PUBLIC-PRIVATE PARTNERSHIP IN NURSING PRACTICE

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OUTLINE

Introduction of Public Private Partnership (PPP)
- HA Strategic Directions and Plan for PPP
- Clinical PPP Programmes in HA
- Roles of Nurses in Clinical PPP Programmes

PPP in Nursing Practice
- Public-Private Nurse Leaders Partnership Meeting
  - Nursing Good Practice
  - Nursing Training
  - Fraternity Event
PUBLIC-PRIVATE PARTNERSHIP (PPP)

Tremendous growth internationally in the use of the PPP approach to deliver large scale, long term facilities and services for the community. More and more governments, including many in Asia, have come to appreciate the improvements in service quality and value for money that well prepared PPP projects can achieve.

“A contractual arrangement involving the private sector in the delivery of public services ... based on a partnership approach, where the responsibility for the delivery of services is shared between the public and private sectors, both of which bring their complementary skills to the enterprise”

- Efficiency Unit of the HKSAR Government, 2008

PUBLIC-PRIVATE PARTNERSHIP (PPP)

Who is involved in PPP in healthcare?
- Hong Kong citizens
- The Government, Hospital Authority, Non-Government Organizations (NGOs)
- Private hospitals, clinics, medical practitioners

What is the benefit?
- Provide public with wider choice of services.
- Encourage healthy competition.
- Foster collaboration among healthcare service providers.
- Facilitate cross-fertilization of expertise and experience among healthcare professionals.
- Ensure better use of resources in the public and private sectors.
- Relieve pressure on the public sector.
- Shorten waiting time for healthcare services.

HA STRATEGIC DIRECTIONS AND PLAN FOR PPP

Share Out Demand

The option of sharing out the demand for high volume, low complexity services with appropriate care partners such as the private sector that possess the capacity through public-private partnership (PPP) is an important strategy according to the Government’s healthcare reform direction.

Transfer High Volume Low Complexity Cases to Community Partners

Sustain the pilot PPP programmes of purchasing relevant healthcare services from the private sector or qualified service providers in the community, in order to enhance access for eligible HA patients, provide options and improve quality of life.

CLINICAL PPP PROGRAMMES IN HA

Health Information and Record Management:
✓ Auto-Reply Project
✓ Public Private Interface – Electronic Patient Record sharing Pilot Project (PPI-ePR)

Outpatient Services:
✓ Shared Care Programme (SCP)
✓ Tin Shui Wai Primary Care Partnership Program (TSWPPP)
✓ General Outpatient Clinic Public Private Partnership Programme (GOPC PPP)

Specialist Services:
✓ Cataract Surgeries Programme (CSP)
✓ Haemodialysis Public-Private Partnership (HD PPP) Programme

Diagnostics Services:
✓ Provision of Radiological Imaging Service
✓ Radi Collaboration Project

AUTO-REPLY PROJECT

What is it?
• A collaborative project between the HA and Hong Kong Medical Association (HKMA) to enhance information flow for patients referred to the HA from private medical practitioners.

Why is it done?
• To enable referring private medical practitioners to receive updates of patient’s clinical information by facsimile from the HA in strict confidence.

How is it done?
• A comprehensive central directory for all participating private doctors was set up to identify the source of referral by unique identifiers
• For inpatients, a fax will be sent to the referring private doctor via designated fax number when a patient is admitted into a HA hospital, and another update within 7 days of discharge.
• For new case referrals to HA Specialist Outpatient Clinics (SOPCs), a fax will be sent to the referring private doctor to confirm the appointment when it’s first given by the clinic to the patient, and a second update after the patient has attended his/her first SOPC consultation.

電子病歷共享
延續優質醫療
Sharing Electronic Patient Record • Sustaining Quality Patient Care

公私營醫療病歷共享 病人得益
- 更有效率和方便的醫療照顧
- 有效共享診斷或治療紀錄
- 免除負擔病歷紀錄

Sharing Electronic Record Benefits Patients
- More effective and convenient healthcare
- Sharing diagnosis or treatment records
- Patients no longer need to carry their own medical records

歡迎參加!
Welcome to Join!

