

Towards a Sustainable Cluster-wide Accreditation Model in Hospital Authority

Dr CC LUK

Cluster Chief Executive, Hong Kong West Cluster



A big thank you



Dr Clarence Lam,
Service Director (Quality & Safety)



Ms Kate Choi
Senior Manager (Quality & Safety)



An aerial photograph of Hong Kong, showing a dense urban area on the left and a large green park area on the right. Several hospitals are marked with white callout boxes and lines pointing to their locations. The boxes contain the following text: Tung Wah Hospital, Tsan Yuk Hospital, Grantham Hospital, Queen Mary Hospital, Tung Wah Group of Hospitals Fung Yiu King Hospital, The Duchess of Kent Children's Hospital at Sandy Bay, and MacLehose Medical Rehabilitation Centre. The background shows a mix of high-rise buildings, green hills, and a body of water with some boats.

Tung Wah Hospital

Tsan Yuk Hospital

Grantham Hospital

Queen Mary Hospital

**Tung Wah Group of Hospitals
Fung Yiu King Hospital**

**The Duchess of Kent Children's
Hospital at Sandy Bay**

MacLehose Medical Rehabilitation Centre

Hong Kong West Cluster

Hospital	Established in	Patient Organization
Grantham Hospital	1957	The Hong Kong Tuberculosis, Chest & Heart Diseases Association
MacLehose Medical Rehabilitation Centre	1984	The Hong Kong Society for Rehabilitation
Queen Mary Hospital	1937	(The Hong Kong Government)
The Duchess of Kent Children's Hospital at Sandy Bay	1956	The Society for the Relief of Disabled Children
Tsan Yuk Hospital	1922 (became Government hospital in 1934)	(The Hong Kong Government)
Tung Wah Hospital	1870	Tung Wah Group of Hospitals
Tung Wah Group of Hospitals Fung Yiu King Hospital	1953	Tung Wah Group of Hospitals



Hong Kong West Cluster (2013)

	HKWC
Hospital Beds (available) as at 31.12.2013	3,140
In-patient Discharge & Death	184,000
A&E Attendance	131,000
Specialist Outpatient Attendance	841,000
General Outpatient Attendance	389,000
Allied Health Outpatient Attendance	190,000
Staff	7,400

Data Source: Executive Information System, HAHO



Staff

Staff Group	Number	%
Medical (incl. Intern)	658	9%
Nursing	2,553	34%
Allied Health/ Pharmacy	840	11%
Management / Administration	111	2%
Supporting (Care Related)	1,209	16%
Others	2,060	28%
Grand Total	7,431	

Remark: Manpower on full-time equivalent(FTE) includes permanent, contract, temporary staff and 55 intern.



Hospital Accreditation in Hong Kong West Cluster - Background



- Queen Mary Hospital was the pilot hospital in 2010.
- Hospitals have very different scopes of service & niches.
- Hospital staffs perceive differently about the need for accreditation.
- Hospital staffs are concerned that the implicated extra workload will be shouldered by a very small number of people.



Hospital Accreditation in Hong Kong West Cluster (HKWC) - Background



- Other hospitals in HKWC never have first hand experience on accreditation.
- Variable, mainly negative, information is received through many unofficial channels.
- The course for accreditation of all HKWC hospitals is protracted.
- Tung Wah Hospital did it in 2013



The Culture & The System



The Culture

Abstract

Ideological

Culture?



