Accreditation Programme in Hospital Authority (HA), Hong Kong

International Forum on Quality and Safety in Healthcare

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醫院管理局
HOSPITAL AUTHORITY

Hospital Authority (HA)

- Established in 1990 under the Hospital Authority Ordinance
- A statutory body tasked to manage all public hospitals and institutions



HA's Facilities & Services

- **43** public hospitals and institutions ***(as at 31.3.2019)***
- Provide over **28,900** beds ***(as at 31.3.2019)***
- **49** Specialist Outpatient Clinics ***(as at 31.3.2019)***
- **73** General Outpatient Clinics ***(as at 31.3.2019)***

• Inpatient and day inpatient discharges and deaths	about **1.84 mn**
• Accident and Emergency attendances	about **2.16 mn**
• Specialist outpatient (clinical) attendances	about **7.90 mn**
• Allied health (outpatient) attendances	* about **2.87 mn** ^
• Primary care attendances	about **6.37 mn** #

(2018-19)

Specialist outpatient (clinical) attendances also include attendances from nurse clinics in SOP setting

^ Allied health (outpatient) attendances exclude follow-up consultations provided by the Medical Social Services Units.

" Primary care attendances include general outpatient attendances, attendances from nurse clinics in GOP setting, attendances in related healthcare reform initiative programmes in primary care, and family medicine specialist clinic attendances.

History of Development - HA Quality Improvement System

- Hospital Authority (HA) Ordinance (established in 1990), manages public hospitals

Self evaluation → Hospital Accreditation (since 2009) → Optimisation → CQI

- Hospital-based, self-assessment checklist called “Section 3”
- Hospitals to report Compliance regularly
- Not ‘clinical’ standards
- Difficult to validate by self-assessment
- Termination with effect on 1 April 2014

- Steered by the HK Government in 2009, aiming to achieve continuous quality and safety improvement in patient care:
  - International benchmark
  - Self assessment + external peer review
  - Same standards for private and public hospitals
  - Surveyors’ training and development

HA Hospital Accreditation Programme

Government's directive of territory-wide implementation of hospital accreditation

- HA established a Taskforce to review its hospital accreditation programme

Pilot Scheme (2009-2011) (5 Hospitals) → **Phase II (2011-2016) (15 more)** → **Phase III (2015/16) (10 for Gap)** → **Review of Hospital Accreditation (Feb 2017)** → **Suspension of accreditation since Jul 2017**

CUHK conducted an evaluation study

- to cope with demand surge and to enable staff to focus more on direct patient care

(Remark: A total of 20 hospitals obtained full accreditation before the programme was suspended in 2017)

Progress of the Review of HA Hospital Accreditation Programme

1Q 18

- Established a Task Force to conduct a comprehensive review of hospital accreditation

2Q–4Q 18

- Consulted relevant stakeholders at management level to collect their views and comments on existing and future quality improvement programme

1Q-4Q 19

- Conducted cluster's staff focus groups to obtain inputs from frontline

1Q 20

- Analysis of results and plan for future quality improvement programme

Some Achievements through Hospital Accreditation(1)

Medication Safety

Standardising Known Drug Allergy labelling



Reinforcing procedure of prescribing and storage of Dangerous Drugs



Enhancing patients' knowledge and training on medication (eg. set up of Medication Information Kiosk)



Sterilization Enhancement

Funding to beef up sterilisation equipment and surgical instrument



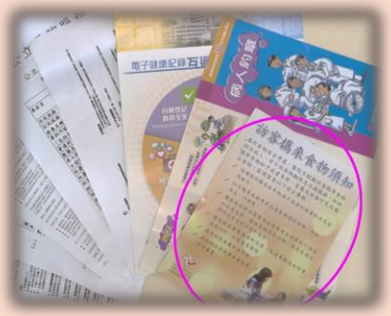
Setting up centralised Theatre Sterilisation Service Unit (TSSU) in various hospitals



Some Achievements through Hospital Accreditation(2)

Patient safety, communication and atisfaction

Production of admission information pack



Refurbished the ceremonial hall of the mortuary





Signage improvement works in hospital



"Easy-fit pajama Program" for fragility patients



Some Achievements through Hospital Accreditation(3)

