The main theme of the design is “CQI”.

The dot of “edicine” represents the human head, denoting that people are striving for continuous quality improvement.

“Healthcare” in the center demonstrates the embracement of healthcare quality in our core business.

“CQI” are grouped in a round-shaped pattern to illustrate hand in hand collaboration of different stakeholders.
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I am delighted to witness the publication of this report which represents an important milestone in our pursuit to enhance the safety and quality of Hong Kong’s healthcare system.

Hospital accreditation has been widely adopted internationally as a means of continuous quality improvement through the setting of benchmark standards, performance assessments, learning and sharing amongst healthcare professionals, as well as training and education of staff. Since the early 1990s, Hospital Authority (HA) has developed the “Annual Plan Section 3 Quality Improvement Standards” as a set of common standards to define and improve quality of services and enhance accountability reporting within the organization. In order to further improve hospital service quality and uphold patient safety, a Pilot Scheme of Hospital Accreditation was launched in partnership with the Australian Council on Healthcare Standards in May 2009. A Steering Committee comprising representatives from the Food and Health Bureau, Department of Health, Hospital Authority, and the Hong Kong Private Hospitals Association was formed to spearhead the implementation of this territory-wide program. The Steering Committee provided guidance on various initiatives under the Pilot Scheme, including engagement and training of hospital staff, development of locally adapted accreditation standards, as well as the establishment of a local surveyor system.

Thanks to the leadership of the Steering Committee, as well as the hard work and full cooperation of the participating hospitals, the Pilot Scheme concluded with fruitful results in March 2011. The five public and three private hospitals participating in the Pilot Scheme were all awarded full
accreditation status for a period of four years. A set of locally applicable standards was developed for measuring the performance of both public and private hospitals in Hong Kong. In addition, more than 40 healthcare professionals from different disciplines of the private and public sectors were trained to become the first batch of local surveyors. With these encouraging results and the full support of the Government, the hospital accreditation scheme will be extended to another 15 public hospitals.

Looking ahead, I am confident that we can build on the success of the Pilot Scheme with the effective leadership of the Steering Committee and generous support of stakeholders. I trust that they will continue to play a vital role in supporting and developing hospital accreditation in Hong Kong.
I wish to congratulate the Steering Committee of the Pilot Scheme for Hospital Accreditation (Pilot Scheme) on the publication of this report. It documents the achievement of the Pilot Scheme in promoting hospital accreditation in Hong Kong.

Hospital accreditation is vital to the development of hospital services in Hong Kong in an era of rapid scientific advances and ever-rising public expectation. It is a process that emphasizes governance, standards, evaluation, and continuous improvement – the essential elements for delivery of safe and high quality health care.

The Pilot Scheme has brought many successes under the leadership of the Steering Committee and with dedication of participants from private and public sectors. The Task Force on Standards, comprising members from public and private hospitals, patient groups and the Department of Health, had developed the EQuIP Hong Kong Guide, a set of accreditation standards adapted from Australian standards for local application which has now been recognized by the International Society for Quality in Health Care (ISQua). A number of local surveyors were trained and qualified to conduct hospital surveys in Hong Kong and overseas. All five public hospitals and three private hospitals participating in the Pilot Scheme had been granted full accreditation status. The Pilot Scheme paved the way to territory-wide hospital accreditation and hence for the continual improvement of quality and safety of hospital services in Hong Kong.
Participating in hospital accreditation demands a close look at the design and delivery of hospital services and understanding of the needs of our community, individual patients and the full range of healthcare workers. It is a stringent yet worthy process that, as experienced by hospitals accredited under the Pilot Scheme, promotes an organizational culture of quality, safety and teamwork, and ultimately better outcomes in patient care.

On the solid foundation laid by the Pilot Scheme, the Government is extending the hospital accreditation scheme to another 15 hospitals in the next five years. To those whose hard work have brought the Pilot Scheme to fruition, my heartfelt congratulations for a job well done.
Foreword

Dr Pak-yin LEUNG, JP
Chief Executive, Hospital Authority

Under the directive of the Steering Committee on Hospital Accreditation, Hospital Authority (HA) launched a Pilot Scheme of Hospital Accreditation for public hospitals in May 2009. Five HA hospitals – Caritas Medical Centre, Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital, Queen Mary Hospital and Tuen Mun Hospital participated in the Pilot Scheme. All hospitals were awarded full accreditation status for four years by the Australian Council on Healthcare Standards (ACHS).

Hospital accreditation involves changes in mindset and culture. To achieve that, a series of forums and workshops were organised to engage staff, increase their awareness and strengthen their understanding of the matter. A Continuous Quality Improvement Initiatives System was also developed to promote learning and sharing between HA hospitals.

The Pilot Scheme has identified several opportunities for improvement, some of which required the overarching coordination and support at corporate level. The more notable ones include improving sterilisation practices in operating theatre, enhancing document control and management, and establishing a credentialing framework to define scope of practices for clinical staff. We were also mindful that the further promulgation of hospital accreditation should take into consideration of staff feelings and be conducted at a reasonable pace so as not to overwhelm them.
The success of the Pilot Scheme is attributed to many critical factors, amongst which include policy support, leadership, and most importantly, the commitment of frontline stakeholders. The award of full accreditation status to our pilot hospitals signified that our service delivery and quality systems met international standards. An independent evaluation study on the Pilot Scheme conducted by the Chinese University of Hong Kong also confirmed that our staff are supportive of the accreditation program. With the solid foundation laid and the sterling support from all our stakeholders, I am confident that the continued extension of hospital accreditation to more HA hospitals will enhance service quality and patient safety in Hong Kong’s healthcare system.
Foreword

Worldwide, it has been well accepted that Hospital Accreditation is a valuable process for continuous quality improvement of healthcare systems. Hospital Accreditation’s emphases on sharing of information, benchmarking performances and recognising good practices, were in line with the belief of private hospitals in Hong Kong in the quest of enhancing service quality and patient safety.

The Hong Kong Private Hospital Association (PHA) has given strenuous support to the development of the Pilot Scheme of Hospital Accreditation (Pilot Scheme) in Hong Kong that was launched in May 2009 in conjunction with the Australian Council on Healthcare Standards (ACHS). The key objective of the Pilot Scheme was to introduce an internationally recognised accreditation system for both public and private hospitals in Hong Kong. Starting from the beginning, PHA had taken an active role through participation in the Steering Committee and selection of the accreditation agent. PHA had also nominated members to join the Standards Task Force and contributed to the development of the local standards.

The Hong Kong Sanatorium & Hospital was the first hospital locally to receive ACHS accreditation in 2009. This was closely followed by the Union Hospital and the Baptist Hospital which also participated in the Pilot Scheme on a voluntary basis. All three hospitals were awarded full accreditation status for four years in 2010 subsequently. After that, four other private hospitals, Canossa Hospital (Caritas), Hong Kong Adventist Hospital, Tsuen Wan Adventist Hospital and Matilda International Hospital joined at their own initiative and were also accredited.
Staff from various disciplines working in private hospitals had also participated in the local surveyor system. Of the 46 appointed local surveyors, 13 were from private hospitals. They were supported by their hospitals to join surveys both locally and overseas. These activities had enhanced understanding between the public and private sectors and facilitated future collaboration in promoting quality and safety.

It is clear that the Pilot Scheme has been successful and the benefits of accreditation well perceived by hospital staff of both private and public sectors. PHA will continue to support this meaningful exercise in the future for the benefit of our patients, our staff and the health system of Hong Kong.
Foreword

It gives me great pleasure on behalf of the Board, Council and staff of the Australian Council on Healthcare Standards (ACHS) to present this report on the completion of Pilot Scheme of the planned development of a hospital accreditation program in Hong Kong. This project was undertaken over a three year period commencing in May 2009.

Such was the enthusiasm of and cooperation received from the Hospital Authority and hospital staff that the project was completed ahead of schedule. The project has been focused on the establishment of an accreditation program using ACHS internationally recognised Evaluation and Quality Improvement Programme (EQuIP) that was modified to reflect local policies and legislative requirements. The Project involved an initial stage of developing links with all key stakeholders and establishing a project management structure to oversight progress, make key decisions and ensure effective communication. The ACHS standards were adapted to the local work environment and was undertaken to introduce the program to all staff across the five selected sites. A preliminary assessment was undertaken as to the readiness of those sites to have their performance evaluated against the standards. The significant results of those assessments are highlighted in the report. The achievement by all five pilot sites of full accreditation status was a fitting reflection of the efforts of all staff.

The training of Hong Kong staff as surveyors has been most successful with many already having had the opportunity to undertake surveys in Australia and elsewhere. Both countries have benefitted from this arrangement.
A very pleasing development was the decision by a large number of private hospitals to engage in the project and many have successfully demonstrated their commitment to quality by achieving accredited status using the Hong Kong modified version of EQuIP.

The partnership created by the Steering Committee which had senior representatives from the Department of Health, Food and Health Bureau, Hospital Authority and the Hong Kong Private Hospital Association has proven to be very effective and has been a powerful demonstration of the importance of the project. It has been very well served by the Program Support Committee that has professionally and effectively supported the work of ACHS staff, as well as the various task forces and working groups.

The independent evaluation conducted by the Chinese University of Hong Kong attests to the success of the project.

ACHS congratulates all involved for the commitment they consistently demonstrated to make this Phase such a success. We are delighted to have been selected to undertake the project and have gained a great deal of professional satisfaction in sharing our experiences and knowledge. There is a growing body of evidence to support the value of accreditation programs in health care especially in respect of corporate and clinical leadership, the minimisation of risk and as an important sign to the broader community of an organisation’s commitment to quality in the delivery of services.

Finally I wish to thank all concerned for the courtesies and friendship extended to the many staff of ACHS who have been involved. ACHS looks forward to continuing its association with the Hong Kong health community in the years ahead.
1. Introduction

1.1 Overview

The Pilot Scheme of Hospital Accreditation in Hong Kong (HK) was launched in May 2009 in collaboration with the Australian Council on Healthcare Standards (ACHS). The key objectives of the Pilot Scheme were to assess the feasibility of adopting hospital accreditation, evaluate the readiness, identify the infrastructure and resources implications of the local healthcare system, and recommend a future model of hospital accreditation for Hong Kong. This document is the final report on the Pilot Scheme of Hospital Accreditation.

1.2 Hospital Accreditation

The development of an accreditation program occurs in the context of an overall strategy for quality improvement. Hospital accreditation is broadly defined as a self-assessment and external peer review process conducted by an independent team of qualified surveyors to accurately assess the performance of hospital in relation to established standards. Unlike licensure, which is government-mandated, accreditation is usually a voluntary program to improve the performance of health service beyond adherence to minimal standards. It focuses on continuous improvement strategies and achievement of optimal quality standards intended to assure public safety.

1.3 Development of Accreditation Internationally

With the escalating focus on patient safety and accountability around the world, national accreditation programs have grown rapidly over the last 50 years. A global survey conducted in 2000 and a further survey in Europe in 2002 showed that only eight accreditation programs were started in the 40 years prior to 1991. The number of accreditation programs had outgrown nearly three times in the following decade and that more than half of the programs were launched in Europe.

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In general, international accreditation systems operate where standards are issued to healthcare organisations by an accreditation body, the organisation assesses itself against the standards, and a team of surveyors conducts an assessment of the organisation’s performance as the basis for award of accreditation.

In many countries, hospital accreditation is voluntary and is widely adopted as a useful measure to sustain and improve the quality of their healthcare services by benchmarking international standards with “best practices” in the industry. Hospital accreditation programs have been developed as an effective strategy for continuous improvement with benefits to the industry, consumers, regulators and other stakeholders. Healthcare service providers in some countries may also seek accreditation for additional benefits, such as meeting regulatory requirements for government funding, enhancing recognition by insurance companies and attracting medical tourism. Thus, the relative priorities of national accreditation programs can be influenced by the social, political, economic and historical factors of their locality.

In some cases, government-mandated models of healthcare accreditation are replacing voluntary accreditation. Several Eastern European countries are beginning to use accreditation as an extension of statutory licensing. Accrediting the entire region is also becoming more prevalent. Quebec and Alberta in Canada have moved towards government-mandated accreditation with other provinces considering this direction.

From a patient’s perspective, accredited hospitals offer a safe and comfortable environment where clinical practices and safety requirements of the hospital complex and equipment are in compliance with high quality standards. Hospital accreditation conveys a powerful message to enhance the public’s trust through a visible commitment to the community on Continuous Quality Improvement (CQI), patient safety and accountability. Experience of many countries has shown that hospital accreditation can bring about significant benefits to various stakeholders, and patients are the biggest beneficiaries.

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2. Pilot Scheme of Hospital Accreditation in Hong Kong

With advancement in medical knowledge and technology, the quality of patient care has been enhanced through increasingly sophisticated treatment and procedures. However, the inherent risks of new treatment methods have also increased at the same time. Consistent with other healthcare providers worldwide, Hong Kong (HK) is endeavouring to improve service quality and patient safety.

In Hong Kong, there were no territory-wide accreditation programs or common standards of care that served both the public and private hospital services prior to 2009. Under the strategic direction of the HK Government, a Pilot Scheme of Hospital Accreditation (the Pilot Scheme) was launched in May 2009.

Five public and three private hospitals voluntarily participated in the Pilot Scheme. They are:

Public Hospitals

- Caritas Medical Centre
- Pamela Youde Nethersole Eastern Hospital
- Queen Elizabeth Hospital
- Queen Mary Hospital
- Tuen Mun Hospital

Private Hospitals

- Hong Kong Baptist Hospital
- Hong Kong Sanatorium and Hospital
- Union Hospital

The following paragraphs give a brief account of the governance structure, key objectives, key components, accreditation standards and program of the Pilot Scheme.

2.1 Governance Structure of the Pilot Scheme

The successful planning and implementation of the Pilot Scheme is built on a proper governance structure at different levels (Figure 1).

At the governance level, a Steering Committee on Hospital Accreditation (the Steering Committee) chaired by the Deputy Director of Health and comprising representatives from the Food and Health Bureau (FHB), the Department of Health (DH), the Hospital Authority (HA) and the Hong Kong Private Hospitals Association (HKPHA) was set up. The key role of the Steering Committee was to oversee the Pilot Scheme and provide an open and collaborative platform for public and private hospitals to work towards a territory-wide accreditation scheme.
At the operational level, the Steering Committee was underpinned by the Working Group on Implementation of Hospital Accreditation which was responsible to steer the implementation of the Pilot Scheme in HA.

Appendices 1 to 4 list the membership and terms of reference of the various Committees and Working Group.
2.2 Objectives of the Pilot Scheme

The key objectives of the Pilot Scheme are as follows:

• Establish infrastructure of accreditation, including the accreditation standards and surveyor system
• Assess the feasibility of implementing accreditation program
• Enhance public-private collaboration
• Evaluate and recommend on future model of accreditation in HK
• Develop a set of common hospital accreditation standards for measuring performances in both public and private hospitals in HK over a period of three years

2.3 Key Components of the Pilot Scheme

The emphasis of the Pilot Scheme was on the process of education, self-assessment, external survey and benchmarking for continuous improvement.

The key components of the Pilot Scheme project included:

• Engagement Component
• Readiness Component
• Accreditation Component
• Surveyor Workforce Component
• Standards Component
• Evaluation and Future Collaboration Report Component

The six key components of the Pilot Scheme are summarised in Figure 2 below with details elaborated in sections 3 to 8 of the report.
2.4 ACHS as Partnering Accrediting Agent for the Pilot Scheme

HA engaged the Australian Council on Healthcare Standards (ACHS) as the partnering accrediting agent for the Pilot Scheme through an open tendering process. Private hospitals which were not originally included in the Pilot Scheme had also engaged ACHS directly to provide the accreditation services.

Established in 1974, ACHS is an accrediting organisation accredited by the International Society for Quality in Health Care (ISQua). Its standards, accreditation program and surveyor training program are also recognised by ISQua. Moreover, ACHS has demonstrated relevant international experience and a proven record in hospital accreditation in New Zealand, India, the Middle East, Taiwan and Malaysia.
2.5 The ACHS Accreditation Program

The Evaluation of Quality Improvement Program (EQuIP) is the ACHS flagship accreditation program. It is a proven, well established and an internationally recognised continuous quality improvement (CQI) framework.

The key components of EQuIP are:

- The standards that organisations work towards achieving
- A yearly self-assessment undertaken by organisations to evaluate their performance against the standards
- ACHS assistance and guidance of the organisation’s self-assessment
- Biennial onsite surveys by external peer review teams of accreditation surveyors who provide an independent assessment of the organisation’s performance against the standards
- An improvement process undertaken by the organisations to address the recommendations resulting from the onsite surveys

2.6 The ACHS Membership Program

Participation in EQuIP requires organisations to commit to a membership that provides them with an annual external stimulus to continually improve care and service over a four-year EQuIP cycle. As represented in the Figure 3 below, it incorporates, on alternate years, two Onsite Surveys and two Self-assessments.
Figure 3: The 4 Year EQuIP Cycle

Evaluation and Quality Improvement Program

**Phase 1**
- Organisation-wide Survey
  - Members provide a Self-assessment against all criteria in preparation for the on-site survey
  - All criteria are surveyed and progress on recommendations from the previous survey (if applicable)

**Phase 2**
- Self-assessment
  - Members provide a Self-assessment against all mandatory criteria and either the Clinical or a combination of the Support and Corporate functions criteria
  - Progress on recommendations from the previous on-site survey

**Phase 3**
- Periodic Review
  - Members provide a Self-assessment against all mandatory criteria in preparation for the on-site survey
  - Mandatory criteria surveyed and progress on recommendations from Organisation-wide Survey

**Phase 4**
- Self-assessment
  - Members provide a Self-assessment against all mandatory criteria in preparation for the on-site survey
  - Existing members provide a Self-Assessment against all mandatory criteria, in addition to the Clinical function criteria OR the Support and Corporate functions criteria
  - Progress on recommendations from the previous on-site survey

Accreditation
The EQuIP cycle consists of an event each year as part of a continuous quality cycle. During the four-year period there are two onsite surveys conducted by ACHS surveyors:

(i) The Organisation-wide Survey (OWS), which generally takes place during Phase 1, and
(ii) A Periodic Review (PR), which takes place in Phase 3.

In Phase 2 and 4, the organisation completes a Self-assessment for which the ACHS provides a report with suggestions for improvement. A brief description of the ACHS EQuIP cycle is as follows:

2.6.1 Organisation-wide Survey (OWS)

Organization-wide survey is an important and integral part of the ACHS EQuIP cycle. At the OWS, the survey team will review improvements and outcomes and make recommendations where appropriate; and review progress on the recommendations from the last survey (if applicable). The team will recommend on accreditation status and provide advice on the way forward.

2.6.2 Periodic Review (PR)

At the Periodic Review, the survey team will review progress on the recommendations from the OWS, with particular focus on any High Priority Recommendations (HPR); and review improvements and outcomes for the mandatory criteria and make further recommendations if appropriate. The team will also make a recommendation on continuing or terminating accreditation status, and provide advice on the way forward. Surveyors will not ignore non-mandatory criteria if they find a high risk during the Periodic Review.
2.6.3 **Self-Assessment Support Service (SASS)**

The Self-Assessment Support Service (SASS) is a desktop audit conducted by ACHS surveyors. The events are conducted in Phase 2 and 4 of the membership cycle and would not influence the accreditation status awarded. Organisations are required to address:

- Recommendations from the previous survey
- Mandatory criteria
- Either the Clinical or a combination of the Support and Corporate functions.

The aims of a self-assessment are to ensure that the organisation is:

- Continuously improving and reviewing progress on addressing the recommendations from the previous survey; and
- Provided with feedback by the surveyors on issues to be addressed

2.6.4 **Award of Accreditation Status**

The survey evaluation findings are analysed to determine whether the hospital meets an acceptable threshold of compliance with EQuIP standards in order to be awarded accreditation. One advantage of this accreditation approach is that it combines the evaluation and findings of multiple surveyors into a single impression about the organisation’s compliance with standards and overall quality of care. The ACHS Voting Panel confers the award of Accreditation Status.

The levels of accreditation status that can be awarded are:

- Full accreditation (4 years)
- Conditional accreditation (1 year)
- Non accreditation
2.7 Recognition of HK Accreditation Standards by ISQua

ISQua is a non-profit, independent and international organisation that awards accreditation to external healthcare evaluation and standards setting bodies in over 70 countries.

Listed as one of the 185 non-governmental organisations (NGO) in official relations with the World Health Organisation, ISQua’s mission is to improve the quality and safety of healthcare worldwide. Based on the best international practices, standards and principles, ISQua has developed a framework of requirements to assess, survey and recognise the accreditation standards, organisation performance and surveyor training of the accreditation bodies.

ISQua’s International Accreditation Program (IAP) launched in 1999 is the only international program that “Accredits the Accreditors”. It provides reassurance to governments, funders, clients and the organisation itself that its performance, standards, or training program meet the highest international standards and are continuously improved. As at March 2012, there are currently 19 organisations, 35 sets of standards (from 21 organisations) and 8 surveyor training programs accredited by ISQua.

In the Pilot Scheme, pilot hospitals had to be assessed and evaluated by surveyors with reference to the ACHS EQuIP 4 Guide Standards. To ensure relevance and application of ACHS Standards in the Hong Kong setting, a Task Force on Standards was set up with the task of revising and adapting the ACHS Standards for use in Hong Kong. Following the completion of its work, a set of EQuIP 4 Hong Kong Guide (HK Guide) was produced. The EQuIP 4 Hong Kong Guide had subsequently been submitted to and recognized by ISQua in 2010 for hospital accreditation in Hong Kong.
3. Engagement Component

The Engagement Component can be the single most important factor in the context of introducing accreditation as a concept for CQI. The process of hospital accreditation involves substantial changes in the quality management system of a hospital as well as work practices and culture of its staff. Sustained improvements require a change in attitude and acquisition of a sense of ownership with regard to the quality of services provided by an organisation.

The engagement component in the Pilot Scheme played an important role in raising staff and stakeholders’ awareness of the concepts of accreditation and provided an understanding of the program to be implemented including benefits for stakeholders and any issues of concern.

In May 2009, the Pilot Scheme commenced with an intensive awareness-raising campaign which involved dissemination of concepts, seeking commitment and promoting accreditation as a framework for continuous quality improvement.

