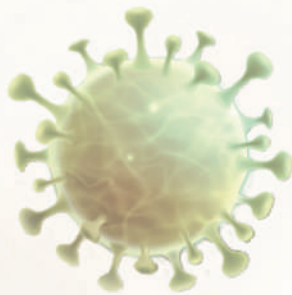


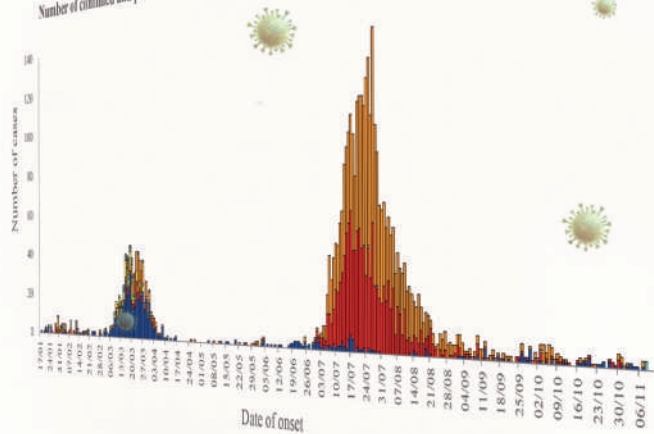
# NewsLetter

院訊



*Epidemic curve of confirmed and probable cases of COVID-19 in HK*

Number of confirmed and probable cases = 5390

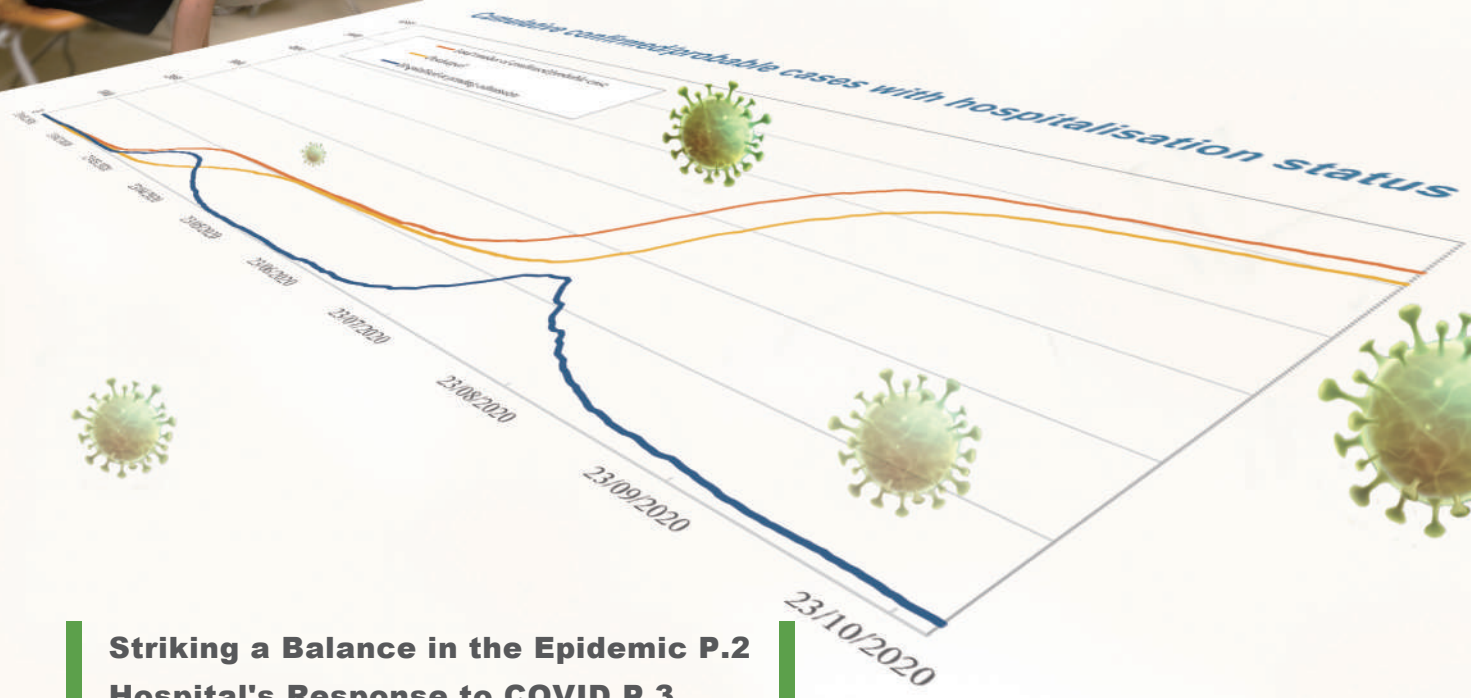


- Imported case
- Possibly local case
- Epidemiologically linked with local case
- Local case
- Epidemiologically linked with imported case
- Epidemiologically linked with possibly local case

