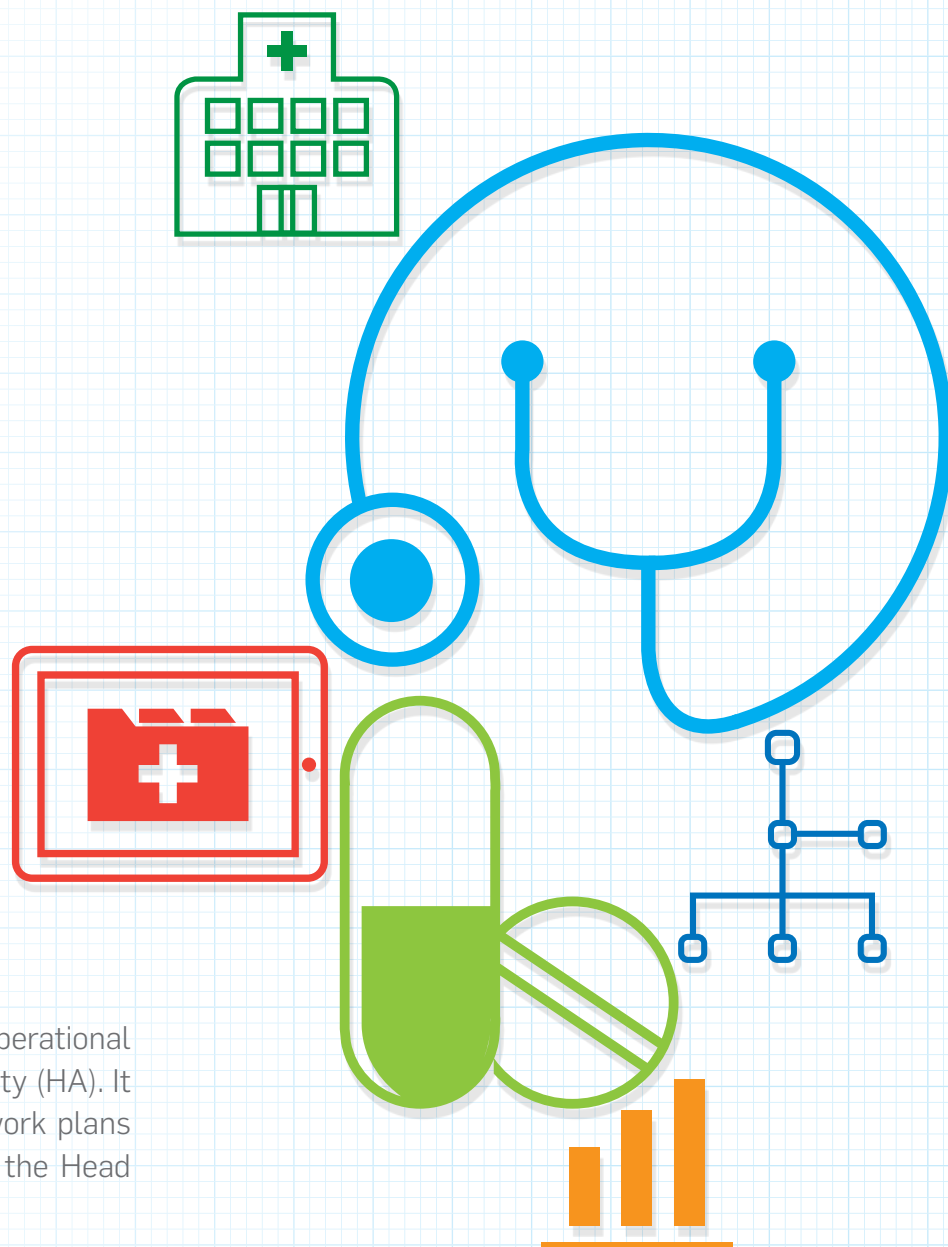


# 2016-17

Hospital Authority

## ANNUAL PLAN



## About this document

The annual plan is an operational plan of the Hospital Authority (HA). It sets out the major goals, work plans and programme targets of the Head Office and seven Clusters.

Our service targets and activity throughput are delineated in the plan to facilitate the public in monitoring HA's performance. Also included is an overview of manpower estimates and budget allocation, illustrating the resources required for carrying out our work plan.

# VISION

- Healthy People
- Happy Staff
- Trusted by the Community

# MISSION

- Helping People Stay Healthy

# VALUES

- People-centred Care
- Professional Service
- Committed Staff
- Teamwork

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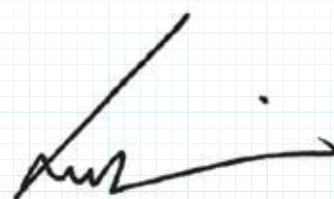
# Introduction from Chief Executive

Significant increase in demand for public healthcare services has been observed in recent years. This is contributed largely by the ageing population, advances in medical technologies, increasing disease complexities and higher public expectations. In order to meet these service demands and to ensure judicious use of public resources, the Hospital Authority (HA) plans its service provision in accordance with the directions of its Strategic Plan 2012-17. This year, 2016-17, signifies the finale in which HA draws to a close its implementation of the current Strategic Plan 2012-17. Our staff are now formulating the next Strategic Plan for 2017-22.

Apart from addressing the service demand, the HA Annual Plan 2016-17 also incorporates initiatives in response to the recommendations by the Government's Steering Committee on Review of HA. The relevant programme initiatives are specially denoted "🏥" in this Annual Plan for ease of reference. Programme highlights for 2016-17 include our plan to open 231 additional hospital beds and provide 27 000 additional quotas in the General Out-patient clinics across different clusters. Elderly services will be enhanced through additional visits to the residential care homes by the Community Geriatric Assessment Team and through establishment of the fifth joint replacement centre in the Hong Kong West Cluster. Furthermore, HA plans to recruit 420 doctors, 1 720 nurses and 480 allied health professionals in the coming year. There are also numerous service improvement programmes covering amongst others surgery, endoscopy and Accident and Emergency (A&E) to further address the waiting time issue.

As the largest public healthcare service provider in Hong Kong, HA is very appreciative of the continuous financial support from the Government. The recurrent funding from the Government amounts to \$50.8 billion. HA will utilise the government subvention and its internal resources to meet the operating expenditure. Overall, it is anticipated that HA will in the coming year serve 1.6 million inpatient and day inpatient discharge episodes, 2.2 million A&E attendances, and 7.2 million specialist outpatient (clinical) attendances as well as 6.2 million primary care attendances respectively.

Looking ahead, HA will continue to strive for quality healthcare services and to meet the growing service demands. I would like to take this opportunity to express my gratitude to all our colleagues for their collaborative efforts in formulating and implementing the HA Annual Plan 2016-17.



**Dr. P Y Leung**  
Chief Executive

# *Planning Context*

This annual plan outlines the specific actions for the fifth year implementation of HA Strategic Plan 2012-2017.

## **Strategic Plan 2012-2017**

Strategic Plan 2012-2017 sets out the strategies and directions for addressing our key challenges over the five-year period. It is the overarching document for service and development planning throughout HA.

Overall, the priorities of the annual planning exercise are guided by the strategic directions outlined in the HA Strategic Plan. The annual planning process channels resources to specific programmes for translating the Strategic Plan into actions.

In particular, Annual Plan 2016-17 is the action plan for carrying out the last year implementation of the five-year Strategic Plan.





# Planning Process

Annual planning refers to the service and budget planning process where proposals undergo prioritisation, resource bidding and allocation, with participation from the whole HA community.

Programmes or initiatives delineated in Annual Plan 2016-17 are the syntheses of many months of detailed service and budget planning throughout HA. The annual planning process involves a broadly participative approach, where clinical specialties, hospital Clusters and Head Office Divisions converge and plan ahead for HA's service provision in the coming financial year.

Overall, the HA Board and Committees have provided input to the development of the programmes. For instance,

- ▶▶ The clinical programmes were formulated according to the developmental priorities recommended by the **Medical Services Development Committee (MSDC)**
- ▶▶ Business support programmes that included equipment and capital works projects were advised by the **Supporting Services Development Committee (SSDC)**
- ▶▶ Programmes related to IT development were endorsed by the **Information Technology Services Governing Committee (ITGC)**
- ▶▶ Staff-related initiatives were deliberated by the **Human Resource Committee (HRC)**
- ▶▶ Clusters' programmes were developed under the guidance of the various **Hospital Governing Committees (HGCs)**

Views of patient groups were collected from regular meetings and written suggestions. Inputs from frontline clinical staff, Cluster management as well as Head Office executives were provided through the following platforms:

- ▶▶ **Coordinating Committees (COCs) and Central Committees (CCs) Annual Planning Forum** organised on 13 March 2015 for frontline professionals to present proposed clinical programmes. The proposals were coordinated by the respective subject officers in the Head Office.
- ▶▶ **Head Office Annual Planning Forum** held on 25 March 2015 at which Head Office subject officers presented proposals that were coordinated at the corporate level or were initiated by the Head Office.
- ▶▶ **Cluster Annual Planning Forum** organised on 7 May 2015 for Cluster management to propose initiatives that aimed at addressing the service needs of individual Clusters, in particular the key pressure areas.

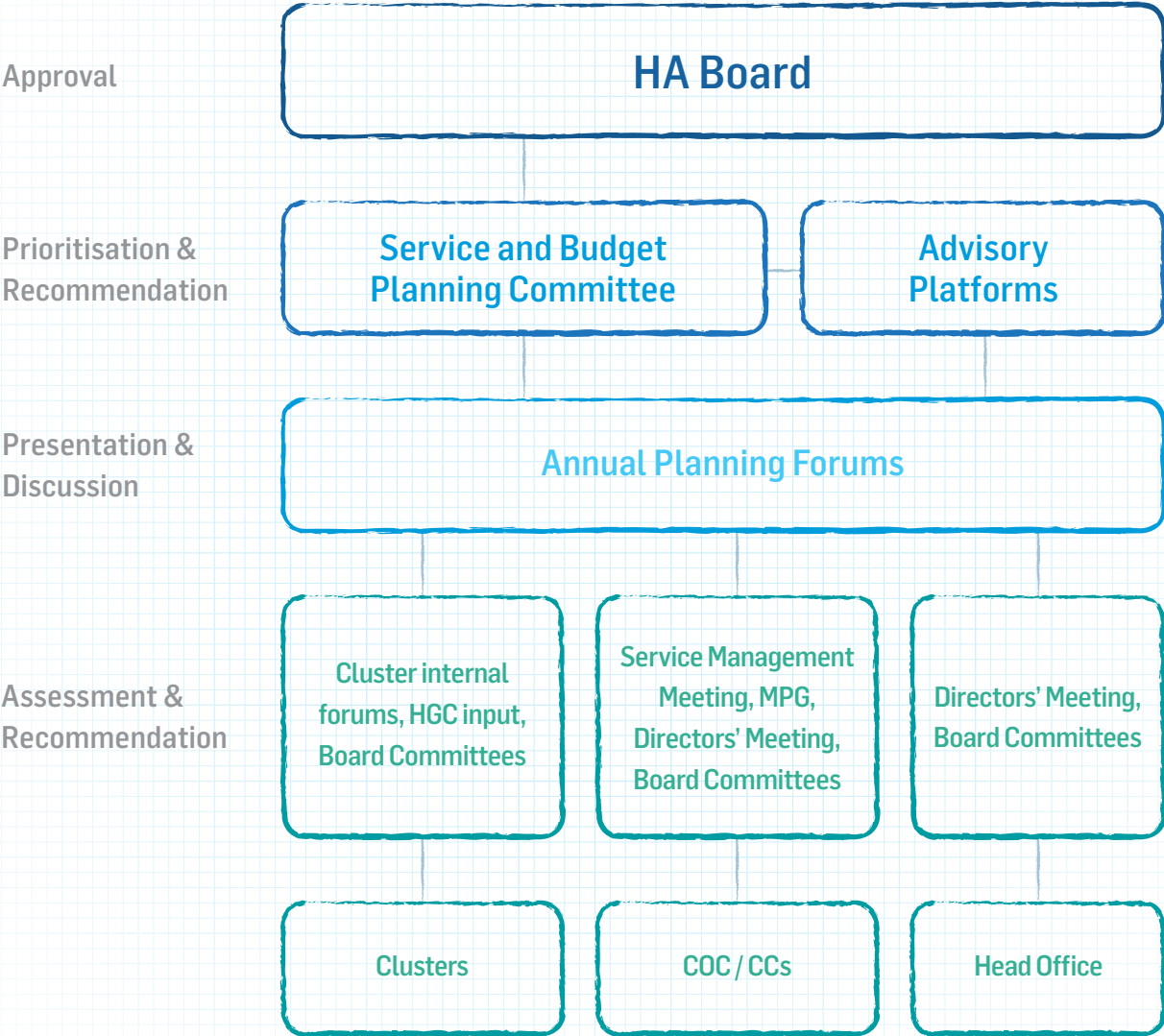
The forums were interactive, with opportunities for floor members to ask questions, and presenters to make clarifications.

All the proposals presented at the forums were put forward for prioritisation by the Service and Budget Planning Committee (SBPC) chaired by the Chief Executive and involving all the Directors, Heads and Cluster Chief Executives as members. This was carried out with reference to HA's strategic priorities and service directions, the programmes' operational readiness, and the government's healthcare priorities. The SBPC was also advised by the following advisory platforms during the prioritisation process:

- ▶▶ **Medical Policy Group (MPG)** advised on the clinical merits of the clinical proposals, in terms of evidence as well as clinical impact and needs. The MPG comprised the chairmen of all the COCs.
- ▶▶ **Annual Plan Preparatory (APP) meeting** commented on the proposals' feasibility and readiness for implementation. Participants of the meeting were subject officers of the COC / CCs as well as Head Office chief managers and executives.
- ▶▶ **Drug Management Committee (DMC)** prioritised the drug components in those proposals that involved the repositioning of drugs or widening use of drugs in the HA Drug Formulary.
- ▶▶ **Committee on IT** deliberated on proposals that required information technology (IT) support.

After thorough deliberation and prioritisation process by the SBPC, new programmes that were approved for implementation, together with other core service programmes of HA, were incorporated in the annual plan as programme targets to be achieved. These were subject to endorsement by the HA Board before finalisation of the annual plan for publication. The Board will monitor the progress of the programme targets on a quarterly basis between April 2016 and March 2017.

The overall process and governance structure of the annual planning exercise are illustrated in the diagram below.



# *Annual Plan Framework*

The framework of Annual Plan 2016-17 comprises strategic intents and directions, strategies, programmes and committed targets.

The strategic intents, directions and strategies are as delineated in the Strategic Plan 2012-2017. The strategic intents set out what HA wants to achieve, while the strategic directions outline the broad directions for achieving the intended goals. At the same time, the strategies map out what we need to do to get to the intended goals. The specific programmes are the action plans of HA to carry out the strategies, and the targets are the measurable terms for programme monitoring and accountability reporting.

**The strategic intents of Annual Plan 2016-17 are as follows:**

- ▶▶ Allay staff shortage and high turnover
- ▶▶ Better manage growing service demand
- ▶▶ Ensure service quality and safety
- ▶▶ Enhance partnership with patients and community
- ▶▶ Ensure adequate resources for meeting service needs
- ▶▶ Enhance corporate governance

## Strategic Intents

(What we want to achieve)

## Strategic Directions

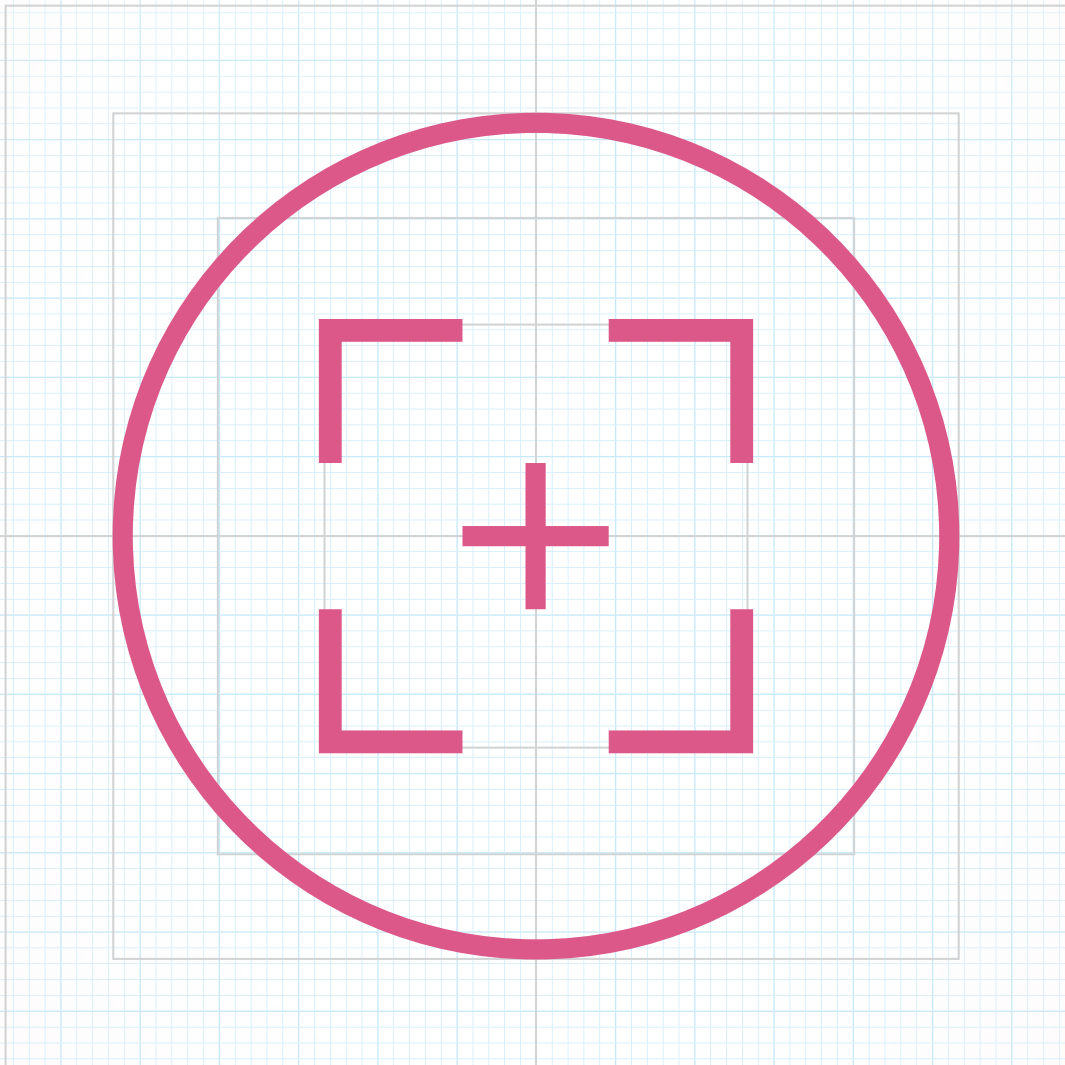
(Where we are going)

## Strategies


(How we get there)


<b>Allay Staff Shortage and High Turnover</b>	Retain people	Improve terms and conditions of frontline staff
		Enhance training and development
		Strengthen career development and grade management
	Attract people	Increase manpower supply
Motivate people	Promote good management and leadership	
	Enhance staff communication and engagement	
<b>Better Manage Growing Service Demand</b>	Increase capacity	Increase capacity in high needs communities
		Increase capacity on high demand life threatening diseases
		Increase capacity for services with pressing issues of waiting time and access
	Increase efficiency	Develop more efficient service models
	Reduce demand	Reduce unnecessary or avoidable cases
		Enhance management and secondary prevention of chronic diseases
	Share out demand	Transfer high volume low complexity cases to community partners
<b>Ensure Service Quality and Safety</b>	Enhance clinical risk management	Develop safer service models
	Modernise HA	Adopt modern technology and new treatment options
		Upkeep the standard of medical equipment and facilities
	Improve clinical practice	Enhance clinical governance
Implement continuous quality improvement systems		
<b>Enhance Partnership with Patients and Community</b>	Engage partners in care	Involve patient groups and community partners in care delivery
		Engage patients and community partners in service improvement
	Improve patient communication	Take patient-centred approach in communication with patients and carers
<b>Ensure Adequate Resources for Meeting Service Needs</b>	Ensure financial sustainability	Enhance efficiency in resource utilisation and review Government funding
		Develop a fair and transparent resource allocation system
	Enhance key enablers	Strengthen business support services
		Foster capital works and facility improvement
<b>Enhance Corporate Governance</b>	Strengthen accountability and stewardship	Reinforce the governance structure and process of the Board
		Strengthen execution support to the Board


# Strategic Intent and Programme Targets



**In Annual Plan 2016-17, we map out six Strategic Intents and 28 Strategies with around 100 corresponding Programme Targets that reflect the work we are doing to implement the five-year Strategic Plan.**

Delineated in this chapter are 89 of our programme targets. Other programme targets that are specific to a certain Cluster or Head Office division are presented in the sections under **Cluster Plans** and **Head Office Plan** respectively. About one fifth of the programmes listed here are newly included initiatives, while others are ongoing programmes or a continuation of previous years' initiatives. Newly included initiatives are highlighted with the symbol  for easy reference.

Programmes marked with the symbol  are initiatives related to healthcare reforms or are commissioned by the Government. These include measures for enhancing primary care, promoting public-private partnership (PPP) in healthcare, strengthening public healthcare safety net, and facilitating electronic health record (eHR) development.

The Steering Committee on Review of HA (The Review) announced its Review Report in July 2015 with 10 recommendations on five priority areas in HA's operation. In response, HA has formulated a set of actions corresponding to each recommendation, which will be implemented gradually in the coming three years. Programmes marked with the symbol "" are initiatives that are related to the Action Plan for the recommendations of the Review.