The following are key elements of the engagement process:

- Initial meetings with the Steering Committee and representatives of PHA and HA
- Presentations to the senior management of HA, cluster executives and key industry stakeholders
- Conducting consecutive awareness sessions to the staff of clusters
- Visits to public and private pilot hospitals
3. Engagement Component

3.1 Initial Meetings with Steering Committee and PHA and HA Representatives

The aims of these meetings are to:

- Confirm the Pilot Scheme’s directions in implementing an accreditation program, including future consolidation of the conceptual and methodological framework of a territory-wide program
- Agree on the content and timetable of the Pilot Scheme
- Identify potential hospitals to visit and engage in addition to the identified pilot hospitals
- Identify any specific issues which the ACHS should be cognisant of

3.2 Presentations to HA & Cluster Executives and Stakeholders

During a three-week period, the ACHS project team members together with HA representatives conducted a total of 16 presentations to HA and cluster senior executives as well as chiefs of clinical services in hospitals. The presentations covered the following topics:

- HA’s commitment to continuous quality improvement
- An outline of the Pilot Scheme
- An overview of ACHS
- The ACHS EQuIP membership program
- An introduction to the ACHS EQuIP 4 Standards and key concepts
3.3 Engagement Forums for HA Frontline Staff

As an important part of the engagement process, staff communication and information forums covering the following topics were conducted at each of the seven HA hospital clusters:

- HA’s Commitment to accreditation implementation
- Concepts of accreditation and continuous quality improvement
- An outline of the Pilot Scheme
- An overview of ACHS, its EQuIP Standards and accreditation methodology

An evaluation of the engagement forums is summarised in Appendix 5.

3.4 Visits to Public and Private Pilot Hospitals

Visits were conducted to the public and private pilot hospitals as part of the engagement process with the following objectives:

- Clarify any misconceptions about accreditation/continuous quality improvement
- Identify available resources and existing quality improvement activities
- Encourage hospitals in continuous quality improvement activities

3.5 Engagement Program for Private Hospitals

During the visits to private pilot hospitals, the ACHS project team members conducted presentations and met with their senior executives, hospital staff and key stakeholders. Similar to HA hospitals, the aims of the engagement program were to provide an outline of the Pilot Scheme as well as to raise awareness of the concepts of accreditation and understanding of the ACHS accreditation program and standards.
4. Readiness Component

The Readiness Component was an important step following the engagement process to prepare individual pilot hospitals and staff to embark on the journey of hospital accreditation. This component provided a platform for hospital staff to learn about the accreditation program and standards, and identify priority issues that have to be addressed before a survey. The ACHS project team members also provided assistance and guidance to staff and pilot hospitals in preparation for accreditation survey.

The Readiness Component comprised the following elements:

- Introductory workshops on EQuIP 4 to staff of the participating hospitals
- Specialty Workshops to key personnel on designated topics
- Onsite support by an Australian Quality Manager at each HA pilot site for one week’s duration
- A consultancy Gap Analysis of participating hospitals against the EQuIP 4 Standards
- Support in preparation for an Organisation-wide Survey
- Preparation and Improvements by HA and pilot hospitals in readiness for accreditation

4.1 Introductory Workshops

Three identical training workshops were conducted for public and private hospital project teams covering all aspects of the ACHS EQuIP 4 Standard and accreditation program. Post-workshop evaluations indicated satisfactory outcome from the attendees (Appendix 6).

4.2 Specialty Workshops

Eight specialty workshops were conducted to approximately 400 participants from public and private pilot hospitals on selected topics of high importance and common concern to facilitate in-depth understanding and discussion amongst the subject officers. The topics included credentialing, safe environment and practices, documentation control and policy framework,
risk management and governance, measuring performance and consumer participation. The workshops were all oversubscribed. Feedback from participants was positive. Most importantly, the interaction between colleagues of the public and private sector was considered invaluable (Appendix 6).

4.3 On-site Support

An experienced Australian Quality Manager was assigned to each of the five HA Pilot hospitals for a period of five working days to guide and assist the hospital’s Project Team in establishing an appropriate Quality Management System (QMS) and preparing for the Consultancy Gap Analysis. These Australian Quality Managers provided advice on implementation of a CQI framework and suggestions on what surveyors would look for at a survey or document review. They were also available to support the Hospital Project Teams, via telephone or emails, during the post assignment period until the completion of the Consultancy Gap Analysis.

At the end of this phase, hospital visits were conducted to assess the outcome of the assignment of the Australian Quality Managers. All the involved hospitals indicated a high level of satisfaction with the outcomes and that the concept of accreditation was welcomed and embraced by the hospitals.
4. Readiness Component

4.4 Consultancy Gap Analysis

The objective of a Consultancy Gap Analysis is to ensure that a hospital is ready for survey. It identifies the hospital’s strengths and Priority Action Items (PAI) that must be addressed prior to a survey, makes suggestions for improvement and provides hospital staff, other than members of the project team, an educative environment.

In November 2009, the first Consultancy Gap Analysis commenced. The gap analysis of each HA pilot hospital was conducted by a team of four Australian Consultants and attended by a local observer (trainee surveyor) and a HA representative. Similarly, appropriate size consultancy teams were used to conduct gap analyses in private pilot hospitals. Feedback from the hospitals revealed that gap analysis is one of the most valuable training and support elements of the hospital accreditation program.

4.5 Priority Action Items (PAI)

During the Consultancy Gap Analyses, the Australian Consultants were able to identify certain consistent Priority Action Items in pilot hospitals that required particular attention. These PAIs included credentialing and scope of practice, sterilisation practices and the re-use of Single Use Devices (SUD). The following provides a summary of PAIs extracted from the gap analysis reports.
4.5.1 Credentialing and Scope of Practice

While noting that there is a robust credentialing system in place as part of the HA Governing Principles, the Consultants advised HA on the need to develop a policy which clearly integrates the credentialing system for healthcare practitioners. The credentialing system should specify well-defined scope of practice that is consistent with the designated role of the practitioners’ credentials within the infrastructure capacity of the hospital/cluster where they will work. The policy should be supported by a process of cyclical peer review for both credentials and scope of practice, and take into consideration changes in cluster-based management structures including clarity around the Cluster Clinical Directors’ reporting accountabilities and their role in providing appointment advice to the Hospital Chief Executive (HCE).

The policy on credentialing also needs to be formally endorsed by the Hospital Governing Committee (HGC) for implementation in order to enable each hospital to develop a consistent organisational framework/system. This policy should outline the system that ensures the formal qualifications, training, experience and clinical competence of healthcare professionals and medical practitioners are checked, reviewed and monitored in a consistent way. The policy should also clearly delineate the formal process of defining, reviewing and monitoring scope of clinical practice.

4.5.2 Sterilisation Practices

The Consultants noted that there were guidelines and International Standards for sterilising practices in HA hospitals. However, there were no common guidelines pertaining to sterilisation of instruments that were used by all the pilot hospitals, and no instrument tracking system in place. Rather than each hospital determining its own practices, the Consultants believed that it would be beneficial for HA to take the lead role by adopting a set of International Guidelines for instrument decontamination and sterilisation (e.g. AS4187, CDC or similar) and endoscopy (e.g. GENSA). These international guidelines and standards are fundamental and will enable all hospitals to standardise, manage and consolidate practices, identify resources, determine equipment needs and capital expenditure, and review building requirements (e.g. designated dirty and clean areas).
With regard to tracking systems, the Consultants suggested that it would be beneficial for HA, as part of the risk management framework, to consider purchasing or introducing a recognised instrument tracking system for all instruments and other re-usable items. The tracking system should include relevant documentation that could be verified and standardised in the patient’s history. If sterilisation cannot be centralised at each facility, it is recommended that a tracking system should be implemented in any department providing sterilisation service.

It is understood that prostheses are currently tracked. However, until the phasing out of re-use of SUD is complete, the Consultants advised that a record be maintained for each SUD including the number of times used.

4.5.3 Single Use Devices

The Consultants noted that HA has a strategy in place to minimise the re-use of “Single Use Devices” over a period of time. However, the time frame is financially dependent and therefore it would be beneficial for HA to provide a schedule, with due consideration of risk priorities, for the cessation of the re-use of single use devices across all HA hospitals.

4.6 Opportunities for Improvement

In the course of gap analysis, the Consultants had also identified various opportunities or suggestions for improvement in areas such as care planning and evaluation, documentation and electrical safety. A summary of opportunities for improvement extracted from the gap analysis reports is shown in the following paragraphs.

4.6.1 Care Planning and Evaluation

One of the opportunities for improvement identified by the Consultants was to review and compare care delivery processes especially for those groups of patients who are high in number and have the longest lengths of stay. Since HA has an established Working Group on patient assessment and care planning, it was suggested that the Working Group be tasked to consider developing a set of guidelines that can be commonly used amongst the Clusters.
The issues for consideration by the Working Group include:

- Ensuring common practices in order to leverage on the good work that has already been established.
- Encouraging evaluations to be conducted to:
  
  (i) Ascertain what information from the management of progress and risk assessment has been documented in the care plan;
  
  (ii) Determine how the standard of documentation impacts on care processes and outcomes; and
  
  (iii) Identify ways to improve care processes and outcomes.

- Conducting a systematic gap analysis against each EQuIP criterion as part of the guidelines. The gaps that cannot be clearly identified form the basis for a detailed discussion.

- Conducting a review of the activity schedules in the current care plans to ensure information is accurately recorded.

### 4.6.2 Documentation

Document management/control and related policy should be part of sound governance and quality and risk management framework in a hospital. The Consultants noted that there was a general lack of standardized policy or practice on documentation in pilot hospitals. Instead of working on their own, the Consultants believed that individual hospitals would benefit from HA providing standard guidelines in the development of and compliance with policies and documentation. The HA guidelines may incorporate a system of review which includes a heading front sheet to the relevant portfolio, the date of review of the document, the edition of the document and the confirming body, committee or individual responsible for the document review, and reference of the document to the relevant HA Ordinance, policy, protocol or guideline as appropriate.
It is envisaged that a corporate guideline on documentation will provide standardisation across all HA hospitals and that hospitals will review policy documents on a cyclical basis. This in turn will ensure compliance with the corporate guidelines. It will help identify all key documents currently being used as guidelines/policy/reference on a regular basis and prioritise them for temporary review of appropriateness pending the issuance of new authorised policies or guidelines. It will also ensure that the agreed standard format and structure of footnotes will be followed in the formulation of all newly endorsed policies before being uploaded to the system. By so doing, surveyors can conduct a review during survey to determine whether the practice of accountability for documentation and document control is effective in meeting the needs of the hospital.

4.6.3 Electrical Safety

There is a requirement for a certificate of inspection to be issued to HA hospitals every five years by the Electrical and Mechanical Services Department (EMSD) in accordance with the Electrical Safety Ordinance. Although HA is compliant with the Ordinance, there is still an element of risk associated with electrical circuitry wiring particularly in high-risk areas such as operating theatre (OT), intensive care unit, emergency department and cardiac catheterisation angiography suite.

Electrical safety has several components that include:

(i) Protection of patients from micro-shocks where electrical impedance of the patient has been reduced by medical intervention; and

(ii) Protection of staff, visitors and patients from major shocks caused by faulty electrical equipment.

Consequently, there are several levels of protection, each with their specified testing requirements that enable the person who takes responsibility for using the equipment, especially the clinician in the case of biomedical equipment, to be assured that the equipment has been appropriately tested and is safe for use.
Among the electrical components which require regular testing to ensure safety are cardiac and body protected wiring areas, leakage protection devices such as Residual Current Devices (RCDs), biomedical equipment that is likely to be used on a patient and the electrical cords on equipment used in clinical and non-clinical areas. Therefore, it is imperative for all electrically operated equipment to be monitored in regard to electric shock, thermal, radiant and mechanical hazards. To ensure electrical safety, HA can draw reference to relevant International Standards and practices, such as the Australian Standard AS3003 for protective wiring, AS3760 for testing of electrical equipment and AS2500 regarding the inspection of electrical wiring at least once per year to ensure ongoing compliance with AS3003 and AS3760.

The Consultants also noted that there were numerous power boards and cords being used throughout the facilities. Because of their inherent electrical hazards, these power boards and cords should be tagged and tested on a regular basis as part of the preventive maintenance program to effectively manage the risks.

### 4.7 Support from Gap Analysis Consultants

Subsequent to gap analysis, a member of the consultancy team would be assigned to a pilot hospital to provide the needed support and assistance. The role of the Consultant is to help pilot hospitals to initiate improvement/remedial actions or adjust their practices, as identified in the PAIs or opportunities for improvements, to ensure that EQuIP 4 Standards will be met at the time of their survey. The Consultant would help review the progress of the PAIs and opportunities for improvement, provide ongoing support to the hospital up until the OWS, and liaise with the HCE to determine an appropriate date for the hospital’s survey.
5. Accreditation Component

The threshold for determining whether or not a hospital is awarded ACHS accreditation is based on predetermined rules that are consistently applied in order to maintain its credibility and gain respect from healthcare professionals and the public. The ACHS policies governing the award of accreditation state that it can only be conferred by the consensus of a Voting Panel made up of ACHS Councillors who have undergone training in this voting process.

By the end of October 2010, all pilot hospitals had undergone the OWS. The survey teams for the public hospitals comprised six Australian and four HK surveyors as well as two local trainee surveyors. The mix of the survey team members for the private sector was similar in proportional terms. The teams’ roles were:

- To conduct an external peer assessment
- To verify the Self-assessment provided by the pilot hospitals
- To provide advice on implementing improvements
- To make recommendation on the award of accreditation

With dedicated efforts of hospital staff and support from the Project Teams, all of the pilot hospitals were awarded full accreditation status for a period of four years. The tables below list the name of the hospital, the date of OWS and the accreditation status awarded:

### Public Hospital

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Date of OWS</th>
<th>Status Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pamela Youde Nethersole Eastern Hospital</td>
<td>Jun 2010</td>
<td>4-year accreditation</td>
</tr>
<tr>
<td>Caritas Medical Centre</td>
<td>Jul 2010</td>
<td>4-year accreditation</td>
</tr>
<tr>
<td>Queen Elizabeth Hospital</td>
<td>Jul 2010</td>
<td>4-year accreditation</td>
</tr>
<tr>
<td>Tuen Mun Hospital</td>
<td>Sep 2010</td>
<td>4-year accreditation</td>
</tr>
<tr>
<td>Queen Mary Hospital</td>
<td>Oct 2010</td>
<td>4-year accreditation</td>
</tr>
</tbody>
</table>

### Private Hospital

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Date of OWS</th>
<th>Status Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hong Kong Sanatorium and Hospital</td>
<td>Dec 2009</td>
<td>4-year accreditation</td>
</tr>
<tr>
<td>Union Hospital</td>
<td>Mar 2010</td>
<td>4-year accreditation</td>
</tr>
<tr>
<td>Baptist Hospital</td>
<td>Oct 2010</td>
<td>4-year accreditation</td>
</tr>
</tbody>
</table>
### 5.1 Key Findings of Accreditation Surveys

The survey teams of five HA pilot hospitals made a total of 155 recommendations on 34 criteria. Out of these recommendations, 103 are common across hospitals which may require corporate co-ordination and support. The remaining recommendations were hospital-specific and could be adequately addressed by the hospital concerned.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>No. of hospitals with recommendation</th>
<th>No. of recommendations</th>
<th>Sub-total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5.2 Infection Control</td>
<td>5</td>
<td>29</td>
<td>38</td>
</tr>
<tr>
<td>3.1.3 (M) Credentialing</td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>3.2.4 (M) Emergency &amp; Disaster Management</td>
<td></td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>1.1.3 (M) Patient Consent</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>1.1.8 (M) Health Record</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2.1.2 (M) Risk Management Policy &amp; System</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>3.1.5 (M) Documentation Management</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>1.5.1 Medication Management</td>
<td></td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>1.5.3 Pressure Ulcer Management</td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>3.2.2 Safe Practice &amp; Environment</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Total Recommendations</strong></td>
<td></td>
<td><strong>103</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Note: (M)= Mandatory Criteria*

The findings extracted from the OWS reports of five public and three private hospitals are shown in Appendix 7. The findings are grouped under the three EQuIP Functions without differentiating between the individual public and private hospitals. The findings on quality practices and recommendations/opportunities for improvement against the EQuIP 4 criteria have been generalized.
5. Accreditation Component

5.2 Outcome of ACHS Accreditation in Pilot Hospitals

The summary of findings of OWS in the five public and three private pilot hospitals is indicative of the standard of healthcare delivery in HK. The final outcome of OWS is that the ACHS Voting Council awarded full accreditation status for the nominated hospitals for a period of four years.

There were some excellent accomplishments identified across the various EQuIP functions and these were duly recognised by the surveyors. In any accreditation program, there will always be opportunities for improvement and the recommendations made by the survey teams are designed to value add to the survey process. Each survey report acknowledges the achievements and contribution made by the staff and at the same time outlines opportunities for improvement across the various criteria of the EQuIP Standards.

With a focus on quality and risk, pilot hospitals were able to demonstrate their achievements across all 45 criteria. The survey teams took into consideration cultural differences and sensitivities in measuring performance. The survey teams were impressed by the way that all staff associated with the various pilot sites had embraced the concept of accreditation and their desire to be innovative in pursuit of their quality improvement journey whilst striving to achieve a better outcome in the care and service delivery. The staff took the opportunity to learn from international experience, ask relevant questions and be proud of showcasing their achievements and taking ownership of the program so that it is now embedded in daily practices organisation-wide. The close interaction between hospitals and ACHS led to a thorough understanding of the accreditation standards, processes and values of accreditation in implementing a continuous quality improvement framework.
6. Standards Component

The ACHS EQuIP 4 Standards are internationally recognised in many countries including New Zealand, India, Sri Lanka, Ireland, Bahrain, Qatar, United Arab Emirates and Saudi Arabia. A number of accreditation bodies in other countries have also expressed their interest in adopting and/or adapting the EQuIP Standards.

6.1 EQuIP 4 Standards

The EQuIP 4 standards are health specific standards for use by health services of any size and in any of the healthcare sectors, and use a best practice framework in the development of standards based on the following Australian and international standards and principles:

- The ISQua International Principles for Healthcare Standards, 3rd edition


The EQuIP 4 Standards can also be linked to that set by other bodies, e.g. the Australian National Standards for Mental Health Services. The Standards are designed to suit a very wide range of organisations in both the public and private sectors with the following major distinguishing features:

- Health industry specific standards

- Consultative approach and responsive to representations

- Outcome and systems focused

- Designed for peer based assessment

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6. Standards Component

The ACHS Standards are developed in consultation with the healthcare industry to address various aspects of the healthcare organisation. They are reviewed and revised periodically in order to stay current with contemporary practices in healthcare delivery, advances in technology and treatments, and changes in health policy. The standards development and review processes require consultation and input from appropriate experts and consumers. Working groups are established to address all aspects of the standards; they comprise technical experts in the relevant fields, representatives from a broad cross-section of healthcare including accreditation member organisations and consumers. The ACHS Standards are evidence-based wherever practical, although some are underpinned by inspirational goals, are organisation-wide focused and provide a quality improvement framework established to address all functional areas that support quality processes and systems improvement.

6.2 Structure of EQuIP 4 Standards

The EQuIP 4 standards are established according to the following hierarchy:

- **Function**: The Standards are categorised in three Functions; Clinical, Support and Corporate

- **Standard**: Standards are statements of general principles that define the structures, processes, and outcomes that must be firmly established in an organisation so that it may provide quality care and the goals to be achieved. For example, “Healthcare organisations provide quality care across the care continuum”

- **Criterion**: Each criterion is a statement of expected behaviour used to support standards and identify a key component of the goal and what is needed and why. A Likert scale is used to rate each criterion to identify the related degrees of performance. Certain criteria, deemed to be so important that the safety of patients/visitors/staff is at risk unless a minimum rating is achieved, are known as mandatory criteria

- **Elements**: Elements are practices and systems which are used to exemplify quantifiable evidence to support ratings of criteria. The evidence of performance may include qualitative indicators which can point to sources where surveyors can seek evidence, or where a hospital can show surveyors that it is, or is not, complying with a criterion. These sources may be documents, interviews, medical reports, patient records, etc. The elements describe examples of qualitative indicators or evidence of performance and are designed to ascertain the degree to which measures prescribed by a criterion are carried out and their effect on patient care
• **Guidelines:** Guiding principles that sit “under” the standards and criteria to help readers understand the intent of each standard and criterion and how best to apply them to their own organisation.

The EQuIP 4 Standards contains 13 comprehensive healthcare standards underpinned by 45 criteria and are organised into three functions: namely, Clinical (21 criteria), Support (14 criteria) and Corporate (10 criteria). Fourteen of the 45 criteria are classified as mandatory in that they cover key quality and safety activities where effective established systems are core to a successful accreditation outcome. A summary of the EQuIP 4 Standards is provided in [Appendix 8](#).

### 6.3 **Grading System**

In line with the principles of CQI, the philosophy of the EQuIP grading system encourages hospitals to achieve minimum rating (Moderate Achievement) of the criteria. The general principles of CQI support a grading system that:

- Is flexible and achievable by any healthcare organisation
- Promotes minimisation of risk
- Encourages CQI

All ACHS accreditation criteria are structured in such a way that the elements of the criteria identify five different levels of performance and achievement, thereby identifying what an organisation needs to do to improve the level of achievement and performance. The table below presents the ACHS accreditation grading system:
### 6. Standards Component

<table>
<thead>
<tr>
<th>Abbreviated Rating</th>
<th>Rating</th>
<th>What the rating broadly means</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA</td>
<td>Little Achievement</td>
<td>Awareness/knowledge of fundamental requirements. Systems for fundamental requirements, eg. legislation is in place.</td>
</tr>
<tr>
<td>SA</td>
<td>Some Achievement</td>
<td>Systems have been developed and are being implemented.</td>
</tr>
<tr>
<td>MA</td>
<td>Moderate Achievement</td>
<td>Data are collected. Evaluation of the system occurs. Improvements are made resulting in developed systems.</td>
</tr>
<tr>
<td>EA</td>
<td>Extensive Achievement</td>
<td>Benchmarking occurs through comparison of systems and results. This is done internally and externally resulting in superior systems. Outstanding outcome results, research in that particular criterion and advanced implementation strategies also constitute extensive achievement.</td>
</tr>
<tr>
<td>OA</td>
<td>Outstanding Achievement</td>
<td>The organisation is a peer leader in systems and outcomes.</td>
</tr>
</tbody>
</table>

The ACHS methodology eliminates the risk of assigning points, or giving a precise value or numerical score to findings. The approach of assigning points may result in problems because in some cases, the sum total of points may mask areas with deficiencies. Instead of giving a score, the surveyors, by consensus, agree at the end of the accreditation survey the accreditation status to be recommended to the Voting Panel, or if some time is required to correct deficiencies (conditional accreditation).

