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Doctor the Honourable KL Leung
Chairman, Panel on Health Services
Legislative Council Secretariat
Legislative Council Building
8 Jackson Road, Central
Hong Kong

Dear Dr Leung

Re: Implementation of Hospital Accreditation in Hong Kong Public Hospitals

I am the Quality Assurance Manager and Planning and Training Officer of Quality Assurance Department in Union Hospital. I just notice that there will be a special meeting of Health Services Panel in Legislative Council regarding the captioned issue, I am writing to you as a local ACHS surveyor in a private hospital to express my view and share my experience.

The concept of accreditation of healthcare organization in Hong Kong probably began in the late 90's when the Harvard Report in 1992 revealed many gaps or deficits in the Hong Kong Healthcare System. The report pinpointed on the lacking of standard. There was no traceable system on the referral of patient from the community. Amongst it all, the compartmentalization of the then public healthcare system was prominent.

The late Dr Harry Fang decided to get private healthcare providers together and worked towards a standard which could gain trust and confidence from the public. This was the beginning of the UK Trent Accreditation Scheme (TAS) for all 12 private hospitals.

The TAS system on accreditation could not claim to be perfect, and there was plenty of room to accommodate local practices. It became a platform for member hospitals to go through and reveal their own attained level or standard when matching against the common yardstick defined as standard statements.

The initial stage to get all 12 private hospitals to commit was not impossible, yet difficult. Inevitably "competition" in the private healthcare market share was one of the many. After the establishment of Private Hospital's Association, terms and

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references were refined for all member hospitals to follow. There were good practices to share at the end of each 2 yearly accreditation cycle. There were general and specific remarks for local practices to be improved. This “benchmarking” exercise gives directions to those healthcare providers to consider future plans and resource distribution.

The whole accreditation exercise adopted processes of “Engaging” processes. There is no specific “Right or Wrong” but the principles focused on patient, staff and public safety.

After 10 years on with the UK’s TAS Accreditation System, the continual improvement on the standard statements gradually reflects local standards of private healthcare system. The refinement of the standards statements observed the requirements from the licensing body of all private hospitals in Hong Kong, ie the Department of Health and other local laws and regulations.

The introduction of the Australian Council on Healthcare Standards (ACHS) as a single accreditation system for all healthcare providers in Hong Kong commenced in 2009. As quality assurance professional, and in the open market of private hospital setting, I witnessed the positive image and business growth among private hospitals since the accreditation exercise commenced in year 2000.

In 1999, Union Hospital engaged ISO 9001:1994 Quality Management System (QMS) to establish some indicators for continuous quality improvement (CQI). At the same time, she became actively involved in TAS, the accreditation process for all private hospitals.

By adopting a continuous quality improvement concept and principle of safety for patient, staff and public, the market share and positive image of this 300 beds private hospital of NTE has gained the popularity and trust in Hong Kong and Mainland not just among the obstetric clients, but a general hospital which engages, trains, develops and maintains competent staff who are Professional, Reliable, Efficient, Friendly, Ethical and Resourceful (PREFER), as corporate quality objectives.

When a healthcare organization, practising quality and standard derived from collective knowledge worldwide and based on the concept on preventing repeatable error, exercise root cause finding, admitting errors, investigate the cause, devise action plan, if not 100% but near to fool prove. With adequate coverage, revolving around the three functions : Corporate Policies, Supporting Elements and Clinical Functions,

what could be done, have been done. These criteria are nationally available, internationally comparable to reveal the organization's self checking mechanisms. This mechanism is based on commonly acceptable standards within healthcare industry. These include professionally established indicators, results of scientific research findings, continuously reviewed and revised of the current treatment protocols. Good examples, such as the use of different type of antibiotic in ICU case with MRSA to the self care standard of insulin injection of diabetic patient.

There were many consultancy reviews of HK's health care system in the past 20 years. It was result from the "Scott Report in 1985" that the Hospital Authority was established in 1992. Yet the "Harvard Report" in 1998 stated many areas for healthcare administrators to consider for both public and private healthcare providers, including healthcare financing and healthcare standard.

