



醫院管理局
HOSPITAL
AUTHORITY

ANNUAL PLAN 2018-19



About This DOCUMENT

The annual plan is the action plan of the Hospital Authority (HA) for a specific financial year. 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

This year, the Government unveiled in the Chief Executive's 2017 Policy Address a new funding arrangement for the Hospital Authority (HA), under which the recurrent funding will be increased progressively on a triennium basis with consideration of population growth and demographic changes. This facilitates HA to proactively plan for the medium term in augmenting the capacity of public healthcare services and manpower.

We are indeed very thankful for the Government's strong commitment to supporting healthcare. The recurrent subvention for HA in 2018-19 amounts to \$61.5 billion, representing an increase of around 10.7% as compared to 2017-18. With this financial support, we will be carrying out a series of new and enhanced initiatives as highlighted in Annual Plan 2018-19.

Above all, over 500 hospital beds in total will be added across Clusters to meet the escalating service demand, which is a significant capacity increase compared to previous years. In addition, the newly opened Tin Shui Wai Hospital will start offering 24-hour Accident and Emergency (A&E) service, while the new Hong Kong Children's Hospital (HKCH) located in the Kai Tak development area will commence service by phases to provide tertiary care for complex and rare paediatric cases. We will also establish another joint replacement centre, which is located at Tseung Kwan O Hospital.


To address access and waiting time issues, we continue to increase the capacity of general and specialist outpatient services, add sessions to our endoscopy, operating theatre and imaging services, and strengthen our pharmacy services. Treatment of life-threatening diseases will also be strengthened with the provision of cluster-based 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients, as well as 24-hour Primary Percutaneous Coronary Intervention service for patients with acute myocardial infarction in Kowloon Central Cluster.

At the same time, we are enhancing our service delivery models by crystalising the benefits of multi-disciplinary and collaborative care. For instance, we will set up a centralised multi-disciplinary Palliative Care (PC) team in HKCH to support territory-wide paediatric PC service. We will also enhance nurse clinic services and roll out medical-social collaboration models, such as extending the model to all District Elderly Community Centres for the benefit of patients with dementia.

Concurrently, we continue to implement new technology for improving our services. Initiatives include adopting Sensitive Analysis of Foetal DNA for Trisomy 21 testing as the second tier screening test for Down syndrome, and introducing Hyperbaric Oxygen Therapy service at Pamela Youde Nethersole Eastern Hospital. Furthermore, we are developing information technology-based solutions such as Smart Mobile and Telemedicine in echo to the Government's vision to build Hong Kong into a smart city.

Like in previous years, we will continue to beef up our workforce, particularly by employing all qualified local medical graduates and providing them with the relevant specialist training. In 2018-19, we plan to recruit around 500 doctors, 2 230 nurses and 540 allied health professionals. We will also continue to retain experienced healthcare professionals through the Special Retired and Rehire Scheme.

Last but not least, I wish to express my deep appreciation to our colleagues for their commitment and hard work in formulating and implementing this Annual Plan, which translates the strategies of HA Strategic Plan 2017-2022 into concrete actions. I look forward to a fruitful year ahead as we strive to enhance services and achieve healthcare excellence for our patients.



P Y Leung

Chief Executive

Planning CONTEXT



This annual plan outlines the specific actions for the second year implementation of HA Strategic Plan 2017-2022.

Strategic Plan 2017-2022

Strategic Plan 2017-2022 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.

Specifically, Annual Plan 2018-19 is the second action plan for carrying out 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 2018-19 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, 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 inputs 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 Resources 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 9 March 2017 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 21 March 2017 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 11 & 12 May 2017 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 needs and impact. 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 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 2018 and March 2019.

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 2018-19 comprises strategic goals, strategic directions, strategies and programme targets.

The strategic goals, directions and strategies are as delineated in Strategic Plan 2017-2022, in accordance with the following three strategic foci:

- (i) Provide patient-centred care
- (ii) Develop a committed and competent workforce
- (iii) Enhance financial sustainability

The strategic goals 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 actions for carrying out the strategies, and the targets are the measurable terms for programme monitoring and accountability reporting.

There are five strategic goals of [Annual Plan 2018-19](#), as follows corresponding to the respective strategic focus:

Provide Patient-centred Care

- Improve service quality
- Optimise demand management

Develop a Committed and Competent Workforce

- Attract and retain staff
- Enhance staff training and development

Enhance Financial Sustainability

- Drive accountable and efficient use of financial resources


Framework of Annual Plan 2018-19


Strategic Goals (What we want to achieve)	Strategic Directions (Where we are going)	Strategies (How we get there)
Improve service quality	Enhance access & efficiency	Promote day services
		Strengthen service coordination & collaboration
		Develop more options for patient care
		Enhance community-based care
	Improve safety & effectiveness	Develop service standards & common protocols
		Refine clinical governance and performance monitoring
		Reinforce clinical risk management
	Modernise HA	Refine technology planning and adoption to keep up with international standards
		Upkeep existing equipment
	Promote partnerships with patients	Empower patients for self-care
		Engage patients to support service improvements
Optimise demand management	Raise the capacity of priority services	Increase capacity of high demand services
		Roll out service enhancements for time-critical care
Attract & retain staff	Share out the demand	Reinforce Public-Private Partnerships (PPP)
	Improve staff management	Strengthen HR governance & transparency
		Facilitate flexible working
		Develop structured succession planning
	Promote staff engagement & well-being	Develop ways to better engage & communicate with staff
		Reinforce ways to support the health of staff
Enhance staff training & development	Foster staff health & a safe working environment	Strengthen Occupational Safety and Health
		Coordinate the governance & organisation of staff training
	Strengthen training governance & policy	Establish a mechanism to align training with career development
		Develop a quality assurance framework & raise staff training opportunities
Drive accountable & efficient use of financial resources	Improve training quality	Enhance development & use of costing information
Enhance transparency & equity in resource allocation		




Strategic Goals and PROGRAMME TARGETS

In Annual Plan 2018-19, we map out five Strategic Goals and 24 Strategies with around 160 corresponding Programme Targets that reflect the work we are doing to implement the five-year Strategic Plan.

Delineated in this chapter are 116 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 quarter 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 Government's Steering Committee on Review of HA (HA Review) released its report in July 2015 with 10 recommendations covering five major areas that impact on HA's operation and service provision. In response, HA has formulated a set of actions corresponding to each recommendation, which are being implemented gradually over three years. Programmes marked with the symbol  are initiatives that are related to the Action Plan for implementing the recommendations of the HA Review.

Improve Service Quality





Our strategies for 2018-19







- Promote day services
- Strengthen service coordination and collaboration
- Develop more options for patient care
- Enhance community-based care
- Develop service standards and common protocols
- Refine clinical governance and performance monitoring
- Reinforce clinical risk management
- Refine technology planning and adoption to keep up with international standards
- Upkeep existing equipment
- Empower patients for self-care
- Engage patients to support service improvements

Promote day services




Action		Target for 2018-19
Enhance day ward services to relieve the reliance on inpatient care		Open additional day beds of five at QEH, 20 at TKOH and 12 at CMC by 4Q18; and extend the service hours of general medical day ward at QEH by 1Q19
Enhance day surgery in HKEC, including its pre-operative assessment service		PYNEH to provide additional 1 620 nurse consultations by 1Q19
Strengthen day surgery in KWC by opening additional sessions of pre-operative assessment service and relocating the Pre-operative Assessment Clinics at CMC from the SOPC to the Day Surgery Centre		Relocate the three existing Pre-operative Assessment Clinics at CMC to its Day Surgery Centre and add five sessions of pre-operative assessment service by 3Q18
Augment the provision of day rehabilitation in HKWC by enhancing the Neuro-rehabilitation Day Programme at MMRC for neurosurgical patients discharged from QMH or MMRC		MMRC to manage additional 1 800 day rehabilitation attendances by 1Q19

Strengthen service coordination and collaboration





Action		Target for 2018-19
Enhance vascular surgery service through setting up centre-based vascular surgery networks, which involve the formation of a single vascular surgery team in each network to provide coverage for emergency vascular surgery		Establish a centre-based vascular surgery network in the New Territories by 3Q18
Further enhance cross-cluster collaboration on Robotic Assisted Surgery (RAS) so that surgeons in Clusters with no robotic surgery equipment have access to the technology. In 2017-18 a total of 55 cross-cluster RAS were performed		Conduct 58 cases of cross-cluster RAS at PYNEH, QMH, QEH, PMH and PWH by 1Q19
Further roll out restorative rehabilitation services during weekends and public holidays for patients with lower limb fracture and arthroplasty in the acute setting as well as stroke patients in the extended care setting, which was first implemented in eight hospitals in 2017-18		Roll out the programme to CMC, TPH and POH, providing additional total of 3 450 physiotherapy and 1 150 occupational therapy attendances during weekends and public holidays by 1Q19
Reinforce adult Palliative Care (PC) service by setting up a multi-disciplinary PC consultative team with joint clinics at PMH and YCH to cater for cancer and non-cancer PC patients in KWC	 	Set up a KWC PC consultative team to cater for 200 PC patients by 1Q19
Develop a structured PC service for paediatrics by establishing a centralised multi-disciplinary team at HKCH to support territory-wide PC service under the HA paediatric service network		Set up a centralised paediatric PC team at HKCH by 4Q18
Enhance the long term management of ventilator assisted children (VAC) by centralising their care in designated facilities. In 2015-16 four rehabilitation beds were converted into ventilator beds at DKCH		Convert four more rehabilitation beds in DKCH into ventilator beds by 3Q18

Action	Target for 2018-19
Promote breastfeeding of newborn babies in HA hospitals by strengthening the relevant nursing support, which has been rolled out to all eight hospitals with an obstetric unit over the past four years	Beef up the breastfeeding support teams with two Registered Nurses to support the accreditation programmes in KCC and NTEC respectively by 1Q19
Improve the coordination of ophthalmic service by building an electronic platform in HKWC for uploading ophthalmic images to the Electronic Patient Record (ePR) system to facilitate image sharing between HA hospitals and private healthcare providers	 Install an electronic platform for connecting ophthalmology equipment to the HA network, and install image viewers in the consultation rooms at GH by 1Q19
Consolidate toxicology service in HA by expanding the service capacity of the Toxicology Reference Laboratory (TRL) at PMH to handle one third of the heavy metal testing service	 TRL of PMH to manage additional 1 450 heavy metal tests by 1Q19
Enhance the coordination of trauma services by developing an electronic platform that facilitates data interface with existing HA systems and the generation of standardised report for service monitoring	 Commence the development of a HA Trauma Database by 1Q19
Formulate strategies to effectively control viral hepatitis in collaboration with Department of Health	  Set up a Clinical Working Group on viral hepatitis control by 3Q18
Plan and develop the approach for sharing HA data in support of academic research and other innovative application in the Big Data Analytics era	 Commence a consultancy study on the strategy and governance of data sharing by 3Q18

Develop more options for patient care

Action		Target for 2018-19
Relieve access block in QEH by providing onsite geriatric assessment as well as early discharge planning and support (including community nursing and allied health services) for emergency elderly patients to reduce avoidable hospital admission		Provide early discharge planning and geriatric assessment in the Emergency Medicine Ward and A&E Department of QEH by 1Q19
Strengthen patient discharge management in KEC by setting up a discharge lounge for patients who need Non-Emergency Ambulance Transfer Service (NEATS) so as to expedite the availability of vacant beds for A&E admission, and by augmenting the capacity of phlebotomy service for 24-hour support		Set up a discharge lounge for patients requiring NEATS, and add eight Patient Care Assistants to the 24-hour phlebotomist service for the inpatient wards in UCH by 1Q19
Augment nurse clinic services in urology, rheumatology, peri-operative care and clinical oncology to alleviate doctors' workload and reduce unnecessary A&E attendance		Recruit an additional total of 24 Advanced Practice Nurses for enhancing the nurse clinic services in SOPCs by 1Q19
Improve obstetric care by piloting the provision of maternal special care beds in the labour ward and by providing training to nursing staff in high-risk pregnancy care		Designate one maternal special care bed in the labour ward of PWH and recruit two Registered Nurses for training by 1Q19
Continue to recruit additional supporting staff to carry out routine duties for the audiology service so that audiologists can perform more professional tasks to reduce the waiting time. Seven Patient Care Assistants were recruited in 2017-18 under the programme		Recruit six additional Patient Care Assistants for the audiology service by 1Q19
Continue to develop Integrated Chinese-Western Medicine model through piloting specific disease programmes in HA hospitals, with Phase 2 started in 2015		Launch Phase 3 of the Integrated Chinese-Western Medicine Pilot Project for stroke care in TWH, SH and PWH, cancer palliative care in PMH and TMH, and musculoskeletal pain care in PYNEH and KWH by 1Q19

Enhance community-based care

Action		Target for 2018-19
Strengthen the capacity of community nursing service (CNS) in providing nursing care for discharged patients at home		Recruit nine additional nurses for CNS by 1Q19
Enhance PC home care services for patients with advanced progressive diseases and their carers		Provide additional 4 620 hospice home visits by 1Q19
Continue to strengthen the Community Geriatric Assessment Team (CGAT) support for terminally ill patients living in Residential Care Homes for the Elderly (RCHes)		Provide an additional total of around 2 800 CGAT outreach attendances in KCC, KEC, KWC and NTEC by 1Q19
Enhance the service of Patient Support Call Centre (PSCC), which provides professional telephone advice to support discharged elderly patients as well as patients with chronic diseases such as Diabetes Mellitus (DM) in the community		PSCC to manage 5 700 additional calls by 1Q19
Extend to all District Elderly Community Centres (DECCs) the pilot programme of medical-social collaborative care model for patients with mild to moderate dementia, namely Dementia Community Support Scheme (DCSS), which was piloted in HKEC, KEC, NTEC and NTWC in February 2017		Start the extension of the medical-social collaboration platform to 41 DECCs from the current 20 by 1Q19
Continue to strengthen community psychiatric services for patients with severe mental illness by recruiting people with lived experience of mental illness and recovery as peer support workers to support the patients. The programme has been implemented in all the Clusters with the recruitment of 15 peer support workers		Recruit an additional total of five peer support workers in KEC, KWC, NTEC and NTWC by 1Q19
Extend the pilot programme of the school-based medical-education- social collaboration platform, namely Student Mental Health Support Scheme (SMHSS), together with the Education Bureau and Social Welfare Department to enhance support for students with mental health needs, which was piloted in KEC and KWC in 2017-18		Implement the programme in HKWC, NTEC and NTWC by 4Q18

Develop service standards and common protocols



Action	Target for 2018-19
Enhance the organ donation service by developing HA-wide guidelines and standards on organ donation	Commence the formulation of standard operating guidelines on organ donation by 1Q19

Refine clinical governance and performance monitoring




Action	Target for 2018-19
Optimise the hospital accreditation programme to drive quality improvement in the HA context	Pilot and evaluate the customised survey format and common recommendations tracker and matrix by 1Q19



Reinforce clinical risk management

Action	Target for 2018-19
Strengthen medication safety through extending the Inpatient Medication Order Entry (IPMOE) system to non-acute hospitals for supporting clinical workflow and reducing errors in medication prescription and transcription. Since 2014, the system has been rolled out to 14 acute hospitals	Roll out the IPMOE system to five non-acute hospitals (HHH, BBH, SCH, SH and TPH) by 1Q19
Continue to enhance the Surgical Instrument Tracking System to facilitate the reprocessing flow, tracking and tracing of reused Single Use Device (SUD) after being piloted at TMH in 2017-18	Roll out the SUD tracking and tracing system in the other 11 hospitals by 1Q19
Reinforce the protective environment for haematological patients receiving chemotherapy, bone marrow transplant and treatment of neutropenia by providing additional isolation facilities in NTWC	 Commence technical feasibility study for improving the facilities relating to protective environment for haematological service in TMH by 1Q19
Implement phase-in measures to combat antimicrobial resistance by enhancing laboratory support to facilitate the Antibiotic Stewardship Programme and infection control surveillance, introducing the use of electronic platform to reinforce monitoring of infection control programmes, and strengthening environmental hygiene	 Provide procalcitonin tests and Carbapenemase-producing Enterobacteriaceae (CPE) screening tests; set up an electronic Infection Control (e-IC) platform; and continue with the increased frequency of changing bedside curtains in all the Clusters by 1Q19
Enhance territory-wide blood transfusion service by providing Zika virus (ZIKV) testing for blood donations so as to protect pregnant patients	Screen 5 000 blood donations with ZIKV testing at BTS by 1Q19