有關計劃參與詳情，
請致電查詢熱線:
For more information, please contact Enquiry Hotline:
2300 6654
www.ha.org.hk/ppp/ppiepr
PUBLIC PRIVATE INTERFACE – ELECTRONIC PATIENT RECORD SHARING PILOT PROJECT (PPI-ePR)

What is it?

- A secure platform to enable registered private practitioners access to electronic Patient Record of consenting individual patients
- A web-based electronic system to allow integrated, real-time patient-based information to be shared among clinics, private and public hospitals.

Why is it done?

- To reduce the healthcare cost by minimizing repetitions of investigations
- To minimize risks of medical error by obtaining up-to-date medical history and allergy information available at the point of care

Where are we now?

- Commenced since April 2006.
- Over 473,000 patients and 3,500 private healthcare professionals have participated.
- Over 1,361,000 numbers of ePR access have been made.

Reference:
How does it work?

- Each registered patient will be given a personal identification number.
- With the patient’s **consent**, private healthcare provider registered in the project can view the patient’s clinical information online.
- Data is **encrypted** using Triple DES encryption algorithm and also protected by firewall.
- Access of information is secured by two-factor authentication process (i.e. **password** + **security token**).
- A **SMS** message will be sent to patients’ / applicants’ mobile phone immediately upon access of information.

**SHARED CARE PROGRAMME (SCP)**

**What is it?**
- Also known as Public-Private Chronic Disease Management Shared Care Programme.
- One of the pilot projects launched by the Government, and implemented through HA, as part of the healthcare service reform in Policy Address 2008.
- Piloted in Sha Tin (PWH) and Tai Po district (AHNH) from 8 March 2010 to 31 March 2014.

**Why is it done?**
- Enhance primary care services, and patient support with multidisciplinary and cross-sector collaboration
- Strengthen chronic disease management
- Reduce complications and the need for hospitalization

**Who is it for?**
- For HA patients with Diabetes Mellitus (DM) and/or Hypertension (HT), and:
  - Have started to receive DM/HT care at public HA SOPCs at least 2 years ago, including those referred to GOPCs for continuous follow-up;
  - No known major co-morbidities; and
  - Assessed to be clinically stable upon Comprehensive Risk Assessment.

**SHARED CARE PROGRAMME (SCP)**

How does it work?

醫院管理局
「天水圍基層醫療合作計劃」
Hospital Authority “Tin Shui Wai Primary Care Partnership Project”

TIN SHUI WAI PRIMARY CARE PARTNERSHIP PROGRAM (TSWPPP)

What is it?

- An HA pilot programme of the PPP model for the delivery of primary care service, offer more choices to patients and instill the family-doctor concept in the community.
- Piloted in Tin Shui Wai district since June 2008, and migrated to the General Outpatient Clinic Public Private Partnership Programme by 31 March 2015.

Who is it for?

- For patients who reside in Tin Shui Wai area, and attended GOPC in NTWC for 12 months for DM, HT, or:
  - Chronic Obstructive Airway Disease
  - Osteoarthritis
  - Benign Prostate Hypertrophy
  - Hypothyroidism
  - Hyperthyroidism
- Applicable for recipients of Comprehensive Social Security Assistance (CSSA), but not with Elderly Healthcare Voucher Scheme (EHVS) and other social welfare benefits

TIN SHUI WAI PRIMARY CARE PARTNERSHIP PROGRAM (TSWPPP)

How did it work?

- HA would invite eligible patients to enroll the programme.
- Patients would pay the HA GOPC fee (HK$45) at private clinics per consultations up to 10 visits of which at least 6 on chronic illnesses management (subsidized by the Government).
- HA would provide specified medications from HA Drug Formulary for the chronic diseases to be dispensed at private clinics.
- Private doctors would prescribe medications from their clinics for episodic illnesses, and could prescribe specified common antibiotics from HA Drug Formulary.
- Private doctors could refer the patients to HA for laboratory tests and x-rays for investigation of the chronic diseases and episodic illnesses.
- About 1,500 patients are now participating in the Programme.