It was then commented by Dr EK Yeoh; the problem of public healthcare was due to the success of HA. But how successful was it? To what extent was the success level? It would become a solid statement, if there were indicators that shown the status of HKSAR comparing with other developed countries, apart from the financial figure and % of GDP allocation.

The indicators, such as the Operation Performance, statistics and weighting to reveal procedures and workflow, get thing done right first time. Clarity of roles and responsibility, in particular when investigating "avoidable error". This transparent system is aimed to reveal the investigation result, intending for all to learn from the past experience or mistake, then execute corrective, better still, the preventive actions. Statistics to reveal the changes made since, as evidence to demonstrate a complete review cycle on the practicality of action changed, to form the loop of continuous improvement.

Others like the "improvement in productivity", ie fix the problem at source, could build a positive culture for staff versus frustration due to repeatedly facing the same complaint. Appreciations from staff, patients or relatives give the administrator support and drive to build further positive plans.

All these impartial self regulatory system, sometimes known as "audit" or "survey" which builds in and makes reference to international standard, in fact help hospital administrator to answer to the public when unavoidable incident occurs. Therefore, continually reviewing standard and quality which management and staff have been motivated to build, make reference to, eventually forms a good base on accountability

when deliver to the public.

The engagement of staff in the reviewing process is the key success factor of change.

Encourage staff to tell the truth, or their perspective of how process, workflow and environment could be improved, from a practical manner, is the means. From the back of staff's mind, they know that they will be recognized for bringing these ideas up, is the ends. Whether one calls this "No Blame culture" or "Root Cause Analysis" it is the key.

The commitment of high quality management system across the board, provides ability to investigate the "heart" of every matter, look at the fact and base on hard evidence. Careful resource planning, prioritizing risk level, for example, medication error due to transcription error could be reduced by doctors prescribe using computer program where exact detail information are received at Pharmacy dispensing counter. This reduces frustration amongst professional staff, at the same time appreciation to the hospital administrator.

The success of change builds in many re-education, re-training and acceptance amongst staff. Basically when the key problematic issues have been identified, mistake or misconception could be re-afreshed by training new practices, reversed demonstration and drills. To empower staff by giving them correct information, assess their understanding and monitor them in action is part of management for quality and standard.

To get staff understand the need to change is the first challenge. Write down principles or guidelines is the second; train them up and get their behaviour change during the process is the third. Monitor if they deliver the services as presettted standards or the guidelines, is the fourth. Report to reveal the compliance level is the fifth. Ultimately staff gain confidence and job satisfaction, department or unit heads manage the process and positive outcomes.

Ability to learn from the past mistake is the virtue of all world class leaders. It is because of their positive attitude, the "gut" to accept their mistakes, then review the "heart" of the problem. The invention of "electricity" and the discovery of "penicillin" are the two examples that if not due to the perseverance of Thomas Alva Edison and Alexander Fleming, the quality and convenience in our daily living would not be improved.

The essence of any good management system is to establish quality and standards, left

alone our health care system. To identify areas need improving, prioritize the action plans, implement with staff's training, evaluate the results from the users and patient viewpoint, or some call it "customer satisfaction" are the fundamental elements.

From a general public, hot topic on "Quality" could be giving birth without complications. From hospital administrator, quality could be how effective and efficient potential risks are managed, whether safety environment and workflow are established to ensure safety of patient, staff and relatives, whether all these expenses are within a manageable financial accounts. This could be a challenge, if not huge, when the focus on "quality" is unclear.

Continually improving standard and quality to meet the needs of clients and staff is the core element of every successful business. It is also where the reputation and brand building campaign stands. For open market, even within the healthcare industry, in the end, those who are given choices will vote by their feet.

Every one of us would inevitably at the receiving end of health care provision in our life, whether to go through a minor operation or a healthcheck. It is better to ensure the place is safe and the system is sound, and this is not only claimed by local administrator, but assured by international bodies as third parties, commonly known as the "accreditation" system.

Your sincerely,



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