Refine technology planning and adoption to keep up with international standards

Action		Target for 2018-19
Standardise the workflow of radiology image acquisition by connecting the image processing systems outside Operating Theatres to the central corporate-wide radiology image infrastructure		Connect all radiotherapy planning workstations to the central radiology image infrastructure after technical vetting by 1Q19
Expand the drug list in the HA Drug Formulary to align with updated clinical evidence and international guidelines on the use of drugs		Widen the indications of Special drugs and reposition self-financed drugs as Special drugs for managing chronic obstructive pulmonary disease, diabetes mellitus as well as inflammatory, oncological, cardiovascular and infectious diseases by 2Q18
Provide screening tests for the diagnosis of Inborn Errors of Metabolism (IEM) to newborns in HA hospitals, which was implemented in QMH, QEH and PWH in 2017-18		Extend the programme to TMH by 1Q19
Continue to modernise the genetic testing service of HA by adopting Sensitive Analysis of Foetal DNA for Trisomy 21 testing as the second tier screening test for Down syndrome and developing other centralised DNA tests using Next Generation Sequencing (NGS)		Provide Sensitive Analysis of Foetal DNA for Trisomy 21 testing as the second tier screening test for Down syndrome at HKCH by 1Q19
Establish the first Hyperbaric Oxygen Therapy (HBOT) Centre in HA		Commence the provision of HBOT service at PYNEH by 3Q18
Enhance medical device management by aligning the provision of medical devices used in 96 interventional procedures under specific clinical indications		Provide additional medical devices used in interventional procedures under specific clinical indications by 2Q18

Upkeep existing equipment

Action	Target for 2018-19
Replace and provide additional equipment critical to clinical services, including radiological, surgical, endoscopic, pathology and physiological equipment	Complete the acquisition of around 800 pieces of equipment under Capital Block Vote and Designated Fund by 1Q19

Empower patients for self-care

Action	Target for 2018-19
Continue to collaborate with non-governmental organisations (NGOs) to improve chronic disease patients' knowledge on their diseases and empower their self-care capabilities	 Cater for 14 000 participants under the Patient Empowerment Programme by 1Q19

Engage patients to support service improvements








Action	Target for 2018-19
Continue to conduct Patient Experience Survey (PES) to collect patient views on HA services	Publish report of PES on inpatient service by 4Q18, and conduct PES on specialist outpatient service by 1Q19








Optimise Demand Management




Our strategies for 2018-19


- Increase capacity of high demand services
- Roll out service enhancements for time-critical care
- Reinforce Public-Private Partnerships (PPP)

Increase capacity of high demand services




Action		Target for 2018-19
Continue to strengthen the capacity of inpatient services in HKEC following the addition of 20 acute beds in 2017-18		Add two acute beds at RH by 3Q18, and 30 at PYNEH by 4Q18
Provide more inpatient beds for orthopaedic service in HKWC		Open six acute beds in a newly completed female orthopaedic ward at QMH by 1Q19
Augment the inpatient capacity of KCC to cope with the escalating service demand		Provide additional two acute beds at QEH and 40 gazetted psychiatric beds at KH by 4Q18
Continue to reinforce the capacity of inpatient services in KEC after the addition of 38 acute and 20 rehabilitation beds in 2017-18		Open additional 66 and 40 acute beds at UCH and TKOH respectively by 3Q18
Further enhance the inpatient capacity of KWC by adding acute beds in PMH and CMC		Add acute beds of 36 at PMH and four at CMC by 4Q18
Expand the clinical services of NLTH, including emergency, extended care and paediatric services		Open 20 beds in the emergency medicine ward and extended care ward respectively, as well as provide paediatric SOP service at NLTH by 4Q18
Augment the capacity of clinical services in NTEC further to the addition of 32 acute beds and 20 convalescent beds in 2017-18		Add 62 and 40 acute beds at PWH and AHNH respectively, as well as one acute and 20 convalescent beds at NDH by 4Q18

Action		Target for 2018-19
Further enhance the inpatient capacity of NTWC after 17 Special Care Baby Unit beds, 30 convalescent and four acute beds were added at TMH in 2017-18		Provide additional acute beds of 22 at TMH by 2Q18, as well as 38 and 32 at POH and TSWH respectively by 4Q18
Expand the capacity of A&E services to meet the growing demand		Extend the operating hour of A&E service at TSWH to 24-hour by 4Q18; and establish a Rapid Assessment and Treatment Team in the A&E Department of QEH to manage Triage Category III cases by 1Q19
Continue to alleviate the work pressure of A&E Departments by providing support sessions to manage Triage Categories IV and V patients		Provide 15 000 service hours under A&E Support Sessions to manage Triage Categories IV and V patients by 1Q19
Continue to strengthen the capacity of Operating Theatre (OT) services after the addition of three OTs and six OT sessions per week at PMH as well as five emergency OT sessions at AHNH in 2017-18		Add six OT sessions per week at PMH by 4Q18
Continue to improve peri-operative management of elderly patients with acute fragility fracture by extending the day-time designated trauma list to KEC and NTEC, following introduction of the list in KWC in 2017-18		Open a total of 10 OT sessions per week of day-time trauma list for acute geriatric fragility fracture patients at TKOH, PWH and NDH by 1Q19
Increase the service capacity for joint replacement surgery in KEC after five joint replacement centres have been established in other Clusters since 2010-11		Set up a joint replacement centre at TKOH and conduct 150 additional joint replacement surgeries by 1Q19
Commence the operation of HKCH by phases to provide tertiary services for complex and rare paediatric cases		Commence nephrology, oncology and paediatric intensive care unit services of HKCH by 1Q19
Strengthen urology service in KWC by establishing urology specialist services at YCH and NLTH		Open a total of eight urology specialist outpatient sessions at NLTH and YCH by 4Q18
Build up a critical mass of manpower to sustain a hospital dermatology service in HA		Set up a hospital dermatology unit at QMH and PWH respectively by 2Q18









Action		Target for 2018-19
Continue to augment the service capacity of GOPC to improve the access of target population groups to public primary care services. In 2017-18 the GOPC quota was increased by a total of 27 500 attendances in NTEC and NTWC		Increase the GOPC quota by a total of 55 000 in KCC, KEC, KWC, NTEC and NTWC by 1Q19
Further enhance glaucoma care by increasing the frequency of visual field (VF) test and optical coherence tomography (OCT) scan for early detection of glaucoma progression, with additional 4 890 OCT scans and 3 030 VF tests performed in 2017-18		Perform additional total of 4 230 OCT scans and 1 660 VF tests for glaucoma patients by 1Q19
Boost up the capacity of Diabetes Mellitus (DM) service to provide Targeted Active Intervention to young patients with poor DM control who are attending non-DM SOPCs, which was implemented in NTWC in 2017-18		Roll out the programme in KEC, KWC and NTEC by 1Q19
Further enhance the multi-disciplinary team support for patients with common mental disorder (CMD) in SOPC, which has been implemented in KEC, KWC and NTEC by phases since 2015-16		Provide additional 900 new case attendances for patients with CMD in NTEC and NTWC by 1Q19
Augment the service capacity of mammogram to improve breast imaging service		Provide additional 1 760 patient attendances for mammogram in NTEC by 1Q19
Continue to increase the capacity of endoscopy service after 10 fluoroscopic sessions were added at PWH in 2017-18		Open 10 sessions per week for colonoscopy and Oesophago-gastro-duodenoscopy (OGD) procedures at NLTH by 4Q18; and add three colonoscopy sessions and two OGD sessions per week at KWH and OLMH respectively by 1Q19
Continue to strengthen the capacity of radiology services after extending the operating hours of Magnetic Resonance Imaging (MRI) service at RH, providing additional 500 MRI attendances at PWH and installing a MRI machine at POH in 2017-18		POH to add 10 MRI sessions per week by 3Q18; PYNEH and QEH to install a second and third MRI machine respectively, and NDH to provide additional 2 200 attendances for Computed Tomography (CT) scan by 1Q19

Action	Target for 2018-19
Enhance the capacity of Blood Transfusion Service (BTS) by commissioning the service of its headquarters' new annex building 	Commence service of the new annex building at BTS Headquarters with enhanced capacity for autologous haematopoietic stem cell transplant by 1Q19
Continue to strengthen pharmacy services in support of enhanced clinical services	Enhance oncology clinical pharmacy services at QEH, QMH and PWH by providing 100% screening of chemotherapy prescriptions by 3Q18; and launch drug refill services in PYNEH as well as implement 24-hour pharmacy services at RH by 1Q19
Reinforce the provision of Non-Emergency Ambulance Transfer Service (NEATS) by increasing the manpower to support the additional bed opening and new clinical activities in HA	Recruit an additional total of 63 Patient Care Assistants by 1Q19

Roll out service enhancements for time-critical care

Action		Target for 2018-19
Further enhance stroke management by strengthening immediate interventions, with 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients implemented in HKEC and KEC through cluster-based networks in 2017-18		Extend the cluster-based 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients to NTEC and NTWC by 1Q19
Continue to expand the capacity of renal replacement therapy for patients with end-stage renal disease to improve their health outcomes. A total of 990 hospital haemodialysis places have been provided in 2017-18		Provide additional 51 hospital haemodialysis places by 1Q19
Reinforce cancer care to meet service demand, with capacity enhancement carried out for chemotherapy and/or oncology services in HKWC, KCC and KWC in 2017-18		Enhance the capacity of medical oncology service in HKWC, clinical oncology service in KCC, ambulatory cancer service in NTEC, and chemotherapy service in NTWC by 1Q19
Augment cardiac services by adding Cardiac Care Unit (CCU) beds as well as enhancing the service capacity of Cardiac Catheterisation Laboratory (CCL)		Open two additional CCU beds at NDH by 3Q18; add two more CCU beds respectively at QEH and CMC by 4Q18; and increase the total capacity of CCL for percutaneous coronary intervention in PMH and CMC by 100 cases by 1Q19
Expand the coverage of Primary Percutaneous Coronary Intervention (PPCI) for patients with ST-Elevation Myocardial Infarction (STEMI)		Set up a team for providing 24-hour PPCI to eligible STEMI patients in KCC by 1Q19

Reinforce Public-Private Partnerships (PPP)


Action		Target for 2018-19
Continue to purchase cataract surgeries from the private sector to address escalating service demand after 450 surgeries were performed under the programme in 2017-18		Provide 500 surgeries under the Cataract Surgeries Programme by 1Q19
Continue to purchase radiological investigation services from the private sector to cater for eligible HA patients through PPP arrangement, subsequent to the provision of 19 590 scans for cancer patients under the programme in 2017-18		Provide 20 200 scans for cancer patients under the Radi Collaboration Project by 1Q19
Continue to purchase haemodialysis (HD) service from qualified community HD centres, with 225 HD places being offered under the programme in 2017-18		Provide 246 HD places under the Haemodialysis PPP Programme by 1Q19
Continue to purchase primary care services from the private sector to enhance public patients' access to primary care services and promote family doctor concept in the community, which benefited around 19 000 patients in 2017-18	 	Cater for around 29 900 patients under the GOPC PPP Programme by 1Q19
Continue to offer choices to HA patients for receiving colon assessment from private specialists through PPP, following the provision of 1 130 colonoscopies under the programme in 2017-18		Continue to implement the Colon Assessment PPP Programme for the provision of 1 300 colonoscopies by 1Q19
Continue to collaborate with NGOs to enhance infirmity care services for public patients requiring long-term institutional health and social care, with a pilot project being implemented with Po Leung Kuk in 2017-18	 	Continue to pilot the Infirmity Service PPP Programme through commissioning Po Leung Kuk to operate infirmity care services for 64 beds at WCHH by 1Q19

Attract and Retain Staff



Our strategies for 2018-19

- Strengthen HR governance and transparency
- Facilitate flexible working
- Develop structured succession planning
- Develop ways to better engage and communicate with staff
- Reinforce ways to support the health of staff
- Strengthen Occupational Safety & Health



Strengthen HR governance and transparency

Action		Target for 2018-19
Develop a new e-recruitment solution for better integration with the Human Capital Management system and other HA systems so as to streamline the recruitment process		Implement a new e-recruitment system with enhanced design and modernised features by 1Q19


Facilitate flexible working

Action		Target for 2018-19
Set up a Locum Office to facilitate flexible employment for staff retention and increase part-time workforce to ease the pressure of manpower shortage		Pilot central coordination and recruitment of part-time workforce (e.g. HA in-house agency nurse), and develop support systems for the alignment of flexible employment across Clusters by 1Q19
Continue the Special Retired and Rehire Scheme to re-employ suitable staff upon their retirement in order to retain suitable expertise and to help alleviate the manpower issues		Implement rehiring exercises for serving doctors, nurses and allied health staff who will leave HA in 2018-19 upon retirement or completion of contract at or beyond the normal retirement age, by 1Q19


Develop structured succession planning

Action		Target for 2018-19
Continue to enhance career progression and promotion opportunities for frontline doctors, with an additional total of 632 promotion opportunities having been offered since 2011-12		Provide additional 65 promotion opportunities for frontline doctors by 1Q19
Open additional Nurse Consultant posts to improve clinical nursing career structure		Add seven posts of Nurse Consultant by 1Q19
Attract and retain care-related supporting staff by improving their career progression opportunities		Continue to carry out the annual progression exercise with enhancement for Patient Care Assistant IIIA in inpatient wards or services on 24 hours shift by 1Q19
Attract and retain Operation Assistants in inpatient services by enhancing their career progression and remuneration		Implement the enhancement initiative for Operation Assistant IIIB in inpatient services by 1Q19
Improve staff retention of Executive Assistants working in inpatient wards through enhanced career progression and remuneration		Implement the enhancement initiative for Executive Assistant IIIA (Ward) by 1Q19



Develop ways to better engage and communicate with staff

Action		Target for 2018-19
Enhance Human Resources Mobile Application (HR App) and HA Chat. Both platforms have been piloted for two years, and the HR App was rolled out to all staff in 2017-18		Roll out HA Chat to all eligible staff, and implement new modules of HR App by 1Q19

Reinforce ways to support the health of staff

Action	Target for 2018-19
Improve accessibility to staff health services by enhancing the service capacity as well as Telephone Appointment Booking System and eBooking App of staff clinics 	Provide additional 2 800 attendances at PWH Staff Clinic, and develop a new system flow for the Telephone Appointment Booking System and eBooking App by 1Q19
Enhance staff access to diagnostic imaging services through the Staff Radi Programme	Continue to implement the Staff Radi Programme by 1Q19

Strengthen Occupational Safety & Health





Action	Target for 2018-19
Reinforce emergency preparedness of staff in the A&E Departments to deal with radiation, hazardous materials incidents and other major incidents by providing adequate Personal Protection Equipment (PPE) and Emergency Medical Team (EMT) uniform 	Provide additional Level C PPE and EMT uniform items to all A&E Departments by 1Q19
Strengthen Occupational Safety and Health (OSH) in HA	Recruit a senior staff with expertise in occupational hygiene to provide professional supervision on OSH matters by 1Q19
Enhance the insurance coverage for HA staff providing overseas emergency assistance under the Government's contingency plan of Emergency Response Operations Outside the Hong Kong SAR (EROOHK) 	Purchase insurance package for staff participating in the Government's EROOHK by 2Q18



Enhance Staff Training and Development

Our strategies for 2018-19






- Develop a quality assurance framework and raise staff training opportunities
- Coordinate the governance and organisation of staff training
- Establish a mechanism to align training with career development

Develop a quality assurance framework and raise staff training opportunities




Action		Target for 2018-19
Continue to sponsor overseas training of doctors, nurses and allied health staff		Offer around 270 overseas training scholarships to clinical staff by 1Q19
Continue to strengthen training support for specialties with specialist training gaps		Provide 43 trainee places for doctors by 1Q19
Continue to provide more training opportunities for clinical staff to facilitate service advancement and professional development		Sponsor around 420 simulation training classes, including crew resource management training for doctors and nurses in all Clusters; provide 156, 65 and 12 specialty training / enhancement programmes for nurses, allied health professionals and pharmacy staff respectively; and offer two multi-disciplinary programmes for mental health and primary care services by 1Q19
Provide training subsidy to nurses and allied health staff who participate in recognised service-related programmes		Offer training subsidy to around 355 nurses and 225 allied health staff by 1Q19
Continue to implement the generic competencies training series in support of grade-specific curriculums for both clinical and non-clinical grades		Offer a full range of training programmes under Management 001, 101, 202 and 303 to enhance management capabilities of professional staff at different levels by 1Q19

Action		Target for 2018-19
Provide applied mediation skills training for HA staff to enhance their competency in conflict resolution and complaint management, with 300 frontline staff participated in the training in 2017-18		Provide mediation training to 400 staff by 1Q19
Reinforce basic resuscitation training for HA staff		Provide a total of around 4 470 training places for formal resuscitation training for clinical staff and formal first aid training for security staff by 1Q19
Further enhance the services of e-Knowledge Gateway (eKG) by monitoring and reviewing the electronic journal service for delivering the latest clinical and management knowledge electronically to all HA staff		Maintain the eKG journal service at the current level taking into account of the rising subscription fee of electronic journals by 1Q19