# Allay Staff Shortage and High Turnover



## Our strategies for 2016-17

- ▶▶ Improve terms and conditions of frontline staff
- ▶▶ Enhance training and development
- ▶▶ Strengthen career development and grade management
- ▶▶ Increase manpower supply
- ▶▶ Promote good management and leadership
- ▶▶ Enhance staff communication and engagement

### Improve terms and conditions of frontline staff

Action	Target
Continue to attract and retain supporting staff by improving the terms and conditions of their remuneration package	Continue with the annual progression exercise for Patient Care Assistants working in wards with 24 hours services by 1Q17

### Enhance training and development

Action	Target
Continue to sponsor overseas training of doctors, nurses and allied health staff 	Offer around 260 overseas training scholarships by 1Q17
Provide training subsidy to nurses and allied health staff who participate in recognised service-related post-graduate programmes 	Offer training subsidy to around 355 nurses and 225 allied health staff by 1Q17



Action	Target
Provide more training opportunities for doctors, nurses, allied health and pharmacy professionals so as to facilitate service advancement and professional development	 Sponsor around 210 simulation training classes in five clusters for doctors and nurses in different specialties; provide 26 specialty programmes and 130 enhancement programmes for nurses, 65 specialty training/enhancement programmes for allied health professionals, one specialty training programme and 11 competency enhancement programmes for pharmacy professionals, two multi-disciplinary programmes for mental health and primary care service as well as one train-the-trainer programme for programme trainers by 1Q17
Provide more trainee places for doctors to facilitate cross-cluster and cross-specialty rotation arrangement for specialties with specialist training gaps	 Provide 39 trainee places for doctors by 1Q17
Continue to train up more nurses in HA nursing schools, conduct 18-month midwifery programmes and roll out the two-year Preceptorship Scheme, as well as encourage Enrolled Nurses (EN) to upgrade their skills and competency to Registered Nurses (RN) level	 Provide training places for 300 RN and 100 EN new students; conduct midwifery programmes with a new intake of around 80-100 trainees; provide preceptorship to around 1 100 newly recruited RN graduates; offer training sponsorship to around 90 ENs undertaking voluntary RN Conversion Programme by 1Q17
Enhance competency of healthcare workers on patient engagement, conflict resolution and complaint management through applied mediation skills training	Continue to provide commissioned mediation skills training programme for 300 trainees by 1Q17
Continue to provide cross cluster collaboration training on Robotic Assisted Surgery (RAS)	Conduct a total of 44 cross-cluster RAS in QMH, QEH and PMH by 1Q17

## Strengthen career development and grade management

Action	Target
Enhance promotion opportunities for frontline doctors	Provide additional 85 promotion opportunities for Residents to Associate Consultants by 1Q17





## Increase manpower supply

Action	Target
Strengthen the clinical professional workforce to enhance the provision of healthcare services	Recruit a total of around 420 doctors, 1 720 nurses and 480 allied health professionals (including Pharmacy grades) by 1Q17

## Promote good management and leadership

Action	Target
Enhance management and leadership capabilities of senior leaders through Healthcare Service Management Training (HSMT) to provide inventory of essential business knowledge	Collaborate with various Divisions to launch another 20 e-learning modules on essential business knowledge for 1 600 senior leaders at HAHO and cluster levels by 1Q17

## Enhance staff communication and engagement





Action	Target
Enhance staff communication through the introduction of HR App 	Roll out HR App for staff health, e-leave, staff welfare as well as Vacancy Notification Circular (VNC) by 1Q17 
Enhance staff engagement through a HA-wide Staff Survey 	Implement HA-wide Staff Survey to identify areas to enhance staff engagement and improve staff retention by 3Q16 


# Better Manage Growing Service Demand

## Our strategies for 2016-17

- ▶▶ Increase capacity in high needs communities
- ▶▶ Increase capacity on high demand life threatening diseases
- ▶▶ Increase capacity for services with pressing issues of waiting time and access
- ▶▶ Develop more efficient service models
- ▶▶ Reduce unnecessary or avoidable cases
- ▶▶ Enhance management and secondary prevention of chronic diseases
- ▶▶ Transfer high volume low complexity cases to community partners


## Increase capacity in high needs communities

Action		Target
Strengthen the capacity of inpatient services in HKEC		Open additional 20 acute beds at PYNEH by 4Q16
Increase the inpatient capacity in KCC		Open additional 24 acute beds at QEH by 1Q17
Reinforce the capacity of inpatient services in KEC		Open 10 additional day beds at UCH by 3Q16
Provide more inpatient beds to cope with the increasing service demand in NTEC		Open additional seven day beds and 25 acute beds at PWH by 1Q17; additional 10 acute beds at AHNH by 3Q16; and additional 20 convalescent beds at SH by 3Q16


Action	Target
Enhance the capacity of clinical services in NTWC	 Open additional 37 convalescent beds and 14 day beds at TMH; additional 38 convalescent beds at POH; and 20 additional mentally handicapped beds at SLH ; as well as commence service provision at the new Tin Shui Wai Hospital by 1Q17





## Increase capacity on high demand life threatening diseases

Action	Target
Continue to strengthen cardiac care by adding more Coronary Care Unit (CCU) beds and building up capacity for echocardiographic service	Add two coronary care unit beds and coronary procedures in TKOH; build up capacity of echocardiographic service in HA by training up additional nurses by 1Q17
Improve stroke management by strengthening the support to patients with Transient Ischaemic Attack (TIA)	Reinforce the Transient Ischaemic Attack (TIA) programme in NTWC by 1Q17
Improve cancer care through enhanced support with radiotherapy and chemotherapy services	Extend the service hours of radiotherapy in QMH and QEH to cater for escalating needs in 1Q17; and establish chemotherapy service in CMC by 3Q16
Improve respiratory care through concentrating expertise and care for patients on Non-Invasive (NIV) and Mechanical Ventilation (IMV), as well as centralising care for chronic ventilator-dependent patients	Increase capacity to provide NIV/IMV care for four patients in two hospitals (two patients in AHNH and two patients in YCH) within a designated ward; and provide four designated beds in GH and WTSH respectively for chronic ventilator-dependent patients by 1Q17
Continue to strengthen the clinical management of patients diagnosed with Human Immunodeficiency Virus (HIV) by offering Highly Active Antiretroviral Therapy (HAART) to eligible patients	Provide multi-disciplinary care for additional HIV new cases and offer HAART to eligible patients in QEH and PMH by 1Q17

Action	Target
Continue to enhance the capacity of renal replacement therapy for public patients with end-stage renal disease to improve their health outcomes	Provide hospital haemodialysis (HD) to 24 additional patients, home automated peritoneal dialysis (APD) treatment to 40 additional patients, nocturnal home HD to 50 additional patients, and 16 additional places for HD PPP by 1Q17
Enhance Peritoneal Dialysis (PD) service to cope with the increasing service demand for patients with end-stage renal disease and improve the service quality of existing PD services	Establish new service centres for peritoneal dialysis at TKOH, YCH, NDH and POH by 1Q17
Strengthen the manpower support to provide rapid response at the first stage of the emerging major outbreaks in HK 	Recruit additional manpower in QEH and PMH to support the infectious diseases services during outbreaks by 1Q17

## Increase capacity for services with pressing issues of waiting time and access



Action	Target
Continue to alleviate the work pressure at A&E Departments by setting up support sessions to handle the Triage IV and V cases 	Continue to provide support sessions in A&E Departments to help manage part of the Triage IV and V cases by 1Q17
Increase the service capacity to alleviate the waiting time for joint replacement surgery	Set up the joint replacement centre in HKWC to provide additional 260 surgeries by 1Q17
Allay the waiting lists for surgeries by opening additional surgical beds and adding Operating Theatre (OT) sessions	Open four additional surgical day beds in TKOH; and additional OT sessions across Clusters by 1Q17
Enhance endoscopy services to manage waiting list and facilitate the Government's Colorectal Cancer Screening Programme by increasing service capacity and facilities improvement	Provide a total of around 22 additional endoscopic sessions across Clusters; and carry out facilities improvement works in PWH by 1Q17

<i>Action</i>	<i>Target</i>
Increase the supply of transplantable corneas to reduce corneal blindness 	Strengthen the manpower to review and approach additional cases in order to identify and increase the supply of suitable tissues by 1Q17
Enhance the accessibility to radiological imaging services by increasing the capacity	Enhance MRI service in NTEC to provide additional investigations by 1Q17; and set up densitometry service at QMH by 4Q16
Improve the management of Specialist Outpatient Clinics (SOPC) waiting list by conducting additional doctors session and enhancing the Family Medicine Triage Clinic 	Provide two additional outpatient sessions in PMH by 3Q16; and add a total of around 4 500 Family Medicine Specialist Clinic (FMSC) attendances in KEC and KWC by 1Q17
Continue to enhance the accessibility of pharmacy services	Recruit additional pharmacy grade staff to implement round-the-clock pharmacy services in AHNH by 1Q17
Improve the access of target population groups to public primary care services by increasing the service capacity of GOPC  	Increase the GOPC quota by a total of 27 000 attendances in HKWC, KEC, KWC, NTEC and NTWC by 1Q17




## Develop more efficient service models

<i>Action</i>	<i>Target</i>
Continue to enhance and reorganise the service for Gender Identity Disorder (GID) patients	Commence the centralised psychiatric service for GID patients in NTEC by 1Q17


## Reduce unnecessary or avoidable cases

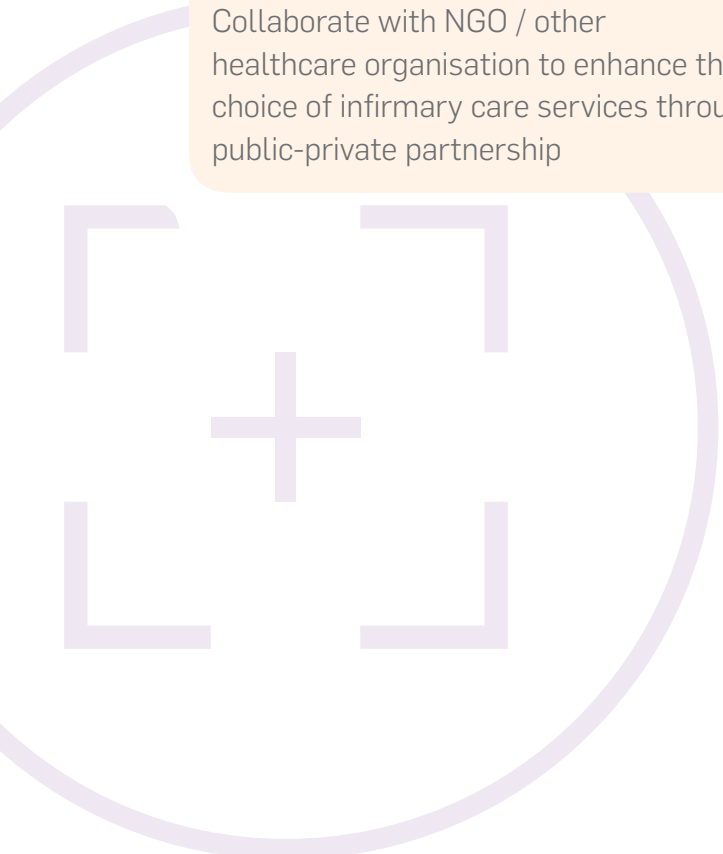
Action	Target
Strengthen the Community Geriatric Assessment Team (CGAT) service to cover more Residential Care Homes for the elderly (RCHEs) and enhance CGAT support to improve the quality of care for terminally ill patients living in RCHEs 	Increase around 21 000 CGAT outreach attendances to the RCHEs in HKWC, KCC, KWC and NTWC by 1Q17
Extend Community Health Call Centre (CHCC) service to provide telephone advice and support to Diabetes Mellitus (DM) patients in Medical Specialist Outpatient Clinics on disease management 	Roll out of Chronic Disease Management service to DM patients in Medical SOPCs in KEC, NTEC and NTWC by 1Q17

## Enhance management and secondary prevention of chronic diseases

Action	Target
Enhance child and adolescent psychiatric outpatient services to curtail the SOPC waiting time of new cases due to growing demand 	Provide around 370 additional new case consultations at HKWC and NTWC by 1Q17
Recruit people with lived experience of mental illness as peer support workers to support patients with severe mental illness in the community	Recruit a total of five peer support workers in HKEC, HKWC, KEC and NTEC by 1Q17
Enhance the multi-disciplinary team support for patients with common mental disorder (CMD) in SOPC 	Provide additional 1 500 new case attendances for patients with CMD in KEC by 1Q17
Improve the multi-disciplinary team management of patients with chronic pain 	Set up pain clinics at MMRC and multi-disciplinary team at AHNH to implement pain management programme by 1Q17

## Transfer high volume low complexity cases to community partners

Action	Target
<p>Continue to purchase haemodialysis service from qualified service providers in the community, including private sector and NGOs in order to enhance access to haemodialysis service for HA patients, provide options and improve quality of life</p>	<p> Provide 204 patient capacity under the Public-Private Partnership (PPP) programme by 1Q17</p> <p></p>
<p>Continue PPP programmes of purchasing cataract surgeries, primary care services and radiological investigation service from the private sector for eligible HA patients</p>	<p> Benefit a total of 9 000 patients under the PPP programmes by 1Q17</p> <p></p>
<p>Collaborate with NGO / other healthcare organisation to enhance the choice of infirmary care services through public-private partnership</p>	<p> Commence infirmary care services provision by commissioned NGO by 1Q17</p>






# Ensure Service Quality and Safety



## Our strategies for 2016-17

- » Develop safer service models
- » Adopt modern technology and new treatment options
- » Upkeep the standard of medical equipment and facilities
- » Enhance Clinical Governance
- » Implement continuous quality improvement systems

### Develop safer service models

Action	Target
Enhance medication safety using IT system to support clinical workflow and reduce errors in medication prescription and transcription	Implementation of In-patient Medication Order Entry (IPMOE) system in PYNEH, CMC, AHNH, NDH and POH by 1Q17
Further improve sterilisation methods in operating theatres to align with international standards	Establish the Sterile Service Department to support for six reprocessing sites in QMH and provide sterilization service to GH; continue the renovation work of the centralised theatre sterilisation service unit (TSSU) in PYNEH by 1Q17
Promote breastfeeding of newborn babies in HA hospitals by enhancing the necessary nursing support and improving the clinical setting and physical environment	Establish breastfeeding support team in PYNEH and TMH by 1Q17
Improve territory-wide blood transfusion service	Increase the production and supply of leucodepleted red cells and platelet concentrates by 1Q17
Develop custom print informed consent form system to improve patient experience and staff workflow 	Enhance system to support workflow of both surgeons and anaesthetists by 1Q17





## Adopt modern technology and new treatment options

Action	Target
Improve the quality of drugs provided to HA patients by widening the scope of HA Drug Formulary 	Improve the quality of drugs provided for HA patients by widening the indications of Special drugs and re-positioning of self-financed items as special drugs for diabetes mellitus, stroke management as well as osteoporosis and breast cancer treatment by 2Q16
Enhance the laboratory testing for prevention of hepatitis B reactivation for cancer patients	Provide additional 15 600 hepatitis B virus DNA tests to target patients by 1Q17
Build up service capacity of In-vitro Fertilization (IVF) to cope with the increasing demand	Provide additional 100 IVF cycles in QMH by 1Q17
Introduce the use of new biomarkers to improve the accuracy of prostate cancer detection 	Provide additional 8 400 tests to 2 800 patients by 1Q17
Adopt hyperbaric oxygen therapy (HBOT) in HA	Continue site preparation and staff training for HBOT service by 1Q17



## Upkeep the standard of medical equipment

Action	Target
Replace and provide additional medical equipment critical to clinical services, including radiological, surgical, endoscopic, pathology and physiological equipment	Complete the acquisition of around 800 pieces of medical equipment at a total estimated cost of \$700Mn under Capital Block Vote and Designated Fund by 1Q17

## Enhance Clinical Governance

Action	Target
Strengthen the manpower support for the HA-wide clinical audit programme for monitoring the outcomes of Neurosurgery	  Recruit additional manpower to assist in planning and implementation of comparative audit as prioritised by COC(Neurosurgery) by 1Q17
Implement the HA endorsed credentialing activities in clusters	  Establish mechanism and information technology (IT) facilitation for clusters to implement and report HA endorsed credentialing activities by 4Q16

## Implement continuous quality improvement systems


Action	Target
Monitor the service capacity and efficiency of key pressure areas of access to Specialist Out-patient Clinics (SOPC) and Operating Theatre (OT) services	  Adopt indicators on SOPC service throughput and capacity, as well as OT service capacity and utilization, as HA's Key Performance Indicators (KPIs) by 1Q17

# Enhance Partnership with Patients and Community


## Our strategies for 2016-17

- ▶▶ Involve patient groups and community partners in care delivery
- ▶▶ Engage patients and community partners in service improvement
- ▶▶ Take patient-centred approach in communication with patients and carers






### Involve patient groups and community partners in care delivery

Action	Target
Provide integrated care and enhance community support for children with special-care needs in special schools	Recruit case managers in PYNEH, QEH, KWH and CMC to provide outreach visits, education talks and develop guidelines by 1Q17
Enhance service capacity for patients with learning disabilities in KCH	Provided two additional outreach sessions per month by 2Q16; and additional 8 670 psychiatric learning disabilities outreach attendances by 1Q17
Enhance support for patients with chronic diseases through empowerment programme delivered by NGOs 	Continue to support 14 000 HA patients under the Patient Empowerment Programme (PEP) by 1Q17

### Engage patients and community partners in service improvement

Action	Target
Conduct Patient Experience and Satisfaction Survey 	Report on the findings of Patient Experience and Satisfaction Survey on Inpatient Service by 4Q16  Conduct Patient Experience and Satisfaction Survey on Accident and Emergency Service by 1Q17

# Take patient-centered approach in communication with patients and carers


Action	Target
<p>Improve and streamline the phone enquiry services at SOPCs by recruiting additional clerical staff</p>	<p>Set up phone enquiry systems at HKEH, TKOH, CMC, KWH, YCH and AHNH by 1Q17</p>
<p>Provide an electronic means for Specialist Out-patient (SOP) new case booking and facilitate patients' choice on cross-cluster new case booking</p>	<p>  Pilot a mobile app for SOP new case booking in the specialty of gynaecology by 2Q16</p>
<p>Provide an electronic platform with comprehensive information to enhance communication, strengthen patient education, and encourage engagement of pregnant women during their pregnancy journey</p>	<p> Launch of obstetric mobile application by 3Q16</p>
<p>Build partnership with patient groups in supporting patients / carers through the provision of peer support, information on diseases management and patient empowerment activities</p>	<p>  Develop and launch pilot collaborative projects involving patient groups, clinical teams and Patient Resources Centres in cluster hospitals by 1Q17</p>
<p>Continue to nurture patient as health partners by building health literacy and enhancing engagement in service improvement through "Patient Partnership in Action" programme</p>	<p>Continue to organise "Patient Partnership in Action" programme by 1Q17</p>

# Ensure Adequate Resources for Meeting Service Needs


## Our strategies for 2016-17

- ▶ Enhance efficiency in resource utilisation and review Government funding
- ▶ Develop a fair and transparent resource allocation system
- ▶ Strengthen business support services
- ▶ Foster capital works and facility improvement
- ▶ Improve IT services

## Enhance efficiency in resource utilisation and review Government funding

Action	Target
Adopt a two-pronged approach for financial planning to (i) assess the public's need for hospital services and the corresponding health resource requirement through modelling changes of population size, demographics and patterns of care utilization; and (ii) project the expenditure of HA with reference to capacity growth under prevailing system constraints such as manpower availability and facility infrastructure. Options of mobilising internal resource for meeting operating expenditure will also be explored	 Advise Government of the operating resources required by HA for public hospital services in the coming five years by 1Q17

## Develop a fair and transparent resource allocation system

Action	Target
<p>Develop a “refined population-based internal resource allocation (IRA) model” along the recommendation by the HA Review Steering Committee for comparing resource utilisation between clusters, in the objective of assessing equity and providing business intelligence to guide short and long-term planning of facilities and services, etc.</p>	<p> Finalise the prototype model by 1Q17</p>


## Strengthen business support services

Action	Target
<p>Continue to extend the central coordinated refill service for medical consumables and linen items in hospital wards</p>	<p>Roll out the central coordinated refill service to 16 hospitals in HKEC, HKWC, KEC, KWC and NTWC by 1Q17</p>
<p>Continue and extend the outsourced patient food services with enhanced project management structure and quality assurance measures</p>	<p>Enhance the outsourced patient food services for 5 hospitals (TMH, CPH, SLH, POH and QEH) and extend the services to NLTH and TSWH upon its opening by 1Q17</p> <p>Engage a third party surveyor to conduct regular audits on food safety, environmental hygiene and laboratory tests by 2Q16</p>

## Foster capital works and facility improvement

Action	Target
Support the service and facility planning for new hospitals in the pipeline	Set up and expand the planning and commissioning teams to coordinate major capital projects, such as the Hong Kong Children's Hospital and New Acute Hospital in Kai Tak Development Area by 1Q17
Coordinate the preparatory works to facilitate the commissioning and opening of the new Yau Ma Tei Specialist Clinic (YMTSC) in QEH	Strengthen the support team to prepare for the service commencement in YMTSC by 1Q17
Strengthen the manpower support for the approved hospital redevelopment projects to ensuring smooth transition in the planning process 	Recruit additional staff for the QMH Redevelopment Project, Stage One, Phase One by 1Q17

## Improve IT services

Action	Target
Enhance the IT system for works order processes of minor works projects 	75% completion of the development of the IT system to automate the end-to-end workflow for works order processing by 1Q17
Continue to develop the Clinical Management System (CMS) III in accordance with the Clinical Systems Strategy 2012-2017 of HA	Continue the development and roll out of In-patient Medication Order Entry System; and continue Phase 2 project including development of new clinical functions by 1Q17



Action	Target
Enhance clinical system capabilities	<p>Continue the implementation of Filmless Technology in Operating Theatres to improve surgical service;</p> <p>continue to enhance the Organ Registry &amp; Transplant System to improve the safety of organ transplantation service;</p> <p>continue the development of drug prescription system interface between Department of Health (DH) and HA to enhance drug dispensing services in HA Pharmacies; and</p> <p>continue the development of further mobile apps for the clinical staff to carry out clinical functions upon the delivery of patient care service by 1Q17</p>
Enhance corporate accountability reporting	 Commence the development of HA Management Information System platform for providing an integrated portal for the dissemination of Corporate Accountability Reporting, Key Performance Indicator Reporting and related management information reporting services by 1Q17
Provide IT infrastructure and systems to support new hospitals, hospital blocks and wards	Implement network infrastructure and information systems for new hospital blocks including NLTH, TSWH, Yau Ma Tei New Specialist Clinic; and commence preparation work for IT service for HKCH by 1Q17
Continue to enhance the quality assurance and risk management for all IT services and systems	Continue the review of control mechanisms and further standardize the IT process and tools for enhancing quality assurance and risk management for all IT services and systems by 1Q17

Action	Target
Provide IT support for clinical systems to cater for infectious disease management and electronic Health Record (eHR) project	Continue to enhance HA's clinical systems and provide IT support to cater for infectious disease and for the service requirement after the launch of the territory-wide eHR Sharing System project by 1Q17
Implement the Asset Management System	Implement the Enterprise Resources Planning (ERP) Asset Management System for Medical Equipment assets by 3Q16
Implement IT technology refresh to support hospital services	Continue to replace ageing IT network, servers, PC workstations, related equipment and obsolete software by 1Q17
Provide IT technical agency services to the Food and Health Bureau (FHB) and the DH in support of various Government-led eHealth initiatives	 Continue to provide IT support services to the FHB and DH for the eHR Sharing System, Health Care Voucher Scheme, Vaccination Scheme, Primary Care Directory Scheme, Colorectal Cancer Screening Programme, interface with the Communicable Disease Information System, and the Laboratory Information System by 1Q17
Develop Integrative Western and Chinese Medicine model through piloting specific disease programmes in HA hospitals	 Continue to monitor the implementation of Phase II Integrated Chinese-Western Medicine pilot programmes for HA inpatient in stroke care, cancer palliative care and musculoskeletal pain care; and completed interim evaluation by 1Q17

# Enhance Corporate Governance

## Our strategies for 2016-17

- ▶▶ Reinforce the governance structure and processes of the Board
- ▶▶ Strengthen executive support to the Board