Graphs downloaded from [https://www.chp.gov.hk/files/pdf/local\\_situation\\_covid19\\_en.pdf](https://www.chp.gov.hk/files/pdf/local_situation_covid19_en.pdf)



*Cumulative confirmed/probable cases with hospitalisation status*



**Striking a Balance in the Epidemic P.2**  
**Hospital's Response to COVID P.3**



*Dr. William Ho*  
Chief Medical Executive

## ***Striking a Balance in the Epidemic***

It's been a roller-coaster ride in Hong Kong's Covid-19 epidemic. For now, the third wave of infections seemed to have waned, with a cumulative case count standing over 5,300, and 108 deaths. A stark contrast appears over the well-controlled situation in China and a number of East Asian Countries, Vs phenomenal resurgence in America, Europe and India. Apart from those governments where politicians in power put their own interests above that of public health, even responsible governments have to juggle with difficulty the balance between containing the infection and sacrificing economic growth.

To a certain extent, management teams of private hospitals here face similar problems of juggling. The absolute first priority is to prevent inadvertent admission of a Covid patient, or silent spread by staff or visitors. Here we must thank the public hospital system and the CHP for their quick response and taking over all suspected cases. On our own part, multiple layers of defense have been put in:

- Restricting access to a single entrance, where staff on full PPE screen incomers on fever and TOCC history;
- Restricting visiting hours, and mandating wearing of surgical masks in all areas;
- Requiring all visiting doctors to declare contact and recent travel history;
- Requiring all staff to report daily temperature, symptoms, contact and travel history;
- Requiring Covid testing of patients with any suspicious signs and symptoms;
- Ensuring adequate supply and proper use of PPE, enhancing cleaning of public places;
- Instituting social distancing measures in canteen and staff rooms, and for meetings.

Thanks to these measures, the Hospital remains safe, yet with the cost of deterring patients and visiting doctors as well. Management has to tread very carefully, taking into account the evolving situation of the epidemic, the science, and sound judgment. Communication to staff, visiting doctors and patients have to be timely and effective. Judging from the result so far, we believe a reasonably good balance has been achieved. While a significant reduction of activities occurred during the peak of the epidemic, rebound especially after the recent third wave is encouraging. Inpatient and day patient activities are basically back to normal, while the Cardiac Catheterization Lab and Radiology Department staff are again facing huge workload.

No one has the crystal ball to predict whether there will be a fourth wave. We will always remain vigilant and respond appropriately. Yet new grounds have also been broken – more PPP cases referred from the HA under old and new programs, QA and education programs conducted online that recorded even higher attendance, as well as a successful CME program which took place in our newly opened Auditorium while observing social distancing.

I would like to thank all staff members and visiting doctors for your unfailing support to the hospital and your kind cooperation in these difficult days. Let's all stay healthy and pray for a better tomorrow.

# Hospital's response to COVID-19

Since January 2020

On 31 December 2019, the Centre for Health Protection announced the emergence of numerous pneumonia cases with unknown etiology in Wuhan of Hubei Province. The etiologic agent was later found to be a new coronavirus, named SARS-CoV-2. Since then, the Hospital has instituted a series of responses, with the aim to ensure early identification of infected cases, proper containment and to prevent the spread of infection to patients, visitors and staff.



## Early identification of cases:

- Triage station was set up for FTOCC screening at the main entrance of hospital. Access of patients or visitors with contact or travel history is prohibited.
- Fever zone was set up in OPD to segregate febrile patients.
- Diagnostic capability is enhanced by the availability of COVID-19 tests for deep throat saliva and nasopharyngeal-throat swab in the hospital to facilitate patient's admission.

