

Hong Kong East Cluster (HKEC)

Key Facts

The catchment area of HKEC covers Eastern, Wanchai and Islands (except North Lantau) areas with an estimated population of 0.8 million, accounting for 12% of the Hong Kong population. More than 70% of the catchment population reside in the Eastern district.

There are six hospitals in the Cluster:

- Pamela Youde Nethersole Eastern Hospital (PYNEH) – An acute regional hospital providing a full range of specialist services.
- Ruttonjee & Tang Shiu Kin Hospitals (RHTSK) – A district general hospital providing accident and emergency and a selected range of specialist services, including Internal Medicine, Respiratory Medicine, Geriatrics and Surgery, as well as a range of ambulatory services including palliative day care, and various NGO-operated community healthcare services.
- Tung Wah Eastern Hospital (TWEH) – A community hospital providing primary services and a selected range of specialist services, including Internal Medicine, Ophthalmology, Rehabilitation and Convalescent Care.
- Wong Chuk Hang Hospital (WCHH) and Cheshire Home, Chung Hom Kok (CCH) – Both provide infirmary services to patients requiring long-term care.
- St. John Hospital (SJH) – Provides primary and emergency services.

As at 31 December 2008, the Cluster managed a total of 2,973 beds, with 1,823 for acute, convalescent and rehabilitation care, 627 for infirmary care, 400 for the mentally ill and 123 for day care.

The Cluster also manages 10 GOPCs, including 4 in suburb and outlying islands. Primary and secondary prevention is supported by the Hong Kong Tuberculosis, Chest & Heart Diseases Association through health education programs.

Major Challenges

The Cluster is now serving a population of higher-than-average proportion of elderly people aged 65 and above. By 2016, the proportion of elderly in the Cluster's catchment areas will be the highest in Hong Kong (18.4% compared to the territory-wide average of 15.2%), which warrants comprehensive planning for facility expansion within the next few years.

High staff turnover is another major challenge. In 2008, HKEC was highest among all clusters in the number of resignations per 100 staff for the medical and nursing staff group and the

second highest for the care-related supporting staff group. We will continue to focus efforts on addressing our problems of recruitment and retention.

There is also a pressing need to replace/upgrade equipment to address three major issues: (i) the risks and inefficiency of equipment aged 16 and 18 years in the Cluster's two acute services, (ii) the risks of having a single Computed Tomography Scanner to offer 24-hour service in PYNEH, a major acute hospital, and (iii) the need to resume the service of Chai Wan Laundry after a fire incident in September 2008.

Major Initiatives

HKEC has dovetailed its annual plan with the five corporate key objectives to align with the service directions and strategic intents as set out in HA's three-year Strategic Service Plan. Our major initiatives for 2009-10 are as follows:

- Expand capacity to perform an increased number of cataract, colorectal cancer, breast cancer and hip replacement surgeries to relieve the backlog.
- Enhance ambulatory surgery service to support additional breast lump excision, laparoscopic/open hernia repair, laparoscopic cholecystectomy, hemorrhoidectomy and anal fistula surgeries.
- Provide targeted management to chronic disease patients in self-care enhancement and lifestyle modification building on established networks with the private sector and NGOs. Additional choices will also be offered to SOPC patients with stable chronic conditions to receive affordable medical care in the private sector.
- Pilot a series of safety and quality enhancement measures in PYNEH. These include providing medication reconciliation service in acute medical admission wards, rolling out systems of MEWS (Modified Early Warning Score) and SBAR (Situation Background Assessment Recommendation), using the Crew Resources Management model adopted from the aviation industry to enhance staff training in clinical risk awareness, and piloting hospital accreditation at the hospital.
- Develop robotic surgery for radical prostatectomy and rectal cancer surgery to reduce turnaround time of operations and improve clinical outcomes. Resources will also be identified to implement filmless radiology in the Cluster by phases to improve the efficiency of imaging service.
- Continue to promote a learning culture, enhance professional/management competencies and improve communication skills through a series of training programs.
- Fully utilize casemix dividend to improve senior-to-junior ratios in the medical, nursing and allied health staff groups. New posts at cluster level will also be

created to cope with increasing workload in both clinical and non-clinical areas.

- Enhance information management to facilitate clinical decision making at the frontline. This will eventually contribute to effective monitoring of service throughput and resources utilization.

HKEC Targets

Implement a Planned Response to Manage Growing Service Demand	
• Enhance CCU care for AMI/ACS patients by providing 2 additional CCU beds in PYNEH	2Q09
• Expand capacity of chemotherapy day centre to cater for 271 additional attendances	4Q09
• Expand hospital haemodialysis service for 3 additional patients with end-stage renal failure who have failed Peritoneal Dialysis	1Q10
• Provide 300 additional cataract surgeries in TWEH/PYNEH, 52 additional colorectal cancer surgeries, 52 additional breast cancer surgeries and 30 additional hip replacement surgeries in PYNEH	1Q10
• Streamline and increase 300 ambulatory surgeries in PYNEH	1Q10
• Enhance chronic disease management through (i) Multi-disciplinary Risk Assessment and Management Program and (ii) Patient Empowerment Program	4Q09
• Set up a Triage Clinic in Psychiatric SOPC to assess and provide time-limited treatment to 2,100 additional attendances for newly referred cases	4Q09
• Provide 1,430 additional psychogeriatric outreach visits to private old age homes in HKEC catchment area	1Q10
Improve Continuously Service Quality and Safety	
• Phase out the re-use of the top 10 (5%) critical Single Use Devices (SUDs)	4Q09
• Pilot Crew Resources Management model in PYNEH to enhance staff training in risk awareness and patient safety	4Q09
• Provide Medication Reconciliation Service in acute medical admission wards in PYNEH	3Q09
• Pilot hospital accreditation in PYNEH by an international accrediting agent	4Q09
• Ensure safe and effective clinical practice through a robust handover system in PYNEH and rolling-out to cluster hospitals	3Q09
Keep Modernizing HA	
• Develop robotic surgery in PYNEH and provide 5 additional rectal cancer surgeries and 20 additional radical prostatectomy operations	1Q10

Build People First Culture

- Develop and enhance the competencies of staff through professional, management and communication training programs 1Q10

Maintain Financial Sustainability

- Explore the opening of additional Special Accommodation Ward beds and private beds subject to availability of nursing staff 1Q10