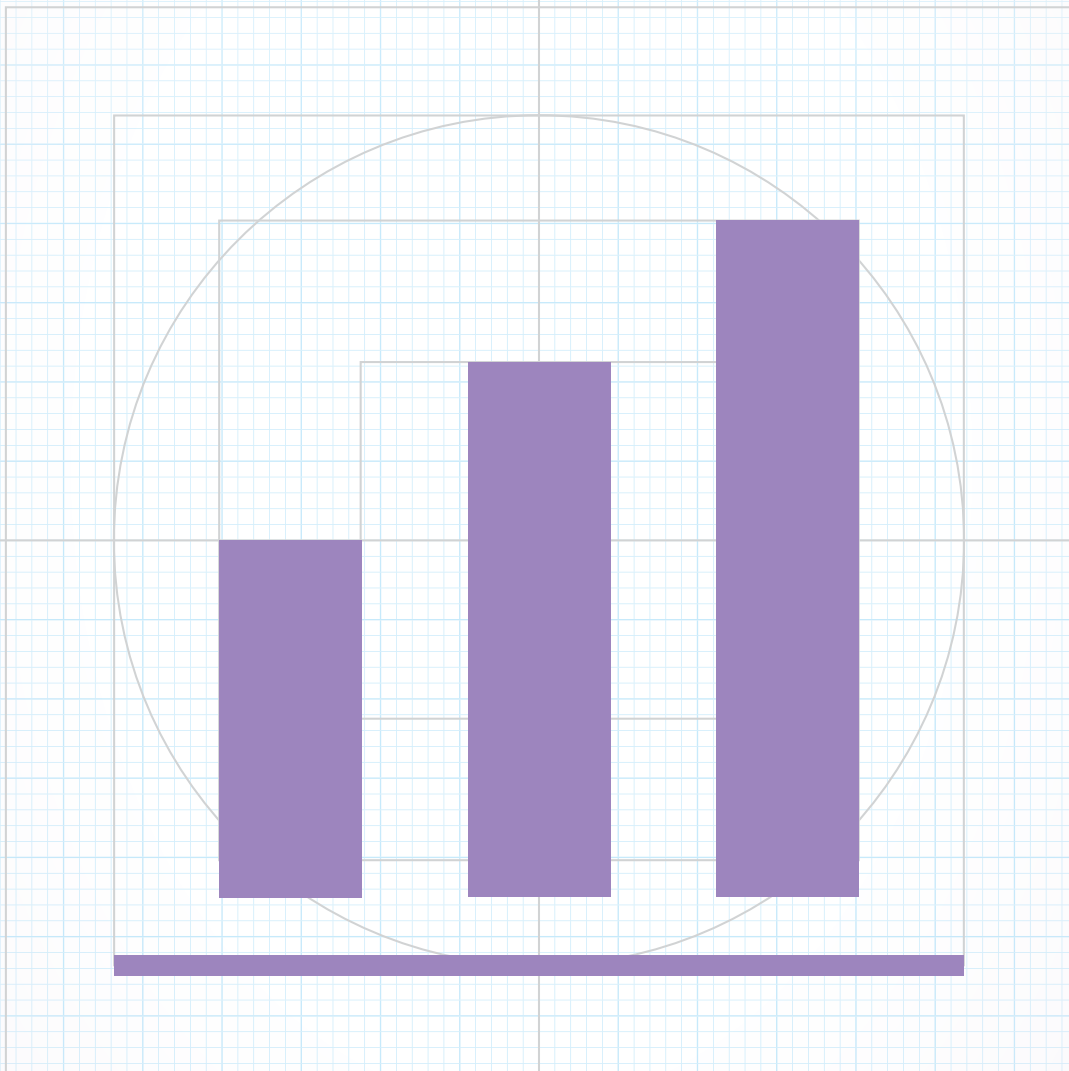
### Reinforce the governance structure and processes of the Board

Action	Target
Support the HA Board in overseeing implementation of the HA Review Recommendations	 Actively involve the Board as well as its Functional Committees for views, endorsement or approval as appropriate in the implementation of the various initiatives in the HA Review Action Plan, and facilitate regular monitoring of implementation progress by the HA Board via the Executive Committee in an on-going manner
Reinforce the role and skills of the HA Board	Conduct sharing sessions and corporate visit programmes for HA Board Members by 1Q17

### Strengthen executive support to the Board

Action	Target
Strengthen operational processes of the HA Board for enhancing efficiency, governance and transparency	<p>Standardise and reinforce the practices on agenda management, and governance for preparation of papers and minutes for supporting the Board and its committees by 2Q16</p> <p>Refresh the policy / guidelines and practices on documentation management for the Board and its committees with particular focus on classification and disclosure by 1Q17</p>

# Service Targets and Resource Estimates



# HA provides 27 895 hospital beds and manages 8.2 million patient days a year.

HA delivers a comprehensive range of preventive, curative and rehabilitative medical services to ensure access of every citizen to affordable health care. As at 31 December 2015, we manage 42 public hospitals / institutions, 47 SOPCs and 73 GOPCs. These facilities are organised into seven Clusters according to geographical locations.

## Service Target

### Our Service Throughputs

**1 600 000**

1.6 million inpatient and day inpatient discharge episodes

**2 200 000**

2.2 million A&E attendances

**7 200 000**

7.2 million SOP (clinical) attendances

**2 400 000**

2.4 million allied health (outpatient) attendances

**6 200 000**

6.2 million primary care attendances

**2 000 000**

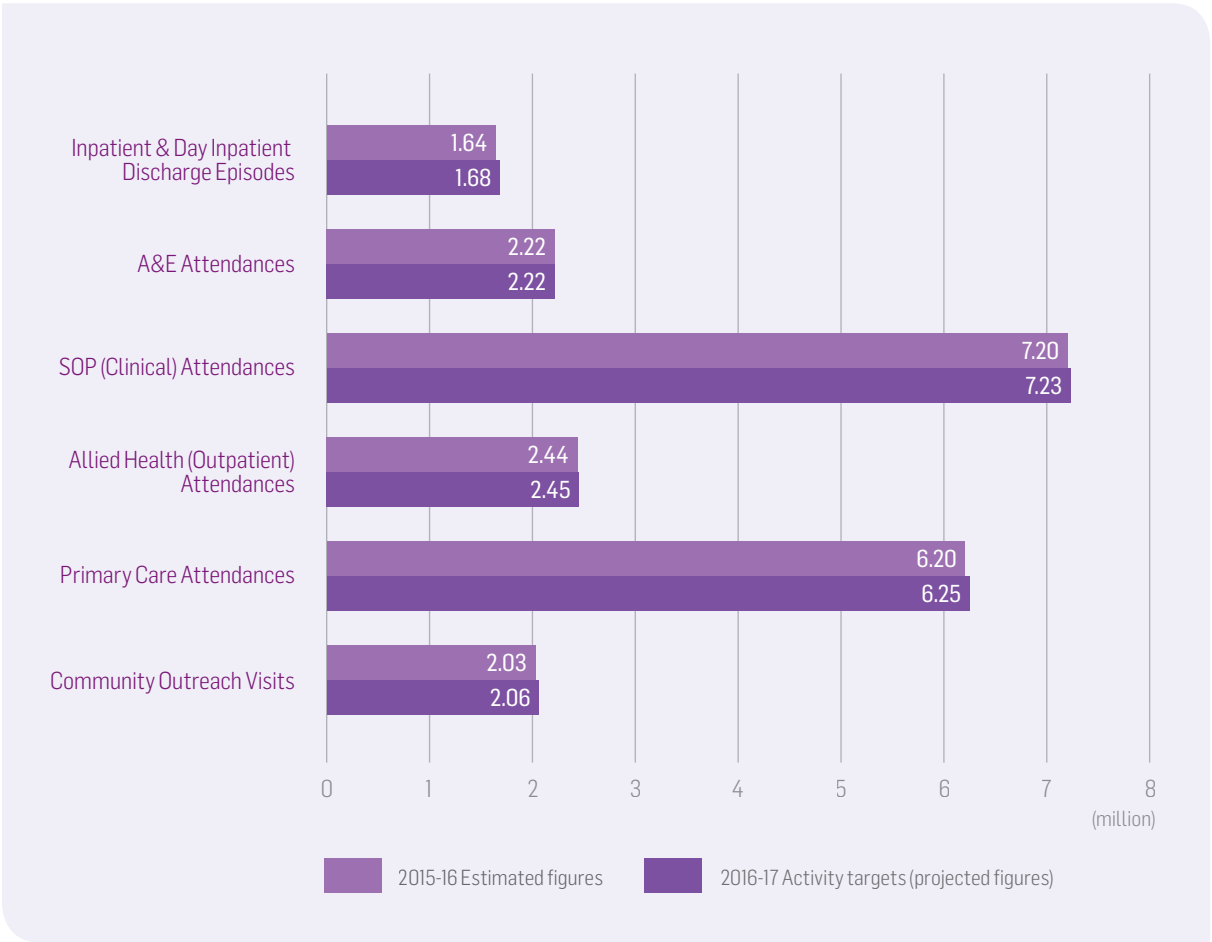
2.0 million community outreach visits, which include outreach medical, nursing and allied health services to support our discharged patients, in particular geriatric and psychiatric patients for rehabilitation in the community

# Throughput Targets for 2016-17

To meet escalating service demand arising from an ageing and growing population, we plan to increase hospital service throughput by around 2.5% in the coming year, which translates into an additional 40 500 inpatient and day inpatient discharge episodes. We also hope to increase the throughput for primary care services by 0.9%, with an increase of 53 500 attendances to enhance medical care and disease management for elderly and chronic disease patients.

A comparison of our estimated throughput in 2015-16 and activity targets for 2016-17 for the various services is shown in Figure 1. These and other key service statistics are delineated in Appendix 1, while Appendix 2 provides a breakdown of the activity throughput for the various Clusters.

Figure 1. Comparison of Service Throughput in 2015-16 and Activity Targets for 2016-17



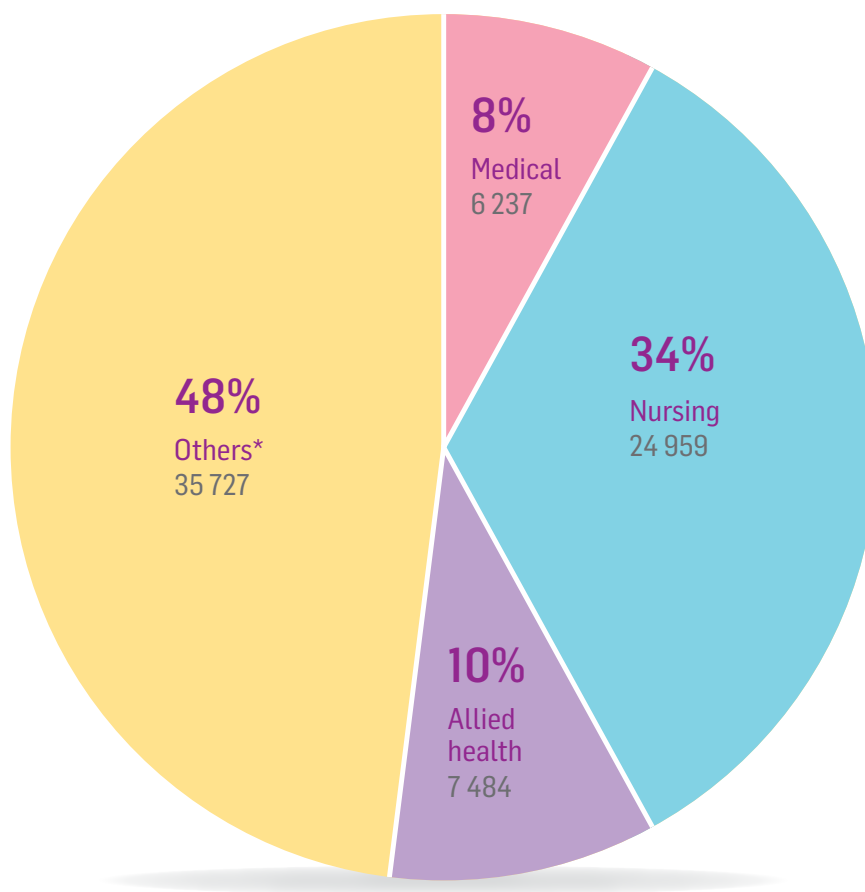
# Manpower Estimates

HA's existing staff strength is more than 71 900 full-time equivalents. Around 70% of them are providing direct patient care, while others provide essential supporting services such as managing patient records and maintaining the proper functioning of patient amenities.

It is estimated that we need to increase our workforce by 2.5% in the coming year. The manpower increase, which is expected for all staff groups, is intended for delivering new service programmes, service enhancements and quality improvement measures. At the same time, new recruits are also needed to replace staff members who have left from resignation or retirement.

The planned recruitment level for healthcare professionals in 2016-17 will be around 420 doctors, 1 720 nurses and 480 allied health professionals. Figure 2 provides a breakdown of our estimated staff strength for the coming year. A detailed comparison of the manpower estimates for 2015-16 and 2016-17 is provided in Appendix 1.

Figure 2: Estimated Staff Strength in 2016-17



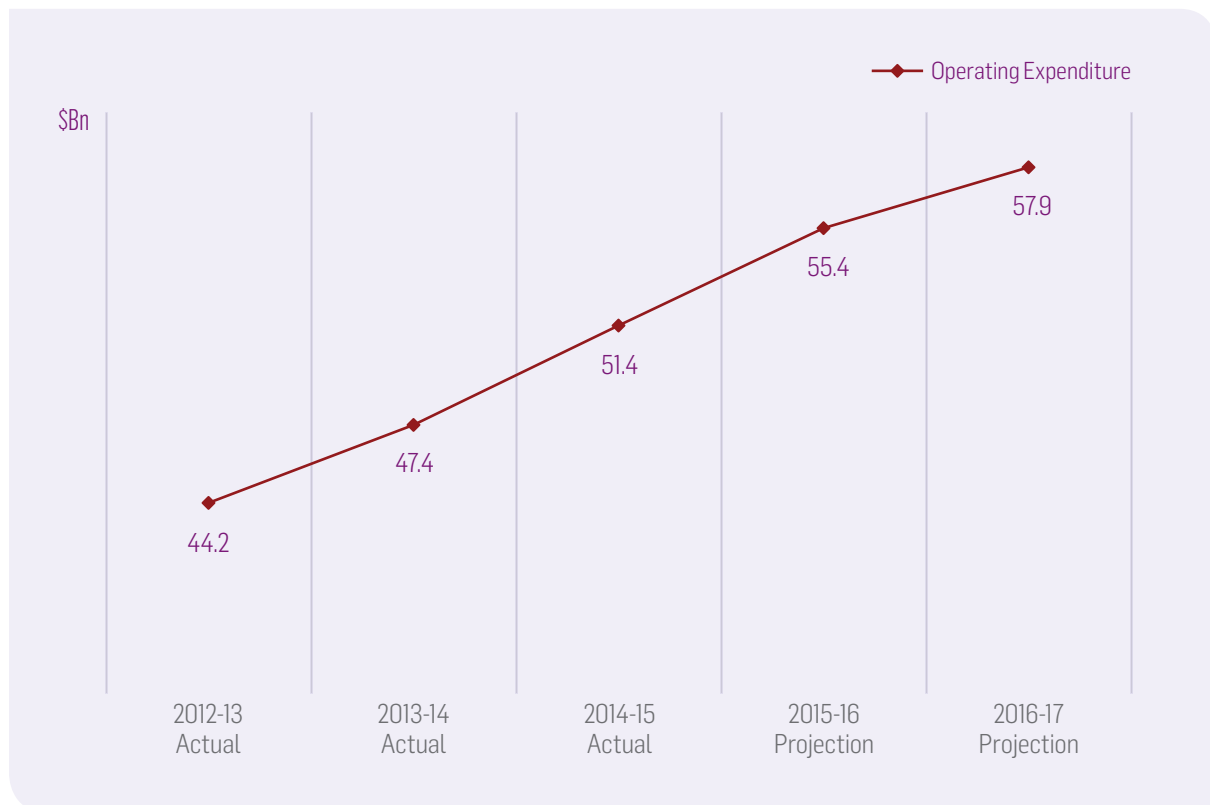
\* Comprise supporting staff and managerial / administrative staff.

# Budget

## Operating Expenditure

To meet the growing demand for public hospital services as outlined in previous chapters, the operating expenditure of HA is projected to reach around \$58 billion in 2016-17, representing an increase of around 4% as compared to 2015-16.

The graph below depicts the trend of HA's operating expenditure in recent years:



Government subvention continues to be the major source of funding of HA. In 2016-17, the recurrent funding to HA amounts to \$50.8 billion which caters for around 90% of HA's total operating expenditure. Together with HA's internal resources, HA will be able to meet the rising demand arising from growing and ageing population in the coming year.



## Capital Expenditure

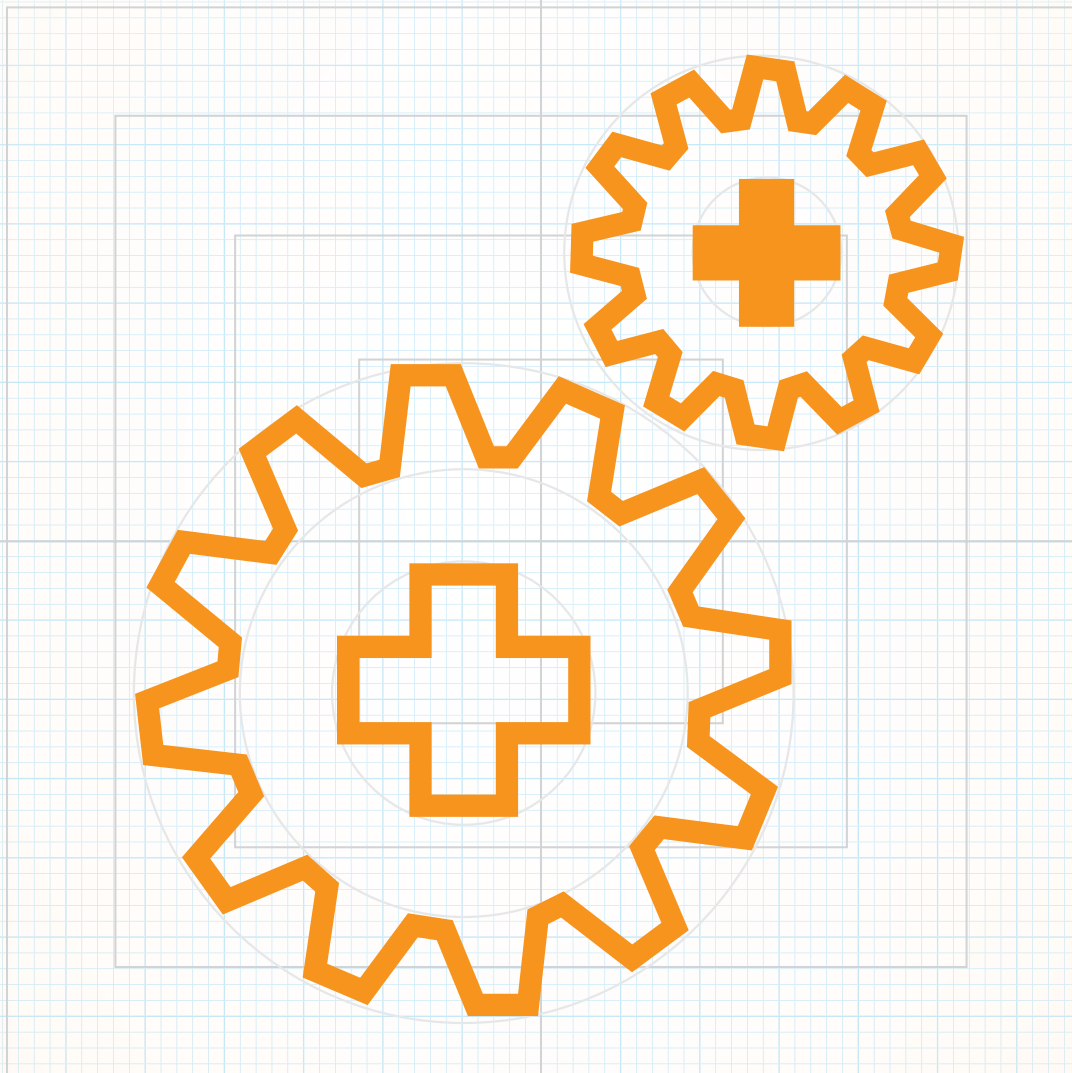
Apart from operating expenditure, there are different types of capital expenditure required to support the delivery of HA's service development, which are primarily funded by Government's capital subvention provision as follows:

- ▶▶ Procurement of equipment and development of information systems for modernising hospital services through technology (\$0.8 billion);
- ▶▶ Minor works projects including improvement works, regular maintenance and preparatory works for major capital works projects (\$1.2 billion). The Government provided a one-off grant of \$13 billion to HA in 2013/14 for carrying out minor works projects over the coming ten years or so until the grant is fully depleted; and
- ▶▶ Major capital works for HA's future development, such as construction of new hospitals and re-development of existing hospitals (\$4.7 billion).

## Looking Ahead

As the major public healthcare service provider in Hong Kong with the government subvention being the key funding source, HA has a statutory duty to advise the Government on the resources required to meet the needs for public hospital services. HA will continue liaising with the Government for a sustainable financial arrangement to cope with growing service demand. Meanwhile, HA will also exercise prudent financial management and make continuous efforts to ensure efficient use of resources.

# Head Office Plan



## **This section sets out the work plans of the HA Head Office for 2016-17**

This section provides an outline of major initiatives coordinated by Head office executives in 2016-17. It also includes three specific areas of work led by Head Office that are the key enablers of HA services, which include Business Support Services, Capital Works, and IT services.

## **Head Office Plan Components**

- ▶▶ Head Office (HAHO)
- ▶▶ Business Support Services
- ▶▶ Capital Works
- ▶▶ Information Technology and Health Informatics Services

# Head Office (HAHO)

The HA Head Office (HAHO) is organised into the following seven divisions:

- ▶▶ Cluster Services
- ▶▶ Corporate Services
- ▶▶ Finance
- ▶▶ Human Resources
- ▶▶ Information Technology and Health Informatics
- ▶▶ Quality and Safety
- ▶▶ Strategy and Planning

## Major Challenges

Hospital Authority as the major provider of public healthcare services in Hong Kong, is facing ever escalating service demand as a result of ageing population, growing prevalence of chronic diseases and rising public expectation. On top of that, the major challenges that the organisation is facing are the inadequate manpower, in particular the shortage of medical doctors, and the need to expand our service capacity with resources that is available. Hence, HAHO as a management role will be responsible to take up this challenge, continues to lead the service development to ensure both service quality and safety for the community, as well as to safeguard the resources made available to HA be managed in a prudent, transparent and cost-effective manner.

# Major Initiatives

The HA Convention is an annual event which provides a platform for different disciplines of healthcare staff and executives, as well as local and overseas experts to share their knowledge and experience on clinical advances and approaches to modern healthcare service. Over 5 000 local and overseas delegates attended the HA Convention 2015. The upcoming HA Convention 2016 will be held on 3 and 4 May.

Various divisions of HAHO will provide leadership for programme targets corresponding to the six strategic intents of Annual Plan 2016-17. Most of these targets are already outlined in the earlier chapter on Strategic Intents and Programme Targets. Main examples are highlighted below.

