



## Service Priorities and Programmes Electronic Presentations

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### **Clinical waste management in United Christian Hospital**

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### **Introduction**

Following on the two incidents of clinical waste mishandling in 2012, United Christian Hospital has stepped up the efforts to revisit and revamp the whole spectrum of waste management so as to ensure proper waste collection practices.

### **Objectives**

(1)To safeguard from the health risk associated with clinical waste (2)To maintain and upkeep the quality assurance of waste management (3)To improve the efficiency and effectiveness of service delivery

### **Methodology**

A team approach with active participation and involvement from various parties involving Supporting Services Team, Infection Control Team and Administrative Services Department was employed. 1.Root cause analysis on mishandling of clinical waste (Man, Facility, Material and Method) 2.Governance control including site walkround by Senior Management and Quality & Safety Committee 3.Site inspection by independent parties 4.Users' involvement and feedback via communication channels and inspection rounds in wards/ units 5.Post-implementation review with monitoring criteria: (i) Clinical waste audit (ii) Surprise check and joint site inspection (iii)Compliance checking with use of checklist and Key Performance Indicators (KPI); and (iv) Clinical waste spillage drill

### **Result**

1.Service level targets were set, monitored, assessed and complied with. 2.Key improvement areas: (i) Enhancement of segregation measures/ facilities (ii)Effective working system of waste transportation (iii)Reinforcement of staff awareness and training (iv)Enforcing checks and supervision on waste collection process 3.Being the first HA hospital to initiate the extension of Colour-coding Concept to waste bin at the first spot of disposal (waste origin) – Red Bin + Red Bag for clinical waste solely. Other HA hospitals were also recommended to plan for the above implementation as a better practice of enhancing waste segregation in wards/units. 4.The idea of pictorial training kit to supporting staff was shared and promoted amongst HA hospitals for better visual impression. 5.The hospital had taken the best efforts to examine and

revamp the current logistics in order to achieve and maintain a safe and proper practice in waste management. The above improvement areas and quality assurance measures were also relevant to the operations of other hospital clusters.