Staff Safety

Decanting of formalin in controlled environment



Eliminating the use of Cidex / Cidex OPA in open system





Providing personal anaesthetic gases monitoring for OT colleagues



Eliminating MHO hazards by powered trolley



Reducing heat stress by eco-friendly heat pumps and tubular fans

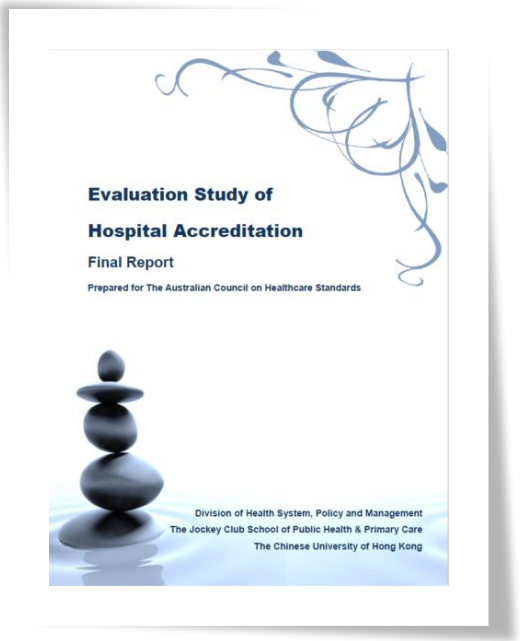


An Evaluation Study on Hospital Accreditation Programme (1)

- Conducted by the Chinese University of Hong Kong (CUHK)
- Studied **organizational changes** after Phase II Accreditation Programme, report published in March 2017
- With a mixed method of qualitative and quantitative findings, study provided insights on perceived organizational changes relating to the accreditation programme from staff perspectives
- 7 aspects of organizational changes studied:
  - Shared value, Strategy, Structure, System, Style, Staff & Skill
- Three stages:
  - Stage 1: 81 staff interviewed and joined focus groups discussion
  - Stage 2: Pilot study of questionnaire and validation
  - Stage 3: Staff survey organized in 2 participating hospitals with 1365 returned questionnaires

An Evaluation Study on Hospital Accreditation Programme (2)

Result highlights:



Questions with highest proportion of agreement
• Staff training programmes are better organized (76%)
• Protocols/ guidelines are more standardized (73%)
Questions with lowest proportion of agreement
• Functions of the committees are well identified (46%)
• Communication with supervisors is enhanced (47%)
Attitude towards Hospital Accreditation
• Hospital accreditation improves quality of care and patient safety (64%)

Cluster Focus Groups for Frontline Staff

	Overview of Focus Groups
Objective	To obtain views from different disciplines on existing hospital accreditation and future development of Quality Improvement Programme
Target Participants	• Any HA staff (including clinical and non-clinical) who have experience in hospital accreditation or other Q&S projects
Organising & Support	• Organized by HAHO Task Force on Review of Accreditation • Supported by Cluster Q&S/Accreditation Office
Implementation	• Around 25 sessions in 7 clusters conducted from June to August 2019

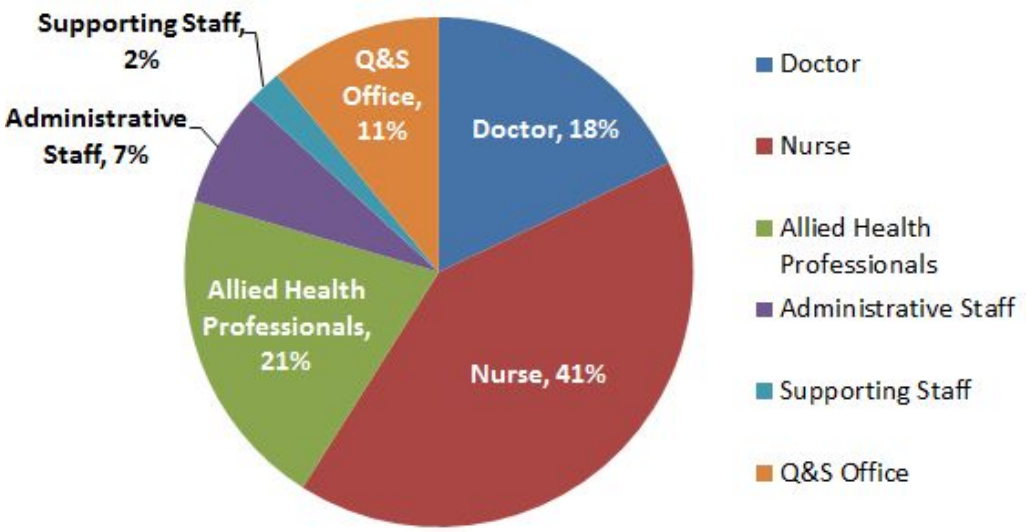
Result of Staff Focus Groups (1)

(i) Basic Statistics of Staff Focus Groups

Cluster	No. of Session	No. of Attendance
HKEC	3	42*
HKWC	5	47
KCC	5	92
KEC	3	45
KWC	2	21
NTEC	4	70
NTWC	3	40
Total	**25**	**357**

*Remarks: No. of attendance for PYNEH Staff Focus Group Lunch is not included due to the difference in focus group format.