Inherent in achievement of the desired minimum moderate achievement (MA) level is the collective agreement by the team that the rating can be generally applied across all relevant settings/departments of the organisation and that there is no pocket of significant clinical or corporate risk. The assignment of the rating (e.g. MA) also requires the organisation to demonstrate continuous improvement in order to maintain MA achievement level at each survey event even if this rating (or higher) has been previously achieved.
6.4 Local Review and Application

Given the differences in healthcare systems and services between Australia and HK, the Task Force on Standards was set up under the guidance of the Working Group on Implementation of Hospital Accreditation to ensure proper interpretation and adaptability of EQuIP 4 in the context of HK. The terms of reference and membership of the Task Force are detailed in Appendix 4.

The Task Force was co-chaired by a senior representative from the public and private hospitals. Members comprise representatives and subject officers of key functional areas from the HA, PHA, and DH. Ad hoc members from expert and patient groups were also invited to provide input on relevant criteria as required.

The Task Force was responsible to review and modify the EQuIP 4 standards, criteria, elements and guidelines for use in the local context. The major objectives of the Task Force were:

• To assist surveyors in the interpretation of EQuIP 4 in local healthcare context
• To identify local culture, practices and governing structure which are different to those described in EQuIP 4 standards
• To enhance understanding of healthcare workers on relevance and applicability of EQuIP 4 standards to local hospital systems
6. Standards Component

In July 2009, the Task Force commenced its review on the EQuIP 4 standards, criteria, elements and guidelines focusing on:

- Legality and practicability of EQuIP 4 in HK
- Relevance and applicability of EQuIP 4 standards, criteria, elements and guidelines in both public and private sector hospitals
- Implementation details and experience sharing on hospital accreditation

To uphold the principles of EQuIP 4, the Task Force adopted the following approach in its review process:

- Replace Australian Acts by relevant HK Ordinances
- Substitute Australian national policies or state-wide regulations by relevant local regulations to ensure adaptability and applicability in both public and private sectors in HK
- Modify, replace, or list as references statements in the criteria, elements or guidelines that may not be applicable in local hospitals
- Incorporate strengths in local practices into the EQuIP 4 guidelines as additional statements in the supplementary information of the local guidelines

The process of reviewing Standards included consultation with expert groups on related criteria, such as the Central Transfusion Committee on the criterion related to blood transfusion. Two meetings were also held with patient groups to discuss criteria on consumer participation.
The Task Force recommended that minor modifications be made to the elements and
guidelines to take into account the local context and no changes to the Standards and
Criteria. In November 2010, the Steering Committee approved the recommendations of
the Task Force.

The full set of the “EQuIP 4 Hong Kong Guide” (HK Guide) was then endorsed by the
ACHS Standards Committee, approved by the ACHS Board and subsequently accredited
by ISQua. The resultant publication of the Hong Kong version of EQuIP 4 Guide contains
useful references and relevant local ordinances, standards, policies, and practices that are
customised for use by public and private hospitals in HK.

8. Chinese Translation of the 45 Criteria and
Common Terms

8.1 The 45 criteria of EQuIP4

The following identifies at a glance, the three functions, the 13 standards (colour highlighted) and each of the
45 criteria.

<table>
<thead>
<tr>
<th>1. CLINICAL</th>
<th>2. SUPPORT</th>
<th>3. CORPORATE</th>
</tr>
</thead>
</table>
| 1.1 Consumer / patients are provided with high quality care throughout the care delivery process.
| 2.1 The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks.
| 3.1 The governing body leads the organisation’s strategic direction to ensure the provision of quality, safe services.
| 1.1.1 The assessment system ensures current and ongoing needs of the consumer / patient are identified.
| 2.1.1 The organisation’s continuous quality improvement system demonstrates its commitment to improving the outcomes of care and service delivery.
| 3.1.1 The organisation provides quality, safe care through strategic and operational planning and development.
| 1.1.2 Care is planned and delivered in partnership with the consumer / patient and when relevant, the carer, to achieve the best possible outcomes.
| 2.1.2 The integrated organisation-wide risk management policy and system ensure that corporate and clinical risks are identified, monitored and managed.

8.2 Achievement Rating

<table>
<thead>
<tr>
<th>Achievement Rating</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little Achievement</td>
<td>LA Awareness</td>
</tr>
<tr>
<td>2. Some Achievement</td>
<td>SA Implementation</td>
</tr>
<tr>
<td>3. Moderate Achievement</td>
<td>MA Evaluation</td>
</tr>
<tr>
<td>4. Extensive Achievement</td>
<td>EA Excellence</td>
</tr>
<tr>
<td>5. Outstanding Achievement</td>
<td>OA Leadership</td>
</tr>
</tbody>
</table>

The ACHS EQuIP 4 Hong Kong Guide
Part 1 – Accreditation, standards, guidelines November 2010
7. Surveyor Component

Trained and experienced surveyors and a robust surveyor system are central to the credibility, objectivity and sustainability of an accreditation program. Surveyors are health professionals trained and skilled in surveying techniques by gathering the relevant information to verify the healthcare organisation’s achievement and assessing the degree of compliance with the standards.

With the long-term vision to develop a HK accreditation program, it is important to build up the local surveyor system, with a cadre of well-trained and qualified surveyors who will eventually contribute to the development of a local accreditation scheme at par with other international accreditation programs.

The key objectives of the surveyor component were:

- To select, train and develop a local team of qualified surveyors who are recognised internationally
- To set up an independent surveyor system in HK

At the beginning of the Pilot Scheme, a Management Core Group was established to formulate local strategy and policy for selection of candidates to be trained as surveyors. Subsequently, in order to ensure appropriateness and legitimacy for the Core Group to undertake activities in HK on behalf of ACHS, the Steering Committee endorsed the establishment of the HK Program Support Committee (PSC) to formulate local strategy and policy for management of a local surveyor workforce. To work for the territory-wide surveyor system, the PSC comprised a broad representation of stakeholders and balanced membership from DH, HA, PHA and ACHS as detailed in Appendix 2.

7.1 Hong Kong Surveyor System

In essence, the HK surveyor system follows the same selection, training, evaluation and appointment system of ACHS. The PSC is responsible for management of the surveyor workforce, selected from a diversified group of specialised healthcare professionals in order to meet the varying needs of hospitals in HK.
7.1.1 Roles and Responsibilities of the ACHS (HK) Surveyors

The surveyor has multiple roles to play in the EQuIP and HK accreditation programs. The surveyor must be an evaluator and an educator, and support the mission of the ACHS and the aims of the HK program in promoting quality and safe healthcare. They are ambassadors for ACHS and HK accreditation programs. During a survey, surveyors will offer consultative advice to help the organization identify and overcome existing quality related issues and informal onsite education on potential problems developing and their alleviation. Surveyors also have an important role, acting as a sounding board and active working partner to his or her surveyor colleagues.

7.1.2 Recruitment and Selection of Local Surveyors

Since the PSC is entrusted with the mandate to select local candidates for training as ACHS (Hong Kong) Surveyors, all applications for surveyor training in HK would have to be submitted to and processed by the PSC. To ensure surveyors’ commitment, applications have to be made through nomination by institutions/organisations of DH, HA and PHA. In each application, there is a requirement for nominating organisations to commit and support their applicants in fulfilling the requirements of surveyors, including official release to participate in training and surveys, and international flights to attend overseas survey, as and when appropriate.

The PSC is responsible for the selection of suitable candidates for training. In the selection process, applicants may be required to attend an interview and/or written assessment. The PSC selects candidates based on the nature of their working organisations, individuals’ experience in management, quality and safety, as well as their inter-personal and communication skills with a view to developing a diversified surveyor workforce to meet the varying needs of HK hospitals.
7. Surveyor Component

7.1.3  Surveyor Training

Selected surveyor candidates are required to undertake the surveyor-training program, including attendance at a Surveyor Induction Workshop and participation as a trainee surveyor, either in HK or overseas. A brief description of the surveyor training program is as follows:

7.1.3.1  Surveyor Induction Workshops

At the Surveyor Induction Workshops, trainee surveyors are trained and evaluated in the following areas:

- Role and responsibilities of a surveyor
- Visits and teamwork
- Handling of a daily agenda and time management
- Knowledge of standards and indicators
- Communication skills
- Handling difficult situations
- How to use the ACHS Electronic Assessment Tool
- Skills in writing detailed reports and precise summaries
- Ethical issues including confidentiality and conflict of interest

The evaluation is based on the trainee’s current knowledge of health related issues, skills and experience, and interpersonal skills such as communication and the ability to be objective and open-minded.
Two Surveyor Induction Workshops were conducted in July 2009 and March 2010 respectively for 46 surveyor candidates from DH, public and private hospitals. After evaluation by the ACHS consultants, 38 candidates were recommended as suitable for participation in training surveys. Candidates’ evaluation and feedback on the workshops are elaborated in Appendix 9.

7.1.3.2 Participation in Surveys as Trainee Surveyors

On successful completion of the Surveyor Induction Workshop, trainee surveyors are required to participate in a survey that provides them with:

- A smooth transition into the surveying role
- Enhanced competencies for surveying
- Opportunities to network and build support mechanisms

Trainee surveyors are assigned a mentor who is a Coordinator, a survey team leader, to provide guidance prior to, during and after their survey. Mentors and trainee surveyors are partnered based on availability and shared professional experience. Arrangements are negotiated between the Mentor and trainee surveyor on how they choose to conduct and participate in the mentoring program.

The survey team coordinator, together with other team members, is responsible for evaluation of the trainees’ performance. Recommendations are made to ACHS for the appointment of the trainee as surveyor. If the trainee surveyor’s performance is considered unsatisfactory, a second supported survey may be allocated.
7.1.4 Appointment of Local Surveyors

Following the successful completion of the surveyor training program, trainee surveyors are appointed as the ACHS (Hong Kong) Surveyors and have the same recognition as their Australian counterparts. The appointment is for an initial period of two years and thereafter for a further period of four years, subject to participation in ongoing professional development and performance evaluation.

Under the Pilot Scheme, a total of 49 surveyors (including those who attended Surveyor Inductions workshops in Australia), representing a diversified group of healthcare professionals from DH, public and private hospitals, completed the training arranged by ACHS and were appointed as the ACHS (Hong Kong) Surveyors (Appendix 10). They are qualified to conduct accreditation surveys for hospitals in HK and overseas, and are given the same recognition and status as their Australian ACHS counterparts. An appointment ceremony was held in March 2010 for the appointment of the first batch of 21 appointed local surveyors. The ceremony is well attended by senior executives representing the HK Government, HA, PHA and ACHS.
7.1.5 Continuous Training and Development of Surveyors

Surveyors are required to attend surveys, participate in ongoing professional development programs and demonstrate currency of experience in the healthcare industry. The ACHS has tailor-made an annual program of surveyor development that covered professional skills, technical domains, and developments in contemporary health service practice. These programs address current issues, changes and developments that include:

- Administration of the survey program and resultant issues
- Standards updates/issues including consistency of interpretation of standards framework
- Customer feedback reports
- Update on current issues related to the survey process and surveyor workforce
- Available support materials such as resource guides and linkage documents

Two consecutive Annual Surveyor Development Workshops were conducted in HK between 28 February and 4 March 2011. These workshops, designed to ensure HK surveyors maintained their professional skills, provided an update of the latest developments in contemporary health service and any changes in the accreditation program. The overall feedback from local surveyors on the workshops was positive (Appendix 11).

Figure 4 below summarises the surveyor selection, training and appointment of the HK Surveyors.
7. Surveyor Component

**Figure 4:** Process of Surveyor Selection, Training and Appointment of the HK Surveyor System

**Nomination and Shortlisting**
- Nominated and supported by organizations (DH, private and public hospitals)
- Shortlisting criteria include candidate's experience, professions and the nominating organization's service type and prioritization, etc.

**Selection**
- Group interview by HK Program Support Committee (PSC) members
- Considerations include knowledge to quality/accreditation, communication skills, interpersonal and writing skills, personal attributes, etc.

**Surveyor Induction Workshop**
- Attendance at 3-day Surveyor Induction Workshop
- ACHS will evaluate on trainees' participation in scenarios, skills in interview, presentation and writing, etc.

**Training Survey(s)**
- Trainees will attend training survey(s) in local or overseas hospitals under the supervision of a mentor

**Appointment**
- Surveyor appointment for 2 years based on ACHS evaluation and approval by HK PSC

**Re-appointment**
- Surveyors will be re-appointed for a 4-year period subject to Participation in Surveys and Annual Development Programs with Good Performance
8. Evaluation Component

One of the main objectives of the Pilot Scheme was to assess the feasibility of adopting hospital accreditation, evaluate the readiness, infrastructure and resources implications of the local healthcare system, and recommend the future model of hospital accreditation for HK. Therefore, a comprehensive evaluation was of critical importance to the success of the Pilot Scheme and future development of a territory-wide hospital accreditation system in HK. The Steering Committee endorsed an evaluation framework in January 2010 which covered perspectives from the participating hospitals, the accrediting agent and an independent university. The Legislative Council Panel on Health Services, in one of its special meetings, has also provided useful feedback to guide the Steering Committee in evaluating the Pilot Scheme and deciding on way forward for hospital accreditation in Hong Kong.

8.1 Evaluation by ACHS

With the completion of OWS of the participating hospitals and their attainment of 4-year full accreditation status, the Pilot Scheme was evaluated by the ACHS. In its evaluation report, on the readiness of HK hospitals and healthcare sector as a whole for territory-wide hospital accreditation, ACHS had put forth recommendations on the future territory-wide accreditation system and the collaboration model with accrediting agent covering both HA and private hospitals.

8.2 Evaluation Studies by The Chinese University of Hong Kong

To avoid any potential bias, the evaluation studies of the Pilot Scheme were entrusted to an independent and creditable third party, the Nethersole School of Nursing of The Chinese University of Hong Kong (CUHK).

Two studies were conducted:

• Study on the perspective of chief hospital managers of the pilot scheme and their views on future implementation of hospital accreditation in HK

• Study on the Hospital Staff Perceptions of Hospital Accreditation.
8. Evaluation Component

The first CUHK study aimed to solicit the perspectives of chief hospital managers from the pilot hospitals on the outcomes of the Pilot Scheme and their views on future implementation of hospital accreditation in HK. Nine respondents participated in the study through a survey questionnaire and structured interviews. The survey questionnaire comprised five major sections, namely, engagement, readiness, surveyor workforce, standards and feasibility. In addition, individual in-depth interviews centred on qualitative response towards their overall experience were conducted to further investigate the most and the least successful aspects of the accreditation project. An abstract of the study results of chief hospital managers is provided in Appendix 12.

Another CUHK study was carried out in four public pilot hospitals to examine staff’s perceptions of hospital accreditation and organisation culture. As varying perceptions may exist among different levels of staff due to individual’s social background and experience, a total of 44 participants were divided into 6 focus groups in predetermined ranking to allow robust exchange of ideas during the interviews. The rankings were: (1) highest ranking professional staff, (2) lowest ranking professional staff, (3) highest ranking administrative staff, (4) lowest ranking administrative staff, (5) supporting staff from clinical stream and, (6) supporting staff from administrative stream. Key findings and qualitative results of the study on hospital staff are summarised in Appendix 13.

In summary, both studies conducted by CUHK revealed very positive response towards accreditation because of the resultant effect of enhancement of teamwork, collaboration and staff morale. During the preparation stage for accreditation survey, staff encountered some difficulties due to the increased workload in certain areas and inexperience in achieving ACHS standards. Nonetheless, they were able to overcome the difficulties and mitigate the problems encountered. In the end,
they were recognised and praised for deriving commendable and innovative initiatives, and solutions to improve policies, practices or procedures to attain high standards in healthcare and service delivery in accordance with international benchmarks.

8.3 Feedback from the Panel on Health Services of Legislative Council

The progress of the Pilot Scheme was reported to the Panel on Health Services of Legislative Council in May 2011. Subsequently, the Panel conducted a special meeting in July to enlist views from stakeholders including different professional and staff groups, local surveyors, private hospitals, patient groups and so on. Despite the positive impact of hospital accreditation on patient safety and quality, some Legislative Councillors expressed concern on issues such as additional non-clinical workload and work pressure for frontline healthcare staff, manpower resources, communication and support for staff as well as the pace of the program.

Given the constraint of the current manpower situation in the public hospitals, the Panel suggested that HA should review the schedule of further implementation of hospital accreditation and strengthen support to frontline staff.
8.4 Evaluation by Steering Committee on Hospital Accreditation

The Steering Committee in its meeting in November 2010 endorsed the establishment of a Working Group on Evaluation of the Pilot Scheme (Working Group) to review the evaluation findings and make recommendations on the future accreditation model in HK. The Working Group was formed with representatives from DH, HA, PHA and pilot hospitals (Membership is detailed in Appendix 14) and was tasked to review evaluation findings and reports of the Pilot Scheme by ACHS, university and pilot hospitals.

Based on the review findings of the Working Group, the Steering Committee agreed that the Pilot Scheme has achieved its following key objectives:

- Established the infrastructure of accreditation, including the governance structure to steer and oversee the Pilot Scheme; adapting the accreditation standards for local application and developing the HK surveyor system for both public and private hospitals
- Enhanced quality and safety management of local hospitals through identifying and improving common gaps and opportunities for improvement
- Tested the feasibility of implementing an international accreditation program
- Enhanced public-private collaboration in implementing hospital accreditation in HK through close collaboration in different levels of committees, use of common accreditation standards, and surveyor systems including cross-sectors surveyor arrangements, etc.
9. Way Forward

Based on the above evaluations, the Steering Committee considered the Pilot Scheme a success, particularly in fostering a patient safety culture and establishing a quality improvement framework for HK hospitals. The award of full accreditation status to all pilot hospitals signified that the service delivery and quality systems are on par with international standards. The HK experience of the Pilot Scheme is in line with those published in international literature which shows that hospital accreditation positively impacts on organisational changes with resultant improvement in organisational performance for better delivery of quality and safe healthcare.

In light of the success of the Pilot Scheme, the Government is supportive of further implementation of hospital accreditation in public hospitals. In line with the Government’s strategic direction, HA has decided to extend the accreditation scheme to 15 additional hospitals. After due consideration of the evaluation findings as well as feedback from staff, stakeholders and Legislative Council Health Services Panel, HA will adopt a pragmatic approach in the implementation of the extension phase of hospital accreditation. Noting that it would take about two years in order to be sufficient for staff communication, engagement and preparation of hospital for accreditation, HA will extend the preparatory period for completion of accreditation for 15 hospitals to a period of five to seven years to ensure better alignment of hospitals and staff in adopting accreditation as a CQI tool. To assist hospitals in the implementation of hospital accreditation and to minimise documentation work of frontline clinical staff, HA will explore strengthening clerical and information technology support. HA will also develop corporate databases and platforms to facilitate sharing of good practices to reduce duplicated efforts in quality improvement initiatives.

As a way forward for the extension of hospital accreditation in HA hospitals, the Steering Committee has formulated the following major recommendations:
9. Way Forward

9.1 Territory-wide Implementation of Hospital Accreditation in HK

With the lessons learnt from the Pilot Scheme and support by staff in both public and private hospitals, the general consensus was to roll out the implementation of hospital accreditation to more HK hospitals as a means to enhancing quality and safety management in alignment with international standards.

It is recommended that hospital accreditation be implemented territory-wide in HK to ensure quality of care and safety in healthcare delivery.

9.2 Collaboration Model for Accreditation

The ACHS’s evaluation report proposed that HK should consider planning and building the structural foundations for its own future accreditation body and standards in the long run. ACHS has further suggested that the initial way forward would be the continuance of the current approach whereby local hospitals procure accreditation services from a collaborator, a credible international accrediting agent, until such time the proposed local accreditation body has been established.

It was agreed that the establishment of a local accreditation body requires further planning and deliberations on issues such as financial sustainability, statutory setup and local capability. The Pilot Scheme was launched in collaboration with ACHS, an international accrediting agent. This approach of procuring accreditation services from a collaborator has the advantages of minimal local infrastructure setup, independence and international linkage, recognition of accreditation standards by ISQua, which are of strategic importance in the extension of accreditation program to more hospitals in HK.

It is recommended that a Collaboration Model with an international accrediting agent be adapted to fast-track the implementation of territory-wide hospital accreditation in HK.
9.3 Governance Structure

At the governance level, the Steering Committee on Hospital Accreditation, with involvement of key stakeholders from all sectors, has been instrumental in steering and ensuring the success of the Pilot Scheme.

*It is recommended that the Steering Committee be continued to oversee the territory-wide implementation of hospital accreditation in HK.*

9.4 Quality Management Structure and System

In preparation for accreditation, pilot hospitals had reviewed their quality management structure and established quality project teams to coordinate and manage the accreditation process. To sustain hospital accreditation as part of the hospital’s CQI effort in the long run, consideration should be given to establishing a sustainable quality management structure, such as designated “Quality & Safety Office”, to oversee the organisation-wide quality management functions.

*It is recommended that a designated ‘Quality and Safety Manager’ (with clearly defined competency, structured training and career development path) be appointed and be responsible for preparing hospitals for accreditation.*
9.5 Continued Review and Update of Accreditation Standards

The “EQuIP 4 Hong Kong Guide”, developed by the Task Force on Standards and recognised by ISQua, is the first uniform accreditation standards for all hospitals in HK. The standard must be regularly reviewed and updated to align with the latest evidence and development of quality and safety in healthcare.

*It is recommended* that the accreditation standards be continually reviewed, updated and enhanced by a multi-disciplinary Task Force of public and private sector health professionals with further engagement and involvement of stakeholders, such as professional bodies and patient groups.

9.6 Continued Training and Development of Local Surveyors

Under the Pilot Scheme, the local surveyor system and an independent and multi-disciplinary local surveyors workforce, recognised by ACHS, was developed in collaboration with DH, HA and PHA. The pool of local surveyors is one of the valuable foundation blocks of accreditation development in HK.