What is it?
- Largely similar to the TSWPPP, but additionally covers episodic illnesses.
- Patients pay HA GOPC fee (HK$45) for up to 10 subsidized consultations and specified drugs per year.
- HA will provide relevant investigations upon referral from participating private doctors.
- Subsidy is applicable to recipients of CSSA and ECVS participants as well.

When and where did it start?
- Initiated by mid-2014 in Kwun Tong, Wong Tai Sin and Tuen Mun.
- To be extended to all districts in Hong Kong.

Who is it for?
- For clinically stable patients having HT with or without hyperlipidemia who have been attending HA GOPC in any one of the three districts for at least 12 months.
- Patients with DM will be covered by this Programme later.

GENERAL OUTPATIENT CLINIC PUBLIC PRIVATE PARTNERSHIP PROGRAMME (GOPC PPP)

How does it work?

CATARACT SURGERIES PROGRAMME (CSP)

What is it?
- The first ever PPP pilot programme.
- A one-off subsidy of maximum HK$5,000 to patients for cataract surgery provided by private ophthalmologists.
- May require co-payment of not more than HK$8,000 for a service package that consists of one pre-operative assessment, the cataract surgery including intraocular lens, and two post-operative checks.
- Free volunteer escort service was implemented in October 2012 to accompany participating patients to private clinics.

When did it start?
- Started in February 2008.

Where does it take place?
- At participating private ophthalmologists’ clinics in Hong Kong.

Who is it for?
- Patients who have been on HA hospitals’ routine waiting list for cataract surgery and are suitable for local anaesthesia surgeries.
- More than 15,600 participants had completed cataract surgeries under the Programme as at May 2015.

CATARACT SURGERIES PROGRAMME (CSP)

How does it work?

• HA will invite patients in batches, according to their waiting time.
• Invited patients need to complete and return reply forms to HA before the deadline stated in the invitation letters.
• If the application is accepted, a notification letter will be issued to the patient.
• The patient can approach any private ophthalmologist enrolled in the Programme for the cataract surgery.

Haemodialysis Public-Private Partnership Programme
HAEMODIALYSIS PUBLIC-PRIVATE PARTNERSHIP (HD PPP) PROGRAMME

What is it?
- A subsidy scheme for end-stage renal failure (ESRF) patients to receive haemodialysis services at community haemodialysis centres.
- Participants will pay the same fee charged by HA for each session at the centre.
- Participants can still enjoy HA’s medical benefits / waiver under this Programme.
- More than 230 ESRF patients were recruited as of February 2014.

When did it start?
- Started since March 2010.

Where does it take place?
- NephroCare Wan Chai Dialysis Centre
- NephroCare Tuen Mun Dialysis Centre
- Lions Kidney Education Centre and Research Foundation, Chan Wong Sau Wah Memorial Renal Dialysis Centre
- TWGHs Haemodialysis Centre
- Hong Kong Baptist Hospital Kai Tak Community Health Centre Renal Centre
- Hong Kong Foundation, Jockey Club Dialysis Centre

HAEMODIALYSIS PUBLIC-PRIVATE PARTNERSHIP (HD PPP) PROGRAMME

Who is it for?
• Patients who are currently on haemodialysis in HA hospitals and in stable condition
• Newly diagnosed ESRF patients who are not suitable for peritoneal dialysis
• Peritoneal dialysis patients at risk of treatment failure.

Why is it done?
• To enhance haemodialysis service for ESRF patients.
• To allow patient choices for haemodialysis.
• To enhance collaboration between the HA and community haemodialysis centres.

HAEMODIALYSIS PUBLIC-PRIVATE PARTNERSHIP (HD PPP) PROGRAMME

How does it work?

- Nephrologists of HA will assess the clinical condition of patients and invite suitable participants.
- Patients need to complete, sign and return a consent form to HA.
- Patients shall enroll the Public-Private Interface – Electronic Patient Record (PPI-ePR) Sharing Pilot Project to share health records between HA and the partner organizations.
- Patients will be arranged to receive haemodialysis treatment in the community according to available quotas.
- HA will continue to provide follow-up consultation medications and regular examination services.

PROVISION OF RADIOLOGICAL IMAGING SERVICE
PROVISION OF RADIOLOGICAL IMAGING SERVICE

What is it?