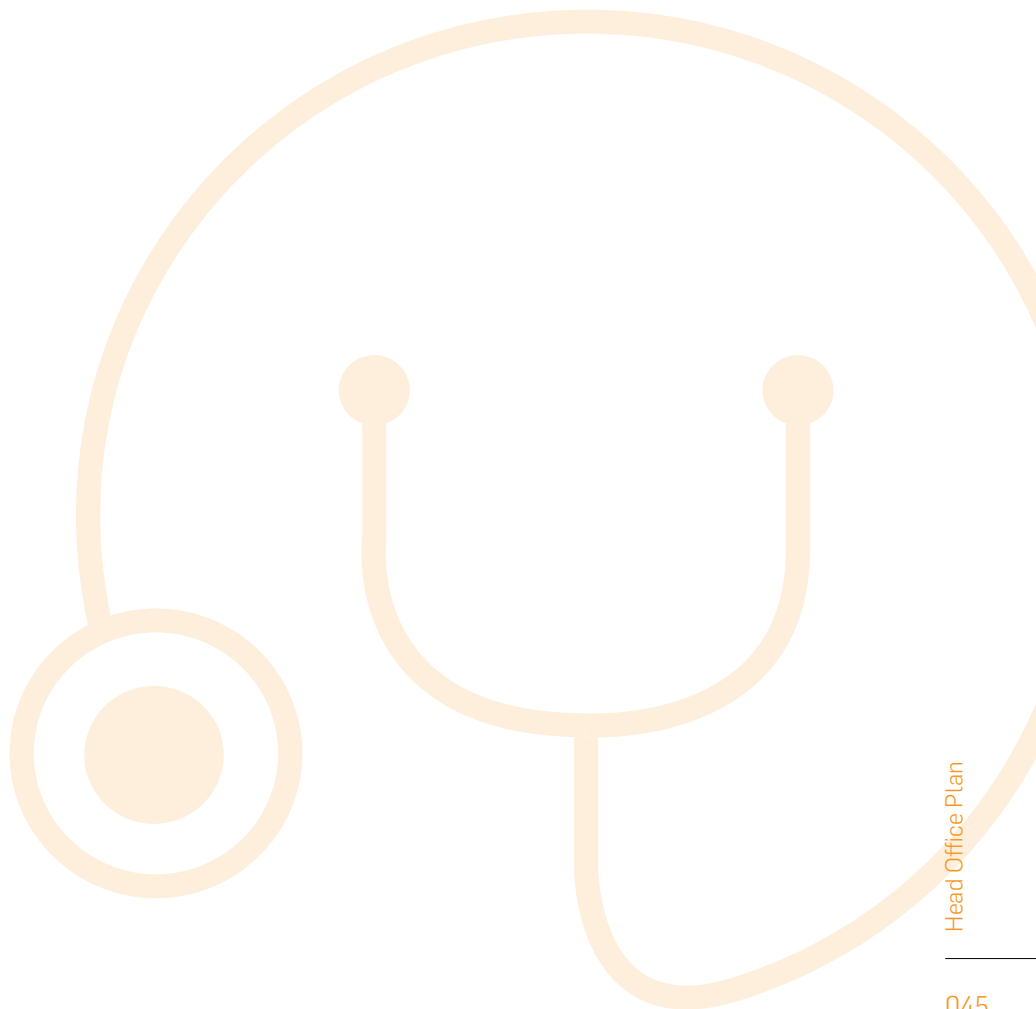
- ▶▶ **To allay staff shortage and high turnover**, we will implement measures to strengthen career development, improve terms and conditions of frontline staff, and relieve the workload of clinical staff:
  - » Continue to enhance the career progression of patient care assistants
  - » Enhance training support through simulation training for clinical staff, management training for senior leaders, corporate scholarship programme, central commissioned training programme and intern training programme
- ▶▶ **To better manage growing service demand**, we will increase capacity in priority areas including high demand life threatening diseases and services with pressing issues of waiting time and access, as well as develop more efficient service model:
  - » Enhance cardiac disease service by building up capacity of echocardiographic service in HA
  - » Pilot the extended service hours of radiotherapy for cancer patients in QMH and QEH
  - » Enhance the child and adolescent psychiatric outpatient services
  - » Enhance access to primary care services by increasing the GOPC quota
  - » Strengthen the Community Geriatric Assessment Team service in residential care homes for the elders
- ▶▶ **To ensure service quality and safety**, we will implement measures to build safety culture, develop safer service models, and adopt modern technology and new treatment options:
  - » Build up the service capacity for in-vitro fertilization service to cope with increasing demand
  - » Introduce new biomarkers to improve the accuracy of prostate cancer detection

- » Further improve sterilisation methods in operating theatres to align with international standards
- » Continue to implement In-patient Medication Order Entry (IPMOE) system in hospitals for enhancing medication safety
- » Improve the quality of drugs provided for HA patients by widening the indications of Special drugs and re-positioning of self-financed items as special drugs for diabetes mellitus, stroke management as well as osteoporosis and breast cancer treatment
- » There are also continued efforts to **enhance partnership with patients and community**, which include the following:
  - » Conduct patient satisfaction survey to gather feedback from patients on Accident & Emergency services
  - » Enhance the SOPC phone enquiry system by recruiting additional clerical staff
  - » Continue to implement the Patient Empowerment Programme for patients with chronic diseases in collaboration with NGOs
- » We will **ensure adequate resources for meeting service needs** by enhancing efficiency in resource utilisation and advise the Government of the operating resources required by HA for public hospital services in the coming five years. At the same time, we will develop a refined population-based internal resources allocation model for comparing resource allocation between clusters in the objective of assessing equity and provide business intelligence to guide short and long-term planning of facilities and services.
- » In addition, we will **enhance corporate governance** by supporting the HA Board in overseeing implementation of the HA Review recommendations, reinforcing its role and skills and strengthening the operational processes for enhancing efficiency, governance and transparency.

# *Business Support Services*

Business Support Services Department (BSSD) is a corporate multi-skilled team within the Cluster Services Division of the HA Head Office. Core functions and leadership of BSSD encompass a wide portfolio of non-clinical support activities and operational systems integral to the smooth running of hospitals and clinics. These functions include:

- ▶▶ Hospital support services – including patient food, patient transport, laundry, security, waste management, etc.
- ▶▶ Procurement, logistics and supply management
- ▶▶ Equipment management and maintenance
- ▶▶ Biomedical engineering services



# Major Challenges

As at December 2015, the total asset of medical equipment items in HA is valued at around \$11,126 million. Of these, around 36% are major equipment items with unit cost over \$1 million, while 31% are minor equipment items with unit cost between \$0.15 million and \$1 million. With additional funding support from the Government since 2007-08, HA has allocated a total of some \$5,572 million for the systematic replacement of aged medical equipment and the acquisition of new / additional medical equipment to support the safety standard and modernisation of medical equipment in public hospitals. This invariably involves additional demand for procurement service, as well as the prioritisation of a large number of medical equipment proposals, which is carried out in close liaison with the Central Technology Office (CTO) to enhance equipment planning and technology alignment. With the strengthening of biomedical engineering services in these years, quality medical equipment maintenance services are provided for improved patient safety.

## Patient Food Service

A new contract has been established for the provision of patient food service by the Central Production Unit (CPU) located at CPH for four hospitals in NTWC and QEH which took effect from 1 December 2015. In addition to the original five hospitals, the new contract also covers patient food services for four new hospitals in coming years, including NLTH, TSWH, HKCH and the new acute hospital at the Kai Tak Development Area. To ensure the quality and safety of patient meals, a third party surveyor will be engaged to conduct regular audits on food safety, environmental hygiene and laboratory tests.

## Central Coordinated Refill Services

To cater for the increasing service demand as a result of growing public expectation and patient load, continuous efforts have been made to enhance supporting services. These include rolling out the central coordinated refill services for medical consumables and linen items in the remaining 16 hospitals with a view to minimizing the non-clinical duties of clinical staff, better control and monitor ward stock in support of clinical activities.



# Major Initiatives in 2016-17

The major initiatives for 2016-17 are as follows:

- ▶▶ Replace existing and provide additional medical equipment critical to clinical services, including radiological equipment, surgical equipment, endoscopic equipment, laboratory analyser or pathology equipment, and physiological equipment. The plan involves an estimated total of around 800 pieces of medical equipment at the total cost of around \$700 million
- ▶▶ Continue the outsourced patient food services for 5 hospitals (NTWC and QEH) and extend the provision of outsourced patient food services to NLTH and TSWH with enhanced project management structure and quality assurance measures
- ▶▶ Continue to extend the central coordinated refill service for medical consumables and linen items in hospital wards

BSSD Targets for 2016-17	Target Completion
▶ Complete the replacement / acquisition of around 800 pieces of medical equipment	1Q17
▶ Enhance the outsourced patient food services for five hospitals (TMH, CPH, SLH, POH and QEH) and extend the services to NLTH and TSWH upon its opening planned in 2016-17	1Q17
▶ Engage a third party surveyor to conduct regular audits on food safety, environmental hygiene and laboratory tests	2Q16
▶ Roll out the central coordinated refill service to 16 hospitals in HKEC, HKWC, KEC, KWC and NTWC	1Q17

# Capital Works

Capital works in HA are coordinated by the Capital Planning Department (CPD), which is one of the departments under the Strategy and Planning Division of the HA Head Office. To manage the different aspects of capital works, CPD is organised into the following five sections:

- ▶▶ Planning and Development
- ▶▶ Capital Projects
- ▶▶ Building Works
- ▶▶ Engineering
- ▶▶ Administration and Operation

CPD is responsible for the planning, development and maintenance of quality healthcare facilities through multi-disciplinary professional teamwork. Its functions are as follows:

- ▶▶ To plan and develop safe and efficient facilities, with designs that are flexible, environmentally friendly and conducive to optimal care delivery
- ▶▶ To plan, organise and manage resources to ensure that major capital projects are completed on schedule and within budget
- ▶▶ To provide and maintain quality facilities and infrastructure to facilitate the delivery of patient-centred health care services to the community
- ▶▶ To ensure the provision of safe, reliable, practical, cost-effective, quality and modern healthcare engineering facilities and infrastructure in a timely manner



# Major Challenges

HA has one of the largest and most complex building stocks in Hong Kong, comprising a total of over 2 600 000 m<sup>2</sup> floor space in around 300 buildings. There will be a number of opportunities and challenges in 2016-17 for CPD in managing resources to renew, upgrade and maintain these facilities.

To meet the growing medical needs of the community, a total of 19 major capital works projects, which amount to a total project cost in the order of \$182 billion, have been initiated and are at various stages of planning and development. Out of these, seven projects involving a budget of around \$23 billion have been approved by the Government, while six projects are given approval to progress to the next stage and the other six projects are under planning. In addition, around 1 450 minor works projects will need to be carried out for the improvement and maintenance of existing premises, with a total annual expenditure of \$1,225 million.

In view of the fact that major infrastructure projects in Hong Kong continue to dominate the construction industry, it is inevitable that there will be further escalations in the tender prices of HA's capital works projects in the coming year.

## Major Initiatives in 2016-17

**As one of the key enablers of clinical services, CPD will undertake the following major initiatives in 2016-17 to ensure that our healthcare facilities are able to meet the demands of quality service provision:**

- ▶▶ Enable service expansion by constructing the new TSWH and HKCH, the re-provisioning of Yau Ma Tei Specialist Clinic at QEH and the expansion of HHH; and planning the extension of Operating Theatre Block of TMH and the New Acute Hospital at the Kai Tak Development Area
- ▶▶ Enhance key enablers by commencing the planning of HA Supporting Services Centre in Tin Shui Wai
- ▶▶ Keep modernising HA's facilities by carrying out preparatory works for the redevelopment of QMH and KCH, and demolition and substructure works for the expansion of UCH and the redevelopment of KWH
- ▶▶ Make buildings safer by carrying out the major refurbishment works for BH
- ▶▶ Make buildings more accessible by completing the implementation of Barrier Free Access to 26 non-acute hospitals and other HA premises

<b>Capital Works Targets for 2016-17</b>	<b>Target Completion</b>
› Complete construction works for TSWH	2Q16
› Complete construction works for the re-provisioning of Yau Ma Tei Specialist Clinic at QEH	2Q16
› Commence the redevelopment of KCH, phase 1	2Q16
› Commence substructure & utilities diversion works for the extension of Operating Theatre Block of TMH	2Q16
› Complete demolition works for the expansion of UCH	2Q16
› Complete demolition works for the refurbishment of BH	2Q16
› Commence foundation works for the redevelopment of KWH	3Q16
› Commence the expansion of HHH	3Q16
› Complete energy efficient pilot Combined Heat & Power (CHP) system installation for AHNH	3Q16
› Commence second batch of energy efficient oil free chiller replacement to 14 hospitals	3Q16
› Complete superstructure works for HKCH	4Q16
› Complete improvement of Barrier Free Access to 26 non-acute hospitals and other HA premises	4Q16
› Complete piling works for the expansion of BTS Headquarters	4Q16

# Information Technology and Health Informatics Services

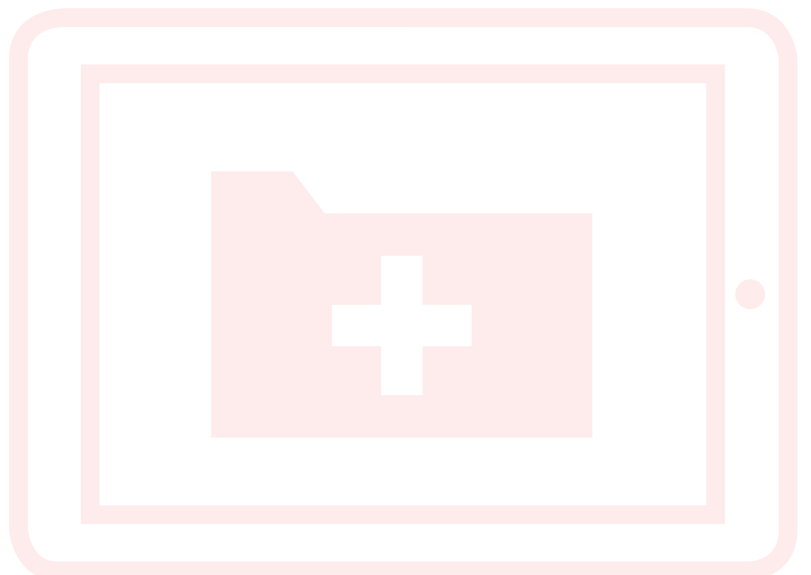
**Information Technology (IT) is essential for enabling a high level of responsiveness to the ever increasing demand on public healthcare services and modernising care delivery.**

HA IT solutions are provided by the Information Technology and Health Informatics Division (IT&HID) as a strategic investment to improve delivery of efficient, effective and quality day-to-day HA healthcare services. This includes the provision of technical infrastructure (IT networks, hardware etc.) and clinical and business application systems.

HA is recognised as a leading and innovative user of IT in the healthcare industry. Major technological advancements together with growing user and societal expectations on access to health information require a future HA / IT aligned strategy capable of delivering an ever increasing range of access options to enhance data value.

IT&HID continues to work closely with key stakeholders as part of the 2017-2022 HA Strategic Planning process to assist in identifying areas where IT can support HA's future service directions. New opportunities include: telecare, mobile computing and data analytics. Both opportunities leverage on the information capability of HA to provide additional options in support of healthcare frontline staff, increase the ability to deliver more information to patients, and enhance services aimed at selective patient groups.

**IT&HID is responsible for the management, development, maintenance and operation**



of HA's investments in IT and performs multiple roles, including:

- ▶▶ **Management and Development of the IT Framework** – IT&HID supports the corporate direction in IT development, including the IT strategy, policy, procedures and processes. IT&HID adopts a risk-based approach to information security and privacy through the systematic adoption of controls to prevent adverse events, ensure compliance and maintain consistent enforcement actions, all of which maintain the goal of protecting HA information assets and patient data
- ▶▶ **Internal Service Provider** – IT&HID maintains a multidisciplinary team of experienced specialists with in-depth knowledge for providing a range of services for the development, support, and maintenance of IT systems, including Health Informatics; Clinical and Business Administration Supporting IT Systems; Informational and Collaborative IT Systems; Data Security and Privacy; and Data Centers and IT Infrastructure. IT&HID continues to evolve IT systems and a key area for this evolution is to continue engaging frontline support to ensure any applied system changes are effectively and transparently integrated as part of frontline workflow
- ▶▶ **Agency Service Provider** - IT&HID acts as a technical agent for the Government in support of various Government-led initiatives. In particular, IT&HID has been appointed by the Government to develop the necessary standards, solutions and infrastructure for the electronic Health Record (eHR) programme

A robust governance structure is in place to ensure IT investments are prioritised and aligned with clinical and business needs. The services of IT&HID are governed by the HA Board through the Information Technology Services Governing Committee (ITGC) and is supported by the IT Technical Advisory Sub-Committee for advice on information technology and infrastructure directions. Programmes related to IT development are prioritised according to their business needs by the Committee on IT, and endorsed by the ITGC before implementation. Programme targets with key performance indicators for major development initiatives are reported for progress monitoring together with regular progress updates to the ITGC.

# Major Challenges

With the significant increase in reliance on IT for improving service quality through better coordinated care and reducing avoidable medical errors, IT&HID faces a number of key challenges as follows:

- ▶▶ A growing need for more innovative and mobile technology to support changing workforce needs
- ▶▶ Maintaining system availability and performance levels to ensure timely access to information
- ▶▶ Improving the effectiveness of controls to safeguard the security and privacy of HA's sensitive information assets, including patient data
- ▶▶ Enhancing the alignment of IT's capability with HA's Strategy and frontline priorities
- ▶▶ Maximising the use of technology to manage rising internal and external demands for service improvements
- ▶▶ Securing the capital funding for sustaining the development of IT initiatives to meet the service needs
- ▶▶ Ensuring sustainability of project management capabilities to facilitate effective management of IT investments for the delivery of projects in accordance with requirements provided by stakeholders
- ▶▶ Sustaining a skilled and IT-capable workforce to meet dynamic and evolving service requirements, including exploration of alternative sourcing options
- ▶▶ Ensuring the IT enterprise architecture provides a robust and scalable framework for supporting HA's systems and services, with appropriate quality assurance and taking into consideration technology obsolescence

Continuing to meet business needs by ensuring high quality and reliability of IT enabled solutions (including integration with other systems and medical equipment), and the trustworthiness of the reliance on IT solutions in delivering effective performance for daily operations represents a major challenge. Ensuring sensitive information remains protected and accurate at all times and that this information continues to be available in a timely manner are critical requirements for delivering effective healthcare services. The rapid development of mobile technology has generated significant expectations from frontline users which needs to be carefully managed. Advancements in evaluating, updating and adopting new mobile technologies in the HA environment within the available resources continue to represent a challenge.

# Major Initiatives in 2016-17

HA IT&HID has responsibility for a number of initiatives in 2016-17, including support for the service plans of both internal and external stakeholders. The majority of these are multi-year projects and the key initiatives are highlighted below:

## Internal Service Provider

- ▶▶ Continue the roll out of Closed Loop Inpatient Medication Order Entry (IPMOE) project for five hospitals (NDH, AHNH, PYNEH, POH & CMC)
- ▶▶ Continue the development of new clinical functions for the Clinical Management System (CMS) III Phase Two
- ▶▶ Continue the implementation of Filmless Technology in Operating Theatres to improve surgical service
- ▶▶ Continue the enhancement of the Organ Registry & Transplant System to improve the safety of organ transplantation service
- ▶▶ Continue the development of drug prescription system interface between Department of Health and HA to enhance the drug dispensing services in HA Pharmacies
- ▶▶ Continue the development of further mobile apps for the clinical staff to carry out clinical functions upon the delivery of patient care service
- ▶▶ Commence the development of HA Management Information System platform for providing an integrated portal for the dissemination of Corporate Accountability Reporting, Key Performance Indicator Reporting and related management information reporting services
- ▶▶ Provide IT infrastructure and systems to support service operation for the opening of new hospitals, new hospital blocks and new wards
- ▶▶ Continue to enhance the quality assurance and risk management for all IT services and systems



- ▶▶ Continue to enhance clinical systems and provide IT support to cater for infectious disease management and for the service requirement after the launch of the territory-wide eHR Sharing System project
- ▶▶ Extend the implementation of the Enterprise Resources Planning (ERP) Asset Management System to incorporate Medical Equipment
- ▶▶ Replace ageing IT equipment and obsolete software to reduce operational risks in supporting hospital services

## Agency Service Provider

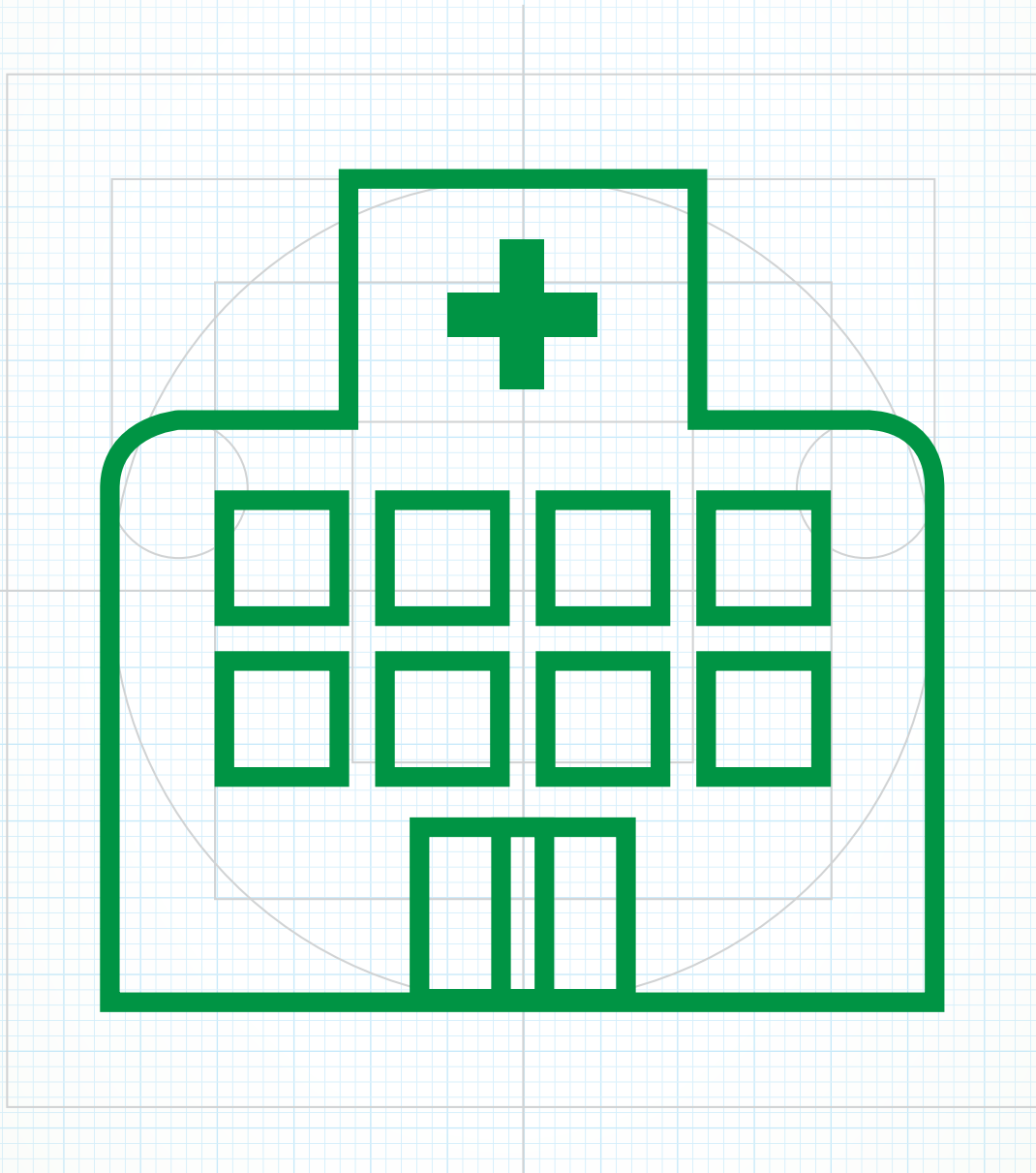
- ▶▶ Continue the provision of technical agency services for the implementation and on-going operation of Stage One and planning of Stage Two for the eHR Sharing System, and support other eHealth related initiatives led by the Government
- ▶▶ Continue to provide IT on-going support for the system interfaces with the Department of Health's Communicable Disease Information System
- ▶▶ Continue to provide IT on-going support for the newly implemented Laboratory Information System for the Department of Health's Clinical Pathology Laboratory Center
- ▶▶ Provide IT support to Department of Health for the implementation of the Colorectal Cancer Screening Programme



