"I made myself all things to all men" (1 Cor. 9:22)
" 我為一切人成為一切" (格前 9:22)

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聖保祿醫院
St. Paul's Hospital

NEWSLETTER 院訊

Christmas & New Year Message *from Hospital Managing Director*

Christmas is not a time or a season , but a state of mind to cherish peace and goodwill and to be plenteous in mercy. This is the real spirit of Christmas!

Time surely flies and it is already the end of 2010! 2010 has been a demanding yet fruitful year filled with many challenges. However, we have been blessed with God's mercy on our hospital projects. With God's blessing and the joint effort between our staff and doctors, we were able to face all the challenges and achieve the following major accomplishments:

- As in line with our hospital expansion plan, Block A has been running smoothly since its full operation in December last year. Block B is under construction and is is expected to be completed by 2014.

- Trent Accreditation was achieved in October.

- Patients' radiological records is expected to be shared with Hospital Authority by Jan 2011 in the Public-Private Interface (PPI) project.

- First phase of our St. Paul's Hospital Informatics Project was launched in December, aiming to bring a simple, seamless and user-friendly electronic infrastructure to our clients.

I would like to take this opportunity to thank our hospital staff for their whole-hearted support to the hospital and their enthusiasm and vigour at work to cope with the increasingly hectic workload. Thanks is also given to our staff specialists and visiting doctors who have shown much patience and perseverance.

We are thankful to God and to our patron, St. Paul for guiding our hospital through both happy and difficult times. With the Lord's grace on us, we have confidence in taking up new challenges in healthcare service in the coming year.

Trust God and He gives the very best to those who leave the choices up to HIM!

Let me share with you a meaningful story on this:

"The Butterfly and the Flower"

Once there was a man who asked God for a flower and a butterfly. But instead God gave him a cactus and a caterpillar.

The man was sad, he didn't understand why his request was mistaken. Then he thought, "Oh well, God has too many people to care for." He decided not to question. After some time, the man went to check up on his request that he had left forgotten. To his surprise, a beautiful flower had grown from the thorny and ugly cactus. And the unsightly caterpillar had heen transformed into the most beautiful butterfly!

God always does things right! His way is always the best way, even if to us it seems all wrong. If you asked God for one thing and received another…. TRUST! You can be sure that He will always give you what you need at the appropriate time.

What you want is not always what you need! God never fails to grant our petitions, so keep on going for Him without doubting.

Today's Thorn… is tomorrow's Flower!

FAITH makes all things possible,

HOPE makes all things work,

LOVE makes all things beautiful,

May you have all three for the New Year!

Happy New Year 2011!

May God bless you all,

Sr Nancy Cheung

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Medical Information 醫療資訊

The management of acute pancreatitis (GUT UK guidelines)

The proper management of acute pancreatitis requires prompt diagnosis of pancreatitis, triaging of severity, treatment of related pathology and complication.

Diagnosis of acute pancreatitis:

Combination of clinical features of epigastric pain and vomiting together with elevations of plasma concentration of pancreatic enzymes are the cornerstones of diagnosis. Plasma pancreatic enzyme levels peaks early and decline over 3-4 days. An important concept derives from this: the diagnosis of acute pancreatitis should not rely on arbitrary limits of values 3-4 times greater than normal but values should be interpreted in the light of the time since the onset of the abdominal pain.

The half life of amylase is shorter than that of lipase and pancreas is the only source of lipase. Estimation of plasma lipase has a superior sensitivity and specificity than amylase.

CT scan of abdomen is occasionally indicated for diagnosis, if clinical and biochemical findings are inconclusive, especially when the abdominal signs raise the possibility of an alternative abdominal emergency. Otherwise CT scan should be reserved for patients with persistent signs and symptoms, sepsis or deterioration in clinical status 6-10days after onset of illness, or follow-up scan in patients with severe acute pancreatitis to detect any local complications.

Prediction of severity:

Identifying patients with acute severe pancreatitis enable patients to be triaged to appropriate intensive care unit for close monitoring, resuscitation with intravenous fluid, maintain adequate O_2 saturation level and commencement of antibiotic.

Available tested prognostic features which predict severity and complications in acute pancreatitis are clinical impression of severity (e.g. Grey Turner sign, Cullen's sign, shock on presentation, desaturation.), obesity, or APACHE II > 8 in the first 24 hours of admission, and C reactive protein levels > 150mg/l, Glasgow Score 3 or more, or persisting organ failure after 48 hr in hospital.

