

Skilled Team • SMARTER Care

Hospital Authority ANNUAL PLAN 2009-2010



醫院管理局
HOSPITAL
AUTHORITY

About This Document

The Annual Plan sets out what the Hospital Authority (HA) wants to achieve over the next financial year

The Annual Plan is an operational plan of corporate HA. Outlined in the plan are our major goals and program targets, and concise description of the work plans of the Head Office and individual Hospital Clusters.

Our service targets and activity throughput are mapped out 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.

Context

In the past year

We developed HA's Strategic Service Plan 2009 – 2012. It sets out our service directions and strategies for the coming three years. This document will be published in May 2009.

Now

In this Annual Plan we are outlining the priority programs for 2009-10, which is the first of the 3-year period covered by the Strategic Service Plan.

Next

In our annual report to be published in December 2009 we will report on what we have achieved in relation to the priorities set out in the 2008-09 annual plan.

Abbreviations

A&E	Accident and Emergency	<u>Hospitals and Institutions</u>	
AMI/ACS	Acute Myocardial Infarction / Acute Coronary Syndrome	AHNNH	Alice Ho Miu Ling Nethersole Hospital
CCU	Cardiac Care Unit	BBH	Bradbury Hospice
CMS	Clinical Management System	BH	Hong Kong Buddhist Hospital
CUHK	Chinese University of Hong Kong	BTS	Hong Kong Red Cross Blood Transfusion Service
eKG	electronic Knowledge Gateway	CCH	Cheshire Home, Chung Hom Kok
EN	Enrolled Nurse	CMC	Caritas Medical Centre
ESRD	End-stage Renal Disease	CPH	Castle Peak Hospital
GOP/ GOPC	General Out-Patient / General Out-Patient Clinic	DKH	The Duchess of Kent Children's Hospital
HA	Hospital Authority	FYKH	Tung Wah Group of Hospitals - Fung Yiu King Hospital
HDU	High Dependency Unit	GH	Grantham Hospital
HKEC	Hong Kong East Cluster	HHH	Haven of Hope Hospital
HKU	University of Hong Kong	HKEH	Hong Kong Eye Hospital
HKWC	Hong Kong West Cluster	KCH	Kwai Chung Hospital
ICU	Intensive Care Unit	KH	Kowloon Hospital
IT	Information Technology	KWH	Kwong Wah Hospital
KCC	Kowloon Central Cluster	MMRC	MacLehose Medical Rehabilitation Centre
KEC	Kowloon East Cluster	NDH	North District Hospital
KWC	Kowloon West Cluster	OLMH	Our Lady of Maryknoll Hospital
NGO	Non-government Organization	PMH	Princess Margaret Hospital
NTEC	New Territories East Cluster	POH	Pok Oi Hospital
NTWC	New Territories West Cluster	PWH	Prince of Wales Hospital
PC	Personal Computer	PYNEH	Pamela Youde Nethersole Eastern Hospital
PPP	Public-Private Partnership	QEH	Queen Elizabeth Hospital
SOP / SOPC	Specialist Out-Patient / Specialist Out-Patient Clinic	QMH	Queen Mary Hospital
		RC	Rehabaid Centre
		RHTSK	Ruttonjee & Tang Shiu Kin Hospitals
		SCH	Cheshire Home, Shatin
		SH	Shatin Hospital
		SJH	St. John Hospital
		SLH	Siu Lam Hospital
		TKOH	Tseung Kwan O Hospital
		TMH	Tuen Mun Hospital
		TPH	Tai Po Hospital
		TWEH	Tung Wah Eastern Hospital
		TWH	Tung Wah Hospital
		TYH	Tsan Yuk Hospital
		UCH	United Christian Hospital
		WCH	Wong Chuk Hang Hospital
		WTSN	Tung Wah Group of Hospitals - Wong Tai Sin Hospital
		YCH	Yan Chai Hospital

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Introduction From Chief Executive

Annual Plan 2009 – 2010 is a landmark in our service planning. It marks the first time in the history of HA that the annual planning process is guided by a three-year Strategic Service Plan that spans across 2009 – 2012.

I am pleased to present the HA Annual Plan 2009 – 2010 (AP 09/10), **Skilled Team • SMARTER Care**. This plan outlines the major programs and activities that HA will focus on for the next 12 months.

Our planning for AP 09/10 is ushered by five important achievements this financial year. First, we have reached an agreement with the Government on a **three-year funding arrangement** which will commence in 2009-10. This facilitates longer term planning, thus fostering our second accomplishment: the development of a **three-year Strategic Service Plan** that charts the directions and strategies we would pursue in the coming three years to address the key challenges facing HA. The annual plans starting with AP 09/10 set out the actions to be taken each year to implement the Strategic Service Plan.

Third, we have refreshed the corporate vision, mission and values (VMV) after an extensive consultation process involving frontline staff, executives and Board members. The **new VMV** are catchy and provide further impetus for service planning, development and implementation. A string of activities are in the pipeline to promote our new VMV.

Fourth, we are commissioned by the Government to implement new **healthcare reform initiatives** supporting the directions of the consultation document, “Your Health, Your Life” published in March 2008. These include programs that enhance primary care, promote public-private partnership (PPP), and contribute to developing patients electronic health records.

Last but not least, we have developed a new resource allocation mechanism – **Pay for Performance (P4P)**. Funding for most of the programs mapped out in **Skilled Team • SMARTER Care** is allocated through P4P, which is based on patient activities adjusted for the complexity of patients treated, and which provides incentives for hospitals to focus on the priorities put forth in the Strategic Service Plan.

Thanks to the commitment and hard work of our strong team, we have generally achieved our program targets set out in last year’s annual plan. In accordance with our Strategic Service Plan, a major focus of our work in 2009-10 is to nurture a skilled and high performing

workforce to provide safer and better quality healthcare. In the coming year, I count on the continued dedication of our skilled team to provide to our patients **SMARTER Care** that is:

- **Safe** – adopting a culture of safety where the goal is to do no harm;
- **Measurable** – according to key performance indicators;
- **Accessible** – to patients at the right place right time;
- **Relevant** – where right care is provided to the right patient;
- **Timely** – where waiting time is acceptable;
- **Enabling** – for patients to be an equal partner in patient-centred healthcare; and
- **Respectful** – to patients, provided by competent and considerate staff.



Shane Solomon

Shane SOLOMON
Chief Executive

願景 **V**ision

市民健康、員工開心、大眾信賴
**Healthy People, Happy Staff,
Trusted by the Community**

使命 **M**ission

與民攜手 保健安康
Helping People Stay Healthy

核心價值 **V**alues

以人為先
People-centred Care

專業為本
Professional Service

敬業樂業
Committed Staff

群策群力
Teamwork

The annual planning process involves a participative approach with top-down and bottom-up contributions

Planning Process

Programs and activities delineated in the Annual Plan are the fruits of many months of detailed service and budget planning process throughout HA.

The planning process requires inputs from cluster frontline clinicians and other healthcare professionals as well as head office executives.

Frontline professionals were invited to submit their new clinical programs. The programs were presented in a sharing forum held on 23 May 2008. An annual event, the clinical programs sharing forum is also referred to as the 3-digit forum, with the digits comprising the month and date on which it was held. The 2008 event is also known as the 523 Forum since it was held on May 23.

Programs presented at the 523 Forum were further reviewed and prioritized in the Medical Policy Group and Directors' meeting in June 2008. Suitable programs with high priority were selected for funding considerations through the Government's Resource Allocation Exercise (RAE) or through internal resource allocation.

RAE programs and other core service programs initiated by the Head Office and Hospital Clusters are incorporated in the Annual Plan as program targets to be achieved.

Planning
Process

Planning Context

Guiding Principles

The basic premise for HA service is to make essential healthcare services available to all residents of Hong Kong at an affordable cost to the society.

This is with regard to the principle as stated in the HA Ordinance that “no person should be prevented, through lack of means, from obtaining adequate medical treatment.”

To maximize health gain within allocated resources, HA’s service planning is underpinned by the need for us to prioritise our services. This is guided by the Government’s direction, set forth by the Secretary for Food and Health in the report “Building a Healthy Tomorrow” in 2005, which is for HA to focus on four priority areas:

- (a) Acute and emergency care;
- (b) Services for the low income group and the underprivileged;
- (c) Illnesses that entail high cost, advanced technology and multidisciplinary professional teamwork in their treatment; and
- (d) Training of healthcare professionals.

Environmental Scanning

General Economic Outlook

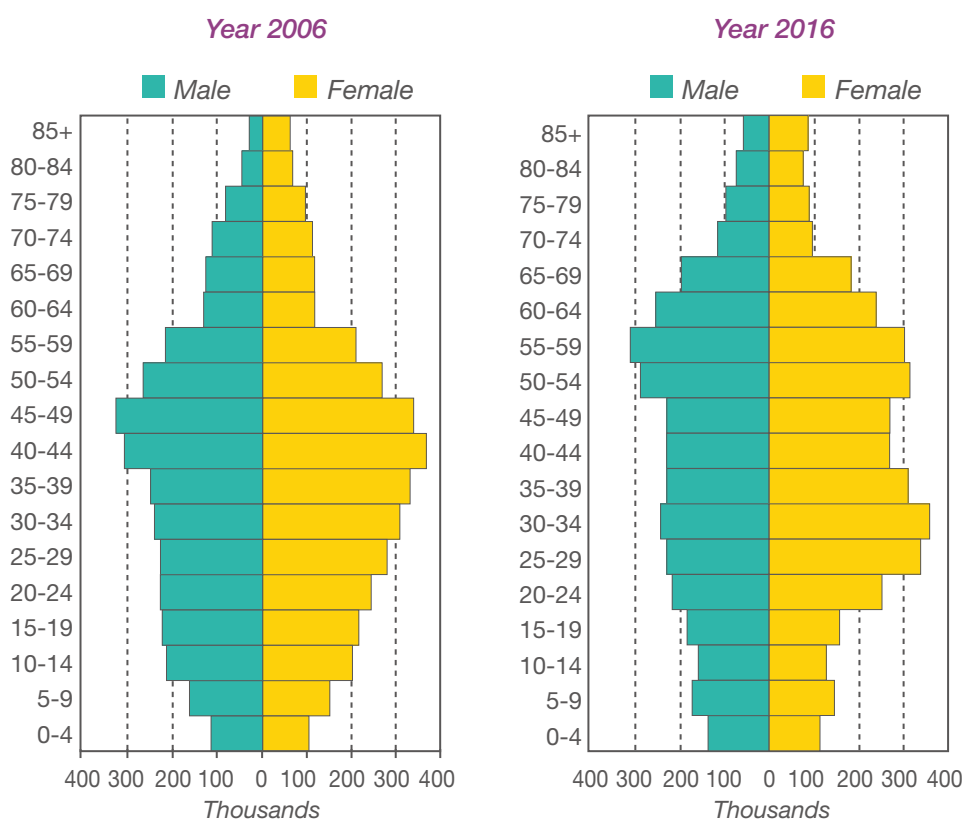
Major factors that have a significant impact on HA's service direction :

- Economic outlook
- Demography
- Epidemiology of diseases
- Technology advancement
- Community expectation
- Workforce

The economy is showing signs of a significant downturn in the upcoming years. Past experience indicates that the demand for public healthcare services increases during times of economic uncertainty.

Demography

Hong Kong is experiencing a rapidly ageing population. By 2016, people aged 65 and above will increase by 30% to 1.13 million. For people aged 80 and above, the increase is even more dramatic at 43% over the same time period, from 217,000 to 310,000.



As the utilization rate of healthcare services rises exponentially for people aged 65 and above, a rapidly ageing society will result in a dramatic increase in the demand for healthcare services.

Apart from the volume increase, the complexities of illness involving the elderly are also more profound, placing an even greater demand on the hospital system. In comparative terms, it has been shown that managing one patient aged 65 and above is equivalent to managing 5 patients aged 45-64.

Epidemiology of Diseases

As a modern society, Hong Kong has now completed its epidemiological transition of diseases, from that of infectious disease era to that of chronic diseases.

People with chronic diseases such as diabetes, hypertension, heart disease, cancer and mental problems carry with them long term illnesses. They have to live with these diseases for the major part of their lives. The increasing occurrence of chronic diseases represents another major factor driving healthcare demand.