IT&HID Targets for 2016-17	Target Completion
<b>Internal Service Provider</b>	
<p><b>Development of Clinical Management System (CMS) III</b></p> <ul style="list-style-type: none"> <li>➤ Continue to develop Inpatient Medication Order Entry System, conduct its roll out in five hospitals (NDH, AHNH, PYNEH, POH &amp; CMC) and commence its preparation work for four other hospitals</li> <li>➤ Continue Phase Two project including development of new clinical functions (e.g. nursing application, clinical imaging, allied health application, clinical workflow, clinical support services)</li> </ul>	<b>1Q17</b>
<p><b>Enhancement of Clinical System Capabilities</b></p> <ul style="list-style-type: none"> <li>➤ Continue to implement Filmless Technology in Operating Theatres to improve surgical service</li> <li>➤ Continue to enhance the Organ Registry &amp; Transplant System to improve the safety of organ transplantation service</li> <li>➤ Continue to develop the drug prescription system interface between Department of Health and HA to enhance drug dispensing services in HA Pharmacies</li> <li>➤ Continue to develop further mobile apps for the clinical staff to carry out clinical functions upon the delivery of patient care service</li> </ul>	<b>1Q17</b>
<p><b>Enhancement of Corporate Accountability Reporting</b></p> <ul style="list-style-type: none"> <li>➤ Commence development of HA Management Information System platform to provide an integrated portal for the dissemination of Corporate Accountability Reporting, Key Performance Indicator Reporting and related management information reporting services</li> </ul>	<b>1Q17</b>
<p><b>New Hospital / Hospital Block Projects</b></p> <ul style="list-style-type: none"> <li>➤ Implement network infrastructure and information systems for new hospital blocks including NLTH, TSWH, Yaumatei Specialist Clinic</li> <li>➤ Commence preparation work for IT service for HKCH</li> </ul>	<b>1Q17</b>

IT&HID Targets for 2016-17	Target Completion
<p><b>Quality Assurance and Risk Management</b></p> <ul style="list-style-type: none"> <li>➤ Continue to enhance the quality assurance and risk management for all IT services and systems</li> </ul>	1Q17
<p><b>IT support for Clinical Systems for eHR Project</b></p> <ul style="list-style-type: none"> <li>➤ Continue to enhance HA's clinical systems and provide IT support to cater for infectious disease management and for the service requirement after the launch of the territory-wide eHR Sharing System project</li> </ul>	1Q17
<p><b>Asset Management System</b></p> <ul style="list-style-type: none"> <li>➤ Implement the ERP Asset Management System for Medical Equipment assets</li> </ul>	3Q16
<p><b>IT Technology Refresh</b></p> <ul style="list-style-type: none"> <li>➤ Continue to replace ageing IT network, servers, PC workstations, related equipment and obsolete software</li> </ul>	1Q17
<b>Agency Service Provider</b>	
<p><b>eHR Programme</b></p> <ul style="list-style-type: none"> <li>➤ Provide agency support for the implementation and on-going operation of Stage One and planning of Stage Two for the eHR Sharing System</li> </ul>	1Q17
<p><b>Health Care Voucher Scheme and Vaccination Scheme</b></p> <ul style="list-style-type: none"> <li>➤ Continue to provide IT support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes</li> </ul>	1Q17
<p><b>Information Systems for Department of Health</b></p> <ul style="list-style-type: none"> <li>➤ Continue to provide IT on-going support for the system interfaces with the Department of Health's Communicable Disease Information System</li> <li>➤ Continue to provide IT on-going support for the newly implemented Laboratory Information System</li> <li>➤ Provide IT support for the implementation of the Colorectal Cancer Screening Programme</li> </ul>	1Q17

# Cluster Plan



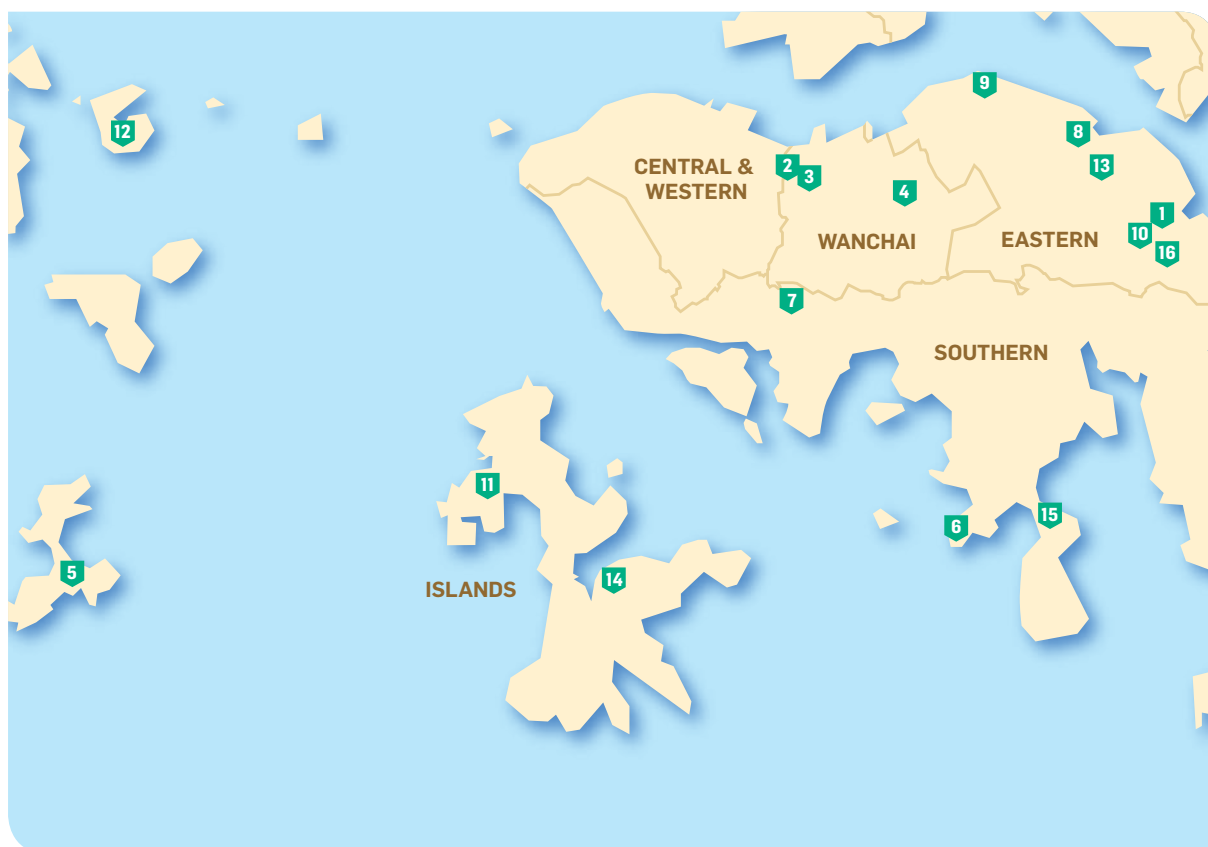
## This section contains an overview of the work plans of the seven Clusters for 2016-17.

The front page of each Cluster Plan contains a map showing the distribution of hospitals, specialist outpatient clinics and general outpatient clinics in the cluster. Hospitals with A&E service are marked with the symbol **+** for easy identification. Following the cluster map are the summary of healthcare facilities available and a table showing the distribution of patients served in 2014-15 by district of residence in the cluster. Major challenges facing by the cluster, as well as the key initiatives and targets in 2016-17 are also included in the following respective cluster plan.

## Sequence of the Plans

- ▶▶ Hong Kong East Cluster (HKEC)
- ▶▶ Hong Kong West Cluster (HKWC)
- ▶▶ Kowloon Central Cluster (KCC)
- ▶▶ Kowloon East Cluster (KEC)
- ▶▶ Kowloon West Cluster (KWC)
- ▶▶ New Territories East Cluster (NTEC)
- ▶▶ New Territories West Cluster (NTWC)

## Hong Kong East Cluster



		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Pamela Youde Nethersole Eastern Hospital +	✓	✓	
2	Ruttonjee Hospital +	✓	✓	
3	Tang Shiu Kin Hospital / Tang Shiu Kin Hospital Community Ambulatory Care Centre / Violet Peel General Outpatient Clinic	✓	✓	✓
4	Tung Wah Eastern Hospital	✓	✓	✓
5	St. John Hospital +	✓	✓	✓
6	Cheshire Home (Chung Hom Kok)	✓	✓	
7	Wong Chuk Hang Hospital	✓		
8	Sai Wan Ho General Outpatient Clinic		✓	✓
9	Anne Black General Outpatient Clinic			✓
10	Chai Wan General Outpatient Clinic			✓
11	North Lamma General Outpatient Clinic			✓

	Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
12	Peng Chau General Outpatient Clinic		✓
13	Shau Kei Wan Jockey Club General Outpatient Clinic		✓
14	Sok Kwu Wan General Outpatient Clinic		✓
15	Stanley General Outpatient Clinic		✓
16	Wan Tsui General Outpatient Clinic		✓

## Healthcare Facilities

There are seven hospitals / institutions in the Hong Kong East Cluster (HKEC), providing a total of 3 071 beds as at 31 March 2015. Of these, 2 044 were for acute, convalescent and rehabilitation care, 627 for infirmary care and 400 for psychiatric care. There are also seven specialist outpatient clinics and 12 general outpatient clinics.

## Actual Patients Served

In 2014-15, 391 600 patients had utilised HKEC's service. Around 82% of the patients were from the Eastern, Wan Chai, Southern and Islands districts.

### Number and percentage distribution of patients ever utilised HKEC services in 2014-15 according to district of residence

District of residence	No. of patients <sup>^</sup>	Distribution <sup>#</sup>
Eastern	235 300	60%
Wan Chai	42 200	11%
Southern	22 900	6%
Islands	20 100	5%
Others*	71 100	18%
<b>HKEC Total</b>	<b>391 600</b>	<b>100%</b>

\* Include patients from places outside Hong Kong or with unknown addresses.

<sup>^</sup> Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

<sup>#</sup> Individual percentages may not add up to 100% due to rounding.

# Major Challenges

HKEC is faced with immense challenges of an ever-growing service demand due to ageing population and prolonged winter surge, coupled with constraints of limited physical space and severe manpower shortage.

HKEC has been serving a higher-than-average population of elders aged 65 and above. The demand for medical services and complexity of illness are inevitably higher than other patients. It is projected that the proportion of elders in the Eastern and Wan Chai districts remains one of the highest in Hong Kong in the coming decade.

To confront the challenging years ahead, HKEC has been actively identifying and optimising spaces for bed opening, improving hospital facilities and service provision, whilst striving to maintain a healthy workforce to ensure service quality, efficiency and sustainability. The attrition rate of HKEC's manpower has been generally higher than the HA average since 2008, especially nursing and care-related supporting staff. Though the situation has been improving, the resultant less experienced, younger workforce from replacement has loaded senior staff with a greater role in training and mentorship on top of their duties.

HKEC shall continue to manage rising service demand especially in pressure areas and life-threatening diseases, strengthen multidisciplinary collaborations, foster quality and safety culture in patient care while cultivating a more cohesive and harmonious working environment to enhance staff retention. Continuous effort will also be made to strengthen ambulatory and outreach services, and collaboration with the community to reduce unnecessary hospitalisation.

# Major Initiatives in 2016-17

To align with the corporate objectives, HKEC's major initiatives for 2016-17 are as follows:

- ▶▶ Retain staff by continuing with the annual progression exercise for Patient Care Assistants working in wards and additional promotion opportunities for medical staff
- ▶▶ Address service demand through additional acute surgical beds, operating theatre (OT) and endoscopy sessions to shorten patients' waiting time
- ▶▶ Increase service capacity on high demand life-threatening diseases, covering cardiac care with enhanced echocardiographic service, and renal replacement therapy for patients with end-stage renal disease by providing extra quotas for hospital haemodialysis, home automated peritoneal dialysis (APD), and home haemodialysis treatments



- ▶▶ Improve service accessibility with additional support sessions for Accident & Emergency (A&E) departments and renovation of two GOPCs to improve service capacity and efficiency
- ▶▶ Augment mental health service through peer support worker with lived experience of mental illness to support patients with severe mental illness in the community
- ▶▶ Ensure service quality and safety through extended implementation of In-patient Medication Order Entry (IPMOE) System to enhance medication safety; establishing Central Sterilisation Service Unit; and continued promotion of breastfeeding newborn babies through support teams
- ▶▶ Enhance patient care by providing additional DNA tests for prevention of hepatitis B reactivation in cancer patients; improving accuracy of prostate cancer detection with the use of new biomarkers; and continuing the site works and staff training to prepare for implementation of Hyperbaric Oxygen Therapy (HBOT) service
- ▶▶ Provide integrated care and strengthen community support for children with special-care needs through case manager
- ▶▶ Strengthen business support through central coordinated refill service for medical consumables and linen items in hospital ward

## HKEC Targets

Allay Staff Shortage and High Turnover	
› Continue with the annual progression exercise for Patient Care Assistants working in wards with 24 hours services	4Q16
› Provide additional promotion opportunities for Residents to Associate Consultants	1Q17
Better Manage Growing Service Demand	
› Open 20 additional acute surgical beds in PYNEH	4Q16
› Strengthen cardiac care by building up capacity of echocardiographic service by training up additional nurses	1Q17
› Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to three additional patients, home automated peritoneal dialysis (APD) treatment to four additional patients, and home haemodialysis treatment to 10 additional patients	1Q17

› Alleviate the access block at A&E Departments by providing support sessions to handle the Triage IV and V cases	1Q17
› Allay the waiting lists for surgeries by adding 10 OT sessions per week in PYNEH	4Q16
› Enhancing endoscopy services by improving facilities in PYNEH and to manage increasing demand by providing additional seven endoscopic sessions	1Q17
› Commence the renovation work of Violet Peel GOPC and continue the renovation work of Shau Kei Wan Jockey Club GOPC to enhance efficiency in delivery of services	1Q17
› Recruit one peer support worker with lived experience of mental illness to support patients with severe mental illness in the community	1Q17
<b>Ensure Service Quality and Safety</b>	
› Implementation of In-patient Medication Order Entry (IPMOE) system in PYNEH to support clinical workflow and reduce errors in medication prescription and transcription	1Q17
› Continue construction work in PYNEH for Central Sterilisation Service Unit	1Q17
› Establish support teams in PYNEH to promote breastfeeding newborn babies	1Q17
› Enhance laboratory testing by providing additional 1 700 hepatitis B virus DNA tests to cancer patients for prevention of hepatitis B reactivation	1Q17
› Introduce the use of new biomarkers to improve the accuracy of prostate cancer detection by providing additional 8 400 tests in HKEC for 2 800 HA patients	1Q17
› Continue the preparation and staff training for implementation of hyperbaric oxygen therapy (HBOT) service in PYNEH	1Q17
<b>Enhance Partnership with Patients and Community</b>	
› Recruit case manager in PYNEH for the provision of integrated care and enhance community support for children with special-care needs in special schools	1Q17
<b>Ensure Adequate Resources for Meeting Service Needs</b>	
› Roll out the central coordinated refill service for medical consumables and linen items in hospital wards in HKEC	1Q17

## Hong Kong West Cluster



		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Queen Mary Hospital +	✓	✓	
2	Tung Wah Hospital	✓	✓	✓
3	Grantham Hospital	✓	✓	
4	The Duchess of Kent Children's Hospital at Sandy Bay	✓	✓	
5	Tsan Yuk Hospital	✓	✓	
6	Tung Wah Group of Hospitals Fung Yiu King Hospital	✓	✓	
7	Maclehose Medical Rehabilitation Centre	✓	✓	
8	David Trench Rehabilitation Centre		✓	
9	Aberdeen Jockey Club General Outpatient Clinic			✓
10	Ap Lei Chau General Outpatient Clinic			✓
11	Central District Health Centre General Outpatient Clinic			✓
12	Kennedy Town Jockey Club General Outpatient Clinic			✓
13	Sai Ying Pun Jockey Club General Outpatient Clinic			✓

# Healthcare Facilities

There are seven hospitals / institutions in the Hong Kong West Cluster (HKWC), providing a total of 3 142 beds as at 31 March 2015. Of these, 2 860 were for acute, convalescent and rehabilitation care, 200 for infirmary care and 82 for psychiatric care. There are also eight specialist outpatient clinics and six general outpatient clinics.

## Actual Patients Served

In 2014-15, 316 900 patients had utilised HKWC's service. Around 59% of the patients were from the Southern and Central & Western districts.

### Number and percentage distribution of patients ever utilised HKWC services in 2014-15 according to district of residence

District of residence	No. of patients <sup>^</sup>	Distribution <sup>#</sup>
Southern	108 000	34%
Central & Western	79 600	25%
Eastern	29 200	9%
Islands	12 100	4%
Wan Chai	10 700	3%
Others*	77 300	24%
<b>HKWC Total</b>	<b>316 900</b>	<b>100%</b>

\* Include patients from places outside Hong Kong or with unknown addresses.

<sup>^</sup> Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

<sup>#</sup> Individual percentages may not add up to 100% due to rounding.

## Major Challenges

### Ageing Population, Ageing Facilities

Facing the HKWC is the dual challenges of ageing population and ageing facilities. Percentage of elderly population in the two catchment districts, namely Southern and Central & Western districts, are comparatively higher than other districts in the territory. This demography implies demand for increasing service capacity, which is however met with space constraints and limitations as well as dispersed facilities in a number of aged and outdated HKWC hospital buildings.

## Redevelopment and Service Reorganisation Plans

Against the foregoing background, there comes plans of redevelopment and service reorganisation of our cluster hospitals. These plans require not only intensive coordination internally with all departmental stakeholders and staff but also externally with the works departments of the Government, project consultants and contractors, District Councils, the nearby residents' committees, where appropriate. Take for example the Ophthalmology service, through intensive coordination and discussion on all fronts, the service will be relocated at Grantham Hospital (GH) from 2Q 2016 onwards.

## Queen Mary Hospital (QMH) Redevelopment

To cope with constraints in physical space and ageing facilities, HKWC has set off its decade-long journey of redeveloping the QMH in 2012-13. The redevelopment of QMH presents a unique opportunity to enable the hospital to further enhance its role as a premier teaching hospital of the Li Ka Shing Faculty of Medicine of the University of Hong Kong (HKU), as well as lead the progress of service development in the whole of the Cluster towards integrated care. Before the completion of this phased project, hospitals within the Cluster will continue to work closely to ensure the physical design meets the needs of services and users so as to strive for maximisation of operation efficiency and effectiveness.

## Expectations for Sufficiency and Accessibility

Around 59% of the users of HKWC hospital services are from the Southern and Central & Western districts. They, together with other groups of patient, have every reason to expect that the long-serving and trusted clinical services of HKWC hospitals to be of the highest quality and are sufficient and easily accessible to them when required.

## Diverse Roles and Partnership

HKWC hospitals are characterised by a diverse spectrum of parent organisations which have made some indispensable contributions and carried with them many historical, cultural and traditional differences. Meanwhile, the Cluster's unique association with the Li Ka Shing Faculty of Medicine of the HKU has generated many opportunities. Academia footprints, for example, are ubiquitous in each and every hospital of HKWC, and HA staff members in these hospitals are likewise conversant with the trinity roles of service, education and research. On the other hand, the increased number of medical students as hospital citizens will nevertheless entail even more requirement on space and better facilities.