Coordinate the governance and organisation of staff training

Action		Target for 2018-19
Enhance the Training Information Management System (TIMS) for the management and planning of staff training programmes, which was first developed in 2017-18		Refine the system and pilot TIMS reports at the cluster / hospital level for planning, monitoring and reporting purposes by 1Q19
Strengthen the competency of nursing staff in supporting terminally ill patients beyond Palliative Care (PC) setting through clinical attachment at PC units	 	Provide clinical attachment at PC units in HKEC, KWC and NTEC to 24 nurses working beyond PC setting by 1Q19
Continue the Executive Partnership Programme to train more middle managers to acquire skills in emergency response through secondment to Department of Infection, Emergency and Contingency (IEC) or Major Incident Control Centres (MICC) in the Head Office		Provide opportunities for six staff from Clusters to undergo two-month secondment to IEC or MICC in the Head Office, and maintain a pool list of trained staff in the Clusters by 1Q19
Establish a HA Institute of Health IT to elevate healthcare IT related education, experience sharing, and innovation collaboration for staff from HA and the public sector, as well as professionals from the local healthcare and IT industry	 	Carry out preparatory work for setting up a HA Institute of Health IT, and provide technology learning and innovation opportunities for 800 participants by 1Q19

Establish a mechanism to align training with career development


Action		Target for 2018-19
Continue to reinforce the internship training in HA for local medical graduates and overseas doctors		Provide internship training to additional 100 local medical graduates, and organise around 80 classes of mandatory orientation programme for interns by 1Q19
Continue to enhance the proficiency and competency of junior nurses		Recruit 70 Full-Time Equivalent (FTE) Advanced Practice Nurses as part-time clinical preceptors for around 3 570 junior nurses with two years or less working experience by 1Q19
Continue to train up more nurses in HA nursing schools, conduct 18-month midwifery programmes, and encourage Enrolled Nurses (ENs) to upgrade their skills and competency to Registered Nurses (RNs) level by offering training sponsorship		Provide training places for 300 RN and 100 EN new students; conduct midwifery programmes with new intake of around 80-100 trainees; and offer training sponsorship to around 90 ENs participating in the voluntary RN Conversion Programme by 1Q19
Continue to implement the Training Sponsorship Programme for supporting staff to undergo ENs (General) training so as to enhance their career development		Select high calibre qualified supporting staff to undergo a two-year ENs (General) training programme by 1Q19
Develop a structured rotation programme for corporate communication staff in the Head Office and Clusters		Extend the Staff Development Rotation Programme to cover corporate communication staff in all the acute and psychiatric hospitals by 1Q19
Enhance training and development of legal professionals in HA for professional and operational competency		Provide opportunities for all legal professional staff to attend continuing professional development courses by 1Q19
Enhance training and development of Finance Division staff for professional and operational competency		Provide opportunity for at least 80% of finance professional staff to attend a continuing professional development course; and provide 10 attachment placements for Head Office and Clusters' finance professionals by 1Q19

Drive Accountable and Efficient Use of Financial Resources

Our strategies for 2018-19

- Enhance development & use of costing information

Enhance development & use of costing information

Action		Target for 2018-19
Strengthen the use of service costing information to facilitate stakeholders in reviewing, analysing and monitoring their cost information as well as comparing with others, and to better understand changes in service cost over time		Enhance service costing database by linking up the activity data and cost information by 1Q19

Service Targets and RESOURCE ESTIMATES

HA provided 28 355 hospital beds as at 31 March 2018 and managed about 8.75 million patient days in 2017-18.

HA delivers a comprehensive range of preventive, curative and rehabilitative medical services to ensure access of every citizen to affordable healthcare. As at 31 December 2017, we managed 42 public hospitals / institutions, 48 SOPCs and 73 GOPCs. The facilities are organised into seven Clusters according to geographical locations.

Service Targets

Service Delivery Targets for 2018-19

- 1.81 million inpatient and day inpatient discharge episodes*
- 2.26 million A&E attendances
- 7.49 million SOP (clinical) attendances
- 2.73 million allied health (outpatient) attendances
- 6.37 million primary care attendances
- 2.07 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

* Refers to discharges and deaths in the Controlling Officer's Report (COR). This applies to all "discharge episodes".

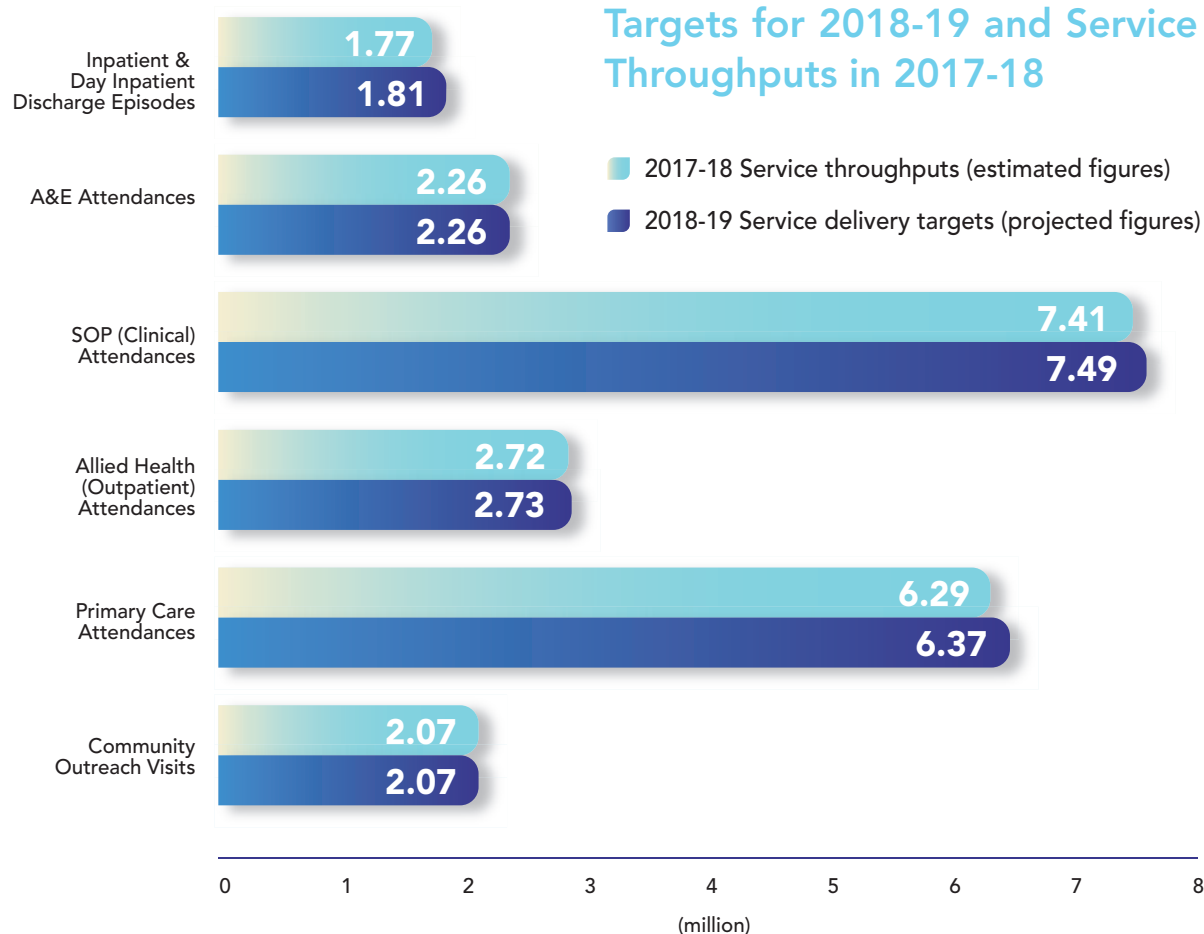


To meet escalating service demand arising from an ageing and growing population, we plan to increase inpatient and day inpatient service throughput by around 2.4% in 2018-19, compared to 2017-18. This translates into an additional 42 200 inpatient and day inpatient discharge episodes. We also hope to increase the throughput for primary care services by 1.2%, with an increase of 75 800 attendances to enhance medical care and disease management for elderly and chronic disease patients.

A comparison of our service delivery targets for 2018-19 and estimated service throughputs in 2017-18 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 service delivery targets by Cluster.

Figure 1

Comparison of Service Delivery Targets for 2018-19 and Service Throughputs in 2017-18

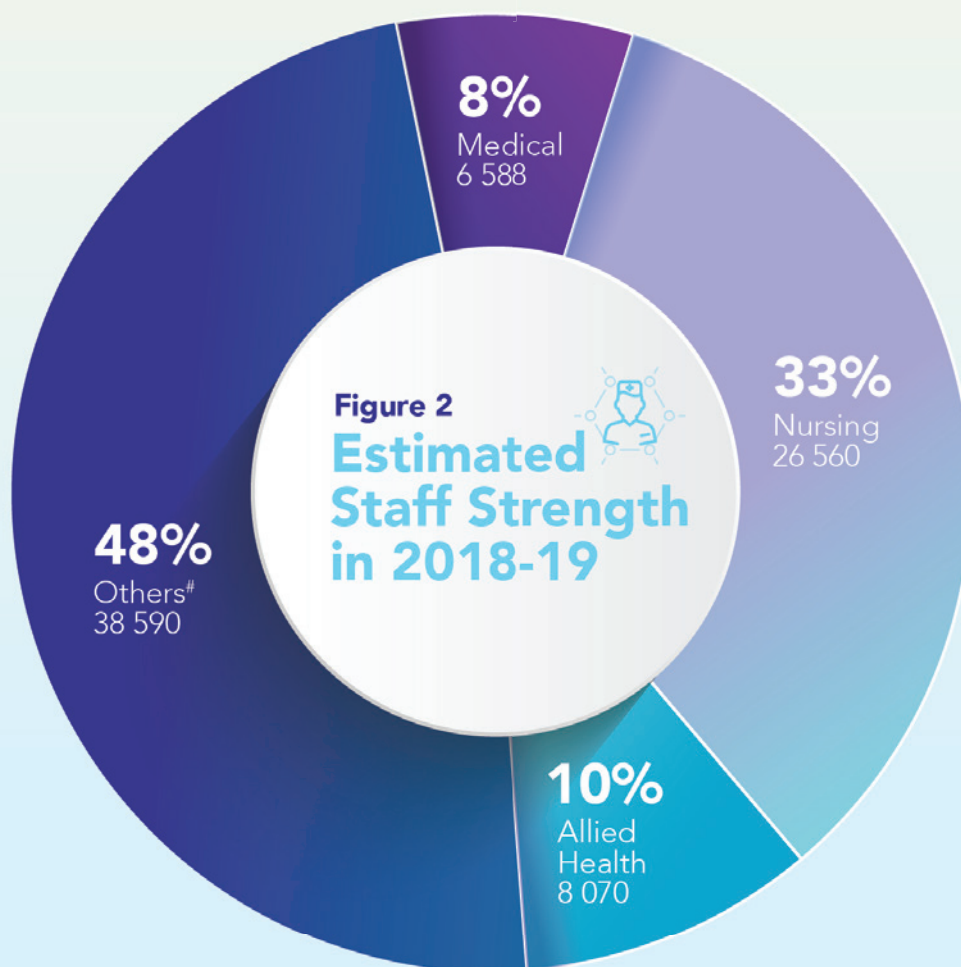


Manpower Estimates

HA's existing staff strength is more than 76 000 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 3.6% 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 2018-19 will be around 500 doctors, 2 230 nurses and 540 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 2017-18 and 2018-19 is provided in Appendix 1.



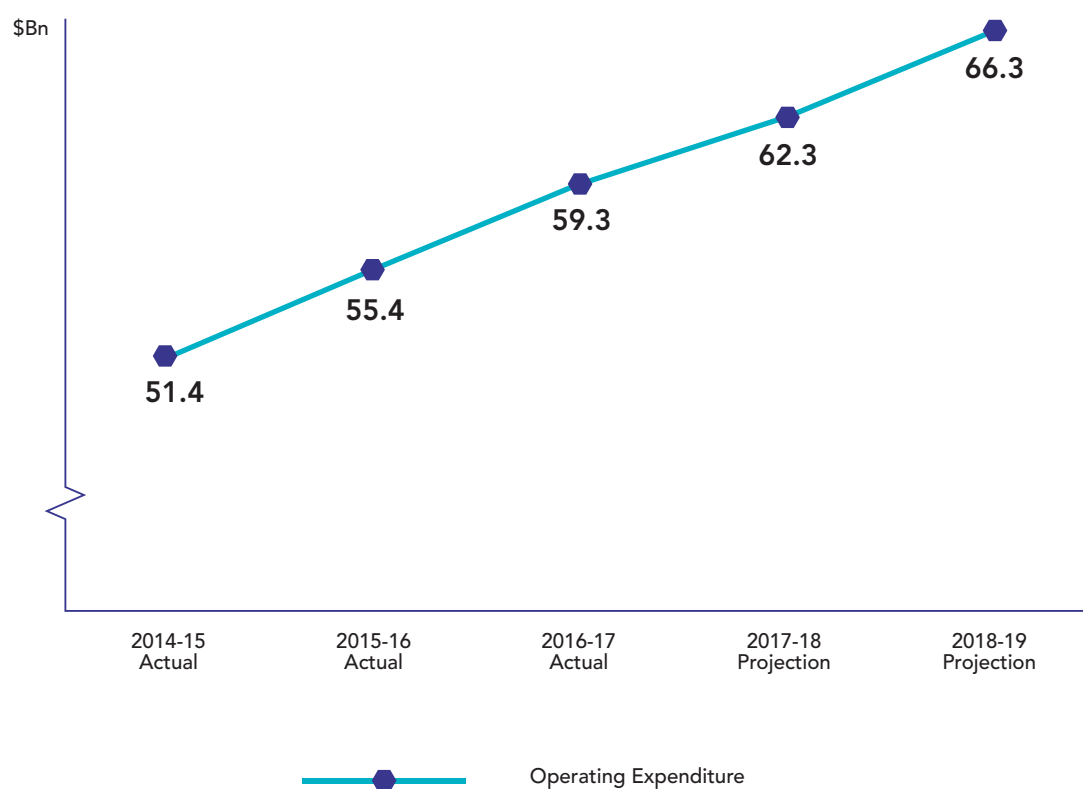
[#] Comprise supporting staff and managerial / administrative staff.
Note: The percentage may not add up to 100% due to rounding.

Budget

Operating Expenditure

To pursue the strategic goals and achieve the service targets as outlined in previous chapters, the operating expenditure of HA is projected to reach around \$66.3 billion in 2018-19, with an increase of around 6% as compared to 2017-18.

Indicated in the graph below is the trend of HA's operating expenditure in recent years:



The increase in operating expenditure projected for 2018-19 mainly arises from the additional resources required for meeting the growing service demand for public hospital services and implementation of government-policy initiatives as well as HA's new / enhanced services in the coming year.

Government subvention continues to be the major source of funding of HA, covering over 90% of HA's total operating expenditure. To enable HA to cope with rising service demand, the Government has announced the new triennium funding arrangement with HA in "The Chief Executive's 2017 Policy Address". The majority of the new funding allocated under this arrangement would cater for meeting the challenges arising from demand growth. The Government also provides HA with additional recurrent funding for implementing new initiatives and enhancing various types of services in 2018-19, as well as sustaining initiatives introduced during 2015-16 and 2016-17 previously supported by using the Revenue Reserve. Overall, HA has been granted a substantial increase in funding for 2018-19, amounting to \$61.5 billion or representing a 10.7% increase as compared to the baseline allocation in 2017-18.

Capital Expenditure

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

1. Procurement of equipment and development of information systems for modernising hospital services (\$0.92 billion);
2. Minor works projects including improvement works, regular maintenance, and preparatory works for capital works projects (\$1.28 billion). The Government provided a one-off grant of \$13 billion to HA in 2013-14 for carrying out minor works projects over the next ten years or so until the grant is fully depleted; and
3. Major capital works for HA's future development, such as construction of new hospitals and re-development of existing hospitals (\$4.32 billion).

Looking Ahead

With the Government's firm commitment to improving public healthcare services by increasing HA's recurrent funding progressively on a triennium basis from 2018-19, HA will be able to develop proactive plans to augment the capacity of public hospital services and manpower in the medium term. HA will make the best use of the financial resources available to address the staffing issues and rising service demand resulting from a growing and ageing population in a more effective and sustained manner.

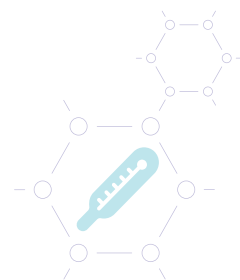
Head Office PLAN

This section sets out the work plans of the HA Head Office for 2018-19.

This section covers the work plans of the Head Office with respect to three key enablers of HA services: Capital Works, Business Support Services, and Information Technology and Health Informatics Services. It also sets out HA's approach on corporate governance, which is coordinated by the Head Office.