Features that may predict a severe attack, present within 48h of admission to hospital

Initial Assessment	Clinical features of severe attack Body mass index>30 Pleural effusion on chest radiography APACHE II score >8
24hr after admission	Clinical features of severe attack APACHE II score >8 Glasgow score 3 or more Persisting organ failure, esp. if multiple C reactive protein >150 mg/l
48hr after admission	Clinical feature of severe attack Glasgow score 3 or more C-reactive protein >150mg/l Persisting organ failure for 48 h Multiple or progressive organ failure

Prophylactic antibiotics:

Infected necrotizing pancreatitis is one of the most dreadful complications of acute pancreatitis and is associated with high mortality rate (40%). There has been considerable interest in the potential to prevent infection by administration of prophylactic antibiotics. There were at least 5 randomized trials to address this issue with no conclusive evidence to support empirical prophylactic antibiotic. However if prophylactic antibiotic is ever used, it should be restricted in severe acute pancreatitis or CT scan showed >30 % necrosis of pancreas. Selection of antibiotic should be those with high pancreatic tissue penetration (e.g. Imipenem, ofloxacin, ciprofloxacin) and maximum of 14 days unless otherwise indicated by bacterial culture and sensitivity results.

Gall stone pancreatitis and it's treatment:

There are three randomized trials of endoscopic sphincterotomy versus no treatment in patients with gall stones and predicted severe acute pancreatitis.

Urgent therapeutic ERCP should be performed in patients with severe acute pancreatitis of gall stone, or when there is associated cholangitis with jaundice, dilated common bile duct and deranged liver function. The procedure should be carried out within the first 72 hrs after the onset of pain. Patients should have endoscopic sphincterotomy whether or not stones are found in the CBD. Biliary stenting should be considered in patients with associated cholangitis.

Timing of cholecystectomy:

Patients with biliary pancreatitis should undergo definitive treatment of gall stone i.e. cholecystectomy, within the same admission, unless possible local complications dictate treatment plan. In severe acute pancreatitis, cholecystectomy should be considered when all signs of acute inflammation subsided and no local complication in follow-up in CT scan of abdomen.

Surgical treatment of acute pancreatitis and pancreatic necrosis:

Most patients with acute pancreatitis in early stage (1st week) do not require surgical treatment apart from cholecystectomy. Occasionally, the diagnosis was made in a laparotomy but it is rare with increasingly use of CT scan in suspected cases.

The main indication for surgical intervention is the presence of sepsis in pancreatic necrosis. There is consensus that patients with infected necrosis should be treated by opened surgery or radiological assisted drainage to completely debride all cavities containing necrotic materials. The infection may be diagnosed by the presence of gas within the pancreatic collection or CT guided FNA for culture and gram-smear. All patients with persistent symptoms 7-14 days after onset of acute pancreatitis, evidence of sepsis and pancreatic necrosis should undergo CT scan assessment or CT guided FNA to obtain tissue for culture.

In conclusion, the proper management of acute pancreatitis esp. severe type requires concerted effort from a dedicated team of specialists including gastroenterologist, intensivist, radiologist and surgeon with clear written protocol treatment.

Dr. Lee Siu Wing
Specialist in General Surgery

Unveiling HIS-RIS-PACS Integration in St Paul's Hospital

An enterprise-wide integration of medical information and image management solution of modern hospitals

Background

Today, superior patient-focused care requires the use of new technologies and applications to ensure responsive, accurate and safe healthcare services. Given the potential diversity and complexity of health information, there are growing number of health care facilities with high-tech machines and multigigabyte medical databases, the fact remains that considerable information work flow is paper-based and distributed by hand. The challenge facing the medical industry is that many automated solutions have been implemented departmentally. Most facilities live with a legacy of disparate systems that now need to communicate with each other if digital work flow throughout the medical enterprise is to be realized.

In 2008, when St Paul's Hospital (SPH) first came to making decision of, "What will be our future Hospital Information System?" We had a vision that the next-generation hospital management platform must be self-contained, comprehensive, and different modules are seamlessly-integrated with the flexibility and scalability to meet the needs of advanced enterprise-wide environment as well as serving as a secure and reliable platform to exchange data with other institutions (e.g. Hospital Authority). One piece of the puzzle that must be in place is the integration of the hospital information system (HIS), the radiology information system (RIS), and the picture archiving and communications system (PACS).