# Major Initiatives in 2016-17

To align with the corporate objectives, HKWC's major initiatives for 2016-17 are as follows:

- ▶▶ Continue to attract and retain supporting staff through improving the terms and conditions of their remuneration package, and by conducting annual progression exercise for Patient Care Assistants working in wards with 24 hours service
- ▶▶ Enhance promotion opportunities for frontline doctors by providing additional promotion opportunities for Resident to Associate Consultant by 1Q17
- ▶▶ Continue to provide cross-cluster collaboration training on Robotic Assisted Surgery (RAS)
- ▶▶ Strengthen cardiac care, cancer care and respiratory care by building up the capacity for echocardiographic service, extension of service hours of radiotherapy in QMH and provision of four designated beds in GH
- ▶▶ Continue to enhance the capacity of renal replacement therapy for public patients with end-stage renal disease to improve their health outcomes by providing hospital haemodialysis (HD) and home automated peritoneal dialysis (APD) treatment to additional patients
- ▶▶ Increase capacity for services with pressing issues of waiting time and enhance the accessibility by setting up the Joint Replacement Centre in the Cluster, increasing the service capacity of General Outpatient Clinic (GOPC) and setting up densitometry service at QMH
- ▶▶ Reduce unnecessary or avoidable cases in Residential Care Homes for the Elderly (RCHEs) by strengthening the Community Geriatric Assessment Team (CGAT) service
- ▶▶ Enhance management and secondary prevention of chronic diseases by strengthening child and adolescent psychiatric outpatient services to curtail the Specialist Outpatient Clinic (SOPC) waiting time of new cases, recruiting people with lived experience of mental illness as peer support workers to support patients with severe mental illness in the community and setting up pain clinic at Macle hose Medical Rehabilitation Centre (MMRC) to implement pain management programme
- ▶▶ Develop safer service models by strengthening sterilisation methods in operating theatres to align with international standards, enhancing the laboratory testing for prevention of hepatitis B reactivation for cancer patients, building up service capacity of In-vitro Fertilization (IVF) and implementing the Chemotherapy and Radiotherapy nurse clinic in QMH
- ▶▶ Strengthen business support services by extending the central coordinated refill service for medical consumables and linen items in hospital wards
- ▶▶ Foster capital works and facility improvement by strengthening the manpower support for the approved hospital redevelopment projects to ensuring smooth transition and continuous provision of clinical services in the planning process

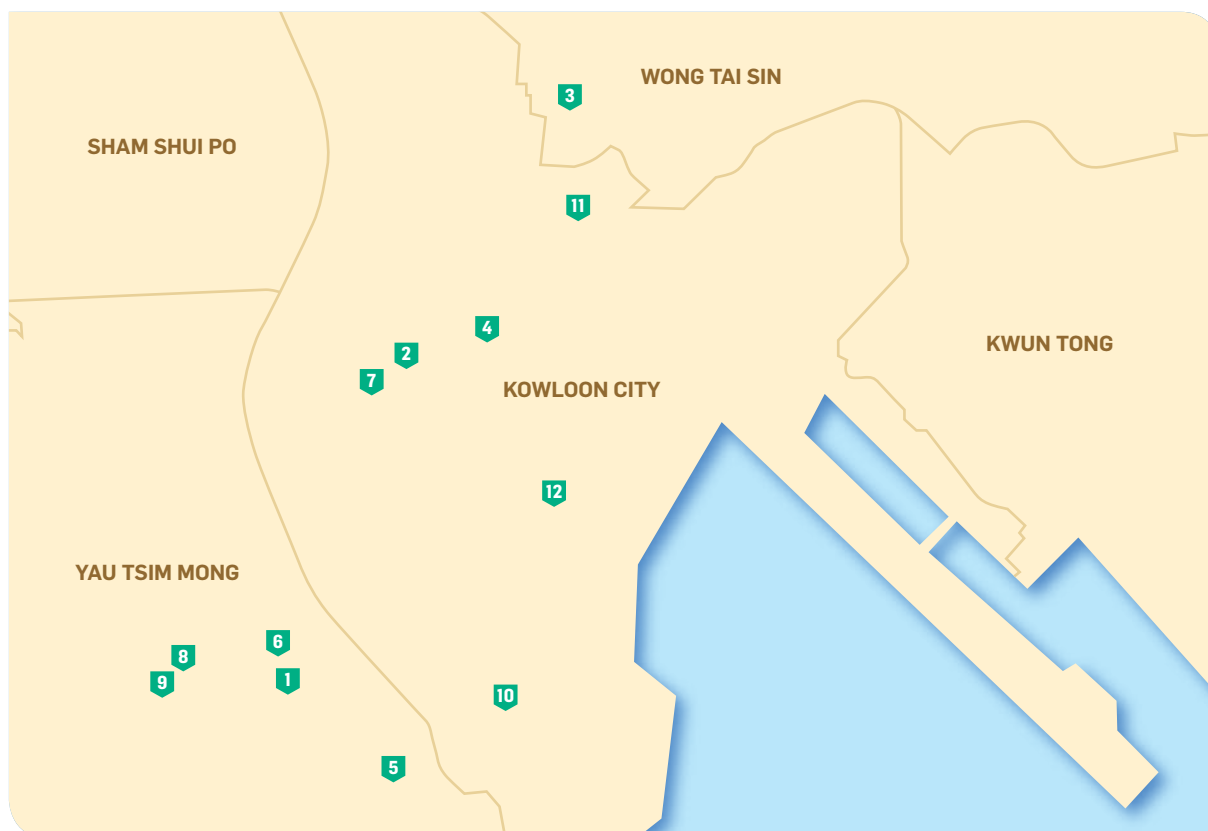
# HKWC Targets

Allay Staff Shortage and High Turnover	
› Continue with the annual progression exercise for Patient Care Assistants working in wards with 24 hours services	1Q17
› Provide additional promotion opportunities for Resident to Associate Consultant	1Q17
› Continue to provide cross cluster collaboration training on Robotic Assisted Surgery (RAS) by conducting 22 cross-cluster RAS in QMH	1Q17
Better Manage Growing Service Demand	
› Strengthen cardiac care by training up additional nurses to build up capacity of echocardiographic service and perform additional 30 structural heart procedures	1Q17
› Extend the service hours of radiotherapy services in QMH to cater for escalating needs	1Q17
› Provide four designated beds in GH with multi-disciplinary support for patients whom are chronic ventilator-dependent	1Q17
› Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing home automated peritoneal dialysis (APD) treatment to four additional patients, and home haemodialysis treatment to five additional patients	1Q17
› Increase the service capacity to alleviate the waiting time for joint replacement surgery by setting up the joint replacement centre in the Cluster for performing additional of around 260 operations for patients on the Hong Kong Island	1Q17
› Enhance the accessibility to radiological imaging services by setting up densitometry service at QMH	4Q16
› Increase the GOPC quota by 3 270 attendances for improving the access of target population groups to public primary care services	1Q17
› Strengthen the Community Geriatric Assessment Team (CGAT) service to cover more Residential Care Homes for the Elderly (RCHEs) in the Cluster and provide additional of around 6 200 outreach attendances	1Q17

› Enhance child and adolescent psychiatric outpatient services by providing 188 additional new case consultations to curtail the SOPC waiting time due to growing demand	1Q17
› Recruit one peer support worker with lived experience of mental illness to support patients with severe mental illness in the community	1Q17
› Improve the multi-disciplinary care for patients with chronic pain by setting up pain clinic at MMRC to implement pain management programme	1Q17
<b>Ensure Service Quality and Safety</b>	
› Establish the Sterile Service Department to support for six reprocessing sites in QMH and provide sterilisation service to GH	1Q17
› Enhance the laboratory testing by providing additional 2 400 hepatitis B virus DNA tests to cancer patients for prevention of hepatitis B reactivation	1Q17
› Build up service capacity of In-vitro Fertilization (IVF) to cope with the increasing demand by providing additional 100 IVF cycles in QMH	1Q17
› Ensure safe and effective Oncology services by implementing the Chemotherapy and Radiotherapy nurse clinic in QMH	1Q17
<b>Ensure Adequate Resources for Meeting Service Needs</b>	
› Roll out the central coordinated refill service for medical consumables and linen items in hospital wards of QMH and TYH	1Q17
› Provide additional resources for the QMH Redevelopment Project Stage One, Phase One	1Q17



## Kowloon Central Cluster



		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Queen Elizabeth Hospital +	✓	✓	
2	Kowloon Hospital	✓	✓	
3	Hong Kong Buddhist Hospital	✓	✓	✓
4	Hong Kong Eye Hospital	✓	✓	
5	Rehabaid Centre	✓	✓	
6	Hong Kong Red Cross Blood Transfusion Service	✓		
7	Central Kowloon Health Centre			✓
8	Yau Ma Tei Jockey Club General Outpatient Clinic			✓
9	Yaumatei Specialist Clinic Extension		✓	
10	Hung Hom Clinic			✓
11	Lee Kee Memorial Dispensary			✓
12	Shun Tak Fraternal Association Leung Kau Kui Clinic			✓

# Healthcare Facilities

There are six hospitals / institutions in the Kowloon Central Cluster (KCC), providing a total of 3 572 beds as at 31 March 2015. Of these, 3 029 were for acute, convalescent and rehabilitation care, 118 for infirmary care and 425 for psychiatric care. There are also six specialist outpatient clinics and six general outpatient clinics.

## Actual Patients Served

In 2014-15, 478 900 patients had utilised KCC's service. Around 40% of the patients were from the Kowloon City and Yau Tsim Mong districts where the KCC healthcare facilities are predominately located. The remaining 60% were patients residing in other districts and the majority (31%) came from the nearby Wong Tai Sin and Kwun Tong districts.

### Number and percentage distribution of patients ever utilised KCC services in 2014-15 according to district of residence

District of residence	No. of patients <sup>^</sup>	Distribution <sup>#</sup>
Kowloon City	124 600	26%
Wong Tai Sin	96 500	20%
Yau Tsim Mong	67 400	14%
Kwun Tong	50 600	11%
Others*	139 800	29%
<b>KCC Total</b>	<b>478 900</b>	<b>100%</b>

\* Include patients from places outside Hong Kong or with unknown addresses.

<sup>^</sup> Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

<sup>#</sup> Individual percentages may not add up to 100% due to rounding.

# Major Challenges

KCC has been providing services to Kowloon City and Yau Tsim Mong districts and also the neighbouring Wong Tai Sin and Kwun Tong districts. Due to ageing population, the cluster faces the challenge of delivering quality services against increasing service volume and complexity. The prolonged surge in demand also exerts enormous pressure on hospital beds and over congestion in wards is common during winter months.

Centrally located in the densely populated Kowloon region with ease of access, KCC has been providing quality service to residents in other districts as a tertiary referral centre. The Cluster will strive to provide safe and quality medical services through hospital accreditation and wiser movement to streamline the workflows. To address staff turnover problems and improve staff morale, we will continuously uplift the professionalism by staff development and retention programmes. By the end of 2016, services of the Yau Ma Tei Specialist Clinic (YMTSC) Building will be relocated to Queen Elizabeth Hospital.

To dovetail with the government's latest directives on the planning of New Acute General Hospital in Kai Tak Development Area (KTDA), KCC has actively worked with internal and external stakeholders to make preparation for the project.

To take forward the action plan set out in the Recommendations of the Steering Committee on Review of HA, the KCC is working with neighboring clusters and stakeholders to re-delineate the cluster boundary, with a view to rationalising the provision of medical services in the long run.

# Major Initiatives in 2016-17

KCC has formulated a wide range of initiatives according to the corporate key objectives to develop quality and patient-centred healthcare services. KCC's major initiatives for 2016-17 are as follows:

- ▶▶ To maintain a stable workforce and allay staff shortage, KCC will continue implementing the progression exercise of Patient Care Assistants in providing a stable supporting workforce in 24-hours inpatient wards to support frontline clinical professionals to deliver direct patient care services. Additional planned promotion opportunities for Residents to Associate Consultants will be provided. Special Honorarium Scheme (SHS) funding will be provided for 12 cross-cluster Robotic Assisted Surgery (RAS) cases conducted in QEH

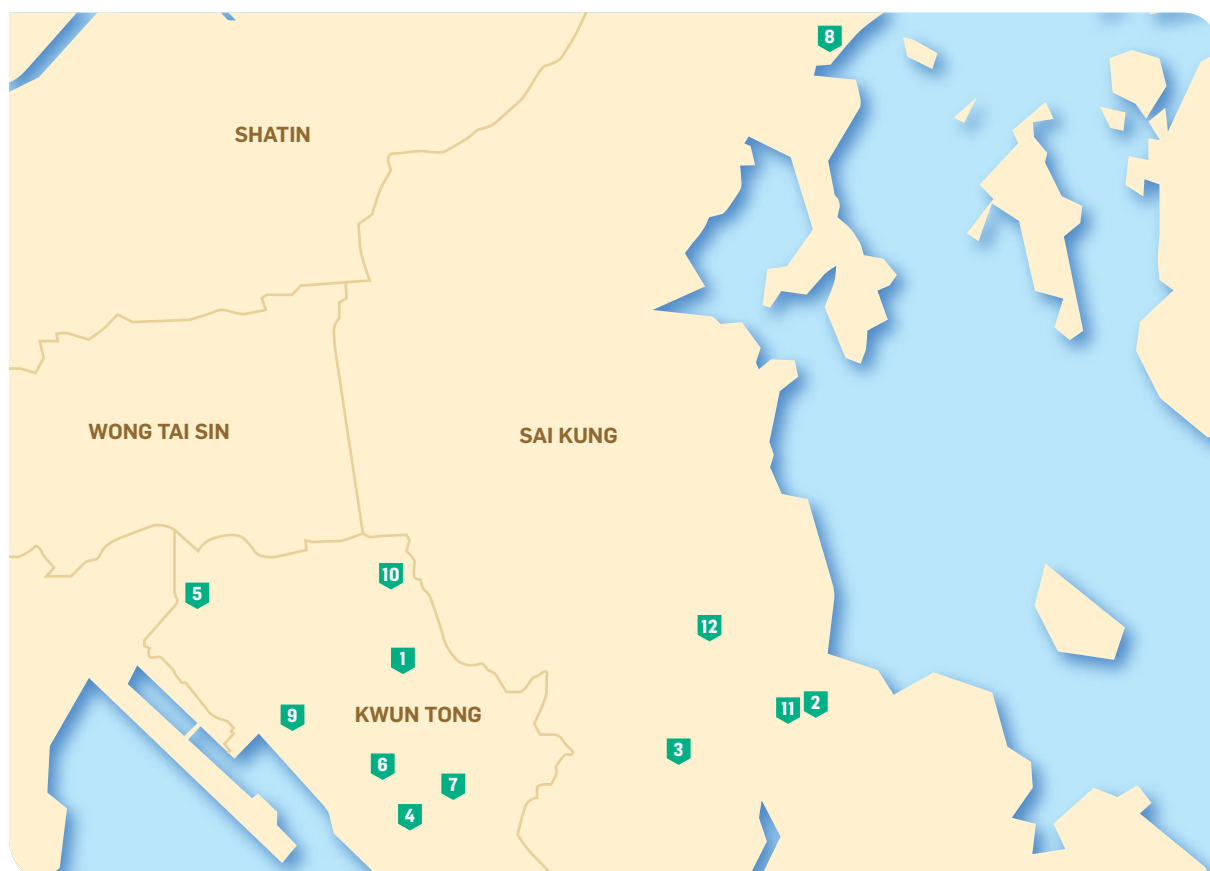
- ▶▶ To better manage growing service demand, the Cluster will recruit additional staff assisting in triage in A&E Department to alleviate the access block. In addition, medical manpower will be recruited in QEH to provide rapid response at the first stage of the emerging major outbreaks of infectious diseases in HK. Two Operating Theatre (OT) sessions and four outside OT sessions for anaesthetic procedures per week will be added in QEH to allay the waiting lists for surgical operations. The Cluster will also open 24 additional orthopaedic acute beds in QEH. The Department of Medicine will strengthen cardiac care by setting up a multi-disciplinary heart team for performing additional structural heart interventions in QEH. Multi-disciplinary care for additional HIV new cases will be continued and highly effective antiretroviral therapy (HARRT) will be offered to eligible patients in QEH. Capacity of renal replacement therapy will be enhanced including hospital haemodialysis, home haemodialysis treatment and home automated peritoneal dialysis treatment for patients with end-stage renal disease. Community Geriatric Assessment Team support to improve the quality of care for terminally ill patients living in Residential Care Homes for the Elderly (RCHEs) will be enhanced in the Cluster to provide additional of around 700 outreach attendances. Service hours of radiotherapy services will be extended in QEH to cater for escalating needs. Manpower support will be strengthened to increase the supply of transplantable corneas
- ▶▶ To ensure service quality and safety, territory-wide blood transfusion service will be improved through increasing production and supply of leucodepleted red cells and platelet concentrates. Laboratory testing for prevention of hepatitis B reactivation will be enhanced by providing additional 3 200 hepatitis B virus DNA tests to cancer patients
- ▶▶ To enhance partnership with patients and community, KCC will recruit a case manager in QEH for the provision of integrated care and enhance community support for children with special-care needs in special schools
- ▶▶ To ensure adequate resources for meeting service needs, SOPC Phone Enquiry System will be set up at HKEH to improve and streamline the phone enquiry services. Outsourced patient food services for QEH will be enhanced through better project management structure and quality assurance measures. A designated planning team will be set up in KCC to coordinate the planning and preparatory work for the new acute hospital in Kai Tak Development Area. Additional clerical and supporting staff will be recruited to support the commissioning of services upon relocation of Yau Ma Tei Specialist Clinic to a new building at QEH

# KCC Targets

Allay Staff Shortage and High Turnover	
› Continue with the annual progression exercise for Patient Care Assistants working in wards with 24 hours services	1Q17
› Provide additional promotion opportunities for Residents to Associate Consultants	1Q17
› Continue to provide cross cluster collaboration training on Robotic Assisted Surgery (RAS) by conducting 12 cross-cluster RAS in QEH	1Q17
Better Manage Growing Service Demand	
› Open 24 additional orthopaedic acute beds in QEH	1Q17
› Strengthen cardiac care by setting up a multi-disciplinary heart team for performing additional structural heart interventions in QEH	1Q17
› Extend the service hours of radiotherapy services in QEH to cater for escalating needs	1Q17
› Provide multi-disciplinary care for additional HIV new cases and offer highly effective antiretroviral therapy (HARRT) to eligible patients in QEH	1Q17
› Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to three additional patients, home automated peritoneal dialysis (APD) treatment to three additional patients, and home haemodialysis treatment to five additional patients	1Q17
› Recruit additional manpower in QEH to provide rapid response at the first stage of the emerging major outbreaks of infectious diseases in HK	1Q17
› Alleviate the access block at A&E Departments by providing support sessions to handle the Triage IV and V cases and introducing the rapid assessment and treatment team in QEH	1Q17
› Allay the waiting lists for surgeries by adding two Operating Theatre (OT) sessions and four outside OT sessions for anaesthetic procedures per week in QEH	1Q17
› Strengthen the manpower to increase the supply of transplantable corneas for treatment of corneal blindness	1Q17
› Enhance Community Geriatric Assessment Team support to improve the quality of care for terminally ill patients living in Residential Care Homes for the Elderly (RCHEs) in the Cluster and provide additional of around 700 outreach attendances	1Q17

<b>Ensure Service Quality and Safety</b>	
› Improve territory-wide blood transfusion service through increasing production and supply of leucodepleted red cells and platelet concentrates	1Q17
› Enhance the laboratory testing by providing additional 3 200 hepatitis B virus DNA tests to cancer patients for prevention of hepatitis B reactivation	1Q17
<b>Enhance Partnership with Patients and Community</b>	
› Recruit case manager in QEH for the provision of integrated care and enhance community support for children with special-care needs in special schools	1Q17
<b>Ensure Adequate Resources for Meeting Service Needs</b>	
› Improve and streamline the phone enquiry services at SOPCs by setting up phone enquiry system at HKEH	1Q17
› Enhance the outsourced patient food services at QEH with better project management structure and quality assurance measures	1Q17
› Set up a planning team to coordinate the planning and preparatory work for the new acute hospital in Kai Tak Development Area	1Q17
› Support the commissioning and service commencement of the new building at QEH upon relocation of Yau Ma Tei Specialist Clinic	1Q17

## Kowloon East Cluster



		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	United Christian Hospital +	✓	✓	
2	Tseung Kwan O Hospital +	✓	✓	
3	Haven of Hope Hospital	✓	✓	
4	Yung Fung Shee Memorial Centre		✓	
5	Kowloon Bay Health Centre General Outpatient Clinic			✓
6	Kwun Tong Community Health Centre			✓
7	Lam Tin Polyclinic General Outpatient Clinic			✓
8	Mona Fong General Outpatient Clinic			✓
9	Ngau Tau Kok Jockey Club General Outpatient Clinic			✓
10	Shun Lee General Outpatient Clinic			✓
11	Tseung Kwan O (Po Ning Road) General Outpatient Clinic			✓
12	Tseung Kwan O Jockey Club General Outpatient Clinic			✓

# Healthcare Facilities

There are three hospitals / institutions in the Kowloon East Cluster (KEC), providing a total of 2 491 beds as at 31 March 2015. Of these, 2 295 were for acute, convalescent and rehabilitation care, 116 for infirmary care and 80 for psychiatric care. There are also four specialist outpatient clinics and eight general outpatient clinics.

## Actual Patients Served

In 2014-15, 499 300 patients had utilised KEC's service. Around 85% of the patients were from the Kwun Tong and Sai Kung districts.

### Number and percentage distribution of patients ever utilised KEC services in 2014-15 according to district of residence

District of residence	No. of patients <sup>^</sup>	Distribution <sup>#</sup>
Kwun Tong	261 500	52%
Sai Kung	165 300	33%
Wong Tai Sin	25 800	5%
Others*	46 700	9%
<b>KEC Total</b>	<b>499 300</b>	<b>100%</b>

\* Include patients from places outside Hong Kong or with unknown addresses.

<sup>^</sup> Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

<sup>#</sup> Individual percentages may not add up to 100% due to rounding.

## Major Challenges

The demand that KEC has been facing is on the rise in terms of service volume and complexity amidst the constraint of physical space and continual manpower shortage. The cluster strives to manage service pressure areas through rationalisation & prioritisation, and to uplift service volume through enhanced productivity. To address the long-term pressure on physical space, the United Christian Hospital has set off its journey for expansion; while the expansion project of Haven of Hope Hospital is in the pipeline. It is envisaged that the projects will not only elevate the service capacity, but also the resources for clinical and supporting services can be further synergised and aligned to augment service efficiency and quality.



In 2016-17, KEC will continue to manage the growing service demand, improve accessibility through service enhancement and strengthen collaboration among specialties and cluster hospitals. A more stable workforce is to be attained through continuation of career development opportunities for staff. The cluster will also strive to ensure quality and safety of services while concomitantly sustaining a cohesive and collaborative relationship with patients and community in service partnership.