Head Office Plan Components

- Corporate Governance
- Capital Works
- Business Support Services
- Information Technology and Health Informatics Services



Corporate Governance

Good governance is at the heart of HA and will continue to be of the highest importance as it continues to develop. The HA Board has developed a formal schedule of matters specifically reserved for its decision in order to ensure that the direction and control of HA is specifically and demonstrably in the hands of the Board. It also ensures institutional sustainability by working with the Management to set HA's strategies and Annual Plan. Appropriate steps are being taken to deliver service plans and programmes under the Annual Plan, and to ensure that there are effective systems of control and risk management.

Stewardship of the Board

Implementation progress of the HA Review Action Plan continues to be a key initiative being closely monitored on all fronts at the Board level. For the individual action items and subject matters concerned, implementation plans as well as progress reports are timely submitted to the relevant functional committees for advice and support. For strategic oversight, the Management arranges quarterly progress reports to the Board's Executive Committee, and prepares six-monthly progress reports to the Board before submitting them to the Food and Health Bureau for monitoring. With two years passed, the majority of the action items have been completed and many are on-going and continuous initiatives. With these, we envisage that the HA Review Action Plan can be timely completed within the three-year timeframe as pledged by late 2018.

As emphasised in the HA Review, the Board is continuing to reinforce its leading and managing role on HA. The Board's Executive Committee is engaged at early stages in the formulation of corporate strategies, directions and policies. The role and participation of the functional committees are strengthened, and more proactive actions will be taken to enhance the Board's governance processes and forward agenda planning in accordance with the respective terms of reference of the Board and its committees, so as to facilitate effective performance of their functions as well as informed discussions in managing HA. To further drive for continuous improvements, we will review and refine annual self-assessment of the Board and the committees.

The various Hospital Governing Committees (HGCs) appointed by the Board under the HA Ordinance serve important functions in enhancing community participation in the governance of public hospitals. A series of measures have been implemented in recent years to strengthen communication between HA and HGCs, whereby HGCs' views are solicited to enhance HA's service planning and provision. We will continue the concerted efforts in engaging HGCs in the management and control of public hospitals, and enhancing communication between HGCs and various stakeholders in HA, including the Board, Head Office, Cluster and hospital management, and frontline staff.



Risk Management

Building on an established system, the Organisation-wide Risk Management (ORM) Policy and Strategy were refreshed and approved by the Board in 2015 for a holistic and standardised approach to risk management, incorporating both clinical and non-clinical risks across HA. HA is now well advanced in terms of risk management and continues to embed ORM by consolidating and reinforcing the key structures and processes. Significant progress has been made in reporting risks to Cluster Management Committees (CMCs) and HGCs, and the various roles and responsibilities for ORM are now established.

Through ORM, HA has established a risk governance structure for identifying and reporting risks, as well as specifying roles and responsibilities for risk management in HA from the hospital / Cluster / Head Office level through to the Audit and Risk Committee (ARC) and HA Board level. Risk profiles are produced annually by the Head Office and Clusters to identify the top risks across different functions, both clinical and non-clinical. This mechanism facilitates communication about risk both up and down the organisation, allows for escalation of the most challenging risks to higher levels of management, and also facilitates the planning and monitoring of mitigation measures to address the risks.

By making reference to these risk profiles during the Annual Planning process, Clusters and Head Office Divisions can take account of the major risks and challenges they face and, where appropriate, allocate resources to mitigate key risks.

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 healthcare 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 Risks and Challenges

In the 2016 Policy Address, the Government announced that \$200 billion would be set aside for HA to implement a Ten-year Hospital Development Plan (HDP). The Ten-year HDP comprises the construction of a new acute hospital, redevelopment / expansion of 11 hospitals, as well as construction of three community health centres and a new supporting services centre. Upon completion of the Ten-year HDP, there will be around 5 000 additional public hospital beds and over 90 additional operating theatres. These are massive projects that require meticulous planning and management to ensure they progress according to schedule and within budget.

Even before the Ten-year HDP, HA already has one of the largest and most complex building stocks in Hong Kong, comprising a total of over 2 800 000 m² floor space in around 300 buildings. It is a challenge for CPD in managing resources to renew, upgrade and maintain these facilities.

As at March 2018, 19 major capital works projects, which amount to a total project cost in the order of \$220 billion, have been initiated and are at various stages of planning and development. Out of these, works for 11 projects involving a budget of around \$27 billion have been approved by the Government. In addition, around 1 260 minor works projects will need to be carried out for the improvement and maintenance of existing premises, with a total annual expenditure of about \$1,275 million.

In view of the fact that major infrastructure projects in Hong Kong continue to saturate 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 2018-19

As one of the key enablers of clinical services, CPD will undertake the following major initiatives in 2018-19 to ensure that our healthcare facilities are able to meet the demands of quality service provision:

- Facilitate capacity increase by carrying out the foundation works for the new acute hospital at Kai Tak Development Area, the substructure works for expansion of UCH, the extension of Operating Theatre Block for TMH, the expansion of HHH, the redevelopment of QMH (phase 1) and KWH (phase 1), and planning the redevelopment of KCH (phases 2 & 3)
- Enhance key enablers by commencing the planning of HA Supporting Services Centre
- Modernise HA's facilities by carrying out preparatory works for phase 2 (stage 1) redevelopment of PWH, phase 1 redevelopment of GH and redevelopment of OLMH

Capital Works Targets

• Commence the excavation works of Block A for the expansion of UCH	2Q18
• Commence the construction of a decanting building for the redevelopment of PWH, phase 2 (stage 1)	3Q18
• Commence foundation works for the new acute hospital at Kai Tak Development Area	3Q18
• Commence the demolition and substructure works for the redevelopment of QMH, phase 1	3Q18
• Commence preparatory works for the redevelopment of OLMH	3Q18
• Commence preparatory works for the redevelopment of GH, phase 1	3Q18
• Commence main works for phase 1 redevelopment of KWH	4Q18
• Commence superstructure works for the expansion of HHH	4Q18
• Complete superstructure works for the expansion of BTS Headquarters	4Q18
• Commence the pilot project of energy efficient optimisation of air conditioning chillers	1Q19

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 Risks and Challenges

Equipment Replacement

As at April 2017, the total asset of medical equipment items in HA is valued at around \$12,257 million. Of these, around 35% are major equipment items with unit cost over \$1 million, while 28% are minor equipment items with unit cost between \$0.2 million and \$1 million. With additional funding support from the Government since 2007-08, HA has allocated a total of \$6,986 million mainly 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 to enhance equipment planning and technology alignment. With the strengthening of Biomedical Engineering Team over the years and the implementation of an Enterprise Asset Management System since September 2016, the quality of equipment maintenance services for improving patient safety is assured.

Patient Food Service

The current contract for the provision of patient food service by the Central Production Unit located at CPH has started since 1 December 2015 for NLTH, QEH and five hospitals in NTWC. The current contract will also cover HKCH upon its opening in late 2018. To ensure the quality and safety of patient meals, a third party surveyor has been engaged to conduct regular audits on food safety, environmental hygiene and laboratory tests.

Non-Emergency Ambulance Transfer Service (NEATS)

Due to the ageing population and the increasing number of frail elderly patients, the demand for NEATS is growing. The high pressure of service demand has been further aggravated by prolonged winter surge. Enhancement plans are therefore drawn up to narrow the service gaps through the allocation of additional resources to NEATS Centres.

In addition, for ensuring the availability and reliability of NEATS, 21 aged vehicles will be replaced in 2018-19 with financial support from the Hong Kong Jockey Club Charities Trust.

Major Initiatives in 2018-19

The major initiatives for 2018-19 are as follows:

- Replace existing and provide additional 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 equipment at a total budget of around \$800 million
- Enhance the outsourced patient food service for seven hospitals (CPH, NLTH, POH, QEH, SLH, TMH and TSWH) and extend the service to HKCH upon its opening in late 2018, with enhanced quality service monitoring by a third party surveyor
- Allocate additional resources to NEATS Centres to narrow service gaps by recruiting 63 additional Patient Care Assistants
- Replace 21 NEATS vehicles with funding support from the Hong Kong Jockey Club Charities Trust to better uphold the reliability and safety of the service

BSSD Targets

• Replace 21 NEATS vehicles	4Q18
• Recruit additional 63 Patient Care Assistants for NEATS Centres	1Q19
• Enhance the outsourced patient food service for seven hospitals (CPH, NLTH, POH, QEH, SLH, TMH and TSWH) and extend the service to HKCH	1Q19
• Complete the acquisition of around 800 pieces of equipment under Capital Block Vote and Designated Fund	1Q19

Information Technology and Health Informatics Services

Information Technology and Health Informatics Division (IT&HID) is a strategic enabler and solution provider, with multiple roles to support service enhancement and ensure the long-term sustainability of HA's services:

- **Serve as a business enabler for providing quality patient care services** – working closely with stakeholders and subject experts to implement innovative IT solutions to enable the growth of HA's service capacity and capability
- **Act as a change agent for transforming service provision** – enabling HA to adopt an information-driven and patient-centred service model through innovative application of proven technology in IT services
- **Sustain information technology services and infrastructure** – supporting end-to-end clinical and enterprise user IT requirements, maintaining a scalable infrastructure, and formulating IT policies, standards, governance and other control mechanisms

Aligning with HA Strategic Plan 2017-2022, IT&HID maintains an IT Strategy Framework to support the realisation of HA's strategic directions over the five years, which comprises five core portfolios:

- **Next Generation Clinical Management** – to improve clinical service access, efficiency and risk management through workflow streamlining, information sharing and cross-team coordination
- **Enhanced Patient Experience and Outcome** – to facilitate patient-centred care within the community and patient empowerment, enabling insights and data visualisation for clinical and management decision-making via innovative use of tele-medicine, mobile applications and data analytics
- **Digital Workplace and Collaboration** – to support strategic human resources and financial management, and enable a more integrated and connected workplace for all staff
- **Advanced Process and Infrastructure** – to transform IT infrastructure, processes and tools to uplift IT capability in proactive planning and delivering technology solutions
- **Resource Centralisation and Specialisation** – to optimise for more specialised and sustainable IT professional workforce, including collaboration with external IT professional communities to increase awareness and adaptability whilst maintaining a high level of productivity

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 supported by the IT Technical Advisory Sub-Committee for advice on information technology and infrastructure directions.

In addition, 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 Risks and Challenges

Given the increasing reliance on information technology to improve care coordination and reduce avoidable medical errors, there is a need for IT&HID to ensure system integrity and guard against interruption (i.e. downtime) of IT systems. Overall, IT&HID faces a number of key challenges as follows:

- Minimising the likelihood of a cybersecurity breach through improvements in monitoring, detection and responsiveness to ensure information remains protected and accurate
- Consolidating and standardising innovative and mobile technology to support emerging workforce needs
- Establishing a data analytics platform to enable data driven initiatives within HA and data sharing for data analytical research across Hong Kong
- Improving system availability and performance levels to ensure timely access to information
- Monitoring the effectiveness of controls to safeguard the security and privacy of HA's sensitive information assets, including patient data
- Maintaining the IT&HID organisational structure and the skill / competency mix to enhance delivery of corporate strategies and frontline priorities
- Maximising the use of standardised architectural design to manage demands for service improvements
- Securing capital funding for sustaining the development of IT initiatives to meet the service needs

- Ensuring sustainability of project management capabilities to facilitate efficient and effective delivery of projects in accordance with stakeholder requirements

Major Initiatives in 2018-19

IT&HID has responsibility for a number of initiatives in 2018-19, 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 Provision

IT Support for Service Transformation and Provision

- Strategically plan and develop further the HA clinical system capabilities for the fourth generation of Clinical Management System (CMS), including new functions on paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services
- Continue to provide IT infrastructure and systems to support the commissioning of HKCH, refurbishment of HKBH and expansion of BTS

IT Support for Improving Service Standards

- Extend the roll-out of Closed Loop Inpatient Medication Order Entry (IPMOE) project to five non-acute hospitals (HHH, BBH, SCH, SH and TPH) to strengthen medication safety, and continue system enhancement service to support more complicated clinical workflows
- Continue the enhancement of the Organ Registry and Transplant System to improve the safety of organ transplantation service
- Continue to enhance quality assurance and risk management controls for all IT services and systems through standardisation and automation of processes and monitoring of compliance
- Continue 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
- Replace ageing IT equipment and obsolete software to reduce operational risks in supporting hospital services

IT Support for Technology Adoption

- Explore, source and test potential technology solutions to support IT Innovation initiatives comprising Smart Mobile, telemedicine and devices, as well as Artificial Intelligence and Big Data prototyping
- Continue the development of "Smart Hospital" initiatives, including the Queue Management System, smart payment kiosks and hospital navigation and electronic bed panel, to improve the efficiency of patient services at public hospitals
- Continue the development of mobile apps and devices for clinical staff to carry out clinical functions in patient care
- Continue to develop and introduce innovative solutions such as mobile payment (e-payment) capabilities to support the transformation of service provision

IT Support for Community Partnerships

- Provide IT on-going support and enhancements to existing Public Private Partnership (PPP) programmes, and perform related IT enhancements for the development of Integrated Management Framework for clinical PPP programmes
- Continue to enhance clinical systems and provide IT service support to cater for the data need of the territory-wide Electronic Health Records (eHR) initiative

IT Support for People and Resources Management

- Continue system upgrade and the development of extended features and functions for the Enterprise Resources Planning (ERP) System and the enhancement of other corporate IT systems to improve the efficiency of various administrative and management functions

External Service Provision

eHR Programme

- Continue the provision of technical agency services for the implementation and on-going operation of Stage 1 and the development of Stage 2 for the eHR Sharing System, and support other eHealth related initiatives led by the Government

eHealth and Information Systems for Department of Health

- Continue to provide IT on-going support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes
- 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 Centre
- Continue to provide IT on-going support to Department of Health for the Colorectal Cancer Screening Programme and the Electronic Platform for Regulation of Private Healthcare Facilities

IT&HID Targets

Internal Service Provision

IT Support for Service Transformation and Provision

1Q19

- Plan and develop further the HA clinical system capabilities for the fourth generation of Clinical Management System (CMS), including new functions on paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services
- Implement network infrastructure and information systems for new hospital blocks, including HKCH, HKBH and BTS expansion project

IT&HID Targets

IT Support for Improving Service Standards

1Q19

- Extend the roll-out of Closed Loop IPMOE project to five non-acute hospitals (HHH, BBH, SCH, SH and TPH) and continue system enhancement service
- Continue to enhance the Organ Registry and Transplant System
- Continue to enhance the quality assurance and risk management controls for all IT services and systems
- Continue the development of HA Management Information System platform
- Continue to replace ageing IT network, servers, PC workstations, related equipment and obsolete software

IT Support for Technology Adoption

1Q19

- Explore, source and test potential technology solutions to support IT Innovation initiatives comprising Smart Mobile, telemedicine and devices, as well as Artificial Intelligence and Big Data prototyping
- Continue the development of Queue Management System, smart payment Kiosks, and hospital navigation and electronic bed panel
- Continue to develop mobile apps and devices for clinical staff
- Continue to develop and introduce innovative solutions such as mobile payment (e-payment) capabilities

IT Support for Community Partnerships

1Q19

- Provide IT on-going support and enhancements to existing PPP programmes, and perform related IT enhancements for the development of Integrated Management Framework for clinical PPP programmes
- Continue to enhance HA's clinical systems and provide IT support to facilitate data interfaces under eHR Stage 1 programme
- Continue to plan and develop data interfaces to support the new datasets (e.g. Chinese Medicine) under eHR Stage 2 programme

IT&HID Targets

IT Support for People and Resources Management

1Q19

- Continue system upgrade and the development of extended features and functions for the ERP System
- Continue the development of Training Information Management System and Manpower Position Registry
- Continue the development of system for works order processing of capital works projects

External Service Provision

eHR Programme

1Q19

- Provide agency support for the implementation and on-going operation of Stage 1 and the development of Stage 2 for the eHR Sharing System

eHealth and Information Systems for Department of Health

1Q19

- Continue to provide IT on-going support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes
- Continue to provide IT on-going support for the Colorectal Cancer Screening Programme and the Electronic Platform for Regulation of Private Healthcare Facilities
- 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

Cluster PLANS



This section contains an overview of the work plans of the seven Clusters for 2018-19.

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 2016-17 by district of residence in the Cluster. Major risks and challenges faced by the Cluster, as well as the key initiatives and targets in 2018-19 are also included in the 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			✓
12	Peng Chau General Outpatient Clinic			✓

		Hospital / Institution	Specialist Outpatient Clinic	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, as at 31 March 2017, a total of 3 112 beds. Of these, 2 085 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 2016-17, around 400 600 patients had utilised HKEC services. Approximately 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 2016-17 according to district of residence

District of residence	No. of patients [^]	Distribution [#]
Eastern	230 500	58%
Wan Chai	50 500	13%
Southern	23 200	6%
Islands	20 000	5%
Others*	76 400	19%
HKEC Total	400 600	100%

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

HKEC faces stringent challenges posed by a rapidly ageing population. It is projected that the proportion of elderly people in the Eastern and Wan Chai districts will remain one of the highest in the territory in the coming years. The increasing volume and complexity of illness among the frail elderly, coupled with space constraint and critical manpower shortage, impose extra pressure on hospital services and frontline staff especially during prolonged surge periods. While proactively optimising available space for additional hospital beds in tackling the mounting demand and rejuvenating aged facilities to improve service efficiency and safety, HKEC is striving towards a stable, healthy and happy workforce to ensure sustainable service development.