The Culture



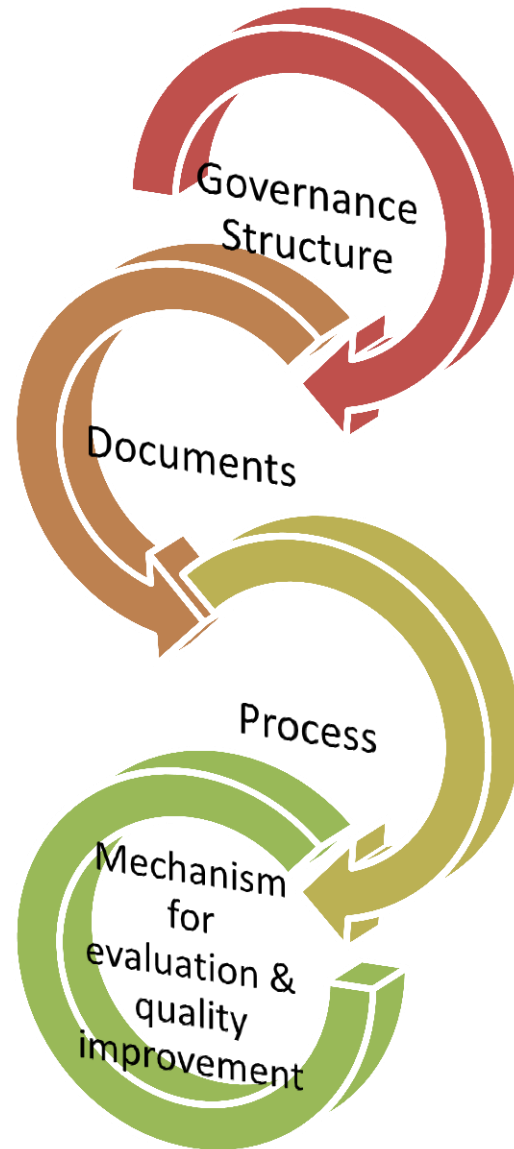
Sub-culture



Inculcating Culture Through Practice !



The System



Can we extend & sustain hospital accreditation throughout the Cluster with only 'system' & 'culture'?

- Yes, we can extend accreditation throughout the cluster
- No, we can't sustain the exercise effectively.



Can we extend & sustain hospital accreditation throughout the Cluster with only 'system' & 'culture'?

- Duplication of efforts
- No standardization or synergy
- Cluster-wide standardization not optimal
- Patient Journey - continuity of care throughout HKWC not guaranteed
- Variable impact on staff morale as the implicated efforts in individual hospital vary





