

Panel of Health Services
Legislative Council
Hong Kong Special Administrative Region of PRC

30 June 2011

Dear Sir,

Implementation of hospital accreditation in public hospitals

Regarding the hospital accreditation in public hospitals, our association collected some comments from our frontline radiographers in public sector.

The accreditation exercise proves that an organization knows what it has to do and where it is standing and knows what needs to improve besides giving the clients an image of trust and dependability and staffs the recognition of what they serve is what is needed.

In the perspective of a radiology management, this offers them an opportunity and windows to integrate the used-to-be/taken for granted works, such as daily routines, Key Performance Indexes (KPIs), Continuous Quality Improvements (COI) projects and future plans. These are loosely tied work which they may need to do but due to various reasons they either too busy, not the right moment, or incapable to (and then procrastinate it) do.

The department will really need to see how and what it may cooperate with other departments as a whole to work hands in gloves for the hospital services (e.g. patient safety).

In reality, dept head and frontline staffs may have different perspectives, for example, risk management, which has already been "in-place" and everyone knows already. However, when to review, failure to document, staff unawareness of fire contingency plan, lack of annual drill of emergency evacuation (in particular, with wheel chair patient or patient undergoing angiogram procedure), etc. It is because they are not their bread & butter and regarded as "good to know when we have the time"

Heavy daily work for the managers, especially, those having single administrator (just an SR or DM) may render him/her additional chores like the last straw on the camel's back. They know that there is a need of orientation program for new to dept workman, clerical staffs, HCA, nurses, radiographers & radiologists. Probably get someone to take them around and "tells" him/her roughly what to do and that's all. Unstructured, lack of documentation and development plans, etc. All these take time to do. It is scary to have all these prepared and to be inspected openly for grading and such a short interval.

Fear of unpreparedness is a problem. For example, when asked for any sick leave management, demonstrate your documentation, any SL analysis and any action plan to correct the situation and any improvement afterwards, you may be embarrassed if failed to present them.

Hardware-wise, one needs to upgrade and update the whole department for inspection. Notices, warning signs, customer signage, safety measures and pamphlets to be deal out to customers are just a few to mention. They may be oblivious to them since they have been there since day 1. The gradually built up wear and tear may escape their notice but eye-catching to the inspectors.

Cooperation required issues. Once again, our frontline staffs are more primarily concerned with the ever increasing requisition form the clinical dept. They have no particular interest in accreditation since it looks as if it the hospital problem, not theirs. They are busy enough. Asking them the favor to offer opinions, new ideas and perhaps manually to touch up the workplace seems insurmountable.

In this respect, the accreditation may be a strong tool to better the services provided:

- 1. Given the sufficient staffing (a proper formation of a team) to look after the burning issues
- 2. Sufficient financial support from hospital to upgrade / update the standard requirement
- 3. A well timed window
- 4. A designated, well experienced "accreditation nanny" to look after the specific requirement and issues for the department.
- 5. Management support to announce the accreditation which is an everybody's business so that frontline staffs will also participate and buy in the operation.

Further enquiry is welcome and you may contact us at 28051278 or email

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Yours sincerely,

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