

HAarnessing Health

- Reconfigure cancer and joint replacement services by introducing case managers to counsel cancer patients and coordinate their treatment journey, and by setting up a specialist centre for joint replacement to provide integrated surgical, post-operative and rehabilitation care.

Build People First Culture

To address manpower issues, we are committed to developing measures that enhance professional competencies and boost staff morale, such as:

- Strengthen training and development opportunities for professional healthcare staff as well as various support staff groups.
- Review the on-call arrangements for doctors and other healthcare professionals.
- Put in additional resources to train more nurses and midwives.

Maintain Financial Sustainability

We will continue to adopt strategies and systems to maintain financial sustainability. In particular, we will continue to develop and refine the “Pay for Performance” internal resource allocation model, which allocates resources based on service activities adjusted for the complexity of patients treated and provides incentives for hospitals to focus on HA priorities.

Budget Allocation

The Government is increasing the recurrent provision for HA by \$1.24 billion in the coming year. The financial provision indicated by the Government for 2010-11 is \$34,123 million, representing an increase of 4.3%.

With the additional funding, more patients will benefit from HA services. For instance, we will be able to provide around:

- 32,000 additional hospital episodes,
- 122,000 additional clinical specialist outpatient attendances, and
- 105,900 additional day hospital, allied health and community outreach attendances.

HAarnessing Health

An Overview of Hospital Authority Annual Plan 2010-2011

Introduction

The Hospital Authority (HA) delivers a comprehensive range of subsidized preventive, curative and rehabilitative services to ensure every citizen has access to affordable health care. The Annual Plan outlines the major programs and activities that HA will focus on for the next 12 months. The planning process involves extensive input from frontline staff, cluster management and head office executives, with guidance from members of the HA Board and Committees.

Planning Context

Annual Plan 2010-11 is the second annual plan to outline the actions for implementing HA's Strategic Service Plan 2009 – 2012. The 3-year Strategic Service Plan sets out the service directions and strategies for addressing our key challenges in terms of demand management, quality and safety, and workforce issues through achieving the following strategic intents:

- Better able to manage growing demand
- Better service quality and safer services
- Nurture a skilled and high performing workforce

About HArnessing Health

"HArnessing Health" is chosen as the theme for Annual Plan 2010-11 to highlight our efforts as we mobilize patients to harness their health potential to fight diseases and to handle their conditions more effectively in line with HA's Mission of "Helping People Stay Healthy".

Key Objectives and Programs

In **HArnessing Health** we set out five key objectives and 17 service priorities with around 145 corresponding program targets that reflect the work we are doing in accordance with the directions of the 3-year Strategic Service Plan. Our key objectives are:

- Implement a planned response to manage growing service demand
- Improve continuously service quality and safety
- Keep modernizing HA
- Build people first culture
- Maintain financial sustainability



Implement a Planned Response to Manage Growing Service Demand

To better manage growing service demand, we will increase service capacity in priority areas and develop service models to better manage chronic diseases. Priorities include the following:

- **Districts with rapidly growing demand:** Around 220 additional beds will be provided in New Territories West Cluster, Kowloon East Cluster, and Hong Kong East Cluster. These include 50 new beds at Pok Oi Hospital, 47 at Tuen Mun Hospital, 42 at Tseung Kwan O Hospital, 18 at United Christian Hospital, and 60 at Pamela Youde Nethersole Eastern Hospital and Ruttonjee & Tang Shiu Kin Hospitals.
- **Life threatening diseases:** Initiatives include strengthening acute cardiac care by providing primary percutaneous coronary intervention to more indicated patients. Haemodialysis for renal patients and clinical oncology service for cancer patients will also be enhanced.



- **Mental health:** We will pilot a community-based case management program offering personalized care for patients with severe mental illness in Kwun Tong, Yuen Long and Kwai Tsing districts. Treatment of patients with common mental disorders will also be enhanced by introducing an integrated mental health program in the primary care setting and providing more timely treatment at psychiatric outpatient clinics.

- **Chronic disease management:** We will expand the healthcare reform initiative of providing multidisciplinary risk assessment and management to chronic disease patients and will introduce systematic retinopathy screening for diabetic patients in the primary care setting. The patient empowerment program for chronic disease patients will also continue in collaboration with non-governmental organizations.

- **Public-private partnership (PPP):** We will roll out the shared care program of enlisting private doctors to follow up diabetic and hypertensive patients, and provide 3,000 additional cataract surgeries through the private sector under PPP.

Improve Continuously Service Quality and Safety

We will put in place new measures to strengthen our safety culture, improve clinical governance, and engage patients. Examples include:

- Improve medication safety with a basket of measures, including setting up a Drug Quality Assurance Office in HA.
- Conduct a clinical audit on stroke rehabilitation service.
- Develop a "Patient Partnership in Action" program in collaboration with patients of self help groups to train up leaders of patient groups as health partners.

Keep Modernizing HA

We will introduce new technologies and treatment options with proven cost-benefit and update modern clinical practice. Examples are:

- Widen the HA Drug Formulary to incorporate eight new drugs for rare metabolic diseases, and colorectal and lung cancers; and expand the clinical application of nine classes of drugs in the treatment of cardio-vascular disease, breast cancer, hepatitis, mental illness, age-related macular degeneration, and diabetes mellitus.
- Adopt antibody detection technology for renal transplant patients, and implement molecular diagnostic tests for cancer patients and infection control.