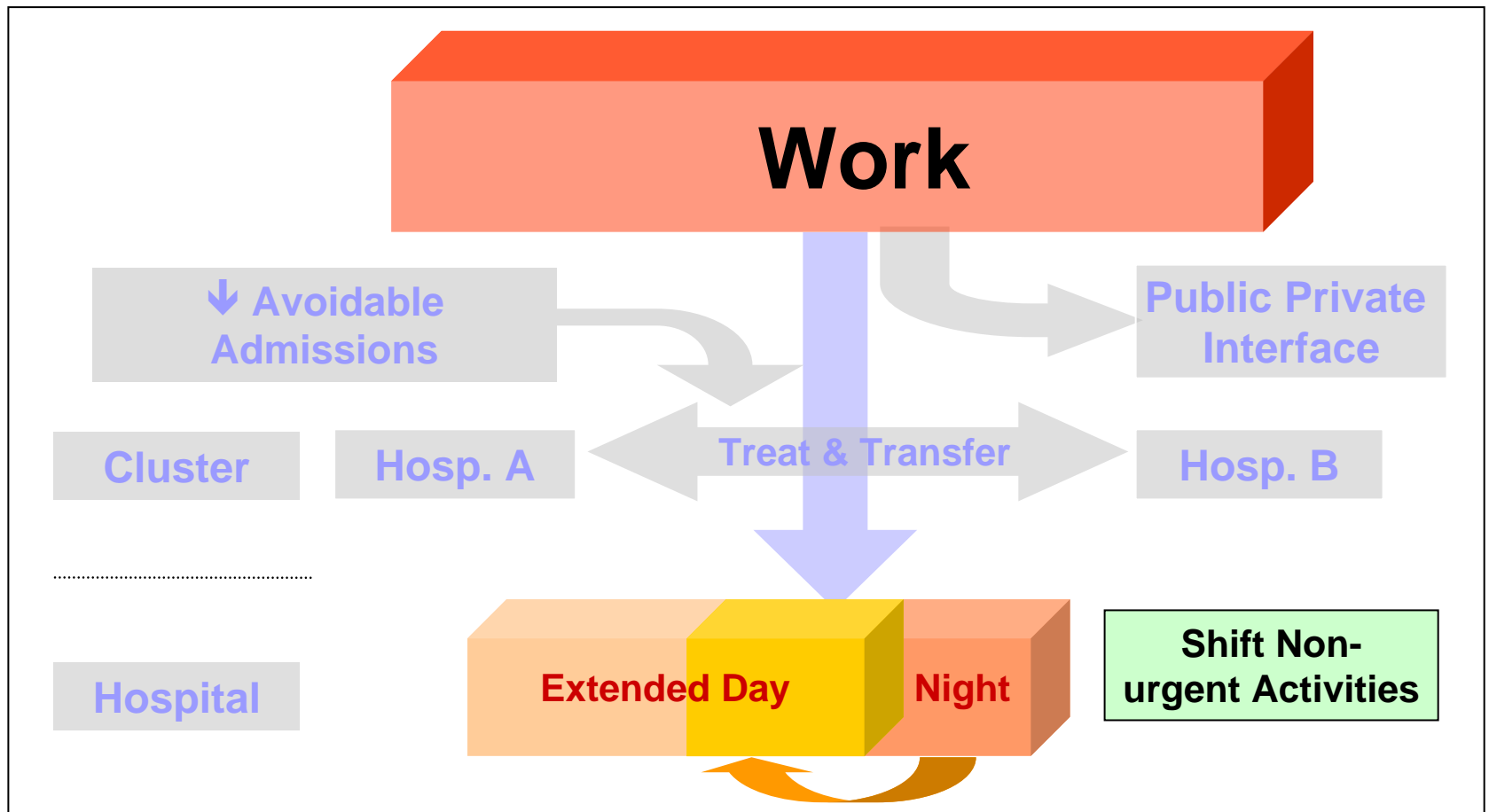


Pilot Program – Extra Emergency Operating Theatre Sessions

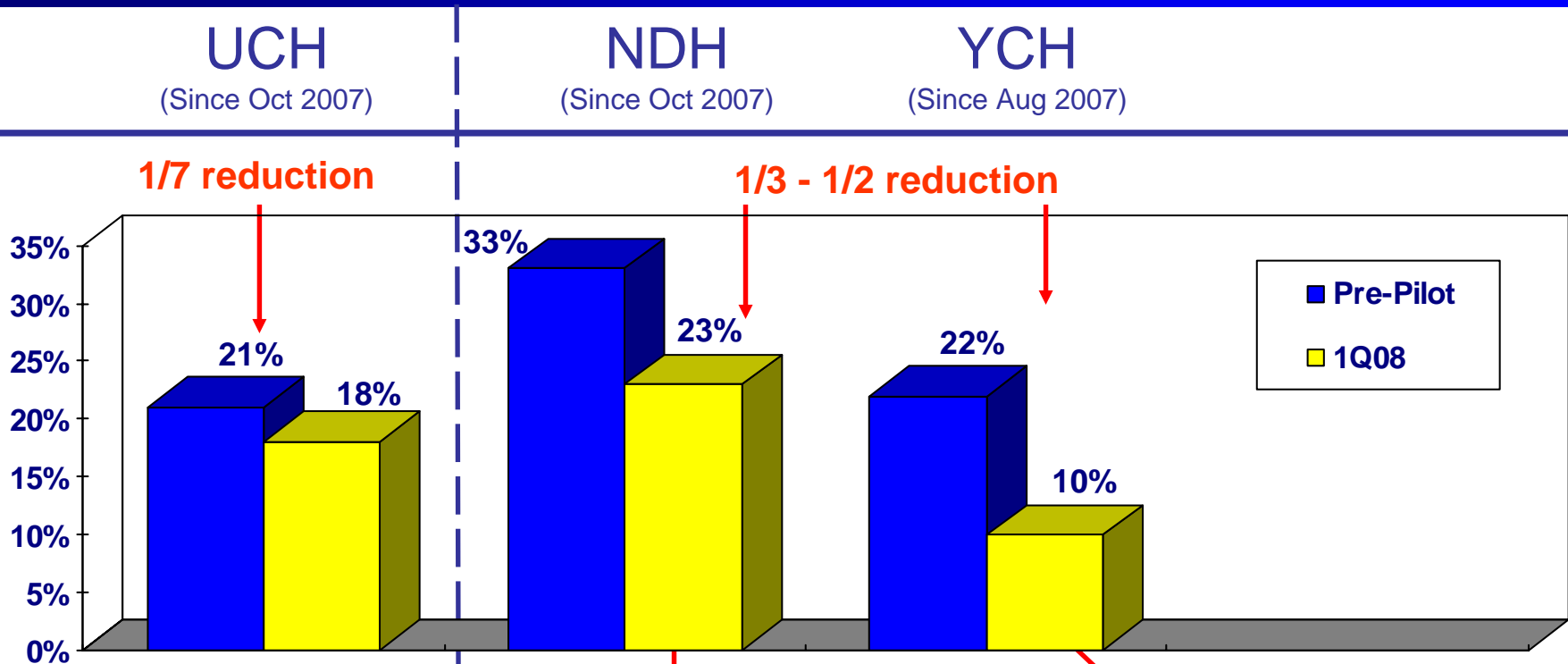
Work Hours

Work Reform

Workload



Percentage of Utilization - EOT Time from 10 pm to 8 am



Further adjusted by a change in culture among the Surgeons

Called back once every 4 - 5 days on average - probably the lowest limit catering for life, limb and sight-threatening cases

Interim Outcome

- Decrease in number of on-site call doctors after midnight

| Specialty Hospital | O&T | Surgery | Anaesthesia |
|-----------------------|---------|---------|-------------|
| UCH | 3 → 2 | 3 → 3 | 2 → 2 |
| NDH | 2/3 → 2 | 3 → 3 | 1 → 1 |
| YCH | 1 → 1 | 2 → 2 | 1 → 0 |