We need people to extend & sustain this activity: A TEAM

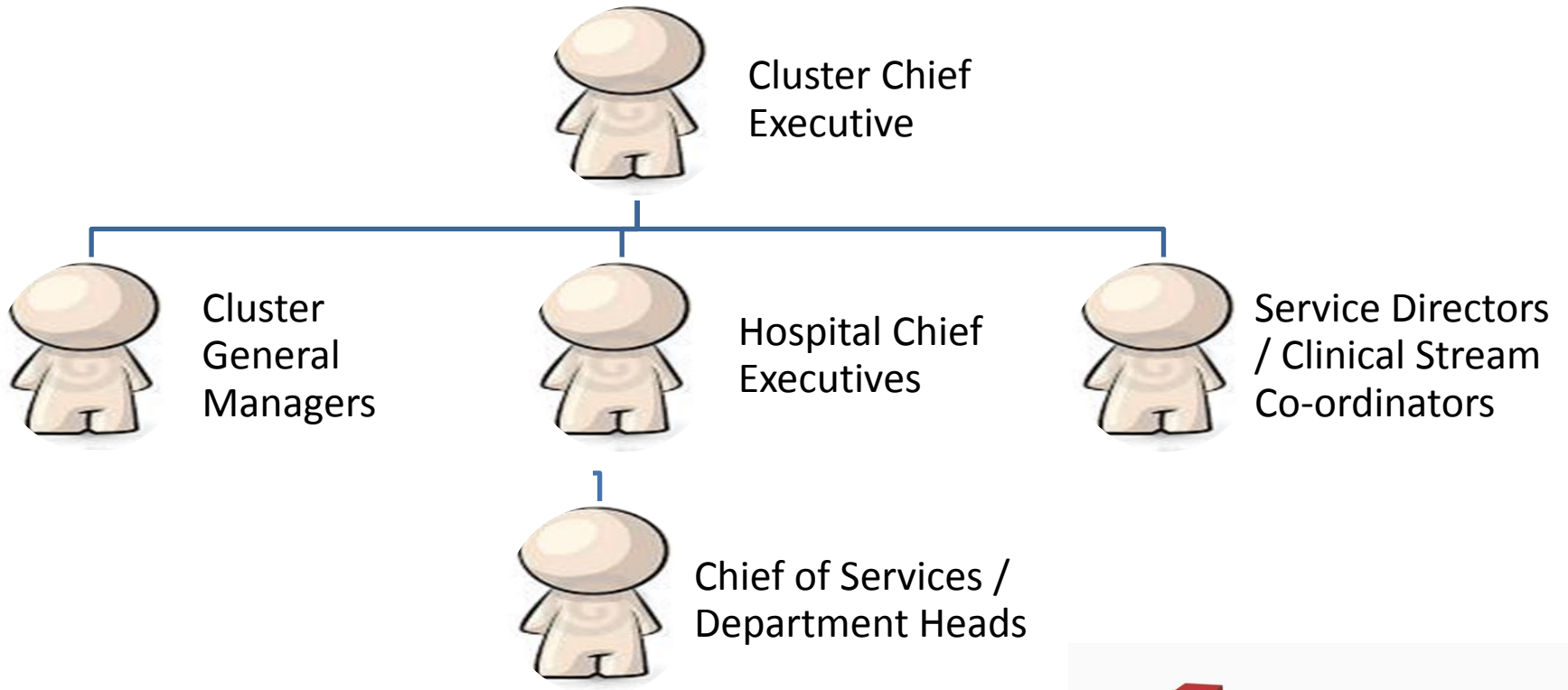


The Team

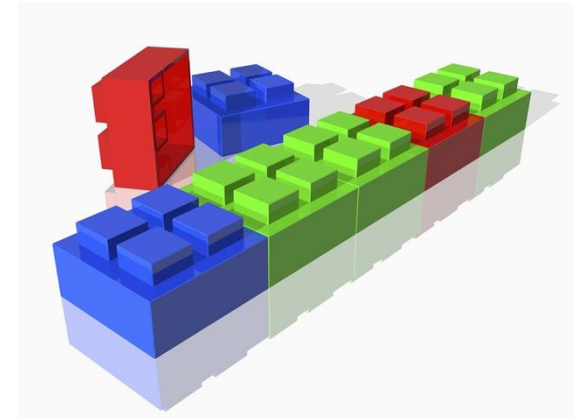
- Line Management
- Quality and Safety Team
- Subject Officers
- Trained Surveyors



Line Management



- ***Management commitment, support & facilitation***
- ***Trust***
- ***Delegation***



Quality & Safety Team



Subject Officers

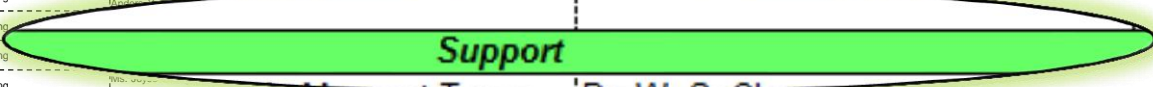
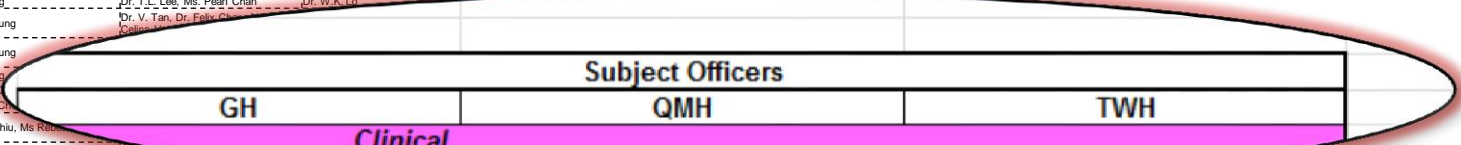
- Subject officer of each criterion
 - Conducts gap analysis,
 - Collates update evidences for submission
 - Identifies opportunities for improvement,
 - Leads / coordinates quality improvement exercises
- Subject officers of each criterion in every hospital in HKWC grouped together
- Facilitates direct communication, sharing & support
- Facilitates collaboration & standardization across institutes in HKWC
- Supported by HKWC's Q&S Team



Subject officers of each criterion in each HKWC hospital grouped together

Make good use of 'Expertise'...