- An initiative to facilitate the efficiency and effectiveness of the overall radiological diagnostic tests and treatment procedures
- To collate a list of private providers for radiological imaging service to facilitate the referral of patients to receive the service from the private sector.

Who is it for?

- All HA patients upon request
- Radiology departments of participating private hospitals
- Private radiologists

**Radi Collaboration Project**

**What is it?**
- A government-funded project with full subsidization on outsourcing radiological investigation services to the private sector.
- Includes Computer Tomography (CT), Magnetic Resonance Imaging (MRI)

**When did it start?**
- Started since May 2014.

**Where does it take place?**
- Available at St. Paul’s Hospital, Hong Kong Health Check, iRad Medical Diagnostic Centre (MRI only), Tsuen Wan Adventist Hospital (CT only), Union Hospital.

**Who is it for?**
- HA patients who suffer from –
  - colorectal cancer
  - breast cancer
  - nasopharyngeal cancer
  - lymphoma
  - head and neck cancer
  - stomach cancer
  - prostate cancer
  - corpus uteri cancer
  - cervix cancer
  - sarcoma or germ cell tumor

RADI COLLABORATION PROJECT

Why is it done?
• To enhance access to radiological investigation services for cancer patients at private sector.

How does it work?
• HA will issue invitation letters to eligible patients in batches and arrange briefing sessions on Programme details.
• Patients do not need to apply by themselves.
• Patients need to sign the enrolment form for the Programme and for the Public-Private Interface – Electronic Patient Record Sharing Pilot Project (PPI-ePR Project) to share their medical records between HA and the private doctors via the Electronic Patient Record System.
• Patients can select a private doctor from a list of participating private doctor as their family doctors.

ROLES OF NURSES IN PPP

✓ Facilitate the implementation of PPP clinical programmes
✓ Liaise with service providers and coordinate necessary arrangement if any
✓ Educate and promote the PPP programmes to patients and family
✓ Provide adequate information of PPP programmes for patients to consider and choose at free will
✓ Communicate and build mutual relationship among nurses to foster PPP

SERVICE COLLABORATION BETWEEN HA AND PRIVATE HOSPITALS

e.g. Neonate transport from Private Hospitals to HA Hospitals from 1/1/2013 to 31/10/2015:

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<td><strong>488</strong></td>
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PUBLIC-PRIVATE NURSE LEADERS PARTNERSHIP MEETING (PPNLPM)

What does it do?
- A common communication platform among nurse leaders of public and private sectors to regularly discuss and update on nursing matters in Hong Kong since March 2004.

Who is involved?
- Hospital Authority, Department of Health, Private Hospitals
- Hong Kong Academy of Nursing
- Hong Kong Anti-cancer Society

Why is it held?
- To facilitate Public-private collaboration on professional nursing event
- To serve as platform working on evidenced-based practices
- To perform as a platform for sharing new/good nursing practice and nursing services provision
PUBLIC-PRIVATE NURSE LEADERS PARTNERSHIP MEETING (PPNLPM)

How does it realize PPP?

• Collaborate to review the Guides to Good Nursing Practice, for The Nursing Council of Hong Kong, to ensure nursing practices are up to date and effective.

1. Administration of Medication
2. End-of-life Care
3. Health Assessment
4. Health Promotion
5. Infection Control
6. Nursing Documentation
7. Physical Restraint
8. Informed Consent

# POST-REGISTRATION CERTIFICATE COURSE (PRCC) & ENHANCEMENT PROGRAMS

Number of non-HA participants from 2010 - 2015:

<table>
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<tr>
<th>Year</th>
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Covers a variety of nursing specialties:

- Advanced Medical
- Advanced Surgical
- Anaesthetics & Recovery
- Cardiac Special Care
- Community
- Diabetes
- Emergency
- Gastroenterology & Endoscopy
- Gerontological
- Hospice & Palliative
- Learning Disabilities
- Intensive Care
- Neonatal Intensive Care
- Nursing Informatics
- Oncology
- Ophthalmology
- Orthopaedics & Traumatology
- Perioperative
- Rehabilitation
- Renal
- Stoma and Wound Care
- Stroke Care
- Tobacco Control and Motivational Interviewing
- Urology
- Women’s Health and Gynaecology
POST-REGISTRATION DIPLOMA IN MIDWIFERY PROGRAM

What is it?
• An 18-month program offered to Registered Nurses by the School of Midwifery of HA.
• Includes theoretical component (study blocks) and clinical practicum.
• Post-registration Diploma in Midwifery would be awarded by Hospital Authority upon completion

Why is it offered?
• To prepare safe and competent midwives who are able to provide quality midwifery care based on a woman-centered approach.