HKEC shall continue to manage rising demand in pressure areas and life-threatening diseases, strengthen multi-disciplinary coordination and collaboration, foster a quality and safety culture in patient care, and cultivate a more cohesive and harmonious working environment to alleviate the workload of staff and enhance retention. Continuous effort will also be made to strengthen ambulatory and outreach services, and collaborate with the community to reduce unnecessary hospitalisation.

Major Initiatives in 2018-19

To align with the corporate objectives, HKEC's major initiatives for 2018-19 are as follows:

Provide Patient-Centred Care with Improved Service Quality and Optimised Demand Management

- To manage growing service demand, additional 30 and two acute beds will be opened at PYNEH and RH respectively; preparatory work will be commenced for the installation of a second Magnetic Resonance Imaging (MRI) machine to strengthen the capacity of radiology services at PYNEH; drug refill services will be launched at PYNEH; 24-hour pharmacy services will be implemented at RH; and six additional hospital haemodialysis places will be provided to patients with end-stage renal disease
- HA's first Hyperbaric Oxygen Therapy (HBOT) Centre will commence service at PYNEH in the fall of 2018

- Public-Private Partnership (PPP) will be reinforced, including the GOPC PPP Programme to improve patients' access to primary care services and promote family doctor concept in the community; and the collaboration with Po Leung Kuk to enhance infirmary care services for public patients requiring long-term institutional health and social care in operating 64 infirmary care beds at WCHH
- To align with international standards for enhancing quality and safety, a centralised Sterile Services Department (SSD) at RH will be ready for service operation in early 2019. Construction work will also commence for a sterile store in the Operating Theatre of TWEH
- Cross-cluster collaboration on Robotic Assisted Surgery (RAS) will continue for surgeons of other HA hospitals to have training at PYNEH and keep up with advanced technology and skills
- Patient care will be enhanced by providing additional nurse consultations to enhance day surgery services at PYNEH and arranging additional hospice home visits for patients with advanced progressive diseases
- To support additional bed opening and new clinical activities, patient transport services will be strengthened by recruiting additional Patient Care Assistants

Develop a Committed and Competent Workforce through Enhancing Staff Training and Development

- To ensure competence of HA staff, orientation will be provided to all fresh interns. Basic resuscitation training for clinical staff and formal first aid training for security staff will be provided to equip them with necessary skills in handling medical emergencies
- Experienced nurses will be appointed as part-time clinical preceptors to support junior nurses so as to better engage the new workforce; and clinical attachment at Palliative Care (PC) units will be arranged to enhance skills of nurses working beyond PC setting

HKEC Targets

Improve Service Quality	
• Enhance day surgery services by providing 1 620 additional nurse consultations at PYNEH	1Q19
• Conduct 12 cases of cross-cluster Robotic Assisted Surgery (RAS) at PYNEH	1Q19
• Provide additional hospice home visits for patients with advanced progressive diseases	1Q19
• Commence service of the newly renovated Sterile Services Department (SSD) at RH and start construction work for a sterile store in the Operating Theatre of TWEH	1Q19
• Commence the provision of Hyperbaric Oxygen Therapy (HBOT) service at PYNEH	3Q18
Optimise Demand Management	
• Open 10 additional Clinical Oncology inpatient beds at PYNEH	4Q18
• Open 20 additional acute Medical inpatient beds at PYNEH	4Q18
• Enhance critical care service by adding two High Dependence Unit (HDU) beds at RH	3Q18
• Start preparatory work for installation of a second MRI machine to strengthen the capacity of radiology services at PYNEH	2Q18
• Launch drug refill services in PYNEH and implement 24-hour pharmacy services at RH	1Q19
• Recruit 10 additional Patient Care Assistants to enhance Non-Emergency Ambulance Transfer Services (NEATS)	1Q19
• Provide six additional hospital haemodialysis places for patients with end-stage renal disease	1Q19
• Extend the GOPC PPP to cover around 3 330 patients	1Q19
• Continue with the pilot Infirmary Service PPP Programme of operating 64 infirmary care beds by Po Leung Kuk at WCHH	1Q19

Enhance Staff Training and Development	
• Provide clinical attachment at Palliative Care (PC) units for eight nurses working beyond PC setting	1Q19
• Organise around 25 classes of mandatory orientation programme for interns	1Q19
• Recruit nine additional Advanced Practice Nurses as part-time clinical preceptors to support junior nurses	1Q19
• Provide 1 040 training places for formal resuscitation training for clinical staff and formal first aid training for security staff	1Q19

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			✓

	Hospital / Institution	Specialist Outpatient Clinic	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, as at 31 March 2017, a total of 3 142 beds. 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 2016-17, around 323 400 patients had utilised HKWC services. Approximately 59% of the patients were from the Southern and Central & Western districts, whereas 17% were from the neighbouring Eastern, Wan Chai and Islands districts.

Number and percentage distribution of patients ever utilised HKWC services in 2016-17 according to district of residence

District of residence	No. of patients [^]	Distribution [#]
Southern	109 000	34%
Central & Western	80 100	25%
Eastern	28 300	9%
Wan Chai	12 500	4%
Islands	12 200	4%
Others [*]	81 300	25%
HKWC Total	323 400	100%

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

Ageing Population

The population in Hong Kong is ageing rapidly and those in HKWC are of no exception. With a greater proportion of elderly population in the catchment area, there are an increased incidence rate of chronic disease (e.g. stroke and cancer) and a higher occurrence of physiological deterioration of the elderly. To meet this increase in demand, there is an imminent need for corresponding responses from HKWC hospitals in terms of service enhancement and new service development.

Ageing Facilities and Hospital Redevelopment Projects

While QMH has a stunning 80-year history, the other hospitals in the Cluster are also in their 50s, 60s or even much older. QMH and GH have respectively commissioned their redevelopment projects and kick-started the advance planning work, both with the aim of modernising the current facilities to meet the long-term healthcare needs of the community. While these redevelopment projects are long-term service enhancement initiatives, the hospital management will take every opportunity to mobilise short-to-medium term initiatives to upkeep the service standard.

Demand for Space

With the continuous commitment to developing high-end medical services, QMH has strived to equip with the best infrastructure for the provision of such tertiary and quaternary services as organ transplant, bone marrow transplant, cardiothoracic surgery, burn surgery, plastic and reconstructive surgery, and paediatric cardiac surgery for the whole of Hong Kong. Coupled with the increasing number of medical and nursing students on site for clinical training, the demand for space presents one of the major challenges to HKWC.

Diverse Roles and Partnership

Each hospital in HKWC has its own parent organisation and has inherited the historical, cultural and traditional attributes of its parent organisation. These attributes have framed the scope of services to be provided and present a challenge when it comes to service planning. The Cluster Management had embarked on a number of service reorganisation plans to promote integrated, high quality patient-centred care across the Cluster. For instance, following the positive step of ophthalmology service reorganisation, HKWC's rheumatology day service was the next to go for cluster-based service reorganisation. As a result, a day service has been set up at GH. With more space for service expansion, the positive effect on patient care and management is vivid. There has also been a positive reception from the Southern District Council on this reorganisation project.

On the other hand, the Cluster's unique partnership with Li Ka Shing Faculty of Medicine of University of Hong Kong has created many opportunities in terms of service provision. 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. Further strengthening and enriching the partnership is envisaged in future through collaborative joint venture arrangements.

Major Initiatives in 2018-19

To align with the corporate objective, HKWC's major initiatives for 2018-19 are as follows:

Improve Service Quality

- Enhance post-acute day-rehabilitation services for the discharged neurosurgical patients of QMH and MMRC
- Improve service quality by conducting cross-cluster Robotic Assisted Surgery at QMH
- Expand the inpatient service for long-term management of ventilator assisted children in DKCH
- Strengthen the quality of palliative home care services for patients with advanced progressive diseases
- Provide nursing support for students with mental health needs through a school-based programme in collaboration with the Education Bureau and Social Welfare Department
- Enhance the standard of laundry service and re-open the refurbished Shum Wan Laundry

Optimise Demand Management

- Open six additional acute beds in the orthopaedic ward in QMH to strengthen capacity and decongest the call wards
- Set up a hospital dermatology unit at QMH
- Provide additional visual field tests to meet the increasing demands of glaucoma patients in HA
- Enhance oncology clinical pharmacy services at QMH by providing 100% screening of chemotherapy prescriptions

- Recruit four additional Patient Care Assistants for reinforcing the provision of Non-Emergency Ambulance Transfer Services (NEATS)
- Provide three additional hospital haemodialysis places for patients with end-stage renal disease
- Enhance the capacity of medical oncology service to improve specialist outpatient service
- Cater for 1 730 additional patients under the GOPC Public-Private Partnership Programme (GOPC PPP)
- Commence the new mortuary service in Block T of QMH to tie in with the QMH Redevelopment Project

Enhance Staff Training and Development

- Provide additional preceptor support for junior nurses
- Provide training places for formal resuscitation training for clinical staff

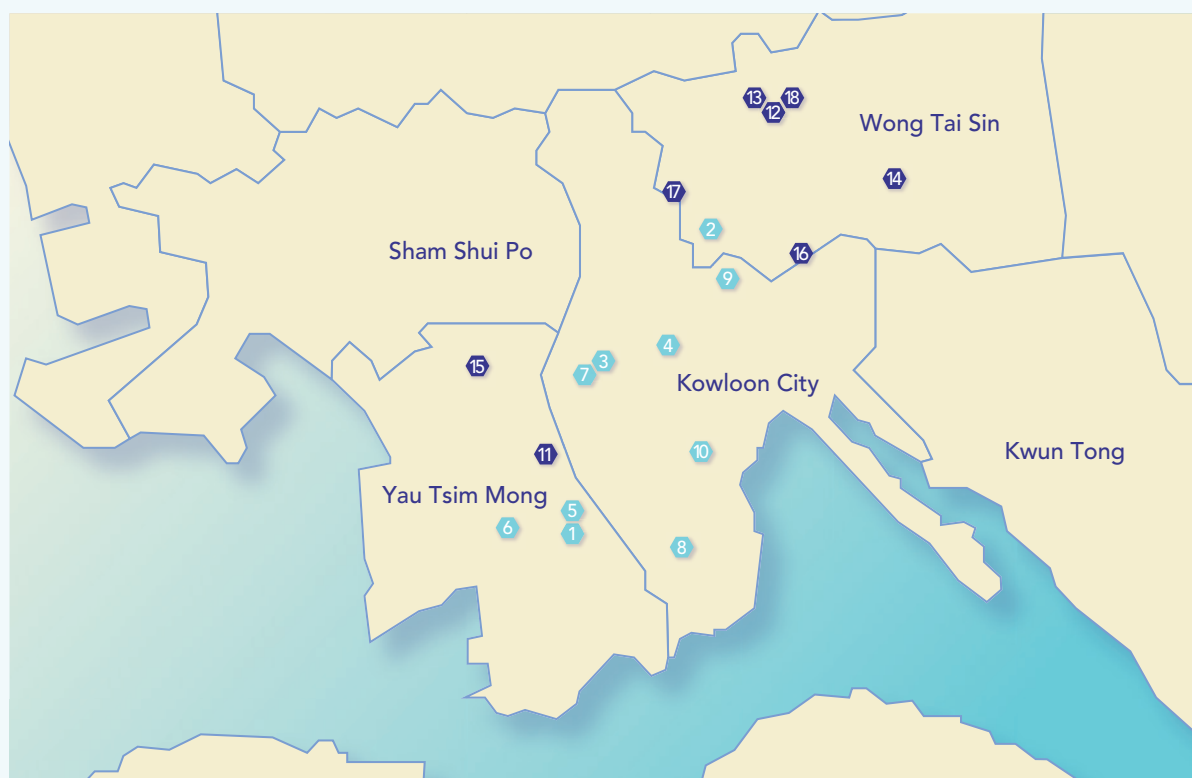
HKWC Targets

Improve Service Quality	
• Enhance day rehabilitation service by providing additional 1 800 day rehabilitation attendances at MMRC for neurosurgical patients discharged from QMH or MMRC	1Q19
• Conduct 12 cases of cross-cluster Robotic Assisted Surgery (RAS) at QMH	1Q19
• Convert four rehabilitation beds in DKCH into ventilator beds for long term management of ventilator assisted children	3Q18
• Provide additional palliative home visits for patients with advanced progressive diseases	1Q19
• Provide nursing support for students with mental health needs through a school-based programme in collaboration with the Education Bureau and Social Welfare Department	4Q18
• Re-open the refurbished Shum Wan Laundry with enhanced standard of laundering service	1Q19

Optimise Demand Management	
• Open six acute beds in a newly completed female orthopaedic ward at QMH	1Q19
• Set up a hospital dermatology unit at QMH	2Q18
• Perform additional visual field tests for glaucoma patients	1Q19
• Enhance oncology clinical pharmacy services at QMH by providing 100% screening of chemotherapy prescriptions	3Q18
• Recruit four additional Patient Care Assistants for reinforcing the provision of NEATS	1Q19
• Provide three additional hospital haemodialysis places for patients with end-stage renal disease	1Q19
• Enhance the capacity of medical oncology service by providing additional outpatient services	1Q19
• Cater for around 1 730 patients under the GOPC PPP	1Q19
• Commence service of the new mortuary in Block T of QMH	1Q19
Enhance Staff Training and Development	
• Recruit eight additional Advanced Practice Nurses as part-time clinical preceptors to support junior nurses	1Q19
• Provide 80 training places for formal resuscitation training for clinical staff	1Q19



Kowloon Central Cluster



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

		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
11	Kwong Wah Hospital +	✓	✓	✓
12	Our Lady of Maryknoll Hospital / Our Lady of Maryknoll Hospital Family Medicine Clinic	✓	✓	✓
13	Tung Wah Group of Hospitals Wong Tai Sin Hospital	✓	✓	
14	East Kowloon General Outpatient Clinic			✓
15	Li Po Chun General Outpatient Clinic			✓
16	Robert Black General Outpatient Clinic			✓
17	Wang Tau Hom Jockey Club General Outpatient Clinic			✓
18	Wu York Yu General Outpatient Clinic			✓

Institutions that have been regrouped from KWC to KCC with effect from 1 December 2016

Healthcare Facilities

There was a re-delineation of the cluster boundary between Kowloon Central Cluster (KCC) and Kowloon West Cluster (KWC) with effect from 1 December 2016, where Wong Tai Sin District and Mong Kok area were re-delineated from KWC to KCC. As such, Kwong Wah Hospital, Tung Wah Group of Hospitals Wong Tai Sin Hospital and Our Lady of Maryknoll Hospital, together with the services in the community concerned, were regrouped from KWC to KCC in order to serve the residents of the new KCC catchment areas.

As a transitional arrangement, reports on services / manpower statistics and financial information continued to be based on the previous clustering arrangement (i.e. the service units concerned still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. the service units concerned are grouped under KCC) started from 1 April 2017.

Before the re-delineation of cluster boundary, there were five hospitals / institutions in KCC, providing a total of 3 596 beds as at 31 March 2017. Of these, 3 053 were for acute, convalescent and rehabilitation care, 118 for infirmary care and 425 for psychiatric care. There were also six specialist outpatient clinics and six general outpatient clinics.

Actual Patients Served

In 2016-17, around 491 100 patients had utilised KCC services under the old cluster boundary. Approximately 41% of the patients were from the Kowloon City and Yau Tsim Mong districts where the KCC healthcare facilities are predominately located. The remaining 59% were patients residing in other districts and the majority (31%) came from Wong Tai Sin and Kwun Tong districts.

Number and percentage distribution of patients ever utilised KCC[†] services in 2016-17 according to district of residence

District of residence	No. of patients ^{^#}	Distribution [#]
Kowloon City	130 700	27%
Wong Tai Sin	97 800	20%
Yau Tsim Mong	69 600	14%
Kwun Tong	51 900	11%
Others*	141 000	29%
KCC[†] Total	491 100	100%

[†] Refers to KCC before the re-delineation of cluster boundary.

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

Centrally located in the densely populated Kowloon region with ease of access, KCC has been providing quality services to residents in Kowloon areas. Due to population ageing, KCC faces the challenge of delivering quality services against increasing service volume and complexity. Capacity of the Cluster has been stretched due to the escalating demand on hospital beds and over congestion in wards during surge period. Likewise, strategies to tackle SOP waiting time for different specialties are being examined. Furthermore, manpower shortage and the turnover of experienced staff have created enormous pressures on service provision.