Criterion	Element	Subject Officers		
		GH	QMH	TWH
Clinical				
Patient assessment	1.1.1*	Ms. Ruby Leung	Dr. T.L. Lee, Ms. Pearl Chan	Mr. Anders Yuen
Care planning	1.1.2*	Ms. Ruby Leung	Dr. T.L. Lee, Ms. Pearl Chan	Mr. Anders Yuen
Informed consent	1.1.3*	Dr. M.H. Jim	Dr. Marco Ho, Mr. Eric Law	Dr. H. P. Chung
Care evaluation	1.1.4*	Dr. C.F. Wong	Dr. T.L. Lee, Ms. Pearl Chan	Dr. W.K. Lo
Discharge / transfer process	1.1.5*	Ms. Ruby Leung	Dr. V. Tan, Dr. Felix Chan	Dr. W.K. Lo
Ongoing care	1.1.6	Ms. Ruby Leung		
Care of dying patient	1.1.7	Dr. C.F. Wong		
Health record	1.1.8*	Ms. Jessica Chun		
Information to community	1.2.1	Ms. Jessica Chun		
Triage system	1.2.2	Dr. Patrick Chiu, Ms. Rita Cheng		
Appropriate health care services	1.3.1	Dr. Gabriel Yip	Dr. W.S. Chow	Dr. T.L. Lee, Ms. Pearl Chan, Mr. Anders Yuen
Care and service planning	1.4.1	Dr. Gabriel Yip	Dr. T.L. Lee	Dr. T.L. Lee, Ms. Pearl Chan, Mr. Anders Yuen
Medication safety	1.5.1*	Ms. Angela Lee, Dr. S.L. Fung	Mr. Raymond Mak, Dr. W.S. Chow	Ms. Helen Ho
Infection control system	1.5.2**	Mr. Ivan Wong, Dr. C.F. Wong	Dr. Vincent Cheng, Ms. Josepha Tai	Ms. Y.Y. Ho, Dr. W.K. Lo
Pressure ulcer	1.5.3	Ms. S.W. Koo	Ms. W. K. Lee, Ms. Pearl Chan	Ms. S.F. Li, Ms. L. Y. Ho
Patient fall	1.5.4	Ms. S.W. Koo	SNO (Q&S) / Ms. Kate Choi	Ms. Judy Fung, Ms. L. N. Wong
Transfusion	1.5.5	Dr. K.Y. Chan, Mr. W.K. Ma	Dr. Rock Leung, Dr. Clarence Lam	Dr. S.L. Lui, Dr. Rook Leung
Correct patient identification	1.5.6	Dr. Keith Chan	Dr. SR Das, SNO (Q&S) / Ms. Kate Choi	Dr. H. P. Chung
Nutritional needs	1.5.7	Ms. Eliza Wong	Ms. Emily Yeung	Ms. Fanny Li
Community input in health service	1.6.1	Ms. Sylvia Ng	Ms. Vibro Lee, Dr. Felix Chan, Ms. Celina Ho	Mr. K.B. Wong
Rights and responsibilities	1.6.2	Ms. Sylvia Ng	Mr. Eric Law, Dr. Marco Ho	Mr. K.B. Wong
Special patient needs	1.6.3	Ms. Therese Choy	Mr. Peter Ho, Ms. Pinky Mak, Ms. Janet Tang, Dr. Marco Ho	Mr. Edman Law
Support				
COI	2.1.1**	Dr. C.F. Wong, Ms. Margaret Tay	Dr. W. S. Chow	Dr. S. L. Lui
RM	2.1.2**	Dr. C.F. Wong, Ms. Margaret Tay	Dr. Clarence Lam, Mr. Eric Law, Ms. Kate Choi, SNO (Q&S)	Dr. S. L. Lui, Ms. L. F. Hui
Incident management	2.1.3*	Ms. Sylvia Ng	Mr. Eric Law	Ms. L. F. Hui
Complaint management	2.1.4	Ms. Sylvia Ng	Mr. Eric Law, Dr. Marco Ho	Mr. K. B. Wong, Ms. L.F. Hui
HR planning	2.2.1	Ms. Joyce Leung, Ms. Rita Cheng	Ms. Joyce Leung	Ms. Joyce Leung, Ms. K. Chan, Mr. Anders Yuen
Recruitment policy	2.2.2	Ms. Joyce Leung, Ms. Rita Cheng	Ms. Joyce Leung	Ms. Joyce Leung, Ms. K. Chan, Mr. Anders Yuen
Employment policy	2.2.3	Ms. Joyce Leung, Ms. Rita Cheng	Ms. Joyce Leung	Ms. Joyce Leung, Ms. K. Chan, Mr. Anders Yuen
Learning / development system	2.2.4	Ms. Joyce Leung, Ms. Rita Cheng	Ms. Joyce Leung	Ms. Joyce Leung, Ms. K. Chan, Mr. Anders Yuen
Employee support system	2.2.5	Ms. Joyce Leung, Ms. Rita Cheng	Ms. Joyce Leung	Ms. Joyce Leung, Ms. K. Chan, Mr. Anders Yuen
Records management	2.3.1	Ms. Jessica Chun	Dr. Matthew Wu	Mr. Calvin Lam
Data management	2.3.2*	Ms. Jessica Chun	Dr. K.H. Lau, Ms. K. W. Wong, Mr. Eric Law	Mr. Calvin Lam
Effective use of data	2.3.3*	Ms. Jessica Chun	Dr. W. S. Chow, Dr. K.H. Lau, Ms. Josepha Tai, Ms. K. Choi, Mr. Matthew Wu	Ms. Katherine Chan
Information technology	2.3.4	Dr. S.Y. Wong	Dr. S. Y. Wong, Mr. Kelvin Law	Dr. S.Y. Wong, Mr. Kelvin Law
Better health and wellbeing	2.4.1	Ms. Hope Lau	Dr. Marco Ho, Ms. Yvonne Lam	Ms. Tina Chan
Research governance	2.5.1	Dr. M.H. Jim	Prof. Sydney Tang, Mr. C. Yip	Dr. S.L. Lui
Corporate				
Strategic planning	3.1.1	Ms. Margaret Tay	Dr. C.C. Luk, Dr. Sidney Tam, Ms. Margaret Tay, Ms. Winnie Yip	Dr. Cissy Yu
Governance	3.1.2	Ms. Margaret Tay	Dr. C.C. Luk, Dr. Clarence Lam, Ms. Winnie Yip	Dr. Cissy Yu
Credentialing	3.1.3*	Dr. S.L. Fung	Prof. Hester Ngan, SNO(Q&S)	Dr. W.K. Ho
External service provider	3.1.4	Ms. Therese Choy	Mr. Peter Ho, Ms. Pinky Mak	Mr. Edman Law
Corporate and clinical policies	3.1.5*	Ms. Jessica Chun	Dr. C.C. Luk, Dr. Clarence Lam	Dr. W.K. Ho
Safety management systems	3.2.1**	Mr. Derek Chan	Dr. Clarence Lam, Ms. K.K. Leung, Dr. Francis Tang	Mr. Edman Law
Facilities	3.2.2	Ms. Therese Choy, Mr. Andrew Chu	Mr. Thomas Lai, Ms. Janet Tang	Mr. Edman Law
Waste and environmental mx	3.2.3	Ms. Pancy Chan	Ms. Pinky Mak, Dr. Josepha Tai, Dr. Francis Tang	Ms. Nikki Cheng
Emergency / disaster management	3.2.4**	Ms. Maria Lam, Ms. Sylvia Ng	Dr. S. H. Tsui, Dr. W.M. Chan, Mr. Peter Ho, Ms. Winnie Yip	Dr. K. P. Leung, Ms. Katherine Chan
Security management	3.2.5	Ms. Pancy Chan	Mr. Peter Ho, Mr. Matthew Lo	Mr. Calvin Lam