Integration of HIS-RIS-PACS System in SPH

At first glance, a single-source or single-vendor HIS-RIS-PACS solution appears to be a good idea in terms of interoperability. One would assume that this should be the most robust and tightly integrated solution. However, independent and full customization of RIS of radiology department may be hindered by the HIS as the parent information master of Hospital. Furthermore, it is uncommon to have HIS with truly self-developed PACS as image management system. It is usually a breeding solution with other PACS vendor's product of limited features and less than seamless integration solution in a whole.

Taking the privileges of Siemens i.s.h. med integration power and renowned SAP Information Management (IM) solution as the skeleton of our HIS, we have also purchased GE Centricity RIS-PACS to optimize the daily workflow of Diagnostic and Interventional Radiology Department (D.I.R.D.) together with comprehensive image management solution which in turn served as the core image archive, distribution and reviewing engine of entire Hospital (Figure 1).

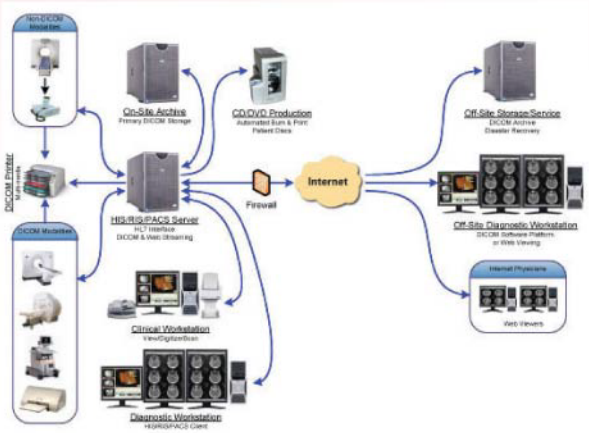


Figure 1 HIS-RIS-PACS Configuration

The successful of "marriage" or integration of HIS-RIS-PACS between two "giants" in healthcare industry in St Paul's Hospital relied on a sharp delineation of roles to the two parties as well as their compliance to use the widely accepted Health Level 7 (HL7) standard introduced by the Healthcare Information and Management Systems Society. The HL7 standard allows for communication between information systems and many other components within the health care enterprise and DICOM standard to facilitate the transfer of images over networks for over a decade.

"Zero" Transcription Error Process

The benefits of integrating the HIS and RIS into imaging systems or a PACS are many. The first meaningful benefit is the greatly increases in accuracy of the patient data entered during each examination. No manual input of data is required in the whole radiographic process from electronic order made in OPD or in ward to images and radiological report deliverable to referring physician (Figure 2). With the aid of 2D barcode system of the HIS, Patient's identification and investigation data will automatically transfer from HIS to the imaging modality and RIS-PACS integrated system. Operator can easily pick up the patient from the "worklist" on the imaging machine to perform examination. It is literally a "zero" transcription error process in D.I.R.D. Billing accuracy is improved, efficiency is enhanced, and historical study information is available with future examinations.

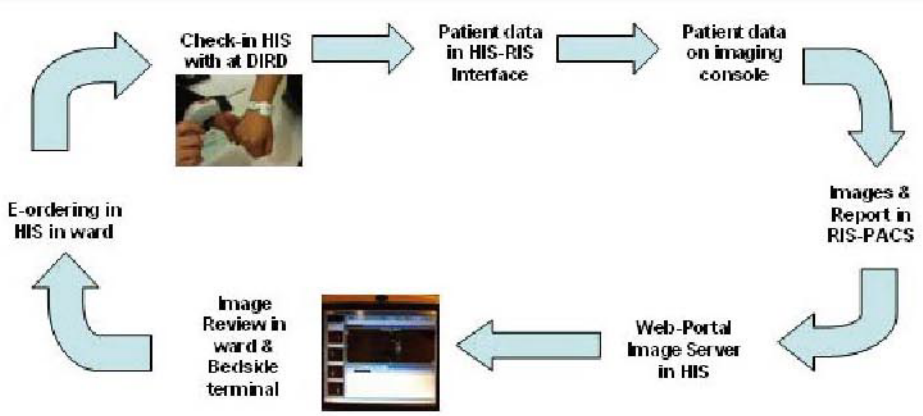


Figure 2 Fully-automated process with "zero" transcription error

The true beneficiary of automation is the patient. Having the patient information automatically available at the imaging machine's console, it avoids entry errors in patient names or identification numbers and eliminates orphan studies. When patient information is accurately matched with imaging data, the PACS can automatically present relevant prior examinations for that patient with the current study. Information richness is improved because radiologists have both clinical data and imaging data as they read a study and render a diagnosis. When this information is at a radiologist's fingertips, findings can be determined more quickly and results can be delivered to the referring physician sooner. Hence, referring physician reviews radiology examination result, his or her decision making is enhanced by the availability of prior reports along with the current study's data in the patient's organizer of HIS.

