



Service Priorities and Programmes
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A SYSTEM TO ENSURE SAFE INTRODUCTION OF NEW TECHNOLOGY IN NTEC

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Introduction

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Introduction

Introduction of new technology into a hospital is associated with risks, such as inadequate training, improper support, and poor co-ordination. These risk can be minimized by adequate analysis and preparation with peer review.

Objectives

To establish a system of team peer review process to ensure safe introduction and promulgation of new technology to all stakeholders.

Methodology

1. Establishment of governance body The task was taken up by a task force in Cluster Technology Advisory Committee (CTAC). 2. Establishment of policy and peer review procedure An application form was designed to allow the applicant to self report and evaluate risks, including training, support, and coordination. The definition of new technology which required application was based on 3 criteria: a. Are there new risks to the patient? b. Is significant training of staff required? c. Is preparation of other parties required? To test the concept, the procedure was then piloted in the operating theatre of the largest hospital within the cluster. 3. Promotion Idea and the proposed procedures were presented to the Operating Theatre Committee so that all the stakeholders understood & provided input before the pilot. "Road shows" were organized to departments working in the OT so that all frontline staffs understood the reasons behind & the application logistics. 4. Review Information of outcomes after the introduction of new technologies was reviewed in CTAC. Review meetings were organized with involved departments to collect feedbacks. Review of the pilot and feedbacks were then presented to CTAC & Cluster management for rolling out to other OT within the cluster. 5. Roll out to other areas Discussion with hospital management & road shows to all stakeholders before roll out to the other two operation theatres in the Cluster.

Result

For the pilot from May 2011 to Nov 2012, 18 procedures applied which involved 8 subspecialties. Applications included new diagnostic or therapeutic device, new

approach or technique in surgical operations. 17/18 applications were endorsed by the CTAC within 2 weeks (1 application not being proceeded because it was under the scope of HAMSINP). In the review meetings, stakeholders agreed that the application procedures and the lead-time were acceptable. And their acceptance was reflected by the increasing applications in the later phase of the pilot. After reviewing the pilot, the Cluster management & CTAC considered this procedure is mature enough to roll out to other operation theatres within the cluster. Meetings with hospital management & “Road shows” to shareholders were hold before roll out to the other 2 operation theaters. It was well accepted by stakeholders and 2 applications were received from these 2 hospitals within 2 months after the roll out.