Roles & Responsibilities of Subject Officers

- Be familiar with the concerned criterion
- Do the GAP ANALYSIS using the same template
- Ensure all documents / evidence for every elements described in the criterion are available in the subject folder
- Voice out the uncertain points
- Identify opportunities for improvement and prioritize for the key improvement areas
- Propose improvement actions and stakehold the improvement progress



Trained Surveyors

- Trained by The Australian Council on Healthcare Standards (ACHS)
- Familiar with the accreditation requirements
- Active participation in the preparatory phase ie gap analysis, and integrated WalkRound



To understand the Surveyors



To understand the Surveyors

Is **NOT**



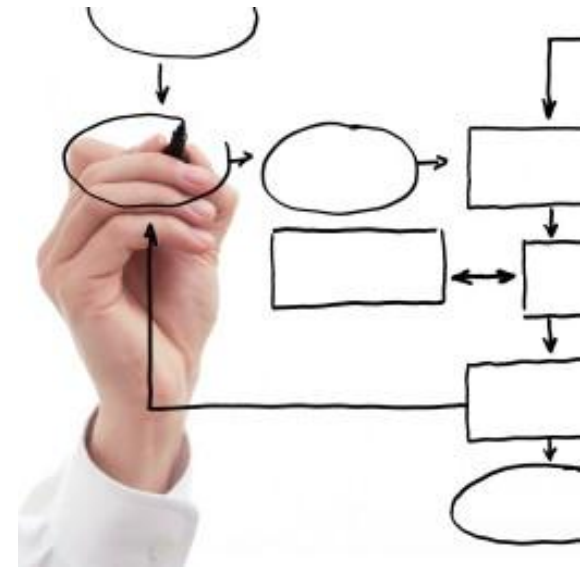
- About nit-picking small problems / errors
- About finding faults so as to penalize



To understand the Surveyors

Is **TO**

- Help organization to improve systems
- Assist management to improve safety / enhance quality