- More supervision of EOTs during daytime



Preliminary Observations

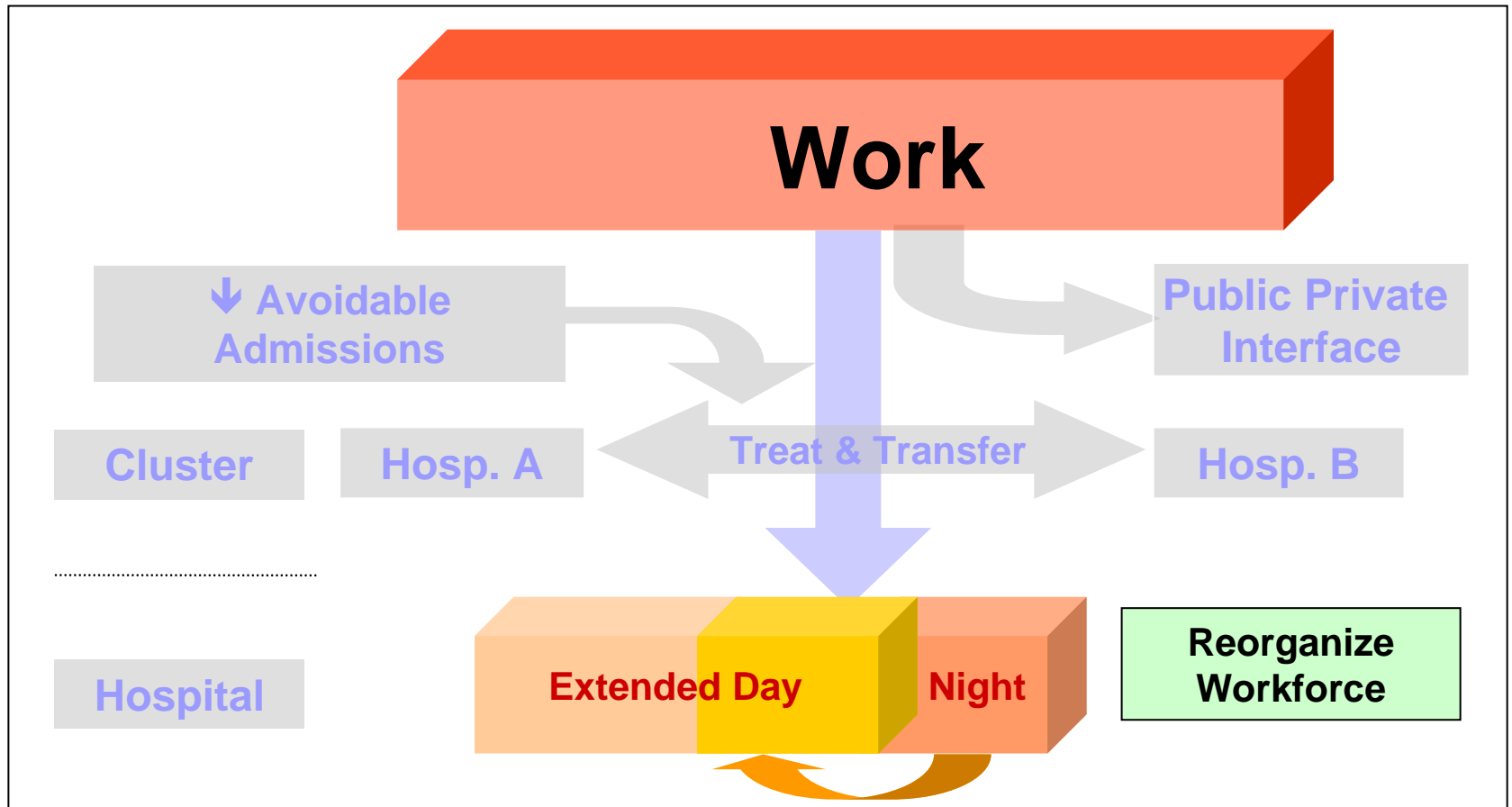
- Impact will depend significantly on the roles of individual hospitals
 - Organization of trauma services
 - Organization of obstetric services
 - Organization and positioning of emergency surgical & orthopaedic operations

Quality Care
Patient Safety
Teamwork
Quality Hours



Enhanced Competency and Extended Roles

Work Hours
Work Reform
Workload



Doctors' On-call Activities (3 Hospitals in 2006)

Work Hours

Work Reform

Workload

- Findings similar to the UK pattern

| Activities | HK | UK |
|---|-----|-----|
| Tasks related to life-threatening conditions | 5% | 7% |
| Tasks related to normal patient conditions | 35% | 31% |
| Tasks that could be taken up by trained non-medical staff | 16% | 20% |

← Doctors

← Doctors & Nurses

← TCA

Core Competency Enhancement Program for Junior Doctors

- Enhancing knowledge and skills in recognizing, assessing, stabilizing and managing patients in conditions with potential deterioration
- First course in 2 clusters in 08/09, subject to review before rollout to other clusters

Quality Care
Patient Safety
Teamwork
Quality Hours

Work Hours

Work Reform

Workload



Clinical Skills Enhancement Program for Nurses

Work Hours

Work Reform

Workload

- Enhance knowledge & skill for proactive patient management
 - Co-ordinate clinical activities to meet acute patient need
 - Clinical intervention within the sphere of competence
 - Appropriate referral for further assessment and care
- 1st course in June 2008

Quality Care
Patient Safety
Teamwork
Quality Hours



Technical Care Assistants

- Scope of 24-hour service
 1. Blood-taking
 2. Electrocardiogram
 3. Intravenous cannulation
- Patients will benefit from more timely and fast-track services
- On-site doctors refocus their time on clinical decisions



Technical Care Assistants

Work Hours
Doctor
Work Reform
Workload

| Start Date of 24-hr TCA Service | Pilot Sites | Coverage |
|---------------------------------|-------------|---------------------|
| Dec 2007 | PYNEH | Med Admission Wards |
| Jan 2008 | YCH | Med/Surg/O&T/Paed |
| Feb 2008 | PMH | Med/Surg/O&T/NS/O&G |
| Mar 2008 | AHNH | Med |
| Apr 2008 | CMC | Med/Surg/O&T |

System Support

Work Hours
Doctor
Work Reform
Workload

1. Common Ward Language

- For early detection of the potential critically ill for timely specialist intervention and standardize communication framework

2. E-Handover

- To enhance clinical communication for better continuity of care for potentially critical patients

3. Clinical Protocols and Pathways

- To streamline multi-party care practices by removing work duplication and bottlenecks based on evidence-based practices



The Way Forward

Work Hours
Doctor
Work Reform
Workload

HA will ...

- evaluate pilot reform programs
- inject additional resources to sustain successful reform programs in HA hospitals
- enhance staff competency and system support for continuous quality care
- continue stakeholder communication to fine tune the reform strategies

Quality
Patient Safety
Teamwork
Quality Hours



Quality Care
Patient Safety
Teamwork
Quality Hours

Doctor Work Reform Work Reform

Thank You!