Source: news.gov.hk

Technology Advancement

Scientific advances are constantly pushing back the frontier of medicine, bringing hopes to many patients with what was previously considered incurable diseases.

Managing the entry of new drugs and new technologies into our healthcare system in a timely manner based on clinical and cost effectiveness evidence remains key to enhancing the quality of care. This is finely balanced with the need to making our system financially sustainable.

Community Expectation

With a better educated populace, community expectation of service quality is now generally higher than before. Public hospitals face greater scrutiny over such issues as medical errors and hospital-acquired infection. To secure the public's trust, fostering a culture of safety and quality amongst staff is of fundamental importance.

Workforce



Healthcare workforce shortage is a general global phenomenon. The situation is expected to worsen as demand outstrips supply in Hong Kong in the coming years.

Analysis of graduate supply and projected manpower demand, taking into account staff turnover, shows that HA will have a yearly shortage of more than 200 nurses and 100 doctors. This is a significant challenge faced by our healthcare system.

The Strategic Service Plan sets out the service directions and strategies that HA will be pursuing over the next three years to address the key challenges facing HA

The Plan provides a framework for clinicians and executives to align their service planning

**Strategic
Service
Plan
2009-2012**

Strategic Service Plan 2009-2012

The Strategic Service Plan is developed through a broadly participative process with input from frontline clinicians and healthcare staff through the Clinical Coordinating Committees (COCs) and Central Committees (CCs), as well as from senior executives, Board members, and members of various functional committees.

Planning Framework

The Plan is created using a cascading approach as illustrated below that starts with identifying the key challenges through environmental scanning of HA's internal and external context. These include organisational and socio-economic factors described in the previous chapter that shape our service directions.



The Plan addresses 3 inter-related key challenges:

- manage growing service demand
- ensure service quality and safety
- maintain an adequate workforce

Strategic Service Plan Helping People Stay Healthy			
Strategic Intent (What we want to achieve)	Strategic Directions (Where we are going)	Service Strategies (How we get there)	Challenge Addressed
Better able to manage growing demand	Increase capacity	Increase service capacity in areas with high demand	Manage Growing Service Demand
	Keep people healthy	Shift the focus toward prevention and early intervention	
		Develop alternative options that prevent avoidable hospitalization	
	Divert demand	Divert demand for high volume, low complexity services to appropriate care partners	
Better service quality and safer services	Do no harm	Enhance safety culture and strengthen risk management system	Ensure Service Quality and Safety
	Promote patient-centred care	Maintain professional standard	
		Engage patients as an equal partner in healthcare	
	Continuous service improvement	Adopt new technology and treatment options	
		Modernize facilities and bio-medical equipment stocks	
		Embrace information technology	
Nurture a skilled & high performing workforce	Engage staff	Value staff well being and contribution	Maintain an Adequate Workforce
		Foster career development	
	Enhance workforce capacity	Improve workforce planning and development	
		New ways of working	
		Enhance skills and competence	

Framework of the Annual Plan consists of :

- *Key objectives*
- *Service priorities*
- *Program targets*

Annual Plan Framework

Annual Plan Framework

The development of this year's annual plan is guided by the 3-year Strategic Service Plan framework.

Planning Framework

The planning framework of Annual Plan comprises key objectives, service priorities and program targets. The key objectives help illustrate how we plan to achieve corporate success. They provide the overarching directions to set our priorities. The service priorities tell us where our allocated resources are directed to, and the program targets deliberate our specific tasks expressed in measurable terms.



Based on the Strategic Service Plan framework, the key objectives for Annual Plan 2009-10 (AP 09/10) are:


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


Strategic Service Plan Helping People Stay Healthy		Annual Plan Skilled Team • SMARTER Care	
Strategic Intent	Strategic Direction	Key Objectives	Service Priorities
Better able to manage growing demand	Increase capacity	Implement a planned response to manage growing service demand	Modest increase in service capacity to meet growing demand in priority areas
	Keep people healthy		Enhance primary care and optimize chronic disease management
	Divert demand		Enhance ambulatory and community care to prevent avoidable hospitalization
Better service quality and safer services	Do no harm	Improve continuously service quality and safety	Develop alternative models of public-private partnership (PPP)
	Promote patient-centred care		Strengthen safety culture and risk management
	Continuous service improvement		Enhance quality systems and clinical governance
Nurture a skilled & high performing workforce	Engage staff	Keep modernizing HA	Modernize patient feedback and engagement system
	Enhance workforce capacity		Introduce new technologies and treatment options with proven cost-benefit
			Update medical equipment & capital facilities with additional investment
		Build people first culture	Continue to develop IT programs and patient electronic health record system
			Reconfigure services and promote timely intervention
			Enhance professional competencies and build up effective management and leadership
			Improve the career prospects of staff
			Implement systematic workforce planning and development
			Redesign work to streamline work process and reduce workload
			Modernize corporate management systems


Key Objectives And Program Targets

In Skilled Team • SMARTER Care we set out 5 Key Objectives and 18 Service Priorities with around 140 corresponding Program Targets that reflect the work we are doing in pursuit of the directions of the 3-year Strategic Service Plan.

Around 70 of the Program Targets are corporate targets which are mostly initiated and led by the Head Office while the remaining are local initiatives launched by individual Hospital Clusters to address their specific pressure areas.

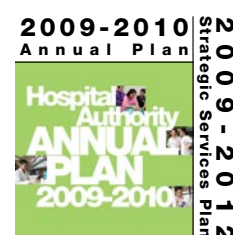
Delineated in this chapter are our corporate targets. Other cluster-specific program targets are presented in the section under Head Office and Cluster Plans. The majority of the programs listed here are new initiatives, while a number are ongoing programs or a continuation of last year's initiatives. New initiatives are highlighted with the symbol  for easy reference.

Programs that are part of the centrally driven Flagship Projects are also highlighted. Flagship Projects are initiatives that aim at bringing longer term strategic changes and are coordinated at the Directors' level. The symbol  is used to highlight Flagship Projects.

Programs marked with the symbol  are healthcare reform initiatives commissioned by the Government.

Key
Objectives
And
Program
Targets

Key Objective 1: Implement a Planned Response to Manage Growing Service Demand




Our service priorities for 2009-10

- Modest increase in service capacity to meet growing demand in priority areas
- Enhance primary care and optimize chronic disease management
- Enhance ambulatory and community care to prevent avoidable hospitalisation
- Develop alternative models of public-private partnership (PPP)

Modest increase in service capacity to meet growing demand in priority areas






Action	Target
Enhance service provision in NTWC through opening new beds at POH and TMH and providing additional specialist outpatient, allied health and community health services	Open an additional 85 beds at POH and 37 beds at TMH Rehab Block by 4Q09
Enhance service provision in KEC by opening additional beds at TKOH	Open an additional 36 surgical beds at TKOH by 4Q09
Improve cardiac care by extending the coverage of CCU care for Acute Myocardial Infarction/ Acute Coronary Syndrome (AMI/ACS) patients	Provide a total of 5 additional CCU beds at PYNEH, QEH, UCH and PMH by 4Q09
Provide additional resources to enhance the capacity and safety standards of ambulatory chemotherapy and to enable more complex chemotherapy regimens to be handled on an ambulatory basis	Expand the capacity of 6 existing chemotherapy day centres to cater for an additional 4,500 attendances by 1Q10 Introduce on-site chemotherapy services in KEC to provide 500 chemotherapy attendances by 1Q10
Expand the capacity of radiotherapy service to meet growing demand arising from an estimated 2% increase in cancer incidence	Install 2 new linear accelerators (LINACs) at PMH and PWH to provide 4,000 additional radiotherapy attendances by 1Q10
Enhance the capacity of haemodialysis (HD) for end-stage renal failure (ESRF) patients who have failed Peritoneal Dialysis	Provide hospital HD to 30 and home HD to 10 additional ESRF patients by 1Q10
Enhance HIV/AIDS services to cope with an anticipated upsurge in disease burden	Provide additional resources to cover cocktail therapy costs for the treatment of new HIV patients at QEH and PMH by 1Q10
Strengthen the liver transplant service to provide 24-hour coverage and to cope with increasing number of liver patients requiring pre- and post-operation care	Augment the manpower of the liver transplant team at QMH and recruit additional transplant coordinators for public hospitals by 1Q10

Action	Target
Enhance blood service to meet demand for blood products in order to support expanded capacity of hospital services and enhanced intervention for life-threatening illnesses	 Establish a new blood donor centre in Kwun Tong, increase blood collection capacity of Blood Transfusion Service by 13,200 units of whole blood, and supply 15,000 additional units of filtered red cells by 1Q10







Enhance primary care and optimize chronic disease management

Action	Target
Support private family doctors and public clinics in preventive care by providing comprehensive and protocol-based disease-specific risk factor assessment and targeted management to chronic disease patients	 Establish multi-disciplinary teams to provide risk assessment and targeted management to diabetes and hypertension patients in the 2 piloting clusters of HKEC and NTEC by 3Q09 
Implement a patient empowerment program together with non-government organizations (NGOs) to support the education of chronic disease patients under the care of public clinics or private family doctors	 Develop and launch a pilot patient empowerment program for diabetes and hypertension patients in collaboration with NGOs by 4Q09 
Set up Nurse and Allied Health Clinics at selected GOPCs to follow up patients discharged from hospitals and chronic disease patients referred by public clinics or private family doctors for targeted management	 Establish Nurse and Allied Health Clinics (NAHC) on fall prevention, respiratory problems, wound care, continence care, mental wellness, and medication management at selected GOPCs by 1Q10 
Develop a framework to evaluate the three above-mentioned programs supporting the healthcare reform direction of enhancing primary care	 Develop an evaluation framework for enhanced primary care programs under the Government's healthcare reform measures by 1Q10
Conduct a review on GOPC service provision and its role in Family Medicine training in partnership with CUHK	 Review the role and position of GOPC services and recommend measures to strengthen primary care in the community by 1Q10 
Enhance Chinese Medicine (CM) service and plan for the establishment of additional CM clinics	Identify 4 potential Chinese Medicine sites in the districts of Island, Southern, Kowloon City and Yau Tsim Mong by 1Q10
Set up training programs for CM Practitioner trainees and sponsor senior CM/Integrative Medicine experts as trainers	 Provide training for 70 CM Practitioner trainees based in 14 CM centres by 1Q10

Enhance ambulatory and community care to prevent avoidable hospitalization

Action		Target
Promote timely ambulatory care for mental health patients through triage clinics to assess and treat newly referred non-urgent cases		Set up triage clinics at 5 Psychiatric SOPCs and provide 10,500 attendances by 1Q10
Strengthen community care through providing discharged mental health patients with recovery support service		Train community health workers to deliver recovery support program for newly discharged psychiatric patients and provide 14,400 outreach visits by 1Q10
Provide psychogeriatric outreach services to private old age home residents who have psychiatric disorders or dementia		Extend psychogeriatric outreach service to an additional 50 private old age homes and provide 10,000 additional outreach attendances by 1Q10
Enhance Community Geriatric Assessment Service (CGAS) that includes outreach consultation, community rehabilitation, and carer training for staff of old age homes		Extend the coverage of CGAS to 50 additional old age homes within the KWC catchment areas and provide an additional 44,000 outreach attendances by 1Q10
Establish a community health call centre service in stages to provide discharge and disease management, referral, triage, and counseling for targeted population		Commence the community health call centre service to serve high risk discharged elderly patients in HKEC and KCC by 2Q09 and in NTEC by 4Q09
Conduct a review on measures to keep people healthy and prevent avoidable hospitalization in collaboration with CUHK and HKU		Evaluate and recommend potential intervention programs on reducing avoidable hospitalization for targeted high risk population by 1Q10
Pilot Integrated Discharge Support Program for Elderly Patients (IDSP) in collaboration with NGOs to formulate discharge care plan and provide home support services		Roll out the 3rd pilot of IDSP for elderly patients discharged from TMH and residing in Tuen Mun or Yuen Long District by 3Q09
Promote patient empowerment by strengthening the newly developed “Smart Patient Website” with enriched content and interactive features to make it more user-friendly		Enrich the chronic disease content and training materials for patients and carers at “Smart Patient Website” and develop more interactive games by 1Q10