Jul

## Proper containment:

- Cases fulfilling the reporting criteria of COVID-19 are isolated in airborne infection isolation room (AIIR) and transferred to public hospitals.
- Visiting hours is restricted and amended according to local situation. Visitor parking and volunteer service were suspended for a period.

Feb & Jul

## Ensure no spread of the disease (COVID-19):

- Contact tracing was conducted for confirmed COVID-19 patients (or staff). There had been no hospital acquired cases so far.

## Reinforcement on Infection Control Measures:

- Posters and signage regarding hospital's response level and the corresponding measures are put up at lobby and entrance of clinical area. Universal masking within hospital and hand hygiene right after entering the hospital are mandatory.
- Alcohol-based hand rub was made available at convenient locations.
- The frequency of environmental cleansing was increased.
- During meal time, staff are required to sit on one direction to avoid face to face contact without masks; tables are 1.5m apart or effectively partitioned.



## Monitoring of staff sickness:

- Staff health are monitored by daily temperature and symptoms reporting.
- They are required to declare any COVID-19 cases in the same residential building. Depending on the number of positive cases, staff may need to have COVID-19 test and/or 14-day medical surveillance.
- Visiting doctor are required to fill contact and travel history declaration form.

The hospital convened an Emergency Response Task Force for frequent update of the changing situation, formulating strategies and implementing measures related to infection prevention, hospital operations and resources allocation.





### Enhance training and information dissemination:

- Guidelines are constantly updated to all staff as advised by CHP and Infection Control Department. Scenario based management guidelines are established for patient placement upon admission and investigations required for staff easy reference.
- Full personal protective equipment (PPE) for aerosol-generating procedures (AGP) and AGP should be performed in AIIR.
- 14 sessions of COVID-19 talk, refresher training and audit of PPE usage were conducted.
- There's timely information dissemination to all staff via departmental communication, notice, email, bulletin, training forum and doctor's meeting. Visiting doctors are also regularly updated on the hospital policy through email.

### Ensure adequate PPE supply:

- 90-day stockpile of PPE is maintained. Stock and utilization are constantly monitored to determine hospital's capacity for patient admission to hospital and use in AIIR. Due to the global supply shortage for N95 respirators, new models of N95 respirators are sourced.

Through the concerted effort of everybody, the Hospital was able to overcome the challenges of early identification of COVID-19 cases, and refer to public hospitals. Global shortage of personal protective equipment especially face masks and N95 respirators is still ongoing. We shall closely monitor the changing situation and institute appropriate measures to keep our staff and our patient safe.

參加

# 全民檢測

## 後感想

鑑於2019冠狀病毒病在2020下旬仍然嚴峻，政府為了儘早識別社區隱形患者，做到儘早識別、儘早隔離、儘早治療，開展普及社區檢測計劃。

聖保祿醫院醫療及護理人員亦參與普及社區檢測計劃，為市民進行樣本採集工作，攜手營造健康社區。

今次活動有五十位醫院職員參與，他們來自護理部、復康中心、放射部及病理化驗部。

能參與對抗這場世紀疫症，身為一位醫護人員，是我的畢生回憶及榮幸。在活動中，看到一班同事的投入、認真，在會場中獲得各方面的讚賞，例如：「私家醫院姑娘真的好專業，又衛生；你看！她們每次檢測後均會把檯及椅子消毒。我相信這張檯由出工場起，未曾被人一日抹咁多次的。」

外展服務統籌 - 邵惠芳





## Medication-related Falls in Older Adults

### SPH Pharmacy Department

Falls are one of the leading causes of morbidity and hospitalisation in the older population. In Hong Kong, over 25% of the community-dwelling elderly experience at least one fall each year, accounting for 75% of home accidents.<sup>1</sup>

The consequences of falls can be severe. A cohort study in Hong Kong has shown that about 9.9% of falls resulted in bone injuries and 31.3% resulted in tissue injuries.<sup>2</sup> Inpatient falls are likely to prolong the length of stay by 6.3 hospital days, leading to undesirable health outcome and higher hospitalisation cost.<sup>3</sup> In St. Paul's Hospital (SPH), falls incidents are studied and reported as clinical incidents regularly by the Quality and Risk Management (QRM) Department. The fall incidents per 100 bed days reported in 2016 was 0.006, dropped to 0.005 and remained steady from 2017 to 2018 and a rise was noted in 2019 (0.005 to 0.006). There were seven inpatient falls occurred in 2019, among which three cases with a severity index (SI) of 1 or 2 have resulted in fracture, haematoma or open wound requiring suture. Four cases were classified with SI 3 causing temporary harm to patients that required intervention.<sup>4</sup> Please refer to Appendix 1 for details.