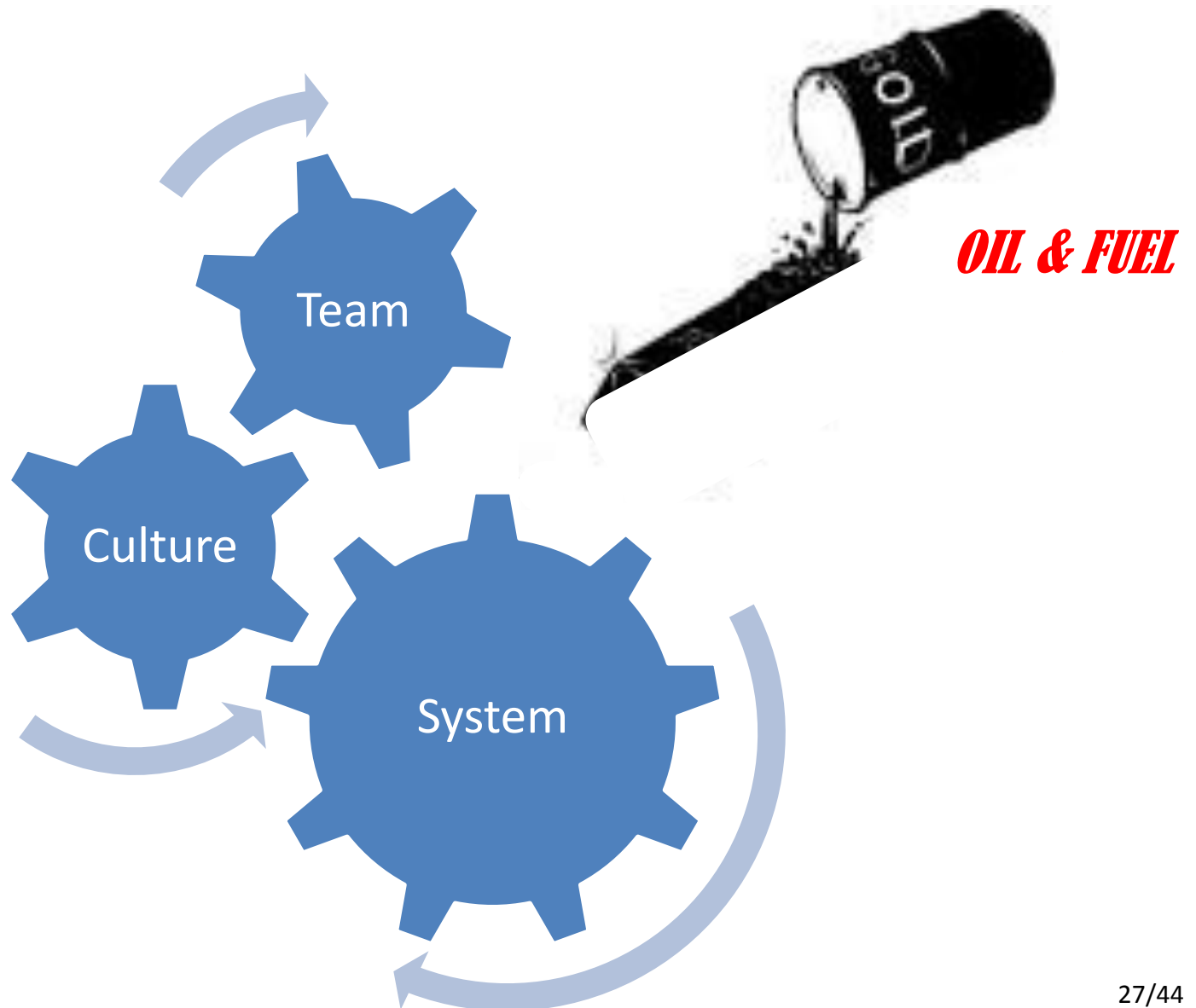
Teamwork – Nuts and Bolts Template (Queen Mary Hospital & Tung Wah Hospital)

TWH Hospital Accreditation		
Standard 2.1 The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks		
2.1.4 Healthcare complaints and feedback are managed to ensure improvements to the systems of care.		
LA	Description	Supporting document
	What do we have	HA Complaint, HA Complaint System (TWH)

QMH Hospital Accreditation		
Standard 1.1 Consumers / patients are provided with high quality care throughout the care delivery process		
1.1.3 Consumers / patients are informed of the consent process, and they understand and provide consent for their health care.		
LA	Description	Supporting document
a.	There is policy / guidelines for consent that is consistent with jurisdictional legislative requirements.	QMH adopts the corporate policy on Informed Consent issued by the HA in 2005. QMH also complies with the relevant legislation of: Mental Health Ordinance CAP 136 Personal Data (Privacy) Ordinance CAP 486 LAWO (LA) v.1, External Law, Informed Consent Pol, HA Update on HA v.1, Informed Consent Pol, HA Informed Consent Legal Princip, C:\My Documents\Reference\blood transfusion
b.	Healthcare providers are advised of the consent policy / guidelines.	Healthcare providers including doctors, nurses and allied health staff are advised on the requirement of informed consent before invasive procedures through orientation programmes, staff forums and information provided in intranet. Education on "Consent policy / guidelines" is included in the Medical Staff Orientation Programme Advance Directives Policy is available for patients who opt for advance directives Qpe-2010-04_AD.pdf
c.	Consumers / patients are provided with information on recommended investigations, treatment or procedures, and costs prior to providing consent for that health	There are information pamphlets provided for consumers / patients which contain information about the investigation or treatment procedure on admission, upon request and prior to providing consent for required procedure / treatment. Similar information is also on the web. C:\My Documents\Reference\blood transfusion, LAWO (LA) v.1