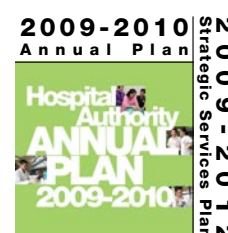
Develop alternative models of public-private partnership (PPP)

Action		Target
Provide public patients with additional choices through purchasing services from private family doctors to follow up SOPC patients with stable chronic conditions	 	Commence enrollment of SOPC patients for referral to private family doctors for continued medical attention in the 2 piloting clusters of HKEC and NTEC by 1Q10
Offer ESRD patients currently receiving treatment at HA centres the choice of receiving haemodialysis in centres managed by private sector or NGOs	 	Purchase haemodialysis service from private or NGO-managed centres for 40 ESRD patients of HA by 1Q10
Purchase private services for stable chronic disease patients who are receiving regular follow-ups at GOPCs in areas with high demand for public primary care services, which is being piloted in Tin Shui Wai		Expand the pilot project of purchasing services from private family doctors for certain patient groups under the care of GOPCs to the whole of Tin Shui Wai and 1 more district by 1Q10
Continue the current PPP model of purchasing cataract surgeries from the private sector for patients who are on HA waiting list for routine cataract surgery. The plan is to conduct 7,000 cataract operations in total under the Cataract Surgeries Programme using this model by 2010		Complete an accumulated total of 6,000 cataract surgeries with participation of the private sector by 1Q10
Develop a PPP Model for Phase 2 of the North Lantau Hospital Project		Conduct a non-committal Expression of Interest Exercise for the development of a PPP model for Phase 2 of the North Lantau Hospital Project by 1Q10

Key Objective 2: Improve Continuously Service Quality and Safety

Our service priorities for 2009-10

- Strengthen safety culture and risk management
- Enhance quality systems and clinical governance
- Modernize patient feedback and engagement system




Strengthen safety culture and risk management

Action	Target
Improve patient safety by reducing the re-use of Single Use Devices (SUDs) in HA hospitals	☑ Phase out the re-use of all class III critical items of SUDs and other SUDs with a record of medical incidents by 1Q10
Implement 2-D barcoding system in HA hospitals for laboratory tests to facilitate correct patient identification	Roll out 2-D barcode system for all blood, histopathological and microbiological tests in 8 hospitals (Phase 1) by 1Q10
Provide Medication Reconciliation Service upon patients' admission and discharge, which involves pharmacists compiling an up-dated list of a patient's medications and double-checking for drug allergies	☑ Develop guidelines and protocol for Medication Reconciliation Service and pilot the service in 2 major acute general hospitals by 3Q09
Set up a model of centralised compounding centre for the preparation of Total Parenteral Nutrition (TPN) and Cytotoxic Drug Reconstitution products	☑ Pilot centralising TPN and Cytotoxic Drug Reconstitution in PMH and TMH by 1Q10
Improve both physical and information security in HA to prevent critical incidents from happening	☑ Implement Central File and Email Servers to secure confidential data and emails; encrypt portable computing devices; and install baby/patients tagging and CCTV system in high risk areas of KEC by 1Q10
Review fire services installations and develop an improvement plan according to up-to-date fire services requirements	☑ Set up an improvement plan for hospital fire services installations by 4Q09
Prepare contingency plans for the provision of medical coverage for accredited persons at the 2009 East Asian Games	☑ Set up HA Task Force, assemble Medical Teams, and develop contingency plans and organize drills to prepare for 2009 East Asian Games by 4Q09

Enhance quality systems and clinical governance

Action		Target
Implement pilot hospital accreditation program with an international accrediting agent using standards recognized by the International Society for Quality in Healthcare		Implement the 3-year pilot hospital accreditation program in 3 public hospitals by 1Q10
Develop a reliable and validated ICU database with automatic data capturing interface to monitor ICU performance	Y	Develop a plan for overseas benchmarking and set up a database to be used by 14 ICUs by 1Q10
Appraise the performance of contractors and consultants for HA's works projects, including both major and minor capital works, to facilitate tender recommendation	Y	Develop a performance appraisal system for contractors and consultants of HA's works projects by 3Q09

Modernize patient feedback and engagement system

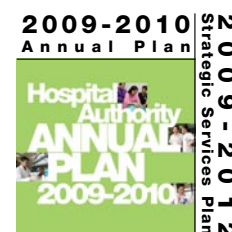
Action		Target
Modernizing the complaints and patient engagement system to facilitate a better integration of complaint and risk management		Conduct Patient Satisfaction Survey at public hospitals and roll out the pilot Electronic Patient Relations System (ePRS) to clusters by 1Q10



Key Objective 3: Keep Modernizing HA

Our service priorities for 2009-10

- Introduce new technologies and treatment options with proven cost-benefit
- Update medical equipment and capital facilities with additional investment
- Continue to develop IT programs and patient electronic health record system
- Reconfigure services and promote timely intervention







Introduce new technologies and treatment options with proven cost-benefit

Action		Target
Expand the capacity of cytogenetic services to improve the diagnosis and prognostication of leukaemia	Y	Replace aged karyotyping machine at QEH and recruit and train Medical Technologists to perform cytogenetic studies by 1Q10
Widen the scope of the HA Drug Formulary for cost-effective drugs which have accumulated scientific evidence on clinical efficacy	Y	Provide new drug funding to cover Fibrinolytics for treating acute myocardial infarction, Statins for diabetic patients, and Bisphosphonates for osteoporotic fracture by 3Q09
Review and offer patients with Advanced Parkinson's Disease the option of undergoing Deep Brain Stimulation (DBS) to help improve their functioning ability and reduce drug dosage	Y	Develop a HA-wide registry of DBS treatment and provide the treatment to an additional 9 suitable patients with Advanced Parkinson's Disease at PWH, QMH and QEH by 1Q10
Identify expensive self-financed drugs that are clinically proven to be of significant benefit to patients for inclusion into the Samaritan Fund		Introduce one to two additional self-financed drugs into the Samaritan Fund safety net by 1Q10


Update medical equipment and capital facilities with additional investment

Action		Target
Replace ageing medical and engineering equipment funded by the Capital Block Vote (CBV)		Complete the replacement of around 196 pieces of medical equipment and some 103 engineering equipments funded by CBV by 1Q10
Review and update clinical facility planning and design standards to benchmark with the best in the field	Y	Renew planning and design standards for emergency services, operating theatres, diagnostic imaging and interventional radiology and clinics by 4Q09

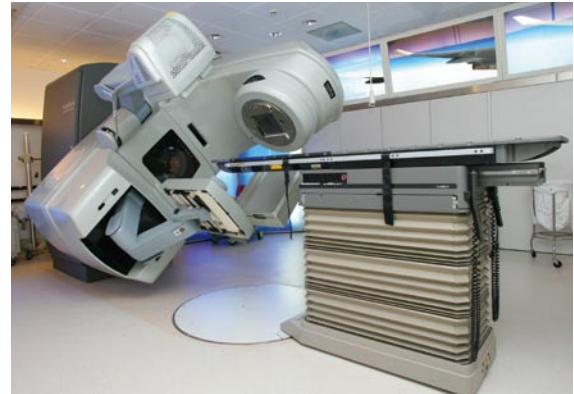
Continue to develop IT programs and patient electronic health record system

Action		Target
Continue to develop the next version of CMS (CMS Phase III) to realize the vision of HA's Clinical System Strategy (2007– 2012) for a robust clinical system that will comprehensively support and improve care delivery. It will also be an integral part of a community wide platform for the sharing of electronic health data	 	Revamp CMS II application system modules to get another 30% of the modules ready and to develop new functional areas by 1Q10
Replace outdated PC equipment in the clusters with the current models and upgrade PCs and Wireless networks to support filmless imaging		Replace 1,600 sets of PCs and peripherals in the clusters and upgrade corporate PCs and wireless network to support the piloting of filmless imaging at PMH by 1Q10
Replace ageing corporate IT network and server equipment in HA		Complete technology refreshment on ageing IT network and server equipment for 25% of the replacement program in terms of value by 1Q10
Extend Stage 1 of the new Patient Information – Activity and Billing System (PI-AB) to the remaining clinical services		Streamline and standardize the data flow from the remaining clinical services for private patients to Stage 1 of PI-AB fees and charges in order to pave the way for Stage 2 of the new PI-AB by 1Q10
Plan for the information systems and infrastructure in the PWH Redevelopment Block in partnership with the cluster / hospital commissioning teams		Prepare a plan for the necessary IT infrastructure for the new extension block at PWH with reference to its service model by 1Q10
Enhance HA staff's access to patient care knowledge via personalized eKG services		Implement personal eKG homepage with enhanced access to evidence-based resources including databases and electronic journals and books by 1Q10

Reconfigure services and promote timely intervention

Action		Target
Enhance the quality of SOPC referrals and empower HA primary care clinics to assess and treat more complex conditions so as to better manage the SOPC waiting time		Develop SOPC referral guidelines and pilot electronic referral system, and expand HA primary care clinics' access to special drugs by 1Q10

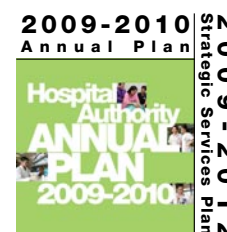
Action	Target
Prepare ground work and initiate a review on role delineation for paediatric services in HA to facilitate a well-coordinated network with the proposed Centre of Excellence in Paediatrics	Initiate a review to make recommendations on role delineation between HA's paediatric service units and the proposed Centre of Excellence in Paediatrics by 1Q10




Key Objective 4: Build People First Culture

Our service priorities for 2009-10



- Enhance professional competencies and build up effective management and leadership
- Improve the career prospects of staff
- Implement systematic workforce planning and development
- Redesign work to streamline work process and reduce workload
- Modernize corporate management systems




Enhance professional competencies and build up effective management and leadership

Action	Target
Enhance continued training of healthcare staff, including doctors, nurses, allied health professionals and other non-clinical staff	Strengthen in-house training capacity as well as enhance support for staff to attend local and overseas external training by 1Q10
Enhance professional competencies to support service development and facilitate professional career progression	Provide 40 training programs for allied health professionals, 30 programs for doctors, and 12 nursing specialty courses with 70 enhancement programs for nurses by 1Q10
Enhance Family Medicine (FM) training for primary care doctors that includes chronic disease management, patient empowerment and health informatics	 Provide structured training for 50 FM higher trainees and 110 GOPC servicing doctors by 1Q10



Improve the career prospects of staff

Action	Target
Support the career development of General Services Assistants (GSA) / Technical Services Assistants (TSA)	 Pilot a new job level with junior management and coordination role for TSA and develop a career training and progression guidebook for GSA/TSA by 1Q10
Evaluate the implementation of allied health and nursing Career Progression Models (CPM) under which new roles and ranks such as Nurse Consultant and Advanced Practitioner are created	 Complete the evaluation of one piloted allied health CPM and one piloted nursing CPM by 1Q10

Implement systematic workforce planning and development

Action	Target
Increase the intake for 3-year Higher Diploma in Nursing Programs and 2-year Enrolled Nurse Training Programs	Enroll a total of 650 students for Registered Nurse and Enrolled Nurse training by 4Q09
Recruit both full-time and part-time doctors, nurses and allied health professionals through active recruitment drives	Recruit at least 300 doctors, 720 nurses and 280 allied health professionals for a net increase of some 100 doctors, 110 nurses, and 130 allied health professionals by 1Q10
Develop a multi-level models on service demand projection for the spectrum of HA services and translate the projected demand into facility and workforce requirements	 Develop and implement an integrated framework for medium to longer term projection on health service demand, facility and workforce by 1Q10

Redesign work to streamline work process and reduce workload

Action	Target
Continue the pilot Doctor Work Reform programs to streamline night activities of clinical departments and share out doctors' and nurses' workload, and monitor the working conditions of all HA doctors as per HA's target	 Put in place the refined reform strategies by phases so that doctors' average weekly working hours will not exceed 65 by the end of 2009, and report the final outcomes by 1Q10
Develop new ward workload standards in acute care settings to improve allocation of nursing manpower in pressure areas	 Implement new workload measurement and nursing manpower allocation method by 3Q09
Reduce ward staff injury through the use of modern equipment or tools, such as electrical beds and mattresses	Replace 1,700 manually operated beds in the wards with electrical beds and mattresses by 1Q10