*It is recommended* that training and development of local surveyors be continued to maintain the foundation blocks of accreditation development in Hong Kong.
In addition to the stipulated annual survey commitment and development program required for surveyors to continue with their appointment, it was considered important to provide more survey experience and to identify development programs for local surveyors as accreditation was still new to local healthcare professionals. Specifically, experience of overseas surveys for local surveyors was very important to enrich their experience on hospital accreditation.

It is recommended that consideration be given to solicit funding support for the purpose of sponsoring international flights for surveyors attending overseas surveys, if and when appropriate, to enrich their experience in hospital accreditation.

9.7 Stakeholders Engagement and Education

Stakeholders’ engagement and education is recognised as one of the important factors in institutionalising an approach for improving the quality of healthcare through accreditation. Sustained improvements often require the acquisition of a sense of ownership with regard to the concept of continuous evaluation of the quality of healthcare services provided against established standards.

It is recommended that more systematic efforts be undertaken to engage patient groups and the general public in the hospital accreditation program, including formulation of communication plans to manage expectations on accreditation and strengthen public trust and confidence.
10. Accreditation Journey: Sharing By Participating Hospitals

This chapter is contributed by participating hospitals in the Pilot Scheme to share their views and experiences on the accreditation journey.

10.1 Public Hospitals

10.1.1 Caritas Medical Centre: Experience of a Non-regional Hospital

The HA launched a Pilot Scheme of Hospital Accreditation in 2009 with the aim to improve the quality of healthcare services and patient safety. Same as the other four public pilot hospitals, we knew little about ACHS, and Caritas Medical Centre (CMC) experienced its own unique challenges. Limited manpower and historical resources characteristic of ex-subvented hospital had become more apparent. Change of HCE, Hospital Phase II Redevelopment Project, sizeable hospital deficit, small departments requiring support from cluster, and many clinical/support/corporate functions relying on cluster support were fairly unique to CMC. Obviously, the hospital accreditation project had put tremendous pressure on our staff as they had the dual requirements to accomplish their daily work and contribute to hospital accreditation preparation. Nevertheless, from the outset, we have already emphasized that hospital accreditation is a means to drive changes to improve the quality and care for both patients, carers and staff. And we depend heavily on cohesive teamwork and active contribution from every staff (clinical, supportive and administrative) as well as strong leadership from top management.

Thanks to the support rendered by HA Head Office and the useful advice from ACHS consultants, our initial fear gradually dissipated, and replaced by huge preparatory workload that literally allowed no time to worry.

In preparation for hospital accreditation, CMC had gone through the process of staff engagement, self-assessment and quality improvements including clinical and non-clinical areas. After months of hard work, the whole hospital jumped to joy when the ACHS surveyor coordinator announced the surveyor team members’ unanimous decision to recommend full accreditation of our hospital at the summation conference on
30 July 2010. We could see happy tears in the eyes of our colleagues, which signify not only their joy and excitement, but also a feeling of gratifying reward paying off their months of stress and hard-work.

The most obvious reward of hospital accreditation was the recognition of quality and safety of the hospital services that are at par with international standard. For many of us, we see hospital accreditation as an invaluable opportunity to uncover blind spots, to find solutions for gaps, to prioritise action plans and to get more funding for improvement. It also provides a tremendous driving force for change and for uniting people. In fact, many of us reflected experiencing the largest team-building exercise never seen before. It was a rewarding experience never to be missed. Through participating in the accreditation process, we had strengthened our accountability to service quality and safety, thereby enhancing public confidence in our quality of healthcare services. Notwithstanding the sweat and sometimes tears we shed for the ACHS accreditation, the process was truly an invaluable experience for Caritas Medical Centre.
10. Accreditation Journey: Sharing By Participating Hospitals

To sum up, we wish to quote a poem, written by one of our colleagues on the evening of the summation conference, which well reflected our feeling at that time.

THE JOURNEY TO EXCELLENCE
by Dr C S Ng, COS Path CMC

- Unknowingly we embarked on the journey
- When we became health workers
- With passion and heart
- Seasons after seasons
- On the quaint campus
- We cared for the underprivileged and sick.
- On comes technology
- Medicine becomes increasingly complex
- And Risks and Safety become supremacy
- Quality and Standards we embrace
- In the care we deliver.
- Into a new era we venture
- The complex becomes intricate
- Policies and protocols paramount
- To safeguard practices and operations
- That embody our daily work.
- To err is human
- Despite precise guidelines
- And scrupulous caregivers
- There comes the need
- For documentation and accreditation.
- Onward we travel
- Along the Journey of Excellence
- Day in and day out
- We toiled towards the goal
- To prove our worthiness.
- There comes the test
- For a whole week
- On the humble campus
- With no ostentatious display
- And no pompous feast
- We showed our muscle
- With persistence and perseverance
- Commitment, passion and pride.
- On the day of Victory
- The good news received
- With thunderous applause
- To ourselves
- For the laudable achievement
- Smiling faces everywhere
- Beaming in glory
- To the world we proudly declare
- CMC deserves its name.

10.1.2 Pamela Youde Nethersole Eastern Hospital: The Accreditation Journey

Accreditation journey in Pamela Youde Nethersole Eastern Hospital (PYNEH) is full of sweat and tears, passion and laughter. Under the steer of our visionary leaders who started exploring international accreditation in a public hospital back in the 1990s, PYNEH has leaped into this new era which calls for quality, safety and accountability up to world recognised standards.

Being one of the five public hospitals joining the HA’s pilot scheme of hospital accreditation, PYNEH was the first public hospital to undergo OWS in June 2010 and be awarded full accreditation for four years by the ACHS in September 2010.
The hospital accreditation program serves as a means of fostering a safety culture and driving continuous improvement at all levels of the hospital. Staff ownership was strengthened and craving for better practice was seen everywhere which was evidenced by surveyors’ upgrading rating of these areas across the 3 functions to Extensive Achievements (EA): Care of dying, pressure ulcer, blood management, correct patient identification and waste & environmental management.

The accreditation status marked an important milestone in our mission and journey to attain healthcare excellence. The award reaffirmed the solid foundation of PYNEH in pursuing holistic patient care and attainment of quality system. It is also recognition of the sweat and tears of all the staff who are dedicated to quality services and committed to international standards.
The accreditation award ceremony was held in September 2010 to celebrate with our staff and stakeholders. The following speeches delivered by our honourable guests are extracted for sharing with all who aspire for quality, safety and performance:

“Thank you once again for giving me the encouragement and the chance of pursuing my quality journey together with all the colleagues in Hospital Authority”

**Dr. PY Leung**  
The former Director of Quality and Safety Division & now the Chief Executive of Hospital Authority

“The surveyors identified the presence of high standard of care, a culture of continuous quality improvement and a bundle of enthusiastic staff.”

**Mr. John Smith**  
Member of ACHS Board of Directors

“We have spent extraordinary efforts, and I am sure our effort paid off today. … You are all my stars, forever … I still see the stars in the sky and every one of you will be there.”

**Dr. Loretta Yam**  
The former Cluster Chief Executive,  
Hong Kong East Cluster
“The survey team was impressed with the strong leadership and support provided to staff in the CQI journey, and for the culture demonstrated by the staff. …For the first survey, all staff of PYNEH can be proud of their achievements as measured by external evaluation. It has been a privilege to be part of a milestone in history of PYNEH.”

Mr. Wayne Singh
ACHS Survey Coordinator

“I am privileged to work in this hospital where we can experience the power of purpose, the power of imagination, the power of courage, the power of determination, and the power of teamwork. The path of hospital accreditation is not easy. It is a long way to get to this point. There are sweat and tears.”

Dr. CN Tang
Cluster Service Director
(Accreditation & Standard),
Hong Kong East Cluster
10. Accreditation Journey: Sharing By Participating Hospitals

10.1.3 Queen Elizabeth Hospital: Realising our Dreams to Reality

Hospital accreditation is a journey into a new era, a continuous cyclic journey that is continuous, cyclical along with its twists and turns that eventually leads to quality improvement in healthcare services. While we have this simple dream about the new era and other starry notions, realising the dream actually involves much more, such as holding onto the gains, tackling new challenges without the option of turning back. As we move deeper and deeper into the dream, the truth of reality becomes more obvious. All elements of transformation depend on attention to details, going back to basics and building a robust quality system. Getting aboard the hospital accreditation journey involves a movement from a dream to reality; dreaming to reach for the starry notions to striving to hold the gains and evolve upon challenges without going back. Attention to the movement itself, the movement from one journey to another, reveals the elements of transformation, which are contained within the continuous quality improvement systems. This system of Plan-Do-Check-Act (PDCA) cycles has to be in place to guide planning, testing, refining and delivering of changes.
Consultant Onsite Visit to YMT Geriatric Day Centre – Getting to know each other

Consultancy Survey – Surveyors and Quality & Standard Team as close partners

Screen Savers – A means to convey messages on quality improvement and hospital accreditation

Certificate Presentation Ceremony – Representative from patient groups was invited

Organization Wide Survey Day 5 Summation – CCE expressed thanks and reinforced the focus of continuous quality improvement
The journey began at the preparation for the Consultancy Survey with “knowns” and “unknowns”, fears and joys ahead. Knowns were the list of EQuIP standards, and implementation timeline and plans. Unknowns were the HOW in putting plans into actualisation and WHAT the outcomes would be. Fears were the uncertainties related to variations in standards and differences in healthcare provision between countries; and joys were the subtly growing staff commitment and public appreciation as time went on. The completion of the first Organisation Wide Survey (OWS) denoted the commencement of another crossing of this cyclical exercise, whereas it also conveyed expectations and new challenges. The imminent post-OWS challenge is Sustainability. Queen Elizabeth Hospital (QEH) continues with the journey of hospital accreditation day-after-day, learning from the past, reflecting in the present and adopting new ways of surmounting the course of continuous quality improvement.

On the way forward, leadership and strategy alignment will be the fundamental and people engagement key. Of utmost importance is leadership at the frontline. The journey across the terrain will be steered along the mainstream of healthcare services. The journey will be tortuous and rough, but surely will be embedding more quality improvement as we move into a wider territory landscape.

“If time is similar to a river, it flows from the past towards the present, and the future. The present is the consequence of the past, and the future of the present.”

Merleau-Ponty, 1962, p. 411
10.1.4 Queen Mary Hospital: The Accreditation Journey

Accreditation is a process in which certification of competency, authority, or credibility is presented\(^6\). When applied in the healthcare system, it enables an institution to enhance the delivery of high-quality healthcare, based on external peer-reviewed standards. Queen Mary Hospital (QMH) was among one of five public and three private hospitals that joined a pilot accreditation scheme by the ACHS.

The following figure summarises the hospital’s accreditation journey.

![Accreditation Journey Diagram]

**Structure**

The Quality and Safety Department coordinated the preparation of QMH for the accreditation. A core team from various disciplines was formed in late 2008. Weekly meetings coined the “Nuts and Bolts” (NAB) meetings were held to evaluate in detail any quality and safety shortcomings based on the 45 criteria (self-assessment).

**Staff engagement**

To engage colleagues, the Quality and Safety team coordinated integrated quality and safety rounds to all clinical areas prior to the OWS. Apart from the official launch of the program, over 15 seminars were held in relation to accreditation, an accreditation website was created to provide the most update information, a quality reminder site was established to convey needed quality message and all improvement projects were updated and uploaded onto the quality and safety website on a monthly basis.

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**Improvement**

Significant gaps identified during the accreditation path were presented to top management regularly. Matching improvement projects were initiated to close the gaps. A summary of the projects is listed in the table below.

**Major gaps and improvement projects at Queen Mary Hospital**

<table>
<thead>
<tr>
<th>Gaps</th>
<th>Improvement</th>
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| Outdated disinfection and sterilisation system | • Revised disinfection and sterilisation policy  
• Abandoned satellite disinfection  
• Issue escalated to HAHO level |
| Lack of document control system for policies and guidelines | • Task force established  
• Document control policy formulated |
| Outdated care delivery model in clinical areas | • Task force instituted  
• Designed and implemented nursing care and discharge plan |
| Fragmented medical record                      | • Integrated patient care documentation implemented in all clinical specialties |
| Lack of credentialing/privileging system       | • Credentialing committee established  
• Formulated credentialing procedural based structure  
• Ongoing privileging of procedures in progress |
| Inadequate monitoring for procedural sedation  | • Task force created  
• New system to regulate paediatric procedural sedation established  
• Education and training of front line staff on safe use of sedation conducted |
| Under-reporting of incidents                  | • Education and training for staff on use of AIRS conducted  
• Intranet access right for all RNs |
The survey

A one-week Organisation Wide Survey was conducted in October 2010, and QMH successfully achieved full accreditation status for 4 years by ACHS. Out of the 45 criteria, QMH attained 10 Extensive Achievement (EA) and 1 Outstanding Achievement (OA).

Conclusion

A complex adaptive system approach to hospital accreditation was adopted: networks building both on formal and informal platforms; the identification of early adopters with progressive diffusion to all walks of staff; and most importantly the creation of open dialogue between management and front-line colleagues. Nonetheless top management’s support is paramount in creating an environment conducive to quality and safety.
10.1.5 Tuen Mun Hospital: Accreditation Journey

Tuen Mun Hospital (TMH) of the New Territories West Cluster is a responsible organisation dedicated to promoting health and providing care to the local community. In line with our Cluster Vision to become the preferred healthcare provider, TMH is devoted to continuous improvement of healthcare quality and safety through the establishment of a Kaizen (Continuous Quality Improvement) culture and promulgation of Lean healthcare management that facilitates process improvement in the organisation.

Hospital Accreditation and its inherent CQI process are matched with the corporate culture and its quality improvement framework. It generates a synergistic effect in enhancing patient and staff safety. It also offers an opportunity for TMH to reaffirm its commitment to achieve high quality healthcare. In preparation for hospital accreditation, TMH reviewed and evaluated its services and performance. Gaps were identified and addressed with the support from the hospital management. For instance, the concern over the sterilisation practice of surgical instruments was addressed by inviting an overseas expert to offer consultancy services on the decontamination services in the cluster and improvement actions were taken according to expert advice. Other improvement actions undertaken by the Hospital included the development of document control system, establishment of a credentialing system with defined scope of practice for healthcare professionals and the development of electronic training platform to facilitate staff learning.
Throughout the process, staff engagement, partnership and teamwork among different levels of staff and professionals are crucial in preparation for accreditation. From TMH’s experience, we engaged staff in the early stage of the preparation phase. We started from large scale communication forum to small group discussion with individual criterion stakeholders. It is also important to disseminate the information regarding the hospital accreditation scheme through a transparent system. Therefore, we developed multiple channels such as TMH Accreditation website, Newsletter “認證號外” and Ward Manager Forum to promulgate the information related to hospital accreditation. With good communication, staff were empowered to participate in the accreditation activities. It also enabled all staff to work together cohesively and effectively in the journey towards achieving accreditation.

TMH underwent its first OWS in September 2010 and was awarded full accreditation for four years with satisfactory results. Since the hospital accreditation is a continuous quality journey, TMH will continue to adopt the CQI approach to drive for continual improvement and will remain fully committed to serve our patients with safe and high quality healthcare services.
10. Accreditation Journey: Sharing By Participating Hospitals

10.2 Private Hospitals

10.2.1 Hong Kong Baptist Hospital

Hong Kong Baptist Hospital is privileged to have the opportunity to participate in the ACHS accreditation program as one of the pilot hospitals in HK. This would not be possible without the fervent support of the Board of Directors of the hospital and the joint effort of the hospital staff.

Although Hong Kong Baptist Hospital has been engaged in accreditation programs for around a decade, we were imbued with a mixed feeling of elation and apprehension, probably in equal proportion, on learning that we were one of the pilot hospitals in the scheme.

The ACHS accreditation program itself is systematic; integrated and evidence based and so are the requirements expected on the hospital. In the months preceding the Organisation Wide Survey, while the management staff were assiduously reviewing the whole set of hospital policies, dutifully drafting new ones and carefully amending old ones, the frontline staff were working frantically day and night in the attempt to identify evidences; review on-going initiatives and evaluate the outcomes of various programs. Innumerable multidisciplinary meetings had been organised to define; to clarify and to agree on equally innumerable number of issues. Though exhaustive, these meetings had provided every department with a chance to better understand what was happening in other departments and facilitated sharing of useful experience throughout the entire hospital.

The program was a venture involving every staff member; the hospital management and the Board as well. The engagement of the whole hospital towards the program was a herculean one. The odyssey began with the understanding of the core concepts; through the proper interpretation of the EQuIP4 and to the application of the criteria to the hospital in its own context. This learning process is invaluable and has paved the necessary ground work for future improvement.
Neither is it a cliché nor a lofty wish to say that the program is more than a means to an end. The central purpose of the program is to strengthen risk management by all stakeholders and improve the quality of all services provided by the hospital. Be that as it may, the hospital is honoured to have acquired the full accreditation of four years as a pilot hospital and this we are profoundly indebted to the incessant advice and dedicated coaching by the various experienced surveyors from Australia like Mr. Wayne Singh; Ms. Sue Gilham; Mr. David Kelly and many more.

Once started, the journey is endless. This is definitely a demanding endeavour, but certainly worth the very effort and commitment. After all, the ultimate reason for the existence of the hospital is to provide excellent care as enshrined in our motto: “In the Service of Man For the Glory of God”. If that is not, what other can be more important?

10.2.2 Canossa Hospital (Caritas): Our Accreditation Journey

Accreditation is a growing trend in healthcare industry. It is recognised as the means of assuring quality of care and reflects the organisation’s dedication and commitment to meeting standards that facilitate a higher level of performance and patient care. We have joined the Trent Accreditation Scheme (TAS) of UK since 2000 and ACHS since 2010.

Soon after the Trent Accreditation, Canossa Hospital prepared itself for the ACHS Accreditation. A gap analysis at Canossa Hospital was held from 13th to 15th October 2010, getting us ready for the actual OWS. Three ACHS consultants, Mr Wayne Singh, Ms. Sue Gilham and Dr Lily Chiu with all their various areas of expertise met the Board members, Department Heads, key personnel and general staff of the Hospital to identify areas of gap and shortcomings, focusing on clinical, support and corporate criteria using the prescribed ACHS standards as reference.
In the whole preparation from gap analysis to the OWS, all departments and staff regardless of ranks were involved. Full explanation and instructions were given to them and they were ensured the full support from Management. We felt this was important because without their commitment and support it would be difficult to achieve good outcome through the changes to be evolved.

Under the strong leadership of our Quality Manager, with the hard work of all staff and cooperation of all departments, we were ready for the OWS which was held from 11th-13th July 2011. Three ACHS Surveyors, Mr David Miller, Mrs Marilyn Sneddon and Dr Billy Chui came to assess us based on the three prescribed functions namely, clinical, support and corporate.

During the accreditation process, the Hospital passed all criteria and has received an Extensive Achievement (EA) rating in 7 areas:

- Management and prevention of pressure ulcers
- Fall management program
- Systems for on-going care
- Better health and wellbeing for customers, patients and staff
- Safety management systems
- Security management
- Emergency and disaster management

The surveyors were much impressed by the joint effort of all staff and complimented this in the report:

“Canossa Hospital was very well prepared for this OWS”

“It was apparent to the surveyors that a lot of work had been undertaken in every department to address the Priority Action Items from the gap analysis and implement many improvements.”

“Canossa Hospital demonstrates a real commitment to high level quality and risk management systems.”
The Australian experience suggests that an accreditation system leads to improved quality of care but does not maintain or improve quality on its own, nor does it prevent the occurrence of adverse events. It is most effective at developing a culture of staff empowerment, continuous improvement, best practice and ongoing learning.

Quality management is a standard and essential practice in healthcare. ACHS Accreditation is a significant achievement as it serves as a sign to the community that our Hospital is committed to delivering quality care and service. However, a successful organisation is one that can sustain effective improvement. Staff involvement plays a significant role in sustainable quality service. May the award be an added incentive to our commitment for continuous improvement of quality care, and to ensure a high standard of care and service delivery for our patients.

All staff were happy that on 16th September, 2011, Canossa Hospital (Caritas) was awarded full accreditation for four years by ACHS. The staff felt they were part of the process and that they had contributed towards the success. The Board and Management Team would like to express their gratitude to all staff for their understanding, willingness to cooperate, dedication and cooperation.
10.2.3 Hong Kong Sanatorium & Hospital

Established in 1922, Hong Kong Sanatorium & Hospital (HKSH) is one of the leading medical service providers in HK, upholding the highest service standard over the past 90 years. To keep abreast of changes in patient expectation and medical advances, HKSH spares no effort in its pursuit of latest technology, recruitment of best medical professionals, promotion of medical education and support for scientific research. The concepts of change and quality improvement are also entrenched in our culture, as demonstrated by strong management support for the adoption of Lean Six Sigma Quality Improvement System within the Hospital. Thanks to the surveys conducted by international accrediting bodies in the last decade, HKSH has been continuously engaged with surveyors of wide-ranging expertise in hospital management. Their feedbacks and recommendations are one of our major foundations for continuous improvement.

Our accreditation journey began in 2000 when we first participated in the TRENT Accreditation Scheme, under which we went through accreditation exercise 6 times. In early 2009 we had our mock survey by the ACHS. Sharing our vision of continuous improvement, the ACHS Accreditation Scheme provides a data-driven, comprehensive framework that can demonstrate, evaluate and compare tangible improvements in wide-ranging areas. Following last year’s survey, HKSH was encouraged to achieve a high rating in our credentialing processes, which plays a major role in ensuring patients are served by doctors of proper and relevant qualifications. HKSH has accomplished such recognition not only through joint efforts by hospital staff and the Management, which have been providing tremendous support in survey preparation and implementation of recommendations, but also through our contribution in promoting good hospital practice in HK.

Our motto is “Quality in Service, Excellence in Care”. In times of rapid expansion, HKSH staff in particular is aware of embracing the motto at work. By engaging hospital staff before, during and after the surveys, the accreditation highlights the crucial factors in improving hospital service and operation. HKSH treasures its staff members as they deliver services with expertise and competence, operate medical equipment, handle medical supplies, implement hospital policies and modify working environment. Quality ambassadors are
sent to different service units to provide guidance. Communication channels through newsletters and staff meetings have long been established to facilitate staff sharing and interaction on survey preparation and improvement measures.