### 1. Risk Factors

Falls often result from a combination of risk factors, which can be classified into biological, socioeconomic, environmental and behavioural factors as illustrated in Figure 1.<sup>5</sup>

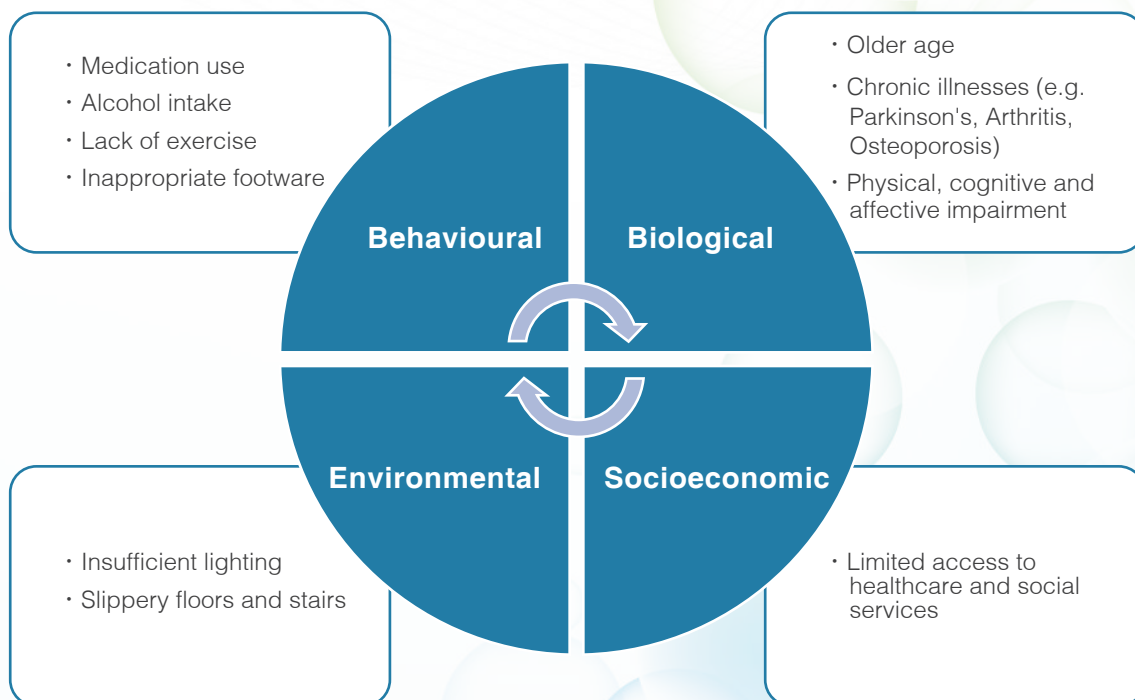


Figure 1. Risk factors leading to falls<sup>5</sup>

### 2. Medications associated with falls

Medication use was identified as one of the leading causes in increasing the risk of inpatient falls. The risk of medication-related falls increases with age because of the age-related physiological changes and higher prevalence of polypharmacy.

Ageing is associated with physiological changes that impact the pharmacokinetics of drugs. A 25–35% decrease in liver size and a 40% reduction in hepatic blood flow were found in the elderly, reducing the hepatic clearance of drugs.<sup>6</sup> Steady deterioration in renal



function was also associated with ageing.<sup>7</sup> These changes reduced clearance of drugs, increasing the risk of adverse drug reactions and toxicity.

The American Geriatrics Society (AGS) Beers Criteria® for Potentially Inappropriate Medication (PIM) Use in Older Adults has highlighted a list of Central Nervous System (CNS) active medications that may cause impaired psychomotor function and predispose older adults to falls, such as antidepressants, antiepileptics, antipsychotics, hypnotics and opioids (Table 1).<sup>8</sup> Other medications, including newly initiated antihypertensives, sedative antihistamines and muscle relaxants may also contribute to falls in older adults (Table 2).<sup>9</sup> The panel also suggested the co-prescribing of three or more of the listed medications should be avoided to reduce the risk of falls.<sup>8</sup> Prescribers should be cautious when initiating these medications and consider limiting their use at the lowest effective dosage for the shortest duration if appropriate. Review of indications and side effects of medications should be undertaken at medication reconciliation during admission, discharge or follow-up visits as well.