Modernize corporate management systems

Action	Target
Continue to roll out the Enterprise Resource Planning (ERP) system in line with HA's Non-Clinical Systems Strategy of replacing the majority of the ageing non-clinical systems – particularly the Payroll system which is assessed as high risk if not replaced	Implement ERP for Payroll across the whole of the Authority, complete the final roll-out for finance, procurement and employee records, and implement budgeting solution across HA by 1Q10

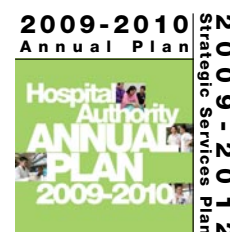
Action	Target
Enhance the effectiveness of external and internal communication through revamping HA websites to make them more user-friendly	Refresh information architecture and navigation of both Internet and Intranet websites of HA by 3Q09
Enhance corporate image through refreshing the design of corporate identity with the launch and promotion of the new Vision, Mission and Values (VMV)	Roll out a series of activities to refresh HA's corporate identity incorporating the new VMV by 1Q10
Set out an explicit strategy to guide HA service development for 2009 through 2012 to better address community needs and key challenges	Publish HA Strategic Service Plan 2009-2012 by 2Q09
Develop user-friendly electronic services for employees to support Human Resource (HR) services improvement and modernization	Roll out e-payslips and pilot other electronic self-service initiatives for staff by 1Q10



Key Objective 5: Maintain Financial Sustainability

Our service priorities for 2009-10

- Support Government deliberations on healthcare reform and financing
- Implement a new funding allocation model that has incentives for productivity and quality

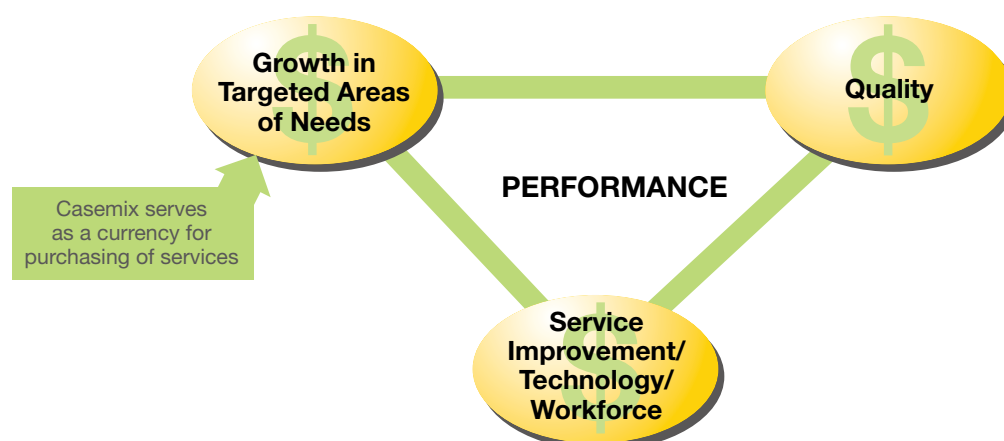


Support Government deliberations on healthcare reform and financing



Implement a new funding allocation model that has incentives for productivity and quality

Action	Target
Continue to develop and refine the “Pay for Performance” internal resource allocation model in order to provide incentives for productivity and quality improvement, with special focus on developing a locally appropriate casemix system for HA	Refine the newly developed internal resource allocation model of “Pay for Performance” to enhance the service and budget planning process for 2010-11 by 3Q09



HA provides 27,229 hospital beds and manages 7.5 million patient days a year

Service Targets

HA is tasked with delivering a comprehensive range of preventive, curative and rehabilitative medical services to ensure access of every citizen to affordable healthcare.

We currently manage 41 public hospitals/institutions, 48 SOPCs and 74 GOPCs. These facilities are organized into seven clusters according to geographical locations, as illustrated in Appendixes 1 and 2.

Our Service Throughputs

- 1.3 million in-patient / day-patient discharge episodes
- 2.1 million A & E attendances
- 7.8 million SOPC attendances
- 5.0 million primary care attendances
- 1.6 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.

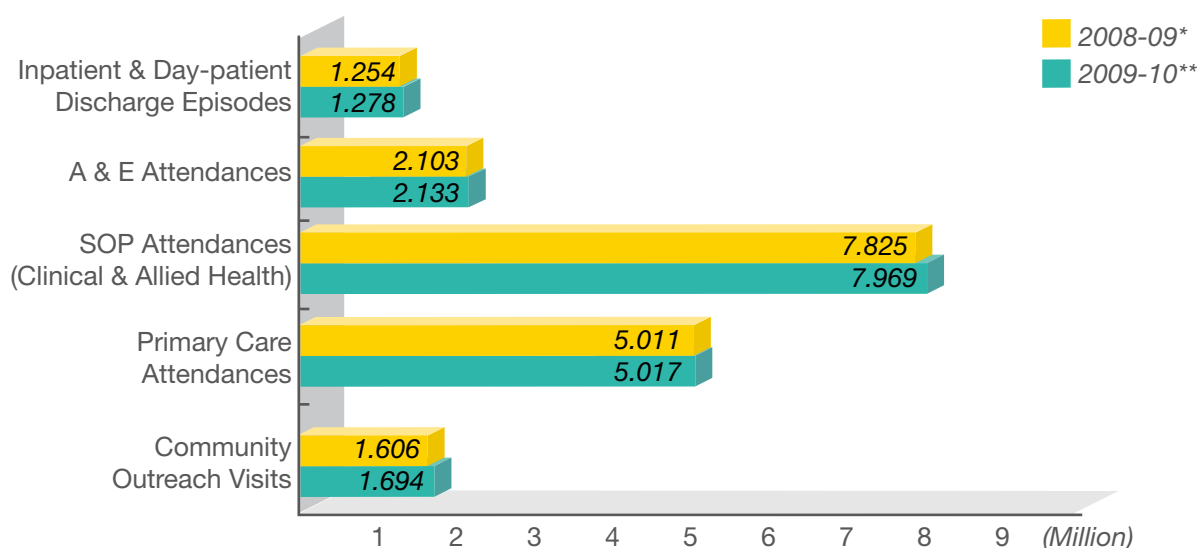
Service
Targets

Throughput Targets for 2009-10

To meet increasing service demand arising from an ageing and growing population, we plan to increase hospital service throughput by around 2% in the coming year. In our effort to enhance community care for elderly and chronically ill patients, we hope to increase the throughput for community outreach services by at least 5%.

A comparison of our estimated throughput in 2008-09 and activity targets for 2009/10 for the various services is shown in Figure 1. These and other key service statistics are delineated in Appendix 3. Appendix 4 provides a breakdown of the activity throughput for the various Clusters.

Figure 1. Comparison of service throughput in 2008-09 and activity targets for 2009-10



* Estimated figures

** Activity targets (Projected figures)

HA's existing staff strength is 54,809 full-time equivalents. Around 70% of them are providing direct patient care

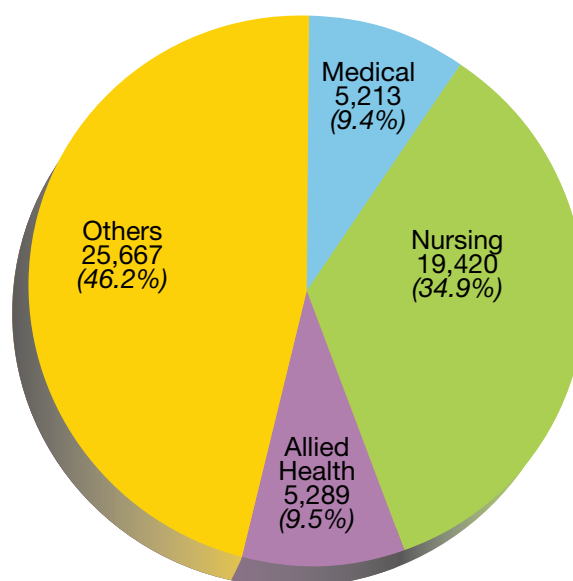
Manpower Estimates

It is estimated that we need to increase our staff strength by 780 in the coming year, to 55,589 full-time equivalents.

We need to increase our manpower by 1.4% to implement activity growth and other new programs and service improvement initiatives.

Taking into consideration staff turnover, it is anticipated we would have to recruit 300 doctors, 720 nurses and 280 allied health professionals in 2009-10. Figure 2 provides a breakdown of our estimated staff requirement for the coming year. A detailed comparison of the manpower estimates for 2008-09 and 2009-10 is provided in Appendix 3.

Figure 2. Estimated Staff Strength in 2009-10



Manpower
Estimates

The additional provision will help HA to meet the challenges arising from ageing and growing population, improving service quality and patient safety, and modernizing our equipment and capital facilities

Budget Allocation

Budget Allocation

The Government will increase recurrent budget allocation to HA over the next three years by nearly \$870 million a year.

Government's Financial Provision for HA for 2009-10

For the fiscal year 2009-10, there is an increase of 1.1% in the financial provision by Government to HA as compared to the Revised Estimate for 2008-09. However, when we discount the non-recurrent injection of Samaritan fund of \$1 billion in 2008-09, the increase is in fact 4.3%.

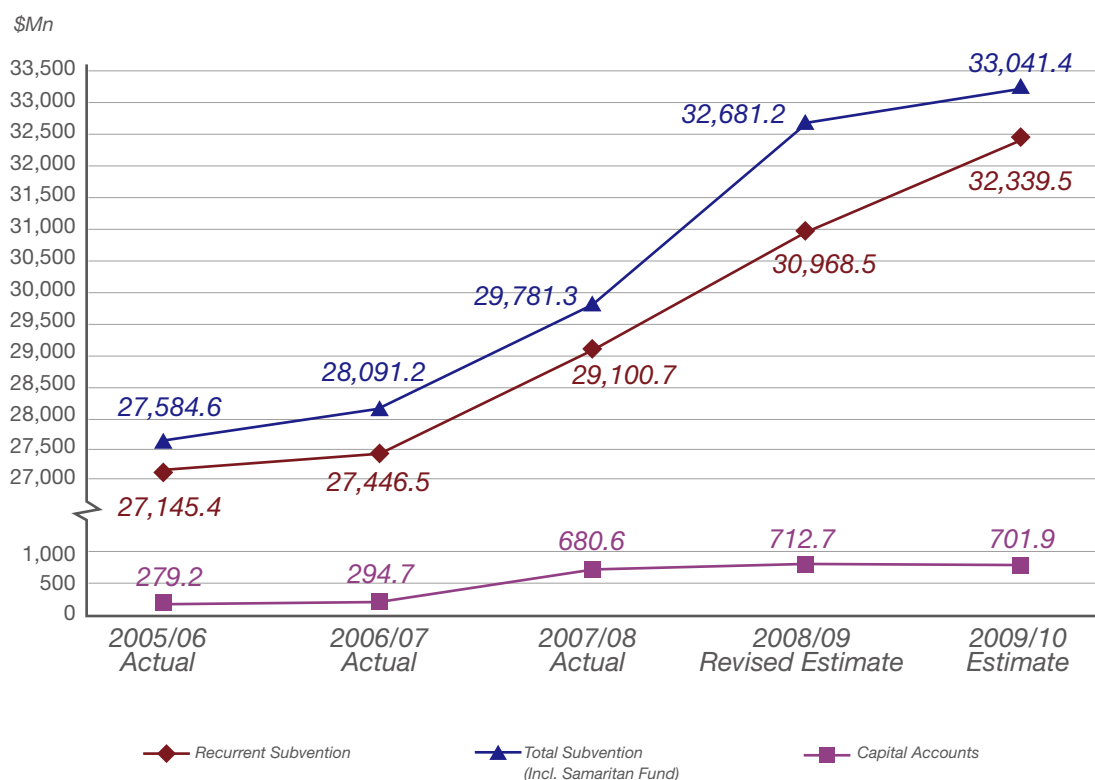
The financial provision indicated by the Government for 2009-10 is \$33,041.4 million, compared to the Revised Estimate of \$31,681.2 million in 2008-09 (excluding Samaritan fund). Figure 3 gives a breakdown of the various components of the provision for the two financial years.