Total Image Review Solution

The GE Centricity RIS-PACS provides a powerful clinical "Cockpit" for radiologist to perform reporting and advanced image post-processing features, such as multi-planar reformat (MPR) and 3-D manipulation. A web-based image portal embedded in HIS allows all those users in hospital with appropriate authorization right to review images on hospital-wide based. Physician can even share the images and radiological report with patient on the bedside terminal (Figure 3) during

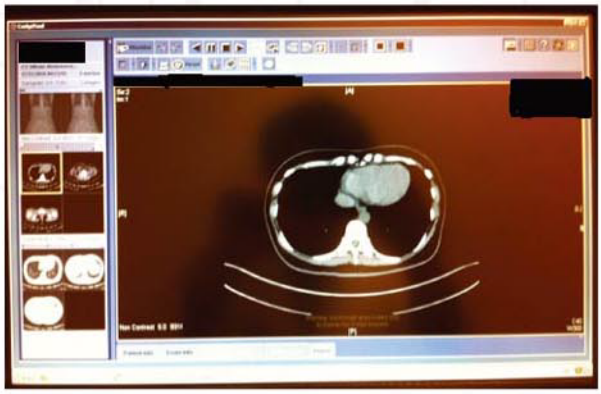


Figure 3. CT Image sharp on Bedside Teminal

The image sharing platform is also ready for remote access of digital images virtually anytime, anywhere with no boundary. In this connection, not only remote emergency consultant with image sharing is made possible, Hospital can also work tightly with our healthcare partners in community to broaden and deepen the hospitalization service of St Paul's Hospital.

Image Sharing in Public-Private Interface Project

In early October this year, we have signed a memorandum of understanding with HA on "Sharing of patients' radiological records by St Paul's Hospital with the Hospital Authority". Since then, we have gone through all the tests successfully and currently on pilot run in production environment. HA referred patients can now opt to send their radiological images and reports back into Hospital Authority for review during follow up sessions. We are now one of the private hospitals with the leading edge of technology to realize the sharing platform with HA. The new implementation provides more efficient means for HA patients when they elect to undergo radiological investigations in St Paul's Hospital.

Enterprise-wide Image Management Solution

The technology for acquiring, storing, retrieving, displaying, and distributing images in St Paul's Hospital will not restrict to only radiology department. It may evolve in near future, and perhaps in the fast lane, toward enterprise-wide image management solutions, where digital images from radiology, cardiology, and other "ologies" are seamlessly linked with information from clinical information systems and other databases, and they are accessed seamlessly from a single point of end-user interaction. Hospital-wide sharing of clinical information and community partnership will be a direction in future of St Paul's Hospital.

Mr Samuel Cheung
General Manager

Intervention Radiology Seminar : Evidence-based Decompression of Malignant Biliary Obstruction

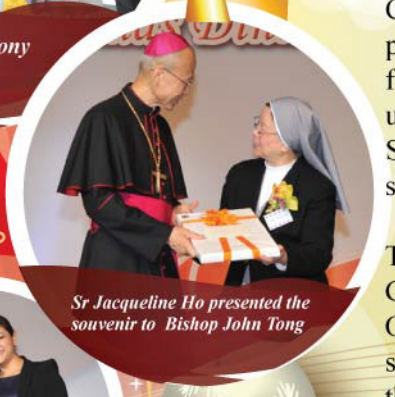
The seminar on "Evidence-based Decompression of Malignant Biliary Obstruction" organized by St. Paul's Hospital and sponsored by Siemens Ltd took place at Regal HK Hotel on 2 November 2010. We were so proud to have invited our overseas guest speaker, Professor Ho Chia Sing all the way from Canada to deliver the talk to us. He is the alumni of The University of Hong Kong ,the Professor of Radiology in Unversity of Toronto and is a renowned and highly respected consultant radiologist who is well-known for his achievements in Hepatobiliary and Gastrointestinal Interventional Radiology. The seminar had attracted over 80 professionals. The welcome speech was delivered by our Medical Superintentdent, Dr Lau Kam Ying. Mr Xu Jian of Simens Ltd also shared with us the latest technology. We were privileged to have invited Dr Lilian Leong, the Founding President of the Hong Kong College of Radiologists, to present the sounvenir to Prof. Ho for us.