Effective communication with surveyors is of paramount importance during the survey. At HKSH, staff members have always been bearing in mind to be proactive and courteous towards the survey team. Also, they should always inform the surveyors the facts exactly as they were found confidently. It will be of great help to the assessment as a whole if staff members start off by introducing to the surveyor the latest hospital development, their duties and on-the-job training. Staff are expected to be familiar with the incident reporting mechanism as well. At HKSH, every colleague is encouraged to share and learn with others in the common pursuit of clinical excellence.

In short, accreditation brings about progressive engagement of staff in improving services and hospital operation. Today, the very concept of regular audit and continuous improvement has seeped into every nook and cranny of HKSH’s culture. Together with communication and consensus building, hospital management support and shared vision, the continuous pursuit of quality service promises unlimited potential for benefits not only to patients but also to community.
10. Accreditation Journey: Sharing By Participating Hospitals

10.2.4 Union Hospital

Hospital Accreditation

The practice of Hospital Accreditation is not new to colleagues at Union Hospital (UH). Very early on, UH went through various international and local accreditation systems, like the ISO9002:1994 quality management system (QMS) in 1999 to the upgraded ISO9001:2008, the Trent Accreditation Scheme (TAS) of the UK beginning 2000, the HK College of Obstetricians and Gynaecologists as from 2003 and 2006 for the Obstetrics and Gynaecology services respectively.

The ACHS Journey: Gap Analysis

To prepare for ACHS, designated team of staff went for intensive training conducted by ACHS during summer of 2009. This served as a “Train the Trainer” cycle for other relevant staff. Concerns about new requirements and the format inevitably meant heavier workload. After many briefing sessions and forums, confidence of colleagues was restored and boosted.

The gap analysis was conducted during 21-24 September 2009 by three consultants for four days. They met our corporate director, department heads and general staff. Discussion covered fine details, ranging from how the metal brush container was cleaned, to how risk management/prevention policies were executed.

They also assessed various attainment level in governance and quality of patient care, including patients’ involvement, accuracy of health record, care-planning process, safety of patients and staff, system on continuous quality improvement, risk management framework on incident reporting and board of governance.
Preparing for the OWS

Each of us involved in the Gap Analysis and OWS went through a new experience of accreditation, a self assessment process with 5 ratings. The report brought up some issues that went unnoticed in the past. Luckily the rectification process was found to be tedious but not painful.

Involvement of second and third-tier staff

For the sustainable growth and efficiency of the Hospital, potential staff were identified before, during and after the ACHS exercise. They were allocated according to their skills and experience. Ultimately the ACHS Accreditation is another opportunity for UH to train and expand the management team.

Interdepartmental Cooperation

While developing new management team, cross department cooperation laterally or vertically was assessed because emphasis on the internal team dynamics was laid down in some mandatory criteria and evidence to demonstrate the attainment was phenomenal, including evaluation with use of clinical indicators.

Conclusions

Dedication to high quality care with focus on patient and staff safety, coupled with efficient reporting structure yet within a no blame culture and clear accountability framework, form the basic of quality management system in UH as from 1999. These were the vital blocks the UH was founded upon; and these also contributed to the positive commendable findings of OWS and other accreditation systems. After the ACHS accreditation, “key improvement”, “Plan for improvement”, “MA”, “EA” and “OA” become staff’s daily cited terms, blending in our culture.

It is only a couple of months away that our PR will be due for the improved version of EQuIP 5 standards. We are looking forward to this sustainability assessment with confidence.
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Appendix 1
Steering Committee on Hospital Accreditation

Terms of Reference

1. To devise, implement and evaluate a pilot scheme for accreditation of public and private hospitals in HK.

2. Based on the outcome of the above pilot, to advise the Food and Health Bureau on an accreditation system appropriate for the needs of public and private hospitals in HK.

Membership

Chairman
Dr Gloria TAM, Deputy Director of Health, Department of Health

Members

Department of Health
Dr Cindy LAI, Assistant Director of Health (Health Administration & Planning)

Food and Health Bureau
Ms Pamela LAM, Principal Assistant Secretary for Food and Health (Health) (up to 8.10.2008)
Ms Eliza YAU, Principal Assistant Secretary for Food and Health (Health) (up to 20.4.2009)
Ms Shirley LAM, Principal Assistant Secretary for Food and Health (Health) (up to 9.7.2010)
Ms Estrella CHEUNG, Principal Assistant Secretary for Food and Health (Health) (from 1.11.2010)

Hospital Authority
Dr Pak Yin LEUNG, Director (Quality & Safety) (up to 7.11.2010)
Dr Hing Wing LIU, Director (Quality & Safety) (from 1.2.2011)
Dr Lawrence LAI, Senior Advisor (Medical Affairs) (up to 31.12.2011)
Dr Lawrence LAI, Honorary Senior Advisor (from 1.1.2012)
Dr Fei Chau PANG, Chief Manager (Quality & Standards) (up to 16.8.2011)
Dr Alexander CHIU, Chief Manager (Quality & Standards) (from 1.9.2011)
Mr Raymond WONG, Chief Manager (Business Support Services) (up to 15.7.2011)
Mr Desmond NG, Chief Manager (Business Support Services) (from 18.7.2011)
Appendix 1  Steering Committee on Hospital Accreditation

Hong Kong Private Hospitals Association
Dr Alan LAU Kwok-lam, Chairman
Dr Anthony LEE, Vice Chairman
Ms Manbo MAN, Director of Nursing Services, HK Sanatorium & Hospital
Mr Leonard YEUNG, Executive Manager, St Paul's Hospital (up to 9.7.2010)
Dr Jack HUNG, Medical Superintendent, Evangel Hospital (up to 31.12.2011)
Dr Jack HUNG, Consultant (Hospital Planning & Development) (from 1.1.2012)

Secretary
Dr Monica WONG, Principal Medical & Health Officer (up to 10.5.2010)
Dr Tina MOK, Principal Medical & Health Officer (from 11.5.2010)
Appendix 2
ACHS Hong Kong Program Support Committee

Terms of Reference

The ACHS Hong Kong Program Support Committee (PSC) will support and assist the ACHS by:

1. Providing advice to the ACHS on any relevant issues that may impact on ACHS activities
2. Participating, as requested, in consultations with members and key stakeholder groups in the region
3. Appointing a representative on the ACHS Standards Committee which will be responsible for coordinating the adaptation of the standards for application in HK
4. Providing advice and supporting the HK based surveyor workforce including selection, providing advice on appointment and reappointment, ensuring currency of skills, monitoring of performance and allocation to surveys
5. Participating in relevant activities to promote the ACHS vision and its programs.

Membership

Chairman

Dr Lawrence LAI, Senior Advisor (Medical Affairs) (up to 31.12.2011)
Dr Lawrence LAI, Honorary Senior Advisor (from 1.1.2012)

Members

Australian Council on Healthcare Standards

Dr Desmond YEN, Executive Director (International Business)

Department of Health

Dr Monica WONG, Principal Medical & Health Officer (up to 10.5.2010)
Dr Tina MOK, Principal Medical & Health Officer (from 11.5.2010)
Appendix 2  ACHS Hong Kong Program Support Committee

**Hospital Authority**

Dr Pak Yin LEUNG, Director (Quality & Safety) *(up to 7.11.2010)*  
Dr Hing Wing LIU, Director (Quality & Safety) *(from 1.2.2011)*  
Dr Fei Chau PANG, Chief Manager (Quality & Standards) *(up to 16.8.2011)*  
Dr Alexander CHIU, Chief Manager (Quality & Standards) *(from 1.9.2011)*  
Mr Raymond WONG, Chief Manager (Business Support Services) *(up to 15.7.2011)*  
Mr Desmond NG, Chief Manager (Business Support Services) *(from 18.7.2011)*

**Private Hospitals**

Dr Jack HUNG, Medical Superintendent, Evangel Hospital *(up to 31.12.2011)*  
Dr Jack HUNG, Consultant (Hospital Planning & Development) *(from 1.1.2012)*  
Ms Manbo MAN, Director of Nursing Services, Hong Kong Sanatorium & Hospital

**Co-opted Member**

Dr W H SETO, Chairman, Task Force on Standards, Hospital Authority *(up to 19.3.2010)*  
Dr Derrick AU, Chairman, Task Force on Standards, Hospital Authority *(from 31.8.2010)*

**Secretary**

Ms Fion LEE, Senior Manager (Quality & Standards), Hospital Authority
Appendix 3

Working Group on Implementation of Hospital Accreditation

Terms of Reference

1. To develop strategy in piloting hospital accreditation in the Hospital Authority (HA)

2. To monitor and review progress of implementation and effectiveness of the pilot scheme of hospital accreditation in HA

3. To collaborate with private hospitals in the implementation of the pilot scheme and in developing towards the future accreditation system for HK

4. To report to the HA Board, the Steering Committee on Hospital Accreditation and the Food and Health Bureau on the pilot scheme and advise on the policy and direction of hospital accreditation

Membership

Co-Chairman
Dr Pak Yin LEUNG, Director (Quality & Safety), Hospital Authority (up to 7.11.2010)
Dr Hing Wing LIU, Director (Quality & Safety), Hospital Authority (from 1.2.2011)
Dr Lawrence LAI, Senior Advisor (Medical Affairs), Hospital Authority

Members
Dr W H SETO, Chairman, Task Force on Standards, Hospital Authority (up to 19.3.2010)
Dr Derrick AU, Chairman, Task Force on Standards, Hospital Authority (from 31.8.2010)
Dr Siu Fai LUI, Chairman, Task Force on Training & Engagement, Hospital Authority
Dr Fei Chau PANG, Chairman, Co-ordinating Group on Project Teams, Hospital Authority (up to 16.8.2011)
Dr Alexander CHIU, Chairman, Co-ordinating Group on Project Teams, Hospital Authority (from 1.9.2011)
Ms Ivis CHUNG, Chief Manager (Allied Health), Hospital Authority
Mr Raymond WONG, Chief Manager (Business Support Services), Hospital Authority (up to 15.7.2011)
Mr Desmond NG, Chief Manager (Business Support Services), Hospital Authority (from 18.7.2011)
Ms Anna LEE, Chief Pharmacist, Chief Pharmacy Office, Hospital Authority
Ms Joyce YU, Chief Manager (Corporate Communication), Hospital Authority (up to 30.6.2011)
Ms Sylvia FUNG, Chief Manager (Nursing), Hospital Authority
Five Cluster Chief Executives / Hospital Chief Executives, Pilot Hospitals
Two Representatives, Private Hospitals

Secretary
Ms Fion LEE, Senior Manager (Quality & Standards), Hospital Authority

In Attendance
Representatives from Department of Health, each Pilot Hospitals and the Accrediting Agent
Appendix 4
Task Force on Standards

Terms of Reference

1. To engage major stakeholders to identify local limitations and service gaps in the Standards
2. To provide advice on Standards interpretation with reference to local situation
3. To recommend improvement and changes in system(s) and practice(s) to bridge the gaps identified
4. To facilitate the training on standard interpretation and promulgation
5. To report to Working Group on Implementation of Hospital Accreditation and collaborate with private hospitals to develop towards a territory-wide Standards for HK

Membership

Co-chairman
Dr W H SETO, Chairman of Task Force on Standards, Hospital Authority (up to 31.8.2010)
Dr Derrick AU, Chairman of Task Force on Standards, Hospital Authority (from 1.9.2010)
Ms Manbo MAN, Director of Nursing Services, HK Sanatorium & Hospital

Members

Nursing representative
Dr Eric CHAN, Senior Manager (Nursing), Hospital Authority

Allied Health representative
Mr Jimmy WU, Senior Manager (Allied Health), Hospital Authority

Pharmacy representative
Mr Benjamin KWONG, Senior Pharmacist, Hospital Authority

Medical Policy Group representatives
Dr Patrick LI, Chairman, Coordinating Committees (Medicine)
Dr Y W YEUNG, Consultant (Medicine & Geriatrics), Caritas Medical Centre

Hospital Administration representative
Mrs Mary WAN, Cluster General Manager (Administrative Services), Hong Kong East Cluster

Human Resources representative
Ms Iris HO, Chief Manager (Human Resources), Hospital Authority
Quality & Safety representative
Dr Fei Chau PANG, Chief Manager (Quality & Standards), Hospital Authority

Private Hospital representative
Mrs Fanny WONG, Quality Assurance Manager, Union Hospital

Department of Health representatives
Dr Monica WONG, Principal Medical & Health Officer, Department of Health (up to 13.1.2010)
Dr Tina MOK, Principle Medical and Health Officer (from 9.7.2010)
Dr Jackie LEUNG, Senior Medical & Health Officer, Department of Health

Executive Leadership Program, HA
Ms Angelina Mei Ha TONG, Department Operation Manager (Ear, Nose & Throat / Ophthalmology & Visual Sciences), New Territories East Cluster

In attendance
Dr Alexander CHIU, Assistant Cluster Director, Quality & Risk Management, Hong Kong West Cluster

Secretary
Ms Bonita KWOK, Manager (Quality & Standards), Hospital Authority

Subject Expert
Dr Peter AU YEUNG, Member of Central Transfusion Committee / Senior Medical Officer, Department of Anaesthesiology and Operating Theatre Services, Yan Chai Hospital
Ms Angela CHEUNG, Manager (Staff Benefits), Human Resources, Hospital Authority Head Office
Mr Raymond CHEUNG, Senior Systems Manager (N), Hospital Authority Head Office
Ms Patricia CHING, Senior Nursing Officer, Hong Kong West Cluster
Ms Kate CHOI, Clinical Audit Manager (Central Nursing Division) Queen Mary Hospital
Mr Dalton CHONG, Manager (Nursing), Hospital Authority Head Office
Mr M CHU, Project Co-ordinator (Sichuan Reconstruction Project Planning)
Mr Dennis FULLGRABE, Chief Internal Auditor, Hospital Authority
Ms McShirley LEUNG, Senior Pharmacist, Pamela Youde Nethersole Eastern Hospital
Ms CY MAK, Executive Officer, Union Hospital
Mr Damian O’SHEA, Senior Manager (Staff Wellbeing), Hospital Authority
Mr William POON, Senior Nursing Officer, United Christian Hospital
Ms Margaret TAY, Chief Manager (Integrated Care Programs), Hospital Authority Head Office
Mr Dickson WONG, CISPO, Hospital Authority
Mr PL YUEN, Senior Manager (Engineering & Projects), Hospital Authority
Mr Gilbert YUENG, Legal Counsel, Legal Service Department, Hospital Authority Head Office
Appendix 4  Task Force on Standards

The Australian Council on Healthcare Standards
Dr Desmond YEN, Executive Director, International Business
Dr Helen JAGGER, Deputy Project Leader
Ms Darlene HENNESSY, Executive Director, Development

Patient Groups (病人組織)
Mr TH CHEUNG, Chairman of Alliance of Patient Mutual Help Organizations
張德喜先生 — 病人互助組織聯盟主席

Ms Sandra CHOW, Chairman of Care For Your Heart — Cardiac Patients Mutual Support Association
(upto 26.12.2009)
周敏玉女士 — 病人互助組織聯盟秘書，關心您的心主席

Mr Andy LAU, Chairman of Alliance for Renal Patients Mutual Help Association
劉國輝先生 — 腎友聯主席

Mr Tim PANG, Society for Community Organization
彭鴻昌先生 — 香港社區組織協會幹事

Mr Charles YIP, The Hong Kong Liver Transplant Patients’ Association
葉永堂先生 — 肝病人互助組織聯盟副主席，肝臟移植協康代表
Appendix 5
Evaluation of Engagement Forum

Evaluation of Engagement Sessions in May – June 2009

Evaluation on Engagement Sessions Purpose Achieved

1=Strongly Disagree  2=Disagree  3=Slightly Disagree
4=Slightly Agree    5=Agree    6=Strongly Agree

3.00  3.50  4.00  4.50  5.00  5.50  6.00

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### Appendix 6
Evaluation of Introductory and Specialty Workshops

#### Satisfaction Rating for Various Workshops in July 2009

<table>
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<th>Rating on Satisfaction</th>
<th>1=Very Dissatisfied</th>
<th>2=Dissatisfied</th>
<th>3=Neutral</th>
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<table>
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<td>Class B</td>
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<tr>
<td>Class C</td>
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<td>Specialty Workshop</td>
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<td>Credentialing</td>
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<td>Documentation</td>
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<td>Governance and Risk Management</td>
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<tr>
<td>Performance Measurement</td>
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<td>Safe Environment</td>
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## Comments from the Workshops

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Positive Comments</th>
<th>Negative Comments</th>
</tr>
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</table>
| Project Team Workshop :  | • Comprehensive & clear outline of ACHS standards & practical tips for us  
| Class A                   | • Overall very informative and fulfil the objective of providing more in depth understanding of the concept & process  
|                           | • Have more in depth understanding of the ACHS accreditation  
|                           | • It’s difficult to get a one-step understanding of such a complex topic within a short period (good to have more in-depth intermediate or advance level training) |                                                                                                                                                                                                                      |
| Project Team Workshop :  | • Content wise is adequate; as for the practical sessions on the 3 functions, it might help if there are some background information about organisations A&B. Easier for learner to comprehend the context  
| Class B                   | • Explanation is very clear, Wayne & Helen & other trainers know exactly what we want to ask/know and are patient enough to address our concerns  
|                           | • Informative, helpful & valuable suggestion – comment given regarding discussion  
|                           | • Know more about the criteria’s requirement  
|                           | • The practical & sharing sections are useful & did let me have a better understanding on doing the self-assessment survey  
|                           | • Better than other training attached before. More practical & learn not just theoretical things |                                                                                                                                                                                                                      |
| Project Team Workshop :  | • I felt that the ACHS team is helping us to achieve the criteria & standards going along the necessary stops & path etc  
| Class C                   | • It gives an idea how the accreditation works. Also the workshop emphasizes the improvement of “Evaluation” in the whole exercise  
|                           | • Could clarify some of the questions such as marking criteria  
|                           | • Able to provide useful concepts & clarify some issues, but many more have to dig into more details | • The presentations are not more informative than the manuals that we have                                                                                                                                              |
## Appendix 6 Evaluation of Introductory and Specialty Workshops

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Positive Comments</th>
<th>Negative Comments</th>
</tr>
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| Specialty Workshop: Consumer Participation    | • The thorough elaboration on 1.1.2. and the partnership relationship between Healthcare provider and recipient  
• Facilitators can clearly bring up the important points in the workshop. Informative and fruitful workshop  
• Informative workshop which provides excellence information and new inspiration to audience  
• Deeply appreciated! Many thanks to the ACHS team, they have been working very hard and sharing their valuable experience, knowledge, and skills with us!! |                   |
| Specialty Workshop: Credentialing             | • A practical framework to tackle this “new” element was introduced and hospital/service unit can review & plan for further change  
• Clear succinct, samples/experience/case studies in Australia are helpful in enlightening the possible approaches  
• Sample of discussion: open ended for x-reference & information exchange. However, still lose out the focus at times  
• I treasure very much on the discussion part during the workshop  
• Timely, structured and well organised |                   |
| Specialty Workshop: Documentation            | • Sharing among public & private hospital experiences  
• Good time to hear sharing of experience & opinion |                   |
| Specialty Workshop: Governance and Risk Management | • Better understanding, but not much extra from the publication, ½ day could do  
• Informative & with discussion  
• Interactive and informative workshop. Practical and information with relevance to the clinical practice  
• The objectives are mainly met by cross hospital wide discussion & sharing of what have been talked about  
• Governance better-serves |                   |
<table>
<thead>
<tr>
<th>Workshop</th>
<th>Positive Comments</th>
<th>Negative Comments</th>
</tr>
</thead>
</table>
| Specialty Workshop : Performance Measurement | • Achieved basic understanding of collating clinical indicators  
• Informative, practical  
• Very good coverage together with relevant examples, emphasis on gaining improvement well emphasized, etc.  
• Valuable comments in regarding to questions/queries | |
| Specialty Workshop : Safe Environment | • The elaboration & examples cited by trainers were interactive  
• It is good to have group exercise for case sharing | • Aim of the workshop is not clearly specified  
• The presentations is a bit lengthy |
Appendix 7
Summary of Quality Practices and Recommendations for Opportunities for Improvement from Organization-wide Survey of Eight Pilot Hospitals (Public and Private)

1. **Quality Practices**

1.1 **Clinical Function**

(i) Assessment throughout the care delivery process is well done and evaluated across all clinical programs. There is evidence of multidisciplinary involvement at all hospitals.

(ii) Care planning and delivery is well done across all pilot sites with some variation in the levels of consistent documentation of plans. There is evidence of a multidisciplinary approach in all hospitals. Policies and guidelines for many types of care are well documented.

(iii) Informed consent is carefully considered at all pilot sites with an emphasis on defining procedures for which consent is either not required or required. Policies are in place to ensure that procedures do not go ahead without the required consent.

(iv) Care evaluation is noted to be comprehensive and sophisticated throughout all pilot sites. There is a particular emphasis on evaluation of medical treatment and outcomes.

(v) Discharge planning is consistently and effectively communicated with external providers and community services. The quality of information provided to consumers is high.

(vi) Ongoing care is well organised, delivered and evaluated. Outcomes are clearly linked to hospital avoidance, reduction in length of stay and collaboration with the community services, particularly for the elderly. Interdisciplinary work is evident as are education services.

(vii) Care of dying and deceased patients (including family members) is of a high standard. There is much evidence of innovative and thoughtful practice in this area.

(viii) The patient record is used to provide evidence of not only recording of all aspects of care, but also providing a means of retrospectively auditing many process across all disciplines and clinical programs.

(ix) Access information prepared and provided to patients and the community is of a high standard with innovative methods such as electronic access, CD/DVD, print material, posters and, where relevant, English language versions are available.

(x) Access and prioritisation of care according to clinical need is an important focus in HK, in particular because of the high demand for inpatient services. Innovative methods to ensure access to services were demonstrated.
(xi) The concept of appropriate care and services provided to patients is well understood. There were many examples of review linked to decision-making and identification of patient needs were linked to service development and change.

(xii) There is evidence of systematic review, use of recognised guidelines for care delivery and evaluation linked to best practice.

(xiii) The clinical aspects of infection control (surveillance, education, occupational exposure and outbreak management) and the supporting services such as food, cleaning and laundry are very well managed and demonstrated.