As illustrated by Figure 4, there has been in fact a continuous rise in the Government's financial provision to HA over the past few years.

Figure 3. Financial provision by Government for 2008-09 and 2009-10

	2008-09 (Revised Estimate) \$Mn	2009-10 (Estimate) \$Mn
<u>Operating Account</u>		
Recurrent Subvention	30,968.5	32,339.5
Increase in Recurrent Subvention		1,371.0 4.4%
<u>Non-recurrent Account</u>		
Samaritan Fund	1,000.0	-
<u>Capital Account</u>		
Equipment and Information Systems	712.7	701.9
Decrease in Capital Account		(10.8) (1.5%)
Financial Provision	32,681.2	33,041.4
Increase in Financial Provision		360.2 1.1%
Financial Provision (excluding Samaritan Fund)	31,681.2	33,041.4
Increase in Financial Provision (excluding Samaritan Fund)		1,360.2 4.3%

Figure 4 Financial Provision by Government for 2005-06 through 2009-10



Funding Allocation

The financial provision of \$33,041 million includes:

- (a) \$872 million additional recurrent provision, representing 2.93% growth in recurrent subvention. With the additional funding, more patients will benefit from HA services. For instance, we will be able to provide around:

- 25,000 additional hospital episodes (2% increase)
- 112,000 additional SOP (clinical) attendances (2% increase)
- 127,000 additional day hospital and community outreach attendances (3% increase)

In particular, a total of around 150 additional beds will be provided in NTWC and KEC. New beds will be opened at POH, TMH and TKOH. Around \$56 million and \$35 million will be allocated to NTWC and KEC respectively for this purpose.

We will also strengthen mental health services through new initiatives such as:

- recovery support program for psychiatric patients in the community by providing 14,400 outreach visits
- setting up triage clinics at psychiatric SOPCs to provide 10,500 attendances for newly referred psychiatric patients
- extending the psychogeriatric outreach program to an additional 50 residential care homes for the elderly to provide 10,000 additional outreach visits

Other key programs to be implemented with the new recurrent funding are as follows:

- Enhance service provision for life threatening diseases including chemotherapy, oncology service, cytogenetic service, haemodialysis, liver transplant, blood services and acute cardiac care
- Extend Community Geriatric Assessment Service (CGAS) to additional residential care homes for the elderly
- Launch a three-year pilot scheme for accreditation in public hospitals to improve patient safety



- (b) \$25 million recurrent funding for the provision of imaging services



- (c) \$305 million one-off provision for the implementation of new healthcare reform initiatives, including:
- \$170 million for enhancing primary care services for chronic disease patients; strengthening family medicine training; and enhancing healthcare services for targeted group of patients through public-private partnership
 - \$135 million to cover the costs of providing support service for the development of electronic health record (eHR) over a four-year period
- (d) \$702 million provision under the capital account for HA to replace ageing medical equipment, enhance IT systems and to develop an electronic health care voucher system

Other Additional Capital Funding for 2009-10

The Government will provide an additional \$600 million for our capital improvement, planned maintenance and investigation works, with a maximum budget of \$21 million per project. These include:

- internal and external renovation of hospitals and clinics, including hospital wards and operating theatres. Works include repainting, re-roofing, and plumbing and drainage improvements
- slope inspections and minor slope improvement works for all public hospitals

Looking Ahead

In order to ensure the long term sustainability of the public healthcare system, HA will continue to:

- refine the new “Pay for Performance” internal resource allocation system with reference to cost benchmarking and performance measurement to offer incentives for improving productivity and quality;
- utilize the allocated resources in an efficient manner, and explore various options of service rationalization and other incentives to further improve the efficiency and cost effectiveness of HA’s services; and
- support the Government in the planning and co-ordination of future healthcare services delivery.

Head Office and Cluster Plans

This section contains an overview of the work plans of the Head Office and the seven Hospital Clusters for 2009-10.

The sequence of the Head Office and Cluster Plans is as follows :

- Head Office (HAHO)
- 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)

Head
Office
and
Cluster
Plans

Head Office (HAHO)

Key Facts

The HA Head Office (HAHO) comprises six divisions, namely:

- Cluster Services
- Corporate Services
- Finance & Information Technology
- Human Resources
- Quality & Safety
- Strategy & Planning

Major Challenges

In face of expanding demand from stakeholders with different priorities, it is imperative for HAHO to demonstrate leadership in mapping out long term strategies, effective implementation of policies, monitoring of results, and control of quality. As the community expects a more responsive HA and public hospitals are facing greater scrutiny over issues such as medical errors and hospital-acquired infection, HAHO will also need to lead and co-ordinate responses to emergency situations as well as to foster a culture of safety and quality amongst staff.

Major Initiatives

HA is entrusted by the Government to provide medical support for the upcoming East Asian Games to be held in Hong Kong in December 2009. HAHO will co-ordinate medical services provision for the event. In addition, the various divisions of HAHO have initiated and will lead some 70 corporate targets corresponding to the five Key Objectives and 18 Strategic Priorities of Annual Plan 2009-10. These corporate targets are already outlined in the earlier chapter on Key Objectives and Program Targets, examples include the following :

- To meet rising **service demand**, we will increase service capacity in priority areas, reduce demand for hospital services by developing service models to better manage chronic diseases and reduce avoidable hospitalization, and divert low complexity services to appropriate care partners. Major initiatives to be launched by HAHO include:
 - Expand the capacity of chemotherapy day centres to enable more complex regimens to be handled on an ambulatory basis.
 - Develop and launch a patient empowerment program in collaboration with NGOs for chronic disease patients.
 - Train community health workers and implement recovery support program for newly discharged psychiatric patients.

- Develop PPP projects for specialist out-patient service, haemodialysis service, cataract surgery and general out-patient service.
- To improve continuously service **quality and safety**, we will implement measures to achieve more timely intervention of diseases and steer development of quality and safety systems. Specific initiatives include:
 - Engage an overseas accrediting agent to pilot hospital accreditation in three HA hospitals using international standards.
 - Implement measures to reduce the re-use of Single Use Devices (SUDs), especially high risk items and those with a record of medical incidents.
 - Conduct Patient Satisfaction Survey for hospital services and roll out a pilot Electronic Patient Relations System.
- We will **keep modernizing HA** to keep pace with changes in technologies / systems and update modern clinical practice. Specific initiatives include:
 - Develop the next generation of electronic Clinical Management System (CMS Phase III) to facilitate the creation of patients electronic health records.
 - Enhance HA primary care clinics to assess and treat more complex conditions so as to better manage the waiting time for first appointment at SOPCs.
 - Widen the scope of HA drug formulary for cost effective drugs with proven clinical efficacy.
- HAHO is committed to developing a **people-oriented culture**, focusing on measures that enhance professional competencies and boost staff morale, such as:
 - Strengthen in-house training capacity for clinical as well as non-clinical staff through improving training facilities, program coordination and trainer pool.
 - Pilot measures that support the career development of General Services Assistants (GSA) and Technical Services Assistants (TSA).
 - Put in place measures to ensure that doctors' work hours do not exceed 65 hours per week.
 - Refresh the design of HA's corporate identity with the launch and promulgation of the new Vision, Mission and Values.

HAHO will continue to adopt strategies and systems to **maintain financial sustainability**. We will support Government deliberations on healthcare reform and financing and implement funding allocation model that provides incentives for productivity and quality. Specifically, we will refine the newly developed internal resource allocation model of "Pay for Performance" to enhance the service and budget planning process for 2010-11.

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

Hong Kong West Cluster (HKWC)

Key Facts

The main catchment area of HKWC covers Central, Western and Southern Districts of the Hong Kong Island with a population of around 0.53 million, though the Cluster's tertiary and quaternary services serve the whole population of Hong Kong.

There are eight hospitals/institutions in the Cluster:

- Queen Mary Hospital (QMH) – A regional acute hospital and the teaching hospital for The University of Hong Kong Li Ka Shing Faculty of Medicine. It is also a tertiary and quaternary referral centre for advanced technology services such as liver, heart and lung, and bone marrow transplants.
- Tung Wah Hospital (TWH) – The oldest hospital under the medical division of the Tung Wah Group of Hospitals. The hospital provides acute and extended care as well as ambulatory and day surgery services for patients from QMH and the Cluster. It also provides tertiary ENT and renal services to the community.
- Grantham Hospital (GH) – A tertiary referral centre for treatment of heart and lung diseases. Apart from Cardiac Medicine, Tuberculosis & Chest Medicine, GH also provides other specialized services including geriatrics and palliative medicine.
- Duchess of Kent Children's Hospital (DKCH) – The hospital provides specialist services in paediatric orthopaedics, spinal surgery, neurology, dental surgery and developmental paediatrics. It serves child patients throughout the territory.
- Fung Yiu King Hospital (FYKH) – An extended care hospital specializing in geriatric service. It provides rehabilitation and convalescence for medical and orthopaedic patients, as well as community outreach service through its Community Geriatric Assessment Team.
- MacLehose Medical Rehabilitation Centre (MMRC) – Opened in 1984 by the Hong Kong Society for Rehabilitation, the centre now provides comprehensive rehabilitation services.
- Tsan Yuk Hospital (TYH) – With its obstetric and newborn in-patient services relocated to QMH in late 2001, the hospital is currently operating as a community family health centre.
- David Trench Rehabilitation Centre (DTRC) – Provide day services through its Departments of Psychiatry, Occupational Therapy and Physiotherapy.

As at 31 December 2008, the Cluster manages a total of 3,163 beds, with 2,881 for acute, convalescent and rehabilitation care, 200 for infirmary care, and 82 for the mentally ill. It also manages 5 GOPCs.

A holistic care philosophy is adopted to promote a healthy community, and services are designed to provide seamless care to citizens in partnership with other public and private service providers.

Major Challenges

2009-10 will be a year of new opportunities and challenges. With the implementation of a new internal resource allocation system of “Pay for Performance” in the HA, the budget of HKWC will be increased in line with patient load and targeted activity growth, but with downward adjustment on account of productivity gain and casemix redistribution. To rise up to the challenges of escalating service demand and shortage in nursing workforce, we will continue to focus on improving operation efficiency and effectiveness through service rationalization, reprioritization and realignment with full commitment to providing an integrated and high quality healthcare service.

Major Initiatives

In accordance with corporate strategic directions, our 2009-10 work plan will focus on managing service growth in demand pressure areas, ensuring quality and safety, and maintaining an adequate workforce. Our major initiatives are as follows:

- Increase service capacity to meet growing demand in high priority areas by enhancing cancer care, renal service and liver transplant service, expanding hip and knee replacement service and setting up a Cataract Centre.
- Optimize chronic disease management by establishing a Satellite Community Centre to strengthen community based services and setting up Nurse and Allied Health Clinics at GOPCs to provide continuous care to post-discharge patients with chronic diseases.
- Enhance community care for patients with mental illness to reduce avoidable hospitalization by providing discharged psychiatric patients with recovery support service and extending psychogeriatric outreach service to more private Residential Care Homes for the Elderly.
- Enhance quality systems by implementing clinical pathway in Palliative Care in GH and piloting hospital accreditation in QMH conducted by an international accrediting agent.
- Reinforce “People First Culture” by continuously improving occupational safety and health, helping staff achieve a balanced work life and introducing initiatives where possible to reduce doctors’ continuous work hour and work pressure.