Drug Class	Effects on Falls Risk	Recommendation from AGS Beers Criteria
Antidepressants	Cause drowsiness, slow reactions and impaired balance. May also impair sleep quality, affecting daytime motor and cognitive functions.	Avoid unless safer alternatives are not available.
Antiepileptics	Cause sedation and slow reactions.	
Antipsychotics	Cause drowsiness, slow reactions and impaired balance. Alpha blocking activity may also cause orthostatic hypotension.	
Hypnotics (Benzodiazepines and "Z-drugs", e.g. Zolpidem)	Cause drowsiness, slow reactions and impaired balance.	
Opioids	Cause drowsiness, slow reactions, impaired balance and occasional delirium.	

Table 1. AGS Beers Criteria® Recommendation on Medications that Predispose to Falls<sup>8</sup>

Drug Class	Effects on Falls Risk
Antihistamines (First Generation)	Cause sedation and delirium.
Antihypertensives	Cause orthostatic hypotension upon initiation or dose titration.
Muscle relaxants	Cause sedation and delirium.

Table 2. Medications that Predispose to Falls<sup>9</sup>

Concurrent use of these drugs may have an additive effect on motor and cognitive functions, leading to an increased risk of falls. Polypharmacy is an independent variable that has been linked to falls. In Hong Kong, 16.3% of elderly were taking five or more medicines<sup>10</sup>, which may be associated with a 21% increased rate of falls as shown in a longitudinal study in England.<sup>11</sup>

### 3. Falls Prevention and Management

#### Falls Prevention and Management at SPH

The Fall Prevention and Management Policy was established in 2009 at SPH to assess, prevent and manage inpatient falls. All patients shall be assessed for the risk of falls by nurses upon admission or transferral from another ward using the Morse Fall Scale. Nurses play an important role in clinical falls risk assessment and perform falls prevention interventions to minimize the falls risk. As part of the clinical team, pharmacists can also take an active role to provide medication-related recommendations, to identify high risk medications and to intervene to reduce medications that increase falls risk. Pharmacists can be one of the key players in the multidisciplinary team to further optimize the clinical outcomes in patients.

#### Benchmarking the Role of Pharmacist in Falls Prevention Enhancing Strategies

To facilitate healthcare providers in implementing falls prevention strategies, the Centers for Disease Control and Prevention (CDC) developed the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative. This initiative consists of three core elements: 1) To **Screen** patients for fall risk; 2) To **Assess** modifiable risk factors; and 3) To **Intervene** to reduce falls risk by using effective clinical and community falls prevention strategies.<sup>12</sup> This clinical falls prevention initiative is a team-based approach requiring responsibilities of different healthcare professionals, including physicians, nurses and pharmacists. Pharmacists, as specialist in pharmacotherapy and medication management, can be responsible for identifying those high risk patients from medication usage review, optimizing

pharmacologic therapy by adjusting dosage of medications that increase falls risk and providing education on medication management to patients and/or caregivers to address those modifiable risk factors.

Pharmacists are in the best position to conduct medication review. A study of pharmacists' intervention in polypharmacy among older patients conducted in 2020 has demonstrated that the use of potentially inappropriate medication has decreased from 2.64 at baseline to 2.39 in the intervention group after 6 months of interventions. A significant lower mean number of falls 0.04 was observed in the intervention group compared to 0.41 in the control group ( $P = 0.033$ ). With medication review by pharmacists, the falls occurred in the intervention group was 3.6% whereas 22.2% was observed in the control group ( $P = 0.043$ ).<sup>13</sup> Apart from that, a prospective controlled study conducted in 2018 in Hong Kong recognised the value of pharmacist-led medication review, with a significant reduction in inappropriate medication use and unplanned hospital readmission rate one month after discharged.<sup>14</sup>

#### 4. Pharmacist's Perspective

Falls are one of the leading causes of injuries in older adults. Certain classes of medication have been found to predispose patients to falls. Regular medication review and patient education may be offered at early stages to prevent falls in older adults.