E5 OWS			
Organisation:	Tung Wah Hospital		
Orgcode:	095961		
Function: Corporate			
Standard 3.1			
The governing body leads the organisation's strategic direction to ensure the provision of quality, safe services.			
Criterion 3.1.4			
External service providers are managed to maximise quality, safe health care and service delivery.			
Summary of supportive evidence			
LA			
Summary			
1. Procurement and Materials Management Manual (PMMM) from Hospital Authority (HA) Business Support Services is adopted.			
2. HA Capital Works Procedural Manual is adopted for management of buildings and plants			
	Yes	WIP	N/A
(a) Policy exists for the management of external service providers.	X		
SA			
Summary			
a. External service contractors have to prove their compliance to relevant regulatory requirements in the regular operational meeting (e.g. compliance with statutory minimum wage rate). Half-yearly declaration on convictions to Hong Kong Ordinance. The supplier performance management system and demerit point system are set by Hospital Authority Head Office (HAHO) to monitor the performance of external service providers. Upon request by the hospital, the contractor should produce related documents (e.g. staff salary slip)			
b. Services provided externally are consistent with specified standards: - Adoption of Hazard Analysis and Critical Control Point (HACCP) for Staff Canteen - Laundry service provider attained ISO 9001:2008 quality management system standard			
c. Agreements with all external service providers that include performance measures: - Key performance indicators are defined with external services providers as endorsed in Tung Wah Hospital (TWH) Administrative Services Department meeting. - Half-yearly performance report of support services contractor to HAHO			
d. Quality Assurance Programme submitted by external service provider. Examples are Staff Canteen Service and Laundry Service. Evidence of internal evaluation is provided by contractors during operational meetings. Examples are: - Monthly Hospital Report and Quarterly Cluster Report of Cleansing Service Contractor and; - Quarterly Benchmark laundry report from Laundry Service Contractor.			
External service providers have to attend relevant job briefing and training programs (e.g., infection control, occupational safety and health)			
e. Clauses stipulated in the tender documents and communicated to external provider through operational meetings.			
	Yes	WIP	N/A
(a) External service providers can demonstrate compliance with relevant regulatory requirements.	X		
(b) Services provided externally are consistent with specified standards.	X		

Something extra to make the team work



GOAL

COMMUNICATION

SYSTEM & CULTURE

COMMUNICATION

TEAMWORK



Engagement through Communication

- Mass audience
 - Forums / Seminars with video conferencing
- New recruits
- E-mail to individual staff member

From: Clarence LAM Dr, HKWC Service Director(Q&S) / QMH CONS(HAE)
Sent: Tuesday, April 01, 2014 3:31 PM
To: Staff - HKWC; Staff - HKU (Working in QMH)
Cc: Rebecca Kit Yi LAM Dr, HOQ&S CM(PS&RM); Venus SIU Dr, HOQ&S SM(PS&RM); Fred CHAN, HOQ&S SM(PS&RM); Katherine PANG, HOQ&S M(PS&RM); Geoffrey Y Y LAU Dr, HOQ&S M(PS&RM)
Subject: Q&S Forum on SE & SUE sharing

Dear Colleagues,

*Let us start with some jargons: **closing the loop** and **benchmarking**.*

*We will be closing the loop and benchmarking in this fourth **Quality and Safety Forum** on **16th April 2014 (Wednesday)**, which is on '**Learning and Sharing from Sentinel Events (SE) and Serious Untoward Events (SUE)**'.*

*Thanks to all of you, we have made quite some contributions in the AIRS entries. But how are we performing? How good we are when compared with other Clusters? The essence is of course **NOT about comparison**, but about **learning, sharing and improving quality and safety through collation and analysis of adverse events**.*

***Drs Rebecca LAM and Venus SIU**, Chief Manager and Senior Manager, respectively, of Patient Safety and Risk Management (PS&RM) Team of HAHO Quality and Safety Department will be taking us through these adverse events reported to AIRS across HA. And we will rest very reassured that **what we report to AIRS will certainly be followed up by HAHO**. Let us also see how the colleagues in other clusters tackle these unexpected events.*

The poster is attached for your reference. The details of the Forum are listed below.

*Date: **16th April 2014 (Wednesday)***

*Time: **12:30 Hours to 14:00 Hours***

*Venue: **Underground Lecture Theatre 2, New Clinical Building, Queen Mary Hospital***

See you and your team there. We will arrange video-conferencing in the Cluster hospitals.

*Regards,
Clarence*



Engagement through Communication

From: Clarence LAM Dr, HKWC Service Director(Q&S) / QMH CONS(HAE)

Sent: Saturday, February 22, 2014 10:19 AM

To: Staff - HKWC; Staff - HKU (Working in QMH)

Subject: Quality Reminder - Integrated WalkRounds (February 2014)

Dear Colleagues,

This is our latest issue of Quality Reminder. It does look like a hotch-potch of items: **clinical issues**, **patient data privacy**, **occupational safety and health**, **infection control** and **housekeeping**, etc.....