HKWC Targets

Implement a Planned Response to Manage Growing Service Demand	
• Strengthen the liver transplant service to cope with increasing number of liver patients requiring pre- and post-operation care	4Q09
• Establish a Satellite Community Centre at Wah Fu Estate to provide comprehensive multi-disciplinary community service to empower patients/families on the prevention of and care for chronic diseases through self-management and lifestyle modification	4Q09
• Expand the capacity of the existing chemotherapy day centre to cater for 181 additional day-patient attendances and 361 additional specialist outpatient attendances	1Q10
• Perform an additional 100 hip and knee replacement operations to shorten waiting time	1Q10
• Enhance the capacity of haemodialysis to treat 4 more patients who have failed Peritoneal Dialysis	1Q10
• Set up a Cataract Centre in GH to cater for the growing demand for cataract service and to shorten the waiting list for cataract operation	1Q10
• Set up Nurse and Allied Health Clinics on wound care, continence care and medication management at Tung Wah Hospital, Sai Ying Pun and Aberdeen GOPCs to provide targeted management to post-discharge and chronic patients	1Q10
• Implement recovery support program for discharged mental patients to cater for 880 additional outreach attendances and extend psychogeriatric outreach services to private old age home residents by providing 1,430 additional outreach visits	1Q10
Improve Continuously Service Quality and Safety	
• Implement modified Liverpool Care Pathway in Palliative Care at GH to further enhance the quality of care provided to patients requiring end-of-life care	4Q09
• Pilot hospital accreditation in QMH by an international accrediting agent	1Q10
• Implement 2-D barcoding system for all blood, histopathological and microbiological tests in QMH	1Q10
Keep Modernizing HA	
• Offer Deep Brain Stimulation for the treatment of 3 more patients with Advanced Parkinson's Disease at QMH	4Q09
• Expand cytogenetic service to cater for 50 additional tests to meet service gap for patients with blood disorder	1Q10

Build People First Culture

- Conduct Staff Health Check Program to care for the carers and foster staff wellness 2Q09
- Enhance Staff Recognition Scheme to foster a culture of service excellence 3Q09
- Recruit a total of 100 students for 2-year EN Training Program in GH Nursing School 1Q10
- Organize “Cardiac Catheterization Laboratory Nursing Course” in GH to enhance the competence of cardiac nurses 1Q10

Kowloon Central Cluster (KCC)

Key Facts

The catchment area of KCC covers Yau Ma Tei, Tsim Sha Tsui and Kowloon City districts with a total population of 0.48 million.

There are six hospitals / institutions in the Cluster:

- Queen Elizabeth Hospital (QEH) - A major acute hospital providing 24-hour comprehensive services.
- Kowloon Hospital (KH) - A multi-specialty hospital providing acute and extended care services in psychiatry, rehabilitation, respiratory medicine, as well as convalescent care and community outreach services.
- Buddhist Hospital (BH) - A community hospital with general and extended care services.
- Hong Kong Eye Hospital (HKE) - A specialised Ophthalmic Centre.
- Hong Kong Red Cross Blood Transfusion Service - An institution providing blood and blood products to all hospitals in Hong Kong.
- Rehabaid Centre - An institution providing specialised community-based rehabilitation services.

As at 31 December 2008, the Cluster manages a total of 3,568 beds with 3,005 for acute, convalescent and rehabilitation care, 118 for infirmary care and 445 for the mentally ill. It is supported by six GOPCs, one of which is located inside BH.

Major Challenges

KCC is serving an increasing proportion of elderly patients. For instance in QEH, 50.1% of the bed-days in 2007-08 were occupied by patients aged 65 or above as compared to 42.9% in 1997-98. At the Cluster level, 56.3% of the bed-days in 2007-08 were occupied by elderly patients who made up around 15% of our catchment population.

To meet the challenge of providing safe and quality care in the face of rising service demand and expectation, our main focus is on providing the right care for the right patient at the right place efficiently. Building on our Cluster core values of RESPECT (Respect, Empathy, Sharing, Professionalism, Efficiency, Creativity, Trust), we have, commencing from 2008-09, earmarked the three consecutive years as Years of Safety, with a specific theme each year: (i) patient safety, (ii) staff safety, and (iii) quality. Moreover, efforts have been made to address increased service demands in the areas of cancer surgery and joint replacement. We have also initiated a number of staff development programs, in addition to the retention and training programs to manage staff shortages due to wastage and other factors.

Major Initiatives

KCC has formulated a wide range of new initiatives according to the five corporate key objectives for implementation in 2009-10 to develop a safe, quality, patient-centred and community-focused healthcare service. The major initiatives are as follows:

- To implement planned responses to manage growing service demand, we will open one additional ICU bed in QEH, and provide more Operating Theatre sessions and cataract operations. We will also establish a Diabetes Mellitus Review Clinic to improve diabetic control. Additional doctor sessions will be provided at the Substance Abuse Clinic to shorten waiting time. A new Blood Donor Centre will also be opened in Kwun Tong to boost blood collection capacity.
- To improve continuously service quality and safety, we will formulate clinical pathways for both acute and chronic pain services to shorten the waiting time for interventional procedures. A full continuum of palliative care service will also be provided. To prepare for the coming hospital accreditation, an external consultancy will be engaged to review the business processes and documentation in QEH.
- To keep modernizing HA, Deep Brain Stimulation will be offered to suitable patients with Advanced Parkinson's Disease to improve their quality of life and functional status.
- To build people first culture, we will produce books and DVDs on public hospital service to enhance communication and relationship between staff and patients. Topping up service for medical consumables/pre-sterilized items will also be provided to relieve nurses of administrative duties.
- To maintain financial sustainability, we will explore and implement strategies on efficient bed utilization to reduce the length of stay in acute care setting.

KCC Targets

Implement a Planned Response to Manage Growing Service Demand		
• Enhance ICU service by adding one more ICU bed at QEH		1Q10
• Increase 6 Operating Theatre sessions weekly to shorten waiting time for surgical procedures		4Q09
• Increase cataract operation output by 625 surgeries to shorten waiting time for cataract surgery		1Q10
• Enhance allied health services in HKBH to reduce the average length of stay		4Q09
• Develop and implement a triage system to enhance management for patients with chronic lung diseases		3Q09
• Establish the KCC Diabetes Mellitus Review Clinic		3Q09
• Provide an additional doctor session weekly at the Substance Abuse Clinic		3Q09
• Enhance blood services by opening a new blood donor centre in Kwun Tong		1Q10
Improve Continuously Service Quality and Safety		
• Formulate clinical pathways to enhance Acute Pain Service and Chronic Pain Service		2Q09
• Expand the Integrated Palliative Care Services to provide a full continuum of palliative care		3Q09
• Prepare for hospital accreditation through engaging an external consultancy to review business processes and documentation in QEH		4Q09
• Centralize cytotoxic reconstitution services in the Pharmacy at QEH to improve safety and save nursing manpower		1Q10
Keep Modernizing HA		
• Offer Deep Brain Stimulation services to 3 suitable patients with Advanced Parkinson's Disease		1Q10
Build People First Culture		
• Produce books and DVDs on public hospital service to enhance communication and relationship between staff and patients		3Q09
• Provide topping up services of medical consumables items to 20 clinical areas at QEH		1Q10

Maintain Financial Sustainability

- Explore and implement strategies on efficient bed utilization to reduce length of stay in acute care setting 1Q10

Kowloon East Cluster (KEC)

Key Facts

The catchment area of KEC covers Kwun Tong and Tseung Kwan O districts with a total population of 0.98 million.

There are three hospitals in the Cluster:

- United Christian Hospital (UCH) – A major acute hospital providing secondary service for Kwun Tong district and tertiary service for the whole KEC.
- Tseung Kwan O Hospital (TKOH) – An acute hospital providing secondary service for Tseung Kwan O district.
- Haven of Hope Hospital (HHH) – An extended care hospital providing subacute, rehabilitation and infirmity services for the Cluster.

As at 31 December 2008, the Cluster manages a total of 2,235 beds, with 2,039 for acute, convalescent and rehabilitation care, 116 beds for infirmity care, and 80 for the mentally ill. It also manages 8 GOPCs, as well as the Yung Fung Shee Memorial Centre which provides outpatient and day patient services.

The mission of the Cluster is “to develop a healthy community, with healthy hospitals and healthy staff, through cluster collaboration and partnership with other healthcare providers”.

Major Challenges

There are some pressing local issues for the KEC :

- Heavy reliance on other clusters especially for in-patient rehabilitation and convalescent services
- Capacity limitation due to physical constraints of UCH and TKOH
- Limited cancer and eye service
- Growing demand for obstetric service especially from residents of Tseung Kwan O
- Long waiting time for new case appointment in SOPCs

Major Initiatives

In 2009-10, KEC will continue its effort on managing service volume as well as re-prioritisation of services and resources to meet the growing demand for specific services including eye, oncology, and obstetric services. We will also focus our attention on managing the 2 major capital projects of Re-provisioning of Infirmity, Community Interface and Carers' Support Services in HHH and the Expansion of TKOH. Ambulatory and community care will continue

to be one of our top priorities for strategic development, with emphasis on enhanced development of community network and collaboration with community partners including local general practitioners.

Specifically, KEC will implement the following major initiatives in 2009-10 in line with corporate strategic directions :

- To respond to rising service demand by implementing a number of major new services programs, including the setting up of a 36-bed surgical ward and a Cataract Surgery Centre at TKOH, provision of on-site chemotherapy services, and expansion of antenatal and postnatal services in UCH and TKOH.
- To improve service quality and safety by opening a designated stroke cubicle at TKOH, establishing a structured quality and safety audit system, employing patient tracer methodology to conduct projects for improving the patient support services, and installing baby/patient tagging and CCTV system in high risk areas.
- To modernise hospital functions and services through a series of measures that include establishing a cluster based equipment management centre to enhance asset management within KEC, and establishing cluster management structure for health informatics.
- To build people first culture by launching a holistic care program to promote staff wellness, and conducting environmental scanning at 3 common work sites to identify occupational and ergonomic hazards in manual handling and when using display screens. Clerical service will also be provided to support clinical staff.

KEC Targets

Implement a Planned Response to Manage Growing Service Demand		
• Set up a 36-bed surgical ward at TKOH to provide an additional 360 surgical operations and 2,800 SOPD attendances		4Q09
• Enhance oncology services in KEC by providing on-site chemotherapy services with 250 discharges and 250 attendances		1Q10
• Establish a Cataract Surgery Centre at TKOH to increase the number of cataract surgeries by 100%, to 1,800 operations a year		1Q10
• Expand Antenatal and Postnatal Services to increase 200 deliveries in UCH and 800 attendances in TKOH a year		1Q10
• Formulate a cluster planning and commissioning management structure for the 2 major projects of Re-provisioning of Infirmary, Community Interface and Carers' Support Services in HHH and the Expansion of TKOH		4Q09

Improve Continuously Service Quality and Safety

- Open a designated 12-bedded stroke cubicle supported by multi-disciplinary team and care protocol to enhance quality of care for more than 300 patients with acute stroke a year 3Q09
- Establish a structured quality and safety audit system by carrying out monthly case sharing session and hospital validated survey twice a year 2Q09
- Install baby/patient tagging and CCTV system in high risk areas to enhance patient safety 1Q10
- Employ patient tracer methodology and conduct 5 project based studies on patient care related processes 1Q10
- Provide a modernized customer service to patients and public by means of process reengineering and review of service standards in 2 focus areas 4Q09

Keep Modernizing HA

- Enhance asset management through establishing a cluster-based equipment management center to provide one-stop service for cluster hospitals 1Q10
- Establish a Health Informatics Resource Management team to strengthen management structure, streamline workflow and increase operational efficiency 4Q09
- Modernise the telecommunication system by introducing central email server and implementing mobile messaging system 1Q10
- Improve operational efficiency, staff training, and service quality by clustering and restructuring at least 3 clinical services in KEC 1Q10
- Enhance pharmacy service in UCH by extending the topping up service to 4 more wards 1Q10

Build People First Culture

- Promote staff wellness with a holistic approach through needs assessment as well as organizing 6 structured health talks and 3 cluster-based recreational programs 1Q10
- Improve staff health and safety by conducting environmental scanning at 3 common work sites to identify occupational and ergonomic hazards in manual handling and when using display screens 1Q10
- Strengthen business support to clinical and ward staff by implementing a pilot scheme of extended clerical service to cover 9 wards in KEC 3Q09

Kowloon West Cluster (KWC)

Key Facts

The catchment area of KWC covers the districts of Wong Tai Sin, Mongkok, Sham Shui Po, Kwai Tsing, Tsuen Wan and North Lantau Island. This is the largest Cluster in HA, with an estimated catchment population of 1.9 million, representing 27% of the overall Hong Kong population.