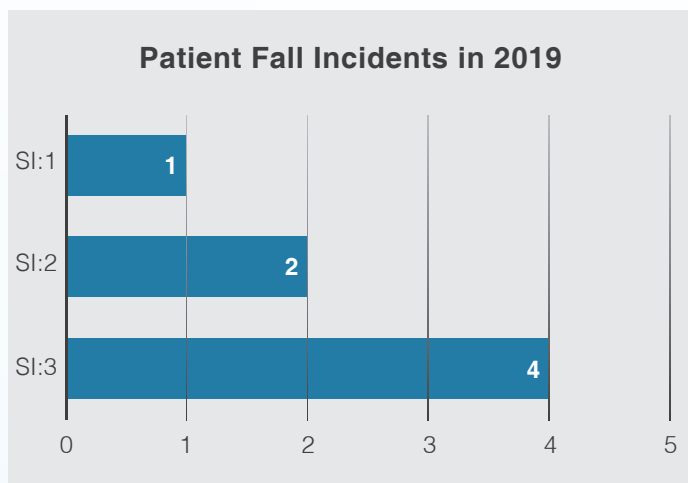
While a number of tools are available to assist healthcare providers in reviewing and optimising patient's medication management, none of them is considered as the gold standard for falls prevention. Clinical evaluation for individual patient is essential when using these tools. Pharmacists' input has been shown to be valuable in the prevention of falls. A comprehensive medication review by pharmacists may be beneficial in identifying medications with high falls risk and appropriate interventions may be suggested to physicians to further mitigate the falls risk and improve outcomes. The collaboration of pharmacists in the multidisciplinary team in the falls prevention clinical service may further prevent additional harm to patients while they are hospitalized in SPH.

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### Appendix 1

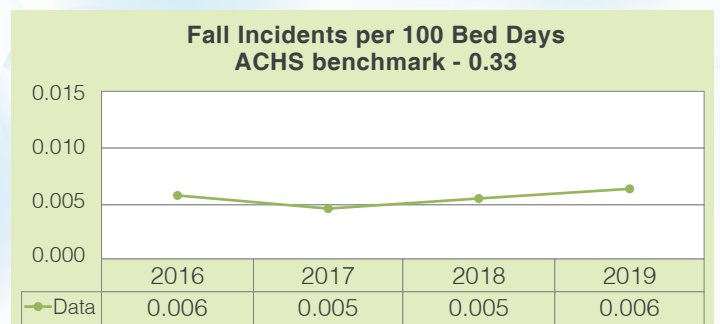
Patient Fall Incidents in 2019 <sup>4</sup>