Distribution of Staff Group







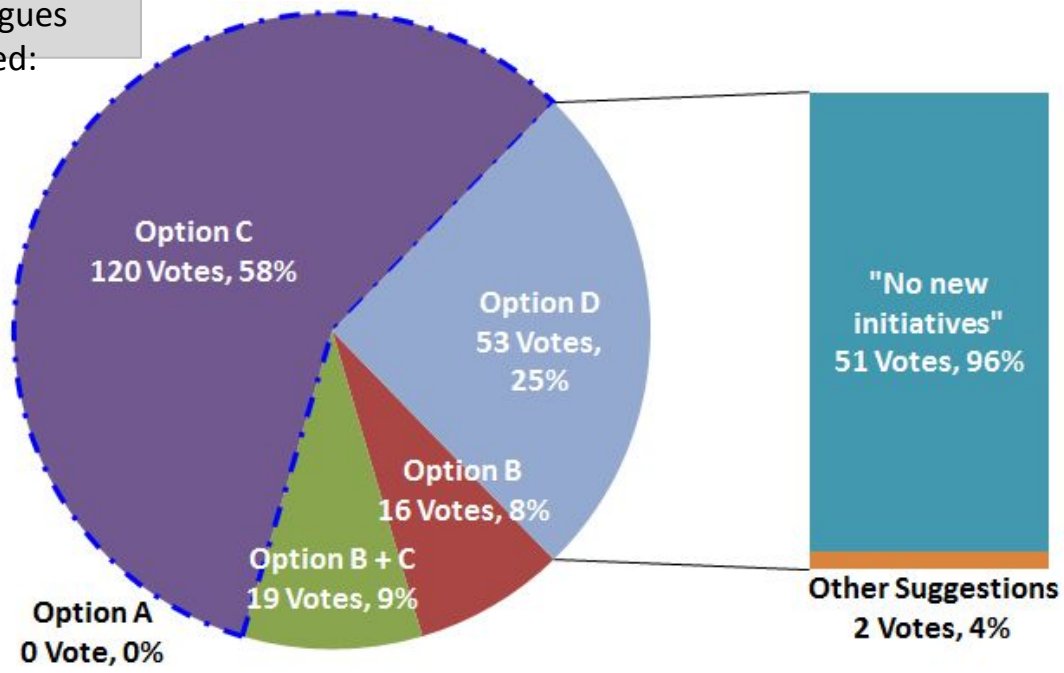
Result of Staff Focus Groups (3)

(iii) Result of Question 2 on Options of Future Quality Improvement Programme

Question 2 : If HA plans to launch a new Quality Improvement Programme, which option is more appropriate?

Option A:		Continue the existing Hospital Accreditation Programme with improvement on shortcomings
Option B:		Adopt the existing accreditation framework and make appropriate changes (e.g. abolish the rating system, no certificate and recommendations should meet the needs of HA)
Option B+C:		Both options B and C could be taken into consideration
Option C:		Launch a new quality improvement programme with reference to local context
Option D:	(1)	"No new initiatives" = Due to the shortage of manpower, suggested to continue the existing audits, CQI Projects and Q&S Walkrounds
	(2)	Other Suggestions i) mixed A+B+C option; ii) Risk-based & provide additional manpower for self-evaluation

A total of 208 colleagues voted:

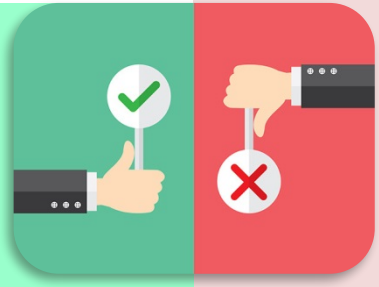


Among the 208 colleagues who expressed their views in Question 2:

- **58% of colleagues chose option C**
- 0% of colleagues chose option A
- 25% of colleagues chose option D, among which 96% of them proposed "no new initiatives" suggestion

Result of Staff Focus Groups (2)

(ii) Major Feedbacks on Hospital Accreditation Programme by Participants



Positive Feedbacks

- Better team building and change in organization culture
- Additional resources
- Enhancement of healthcare system
- Regular external review and standardized standards

Negative Feedbacks

- Shortage of manpower for daily work while accreditation incurred extra workloads and pressure
- Inapplicable recommendations for HA context
- Too many documentations for survey preparation
- Additional workload for patient record
- Variation of assessors in interpreting the standards

Way Forward

Section 3 | Hospital Accreditation | Optimisation | Future Quality Improvement

1. The review is still in progress
2. More feedback will be obtained from different stakeholders e.g. patient groups
3. Preliminary results have pros and cons aspects. The programme do bring about a **better systems in HK healthcare initially**; yet, **much concern on sustainability esp on cost-effectiveness of implementing hospital accreditation**
4. HA will continue to explore **new approaches for continuous quality improvement** based on local context and taking into account the views of different stakeholders with a view to providing patients with high quality and safe clinical services.



Thank you