The challenge of KCC is to strive for providing quality medical services under the newly expanded service network upon the re-delineation of cluster boundary in December 2016. With rising expectation from the community, KCC will develop planning strategies to re-organise and rationalise the provision of medical services according to the direction of HA Steering Group on Re-delineation and Review of Cluster Boundary. With the re-delineation of service networks and the roles of different hospitals in KCC, concerted effort is required from

all KCC colleagues to overcome the challenges ahead.

To cater for service development in KCC, we will continue to coordinate various major capital projects, including refurbishment of HKBH, expansion of BTS Headquarters and redevelopment of KWH. Planning work of the new acute general hospital in Kai Tak Development Area is in progress.

Major Initiatives in 2018-19

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 2018-19 are as follows:

- To improve service quality, QEH will enhance day services by opening five additional day beds and extend the service hours of general medical day wards. The hospital will also provide early discharge planning and geriatric assessment for elderly patients in the Emergency Medicine Ward and A&E Department. In addition, 14 cases of cross-cluster Robotic Assisted Surgery (RAS) will be conducted at QEH. The breastfeeding support team will also be strengthened by adding two registered nurses to support the accreditation programme in the Cluster. At the same time, a centralised Palliative Care (PC) team will be set up at HKCH to support territory-wide paediatric PC service. Moreover, HKCH will adopt new technology of Sensitive Analysis of Foetal DNA for Trisomy 21 testing as the second tier screening test for Down syndrome. Territory-wide blood transfusion service will be enhanced by providing Zika virus (ZIKV) testing at BTS for blood donations so as to protect pregnant patients. For community services, additional hospice home visits will be provided for patients with advanced progressive diseases and 1 050 additional Community Geriatric Assessment Team (CGAT) outreach attendances will be provided for terminally ill patients living in Residential Care Homes for the Elderly (RCHes). Meanwhile, HKBH will prepare for its service commissioning of the expanded Theatre Sterile Supply Unit and refurbished Block D.
- To optimise demand management, additional two acute beds will be provided in QEH and 40 gazetted psychiatric beds will be opened at KH. In QEH, a Rapid Assessment and Treatment Team will be established in the A&E Department to manage Triage Category III cases. The third MRI machine will also be installed at QEH to enhance the capacity of radiology services. For oncology service, the capacity of clinical oncology service will be enhanced by adding 750 SOPC attendances, while oncology clinical pharmacy services will be enhanced at QEH by providing 100% screening of chemotherapy prescriptions. At the same time, the Department of Medicine will open two additional Cardiac Care Unit (CCU)

beds at QEH and set up a team for providing 24-hour Primary Percutaneous Coronary Intervention (PPCI) for eligible patients with ST-Elevation Myocardial Infarction (STEMI). Moreover, nine additional hospital haemodialysis places for patients with end-stage renal disease will be provided in the Cluster.

- HKEH will perform additional optical coherence tomography (OCT) scans for glaucoma patients. Three colonoscopy sessions and two Oesophago-gastro-duodenoscopy (OGD) sessions will be added per week at KWH and OLMH respectively. QEH will enhance the capacity of nuclear medicine and microbiology services to support the service commencement of HKCH and to manage cross-cluster referrals for Bone Densitometry (DXA). The HKCH will commence nephrology, oncology and paediatric intensive care unit services. Regarding primary care services, the Cluster will increase GOPC quota with the addition of 5 500 attendances and cater for around 4 640 patients under the GOPC Public-Private Partnership Programme (GOPC PPP). Meanwhile, the new annex building at BTS Headquarters will commence its service with enhanced capacity for autologous haematopoietic stem cell transplant. The Cluster will recruit 11 additional Patient Care Assistants for reinforcing the provision of Non-Emergency Ambulance Transfer Service (NEATS).
- To enhance staff training and development, around 30 classes of mandatory orientation programme for interns will be provided. Additional Advanced Practice Nurses will be recruited as part-time clinical preceptors to support junior nurses. The Cluster will also provide 480 training places for formal resuscitation training for clinical staff.

KCC Targets

Improve Service Quality	
• Enhance day service by opening five additional day beds at QEH	4Q18
• Extend the service hours of general medical day wards at QEH	1Q19
• Conduct 14 cases of cross-cluster Robotic Assisted Surgery (RAS) at QEH	1Q19
• Set up a centralised Palliative Care (PC) team at HKCH to support territory-wide paediatric PC service	4Q18
• Beef up the breastfeeding support team by adding two Registered Nurses to support the accreditation programme	1Q19
• Provide early discharge planning and geriatric assessment for elderly patients in the Emergency Medicine Ward and A&E Department of QEH	1Q19
• Provide additional hospice home visits for patients with advanced progressive diseases	1Q19
• Provide 1 050 additional CGAT outreach attendances for terminally ill patients living in RCHes	1Q19
• Adopt new technology of Sensitive Analysis of Foetal DNA for Trisomy 21 testing as the second tier screening test for Down syndrome at HKCH	1Q19
• Enhance territory-wide blood transfusion service by screening 5 000 blood donations with Zika virus (ZIKV) testing at BTS	1Q19
• Prepare for service commissioning of the expanded Theatre Sterile Supply Unit and refurbished Block D at HKBH	1Q19
Optimise Demand Management	
• Provide additional two acute beds at QEH and 40 gazetted psychiatric beds at KH	4Q18
• Establish a Rapid Assessment and Treatment Team in the A&E Department of QEH to manage Triage Category III cases	1Q19
• Commence nephrology, oncology and paediatric intensive care unit services of HKCH	1Q19
• Increase GOPC quota with the addition of 5 500 attendances	1Q19
• Perform additional OCT scans for glaucoma patients	1Q19

Optimise Demand Management

- | | |
|---|------|
| • Add three colonoscopy sessions and two OGD sessions per week at KWH and OLMH respectively | 1Q19 |
| • Strengthen the capacity of radiology services at QEH by installing a third MRI machine | 1Q19 |
| • Commence service of the new annex building at BTS Headquarters with enhanced capacity for autologous haematopoietic stem cell transplant | 1Q19 |
| • Enhance oncology clinical pharmacy services at QEH by providing 100% screening of chemotherapy prescriptions | 3Q18 |
| • Recruit 11 additional Patient Care Assistants for reinforcing the provision of NEATS | 1Q19 |
| • Provide nine additional hospital haemodialysis places for patients with end-stage renal disease | 1Q19 |
| • Enhance the capacity of clinical oncology service by adding 750 SOPC attendances | 1Q19 |
| • Open two additional CCU beds at QEH | 4Q18 |
| • Set up a team for providing 24-hour PPCI for eligible STEMI patients | 1Q19 |
| • Cater for around 4 640 patients under the GOPC PPP | 1Q19 |
| • Enhance the capacity of nuclear medicine and microbiology services in QEH to support the service commencement of HKCH and to manage cross-cluster referrals for Bone Densitometry (DXA) | 1Q19 |

Enhance Staff Training and Development

- | | |
|--|------|
| • Organise around 30 classes of mandatory orientation programme for interns | 1Q19 |
| • Recruit 12 additional Advanced Practice Nurses as part-time clinical preceptors to support junior nurses | 1Q19 |
| • Provide 480 training places for formal resuscitation training for clinical staff | 1Q19 |

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, as at 31 March 2017, a total of 2 543 beds. Of these, 2 347 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 2016-17, around 521 900 patients had utilised KEC services. Approximately 85% of the patients were from the Kwun Tong and Sai Kung districts.

Number and percentage distribution of patients ever utilised KEC services in 2016-17 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Kwun Tong	271 400	52%
Sai Kung	172 000	33%
Others*	78 500	15%
KEC Total	521 900	100%

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

The predominant challenges that KEC encounters are the escalating service demand coupled with increasing service complexity, as well as ageing hospital facilities.

KEC serves around 15% of the Hong Kong population, of which the elderly population is relatively higher than the territory average and is on a rising trend, particularly in the Sai Kung district. This has added pressure on the Cluster in terms of both service volume and complexity. Moreover, the development of Anderson Road project has been drawing in new residential population for the Kwun Tong district. All these evolving demographic changes are posing both service demand and capacity issues encompassing the whole spectrums of inpatient, outpatient and emergency services. The Cluster strives to manage high service pressure through rationalisation and prioritisation of services as well as staff retention strategies. To address the persistent high patient volume issue, KEC will launch a pioneering initiative in 2018-19 by setting up a 'discharge lounge' for patients requiring Non-Emergency

Ambulance Transfer Service (NEATS). The programme will be conducive to streamlining patient discharge management.

UCH, built in the 70's, was confronted with issues of physical constraint, ageing hospital facilities and inadequate design in coping with rising service needs in KEC. The UCH expansion project, which is currently underway, provides a unique opportunity for the Cluster to augment the overall capacity and rejuvenate its facilities. Guided by the Clinical Services Plan for KEC, the hospital will support the development of cancer, ambulatory, rehabilitation and emergency services (CARE) in serving our patients. Concurrently, the HHH expansion project will further consolidate KEC's extended care service, as well as supporting an integrated and seamless patient care alongside UCH and TKOH.

Service quality and patient safety are also important aspects that the Cluster monitors. Ongoing on-the-job training, safety promotion programmes and communication platforms are provided to our staff to ensure the requisite knowledge for patient care is continuously refreshed. One of the key quality improvement initiatives in 2018-19 is the roll-out of Inpatient Medication Order Entry (IPMOE) system to HHH. The system aims to strengthen management on medication safety by reducing potential medication errors. Upon the roll-out, KEC will be the first Cluster in HA to have full implementation of the IPMOE system.

KEC also puts heavy emphasis on staff training and expertise development. The KEC Training Committee has been formally set up to oversee and formulate cluster training and development strategies and plan. This will be instrumental in facilitating the professional development in KEC to cope with the commissioning of new and expanding services in years to come.

In 2018-19, KEC will continue to optimise management of our surging demand, improve service quality and also enhance staff training and development.

Major Initiatives in 2018-19

To align with the corporate objectives, the major initiatives of KEC for 2018-19 are as follows:

- Open additional acute beds at UCH and TKOH, as well as enhance day service by opening additional day beds at TKOH
- Open additional Operating Theatres (OT) sessions per week of day-time trauma list for acute geriatric fragility fracture patients at TKOH; and set up a cluster-based joint replacement centre at TKOH for conducting joint replacement surgeries

- Provide additional hospice home visits for patients with advanced progressive diseases; provide Community Geriatric Assessment Team (CGAT) outreach attendances for terminally ill patients living in Residential Care Homes for the Elderly (RCHEs); and strengthen community psychiatric services by recruiting an additional peer support worker to support patients with severe mental illness
- Strengthen patient discharge management by setting up a discharge lounge for patients requiring NEATS, adding Patient Care Assistants to the 24-hour phlebotomist service for the inpatient wards in UCH, and recruiting additional Patient Care Assistants for reinforcing the provision of NEATS
- Increase GOPC quota and enhance GOPC Public-Private Partnership Programme (GOPC PPP) to improve accessibility to the primary healthcare service
- Perform additional optical coherence tomography (OCT) scans for glaucoma patients; provide additional hospital haemodialysis places for patients with end stage renal disease; roll out IPMOE system to HHH to strengthen medication safety; and expand the pathology services in UCH to include Human Papillomavirus (HPV) testing and genotyping service for patients with abnormal pap smear results
- Recruit additional Advanced Practice Nurses as part-time clinical preceptors to support junior nurses; and provide additional training places for formal resuscitation training and professional training of clinical staff

KEC Targets

Improve Service Quality	
• Enhance day service by opening 20 additional day beds at TKOH	4Q18
• Set up a discharge lounge for patients requiring NEATS, and add eight Patient Care Assistants to the 24-hour phlebotomist service for the inpatient wards in UCH	1Q19
• Provide additional hospice home visits for patients with advanced progressive diseases	1Q19
• Provide 350 additional CGAT outreach attendances for terminally ill patients living in RCHEs	1Q19
• Strengthen community psychiatric services by recruiting an additional peer support worker to support patients with severe mental illness	1Q19
• Roll out the IPMOE system to HHH to strengthen medication safety	1Q19


Optimise Demand Management	
• Open additional 66 and 40 acute beds at UCH and TKOH respectively	3Q18
• Open five additional OT sessions per week of day-time trauma list for acute geriatric fragility fracture patients at TKOH	1Q19
• Set up a joint replacement centre at TKOH and conduct 150 additional joint replacement surgeries	1Q19
• Increase GOPC quota with the addition of 2 750 attendances	1Q19
• Perform additional OCT scans for glaucoma patients	1Q19
• Recruit six additional Patient Care Assistants for reinforcing the provision of NEATS	1Q19
• Provide 12 additional hospital haemodialysis places for patients with end-stage renal disease	1Q19
• Cater for around 5 160 patients under the GOPC PPP	1Q19
• Expand the pathology services in UCH to include Human Papillomavirus (HPV) testing and genotyping service for patients with abnormal pap smear results	1Q19
Enhance Staff Training and Development	
• Recruit eight additional Advanced Practice Nurses as part-time clinical preceptors to support junior nurses	1Q19
• Provide 420 training places for formal resuscitation training for clinical staff	1Q19

Kowloon West Cluster



		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Princess Margaret Hospital +	✓	✓	
2	Caritas Medical Centre + / Caritas Medical Centre Family Medicine Clinic	✓	✓	✓
3	Yan Chai Hospital + / Yan Chai Hospital General Practice Clinic	✓	✓	✓
4	Kwai Chung Hospital	✓	✓	
5	North Lantau Hospital + / North Lantau Community Health Centre	✓	✓	✓
6	Kwai Chung - Psychogeriatric Outpatient Department cum Carers Support Centre / Ha Kwai Chung General Outpatient Clinic		✓	✓
7	Yau Matei Child and Adolescent Mental Health Service		✓	
8	Lady Trench General Outpatient Clinic			✓
9	Mrs Wu York Yu General Outpatient Clinic			✓
10	Mui Wo General Outpatient Clinic			✓

		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
11	Nam Shan General Outpatient Clinic			✓
12	North Kwai Chung General Outpatient Clinic			✓
13	Cheung Sha Wan Jockey Club General Outpatient Clinic			✓
14	Shek Kip Mei General Outpatient Clinic			✓
15	South Kwai Chung Jockey Club General Outpatient Clinic			✓
16	Tai O Jockey Club General Outpatient Clinic			✓
17	Tsing Yi Cheung Hong General Outpatient Clinic			✓
18	Tsing Yi Town General Outpatient Clinic			✓
19	West Kowloon General Outpatient Clinic			✓
20	Kwong Wah Hospital +	✓	✓	✓
21	Our Lady of Maryknoll Hospital/ Our Lady of Maryknoll Hospital Family Medicine Clinic	✓	✓	✓
22	Tung Wah Group of Hospitals Wong Tai Sin Hospital	✓	✓	
23	East Kowloon Psychiatric Centre		✓	
23	East Kowloon General Outpatient Clinic			✓
24	Li Po Chun General Outpatient Clinic			✓
25	Robert Black General Outpatient Clinic			✓
26	Wang Tau Hom Jockey Club General Outpatient Clinic			✓
27	Wu York Yu General Outpatient Clinic			✓

 Institutions that have been regrouped from KWC to KCC with effect from 1 December 2016

Healthcare Facilities

There was a re-delineation of the cluster boundary between Kowloon West Cluster (KWC) and Kowloon Central Cluster (KCC) with effect from 1 December 2016, where Wong Tai Sin District and Mong Kok area were re-delineated from KWC to KCC. As such, Kwong Wah Hospital, Tung Wah Group of Hospitals Wong Tai Sin Hospital and Our Lady of Maryknoll Hospital, together with the services in the community concerned, were regrouped from KWC to KCC in order to support the new KCC catchment areas.

As a transitional arrangement, reports on services / manpower statistics and financial information continued to be based on the previous clustering arrangement (i.e. the service units concerned still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. the service units concerned are grouped under KCC) started from 1 April 2017.

Before the re-delineation of cluster boundary, there were eight hospitals / institutions in KWC, providing a total of 6 652 beds as at 31 March 2017. 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 were also 11 specialist outpatient clinics and 23 general outpatient clinics.

Actual Patients Served

In 2016-17, around 956 900 patients had utilised KWC services under the old clustering arrangement. Approximately 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 2016-17 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Kwai Tsing	238 400	25%
Sham Shui Po	161 900	17%
Wong Tai Sin	143 900	15%
Tsuen Wan	113 000	12%
Yau Tsim Mong	74 700	8%
Islands	57 500	6%
Others*	167 500	17%
KWC[†] Total	956 900	100%

[†] Refers to KWC before the re-delineation of cluster boundary.

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

KWC is facing a rising demand. Despite the regrouping of three hospitals and related community-based services to KCC, the new KWC is still serving a population that is among the largest in HA clusters. The population is also more disadvantaged and older than the Hong Kong average. In addition, the population in Lantau Island is growing rapidly along with the Government's Tung Chung New Town Extension Project. Shortage of beds, in particular those for convalescence and rehabilitation, manpower shortage, and overcrowded wards remain our key challenges. The high level plan for re-organisation of clinical services subsequent to the re-delineation of KWC and KCC boundaries has been formulated. The corresponding action plans focusing on capacity building, service enhancement and rationalisation will be implemented in phases. The Clinical Services Plan for KWC, which maps out the cluster model of care and future service direction, is under preparation and will be ready in the first quarter of 2019.