There are seven hospitals in the Cluster:

- Caritas Medical Centre (CMC) – A district hospital providing acute, extended and hospice care services with a Developmental Disability Unit for children.
- Kwai Chung Hospital (KCH) – A mental health hospital providing acute and outreach psychiatric care services.
- Kwong Wah Hospital (KWH) – A district hospital providing comprehensive acute and secondary care services with a Chinese Medicine Clinic.
- Our Lady of Maryknoll Hospital (OLMH) – A community hospital providing general medical and hospice care services.
- Princess Margaret Hospital (PMH) – A regional hospital providing comprehensive acute and secondary care services. It also serves as the Cluster's Trauma and Oncology Centres, and the HA's Infectious Disease Centre and Toxicology Reference Laboratory.
- Wong Tai Sin Hospital (WTSH) – An extended care hospital providing rehabilitation, tuberculosis and chest services.
- Yan Chai Hospital (YCH) – A district hospital providing acute and rehabilitation services with a Chinese Medicine Clinic. Its Ambulatory Paediatrics & Community Based Adolescent Services and Wellness Centre for Breast Disease were opened in 2008.

As at 31 December 2008, the Cluster has a total of 6,692 beds, with 4,202 for acute care, 1,330 for convalescent, rehabilitation, infirmary and hospice care, 1,000 for the mentally ill and 160 for the mentally handicapped. There are 23 GOPCs managed by the Cluster.

Major Challenges

KWC has a population which is slightly poorer and older than the Hong Kong average. The demand and expectation for comprehensive provision of public healthcare services in the Cluster is thus relatively high. To cope with the growing demand, we will need to address various key pressure areas that include waiting time for urological procedures and cancer surgeries. Enhancing comprehensive cancer care is one of our focal targets, which will be

achieved through expanding the capacity of chemotherapy day services and providing an additional Linear Accelerator for radiotherapy service.

Another area of concern is the increasing demand for comprehensive psychiatric services in the local community. We will roll out a series of recovery support programs for discharged psychiatric patients to provide support shortly after hospital discharge, and will set up a triage clinic at our GOPC for low risk patients so as to shorten the new case waiting time at the Psychiatric clinic. Outreach programs to private old age homes will be strengthened so that elderly people with psychiatric symptoms could be detected earlier for timely intervention. It is envisaged that these programs will reduce the admission and re-admission rate of KCH.

Major Initiatives

KWC's major initiatives for the year 2009-10 are as follows:

- There will be a modest increase in our service capacity to meet the growing demand in various HA priority areas. The increase will be seen in the quotas for hospital and home haemodialysis for end-stage renal failure patients, the number of surgeries carried out for joint replacement and urology services, and the patient load of obstetrics and neonatology. Care for the elderly will be further strengthened through wider coverage to old age homes by our Community Geriatric Assessment Team and Community Psychiatric Assessment Teams. A new HIV / AIDS Centre will be established at the Infectious Disease Centre at PMH to cope with the increasing number of HIV/AIDS patients within the Territory.
- Building a quality and safe culture is always our priority. A series of safety and risk management programs will be rolled out, which include eliminating the re-use of single use devices and implementing 2-D bar-code for laboratory test requests in all KWC hospitals. To improve medication safety, we will set up a Medication Reconciliation Service as well as a Centralized Compounding Centre for the preparation of total parenteral nutrition and cytotoxic drug reconstitution products at PMH.
- Recruitment and retention of staff, in particular nurses, will continue to be one of our key targets. The CMC Nursing School will increase its intake of student nurses for the 3-year Higher Diploma in Nursing. The Cluster will also redesign workflow in the wards to streamline work processes and to reduce the workload of nurses.
- The HA Infectious Disease Centre at PMH will continue to develop its role as the Training and Research Centre in Infectious Diseases and Infection Control. A simulation laboratory, equipped with high-tech programmable simulation for various clinical scenarios for training will be set up. The first series of training program will be rolled out by end of 2009, which will cover infection control concepts and other interactive, hands-on and skill-based practical training.

The 2010 International Infectious Diseases Congress targeted for healthcare workers from the South East Asia Region will be held in early 2010 at the Hong Kong Convention and Exhibition Centre to build networks with our neighbouring colleagues.

KWC Targets

Implement a Planned Response to Manage Growing Service Demand		
• Expand capacity of chemotherapy day services to cater for 690 additional attendances		3Q09
• Expand the current radiotherapy capacity by adding 1 linear accelerator to serve 2,000 additional attendances		1Q10
• Expand the hospital and home haemodialysis services to treat 12 more patients		3Q09
• Establish a new HIV clinic at PMH to cope with an anticipated upsurge for 998 extra attendances		3Q09
• Strengthen hip and knee replacement surgery to reduce the waiting time for operations		1Q10
• Increase the number of major laparoscopic / open urology surgeries and cases of endoscopic urology to shorten the waiting time for urology services		1Q10
• Enhance cancer surgery services by providing additional number of operations on breast cancer, colorectal cancer, etc.		1Q10
• Strengthen mental health services through setting up Triage Clinics and recovery support program, and providing psychiatric support to elderly patients residing in private old age homes to serve additional 2,100 outpatient attendances, 390 day attendances, and 4,790 outreach attendances respectively		1Q10
• Extend outreach support to 50 more private old age homes in KWC catchment area		1Q10
• Set up substance abuse clinics at KWC for 1,000 attendances		1Q10
Improve Continuously Service Quality and Safety		
• Reduce the re-use of Single Use Devices (SUDs)		3Q09
• Provide Medication Reconciliation Service to admitted or discharged patients		3Q09
• Set up a centralised compounding centre for the preparation of Total Parenteral Nutrition (TPN) and Cytotoxic Drug Reconstitution products		4Q09
Keep Modernizing HA		
• Widen the scope of the HA Drug Formulary to cover Fibrinolytics, Statins, and Bisphosphonates		1Q10

- Implement Radiology Image Digitalization and Distribution System to improve distribution efficiency of patients' images within hospital 4Q09
- Implement Automatic Dispatching System (ADS) at Central Portering and Messengerial Services in the Central Supporting Services Department 1Q10

Build People First Culture

- Increase the intake for 3-year Higher Diploma in Nursing Programs 3Q09
- Replace manually operated beds with electrical beds and mattresses 4Q09

Maintain Financial Sustainability

- Set up a casemix office to standardize coding practice 2Q09

New Territories East Cluster (NTEC)

Key Facts

The catchment area of NTEC covers Shatin, Tai Po, North District and part of the Sai Kung districts, with a total population of 1.32 million.

There are seven hospitals in the cluster:

- Prince of Wales Hospital (PWH) - A major acute hospital which is also the teaching hospital for the medical school of the Chinese University of Hong Kong.
- Shatin Hospital (SH) - An extended care hospital providing convalescent, rehabilitation, and psychiatric in-patient care.
- Cheshire Home, Shatin (SCH) - An extended care hospital providing infirmary care for patients from the central infirmary waiting list, and the severely disabled.
- Bradbury Hospice (BBH) – An extended care facility providing in-patient and community outreach hospice services.
- Alice Ho Miu Ling Nethersole Hospital (AHNH) - An acute general hospital in Tai Po.
- North District Hospital (NDH) - An acute general hospital in North District.
- Tai Po Hospital (TPH) - An extended care hospital providing convalescent, rehabilitation and psychiatric in-patient care.

As at 31 Dec 2008, the cluster manages a total of 3,977 beds, with 3,142 for acute, convalescent and rehabilitation care, 311 for infirmary care and 524 for the mentally ill. It also manages 11 GOPCs.

Major Challenges

NTEC faces a great demand for its services not only from local residents, but also from residents living immediately across the border and travellers commuting between Hong Kong and the mainland everyday. The cluster also provides a broad range of tertiary and quaternary services serving the whole territory in association with the Chinese University of Hong Kong. Although there have been strengthening of the inpatient, ambulatory and community services over the past few years, the cluster continues to face 3 main challenges in the provision of services for the public: (a) access block for emergency admissions during the winter surge or influenza peak season; (b) long waiting time for specialist outpatient services for some high demand specialties; and (c) long waiting time for elective and emergency surgeries partly attributable to increasing complexities of surgery.

Major Initiatives

To address the challenges, NTEC will focus on 3 key strategies in 2009-10: (a) optimize the utilization of inpatient wards to reduce bed capacity problems; (b) manage the waiting time of SOPCs to ensure timely accessibility; and (c) increase the capacity of operating theatres to reduce waiting time for cancer and emergency surgeries. These strategies underpin the development of the cluster annual plan for 2009-10. The key initiatives are highlighted as follows:

- On **access block** for emergency admissions, the cluster has developed the iACCESS system through the intranet platform in 2008-09 to manage bed utilization among hospitals in the cluster. It supports rapid response to the need for hospital beds and eliminates the “bottleneck” for emergency admissions. More proactive efforts will be made in the coming year to increase the acute bed capacity by re-organizing the hospital beds, enhancing geriatric assessment and support to A&E and emergency medical patients, implementing multi-disciplinary care pathways for common emergency medical conditions, and increasing referrals to community nursing services. The cluster will also open an additional 33 medical rehabilitation beds in Tai Po Hospital and transfer 33 infirmary beds to the Cheshire Home in Shatin.
- On **SOPC waiting time**, the cluster will improve demand management by streamlining the internal referral sources and enhancing the role and capacity of the primary care and Family Medicine specialist services. This will entail service reconfiguration, incorporating multi-specialty collaboration and public-private partnership to reduce the reliance on public hospitals. The cluster will also allocate additional resources to further enhance the psychiatric services, especially on the child and adolescent psychiatric services. A community oriented outpatient team will be formed to provide extra sessions for routine psychiatric referrals.
- On **operation theatre (OT) utilization**, the cluster will open more extended hour and evening OT sessions and convert local anaesthetic sessions into general anaesthetic sessions to shorten the waiting time for cancer surgery and hip fracture operations. There will also be expansion of pre-operative assessment and admission services. To enhance intensive support to elective surgeries, a 4-bedded Chronic Ventilation Unit will be opened in AHNH and four High-dependency unit beds will be upgraded to two Intensive Care Unit beds.

NTEC Targets

Implement a Planned Response to Manage Growing Service Demand

- | | |
|---|------|
| • Improve access block through efficient utilization of beds in acute and rehabilitation hospitals and structuring of care paths for common emergency medical conditions | 3Q09 |
| • Reduce surgery backlog in cancer, urology and colorectal services through: (a) increasing OT sessions with extended hour services; (b) outsourcing anesthetic sessions; (c) expanding pre-operative assessment services; and (d) shortening the length of stay using same day surgery/admission | 1Q10 |
| • Enhance extended care by (a) opening a 33 beds rehabilitation/convalescent ward in TPH; (b) relocating 33 infirmity patients to SCH; and (c) enhancing orthopedic rehabilitation service in TPH for spinal cord injury patients | 4Q09 |
| • Expand the capacity of the chemotherapy day centre at PWH | 4Q09 |
| • Enhance renal services by providing 6 additional haemodialysis places at AHNH | 3Q09 |
| • Set up a 4-bed chronic ventilatory unit and upgrade 4 HDU beds to 2 ICU beds at AHNH | 1Q10 |
| • Enhance psychiatry services by providing: (a) recovery support program for discharged psychiatric patients; (b) triage clinic service at psychiatric SOPCs; (c) enhanced child and adolescent psychiatry services; (d) psychogeriatric outreach services to private old age homes; (e) enhanced substance abuse clinic; and (f) support to the Community-Oriented Out-Patient Team | 1Q10 |
| • Strengthen the role of primary care by: (a) providing holistic assessment for patients referred from A&E Departments to SOPCs for non-urgent consultation; (b) providing follow-up for selected SOPC patients with chronic medical conditions; (c) establishing a partnership program with private practitioners in the community for the management of patients with stable chronic medical conditions | 1Q10 |
| • Introduce comprehensive multidisciplinary risk assessment and targeted management program for patients with selected chronic diseases | 1Q10 |
| • Introduce multidisciplinary teams with enhanced roles of nurses and allied health professionals in GOPCs and enhance training of Family Medicine specialists | 1Q10 |

Improve Continuously Service Quality and Safety

- | | |
|---|------|
| • Strengthen the patient safety officer team to reduce clinical risk, ensure compliance with patient safety practices and improve training on patient safety | 4Q09 |
| • Launch patient safety programs: (a) enhance safe surgery practices; (b) adoption of the Modified Early Warning Score (MEWS) to facilitate clinical communication; and (c) roll out Unique Patient Identification at all cluster hospitals | 1Q10 |

Keep Modernizing HA

- Enhance oncology services and radiotherapy capacity by re-providing one linear accelerator and extending service hours 1Q10
- Complete the construction of the superstructure of PWH Extension Block 2Q09

Build People First Culture

- Enhance support to nurses through workforce reconfiguration: (a) enhance supervision in clinical areas; (b) strengthen the workforce of phlebotomist team; (c) enhance supporting staff in general ward areas; and (d) provide 300 additional electric beds in wards 4Q09
- Provide training to 100 enrolled nurses and 80 midwives 1Q10

New Territories West Cluster (NTWC)

Key Facts

The catchment area of NTWC covers Tuen Mun and Yuen Long districts with an estimated population of 1.04 million.