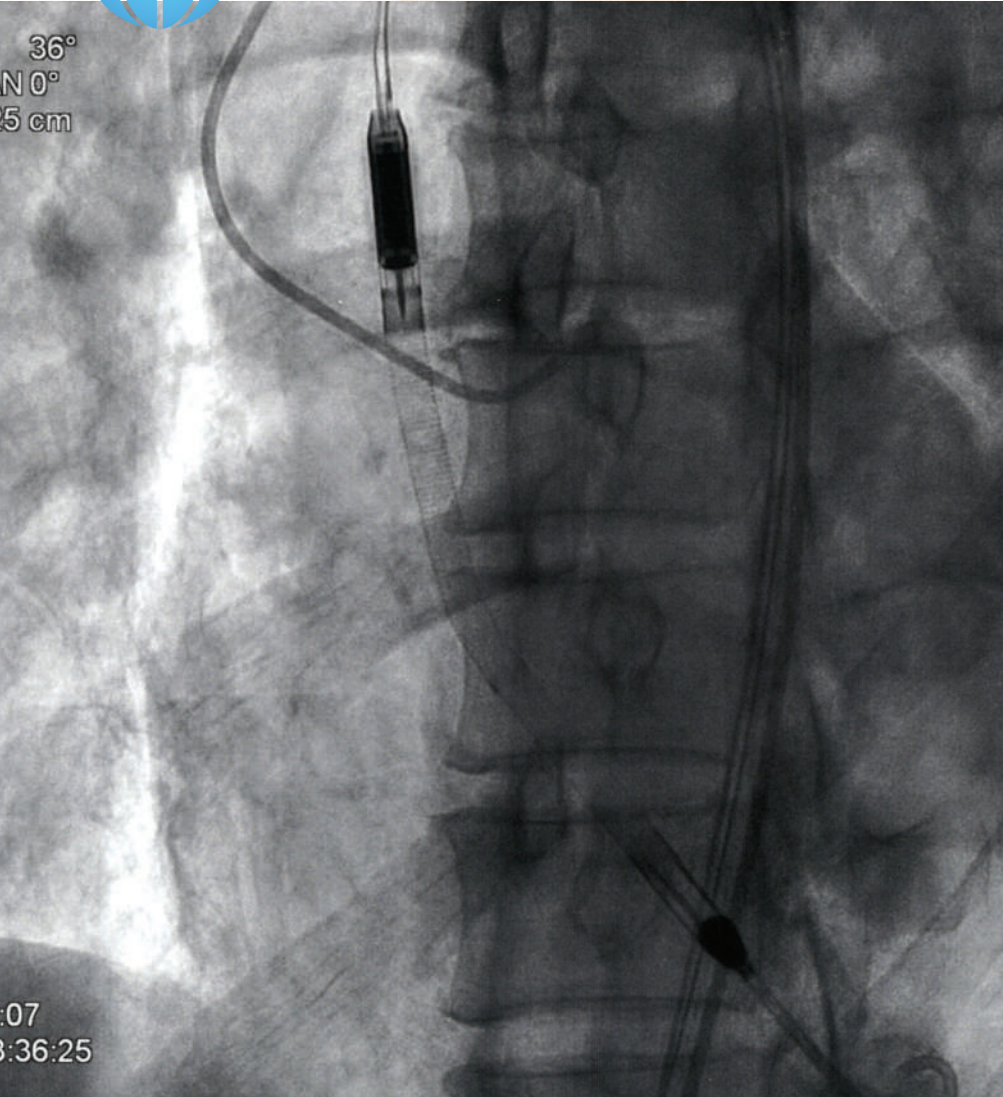


Number of Patient Fall in 2016 to 2019 <sup>4</sup>

	2016	2017	2018	2019
Patient Fall	5	4	5	7

Fall Incidents per 100 Bed Days <sup>4</sup>





# The First

IMPELLA Heart Pump  
use in private hospitals  
in Hong Kong

**A** relatively young patient with severe AMI and severe heart failure (EF 27%) underwent successful PCI with the support of IMPELLA heart pump in SPH on 4 June 2020. The photo was taken right after successful completion of the procedure with Hospital Management congratulating the team of cardiologists led by Dr. Walter Chen, Dr. Ryan Ko, Dr. Kevin Kwok and Dr. Vincent Luk, and Dr. Cathy Lam.







# FOUR SEASONS GOLF TOURNAMENT SPDA

*Dr. Chung Ka Leung*



**In the year 2004, I had organized this golf tournament for our St. Paul's Doctors Association (SPDA). I named it Four Seasons Tournament 「四季賽」.**

SPDA bought a sterling silver cup for the Champion of the tournament. Dr. Ip Kai Wah, the calligraphist helped to write the Chinese wordings and these were inscribed onto the Cup. Names of the winner of each season were inscribed after each Tournament.

Golf outing was not easy in those days as most of us were not members of golf clubs. Some even just started playing golf and now were single handicap players.

Each Tournament was followed by a dinner. Prices and trophies were presented to the winners

followed by Lucky Draw which was always the highlight of the evening. For a number of years, we also invited doctors of different specialties to give us lectures during the dinner. Those non-golfers SPDA doctors joined in the evening as CME lecture/dinner. In those days, this became a popular event among the doctors in private practice every 2 months.

The Tournament continued for 12 years. We had fond memories, built up friendship among our private practice colleagues, and joined into the family of St. Paul's Hospital.

The Sterling Silver Cup is now in the Chief Medical Executive's Office. Those interested can go there to see this great trophy. You will see familiar names like Dr. David Fang, Dr. William Ho, Dr. Lau Bo Yee, Dr. Godwin Leung etc. Don't be surprised to find Dr. Fong Mun Ho's name repeatedly. He is three times Champion of this Tournament!