Major Initiatives in 2018-19

To align with the corporate objectives, KWC's major initiatives for 2018-19 are as follows:

- Optimise service capacity by providing additional acute beds at PMH and CMC, and hospital beds in the emergency medicine ward and extended care ward at NLTH
- Strengthen cardiac services by expanding sessions of Cardiac Catheterisation Laboratory for percutaneous coronary intervention in PMH and CMC, and opening additional Cardiac Care Unit beds at CMC
- Increase surgical throughput by adding weekly Operating Theatre (OT) sessions and cross-cluster Robotic Assisted Surgery at PMH, and opening sessions for colonoscopy and Oesophago-gastro-duodenoscopy (OGD) procedures in NLTH
- Strengthen day ambulatory services by adding sessions of pre-operative assessment and relocating the pre-operative assessment clinics in CMC to its day surgery centre. Besides, additional day beds will also be provided in CMC
- Enhance access to palliative care service by setting up a cluster-based multi-disciplinary consultative team with joint clinics at PMH and YCH
- Strengthen rehabilitation service by extending physiotherapy sessions to cover weekends and public holidays for patients with lower limb fracture and arthroplasty at CMC

- Improve service quality by providing additional heavy metal tests in the Toxicology Reference Laboratory of PMH
- Address waiting time for outpatient services by opening urology specialist outpatient sessions at YCH and NLTH, and paediatric specialist outpatient session in NLTH. GOPC quotas in the Cluster will also be increased
- Strengthen community outreach services by providing additional palliative care home visits for patients with advanced progressive diseases, and Community Geriatric Assessment Team (CGAT) outreach attendances for terminally ill patients living in Residential Care Homes for the Elderly (RCHEs). The community psychiatric services will also be strengthened with the recruitment of additional peer support workers for patients with severe mental illness
- Enhance training and development by providing training places to clinical staff for formal resuscitation training, and clinical attachment at Palliative Care Unit for nurses. There will also be recruitment of additional part-time senior nurses to support junior nurses, and additional Patient Care Assistants for reinforcing the provision of Non-Emergency Ambulance Transfer Service (NEATS)
- Formulate the Clinical Services Plan for KWC, with deliberation on future cluster service model, possible redevelopment planning, and role delineation with distinct features among Cluster hospitals to meet the long term healthcare needs of Sham Shui Po, Kwai Tsing, Tsuen Wan and North Lantau districts

KWC Targets

Improve Service Quality	
• Enhance day service by opening 12 additional day beds at CMC	4Q18
• Strengthen day surgery by opening five additional sessions of pre-operative assessment service and relocating the Pre-operative Assessment Clinics at CMC to its Day Surgery Centre	3Q18
• Conduct 12 cases of cross-cluster Robotic Assisted Surgery (RAS) at PMH	1Q19
• Extend rehabilitation services to cover weekends and public holidays for patients with lower limb fracture and arthroplasty at CMC with the provision of 1 150 additional physiotherapy attendances	1Q19
• Set up a multi-disciplinary Palliative Care (PC) consultative team with joint clinics at PMH and YCH to cater for 200 PC patients	1Q19
• Consolidate toxicology service with the provision of 1 450 additional heavy metal tests in the Toxicology Reference Laboratory of PMH	1Q19
• Enhance Palliative Care Home Care Services by providing additional home visits for patients with advanced progressive disease	1Q19
• Provide 700 additional CGAT outreach attendances for terminally ill patients living in RCHes	1Q19
• Strengthen community psychiatric services by recruiting two additional peer support workers to support patients with severe mental illness	1Q19
Optimise Demand Management	
• Add acute beds of 36 at PMH and four at CMC	4Q18
• Expand the clinical services of NLTH by opening 20 beds in the emergency medicine ward and extended care ward respectively, as well as providing paediatric SOP service	4Q18
• Add six OT sessions per week at PMH	4Q18
• Establish urology specialist services at YCH and NLTH with the opening of seven and one specialist outpatient sessions per week respectively	4Q18
• Increase GOPC quota with the addition of 5 500 attendances	1Q19

Optimise Demand Management

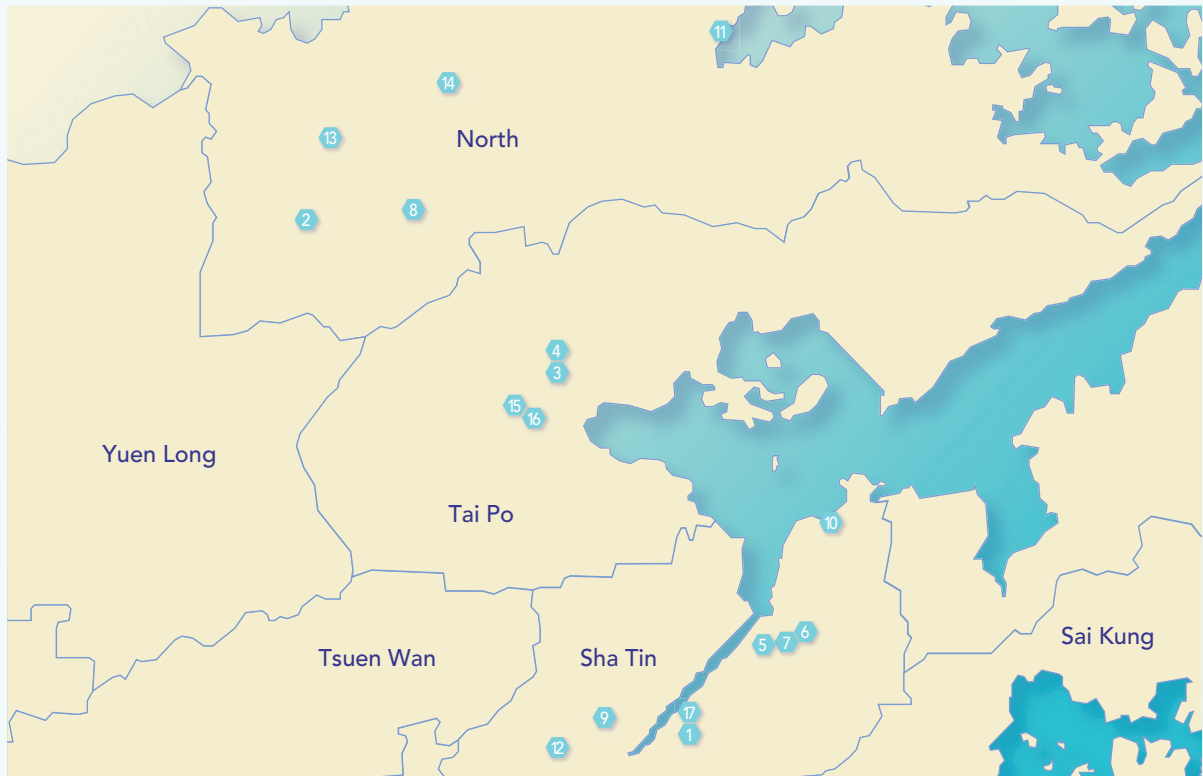
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|--|------|
| • Open 10 sessions per week for colonoscopy and OGD procedures at NLTH | 4Q18 |
| • Recruit 19 additional Patient Care Assistants for reinforcing the provision of NEATS | 1Q19 |
| • Provide three additional hospital haemodialysis places for patients with end-stage renal disease | 1Q19 |
| • Open two additional Cardiac Care Unit (CCU) beds at CMC | 4Q18 |
| • Increase the service capacity of Cardiac Catheterisation Laboratory (CCL) for percutaneous coronary intervention in PMH and CMC by 100 cases | 1Q19 |
| • Cater for around 5 180 patients under the GOPC Public-Private Partnership Programme (GOPC PPP) | 1Q19 |

Enhance Staff Training and Development

- | | |
|--|------|
| • Provide clinical attachment at Palliative Care (PC) units for eight nurses working beyond PC setting | 1Q19 |
| • Recruit 11 additional Advanced Practice Nurses as part-time clinical preceptors to support junior nurses | 1Q19 |
| • Provide 2 050 training places for formal resuscitation training for clinical staff | 1Q19 |



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			✓

	Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
12	Shatin (Tai Wai) 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, as at 31 March 2017, a total of 4 713 beds. Of these, 3 672 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 2016-17, around 629 500 patients had utilised NTEC services. Approximately 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 2016-17 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Sha Tin	259 400	41%
North	139 500	22%
Tai Po	132 200	21%
Others*	98 400	16%
NTEC Total	629 500	100%

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

NTEC continues to be beset by escalating service demand arising from a growing and ageing population. Being the second largest Cluster in HA in terms of population size, NTEC is serving 17.4% of the overall Hong Kong population. There has been the lingering problem revolving around accessibility. The projected population growth and ageing trend will continue in the coming decade. It is anticipated that the Cluster will face rising challenges to cope with the overwhelming demand.

Capacity enhancement and development of more efficient service models are imperative to rein in the current and future problems of NTEC, which are access block issues and prolonged waiting time. There is the pressing need to increase the capacity of hospital beds in the Cluster, as one of the means to alleviate the access block problem. Under the same predicament, augmentation of outpatient and other ancillary services such as radiological services is also required. Moreover, the Cluster needs to enhance community collaboration for better support to our patients. In drawing up the strategies to tackle the difficult situation, NTEC should also focus on training and development of its staff, to equip them to provide quality services for patients.

In meeting the strong demand generated from the growing and ageing population, NTEC has taken steps to formulate action plans along the strategic intents of HA, with major focus on improving service quality, optimising demand management, and enhancing staff training and development.

NTEC will continue to follow the Clinical Services Plan for the Cluster to map out the service plan. It will remain a collaborative process with involvement of various stakeholders to come up with the Cluster's development plans.

Major Initiatives in 2018-19

To align with the corporate objectives, NTEC's major initiatives for 2018-19 are as follows:

Improve Service Quality

Inpatient Medication Order Entry (IPMOE) system will be rolled out to extended care hospitals to strengthen medication safety. Rehabilitation services will be extended to cover weekends and public holidays for patients at TPH. Moreover, a maternal special care bed will be designated in the labour ward of PWH and two nurses for training in high-risk pregnancy care will be recruited.

The community services will be enhanced by providing additional hospice home visits for patients with advanced progressive diseases and additional Community Geriatric Assessment Team (CGAT) outreach attendances for terminally ill patients living in Residential Care Homes for the Elderly (RCHEs), as well as recruiting an additional peer support worker to support patients with severe mental illness. Besides, in collaboration with Education Bureau and Social Welfare Department, nursing support for students with mental health needs through a school-based programme will be provided.

Optimise Demand Management

To cope with the growing service demand, NTEC will increase the capacity of various services, including:

- Inpatient beds: acute, convalescent and cardiac care
- Outpatient attendances: GOP, Psychiatric and Clinical Oncology
- Imaging services: visual field tests, mammogram and Computed Tomography (CT) scans
- Operating Theatre (OT) sessions: for patients with acute geriatric fragility fracture
- Haemodialysis places

The facilities, supporting services, and the service provision of GOPC Public-Private Partnership Programme (GOPC PPP) will be enhanced to meet growing demand. This includes the service commencement of the new wing of Li Ka Shing Specialist Clinic at PWH, and recruiting additional Patient Care Assistants for Non-Emergency Ambulance Transfer Service (NEATS).

Enhance Staff Training and Development

Mandatory orientation programme for interns and clinical attachment at Palliative Care units for nurses will be provided to ensure staff competency. Additional Advanced Practice Nurses will also be appointed as part-time clinical preceptors to support junior nurses. Moreover, formal resuscitation training for clinical staff will be provided to strengthen the response capability under emergency situations.

NTEC Targets

Improve Service Quality	
• Conduct eight cases of cross-cluster Robotic Assisted Surgery (RAS) at PWH	1Q19
• Extend rehabilitation services to cover weekends and public holidays for stroke patients at TPH with the provision of additional 1 150 physiotherapy and 1 150 occupational therapy attendances	1Q19
• Beef up the breastfeeding support team by adding two Registered Nurses to support the accreditation programme	1Q19
• Designate one maternal special care bed in the labour ward of PWH and recruit two Registered Nurses for training in high-risk pregnancy care	1Q19
• Provide additional hospice home visits for patients with advanced progressive diseases	1Q19
• Provide 700 additional CGAT outreach attendances for terminally ill patients living in RCHes	1Q19
• Strengthen community psychiatric services by recruiting an additional peer support worker to support patients with severe mental illness	1Q19
• Provide nursing support for students with mental health needs through a school-based programme in collaboration with the Education Bureau and Social Welfare Department	4Q18
• Roll out the IPMOE system to BBH, SCH, SH and TPH to strengthen medication safety	1Q19
Optimise Demand Management	
• Add 62 and 40 acute beds at PWH and AHNH respectively, as well as one acute and 20 convalescent beds at NDH	4Q18
• Open five additional OT sessions per week of day-time trauma list for acute geriatric fragility fracture patients at NDH and PWH	1Q19
• Set up a hospital dermatology unit at PWH	2Q18
• Increase GOPC quota with the addition of 24 750 attendances	1Q19
• Perform additional visual field tests for glaucoma patients	1Q19
• Provide additional 450 new case SOPC attendances for adult patients with common mental disorder	1Q19

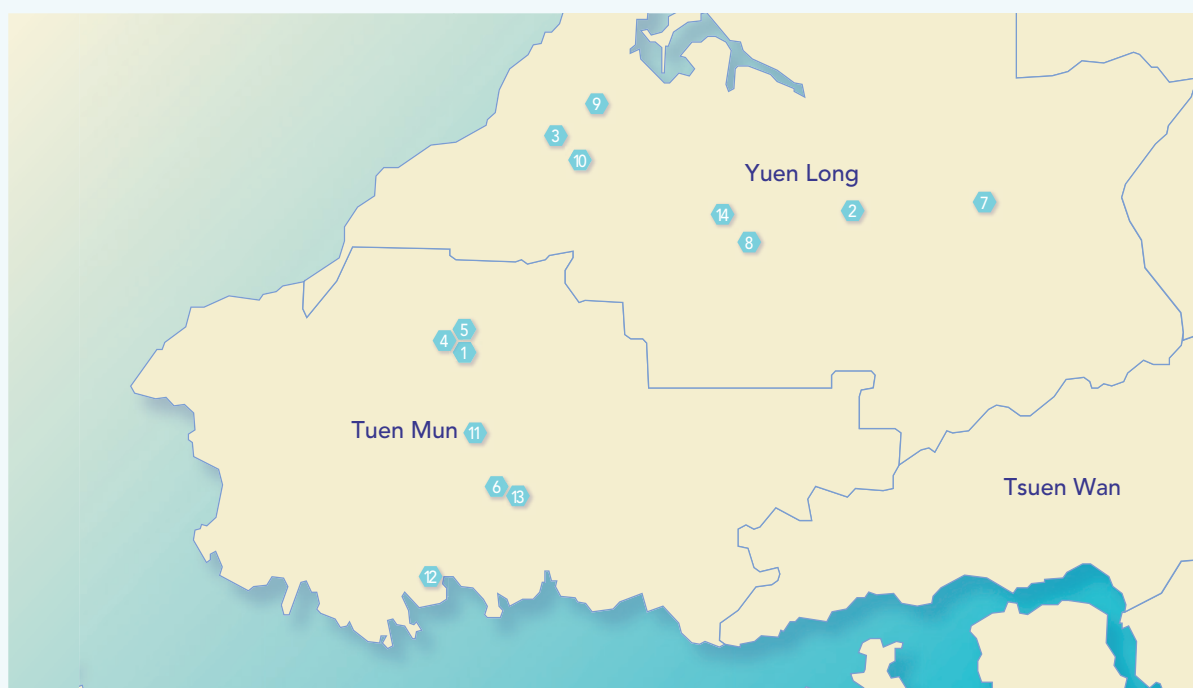
Optimise Demand Management

- | | |
|---|------|
| • Provide 1 760 additional patient attendances for mammogram service | 1Q19 |
| • Provide 2 200 additional attendances for CT scan at NDH | 1Q19 |
| • Enhance oncology clinical pharmacy services at PWH by providing 100% screening of chemotherapy prescriptions | 3Q18 |
| • Recruit four additional Patient Care Assistants for reinforcing the provision of NEATS | 1Q19 |
| • Provide 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients through a cluster-based network | 1Q19 |
| • Provide nine additional hospital haemodialysis places for patients with end-stage renal disease | 1Q19 |
| • Enhance the capacity of ambulatory cancer service by adding 820 SOPC attendances | 1Q19 |
| • Open two additional Cardiac Care Unit (CCU) beds at NDH | 3Q18 |
| • Cater for around 3 980 patients under the GOPC PPP | 1Q19 |
| • Commence operation of the psychiatric services in the new wing of Li Ka Shing Specialist Clinic at PWH | 1Q19 |

Enhance Staff Training and Development

- | | |
|--|------|
| • Provide clinical attachment at Palliative Care (PC) units for eight nurses working beyond PC setting | 1Q19 |
| • Organise around 25 classes of mandatory orientation programme for interns | 1Q19 |
| • Recruit 11 additional Advanced Practice Nurses as part-time clinical preceptors to support junior nurses | 1Q19 |
| • Provide 250 training places for formal resuscitation training for clinical staff | 1Q19 |

New Territories West Cluster



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

Healthcare Facilities

There are five hospitals / institutions in the New Territories West Cluster (NTWC) providing, as at 31 March 2017, a total of 4 368 beds. Of these, 2 537 were for acute, convalescent and rehabilitation care, 135 for infirmary care, 520 for mentally handicapped care and 1 176 for psychiatric care. There are also five specialist outpatient clinics and eight general outpatient clinics.