When is it offered?
• Enrollment is opened in April and October per year.
• Intake 40-50 students will be enrolled each year.
• 6 private hospitals participated with 45 nurses completed since service agreement
• 2016 programme deadline: 3 Jan 2016
POST-REGISTRATION DIPLOMA IN MIDWIFERY PROGRAM

Where does it take place?

- Theoretical component takes place at School of Midwifery, PWH.
- Clinical practicum is offered at obstetric units accredited as training site by the Midwives Council of Hong Kong, including KWH, PYNEH, PMH, PWH, QEH, QMH, TMH, and UCH.

How does it realize PPP?

- The HA contributes to the training on midwifery for quality practices, and development opportunities for nurses in both public and private sectors.
- The HA offers its experiences, learning resources and nursing practices to students from the private sector.
CELEBRATION OF INTERNATIONAL NURSES DAY

- For solidarity, friendship and networking between public and private nurses
- For knowledge sharing through IND Symposium
- Forms the underlying cooperation and mutual relationship between public and private sectors
DEVELOPMENT IN NURSING ROLES

Key Drivers for Change
✓ Staff expectation
✓ Consumer expectation
✓ Chronic illnesses
✓ Increased Hospitalized Care
✓ Aging Population
✓ Advanced Medical Technology

Shift in Service Focus
✓ Hospital Focus → Community Focus
✓ Paternalistic Model → Partnership Model
✓ Traditional Process → Redesigned Process

Advance Nursing Practice, Extended & Expanded Role
EXPANDED AND EXTENDED ROLES

Nurse Consultants

- 92 NCs in post across 28 specialties as at October 2015

Roles and Responsibilities

1. Lead development and management of clinical processes and nursing practice.
2. Provide expert level direct patient care to complex cases within the specialty.
3. Provide clinical consultancy service and expert advice on patient care across different units and other health care professionals.
4. Develop, facilitate implementation and evaluation of care management plans; and innovative clinical practice models for patients with complex health needs.
5. Develop and monitor key performance indicators related to the nursing specialty.
6. Contribute significantly to the direction and implementation of advanced nursing education within the specialty.
7. Initiate, conduct and disseminate findings of locally based research findings and applies related findings in specialty.
8. Initiate, develop, implement and evaluate strategic changes for the clinical specialty/service for the hospital, cluster, and/or HA.
10. Manage complex projects relating to significant change in nursing practice for the hospital, cluster, and/or HA.
### Expert Practice (47.7%)
- Expert clinician / consultant
- Complex patient care
- Patient risk identification / stratification, care coordination

### Service Development (35.0%)
- Development of care delivery model,
- Facilitating intra- and inter-disciplinary and Cluster service collaboration,
- Initiating new service projects,
- Strengthening hospital-community interface

### Education (8.7%)
- Staff supervision,
- In-service education,
- Community education

### Continuous Quality Improvement (5.0%)
- Quality control of service standard,
- Protocol development and implementation

### Research (3.6%)
- Promote & implement evidence-based practice
## Nurse Consultants

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Nurse Consultant (NC) 顧問護師

Nurse clinic run by NC 士診所
NURSE CLINIC

- Accredited_HA_Nurse_Clinics.pdf
FUTURE COLLABORATIONS

- Evidence-based Practice
- Nursing Good Practice/Guideline/care pathway
- Quality and Risk Management
- Nursing Education Program
- Research
- Services Operation Issues
- Nursing Sharing Forum

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THANK YOU
POST-REGISTRATION DIPLOMA IN MIDWIFERY PROGRAM

- Percentage of total enrollment allotted to private nurses since service agreement in 2007