(xiv) Falls prevention programs including strategies to manage risks are well addressed.

(xv) Blood products are well managed with evidence of evaluation of processes and outcomes demonstrated.

(xvi) Correct patient/correct site (safe surgery) processes are embedded in operating theatres and all relevant procedural areas. This concept has been embraced by doctors. No recommendations were made in relation to correct patient/correct site matters.

(xvii) There is an evident commitment to the engagement of patients and consumers. This includes the use of patient focus groups and volunteers. Rights and responsibilities are well addressed throughout the pilot sites.

1.2 Support Function

(i) There are established and effective frameworks in place across all sectors for the management of quality and risk that are underpinned by robust systems, reporting structures and the use of indicators to monitor performance. Strong leadership is a driving force behind a commitment to improving performance and working towards best practice in care and service delivery together with an awareness of the importance of maintaining a good reputation within the local communities. There are controlled and integrated links with strategic objectives to support the integration of the quality and risk management frameworks and it is clearly evident that quality is a planned and continuous process.

(ii) The risk management frameworks are comprehensive and include processes for legislative compliance. Incident management, by the public sector, is robust through the use of the Advanced Incident Reporting System (AIRS) as a reporting and monitoring tool to identify and manage risks. The effectiveness of the incident management system by all
sectors to gather data, risk rate and provide reports for analysis are being well used and this has resulted in extensive achievements in incident and complaints management. Patient Relations Assistant roles and Clinical Incident Support Teams are well regarded.

(iii) There is impressive documentation of policies and data with production of useful management reports. All aspects of Human Resources (HR) management are regularly evaluated with a range of key performance indicators used to measure the HR function. Innovative strategies have been developed to support the workforce and these include new creative job classifications development to address skilled workforce shortages together with creative schemes for recruitment and retention. Staff passion and commitment is clearly visible and recruitment, training, appraisal and involvement of volunteers are evident. There is a strong focus on learning and development and the benefits of education are well understood by staff. Staff recognition and support is underpinned by a number of programs that have been designed not only to recognise staff achievements but also to support staff after critical incidents. Staff consultative committees, Communications Ambassadors and various mechanisms are provided to consult and involve staff.

(iv) The provision of Occupational Medicine Departments is used to improve return to work opportunities and other Occupational Safety & Health (OSH) strategies. Management and leadership training and development are also provided.

(v) The robust frameworks are underpinned by sound reporting and data management systems for the management of human resources and it is clearly evident that data is being used to strengthen learning and development, human resources management, performance measurement and staff support.

(vi) There is a comprehensive approach to the broader aspects of clinical and corporate information management and information technology across both sectors with the public sector being led through a HA corporate approach to hardware selection, software development and help desk activities that are supported at the local level by an IT team. The process is supported through a strategic approach to clinical and corporate systems development together with an annual operational plan. Performance indicators across a range of clinical and corporate service types are used by Departments to monitor and evaluate corporate and clinical performance and respond to variances. All systems and processes are supported with standards, policies and guidelines and training with evidence of a risk management focus together with audits to ensure systems sustainability.
(vii) The Medical Records (MR) management systems across the sites have benefited from an infusion of resources, both managerial and structural and this has resulted in a high level of functional efficiency, established systems of policy review and quality assurance, and plans to further enhance integration of paper and electronic records. There are sound governance principles associated with data privacy for all physical records and there are strong linkages of electronic and paper based records.

(viii) It was also identified that there are a broad variety of audits across clinical and non-clinical areas with creative use of IT to integrate systems, improve patient/staff safety and assist in the management functions. There is strong involvement of clinicians and other users in software development and there is effective IT support for users.

(ix) There are strong processes in health promotion, prevention and surveillance across both sectors with each site demonstrating a commitment to the planning, evaluation and implementation of strategies to benefit the communities being served. The public sector strategies align and underpin the local organisation with the HA and the Food and Health Bureau priorities. The implementation process is complimented with clear communication with other departments within the Clusters. Health promotion information is readily available to both staff and community members and non-government organisations. There is solid evidence of a plan that is informed by data, based on community needs/priorities and with results from evaluations demonstrating a positive impact. There is a focus on community priorities above and beyond the core priorities and the involvement of staff, patients and the general community in a broad variety of programs and strategies is commended.

(x) Outreach activities in partnership with community and community based via clinics, schools, government departments, and non-governmental organizations’ (NGO) are commended. There is a range of information leaflets available that is supplemented by a range of strategies promoting staff wellness and activities.

(xi) There is a sound governance framework across both sectors associated for research and the management of ethical issues that are aligned with quality plans and programs. Research governance is at an international standard and information regarding ethics approval and research governance is readily available, with the approval and review processes robust. There is an extensive amount of research being undertaken which includes emerging nursing and allied health research activities, volumes of medical research and publications, including in non-university hospitals and training for members of Clinical Research and Ethics Committees (CREC).
1.3 **Corporate Function**

(i) In the public sector, the governing body is the HA and its Board who have implemented a governance framework, operational systems and reporting mechanisms to enable it to satisfy itself, that the hospitals under its control, are providing care and service delivery in a safe environment. Each pilot site has a Hospital Governing Committee (HGC) that is appointed in accordance with an Ordinance and whilst this Committee has a limited role in governance responsibility, it nevertheless has an important advisory role to play in support of the Hospital Chief Executive (HCE). There is a strong liaison between the HA Board and the individual HGC.

(ii) Similarly in the private sector, the individual Boards have implemented sound governance frameworks, operational systems and reporting mechanisms for the operation of the hospital under its control.

(iii) Operationally, there are designated systems and reporting mechanisms in place, which are consistent with requirements to facilitate sound corporate and clinical governance principles. This includes committees to support and assist the HCE and the Executive Management Team in the decision making process together with sound systems and governance processes in place for the management of financial resources and services being provided e.g. clinical services, human resources management, information management, financial management, risk management, contract management, procurement, facilities management etc.

(iv) Strategic service direction is consistent with the requirements of the Strategic Service Plan and there is strong stakeholder and community involvement in clinical service and clinical program planning with emphasis on fostering a community relationship. Departmental operational plans are linked to the corporate strategic direction and key indicators are used to monitor the progress of plans and operational performance with regular reports being provided to the Chief Executives and the HGC.

(v) There is a robust framework for the determination and management of contracts associated with the provision of services by third party service providers and strategies implemented to manage the risks associated with service provision by external providers. A suite of key indicators is being used to measure performance and where performance by the contractor is less than optimal, action is taken, in consultation with the contractor to ensure that the deficiencies identified are promptly addressed.

(vi) A comprehensive range of corporate and clinical policies are in place to ensure that the hospitals are managing services safely and in accordance with appropriate regulations, Ordinances and best practice guidelines.
(vii) Communication systems are in place for the dissemination of policies to the Chiefs of Service, Heads of Departments and frontline staff. There are appropriate systems for managing compliance with Ordinances and associated Chapters (CAPS).

(viii) There are robust governance frameworks for the effective management of safety systems which are underpinned by sustainable structures including comprehensive policies, sound reporting systems, use of performance indicators, compliance monitoring and staff education.

(ix) Environmental self-inspection assessment tools reflect workplace activity and data is used to drive performance, engage staff in identifying risks and implementing strategies through all phases of the safety management system.

(x) From an occupational safety and health perspective, there has been an emphasis by the sites in managing the risks associated with Injury on Duty (IOD) and the strategies implemented have seen a reduction lost time injuries to workers. The support of Occupational Medicine Service has provided staff with timely clinical assessment, psychological support and advice, thus enabling the injured worker to return to work successfully. The emphasis on manual handling education and training has also been beneficial in this area. Data from IOD and sick leave days taken are monitored and benchmarked diligently by the HA as part of the mandatory indicator reporting system and this is being used by the sites to strengthen their performance in this area.

(xi) The management of radiation and laser safety is comprehensive and is being stringently monitored. The framework for radiation safety management is underpinned by a robust reporting system to manage radiation safety and protection. Policy and procedure compliance mechanisms, including licensing and safety of equipment, credentialing of staff and nuclear medicine waste disposal processes are strong. An extensive range of indicators is being used consistently to measure, compare and benchmark the hospital’s performance.

(xii) Governance frameworks for the management of dangerous goods and hazardous substances are underpinned by a sound reporting structure, policies and procedures relating to chemical identification, exposure control, security and storage, particularly the safety of radioactive material together with education programs for staff.

(xiii) Engineering, maintenance, electrical and biomedical engineering services are being provided by a third party service provider and there are a range of Agreements that articulate the scope of the services to be provided. Risk management strategies have been developed to manage the contracts and a suite of indicators is being used to monitor the contractor’s performance.
(xiv) Biomedical engineering services are being well managed with a risk rated program in place.

(xv) Frameworks are in place for the effective management of the procurement and supplies function with clear parameters, guidelines and policies being followed for procurement and distribution services. Data is used extensively not only to monitor utilisation but also to enhance service provision.

(xvi) There are systems for the management of all categories of waste generated with evidence of the processes being followed. Data is used to drive improvements in this area and results are compared.

(xvii) Emergency management features prominently with strong robust systems to manage internal and external disasters that include pandemics. Staff are following clearly articulated policies and directives. There are staff emergency management education programs with staff displaying a sound knowledge and understanding of fire safety and emergency management procedures.

(xviii) There is focus on security management with a sound framework for monitoring performance. Security management is underpinned by policies and reporting structures and there are surveillance monitoring systems in place. The management of aggressive behaviour and violence is also well managed.

2. **Recommendations and Opportunities for Improvement**

2.1 **Clinical Function**

(i) Some recommendations were made to assist with a more focused evaluation of outcomes to ensure patients are provided with high quality care throughout the care delivery process.

(ii) Recommendations were made about the need to review the use of patient restraint. There are opportunities for more focused evaluations of care planning.

(iii) Recommendations were made about further development of the audit process of consent. An opportunity was identified to ensure that consent for amniotic membrane donation is brought into line with current ethical standards for the whole jurisdiction.

(iv) Discharge planning is comprehensive although there are opportunities at all hospitals for some more focused evaluation of average length of stay for some specialties.
(v) The survey results indicated a generally high standard of documentation with opportunities to improve audit content and focus on some particular clinical services or activities.

(vi) Recommendations to achieve expected outcomes were made about further evaluation of care provided to patients who are located outside their ‘home ward’ or specialty area.

(vii) While work on improving all aspects of medication ordering and management was identified, the survey teams identified some opportunities for further improvement including improved storage and labeling arrangements for some identified high risk drugs, management of some aspects of antibiotic therapy and removing the need for nurses to mix chemotherapeutic agents.

(viii) Recommendations were made about the need to complete the work already started in sterilization practices, disinfection and management of single use items, and planning for the introduction of comprehensive instrument tracking systems. There is also an opportunity to review the use of linen in operating theatres and reduce the practice of disinfection of personal use items through the use of various chemical solutions.

(ix) While pressure ulcer prevention and management programs are embedded at all sites, opportunities for improvements identified centred around consistency of assessment, more focused auditing and expanding the work done with the old age homes.

(x) There were opportunities for pressure ulcer management refinements in some hospitals. The recommendations made focused on audit and evaluation and review of the aids and equipment in use.

(xi) Recommendations were made about refining the consent processes and evaluation of staff competency in relation to transfusion related activities.

(xii) There are opportunities in providing safe surgery by ensuring that the recording of items is brought into line with international accountable standards and guidelines.

(xiii) Recommendations were made to further evaluate consumer understanding in this area. Innovative systems are in place at all sites to identify and cater for special needs of consumers and patients. Special needs are recognised as physical, cultural and spiritual.
2.2 Support Function

(i) Suggestions were made in relation to the variable knowledge and implementation of open disclosure principles, low incident reporting rates regarding near misses, audits not always leading to improvements, (usually because of lack of multidisciplinary stakeholder input), variable development of risks registers and the understanding at the department level, particularly relating to clinical risks (e.g. the presence of ventilated patients in general wards being cared for by untrained staff). In the private sector, there are opportunities to strengthen clinical involvement in mortality and morbidity processes, expanding the range of clinical indicators and ensuring the timely progress of resolutions.

(ii) Recommendations of general application relate to education about near miss reporting and involvement of front line staff in pro-active identification of risks and development of registers.

(iii) Weaknesses identified in HR included recruitment issues in specialty areas, workload demands for nurses, definition of core competencies for senior doctors to support merit selection, criminal record checks not done for all staff, lack of compliance with Staff Development Reviews (SDR) for managers and senior staff and slow progress with getting SDR’s into HR files unless there is a problem. Recommendations of general application related to training for nurses to manage ventilated patients and verification processes for licenses and practicing certificates for casual staff.

(iv) OSH concerns were identified in relation to medical records storage areas, a lack of standardised coding and quality control and separate medical records (e.g. allied health records at some sites) not finding their way into the patient record in a timely manner. Recommendations were few and specific to sites.

(v) It was identified and consequently encouraged that there is minimal involvement in research activities by general medical and nursing staff. Although sponsored research provides feedback about adverse events, there is no indemnity for Clinical Research Ethics Committee (CREC) members.

(vi) Recommendations of general application relate to improving access to administrative and statistical support for clinicians and a requirement for all researchers to feedback to the Clinical Research and Ethics Committee any adverse events associated with clinical trials and research programs.
2.3 Corporate Function

(i) Although this is in an early stage, policies and processes for credentialing and defining the scope of clinical practice the survey teams have made recommendations or suggestions to include processes for the introduction of new interventions and a separate appeals mechanism to be established to value add to transparency of the credentialing and scope of practice processes. It may also be advantageous for a Central Appeals Panel, with clearly articulated terms of reference, to be established.

(ii) It would be beneficial if policies were risk rated, as this would enable the auditing regime to focus on compliance with those high-risk policies.

(iii) Whilst training is provided to maintain a safe environment, it does not always extend to and cover all appropriate staff in the areas. Recommendations or suggestions were made to strengthen the staff education program in specialised areas where cytotoxic; laser and other dangerous goods and hazardous substances are used.

(iv) There are opportunities to ensure that there is compliance with the Ordinance in relation to the storage of chemicals and to strengthen compliance mechanisms to a level whereby there is assurance that all safety regulations are being managed in accordance with the Labour Department regulations and the associated Ordinances.

(v) There are opportunities to strengthen the ward based facilities maintenance program with the introduction of a robust system that enables routine maintenance of ward areas, wet areas etc. to be undertaken in a timely manner. Current practices tend to focus on maintaining plant and equipment in these areas. Although electrical safety complies with the Ordinance, there is an opportunity to strengthen this process with an annual testing regime in critical care areas being introduced as part of the preventative maintenance program.

(vi) There is compliance with the Fire Safety Ordinance. However, there are opportunities to strengthen the existing testing regime of fire safety equipment, alarms, hydrants etc. to ensure that compliance with the annual certification process can be validated.
## Summary of the EQuIP 4 Standards

<table>
<thead>
<tr>
<th>1. CLINICAL</th>
<th>2. SUPPORT</th>
<th>3. CORPORATE</th>
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<tbody>
<tr>
<td><strong>1.1 Consumers / patients are provided with high quality care throughout the care delivery process.</strong></td>
<td>2.1 The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks.</td>
<td>3.1 The governing body leads the organisation’s strategic direction to ensure the provision of quality, safe services.</td>
</tr>
<tr>
<td>1.1.1 The assessment system ensures current and ongoing needs of the consumer / patient are identified.</td>
<td>2.1.1 The organisation’s continuous quality improvement system demonstrates its commitment to improving the outcomes of care and service delivery.</td>
<td>3.1.1 The organisation provides quality, safe care through strategic and operational planning and development.</td>
</tr>
<tr>
<td>1.1.2 Care is planned and delivered in partnership with the consumer / patient and when relevant, the care, to achieve the best possible outcomes.</td>
<td>2.1.2 The integrated organisation-wide risk management policy and system ensure that corporate and clinical risks are identified, minimised and managed.</td>
<td>3.1.2 Governance is assisted by formal structures and delegation practices within the organisation.</td>
</tr>
<tr>
<td>1.1.3 Consumers’ / patients’ views are informed of the consent process, understand and provide consent for their health care.</td>
<td>2.1.3 Health care incidents, complaints and feedback are managed to ensure improvements to the systems of care.</td>
<td>3.1.3 Processes for credentialing and defining the scope of clinical practice support safe, quality health care.</td>
</tr>
<tr>
<td>1.1.4 Care is evaluated by health care providers and when appropriate with the consumer / patient and carers.</td>
<td>2.2 Human resources management supports quality health care, a competent workforce and a satisfying working environment for staff.</td>
<td>3.1.4 External service providers are managed to maximise quality care and service delivery.</td>
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<tr>
<td>1.1.5 Processes for discharge / transfer address the needs of the consumer / patient for ongoing care.</td>
<td>2.2.1 Human resources planning supports the organisation’s current and future ability to address needs.</td>
<td>3.1.5 Documented corporate and clinical policies assist the organisation to provide quality care.</td>
</tr>
<tr>
<td>1.1.6 Systems for ongoing care of the consumer / patient are coordinated and effective.</td>
<td>2.2.2 The recruitment, selection and appointment system ensures that the skill mix and competence of staff, and mix of volunteers, meet the needs of the organisation.</td>
<td>3.2 The organisation maintains a safe environment for employees, consumers / patients and visitors.</td>
</tr>
<tr>
<td>1.1.7 Systems exist to ensure that the care of dying and deceased consumers / patients is managed with dignity and comfort.</td>
<td>2.2.3 The continuing employment and performance development system ensures the competence of staff and volunteers.</td>
<td>3.2.1 Safety management systems ensure safety and well-being for consumers / patients, staff, visitors and contractors.</td>
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<tr>
<td>1.1.8 The health record contains comprehensive and accurate information is recorded and used in care delivery.</td>
<td>2.2.4 The learning and development system ensures the skill and competence of staff and volunteers.</td>
<td>3.2.2 Buildings, signage, plant, equipment, supplies, utilities and consumables are managed safely and used efficiently and effectively.</td>
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<tr>
<td><strong>1.2 Consumers / patients / communities have access to health services and care appropriate to their needs.</strong></td>
<td>2.2.5 Employee support systems and workplace relations assist the organisation to achieve its goals.</td>
<td>3.2.3 Waste and environmental management supports safe practice and a safe environment.</td>
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<tr>
<td>1.2.1 The community has information on, and access to, health services and care appropriate to its needs.</td>
<td>2.5 Information management systems enable the organisation’s goals to be met.</td>
<td>3.2.4 Emergency and disaster management supports safe practice and a safe environment.</td>
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<td>1.2.2 Access and admission to the system of care is prioritised according to clinical need.</td>
<td>2.5.1 Records management systems support the collection and integration of information and meet the organisation’s needs.</td>
<td>3.2.5 Security management supports safe practice and a safe environment.</td>
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<tr>
<td><strong>1.3 Appropriate care and services are provided to consumers / patients.</strong></td>
<td>2.5.2 Information and data management and collection systems are used to assist in meeting the strategic and operational needs of the organisation.</td>
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<tr>
<td>1.3.1 Health care and services are appropriate and delivered in the most appropriate setting.</td>
<td>2.5.3 Data and information are used effectively to support and improve care and services.</td>
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<tr>
<td>1.3.2 Governance is assisted by formal structures and delegation practices within the organisation.</td>
<td>2.5.4 The organisation has an integrated approach to the planning, use and management of information and communication technology (ICT).</td>
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<tr>
<td>1.4 The organisation provides care and services that achieve expected outcomes.</td>
<td>2.4 The organisation promotes the health of the population.</td>
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<tr>
<td>1.4.1 Care and services are planned, developed and delivered based on the best available evidence and in the most effective way.</td>
<td>2.4.1 Better health and wellbeing for consumers / patients, staff and the broader community are promoted by the organisation.</td>
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<td><strong>1.5 The organisation provides safe care and services.</strong></td>
<td>2.5 The organisation encourages and adequately governs the conduct of health and medical research to improve the safety and quality of health care.</td>
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<tr>
<td>1.5.1 Medications are managed to ensure safe and effective practice.</td>
<td>2.5.1 The organisation’s research program promotes the development of knowledge and its application in the health care setting, protects consumers / patients and manages organisational risks associated with research.</td>
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<tr>
<td><strong>1.5.2 The infection control system supports safe practice and ensures a safe environment for consumers / patients and health care workers.</strong></td>
<td>2.5.2 The organisation’s infection control policies support safe practice in a safe environment.</td>
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<tr>
<td>1.5.3 The incidence and impact of pressure ulcers are minimised through a pressure ulcer prevention and management strategy.</td>
<td>2.5.3 The organisation’s infection control policies support safe practice in a safe environment.</td>
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<tr>
<td>1.5.4 The incidence of falls and fall injuries is minimised through a falls management program.</td>
<td>2.5.4 The organisation promotes the health of the population.</td>
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<tr>
<td>1.5.5 The system for prescription, sample collection, storage and transportation and administration of blood and blood components ensures safe and appropriate practice.</td>
<td>2.5.5 The organisation encourages and adequately governs the conduct of health and medical research to improve the safety and quality of health care.</td>
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<tr>
<td>1.5.6 The organisation ensures that the correct patient receives the correct procedure on the correct site.</td>
<td>2.5.6 The organisation’s research program promotes the development of knowledge and its application in the health care setting, protects consumers / patients and manages organisational risks associated with research.</td>
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<tr>
<td><strong>1.6 The governing body is committed to consumer participation.</strong></td>
<td>2.6.1 Input is sought from consumers, carers and the community in planning, delivery and evaluation of the health service.</td>
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<tr>
<td>1.6.1 Input is sought from consumers, carers and the community in planning, delivery and evaluation of the health service.</td>
<td>2.6.2 Consumers / patients are informed of their rights and responsibilities.</td>
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<tr>
<td>1.6.3 The organisation makes provision for consumers / patients from culturally and linguistically diverse backgrounds and consumers / patients with special needs.</td>
<td>2.6.3 The organisation makes provision for consumers / patients from culturally and linguistically diverse backgrounds and consumers / patients with special needs.</td>
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**Key:**
- **Mandatory Criteria**
Appendix 9
Evaluation of Surveyor Induction Workshops

Surveyor Induction Workshop – July 2009
Satisfaction Summary based on Question 1–3

Summary of Questions 1 - 3

Q1. The information presented enabled me to understand the role and responsibilities of being a surveyor