# CME

ANNOUNCEMENT

CME/CPD/CNE Programme 2020

## Cardiogenic shock and mechanical circulation support devices



**Speakers:** Dr. Luk Ngai Hong, Vincent  
Specialist in Cardiology

Dr. Kwok Chun Kit, Kevin  
Specialist in Cardiology

**Chairman:** Dr. Cheung Chi Yeung  
Staff Consultant in Cardiology, St. Paul's Hospital

**Date:** 26 November 2020 (Thursday)

**Time:** 7:00 pm – 7:30 pm Reception (light refreshment provided)  
7:30 pm – 8:30 pm “Cardiogenic shock and mechanical circulation support devices”  
by Dr. Luk Ngai Hong, Vincent & Dr. Kwok Chun Kit, Kevin  
8:30 pm – 9:00 pm Q&A session

**Venue:** Auditorium, 18/F, Block A, St. Paul's Hospital

**Registration & Enquiry:**  
(First-come-first-serve)

**Contact Person:** Ms. Merrillin Leung  
Tel: 2830 8857, Fax: 2837 5271, E-mail: sph.sdd@mail.stpaul.org.hk

CME / CPD / CNE Accreditation for all Colleges (Pending approval)

Sponsored by:



CME/CPD/CNE Programme 2020

## Small Lung Nodule - What Can Be Done?



**Speaker:** Dr. Chu Chung Ming  
Specialist in Respiratory Medicine

**Chairman:** Dr. Lee Yin Yin, Candice  
Staff Consultant in Respiratory Medicine, St. Paul's Hospital

**Date:** 10 December 2020 (Thursday)

**Time:** 7:00 pm – 7:30 pm Reception (light refreshment provided)  
7:30 pm – 8:30 pm “Small Lung Nodule - What Can Be Done?” by Dr. Chu Chung Ming  
8:30 pm – 9:00 pm Q&A session

**Venue:** Auditorium, 18/F, Block A, St. Paul's Hospital

**Registration & Enquiry:**  
(First-come-first-serve)

**Contact Person:** Ms. Dorothy Chan  
Tel: 2830 3904, Fax: 2837 5271, E-mail: sph.sdd@mail.stpaul.org.hk

CME / CPD / CNE Accreditation for all Colleges (Pending approval)

Sponsored by:





## First CME held in the Auditorium

15 October 2020



### INTRODUCTION OF NEW FACES

Hello everybody, and thank you for the warm welcome to your community. I graduated from medical school at the Chinese University of Hong Kong, before undergoing General Surgical training in the New Territories East Cluster. After obtaining my fellowship, I worked for two years in the Colorectal Surgery team of Prince of Wales Hospital, before being promoted to Yan Chai Hospital. In 2018, I underwent overseas training in National Cancer Center East, Tokyo, for Transanal TME and Complete Mesocolic Excision for right colonic cancer. Apart from General Surgery and Colorectal Surgery, my interests also lie in Varicose Vein treatment and endoscopic ESD. In addition, I am a movie buff, crime novel enthusiast, and follow most professional sports from the view of a couch. I look forward to working with all of you!



*Dr. Ng Sheung Hey, Andrew*  
Specialist in General Surgery



聖保祿醫院  
St. Paul's Hospital

## Mailing Option & Personal Contact Details Update

### Mailing Option Update

Should you wish to receive upcoming St. Paul's Hospital Doctors' Newsletters by post, please inform us by ticking the box below. If a reply is not received, an electronic copy of upcoming St. Paul's Hospital Doctors' Newsletters will be emailed to the email address recorded by the Hospital. Please refer to the below for personal contact update, if needed.

I would like to receive upcoming St. Paul's Hospital Doctors' Newsletters by post

### Personal Contact Details Update

To ensure you receive important updates from St. Paul's Hospital, please complete and return the following form to us (Email: vmo@stpaul.org.hk; Fax: 2837 5241) if you have updated or changed any of your previous information. Information collected will be used for Hospital communications only. Please note that it takes about ten working days to update your contact information in our system.

#### Personal Particulars

Name of Physician: (IN FULL NAME)

English: \_\_\_\_\_ Chinese: \_\_\_\_\_ Physician Code: \_\_\_\_\_

#### Correspondence (Please write down changed items only)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Others: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return the completed form by

1) Fax: 2837 5241    2) Email: vmo@stpaul.org.hk

3) Post: 2 Eastern Hospital Road, Causeway Bay, Hong Kong (Attn: Hospital Management Department)

Thank you!

醫院網站  
Hospital website