## Major Initiatives in 2016-17

To align with the corporate objectives, KEC's major initiatives for 2016-17 are as follows:

- ▶▶ Allay staff shortage and high turnover by continuing with the annual progression exercise for patient care assistants and additional promotion opportunities for residents
- ▶▶ Better manage growing service demand by opening 10 medical day beds in UCH as well as four surgical day beds and two coronary care beds in TKOH; establishing new peritoneal dialysis service centre in TKOH; managing the waiting list of endoscopy service by adding endoscopic sessions in TKOH; improving access to public primary care services by increasing quotas; improving management of SOPC waiting list by enhancing the FM triage clinic; enhancing multi-disciplinary team support for patients with common mental disorder in SOPC; and recruiting a peer support worker to support patients with severe mental illness in the community
- ▶▶ Ensure service quality and safety by enhancing laboratory testing through provision of additional hepatitis B virus DNA tests to cancer patients for prevention of hepatitis B reactivation
- ▶▶ Enhance partnership with patients and community by setting up phone enquiry system at TKOH and recruiting additional allied health professionals and supporting staff to enhance rehabilitation service and training for patients' caregivers in HHH
- ▶▶ Ensure adequate resources for meeting service needs by rolling out the central coordinated refill service for medical consumables and linen items in UCH

# KEC Targets

Allay Staff Shortage and High Turnover	
› Continue with the annual progression exercise for Patient Care Assistants working in wards with 24 hours services	1Q17
› Provide additional promotion opportunities for Residents to Associate Consultants	1Q17
Better Manage Growing Service Demand	
› Open 10 medical day beds in UCH to expand service capacity	3Q16
› Strengthen cardiac care by addition of two coronary care beds and perform additional 80 coronary procedures in TKOH	1Q17
› Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to six additional patients, home automated peritoneal dialysis (APD) treatment to five additional patients and home haemodialysis treatment to 10 additional patients	1Q17
› Enhance Peritoneal Dialysis (PD) service to cope with the increasing service demand for patients with end-stage renal disease and improve the service quality of existing PD services by establishing new service centre at TKOH	1Q17
› Alleviate the access block at A&E Departments by providing support sessions to handle the Triage IV and V cases	1Q17
› Expand the day surgery service by opening four additional surgical day beds and provide five additional operating theatre sessions in TKOH	4Q16
› Better manage the waiting list of endoscopy services by providing additional four endoscopic sessions per week in TKOH	1Q17
› Improve the management of Specialist Outpatient Clinics (SOPC) waiting list by enhancing the Family Medicine Triage Clinic with additional of 2 000 attendances	1Q17

› Increase the GOPC quota by 2 750 attendances for improving the access of target population groups to public primary care services	1Q17
› Recruit one peer support worker with lived experience of mental illness to support patients with severe mental illness in the community	1Q17
› Enhance the multi-disciplinary team support for patients with common mental disorder (CMD) in SOPC by providing 1 500 additional new case attendances	1Q17
<b>Ensure Service Quality and Safety</b>	
› Enhance the laboratory testing by providing additional 1 000 hepatitis B virus DNA tests to cancer patients for prevention of hepatitis B reactivation	1Q17
<b>Enhance Partnership with Patients and Community</b>	
› Improve and streamline the enquiry services at SOPCs by setting up a phone enquiry system at TKOH	1Q17
› Recruit additional allied health professionals and supporting staff to enhance rehabilitation service and training for patients' caregivers in HHH	1Q17
<b>Ensure Adequate Resources for Meeting Service Needs</b>	
› Roll out the central coordinated refill service for medical consumables and linen items in hospital wards of UCH	1Q17

# KWGC

## Kowloon West Cluster



		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Princess Margaret Hospital +	✓	✓	
2	Kwong Wah Hospital +	✓	✓	✓
3	Caritas Medical Centre + / Caritas Medical Centre Family Medicine Clinic	✓	✓	✓
4	Yan Chai Hospital + / Yan Chai Hospital General Practice Clinic	✓	✓	✓
5	Our Lady of Maryknoll Hospital / Our Lady of Maryknoll Hospital Family Medicine Clinic	✓	✓	✓
6	Kwai Chung Hospital	✓	✓	
7	Tung Wah Group of Hospitals Wong Tai Sin Hospital	✓	✓	
8	North Lantau Hospital + / North Lantau Community Health Centre	✓	✓	✓

	Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
9	East Kowloon Psychiatric Centre / East Kowloon General Out-patient Clinic	✓	✓
10	Ha Kwai Chung Polyclinic / Ha Kwai Chung General Out-patient Clinic	✓	✓
11	Yaumatei Child Psychiatric Centre	✓	
12	Lady Trench General Outpatient Clinic		✓
13	Li Po Chun General Outpatient Clinic		✓
14	Mrs Wu York Yu General Outpatient Clinic		✓
15	Mui Wo General Outpatient Clinic		✓
16	Nam Shan General Outpatient Clinic		✓
17	North Kwai Chung General Outpatient Clinic		✓
18	Cheung Sha Wan Jockey Club General Outpatient Clinic		✓
19	Robert Black General Outpatient Clinic		✓
20	Shek Kip Mei General Outpatient Clinic		✓
21	South Kwai Chung Jockey Club General Outpatient Clinic		✓
22	Tai O Jockey Club General Outpatient Clinic		✓
23	Tsing Yi Cheung Hong General Outpatient Clinic		✓
24	Tsing Yi Town General Outpatient Clinic		✓
25	Wang Tau Hom Jockey Club General Outpatient Clinic		✓
26	West Kowloon General Outpatient Clinic		✓
27	Wu York Yu General Outpatient Clinic		✓

## Healthcare Facilities

There are eight hospitals / institutions in the Kowloon West Cluster (KWC), providing a total of 6 652 beds as at 31 March 2015. Of these, 5 244 were for acute, convalescent and rehabilitation care, 328 for infirmary care, 160 for mentally handicapped care and 920 for psychiatric care. There are also 11 specialist outpatient clinics and 23 general outpatient clinics.

# Actual Patients Served

In 2014-15, 920 300 patients had utilised KWC's service. Around 83% of the patients were from the Kwai Tsing, Sham Shui Po, Wong Tai Sin, Tsuen Wan, Yau Tsim Mong and Islands districts.

## Number and percentage distribution of patients ever utilised KWC services in 2014-15 according to district of residence

District of residence	No. of patients <sup>^</sup>	Distribution <sup>#</sup>
Kwai Tsing	230 600	25%
Sham Shui Po	156 300	17%
Wong Tai Sin	139 900	15%
Tsuen Wan	107 700	12%
Yau Tsim Mong	73 100	8%
Islands	51 000	6%
Others*	161 700	18%
<b>KWC Total</b>	<b>920 300</b>	<b>100%</b>

\* Include patients from places outside Hong Kong or with unknown addresses.

<sup>^</sup> Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

<sup>#</sup> Individual percentages may not add up to 100% due to rounding.

## Major Challenges

Kowloon West Cluster, being the largest Cluster in the Hospital Authority, serves a population that is more disadvantaged and older than the Hong Kong average. In 2016-17, our major challenges continue to be enhancing service capacity and accessibility to meet growing demands and upholding service quality at the same time. Besides, re-delineation of the cluster boundary will be implemented in phases in liaison with the Head Office and Kowloon Central Cluster.

# Major Initiatives in 2016-17

Our objectives in 2016-17 are to maintain a skilled and competent workforce, increase service capacity, improve access to health services and enhance service quality and patient safety. KWC's major initiatives for 2016-17 are as follows:

- ▶▶ To allay high staff turnover and shortage, KWC will provide additional promotion opportunities for Residents to Associate Consultants. We will continue the annual progression exercise for Patient Care Assistants working in wards with 24 hours services. To maintain quality patient care, KWC will continue to provide cross cluster collaboration training on Robotic Assisted Surgery
- ▶▶ To better manage growing service demands, PMH will increase capacity in percutaneous coronary intervention and multi-disciplinary care for HIV new cases. Designated beds will be assigned in YCH and WTSH to support ventilator dependent patients. Dialysis services to end-stage renal patients will be enhanced. Cancer care service will be extended to CMC to manage the growing service demand
- ▶▶ To enhance accessibility to health services, KWC will provide support sessions in A&E Departments to handle the Triage IV and V cases. Medical and geriatrics day ward services as well as neurological rehabilitation service in PMH will be enhanced. Additional sessions for minor procedures and audiology services will be provided in CMC. Both specialist and general outpatient clinic quota will be increased. Community Geriatric Assessment Team (CGAT) service to the community will be strengthened by providing additional outreach attendances
- ▶▶ Mental health services capacity will also be strengthened by additional outreach sessions for patients with learning disabilities in KCH. KWC will recruit more case managers in KWH and CMC to provide integrated care and enhance community support for patients with special-care needs in special schools
- ▶▶ To continuously upgrade our service quality and safety, Inpatient Medication Order Entry (IPMOE) system will be extended to CMC. We will also continue to enhance our laboratory tests to provide additional service for prevention of reactivation of hepatitis to cancer patients

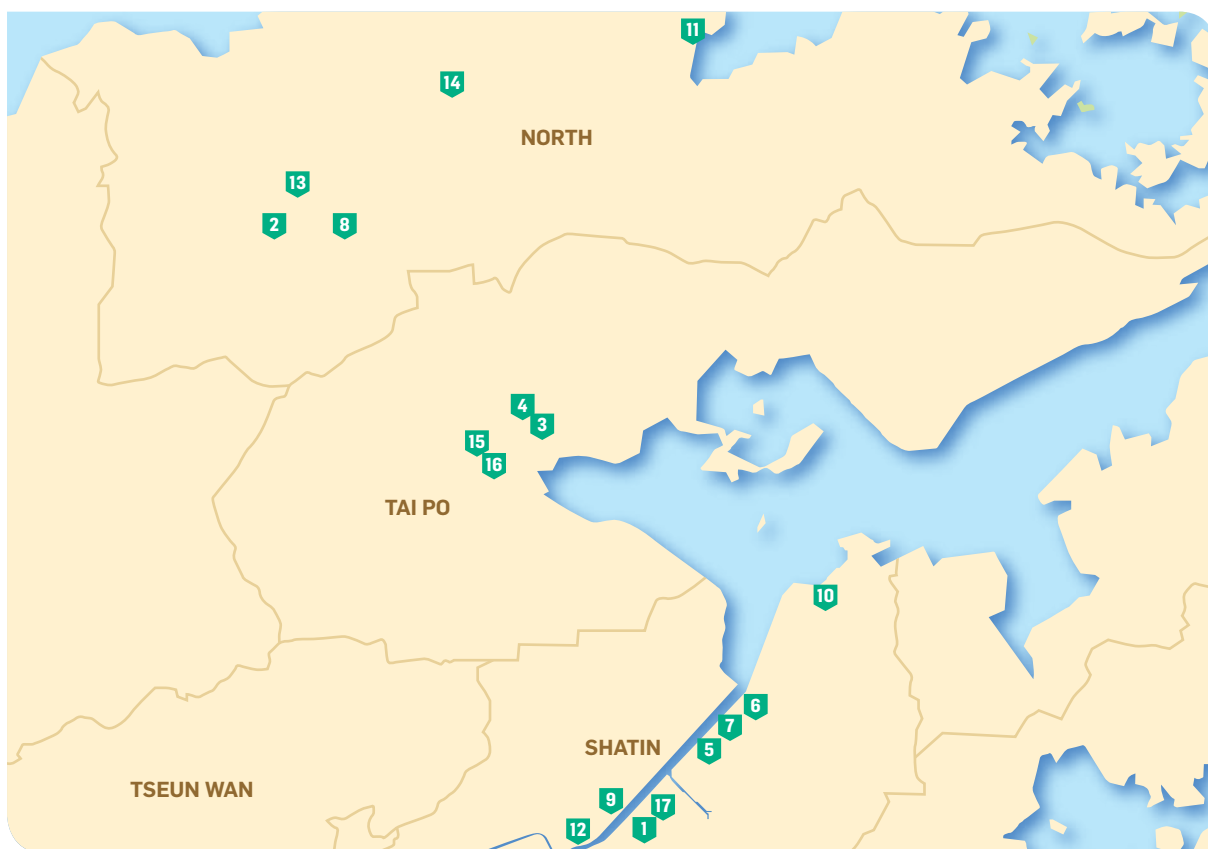
# KWC Targets

Allay Staff Shortage and High Turnover	
› Continue with the annual progression exercise for Patient Care Assistants working in wards with 24 hours services	1Q17
› Provide additional promotion opportunities for Residents to Associate Consultants	1Q17
› Continue to provide cross cluster collaboration training on Robotic Assisted Surgery (RAS) by conducting 10 cross-cluster RAS in PMH	1Q17
Better Manage Growing Service Demand	
› Strengthen cardiac care capacity by expanding the service on percutaneous coronary intervention in PMH	1Q17
› Improve cancer care through establishing chemotherapy service in CMC to provide additional two outpatient sessions per week	3Q16
› Increase capacity to provide care for two patients on mechanical care in YCH within a designated ward and provide four designated beds in WTSH with multi-disciplinary support for patients that are chronic ventilator-dependent	1Q17
› Provide multi-disciplinary care for additional HIV new cases and offer highly active antiretroviral therapy (HARRT) to eligible patients in PMH	1Q17
› Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to three additional patients, home automated peritoneal dialysis (APD) treatment to ten additional patients, and home haemodialysis treatment to five additional patients	1Q17
› Enhance Peritoneal Dialysis (PD) service to cope with the increasing service demand for patients with end-stage renal disease and improve the service quality of existing PD services by establishing new service centre at YCH	1Q17
› Recruit additional manpower in PMH to provide rapid response at the first stage of the emerging major outbreaks of infectious diseases in HK	1Q17
› Alleviate the access block at A&E Departments by providing support sessions to handle the Triage IV and V cases	1Q17
› Allay the waiting lists for surgeries by adding 10 day surgery sessions per week in CMC	3Q16
› Extend the medical and geriatrics day ward services in PMH to two shifts during Monday to Saturday for coping with service demand	4Q16



› Strengthen the integrated neurological rehabilitation service in PMH by providing full day service on Saturdays and add four allied health sessions per week	3Q16
› Improve the management of Specialist Outpatient Clinics (SOPC) waiting list by two additional outpatient sessions in PMH and enhancing the Family Medicine Triage Clinic with additional of 2 500 attendances in the Cluster	1Q17
› Enhance outpatient service in the new ambulatory block of CMC by providing additional sessions for minor procedures and audiology services	3Q16
› Provide additional evening session in North Kwai Chung GOPC for improving the access of target population groups to public primary care services	2Q16
› Strengthen the Community Geriatric Assessment Team (CGAT) service to cover more Residential Care Homes for the Elderly (RCHEs) in the Cluster and enhance CGAT support to terminally ill patients in RCHEs by providing additional of around 6 900 outreach attendances	1Q17
<b>Ensure Service Quality and Safety</b>	
› Implementation of In-patient Medication Order Entry (IPMOE) system in CMC to support clinical workflow and reduce errors in medication prescription and transcription	1Q17
› Enhance the laboratory testing by providing additional 2 400 hepatitis B virus DNA tests to cancer patients for prevention of hepatitis B reactivation	1Q17
› Recruit case manager in KWH and CMC for the provision of integrated care and enhance community support for children with special-care needs in special schools	1Q17
› Enhance service capacity for patients with learning disabilities in KCH by providing additional two outreach sessions per month and additional 8 670 psychiatric learning disabilities outreach attendances	1Q17
<b>Enhance Partnership with Patients and Community</b>	
› Improve and streamline the enquiry services at SOPCs by setting up phone enquiry systems at CMC, KWH and YCH	1Q17
<b>Ensure Adequate Resources for Meeting Service Needs</b>	
› Roll out the central coordinated refill service for medical consumables and linen items in hospital wards in KCH, KWH, NLTH, OLMH, PMH and WTSH	1Q17

## New Territories East Cluster



		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Prince of Wales Hospital +	✓	✓	
2	North District Hospital +	✓	✓	
3	Alice Ho Miu Ling Nethersole Hospital +	✓	✓	
4	Tai Po Hospital	✓	✓	
5	Shatin Hospital	✓	✓	
6	Cheshire Home (Shatin)	✓	✓	
7	Bradbury Hospice	✓	✓	
8	Fanling Family Medicine Centre			✓
9	Lek Yuen General Outpatient Clinic			✓
10	Ma On Shan Family Medicine Centre			✓
11	Sha Tau Kok General Outpatient Clinic			✓
12	Shatin (Tai Wai) General Outpatient Clinic			✓

		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
13	Shek Wu Hui Jockey Club General Outpatient Clinic			✓
14	Ta Kwu Ling General Outpatient Clinic			✓
15	Tai Po Jockey Club General Outpatient Clinic			✓
16	Wong Siu Ching Family Medicine Centre			✓
17	Yuen Chau Kok General Outpatient Clinic			✓

## Healthcare Facilities

There are seven hospitals / institutions in the New Territories East Cluster (NTEC), providing a total of 4 580 beds as at 31 March 2015. Of these, 3 539 were for acute, convalescent and rehabilitation care, 517 for infirmary care and 524 for psychiatric care. There are also seven specialist outpatient clinics and 10 general outpatient clinics.

## Actual Patients Served

In 2014-15, 602 000 patients had utilised NTEC's service. Around 84% of the patients were from the Sha Tin, North and Tai Po districts.

**Number and percentage distribution of patients ever utilised NTEC services in 2014-15 according to district of residence**

District of residence	No. of patients <sup>^</sup>	Distribution <sup>#</sup>
Sha Tin	246 400	41%
North	134 600	22%
Tai Po	128 000	21%
Others*	93 000	15%
<b>NTEC Total</b>	<b>602 000</b>	<b>100%</b>

\* Include patients from places outside Hong Kong or with unknown addresses.

<sup>^</sup> Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

<sup>#</sup> Individual percentages may not add up to 100% due to rounding.

# Major Challenges

The challenges faced by NTEC remained unabated despite efforts to rein in the galloping demand for health care service. The catchment area of NTEC is serving 17.5% of Hong Kong's population, and the Cluster is also providing service to patients seeking medical attention from across the border. Inevitably, the capacity of the Cluster had been overloaded to cope with the service demand. Notwithstanding this, the Cluster has been inundated with elderly patients requiring emergency, rehabilitation and SOPC service as there is a high proportion of the aged population residing in NTEC. This also resulted in problems with access block and prolonged waiting time for SOPC service. Besides, there is compelling need to fill up the gaps of surgical service, in particular the emergency surgical services for Tai Po District, where the population was sizable. With the tremendous demand, technological advancement, rising expectation and the need to provide safer service delivery, there is the rallying call for revisiting the current service models. Manpower shortage is also an issue. The supply of doctors is limited and the shortfall of medical staff has impacted service provision in the Cluster.

All the above daunting challenges require concerted efforts from all fronts to overcome. The publication of the Clinical Services Plan of NTEC has provided the blueprint and direction for the Cluster to draw up the strategic plans to rise above the challenges. The above plans are formulated along the following strategic intents of HA:

1. Allay staff shortage
2. Better manage growing service demand
3. Ensure service quality and safety

It is hoped that through the collaborative efforts and the innovative spirit of the staff members of NTEC, there will be on-going service improvement in the Cluster catering to the myriad health care service needs of the patients.

# Major Initiatives in 2016-17

To align with the corporate objectives, NTEC's major initiatives for 2016-17 are as follows:

## ▶▶ Allay staff shortage -

To retain our staff with experience, NTEC will continue the annual progression exercise for Patient Care Assistants working in wards operating round the clock service. Additional promotion opportunities for Residents to become Associate Consultants will also be offered. The above measures are meant to help retaining our staff with calibre to provide quality patient service.

## ▶▶ Better manage growing service demand -

A series of programmes will be launched to tackle the heavy demand for health care service.

PWH will open 25 additional acute medical beds and seven additional day beds. There will be 10 additional medical beds for AHNH and 20 additional convalescent beds for SH. The need for strengthening cardiac care will be addressed by training up additional nurses to build up capacity of echocardiographic service. There will also be parallel increase in the capacity to provide care for two patients on mechanical care in a designated medical ward of AHNH. The capacity of renal replacement therapy will be enhanced. Hospital haemodialysis will be provided to three additional patients, home automated peritoneal dialysis (APD) treatment to eight additional patients, and home haemodialysis treatment to five additional patients. Peritoneal Dialysis (PD) service will also be enhanced to cope with the increasing service demand and a new service centre will be established at NDH to improve the service quality of the existing PD service.

To alleviate the access block at A&E Departments, NTEC will provide support sessions to handle the Triage IV and V cases. The emergency surgical and anaesthetic service in AHNH will also be augmented with the addition of five emergency operating theatre sessions. Concurrently the perioperative anaesthetic service in PWH will also be enhanced and five additional sessions for sedation service outside the operating theatre will be provided. To better manage the waiting list of endoscopy services, the Cluster will provide an additional endoscopic session at AHNH and also kick off the site renovation work for the Endoscopy Centre in PWH. Radiological imaging services will also become more accessible with the addition of around 400 attendances in AHNH. The accessibility of pharmacy services will also be enhanced through the provision of 24 hours services in AHNH. The GOPC quota will also be increased by 8 250 attendances to improve the access of target population groups to public primary care services.

There will also be the commencement of the centralised psychiatric service for Gender Identity Disorder (GID) patients in the Cluster. To support patients with severe mental illness in the community, NTEC will recruit two peer support workers with lived experience of mental illness. In addition, the multi-disciplinary care for patients with chronic pain will be improved by early physiotherapy intervention and implementation of a 6-week pain management programme in the outpatient setting.

» **Ensure service quality -**

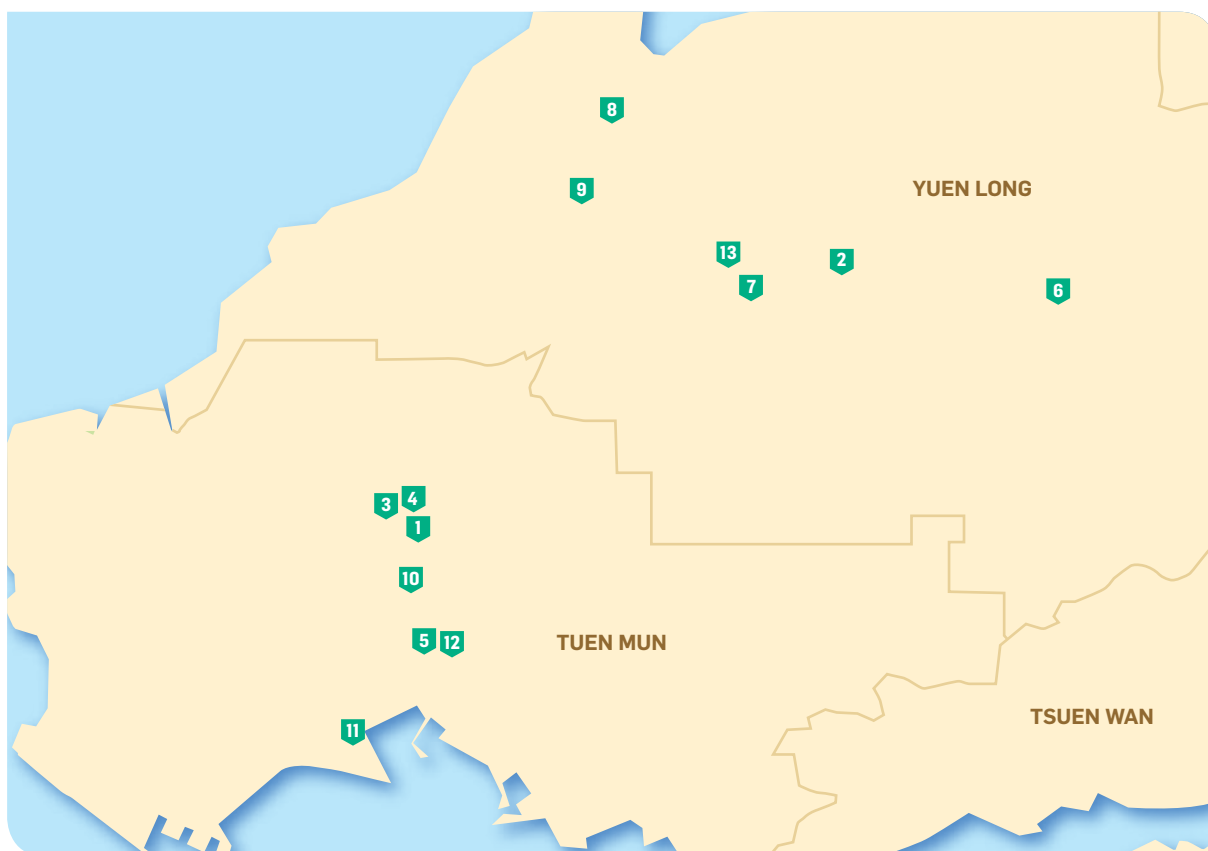
The In-patient Medication Order Entry (IPMOE) system will be implemented in AHNH, NDH and PWH to support clinical workflow and reduce errors in medication prescription and transcription. Laboratory testing will be enhanced by providing 3 200 additional hepatitis B virus DNA tests to cancer patients.