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Q2. The information presented enabled me to understand how the key concepts of EQuIP and the ACHS standards are applied to my role as a surveyor

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Q3. Do you feel that the information provided has given you the necessary skills required to participate as part of a survey

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Surveyor Induction Workshop – March 2010
Satisfaction Summary based on Question 1–3

Summary of Questions 1 - 3

Q1. The information presented enabled me to understand the role and responsibilities of being a surveyor

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Q2. The information presented enabled me to understand how the key concepts of EQuIP and the ACHS standards are applied to my role as a surveyor

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Q3. Do you feel that the information provided has given you the necessary skills required to participate as part of a survey

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### Comments from the Workshops:

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<tr>
<th>Questions</th>
<th>Positive Comments</th>
<th>Negative Comments</th>
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<tbody>
<tr>
<td><strong>Q1:</strong> The information presented enabled me to understand the roles and responsibilities of being a surveyor.</td>
<td>• Trainers did their best to cover the relevant information with such a tight schedule</td>
<td></td>
</tr>
<tr>
<td><strong>Q2:</strong> The information presented enabled me to understand how the key concepts of EQuIP and the ACHS standards are applied to my role as a surveyor.</td>
<td>• Lots of practice with examples from highly rated orgs • Training course was helpful regarding participants own organisation</td>
<td></td>
</tr>
<tr>
<td><strong>Q3:</strong> Do you feel the information provided has given you the necessary skill to participate as part of a survey team?</td>
<td>• Scenario Activity was very useful • Trainee survey needed in order to answer this question properly • Practical experience is needed to put skills into action • Team work was helpful</td>
<td>• More example reports would be helpful for learning how to write comments and recommendations • Another Scenario would have been good</td>
</tr>
<tr>
<td><strong>Q4:</strong> Please provide an overall rating of the training.</td>
<td>• Lena, Helen and John are excellent trainers • All information provided was useful • Workshop was very well structured • Material covered all necessary aspects • Course generated further interest in quality improvement</td>
<td>• More information on report writing techniques • The time table was too tight • A slower pace would be better</td>
</tr>
<tr>
<td>Questions</td>
<td>Positive Comments</td>
<td>Negative Comments</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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</tbody>
</table>
| Q5: What was good about the training and what was not good?              | • The format of the program as a simulation of a survey  
• Feeling of being actually engaged in a “real” situation  
• Well structured  
• Role play was very useful  
• All instructors were very helpful  
• Clear information provided about surveyor’s roles and responsibilities  
• Cohesive program  
• Practical sessions were very helpful and meaningful  
• Energetic trainers  
• Good mix of trainees  
• Excellent logistic support from HA  
• Lots of information demonstrated  
• Sharing of comments with colleagues from different backgrounds  
• Participation by all trainees was strongly encouraged  
• Good time keeping  
• Learning by doing  
• Drawing an image of a surveyor  
• Rating the assigned criteria  
• Immediate feedback on the brief talk exercise  
• Good experiential approach  
• Constructive feedback from the trainers  
• Good to get a taste of the pressure that will be involved in the survey process  
• Experienced trainers  
• Scenario activity was very useful  
• Lots to learn about including, writing and presentation skills                                                                 | • Hard to gauge the difference between SA and MA  
• Hard to gauge strict interpretation of the elements vs overall picture  
• The schedule was too tight  
• Too many trainees  
• Felt the need to fight for a chance to ask questions  
• Atmosphere was too tense and stressful  
• Highly demanding leading to a feeling of nervousness  
• Some hiccups with the slide presentation  
• Time was limited  
• Not all criterion have been discussed during the workshop  
• Quite demanding in terms of energy and attention span  
• It would be better if the class size was reduced to 20 participants  
• Pressed for time  
• More practical examples would be helpful  
• The pre-workshop exercise was a very daunting task |
### Appendix 9  Evaluation of Surveyor Induction Workshops

<table>
<thead>
<tr>
<th>Questions</th>
<th>Positive Comments</th>
<th>Negative Comments</th>
</tr>
</thead>
</table>
| Q6: What would be 3 key areas that you would like to learn more about through ACHS education/training sessions? | • Areas mentioned for further training included:  
• Some of the criteria not covered in the brief talk exercise  
• Role of ACHS in coaching vs assessing  
• Difference between expectations from small and large institutions  
• The rating of the criterion  
• Writing reports  
• Fact finding skills  
• Interview skills  
• Verifying the evidence  
• Example of accreditation tour e.g. Video of actual survey  
• Relationship between criteria  
• Summation / presentation skills  
• How to handle problematic cases  
• Requirements of each criterion  
• Rating for a grey area situation  
• Communication skills |
<table>
<thead>
<tr>
<th>Questions</th>
<th>Positive Comments</th>
<th>Negative Comments</th>
</tr>
</thead>
</table>
| **Q7:** Were your expectations met for the induction training? | • Expectations were met  
• Feeling of readiness to participate as an observer on a real survey  
• The role of a surveyor was clear and as expected  
• Training provided the basic knowledge and skills for participants to act as a surveyor  
• Happy to have participated in this induction training  
• Training program is comprehensive  
• Excellent  
• Very high standard  
• Looking forward to getting practical experience as a surveyor  
• Training provided relevant information for the ACHS accreditation process  
• Expectations were met, now excited to become more involved | • Minimum expectations were met  
• Further Practical skills will be useful  
• Not exactly what was expected but enjoyable  
• Role of a surveyor is more demanding/challenging than expected  
• Role is much heavier than first thought |
### Appendix 9  Evaluation of Surveyor Induction Workshops

<table>
<thead>
<tr>
<th>Questions</th>
<th>Positive Comments</th>
<th>Negative Comments</th>
</tr>
</thead>
</table>
| Q8: Other Comments?             | • Class was very enjoyable  
  • Thank you to the trainers for all of their efforts  
  • It was appreciated that the trainers were just as tired, busy and rushed as the trainees  
  • Thank you for providing insight into how the system actually works  
  • Expert Surveyor Coordinators conducted the program  
  • More information about what was expected for the assignment  
  • The presentations of the criterion was really helpful with gaining greater understanding  
  • Very committed trainers and trainees  
  • The training was enjoyed very much  
  • Speakers provided a lot of information from their own experience which was invaluable  
  • A lot of feedback given to the trainees in a positive manner – quite a skill  
  • The teachers were very dedicated  
  • Thanks was offered to the teachers  
  • Participants interested in further development  
  • Looking forward to the practical experience of trainee survey  
  • Presentation was professional  
  • Essential reading pack was helpful | • Thorough explanation of each criterion should be considered  
  • Opportunity for a Chinese version of the EQuIP 4 standards could be considered  
  • More practice of interview process would be good  
  • More realistic scenarios would be good  
  • The opportunity to practice in a real survey as soon as possible  
  • Participants would have liked to know further in advance that time would need to be set aside for reading and completion of the pre-workshop exercise |
## List of 49 Appointed ACHS (Hong Kong) Surveyors as at April 2012

<table>
<thead>
<tr>
<th>Name</th>
<th>Title / Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Derrick AU</td>
<td>Head of Human Resources</td>
</tr>
<tr>
<td></td>
<td>Hospital Authority</td>
</tr>
<tr>
<td>Ms Betty AU YEUNG</td>
<td>Senior Nursing Officer (Quality &amp; Safety)</td>
</tr>
<tr>
<td></td>
<td>Caritas Medical Centre</td>
</tr>
<tr>
<td></td>
<td>Hospital Authority</td>
</tr>
<tr>
<td>Ms Queenie CHAN</td>
<td>Quality Assurance Coordinator</td>
</tr>
<tr>
<td></td>
<td>Hong Kong Sanatorium &amp; Hospital</td>
</tr>
<tr>
<td>Dr Yiu Kay CHAN</td>
<td>Consultant (Medicine &amp; Geriatrics)</td>
</tr>
<tr>
<td></td>
<td>Caritas Medical Centre</td>
</tr>
<tr>
<td></td>
<td>Hospital Authority</td>
</tr>
<tr>
<td>Dr Grace CHENG</td>
<td>Cluster Coordinator (Quality &amp; Standards)</td>
</tr>
<tr>
<td></td>
<td>Kowloon Central Cluster</td>
</tr>
<tr>
<td></td>
<td>Hospital Authority</td>
</tr>
<tr>
<td>Dr Yin Chi CHENG</td>
<td>Consultant (Anaesthesiology &amp; Operating Theatre Services)</td>
</tr>
<tr>
<td></td>
<td>Queen Elizabeth Hospital</td>
</tr>
<tr>
<td></td>
<td>Hospital Authority</td>
</tr>
<tr>
<td>Dr Michael CHEUNG</td>
<td>Coordinator (Clinical Service) / Consultant (Surgeon)</td>
</tr>
<tr>
<td></td>
<td>North District Hospital</td>
</tr>
<tr>
<td></td>
<td>Hospital Authority</td>
</tr>
<tr>
<td>Dr Alexander CHIU</td>
<td>Chief Manager (Quality &amp; Standards)</td>
</tr>
<tr>
<td></td>
<td>Hospital Authority</td>
</tr>
<tr>
<td>Dr Lily CHIU</td>
<td>Consultant (Centres of Excellence)</td>
</tr>
<tr>
<td></td>
<td>Hospital Authority</td>
</tr>
<tr>
<td>Ms Kate CHOI</td>
<td>Clinical Audit Manager</td>
</tr>
<tr>
<td></td>
<td>Queen Mary Hospital</td>
</tr>
<tr>
<td></td>
<td>Hospital Authority</td>
</tr>
<tr>
<td>Sr Lucy CHOY</td>
<td>Hospital Quality Manager</td>
</tr>
<tr>
<td></td>
<td>Canossa Hospital (Caritas)</td>
</tr>
<tr>
<td>Dr Billy CHUI</td>
<td>Senior Family Physician</td>
</tr>
<tr>
<td></td>
<td>Evangel Hospital</td>
</tr>
</tbody>
</table>
# Appendix 10  Overview on Appointment of Local Surveyors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title / Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Kin Lai CHUNG</td>
<td>Hospital Chief Executive&lt;br&gt;Castle Peak Hospital /&lt;br&gt;Service Director (Quality &amp; Risk Management)&lt;br&gt;New Territories West Cluster&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Mr John CHUNG</td>
<td>Chief Physiotherapy Officer&lt;br&gt;St Teresa's Hospital</td>
</tr>
<tr>
<td>Ms Becky HO</td>
<td>Deputy Cluster General Manager (Nursing)&lt;br&gt;New Territories East Cluster&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Dr Jack HUNG</td>
<td>Consultant (Hospital Planning &amp; Development)&lt;br&gt;Evangel Hospital</td>
</tr>
<tr>
<td>Dr Anne KWAN</td>
<td>Hospital Superintendent&lt;br&gt;Evangel Hospital</td>
</tr>
<tr>
<td>Mr Yiu Wing KWAN</td>
<td>Manager In-charge (Quality &amp; Safety)&lt;br&gt;Hong Kong Baptist Hospital</td>
</tr>
<tr>
<td>Dr Lawrence LAI</td>
<td>Honorary Senior Advisor&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Dr Clarence LAM</td>
<td>Service Director (Quality &amp; Safety)&lt;br&gt;Hong Kong West Cluster /&lt;br&gt;Consultant (Haematology)&lt;br&gt;Queen Mary Hospital&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Dr Yonnie LAM</td>
<td>Principal Medical &amp; Health Officer&lt;br&gt;Department of Health</td>
</tr>
<tr>
<td>Dr Chor Chiu LAU</td>
<td>Cluster Chief Executive&lt;br&gt;Hong Kong East Cluster&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Dr Herman LAU</td>
<td>Hospital Chief Executive&lt;br&gt;Cheshire Home, Shatin&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Name</td>
<td>Title / Organization</td>
</tr>
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</tr>
<tr>
<td>Mr Tarcisius LAW</td>
<td>Medical Director&lt;br&gt;Wellman Integrative Medical Centre / Honorary Consultant (Training Centre)&lt;br&gt;Hong Kong East Cluster&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Dr Benjamin LEE</td>
<td>Cluster Coordinator (Pharmacy)&lt;br&gt;New Territories East Cluster&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Ms Bernadette LEE</td>
<td>Deputy General Manager (Clinical Operations)&lt;br&gt;Matilda International Hospital</td>
</tr>
<tr>
<td>Ms Julie LI</td>
<td>General Manager (Administration Services)&lt;br&gt;Tung Wah Eastern Hospital / Wong Chuk Hang Hospital&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Dr Teresa LI</td>
<td>Department Operations Manager (Orthopaedics &amp; Traumatology)&lt;br&gt;Queen Mary Hospital&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Dr Ares LEUNG</td>
<td>Deputy Medical Director&lt;br&gt;Union Hospital</td>
</tr>
<tr>
<td>Ms Civy LEUNG</td>
<td>Cluster General Manager (Nursing)&lt;br&gt;Hong Kong East Cluster&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Ms Joyce LEUNG</td>
<td>Cluster General Manager (Human Resources)&lt;br&gt;Hong Kong West Cluster&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Mr Michael LING</td>
<td>Department Manager (Pharmacy)&lt;br&gt;Kwong Wah Hospital / Wong Tai Sin Hospital&lt;br&gt;Hospital Authority</td>
</tr>
<tr>
<td>Ms Wing On LOU</td>
<td>Manager (Quality &amp; Safety)&lt;br&gt;New Territories West Cluster&lt;br&gt;Hospital Authority</td>
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</tbody>
</table>
## Appendix 10 Overview on Appointment of Local Surveyors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title / Organization</th>
</tr>
</thead>
</table>
| Dr Joseph LUI      | Cluster Chief Executive  
                      Kowloon East Cluster  
                      Hospital Authority |
| Dr Siu Fai LUI     | Honorary Consultant (Quality & Safety)  
                      New Territories East Cluster  
                      Hospital Authority         |
| Ms Manbo MAN       | Director of Nursing Services  
                      Hong Kong Sanatorium and Hospital |
| Ms Rebecca NG      | Deputy General Manager (Nursing)  
                      Queen Elizabeth Hospital  
                      Hospital Authority          |
| Mrs Yon Fah NG LEE | Senior Nursing Officer (Quality Assurance)  
                      St Teresa’s Hospital       |
| Ms Bernadette QUIGLEY | General Manager, Clinical Operations  
                         Matilda International Hospital |
| Dr Hing Yu SO      | Service Director (Quality & Safety)  
                      New Territories East Cluster /  
                      Consultant (Adult Intensive Care Unit)  
                      Prince of Wales Hospital  
                      Hospital Authority          |
| Dr Victoria TAN    | Clinical Assistant Professor  
                      Department of Medicine  
                      Queen Mary Hospital / University of Hong Kong |
| Dr Chung Ngai TANG | Deputy Hospital Chief Executive / Consultant (Surgeon)  
                      Pamela Youde Nethersole Eastern Hospital  
                      Hospital Authority             |
| Dr William TSANG   | Service Director (Quality & Safety)  
                      Kowloon Central Cluster /  
                      Consultant Pathologist (Anatomical Pathology)  
                      Queen Elizabeth Hospital  
                      Hospital Authority          |
<table>
<thead>
<tr>
<th>Name</th>
<th>Title / Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs Mary WAN</td>
<td>Cluster General Manager (Administrative Services)</td>
</tr>
<tr>
<td></td>
<td>Hong Kong East Cluster</td>
</tr>
<tr>
<td></td>
<td>Hospital Authority</td>
</tr>
<tr>
<td>Ms Bonnie WONG</td>
<td>Cluster Manager (Quality &amp; Safety)</td>
</tr>
<tr>
<td></td>
<td>New Territories West Cluster</td>
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<td></td>
<td>Hospital Authority</td>
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<tr>
<td>Mrs Fan WONG</td>
<td>Quality Assurance Manager</td>
</tr>
<tr>
<td></td>
<td>Union Hospital</td>
</tr>
<tr>
<td>Dr Loretta YAM</td>
<td>Consultant / Honorary Advisor</td>
</tr>
<tr>
<td></td>
<td>Pamela Youde Nethersole Eastern Hospital</td>
</tr>
<tr>
<td></td>
<td>Hospital Authority</td>
</tr>
<tr>
<td>Ms Rosa YAO</td>
<td>Cluster Allied Health Service Coordinator (Pharmacy)</td>
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<tr>
<td></td>
<td>Kowloon West Cluster</td>
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<td>Hospital Authority</td>
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<tr>
<td>Dr Karl YOUNG</td>
<td>Consultant (Adult Intensive Care Unit)</td>
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<td>Queen Mary Hospital</td>
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</tbody>
</table>
Appendix 10  Overview on Appointment of Local Surveyors

**Distribution of 49 Appointed Local Surveyors by Organizations**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Authority</td>
<td>35</td>
<td>51%</td>
</tr>
<tr>
<td>Private Hospital</td>
<td>13</td>
<td>27%</td>
</tr>
<tr>
<td>Department of Health</td>
<td>1</td>
<td>2%</td>
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</tbody>
</table>
| *Profession denotes the professional background. All surveyors assume management and/or quality and safety positions.*

**Distribution of 49 Appointed Local Surveyors by Professions**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>16</td>
<td>33%</td>
</tr>
<tr>
<td>Medical</td>
<td>23</td>
<td>47%</td>
</tr>
<tr>
<td>Admin</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>AH</td>
<td>7</td>
<td>14%</td>
</tr>
</tbody>
</table>
## Appendix 11
### Evaluation of Surveyor Development Workshop

### Summary of Question 1

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. Was the overall program relevant to your needs as a surveyor?</td>
<td>2%</td>
<td>24%</td>
<td>74%</td>
<td></td>
<td></td>
</tr>
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</table>

### Comments from the Workshops:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Positive Comments</th>
<th>Negative Comments</th>
</tr>
</thead>
</table>
| Q1: Was the overall program relevant to your needs as a surveyor? | • Relevant! Of course it is helpful for next survey. Enjoyable  
• Practical and with different aspects being covered.  
• Well organized especially catering the needs of new surveyors  
• Very useful particularly to new / junior / green surveyors  
• We need this program to better equip our knowledge & skill especially after 1–2 surveys done  
• As a surveyor trainee, I have gained better insight into the roles as a surveyor. Both the information obtained from the program and the discussion from the peer groups were meaningful & beneficial as a preparation for me before going out to a survey  
• The course is relevant and practical, especially is the walk through approach on essential criteria  
• A very good opportunity to refresh and strength what I have learned in the induction training course | |
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<tr>
<th>Questions</th>
<th>Positive Comments</th>
<th>Negative Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2: Was the content/information provided relevant and useful?</td>
<td>• I found the “writing up” exercises and session particularly useful and practical for my next survey &lt;br&gt;• Very illustrative information has been provided how to write up function summary &lt;br&gt;• The exercise on interview skills, playing different roles is found useful “wearing different heads” &lt;br&gt;• Very useful to look at specific standards on criteria and discuss what surveyors should be looking for, very practically useful &lt;br&gt;• The examples given, especially the criteria taken for discussion are vividly illustrated &lt;br&gt;• The context of writing function summary by guiding us through pictures is practically helpful</td>
<td></td>
</tr>
<tr>
<td>Q3: Were the activities effective?</td>
<td>• Critique exercise for the recommendations: It might help when the comments by surveyors could be sort out for participants to assist the understanding of whole report on the criterion before we could make comments on recommendation received &lt;br&gt;• Activities help to have a lot of interaction between team / group members. It may help to exchange group members throughout the workshop to extend the network &lt;br&gt;• (Virtual) tours through the CSSD &amp; medical record, kitchen, extremely interesting &amp; helpful &lt;br&gt;• Very useful &amp; helpful case discussion &amp; exercise for writing up comments, we can familiarise with the terminology process and the checking points and share from the very experience Australian surveyors &lt;br&gt;• I have no time for sleep &lt;br&gt;• The best way to learn and gain experience is to do the actual survey. But this program is the next best thing &lt;br&gt;• Atmosphere is relaxing and there is dynamic interaction</td>
<td></td>
</tr>
<tr>
<td>Questions</td>
<td>Positive Comments</td>
<td>Negative Comments</td>
</tr>
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</table>
| **Q4:** Were the program presenters/style appropriate? | • The interaction between Wayne & John during presentation is very useful & compliments each other  
• Both John and Wayne are good presenters and they brought up the gist of to be HK surveyors and survey in Oz  
• A bit quick on infection control, OSH and Medical Record  
• All presenters are very knowledgeable  
• It is highly appreciated that the trainees shared lots of their experience in the workshop  
• Very good in the interaction between us and among us  
• The presenters are very experienced and the styles are very well accepted | |
| **Q5:** Are there any aspects of the maintenance program that could be improved? | • To Provide more examples of surveying different services to get more understanding of variation and observations in different situation  
• More Discussion session on “examples” to enhance surveyors knowledge / skills on analysing information / evidence validation, uniting function summary, comments and recommendation  
• A lot of the materials are very interesting but I have to think about the peer review concept – for some areas we can never been their peer | |
### Appendix 11  Evaluation of Surveyor Development Workshop

<table>
<thead>
<tr>
<th>Questions</th>
<th>Positive Comments</th>
<th>Negative Comments</th>
</tr>
</thead>
</table>
| **Q6:** What would be 3 key areas that you would like to learn more about through ACHS education/training sessions? | - More examples / information on legislation / systems specific in Australia for reference  
- Writing up of recommendation, balancing “general” issues with “specific” recommendation  
- The new ETA session 5; how to input data & information  
- Experienced surveyors to share their observations, views, recommendation (e.g. John Hodge)  
- Sampling – site/specific processes that are significant to reflect the effectiveness and compliance of certain elements  
- To have in depth understanding of the criteria i.e. going through sterilization and the interaction of Q&A by John & Wayne  
- Framing, writing critical write “down” of grading, HPR etc.  
- Cultural differences to be alerted to in surveying outside HK |                                                                                                               |
| **Q7:** Were the maintenance program venue and travel arrangements appropriate? | - The place is very close to my hospital but may not be convenient to others.  
- Parking space could be arranged  
- The lunch arrangement is excellent  
- Very convenient venue | - The venue is a bit congested. May be a slightly spacious venue can be arranged  
- The table arrangement could / might be prone to OSH issue for low back pain participants  
- The room is small and ventilation suboptimal |
Appendix 12
Study on the Perspectives of Chief Hospital Managers of the Pilot Scheme and their Views of the Future Implementation of Hospital Accreditation in Hong Kong by Chinese University of Hong Kong

Overview
The evaluation of the Pilot Scheme was entrusted to an independent, credible third party evaluator to avoid any bias factor. At the request of the ACHS, the Chinese University of Hong Kong (CUHK) conducted an evaluation study of the pilot scheme. This study solicited the perspectives of chief hospital managers of the pilot scheme and their views of the future implementation of hospital accreditation in HK. The findings of the study have provided important insights into the feasibility, acceptability and implications of hospital accreditation in HK. This paper presents a report of the findings obtained from the questionnaire and interview of the CUHK study.