• *Prof. C. S. Ho delivered the talk*

• *Q & A Session with Dr. K. Y. Lau as facilitator*

• *Sourouir presentation by Dr. Lilian Leong*

Kick- off ceremony



Sr Jacqueline Ho presented the souvenir to Bishop John Tong

The lucky draw brought the dinner to the climax

St. Paul's Hospital and St. Teresa's Hospital Joint Christmas Dinner 2010

St. Paul's Hospital and St. Teresa's Hospital Joint Christmas Dinner was held on 5 December 2010 at Hong Kong Convention & Exhibition Centre. It was a special occasion as the two sister hospitals run by the Sisters of St. Paul de Chartres came together to celebrate Christmas! We were very privileged to have Bishop John Tong as the Guest of Honour for the evening. We had around 1300 guests celebrated with us, they were the priests, local and overseas sisters of the Sisters of St. Paul de Chartres, doctors, friends and hospital staff.

The theme of the evening was "Embracing the Future with God's Love and Grace 承傳天恩 活現主愛 迎向未來" . Over the years, both hospital staff have shared the spirit of the sisters, bringing love and care to those whom they serve in their everyday work.

It was such an entertaining evening with various performance as performed by our Paulinian students (St. Paul's Day Nursery, St. Paul's School (Lam Tin), St. Paul's Convent School & St. Paul's Secondary School), St Paul's Hospital staff and Dr. Lam Kin Fai. Lucky draw was the highlight of the evening as over a hundred of fabulous prizes were given out.

Prayer led by the Most Reverend Bishop John Tong

Sisters of St. Paul de Chartres with guests

Interactive Game as led by St. Paul's Hospital

Guests were excited in the game!

Say "Cheese"

"Ready..."

Toasting Ceremony: "We wish you all a very happy Christmas, prosperity and good health in the New Year"

聖保祿醫院- A座開幕及B座奠基典禮

聖保祿醫院A座開幕及B座奠基典禮於二零一零年十二月十日下午三時舉行。本院十分榮幸能邀請到天主教香港教區湯漢主教及沙爾德聖保祿女修會省會長何美蘭修女擔任主禮嘉賓，為A座進行揭幕及B座作奠基儀式。當日出席的來賓超過二百人，包括沙爾德聖保祿女修會修女及專誠由海外到訪的修女、神父、嘉賓、醫生及員工，一同見証這個重要的歷史時刻。承蒙各來賓的參與及支持，典禮於一片歡樂氣氛下順利結束。隨後，各嘉賓到修院享用茶點。我們更為嘉賓安排參觀醫院，以了解更多本院設施及環境。

A座揭幕禮

B座奠基禮

大合照

湯主教為建築工地灑聖水

湯主教為基石塗上英泥

超過二百多位嘉賓蒞臨

聖保祿醫院徽號燈箱亮燈儀式

本院在A座大樓頂層之徽號燈箱在沙爾德聖保祿女修會省會長何美蘭修女帶領之下，於二零一零十二月三日進行了亮燈儀式。徽號燈箱每日於傍晚六時三十分起至十一時三十分會亮光，同時象徵著將聖保祿的關愛精神發揚到不同地域。

Introduction of new faces 員工動態

Hi! I am Gilbert Lee, Department Manager of Diagnostic & Interventional Radiology Department (D.I.R.D.). I began my new chapter of career in SPH since late June 2010. Before that, I had been worked in public hospitals for almost 25 years and I last served as the senior radiographer in Pamela Youde Nethersole Eastern Hospital.

I am most excited to take up the new challenge to work in a private hospital which is an entire different environment to me. I cherish every opportunity to meet and work with everyone in SPH as a team and as your friend.

Wish everyone Merry Christmas and a Happy New Year of Rabbit!

Hello, my name is Eliza Cheung. I joined St. Paul's Hospital as Marketing Manager on 5 July 2010. I am new to St. Paul's Hospital but the St. Paul's family is not new to me! I was a "Paulinian" student with 15 years of education in St. Paul's education institution. Hence, I am very familiar with the culture of the St. Paul's family.

My undergraduate study was in Hotel Management and my MSc postgraduate study was in Marketing. I had over 15 years of Marketing and brand management experience in various industries, eg. Coca-Cola, L'Oreal and Dove etc.

I hope my experience can facilitate my work here. I look forward to meeting and working with you in the coming days. Wish you have a prosperous new year !