Actual Patients Served

In 2016-17, around 504 000 patients had utilised NTWC services. Approximately 92% of the patients were from the Yuen Long and Tuen Mun districts.

Number and percentage distribution of patients ever utilised NTWC services in 2016-17 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Yuen Long	254 200	50%
Tuen Mun	211 500	42%
Others*	38 300	8%
NTWC Total	504 000	100%

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

NTWC faces the challenges of coping with soaring service demand for a wide range of medical specialties. These are posed by the growing population in the catchment area, which is projected to further increase from 1.09 million in 2014 to 1.24 million in 2024 with particularly significant growth in the younger group (by 19.5%) and older group (by 89.6%) as compared to the Hong Kong average figures of 13.7% and 57.9% respectively. To tackle the situation more strategically and efficiently, NTWC will follow and implement the key clinical strategies and service directions set out in the Clinical Services Plan for NTWC published in 2017.

Apart from addressing the challenge of service volume, the quality of services is also accorded the highest priority in NTWC. As the Cluster services have been growing rapidly in the past few years, the newly joined colleagues have constituted a significant portion of our total workforce. NTWC needs to dedicate more resources to their supervision and training. In addition, the rapid increase in acute services has resulted in more demand for quality rehabilitation service. With a more stable supply of allied health professionals, the gaps in rehabilitation care for inpatients during weekends and public holidays will be tackled.

NTWC will continue to weigh up priorities and increase service capacity with full commitment in providing quality services and addressing the service demand within the catchment area of the Cluster.

Major Initiatives in 2018-19

To align with the corporate objectives, NTWC's major initiatives for 2018-19 are as follows:

- **Improve Service Quality** by extending rehabilitation services to cover weekends and public holidays, strengthening community psychiatric services, providing additional hospice home visits and commencing the replacement of outdated laundry equipment
- **Optimise demand management** by extending A&E Department service to 24-hour at TSWH, and opening acute beds of 38 at POH, 32 at TSWH and 22 at TMH. NTWC will further expand haemodialysis service by providing additional hospital haemodialysis places for patients with end-stage renal disease. To better manage the waiting list of SOPC service, NTWC will increase SOPC consultation sessions, including nurse and allied health clinics, for adult patients with common mental disorder. The GOPC quota will also be increased by 16 500 attendances. To shorten the waiting time for Magnetic Resonance Imaging (MRI) examinations, additional 10 MRI sessions will be provided at POH per week. In addition, 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients through a cluster-based network will be established. Additional optical coherence tomography (OCT) scans and visual field tests will be provided to glaucoma patients. To enhance public patients' access to primary care services, NTWC will continue to purchase primary care services from the private sector
- **Enhance staff training and development** by recruiting additional Advanced Practice Nurses as part-time clinical preceptors to support junior nurses. To ensure staff competency, additional training places on formal resuscitation will be provided for clinical staff

NTWC Targets

Improve Service Quality	
• Extend rehabilitation services to cover weekends and public holidays for patients with lower limb fracture and arthroplasty at POH with the provision of 1 150 additional physiotherapy attendances	1Q19
• Provide additional hospice home visits for patients with advanced progressive diseases	1Q19
• Strengthen community psychiatric services by recruiting an additional peer support worker to support patients with severe mental illness	1Q19
• Provide nursing support for students with mental health needs through a school-based programme in collaboration with the Education Bureau and Social Welfare Department	4Q18
• Commence technical feasibility study for improving the facilities relating to protective environment for haematological service in TMH	1Q19
• Implement screening tests for the diagnosis of Inborn Errors of Metabolism (IEM) among newborns in TMH	1Q19
• Commence the replacement of outdated laundry equipment in Butterfly Beach Laundry, which is providing laundry services for KCC, KWC and NTWC	1Q19
Optimise Demand Management	
• Add 22 acute beds at TMH	2Q18
• Add acute beds of 38 at POH and 32 at TSWH	4Q18
• Extend the operating hour of A&E service at TSWH to 24-hour	4Q18
• Increase GOPC quota with the addition of 16 500 attendances	1Q19
• Perform additional OCT scans and visual field tests for glaucoma patients	1Q19
• Provide additional 450 new case SOPC attendances for adult patients with common mental disorder	1Q19
• Add 10 MRI sessions per week at POH	3Q18
• Recruit nine additional Patient Care Assistants for reinforcing the provision of Non-Emergency Ambulance Transfer Service (NEATS)	1Q19

Optimise Demand Management	
<ul style="list-style-type: none"> • Provide 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients through a cluster-based network 	1Q19
<ul style="list-style-type: none"> • Provide nine additional hospital haemodialysis places for patients with end-stage renal disease 	1Q19
<ul style="list-style-type: none"> • Enhance the capacity of cancer service by adding 750 parenteral chemotherapy attendances 	1Q19
<ul style="list-style-type: none"> • Cater for around 5 860 patients under the GOPC Public-Private Partnership Programme (GOPC PPP) 	1Q19
Enhance Staff Training and Development	
<ul style="list-style-type: none"> • Recruit 11 additional Advanced Practice Nurses as part-time clinical preceptors to support junior nurses 	1Q19
<ul style="list-style-type: none"> • Provide 150 training places for formal resuscitation training for clinical staff 	1Q19

ABBREVIATIONS

A&E	Accident and Emergency
CC	Central Committee
CGAT	Community Geriatric Assessment Team
COC	Coordinating Committee
DNA	Deoxyribonucleic Acid
eHR	Electronic Health Record
GOP	General Outpatient
GOPC	General Outpatient Clinic
HA	Hospital Authority
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
SOP	Specialist Outpatient
SOPC	Specialist Outpatient Clinic

Hospitals and Institutions

AHNH	Alice Ho Miu Ling Nethersole Hospital
BBH	Bradbury Hospice
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
GH	Grantham Hospital
HHH	Haven of Hope Hospital
HKBH	Hong Kong Buddhist 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
SCH	Cheshire Home (Shatin)
SH	Shatin Hospital
SLH	Siu Lam Hospital
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TPH	Tai Po Hospital
TSWH	Tin Shui Wai Hospital
TWEH	Tung Wah Eastern Hospital
TWH	Tung Wah Hospital
UCH	United Christian Hospital
WCHH	Wong Chuk Hang Hospital
YCH	Yan Chai Hospital

APPENDIX 1 Key Service Statistics

Targets and Indicators	Actual for 2016-17	Estimate for 2017-18	Plan / Estimate for 2018-19
I. Access to services			
Inpatient services			
no. of hospital beds			
general (acute and convalescent)	21 798	22 027	22 561
infirmary	2 041	2 041	2 041
mentally ill	3 607	3 607	3 647
mentally handicapped	680	680	680
total	28 126	28 355	28 929
Ambulatory and outreach services			
accident and emergency (A&E) services			
percentage of A&E patients within target waiting time			
triage I (critical cases: 0 minute) (%)	100	100	100
triage II (emergency cases: 15 minute) (%)	97	95	95
triage III (urgent cases: 30 minute) (%)	79	90	90
specialist outpatient services			
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
rehabilitation and geriatric services			
no. of community nurses	482	480	480
no. of geriatric day places	659	659	659
psychiatric services			
no. of community psychiatric nurses	137	141	141
no. of psychiatric day places	889	889	889
II. Delivery of services			
Inpatient services			
no. of discharge episodes ^[Note 1]			
general (acute and convalescent)	1 105 033	1 108 400	1 130 900
infirmary	3 687	3 700	3 700
mentally ill	17 640	17 800	17 800
mentally handicapped	552	600	600
overall	1 126 912	1 130 500	1 153 000
no. of patient days			
general (acute and convalescent)	6 347 786	6 395 000	6 515 000
infirmary	516 661	522 000	522 000
mentally ill	940 323	985 000	987 000
mentally handicapped	194 336	205 000	205 000
overall	7 999 106	8 107 000	8 229 000

Targets and Indicators	Actual for 2016-17	Estimate for 2017-18	Plan / Estimate for 2018-19
bed occupancy rate (%)			
general (acute and convalescent)	90	90	90
infirmar y	88	88	88
mentally ill	72	72	72
mentally handicapped	80	80	80
overall	87	87	87
average length of stay (days) ^[Note 2]			
general (acute and convalescent)	5.8	5.8	5.8
infirmar y	131	131	131
mentally ill	49	49	49
mentally handicapped	391	391	391
overall	7.1	7.1	7.1
Ambulatory and outreach services			
day inpatient services			
no. of discharge episodes ^[Note 1]	633 508	638 700	658 400
A&E services			
no. of attendances	2 231 951	2 262 000	2 262 000
no. of attendances per 1 000 population	304	304	304
no. of first attendances for			
triage I	20 210	20 300	20 300
triage II	47 491	48 300	48 300
triage III	722 731	726 600	726 600
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	764 438	768 000	793 000
no. of specialist outpatient (clinical) follow-up attendances	6 836 705	6 639 000	6 693 000
total no. of specialist outpatient (clinical) attendances	7 601 143	7 407 000	7 486 000
primary care services			
no. of general outpatient attendances	6 120 999	5 988 000	6 059 000
no. of family medicine specialist clinic attendances	302 497	301 800	306 600
total no. of primary care attendances	6 423 496	6 289 800	6 365 600
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	92 642	92 800	94 600
no. of home visits by community nurses	867 226	855 000	860 000
no. of allied health (community) attendances	36 072	36 100	36 100
no. of allied health (outpatient) attendances	2 704 572	2 719 000	2 730 000
geriatric services			
no. of outreach attendances	661 988	673 300	677 500
no. of elderly persons assessed for infirmar y care service	1 754	1 860	1 860
no. of day attendances	153 150	143 900	143 900
no. of Visiting Medical Officer attendances	109 906	111 000	111 000
psychiatric services			
no. of outreach attendances	290 185	290 100	290 300
no. of day attendances	224 857	224 800	224 800
no. of psychogeriatric outreach attendances	99 674	99 600	99 600

Targets and Indicators	Actual for 2016-17	Estimate for 2017-18	Plan / Estimate for 2018-19
III. Quality of services			
no. of hospital deaths per 1 000 population ^[Note 3]	3.0	3.0	3.0
unplanned readmission rate within 28 days for general inpatients (%)	10.5	10.5	10.5
IV. Cost of services			
Cost distribution			
cost distribution by service types (%)			
inpatient	54.1	54.2	54.2
ambulatory and outreach	45.9	45.8	45.8
cost by service types per 1 000 population (\$m)			
inpatient	4.3	4.6	4.8
ambulatory and outreach	3.7	3.9	4.0
cost of services for persons aged 65 or above			
share of cost of services (%)	47.1	48.6	48.6
cost of services per 1 000 population (\$m)	23.7	25.2	25.3
Unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	25,570	27,390	27,960
infirmary	225,420	230,620	240,240
mentally ill	141,710	149,910	155,590
mentally handicapped	588,060	579,250	603,430
cost per patient day (\$)			
general (acute and convalescent)	4,950	5,270	5,390
infirmary	1,610	1,680	1,750
mentally ill	2,660	2,710	2,820
mentally handicapped	1,670	1,700	1,770
ambulatory and outreach services			
cost per A&E attendance (\$)	1,300	1,420	1,480
cost per specialist outpatient attendance (\$)	1,210	1,310	1,350
cost per general outpatient attendance (\$)	450	490	505
cost per family medicine specialist clinic attendance (\$)	1,140	1,310	1,340
cost per outreach visit by community nurse (\$)	570	615	635
cost per psychiatric outreach attendance (\$)	1,640	1,740	1,810
cost per geriatric day attendance (\$)	2,070	2,320	2,410
Waivers ^[Note 4]			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%)	17.7	17.8	17.8
percentage of non-CSSA waiver (%) ^[Note 5]	7.2	16.2	20.2

Targets and Indicators

Actual
for 2016-17Estimate
for 2017-18Plan / Estimate
for 2018-19

V. Manpower (no. of full time equivalent staff as at 31 March)

Medical

doctor	5 783	5 870	6 070
no. of specialists	3 416	3 450	3 480
no. of trainees / non-specialists	2 367	2 420	2 590
intern	373	480	510
dentist	8	8	8
medical total	6 164	6 358	6 588

Nursing

qualified staff	24 355	25 080	25 910
trainee	625	650	650
nursing total	24 980	25 730	26 560

Allied health

	7 572	7 840	8 070
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Others

	36 158	37 120	38 590
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total	74 874	77 048	79 808
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Note 1 Refers to discharges and deaths in the Controlling Officer's Report (COR).

Note 2 Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.

Note 3 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 4 Refers to the amount waived as percentage to total charge.

Note 5 With effect from 15 July 2017, the medical fee waiver for public healthcare services has been extended to cover Old Age Living Allowance (OALA) recipients aged 75 or above with assets not exceeding \$144,000 (elderly singletons) or \$218,000 (elderly couples). In this regard, the percentage of non-CSSA fee waiver for 2017-18 Revised Estimate and 2018-19 Estimate includes fee waiver for OALA recipients of 9.0% and 13.0% respectively.

APPENDIX 2 Service Targets by Cluster

Service Delivery Targets for 2018-19	HKEC	HKWC	KCC*	KEC	KWC#	NTEC	NTWC
Inpatient services							
no. of discharge episodes[^]							
general (acute and convalescent)	116 680	120 270	219 320	141 610	200 890	183 040	149 090
infirmarv	2 150	70	550	210	360	350	10
mentally ill	1 720	650	3 170	590	4 530	4 270	2 870
mentally handicapped	-	-	-	-	20	-	580
no. of patient days							
general (acute and convalescent)	610 800	688 200	1 416 300	751 600	1 034 000	1 143 600	870 500
infirmarv	167 100	51 800	83 800	37 300	47 800	103 100	31 100
mentally ill	104 400	21 200	138 100	24 900	268 800	149 100	280 500
mentally handicapped	-	-	-	-	24 400	-	180 600
Ambulatory and outreach services							
day inpatient services							
no. of discharge episodes [^]	75 270	98 320	126 050	63 930	88 550	121 050	85 230
accident and emergency services							
no. of attendances	227 300	129 600	327 800	316 700	497 800	385 300	377 500
specialist outpatient services							
no. of specialist outpatient (clinical) attendances	809 500	888 000	1 466 200	844 500	1 306 700	1 184 200	986 900
primary care services							
no. of primary care attendances	651 190	414 470	1 189 370	1 034 850	1 068 730	1 080 420	926 570
rehabilitation and palliative care services							
no. of rehabilitation day and palliative care day attendances	38 890	29 160	4 640	3 740	8 100	7 020	3 050
no. of home visits by community nurses	97 000	56 900	171 400	168 000	157 600	125 000	84 100
no. of allied health (community) attendances	3 150	3 570	5 910	1 920	4 570	10 590	6 390
no. of allied health (outpatient) attendances	291 400	217 100	644 200	382 900	379 100	416 500	398 800

Service Delivery Targets for 2018-19	HKEC	HKWC	KCC*	KEC	KWC [#]	NTEC	NTWC
geriatric services							
no. of outreach attendances	98 550	55 220	152 100	45 860	132 540	80 530	112 700
no. of day attendances	29 530	8 370	25 550	14 420	24 670	28 780	12 580
no. of Visiting Medical Officer attendances	22 270	12 780	22 720	9 130	16 060	20 250	7 790
psychiatric services							
no. of outreach attendances	23 200	19 410	19 920	31 730	87 890	43 780	64 370
no. of day attendances	29 060	21 110	10 220	32 440	66 960	45 460	19 550
no. of psychogeriatric outreach attendances	11 050	13 930	9 090	10 010	27 610	14 810	13 100
Quality of services (General Inpatient)							
unplanned readmission rate within 28 days (%)	9.9	9.0	10.2	11.1	12.3	9.5	11.0

* Refers to KCC after the re-delineation of cluster boundary.

[#] Refers to KWC after the re-delineation of cluster boundary.

[^] Refers to discharges and deaths in the Controlling Officer's Report (COR).

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ANNUAL PLAN 2018-19