Yes, this is exactly what we see during the Integrated WalkRounds and this is exactly **what we face every day at work**. Are you not surprised that we can manage so many different things every single day?

This is why we are here. Give yourselves, or ourselves, if my humble self is included, a big round of applause for turning this seemingly daunting hotch-potch into a **Cantonese hot-pot**, around which we **enjoy, share, laugh and eat** with our families and friends.

And the soup..... Wow, the essence of the hot-pot, analogous to the **outcome of effective management of a variety of tasks and goals**, is simply **divine**. Let us savour every drop of this!

Don't hesitate. Turn the hotch-potch into a yummy hot-pot!

If you have any comments or queries on this Quality Reminder or our work, please contact us via e-mail or by phone (2255 4502). You can also send your feedback to our office at Room 1003 Administrative Block, Queen Mary Hospital, or fax it to 2819 6805.

Regards,

Clarence

Quality and Safety Department

Hong Kong West Cluster



Engagement through Communication

Small groups at workplace

- Integrated WalkRound to all hospitals in HKWC
- Identification of opportunities for improvement
- Resolution of most of the problems identified
- Personal interaction
- Preparation for interaction with surveyors

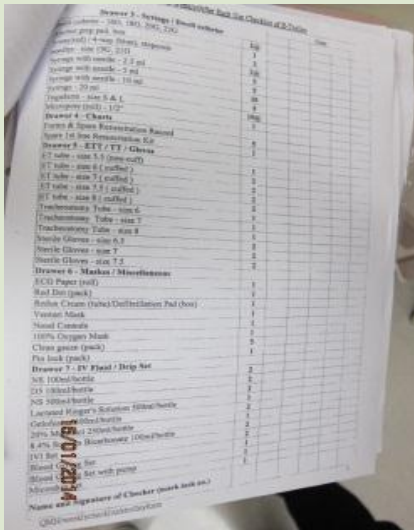


Integrated WalkRound

Functional checking of the laryngoscopes and resuscitators were not documented.

The marking of the opening date on the Alcohol-based hand rub (AHR) was unclear.

The number of stock was not marked on the shelf.



Integrated WalkRound

Fire hose reel was blocked by Cabinet.



Bath towels were inappropriately used as coverings.



Integrated WalkRound

Food Fridge



Drug Fridge



Designated fridge



Designated fridge



葛量洪醫院
院內取血包注意點
取血前，先用火酒拭抹消毒保溫箱，
讓其自然風乾。箱內不需用任何墊巾
或冰種。

帶同病人之配血表格、資料標貼及保
溫箱到血庫取血。

按血庫職員指示，檢查血包並作出記
錄。

每次只可取血一包。
需用保溫箱盛載血包，即時回到病房，
並將血包交予護士處理。

葛量洪醫院中央護理部
2012年4月26日



	Date/Time	BP/P	Temp.	Remarks
baseline				
1st 15-20mins				
pint ended				



Engagement of nurses

Nurses can certainly help to engage doctors

- Largest group of professional staff
- Cohesive
- Hierarchical
- Willing to share their opinions
- Overworked



- Multi-prong approach
 - Care, concern & respect
 - Through line management
 - Through Integrated WalkRounds and their reports
 - Involvement of Nurse Consultants in specialized areas



Engagement of doctors

- Strong presence of academics
- Influential
- Hierarchical
- Autonomous
- Reticent
- Overworked



- Multi-prong approach
 - Engagement of Chiefs of Service & Team Heads
 - Involvement of senior doctors in special areas eg credentialing
 - Identification of doctors as subject officers
 - Identification of doctors who believe in accreditation



Engagement of supporting staff

- A very large group
- High turnover
- Variable education background
- Variable commitment
- Overworked
- Susceptible to negative influences



- Enhance their understanding of their unique roles & contributions in patient care
- Enhance their self esteem
- Clearly define their roles & responsibilities

- Multi-prong approach
 - Care, concern & respect
 - Small group meeting
 - Face-to face communication
 - Focusing on new recruits



Engagement of various staff groups



Engagement of various staff groups



To help staff members going through the mental journey

- Don't panic
- Don't overdo
- Don't rush
- Don't compare



To help staff members going through the mental journey

It's part of our daily life



To wrap up

- By setting the right goal,
- Through implementation of systems and inculcation of culture,
- Driven by carefully designed teamwork and appropriate engagement strategy,
- Hospital accreditation is sustainable.



- No Pressure
- Just Pleasure



THANK YOU