## NTEC Targets

Alloy Staff Shortage and High Turnover	
› Continue with the annual progression exercise for Patient Care Assistants working in wards with 24 hours services	1Q17
› Provide additional promotion opportunities for Residents to Associate Consultants	1Q17
Better Manage Growing Service Demand	
› Open additional 25 acute medical beds and seven days beds at PWH; 10 acute medical beds at AHNH; and 20 convalescent beds at SH	1Q17
› Strengthen cardiac care by training up additional nurses to build up capacity of echocardiographic service	1Q17
› Provide care for two patients on mechanical care in a designated medical ward of AHNH	1Q17
› Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to three additional patients, home automated peritoneal dialysis (APD) treatment to eight additional patients, and home haemodialysis treatment to five additional patients	1Q17

› Enhance Peritoneal Dialysis (PD) service to cope with the increasing service demand for patients with end-stage renal disease and improve the service quality of existing PD services by establishing new service centre at NDH	1Q17
› Alleviate the access block at A&E Departments by providing support sessions to handle the Triage IV and V cases	1Q17
› Strengthen the emergency surgical and anaesthetic services in AHNH by adding five emergency operating theatre sessions	1Q17
› Enhance the perioperative anaesthetic service in PWH and provide five additional sessions for sedation service outside the operating theatre	1Q17
› Better manage the waiting list of endoscopy services by providing an additional endoscopic session at AHNH and carry out site renovation works in PWH	1Q17
› Enhance the accessibility to radiological imaging services by providing additional of around 400 attendances in AHNH	1Q17
› Enhance the accessibility of pharmacy services by providing round-the-clock pharmacy services in AHNH	1Q17
› Increase the GOPC quota by 8 250 attendances for improving the access of target population groups to public primary care services	1Q17
› Commence the centralised psychiatric service for GID patients in the Cluster	1Q17
› Recruit two peer support workers with lived experience of mental illness to support patients with severe mental illness in the community	1Q17
› Enhance the multi-disiplinary care for patients with chronic pain by early physiotherapy intervention and implementation of a 6-week pain management programme in the outpatient setting	1Q17
<b>Ensure Service Quality and Safety</b>	
› Implementation of In-patient Medication Order Entry (IPMOE) system in AHNH, NDH and PWH to support clinical workflow and reduce errors in medication prescription and transcription	1Q17
› Enhance the laboratory testing by providing additional 3 200 hepatitis B virus DNA tests to cancer patients for prevention of hepatitis B reactivation	1Q17
<b>Enhance Partnership with Patients and Community</b>	
› Improve and streamline the enquiry services at SOPCs by setting up phone enquiry systems at AHNH	1Q17

## New Territories West Cluster



		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Tuen Mun Hospital +	✓	✓	
2	Pok Oi Hospital +	✓	✓	
3	Castle Peak Hospital	✓	✓	
4	Siu Lam Hospital	✓		
5	Tuen Mun Eye Centre		✓	
6	Kam Tin Clinic			✓
7	Madam Yung Fung Shee Health Centre			✓
8	Tin Shui Wai (Tin Yip Road) Community Health Centre			✓
9	Tin Shui Wai Health Centre (Tin Shui Road)			✓
10	Tuen Mun Clinic			✓
11	Tuen Mun Wu Hong Clinic			✓
12	Yan Oi General Outpatient Clinic			✓
13	Yuen Long Jockey Club Health Centre			✓



# Healthcare Facilities

There are four hospitals / institutions in the New Territories West Cluster (NTWC), providing a total of 4 137 beds as at 31 March 2015. Of these, 2 326 were for acute, convalescent and rehabilitation care, 135 for infirmary care, 500 for mentally handicapped care and 1 176 for psychiatric care. There are also four specialist outpatient clinics and eight general outpatient clinics.

## Actual Patients Served

In 2014-15, 479 900 patients had utilised NTWC's service. Around 92% of the patients were from the Yuen Long and Tuen Mun districts.

**Number and percentage distribution of patients ever utilized NTWC services in 2014-15 according to district of residence**

District of residence	No. of patients <sup>^</sup>	Distribution <sup>#</sup>
Yuen Long	240 300	50%
Tuen Mun	203 600	42%
Others*	36 000	8%
<b>NTWC Total</b>	<b>479 900</b>	<b>100%</b>

\* Include patients from places outside Hong Kong or with unknown addresses.

<sup>^</sup> Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

<sup>#</sup> Individual percentages may not add up to 100% due to rounding.

## Major Challenges

NTWC encounters challenges from rising service demand, stringent manpower situation as well as new development projects within the catchment area of the cluster.

The cluster is facing increasing service demand and expectation on healthcare service generating from the surge of the elderly population and the high service utilisation by the local residents. It poses heavy pressure on the whole range of services provided in the cluster, from primary care in the community to tertiary care in the hospitals. In 2014-15, attendances of the cluster's inpatient service, day patient service, day hospital service and outpatient service have all been on the rise.

While the demand for public healthcare services is rising rapidly, the cluster is facing concurrently a severe problem of manpower shortage, especially of doctors. The issue is further exacerbated by the competing demand for experienced doctors following the expansion of the private healthcare sector in recent years.

With the construction of Tuen Mun – Chek Lap Kok Link (TM-CLKL), the development of the new mega Residential Care Home for the Elderly (RCHE) in Lam Tei of Tuen Mun district and New Development Area (NDA) in Hung Shui Kiu (HSK) in coming years, the cluster is anticipating the service implications of the development.

## Major Initiatives in 2016-17

NTWC has formulated a range of initiatives according to the corporate key objectives to develop quality and patient-centred healthcare services. The major initiatives for 2016-17 are as follows:

- ▶▶ **Allay staff shortage and high turnover** by enhancing career progression and professional competencies for frontline healthcare professionals and increasing the number of Patient Care Assistants to relieve the workload in wards with 24 hour services
- ▶▶ **Better manage growing service demand** by commencing service provision in the new Tin Shui Wai Hospital (TSWH) and opening 37 convalescent beds and 14 day beds at Tuen Mun Hospital (TMH), 38 convalescent beds at Pok Oi Hospital (POH) and 20 mentally handicapped beds at Siu Lam Hospital (SLH). Initiatives for enhancing operation, day patient, outpatient and outreach capacity include the provision of additional operating theatre sessions in POH; additional General Outpatient Clinic (GOPC) consultation quotas; additional Specialist Outpatient Clinic (SOPC) consultation sessions; and additional outreach services. At the same time, services for targeted patient groups including those suffering from Transient Ischaemic Attack (TIA) and end-stage renal disease (ESRD) as well as access block at Accident & Emergency (A&E) Departments will be enhanced
- ▶▶ **Ensure service quality and safety** by implementing In-patient Medication Order Entry (IPMOE) system in POH, establishing breastfeeding support teams in TMH and enhancing the laboratory testing for cancer patients
- ▶▶ **Ensure adequate resources for meeting service needs** by rolling out the central coordinated refill service in hospital wards of Castle Peak Hospital (CPH), SLH and POH and enhancing the outsourced patient food services for all hospitals in NTWC

# NTWC Targets

Allay Staff Shortage and High Turnover	
› Continue with the annual progression exercise for Patient Care Assistants working in wards with 24 hours services	1Q17
› Provide additional promotion opportunities for Residents to Associate Consultants	1Q17
Better Manage Growing Service Demand	
› Commence service provision at the new Tin Shui Wai Hospital	1Q17
› Open additional 37 convalescent beds and 14 day beds at TMH; additional 38 convalescent beds at POH; and 20 additional mentally handicapped beds at SLH	1Q17
› Strengthen cardiac care by training up additional nurses to build up capacity of echocardiographic service	1Q17
› Reinforce the Transient Ischaemic Attack (TIA) programme in NTWC to improve stroke management for patients	1Q17
› Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to six additional patients, home automated peritoneal dialysis (APD) treatment to six additional patients, and home haemodialysis treatment to 10 additional patients	1Q17
› Enhance Peritoneal Dialysis (PD) service to cope with the increasing service demand for patients with end-stage renal disease and improve the service quality of existing PD services by establishing new service centre at POH	1Q17
› Alleviate the access block at A&E Departments by providing support sessions to handle the Triage IV and V cases	1Q17
› Allay the waiting lists for surgeries by adding six operating theatre sessions per week in POH to support emergency operations at weekend and on public holidays	4Q16
› Better manage the waiting list of endoscopy services by providing additional 10 endoscopic sessions in POH	4Q16
› Increase the GOPC quota by 11 000 attendances for improving the access of target population groups to public primary care services	1Q17

<ul style="list-style-type: none"> <li>› Strengthen the Community Geriatric Assessment Team (CGAT) service to cover more Residential Care Homes for the Elderly (RCHEs) in the Cluster and provide additional of around 7 600 outreach attendances</li> </ul>	1Q17
<ul style="list-style-type: none"> <li>› Enhance child and adolescent psychiatric outpatient services by providing 188 additional new case consultations to curtail the SOPC waiting time due to growing demand</li> </ul>	1Q17
<b>Ensure Service Quality and Safety</b>	
<ul style="list-style-type: none"> <li>› Implementation of In-patient Medication Order Entry (IPMOE) system in POH to support clinical workflow and reduce errors in medication prescription and transcription</li> </ul>	1Q17
<ul style="list-style-type: none"> <li>› Establish support teams in TMH to promote breastfeeding newborn babies</li> </ul>	1Q17
<ul style="list-style-type: none"> <li>› Enhance the laboratory testing by providing additional 1 700 hepatitis B virus DNA tests to cancer patients for prevention of hepatitis B reactivation</li> </ul>	1Q17
<b>Ensure Adequate Resources for Meeting Service Needs</b>	
<ul style="list-style-type: none"> <li>› Roll out the central coordinated refill service for medical consumables and linen items in hospital wards of CPH, SLH and POH</li> </ul>	1Q17
<ul style="list-style-type: none"> <li>› Enhance the outsourced patient food services with better project management structure and quality assurance measures for TMH, CPH, SLH and POH and extend the services to TSWH upon its opening</li> </ul>	1Q17

# Abbreviations

A&E	Accident and Emergency
CC	Central Committee
COC	Coordinating Committee
DNA	Deoxyribonucleic Acid
eHR	Electronic Health Record
EN	Enrolled Nurse
GID	Gender Identity Disorder
GOPC	General Outpatient Clinic
HA	Hospital Authority
HIV	Human Immunodeficiency Virus
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
IT	Information Technology
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
MRI	Magnetic Resonance Imaging
NGO	Non-governmental organisation
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
OT	Operating Theatre
PPP	Public-Private Partnership
RN	Registered Nurse
SOPC	Specialist Outpatient Clinic

## Hospitals and Institutions

AHNNH	Alice Ho Miu Ling Nethersole Hospital
BH	Hong Kong Buddhist Hospital
BTS	Hong Kong Red Cross Blood Transfusion Service
CMC	Caritas Medical Centre
CPH	Castle Peak Hospital
DKCH	The Duchess of Kent Children's Hospital at Sandy Bay
FYKH	Fung Yiu King Hospital
GH	Grantham Hospital
HHH	Haven of Hope Hospital
HKCH	Hong Kong Children's Hospital
HKEH	Hong Kong Eye Hospital
KCH	Kwai Chung Hospital
KH	Kowloon Hospital
KWH	Kwong Wah Hospital
MMRC	MacLehose Medical Rehabilitation Centre
NDH	North District Hospital
NLTH	North Lantau Hospital
OLMH	Our Lady of Maryknoll Hospital
PMH	Princess Margaret Hospital
POH	Pok Oi Hospital
PWH	Prince of Wales Hospital
PYNEH	Pamela Youde Nethersole Eastern Hospital
QEH	Queen Elizabeth Hospital
QMH	Queen Mary Hospital
RH	Ruttonjee Hospital
SH	Shatin Hospital
SLH	Siu Lam Hospital
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TSWH	Tin Shui Wai Hospital
TYH	Tsan Yuk Hospital
WTSH	Wong Tai Sin Hospital
YCH	Yan Chai Hospital

# Appendix 1 Key Service Statistics

Targets and Indicators	Actual for 2014-15	Estimate for 2015-16	Target for 2016-17
<b>I. Access to services</b>			
<b>Inpatient services</b>			
<b>no. of hospital beds</b>			
general (acute and convalescent)	21 337	21 587	21 798
infirmary	2 041	2 041	2 041
mentally ill	3 607	3 607	3 607
mentally handicapped	660	660	680
<b>total</b>	<b>27 645</b>	<b>27 895</b>	<b>28 126</b>
<b>Ambulatory and outreach services</b>			
<b>accident and emergency (A&amp;E) services</b>			
percentage of A&E patients within target waiting time			
triage I (critical cases – 0 minute) (%)	100	100	100
triage II (emergency cases – 15 minutes) (%)	97	95	95
triage III (urgent cases – 30 minutes) (%)	75	90	90
<b>specialist outpatient services</b>			
median waiting time for first appointment at specialist clinics			
first priority patients	< 1 week	2 weeks	2 weeks
second priority patients	5 weeks	8 weeks	8 weeks
<b>rehabilitation and geriatric services</b>			
no. of community nurses	468	468	468
no. of geriatric day places	639	659	659
<b>psychiatric services</b>			
no. of community psychiatric nurses	129	135	135
no. of psychiatric day places	889	889	889
<b>II. Delivery of services</b>			
<b>Inpatient services</b>			
<b>no. of discharge episodes</b>			
general (acute and convalescent)	1 035 951	1 039 400	1 052 800
infirmary	3 501	3 500	3 500
mentally ill	17 140	17 100	17 100
mentally handicapped	531	540	540
<b>overall</b>	<b>1 057 123</b>	<b>1 060 540</b>	<b>1 073 940</b>
<b>no. of patient days</b>			
general (acute and convalescent)	5 937 588	5 974 000	6 047 000
infirmary	510 633	510 000	510 000
mentally ill	935 336	971 000	971 000
mentally handicapped	201 122	204 000	206 000
<b>overall</b>	<b>7 584 679</b>	<b>7 659 000</b>	<b>7 734 000</b>

Targets and Indicators	Actual for 2014-15	Estimate for 2015-16	Target for 2016-17
<b>bed occupancy rate (%)</b>			
general (acute and convalescent)	88	88	88
infirmary	88	88	88
mentally ill	71	71	71
mentally handicapped	85	85	85
<b>overall</b>	<b>85</b>	<b>85</b>	<b>85</b>
<b>average length of stay (days) <sup>(Note 1)</sup></b>			
general (acute and convalescent)	5.7	5.7	5.7
infirmary	141	141	141
mentally ill	57	57	57
mentally handicapped	420	420	420
<b>overall</b>	<b>7.3</b>	<b>7.3</b>	<b>7.3</b>
<b>Ambulatory and outreach services</b>			
<b>day inpatient services</b>			
no. of discharge episodes	571 563	582 000	609 100
<b>A&amp;E services</b>			
no. of attendances	2 222 901	2 222 000	2 222 000
no. of attendances per 1 000 population	307	307	307
no. of first attendances for			
triage I	19 353	19 300	19 300
triage II	41 344	41 300	41 300
triage III	677 457	677 400	677 400
<b>specialist outpatient services</b>			
no. of specialist outpatient (clinical) new attendances	712 500	714 000	720 000
no. of specialist outpatient (clinical) follow-up attendances	6 479 280	6 486 000	6 510 000
<b>total no. of specialist outpatient (clinical) attendances</b>	<b>7 191 780</b>	<b>7 200 000</b>	<b>7 230 000</b>
<b>primary care services</b>			
no. of general outpatient attendances	5 905 262	5 913 000	5 962 000
no. of family medicine specialist clinic attendances	289 048	283 200	287 700
<b>total no. of primary care attendances</b>	<b>6 194 310</b>	<b>6 196 200</b>	<b>6 249 700</b>
<b>rehabilitation and palliative care services</b>			
no. of rehabilitation day and palliative care day attendances	87 250	88 700	88 700
no. of home visits by community nurses	861 961	863 000	866 000
no. of allied health (community) attendances	33 165	33 400	33 400
no. of allied health (outpatient) attendances	2 428 470	2 439 000	2 445 000
<b>geriatric services</b>			
no. of outreach attendances	642 176	642 100	666 600
no. of elderly persons assessed for infirmatory care service	1 637	1 670	1 670
no. of day attendances	144 138	145 100	144 400
no. of Visiting Medical Officer attendances	113 591	111 000	111 000
<b>psychiatric services</b>			
no. of outreach attendances	280 120	280 100	280 500
no. of day attendances	219 163	222 400	223 200
no. of psychogeriatric outreach attendances	95 219	97 800	97 800

Targets and Indicators	Actual for 2014-15	Estimate for 2015-16	Target for 2016-17
<b>III. Quality of services</b>			
no. of hospital deaths per 1 000 population <sup>[Note 2]</sup>	3.1	3.1	3.1
unplanned readmission rate within 28 days for general inpatients (%)	10.4	10.4	10.4
<b>IV. Cost of services</b>			
<b>Cost distribution</b>			
<b>cost distribution by service types (%)</b>			
inpatient	54.5	54.7	54.7
ambulatory and outreach	45.5	45.3	45.3
<b>cost by service types per 1 000 population (\$m)</b>			
inpatient	3.9	4.2	4.3
ambulatory and outreach	3.2	3.5	3.6
<b>cost of services for persons aged 65 or above</b>			
share of cost of services (%)	46.2	47.8	47.8
cost of services per 1 000 population (\$m)	22.3	23.9	23.8
<b>Unit costs</b>			
<b>inpatient services</b>			
cost per inpatient discharged (\$)			
general (acute and convalescent)	23 830	25 920	26 580
infirmery	214 440	229 010	237 870
mentally ill	134 820	144 090	149 660
mentally handicapped	530 550	568 770	584 270
cost per patient day (\$)			
general (acute and convalescent)	4 600	5 000	5 110
infirmery	1 470	1 570	1 630
mentally ill	2 470	2 550	2 650
mentally handicapped	1 400	1 500	1 540
<b>ambulatory and outreach services</b>			
cost per A&E attendance (\$)	1 140	1 240	1 290
cost per specialist outpatient attendance (\$)	1 130	1 210	1 250
cost per general outpatient attendance (\$)	410	445	455
cost per family medicine specialist clinic attendance (\$)	1 100	1 200	1 220
cost per outreach visit by community nurse (\$)	490	525	540
cost per psychiatric outreach attendance (\$)	1 440	1 540	1 600
cost per geriatric day attendance (\$)	1 900	2 060	2 150
<b>Waivers <sup>[Note 3]</sup></b>			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%)	19.2	19.2	19.2
percentage of non-CSSA waiver (%)	5.8	5.8	5.8



Targets and Indicators	Actual for 2014-15	Estimate for 2015-16	Target for 2016-17
<b>V. Manpower (no. of full time equivalent staff as at 31 March)</b>			
<b>Medical</b>			
<b>doctor</b>	5 475	5 694	5 822
no. of specialists	3 209	3 317	3 362
no. of trainees / non-specialists	2 266	2 377	2 460
<b>intern</b>	401	390	407
<b>dentist</b>	8	8	8
medical total	5 884	6 092	6 237
<b>Nursing</b>			
<b>qualified staff</b>	23 138	23 898	24 309
<b>trainee</b>	653	650	650
nursing total	23 791	24 548	24 959
<b>Allied health</b>	6 888	7 250	7 484
<b>Others</b>	33 730	34 695	35 727
<b>total</b>	<b>70 293</b>	<b>72 585</b>	<b>74 407</b>

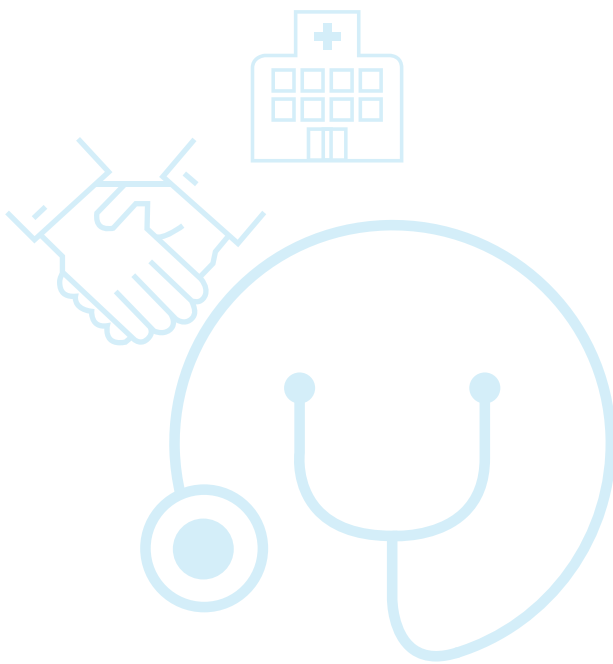
**Note 1** Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.

**Note 2** Refers to the standardised hospital death rate covering inpatient and day inpatient deaths in Hospital Authority hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the Hospital Authority age-specific hospital death rate in that particular year to the "standard" population in mid-2001.

**Note 3** Refers to the amount waived as percentage to total charge.

# Appendix 2 Service Targets by Cluster

Service Delivery Targets for 2016-17	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
<b>Inpatient services</b>							
<b>no. of discharge episodes</b>							
general (acute and convalescent)	110 450	113 410	128 470	128 740	268 050	168 170	135 510
infirmery	2 010	100	330	180	540	330	10
mentally ill	1 780	750	3 110	520	4 160	3 990	2 790
mentally handicapped	-	-	-	-	40	-	500
<b>no. of patient days</b>							
general (acute and convalescent)	575 600	651 700	925 100	672 000	1 411 300	1 062 100	749 200
infirmery	167 100	52 000	34 900	38 300	93 500	93 500	30 700
mentally ill	97 200	22 600	136 200	23 900	268 800	141 800	280 500
mentally handicapped	-	-	-	-	29 300	-	176 700
<b>Ambulatory and outreach services</b>							
<b>day inpatient services</b>							
no. of discharge episodes	70 530	110 200	81 250	53 650	114 240	102 510	76 720
<b>accident and emergency services</b>							
no. of attendances	236 600	128 800	190 300	319 900	621 400	379 900	345 100
<b>specialist outpatient services</b>							
no. of specialist outpatient (clinical) attendances	806 300	860 200	1 028 000	805 400	1 686 200	1 123 500	920 400
<b>primary care services</b>							
no. of primary care attendances	655 210	411 140	583 470	1 013 290	1 702 780	1 006 520	877 290
<b>rehabilitation and palliative care services</b>							
no. of rehabilitation day and palliative care day attendances	38 030	27 220	3 780	4 420	6 310	6 340	2 600
no. of home visits by community nurses	107 600	58 100	80 300	166 400	247 400	123 500	82 700
no. of allied health (community) attendances	2 830	3 550	4 220	1 850	5 200	10 650	5 100
no. of allied health (outpatient) attendances	265 900	195 900	425 600	339 700	535 700	348 400	333 800
<b>geriatric services</b>							
no. of outreach attendances	122 060	48 500	72 600	43 070	196 720	78 530	105 120
no. of day attendances	29 470	8 270	10 120	17 550	38 900	27 510	12 580
no. of Visiting Medical Officer attendances	22 260	11 970	12 980	9 790	25 790	20 420	7 790
<b>psychiatric services</b>							
no. of outreach attendances	23 220	19 400	19 740	30 150	85 530	42 000	60 460
no. of day attendances	30 050	20 550	10 220	31 850	65 790	45 290	19 450
no. of psychogeriatric outreach attendances	11 090	13 780	9 100	10 030	27 370	13 510	12 920
<b>Quality of services (General Inpatient)</b>							
<b>unplanned readmission rate within 28 days (%)</b>	10.1	8.6	9.6	10.7	11.4	9.2	11.6



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