Objectives
The evaluation objectives were to:

(i) determine the extent to which the outcomes of the Pilot Scheme were met satisfactorily, including an assessment of the efficiency and effectiveness of the ACHS in terms of mobilisation and utilisation of resources;

(ii) identify factors that contributed towards the success and shortcomings of the pilot scheme; and

(iii) draw lessons for future intervention and extension of hospital accreditation scheme in HK.

Methodology
The study method adopted was in the form of a qualitative survey, which was designed by CUHK comprising a survey questionnaire and structured interview. The target participants of the study were chief hospital managers selected from the five pilot public hospitals and three pilot private hospitals that had undergone an Organisation-Wide Survey. Apart from the three private hospitals nominated to be part of the pilot scheme evaluation, an additional private hospital was included in the survey in an effort to broaden the scope of this study. The chief hospital managers of these hospitals completed a questionnaire and participated in an individual in-depth interview. Professor Diana T.F. Lee, Chair Professor of Nursing and Director of the Nethersole School of Nursing of the Chinese University of Hong Kong conducted the interviews and evaluation of the study.
Survey Questionnaire

The questionnaire comprises five sections, covering various aspects of the accreditation scheme: engagement, readiness, surveyor workforce, standards and feasibility. Details of the questionnaire are as follows:

1. Engagement component
   Q1: The EQuIP 4 accreditation program as a continuous quality improvement framework has been clearly introduced.
   Q2: The pilot project scheme, timeline and commitment of participating hospitals have been clearly outlined.
   Q3: What is your overall satisfaction with the meetings and presentations provided by the ACHS project team in the engagement process?

2. Readiness component
   Q1: What is your overall satisfaction with the introductory and specialty workshops on EQuIP 4?
   Q2: What is your overall satisfaction with the on-site support provided by the Australian quality managers and ACHS project team members?
   Q3: The consultancy gap analysis is useful in assessing individual hospital’s readiness to conduct the organisation-wide survey.

3. Surveyor workforce
   Q1. What is your overall satisfaction with the selection of local surveyors?
   Q2. What is your overall satisfaction with the surveyor-training program?

4. Standards
   Q1: The EQuIP standards are adequate and appropriate with reference to the legality, adaptability and practicality of the local context of HK.

5. Feasibility
   Q1: Taking on the experience of the pilot scheme, hospital accreditation is acceptable in HK.
   Q2: Taking on the experience of the pilot scheme, hospital accreditation is feasible in HK.
   Q3: Do you support the full implementation of hospital accreditation scheme in HK?
The return rate of the questionnaires was 100%. Their responses were based on the following five-point Likert scale by circling each question with one of the responses that best reflects their views:

1 = Strongly disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly agree.

Results were reported in Figure 1 below.

**Figure 1:** Evaluation of pilot hospital accreditation scheme (N=9)

---

**Engagement Component**

- **The EQuIP 4 accreditation program as a continuous quality improvement framework has been clearly introduced.**

- **The pilot project scheme, timeline and commitment of participating hospitals have been clearly outlined.** *

* One respondent considered the particular question not applicable to his/her hospital/context.

- **What is your overall satisfaction with the meetings and presentations provided by ACHS project team in the engagement process?**

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Appendix 12
Study on the Perspectives of Chief Hospital Managers of the Pilot Scheme and their Views of the Future Implementation of Hospital Accreditation in Hong Kong by Chinese University of Hong Kong

**Readiness Component**

What is your overall satisfaction with the introductory and specialty workshops on EQuIP 4? *

- Very dissatisfied: 25%
- Dissatisfied: 75%
- Neutral: 0%
- Satisfied: 37.5%
- Very satisfied: 62.5%

* One respondent considered the particular question not applicable to his/her hospital/context.

The consultancy gap analysis is useful in assessing individual hospital’s readiness to conduct the organization-wide survey.

**Surveyor Workforce**

What is your overall satisfaction with the selection of local surveyors? *

- Very dissatisfied: 25%
- Dissatisfied: 75%
- Neutral: 0%
- Satisfied: 12.5%
- Very satisfied: 62.5%

* One respondent considered the particular question not applicable to his/her hospital/context.

What is your overall satisfaction with the surveyor training program? *

- Very dissatisfied: 25%
- Dissatisfied: 12.5%
- Neutral: 0%
- Satisfied: 62.5%
- Very satisfied: 25%
Standards

The EQuP standards are adequate and appropriate with reference to the legality, adaptability and practicality of the local context of Hong Kong.

Feasibility

Taking on the experience of the pilot scheme, hospital accreditation is acceptable in Hong Kong.

Taking on the experience of the pilot scheme, hospital accreditation is feasible in Hong Kong.

Do you support the full implementation of hospital accreditation scheme in Hong Kong?
Key Findings of the Questionnaire

In general, participants of the study were satisfied with the engagement process and various strategies used to assist hospitals to prepare for the accreditation survey. They also perceived the EQuIP 4 standards to be adequate and appropriate with reference to the legality, adaptability and practicality of the local context of HK. Taking on the experience of this pilot scheme, all participants perceived hospital accreditation as acceptable and feasible. They also strongly supported the full implementation of hospital accreditation in HK. Of note is the evaluation result on the surveyor workforce. One participant did not attempt to answer the two questions of this section. Of the eight participants who answered this section, two (25%) had not indicated their satisfaction with the selection of local surveyors. The findings of the questionnaire were further explored in the subsequent interviews with the chief hospital managers.

Interview Surveys

Nine hospital chief managers were interviewed to:

1. Discuss their responses indicated in the questionnaire
2. Further explore their experiences with the pilot scheme and their recommendations with regard to the future implementation of hospital accreditation in HK.

The following guidelines were used in the interviews:

Q1: Can you share with me your overall experience with the pilot hospital accreditation project?  
Prompts: Engagement / Readiness / Surveyor / EQuIP standards / Acceptability and feasibility

Q2: What do you regard as the most successful aspects of this pilot hospital accreditation project?

Q3: What do you regard as the least successful aspects of this pilot hospital accreditation project?

Q4: What are your suggestions with regard to the future implementation/ model of hospital accreditation in HK?

Q5: Are there any other issues with regard to hospital accreditation that you would like to share?

The participants’ perspectives of the pilot accreditation scheme and their experiences with the various aspects of the accreditation such as engagement, readiness, surveyors, EQuIP standards, acceptability and feasibility of the model are presented hereunder.
Overall Experience with the Pilot Accreditation Scheme

All chief hospital managers described the overall experience of the pilot hospital accreditation scheme as very positive and rewarding:

- The accreditation exercise has provided a golden opportunity for the whole hospital to work towards a common goal. It was described as a powerful driving force to unite all the staff of the hospital. Better communication, improved sense of belonging and team spirit were seen as evident

- The scheme also stimulated interaction and promoted understanding between the public and private sectors through venues such as engagement workshops and surveyor training

- All participants acknowledged the important and positive contributions of nurses in the accreditation exercise. They were seen as the key drivers in moving the scheme forward

Engagement Component

- Majority of the participants were very satisfied with the engagement process. They expressed that the required information was conveyed in a clear and easy to understand format. The engagement workshops were described as very well designed and delivered

- The importance of targeting engagement efforts to the following groups in future accreditation exercises was suggested:
  - Junior frontline medical doctors
  - Allied health staff
  - Patients
  - The public: the what and what not of accreditation

Readiness Component

- On-site consultant visits and gap analyses were identified as most useful and relevant in getting the hospitals ready for the accreditation exercise
Surveyor Workforce Component

• All participants stressed that the qualities and standards of surveyors were of prime importance in the whole exercise

• While all participants supported the need to build up a local surveyor team, they also expressed the necessity of involving overseas surveyors in future accreditation exercises. This was seen as a way of upholding the essence of ‘external benchmarking’ in accreditation

• All participants highly valued the contributions of overseas surveyors. These surveyors were described as experienced, objective and constructive in making suggestions for continuous quality improvement

• Participants strongly recommended the need to continue to develop the experience, knowledge and skills of the local surveyors, particularly in terms of their communication and feedback skills

• When considering recruitment to the future local surveyor team, participants highlighted the importance of having a balance of surveyors with different professional experience and background (e.g. administrative vs clinical; public vs private)

Standards Component

• All participants believed that the EQuIP standards were appropriate, relevant and clear. Modifications that have taken into considerations HK’s unique local features / context were generally seen as appropriate. The use of these standards for international benchmarking was seen to be very acceptable

• Some participants suggested the need to give differential weighting to the various standards so as to reflect the unique efforts (e.g. interdisciplinary collaboration) that were required for the achievement, especially outstanding achievement, of a particular standard

Acceptability and Feasibility

• All participants supported the accreditation scheme and expressed that the scheme was acceptable and feasible. The success of this pilot scheme has already stimulated a lot of discussion and informal sharing among other hospitals. This was seen to have set the scene for future implementation of accreditation in HK
Most Successful Aspects of the Pilot Accreditation Scheme

All chief hospital managers unanimously described the pilot accreditation scheme as a successful exercise. The following most successful aspects of the scheme were identified:

- The accreditation exercise has provided an opportunity to unite the hospital to move towards a goal. This unity has led to:
  - Improved team spirit and sense of ownership: cultivation of a ‘can-do’ spirit
  - Increased intra- and inter-unit/departmental collaborations leading to better support and collaboration. This has enabled the hospital to better identify high priority areas that require attention. Clearer delineation of staff responsibilities and accountabilities has also been achieved
  - A positive change in hospital culture: e.g. improved intergroup and interpersonal collaboration and a shift of focus from the individual to the system

- The accreditation exercise has also been successful in:
  - Improving document management and archiving
  - Upholding corporate governance
  - Promoting the use of a framework for continuous quality improvement

Least Successful Aspects of the Pilot Accreditation Scheme

With regard to the least successful aspects of the pilot accreditation scheme, participants commented on the following:

- The need to:
  - Further develop the local surveyors, particularly in terms of their communication and feedback skills
  - Review the criteria for selection of local surveyors to include a balance of surveyors with different professional experience and background (e.g. administrative vs clinical; public vs private)

- The need to review the tight time frame for the whole accreditation exercise
Future Implementation / Model of Hospital Accreditation in HK

All participants supported a territory-wide implementation of hospital accreditation in HK. They also supported to continue using the ACHS model as our future accreditation model given that the ACHS model has already been accepted and its feasibility demonstrated in the local context. The ACHS model was further viewed as an appropriate model to work on as HK moves towards longer-term goals in developing a unique local independent accreditation system, which would include elements such as an appeal mechanism, credentialing and scope of clinical practice.

In moving towards a territory-wide implementation of the hospital accreditation scheme, participants suggested to:

• Continue to involve overseas surveyors while increased efforts should be given to develop our local surveyors. Training should be targeted to equip local surveyors with the knowledge and skills in protecting confidentiality, maintaining objectivity and developing sensitivity in providing feedbacks

• Promote sharing of the accreditation experiences among different hospitals, both public and private

• Deliberate on the role of the HA Head Office in coordinating core quality management areas such as standards, guidelines and inventory management. This would help to build an appropriate quality management and improvement infrastructure needed for future accreditation exercises

• Consider the implication of resources in the accreditation exercise for individual hospitals. Extra resources, both human and tangible, should be provided to support the associated work. Some participants pointed out that resources were also required for the hospital to follow up with the recommendations after the accreditation exercise, such as improvements in sterilization and disinfection practices

• Direct more efforts to engaging the patients and the public

Other Issues with regard to Hospital Accreditation

• Some participants suggested the need to promote a spirit of sharing and learning from the accreditation exercise. It was recommended that the HA could coordinate sharing forums for the pilot hospitals to share their accreditation experiences and ACHS could also videotape their workshops so as to engage staff who have not attended the workshops

• A few participants mentioned the need for more research to document the effects of hospital accreditation, especially on patient safety and clinical outcomes
Summary

From the perspectives of the chief hospital managers in this study, the pilot hospital accreditation scheme was both acceptable and feasible. The scheme was seen as successful and major positive experiences such as improved team spirit and staff collaboration were noted. In light of the experiences of the pilot scheme, all managers supported the full implementation of a territory-wide accreditation scheme to all hospitals in HK.

In moving towards a full implementation of the scheme, development of the local surveyor workforce becomes crucial. Managers in this study have made thoughtful suggestions with regard to the selection and training of surveyors. The need to further develop the experience, knowledge and skills of the local surveyors is considered a priority. Provision of extra resources to support the work associated with accreditation is also highly recommended.
Appendix 13
Study on Understanding Organisational Culture and Accreditation Performance by Chinese University of Hong Kong

Aim and Objectives

This study aimed to understand the relationship between organizational culture and accreditation performance. Specifically, there were three objectives:

1. To measure organizational culture of each sampled hospitals.
2. To examine organizational culture of each sampled hospitals from staff perspective.
3. To examine the relationship between organizational culture and hospital accreditation performance of each sampled hospitals.

Methods

Study Design

The study adopted a mixed method design using both quantitative and qualitative methods of data collection. The study consisted of two stages: the first stage is a cross-sectional survey using a questionnaire, Harrison’s Organization Ideology Questionnaire; Chinese version; Harrison & Stokes, 1992) to measure organizational culture of each sampled hospitals. The second stage adopted the qualitative method of focus group interviews to explore the staff’s perception of organizational culture in each sampled hospital.

Settings and Sampling Methods

Four public hospitals that were nominated by HA were the study sites. All staff members (total population sampling) working in these 4 hospitals were recruited for the cross-sectional survey. Different perceptions and experience might exist among different levels of staff who are working in the same hospital (Thomas et al., 2003). In view of this, purposive sampling with three selection criteria was adopted to recruit participants for focus group interviews. Criteria include grade, rank and working experience. Staff from professional, administrative, and supporting grades were recruited. The highest and lowest ranking staff were recruited in individual focus groups. Participants should have at least one year of experience in the current post of the hospital. As similar social background such as occupation and status allowed more free-flowing conversations among the participants (Morgan, 1997), six focus group interviews with 6 – 10 participants in each group were conducted in each of the sampled hospitals. The participants of the six focus groups included:

1. Highest ranking professional staff.
2. Lowest ranking professional staff.
3. Highest ranking administrative staff.
4. Lowest ranking administrative staff.
5. Highest ranking supporting staff.
6. Lowest ranking supporting staff.

A coordinator from each hospital is nominated by HA. They coordinated the logistics and recruit participants for Stage One and Stage Two of the study.

**Discussion**

This study identified the organizational culture of four regional hospitals of the Hospital Authority in Hong Kong. It also examined the organizational culture as preferred by employees of different demographic characteristics and at different rankings. By relating such findings to the results of hospital accreditation, it was found that the congruence between the employee's perception of existing culture and their preferred culture may have more influence on the accreditation performance of the hospitals.

According to the Existing Culture Index, employees of all four hospitals reported negative values. This result indicated that they perceived the organization as more power-orientated and role oriented rather than achievement oriented and support oriented. This implies that the organization would use power from higher level of management to direct the employees to achieve the organization mission. Rules and regulations are also important mechanism to ensure the employees to follow the guidelines set up by the organizations. On the contrary, the hospitals were perceived by the employees as generally not giving them adequate support and empowerment in achieving the organization goals and missions.

When comparing the Existing Culture Index and the Preferred Culture Index, it was found that there was a significant discrepancy between the existing organization culture and employees’ expectation. The employees in all hospitals reported that they prefer to have an organizational culture which was more supportive and gave them more empowerment in achieving the hospital mission rather than constraining and controlling them. In other words, they would prefer an organization which could involve them to a greater extent in goal setting and decision making. They perceived support and trust from the organization to be crucial elements in motivating them to achieve the organizational goal. Such discrepancies in the perceived and preferred organization culture was found to be more prominent among employees who were younger, female, having higher education level, at lower level of management and professional / administrative staff rather than supporting staff.
This study attempted to relate the organizational culture to the results of hospital accreditation. As the results of hospital accreditation were not presented as an overall score, it was difficult to conclude which hospital performed better than the other. We only make reference to the number of highest rating (i.e. Extensive Achievement; EA) to differentiate the performance of hospitals. Among the four hospitals, Hospital D obtained a significantly greater number of EA ratings. The better performance of Hospital D may be related to the least discrepancies in the existing and preferred organization culture among the employees. It appears that it is not the organizational culture itself, but the congruence between the perceived and preferred organizational culture which is more important to influence the organizational performance.

In particular, employees in Hospital D reported least discrepancy in the role-oriented and achievement-oriented cultural characteristics between the existing and preferred cultures. This means that the employees in this hospital were more likely to perceive the organization as providing them with the appropriate level of structure, policies and regulations in accomplishing their job duties. They were also most likely to share a common goal with the organization and feel motivated to achieve the organization's mission. Although Hospital A also showed least discrepancies in the existing and preferred organizational culture, the congruence is in power-oriented and support-oriented cultural characteristics. This means that, as compared with the other hospitals, employees of this hospital perceived that power and support from management best matched with their expectation.

When pulling the results together, it appears that a good blending of role-oriented and achievement-oriented culture that is congruent with the employees’ preference would be most beneficial to the provision of quality health care services. This observation is in line with the literature which comments that for a large and complicated organization with a prominent hierarchical structure like the hospitals in this study, a combined role-oriented and achievement-oriented culture, which matches with the employees’ expectation, is most effective to ensure a good organizational output and smooth operation (Harrison & Stokes, 1992). Whereas a role-oriented culture can provide employee a well-structured system with clear policies and regulations to fulfill their job responsibilities and prevent inappropriate power manipulation, an achievement-oriented culture can ‘line employee up’ behind the organizational mission and optimize staff motivation in goal achievement.
Appendix 14
Member of Working Group on Evaluation of the Pilot Scheme Meeting on 11 January 2011

Convenor
Dr Lawrence LAI, Senior Advisor (Medical Affairs), Hospital Authority

Members

Australian Council on Healthcare Standards
Dr Desmond YEN, Executive Director, International Business

Department of Health
Dr Tina MOK, Principal Medical & Health Officer
Dr Jackie LEUNG, Senior Medical & Health Officer

Hospital Authority
Dr LIU Hing Wing, Director (Quality and Safety)
Dr PANG Fei Chau, Chief Manager (Quality and Standards)
Mr Raymond WONG, Chief Manager (Business Support Services)

Hong Kong Private Hospitals Association
Dr Jack HUNG, Medical Superintendent, Evangel Hospital
Ms Manbo MAN, Director of Nursing Services, Hong Kong Sanatorium & Hospital

Pilot Hospitals
Dr Anthony LEE, Chief Hospital Manager and Medical Director, Union Hospital
Dr HUNG Chi Tim, Cluster Chief Executive, Kowloon Central Cluster/ Hospital Chief Executive, Queen Elizabeth Hospital
Dr Albert LO, Cluster Chief Executive, New Territories West Cluster/ Hospital Chief Executive, Tuen Mun Hospital
Dr MA Hok Cheung, Hospital Chief Executive, Caritas Medical Centre

Researcher from the Chinese University of Hong Kong on the Pilot Scheme
Prof Diana LEE, Professor of Nursing and Director, The Nethersole School of Nursing, CUHK

Secretary
Ms Fion LEE, Senior Manager (Quality and Standards), Hospital Authority
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<tr>
<td>ACHS</td>
<td>Australian Council on Healthcare Standards</td>
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<tr>
<td>AIRS</td>
<td>Advanced Incident Reporting System</td>
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<td>CAPS</td>
<td>Chapters</td>
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<td>CICO</td>
<td>Central Infection Control Officer</td>
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<td>CJD</td>
<td>Creuzefelt-Jacob Disease</td>
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<td>CMC</td>
<td>Caritas Medical Centre</td>
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<td>CQI</td>
<td>Continuous Quality Improvement</td>
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<td>CREC</td>
<td>Clinical Research Ethics Committee</td>
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<td>CUHK</td>
<td>The Chinese University of Hong Kong</td>
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<td>DH</td>
<td>Department of Health</td>
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<td>EA</td>
<td>Extensive Achievement</td>
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<td>EMSD</td>
<td>Electrical and Mechanical Services Department</td>
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<td>EQuIP</td>
<td>Evaluation of Quality Improvement Program</td>
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<td>FHB</td>
<td>Food and Health Bureau</td>
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<td>HA</td>
<td>Hospital Authority</td>
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<td>HCE</td>
<td>Hospital Chief Executive</td>
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<td>HGC</td>
<td>Hospital Governing Committee</td>
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<td>HK</td>
<td>Hong Kong</td>
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<tr>
<td>HK Guide</td>
<td>The EQuIP 4 Hong Kong Guide</td>
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<td>HKPHA</td>
<td>Hong Kong Private Hospitals Association</td>
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<td>HKSH</td>
<td>Hong Kong Sanatorium &amp; Hospital</td>
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<td>HPR</td>
<td>High Priority Recommendation</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>IOD</td>
<td>Injury on Duty</td>
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<td>IAP</td>
<td>International Accreditation Program</td>
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<td>ISQua</td>
<td>International Society for Quality in Health Care</td>
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<tr>
<td>LA</td>
<td>Little Achievement</td>
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<tr>
<td>MA</td>
<td>Moderate Achievement</td>
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<tr>
<td>MR</td>
<td>Medical Record</td>
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<td>NAB</td>
<td>Nuts and Bolts</td>
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<td>NGO</td>
<td>Non-governmental Organisations</td>
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<td>OA</td>
<td>Outstanding Achievement</td>
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<td>OSH</td>
<td>Occupational Safety &amp; Health</td>
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<td>OT</td>
<td>Operating Theatre</td>
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<td>OWS</td>
<td>Organisation-Wide Survey</td>
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<td>PAI</td>
<td>Priority Action Items</td>
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<td>PDCA</td>
<td>Plan-Do-Check-Act</td>
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<td>Private Hospital Association</td>
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REPORT ON PILOT SCHEME OF HOSPITAL ACCREDITATION