

To : Healthcare Planning and Development Office
Food and Health Bureau

From: Dr Wong Tin Yau, Andrew

Date: 16th Mar, 2015

Dear Sir/ Madam,

I am glad that the government opens to public consultation the existing regulatory regime for private healthcare facilities (PHFs) in Hong Kong.

I would like to express my view and recommendations on the section B8 on infection control based on my experience and observations. I have been working in Centre for Health Protection since 2004 and serving in the present position since November 2008.

In the proposal under section 6.23 of the consultation paper, it reads:

‘ We propose that all classes of PHFs proposed to be regulated should be subjected to mandatory requirements on infection control. In particular, hospitals and ambulatory medical centres should develop and regularly update their policy and guidance on the control and prevention of infectious diseases based on latest international and local guidelines. There should also be a designated person to oversee infection control measures. Besides, statutorily notifiable infectious diseases and outbreak of infectious diseases in PHFs should be reported to DH.’

I certainly echo the Government’s initiatives to strength infection control in PHFs. While there are designated team and ongoing programs in all private hospitals, the implementation of a comprehensive program to meet future challenges will certainly call for more commitment from the hospital management than presently practiced. A case in point, antimicrobial resistance has become a huge and pressing issue globally, so much so that the World Health Organization has put it as one of the top agenda in the last World Health Assembly. In Hong Kong, we are facing these multidrug resistant organisms and they are a substantial cause of healthcare associated infections, causing preventable morbidity and mortality. The Health Protection Program on Antimicrobial Resistance under the Scientific Committee on Infection Control has recommended in 2010 four pillars in combatting antimicrobial resistance in Hong Kong, namely, surveillance, careful use of antibiotics, infection control and community engagement.

To ensure appropriate use of antibiotics in healthcare settings, many studies have shown that Antibiotic Stewardship Program (ASP) can help achieve significant reductions in inappropriate antimicrobial use, increase in cost savings and reduction in healthcare associated infections with drug-resistant organisms. Major hospitals in Hospital Authority have ASP in place. The system is currently being revamped to make it more effective. The components of the program consist of drug use and resistance pattern monitoring, education and training on antimicrobial use, consultation and feedback to frontline on proper use. The program is run by infectious disease physicians or clinical microbiologists in HA. However, there is no such program in the vast majority of the private hospitals in Hong Kong. It is a common impression among practicing private practitioners that antibiotic use is relatively liberal in private hospitals. Broad spectrum antibiotics (big

guns antibiotics) are used even more liberally than in the public sector. This can be multifactorial, but the lack of monitoring and control mechanism would definitely be one of the factors. To implement ASP, the clinical expertise needed will either be specialists from clinical microbiology under Hong Kong College of Pathology or specialists from infectious disease under Hong Kong College of Physicians. In either of the two common strategies used in ASP, namely, pre-prescription authorization of select antimicrobial agent or prospective audit of antimicrobial prescription with feedback to prescribers, expertise in antimicrobial usage and professional advice is essential. Although there is an infection control team responsible for infection control issue in each private hospital as required by regulation, the team is often comprised of infection control nurses and part-time doctors from other clinical specialties. Clinical microbiologists and infectious disease physicians, by virtue of their training, knowledge and experience, are the most appropriate personnel to carry out the advisory and auditing duties related to ASP. The work cannot be delegated to clinical doctors without the required expertise, otherwise it is a waste of time and effort as the program would not otherwise gain credibility among the prescribing doctors. If ASP is not properly implemented in the private sector, efforts in HA will be diminished because patients can be transferred between different hospitals. Given the present rate of increase in antimicrobial resistance and rate of increase in use of 'big gun' antibiotics, the outlook for Hong Kong would be bleak. Now there is still a narrow window of opportunity for intervention before Hong Kong situation get worse. In places where big gun antibiotics like carbapenem group is widely used as in India, carbapenem resistant organisms, notably NDM, have extensively disseminated to the community and that makes control extremely difficult, if not impossible.

To prevent and control outbreaks in healthcare settings and to implement various infection control program, an expert doctor with relevant training and experience is essential to lead the infection control team. In that vein, the same doctor who leads the ASP can serve the dual role of being the leader of the infection control team.

Therefore, I strongly recommend that in the regulatory framework to be implemented for private healthcare facilities to enhance patient safety and quality care:

1. A comprehensive antibiotic stewardship program will be established in all private hospitals.
2. A designated person with either clinical microbiology or infectious disease medicine background will oversee the program with accountability to the management of the hospital
3. The same designated person will also oversee the activities of the infection control team and be accountable to the management of the hospital.
4. An infrastructure among the infection control doctors will be formed with central coordination by Infection Control Branch of Centre for Health Protection to implement infection control policies and programs. Reference can be drawn to the existing network of Task Force in Infection Control in Hospital Authority among the Chief Infection Control Officer of HA, ICB of CHP and cluster Infection Control Officers.

Should you have any enquires concerning my recommendations, please do not hesitate to contact me at .

Thank you for your attention.

Yours sincerely,

Dr Wong Tin Yau, Andrew