There are four hospitals / institutions in the Cluster:

- Tuen Mun Hospital (TMH) – It is a regional acute general hospital providing a comprehensive range of acute, ambulatory and community services.
- Pok Oi Hospital (POH) – The hospital was transformed into a modern acute general hospital through the redevelopment and expansion project. It provides A&E and ambulatory care services, and a selected range of specialist services.
- Castle Peak Hospital (CPH) – A psychiatric hospital that provides a full range of acute and community psychiatric services including forensic psychiatric service for the whole territory.
- Siu Lam Hospital (SLH) – A specialised institution receiving territory-wide referrals of severely mentally handicapped adult residents.

As at 31 December 2008, the Cluster manages a total of 3,979 beds, with 1,875 for acute, convalescent and rehabilitation care, 135 for infirmary care, 1,469 for the mentally ill and 500 for the mentally handicapped. It also manages 8 GOPCs, and the Butterfly Beach Laundry.

Major Challenges

NTWC is not only facing the challenges of an ageing population and having a large number of old age homes and psychiatric hostels in the region, it is also serving a population with poorer socio-economic status than Hong Kong average. In the face of economic downturn, rising service demand for both general and psychiatric services is apparent to the Cluster. We are responding to these challenges through a concerted effort to provide the public with appropriate medical services in an ideal treatment setting and to enhance operational efficiency and service quality.

Major Initiatives

NTWC's major initiatives for 2009-10 are as follows:

- **Expand services at POH and TMH** – An additional 122 beds will be made available at POH and TMH Rehabilitation Block to tackle the shortage of hospital beds in the Cluster and relieve bed congestion at TMH. With the enhanced provision, relocation of services between the hospitals will be considered seriously to optimize efficiency gain and offer timely and quality

service to the community. Interventional cardiology and radiology services will also be enhanced at POH to shorten the waiting time for cardiac angiogram and angioplasty services.

- **Increase service capacity in high priority areas** – We will further augment the capacity of our haemodialysis (HD) and ambulatory cancer care services to enhance treatment of life-threatening diseases. To meet the increasing demand for primary care services, we will extend the PPP program of purchasing private family doctor services for GOPC patients to the remaining areas of Tin Shui Wai which were not covered at the start of the pilot project in 2008-09.

In addition, we will carry out an Integrated Discharge Support Program (IDSP) to provide post discharge support to high-risk elderly patients who have difficulties in taking care of themselves. Our Substance Abuse Clinic service will also be enhanced to provide a more comprehensive service.

- **Improve service quality and safety** – Modernization of Clinical Pathology Department will be carried out through the formation of a core laboratory to help improve the layout and operational efficiency of the department. We will also install and develop a comprehensive database system to facilitate clinical audit of cancer care and obtain international-wide repository of information on the processes and outcomes of cancer surgery for continuous evaluation of performance.
- **Provide people-oriented health care service** – We will strengthen support for ward staff through (i) enhancing clinical supervision, (ii) introducing Technical Support Assistants (TSA) for patient care to relieve nurses of non-nursing duties, (iii) modernizing medical equipments, (iv) providing auto-refill service, and (v) modernizing ward storage facilities.

Lean Management Training is launched for all staff in the Cluster to enhance their competency in reviewing and redesigning clinical processes, especially for ward staff. This will facilitate a safer and more efficient delivery of services and also improve staff morale.

NTWC Targets

Implement a Planned Response to Manage Growing Service Demand	
• Enhance acute, convalescent, interventional cardiology and radiology services in POH by opening an additional 85 hospital beds	4Q09
• Augment in-patient rehabilitation service in TMH by opening an additional 37 beds	4Q09
• Enhance the capacity of Chemotherapy Day Centre to cater for 271 additional attendances	1Q10
• Expand haemodialysis (HD) capacity to treat 10 more patients and provide 1,430 extra HD sessions	1Q10
• Enhance cataract service to perform cataract extraction operations for 120 additional patients	1Q10
• Set up Nurse and Allied Health Clinics on wound care and fall prevention at GOPCs to follow up patients with chronic diseases	3Q09
• Implement recovery support program for newly discharged psychiatric patients to cater for an extra 4,640 attendances	1Q10
• Set up triage clinics at psychiatric SOPCs and provide 2,100 additional attendances for newly referred psychiatric patients	1Q10
• Enhance Substance Abuse Clinic (SAC) service and provide 1,000 additional attendances	1Q10
• Extend psychogeriatric outreach service to more private old age homes and provide an additional 1,429 outreach visits	1Q10
• Widen the primary care PPP program in Tin Shui Wan region and enroll an additional 500 patients into the program	1Q10
• Roll out the Integrated Discharge Support Program (IDSP) for elderly patients discharged from TMH and residing in Tuen Mun or Yuen Long District by 3Q09 and serve 3,000 high-risk elders	1Q10
Improve Continuously Service Quality and Safety	
• Improve patient safety by reducing the re-use of Single Use Devices (SUDs)	3Q09
• Install and develop a comprehensive database system to facilitate clinical audit of cancer care	3Q09
• Implement 2D bar-coding system for all blood, histopathological and microbiological tests	3Q09

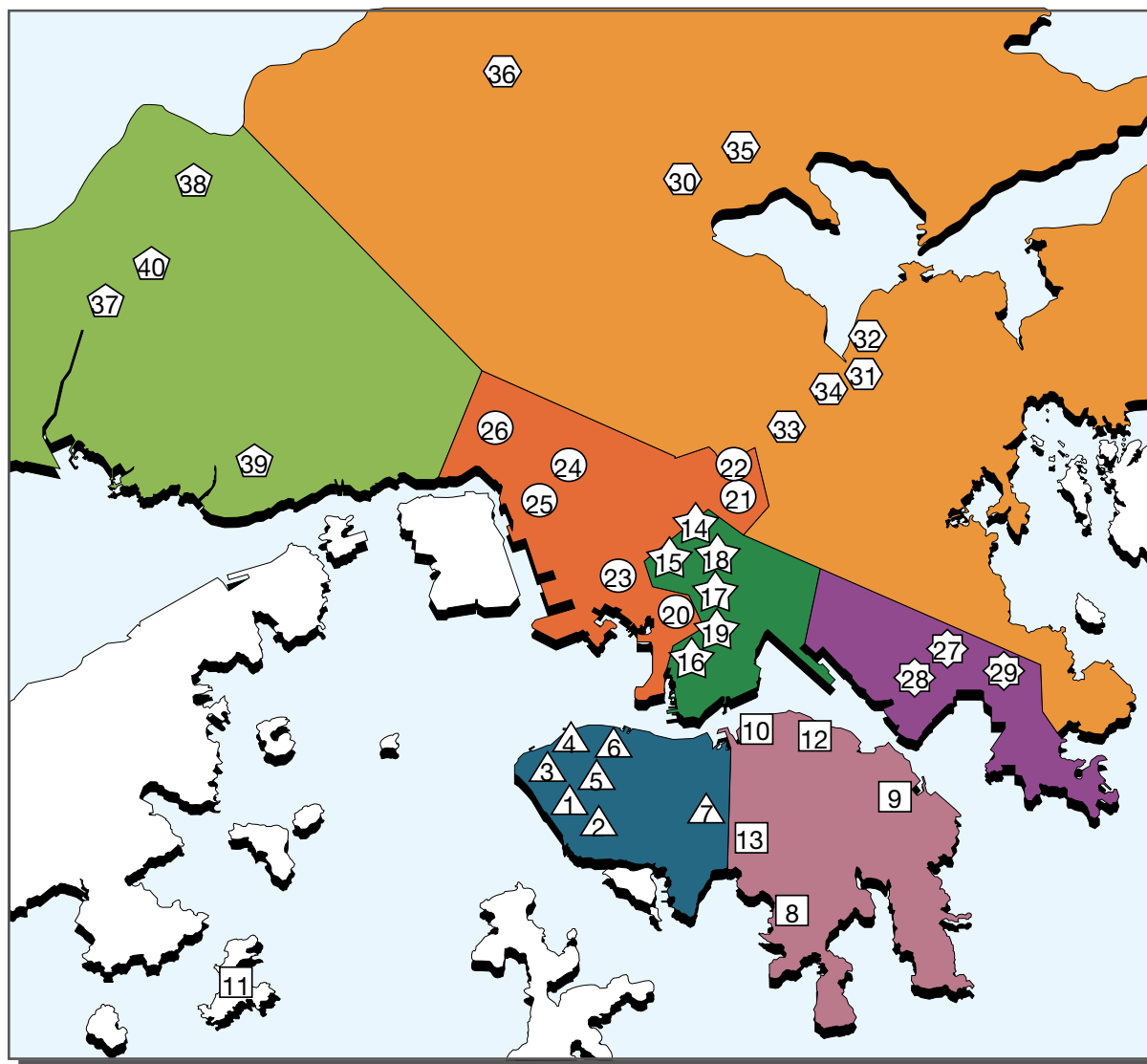
Keep Modernizing HA

- Install a new Magnetic Resonance Imaging (MRI) machine in TMH to meet the modern standard of a tertiary acute hospital 4Q09
- Integrate emergency laboratory, blood bank and general haematology laboratory into a core laboratory to enhance operational efficiency 2Q09

Build People First Culture

- Implement 3-tier training and development programs for nurses at different stages of professional development by providing classes on 38 core subjects with at least 1,200 participants 1Q10
- Recruit 100 candidates for 3-year Higher Diploma in Nursing Program and 30 candidates for 2-year Psychiatric EN Training Program 3Q09
- Establish a structured system to develop high-talent employees and provide management training for 30 senior staff in preparation for future service expansion 3Q09
- Launch Lean Management Training for all NTWC staff to enhance their management competency in modern healthcare service 1Q10

Appendix 1 – Distribution of Public Hospitals and Institutions



HONG KONG WEST 港島西

- △ The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院
- △ MacLehose Medical Rehabilitation Centre 麥理浩復康院
- △ Queen Mary Hospital 瑪麗醫院
- △ Tsan Yuk Hospital 贊育醫院
- △ Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院
- △ Tung Wah Hospital 東華醫院
- △ Grantham Hospital 葛量洪醫院

HONG KONG EAST 港島東

- 8 Cheshire Home, Chung Hom Kok 春勵角慈氏護養院
- 9 Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院
- 10 Ruttonjee & Tang Shiu Kin Hospitals 律敦治醫院及鄧肇堅醫院
- 11 St. John Hospital 長洲醫院
- 12 Tung Wah Eastern Hospital 東華東院
- 13 Wong Chuk Hang Hospital 黃竹坑醫院

KOWLOON WEST 九龍西

- 20 Kwong Wah Hospital 廣華醫院
- 21 Our Lady of Maryknoll Hospital 聖母醫院
- 22 Tung Wah Group of Hospitals - Wong Tai Sin Hospital 東華三院黃大仙醫院
- 23 Caritas Medical Centre 明愛醫院
- 24 Kwai Chung Hospital 葵涌醫院
- 25 Princess Margaret Hospital 瑪嘉烈醫院
- 26 Yan Chai Hospital 仁濟醫院

Note: Management of Ruttonjee and Tang Shiu Kin Hospitals is combined.

KOWLOON CENTRAL 九龍中

- 14 Hong Kong Buddhist Hospital 香港佛教醫院
- 15 Kowloon Hospital 九龍醫院
- 16 Queen Elizabeth Hospital 伊利沙伯醫院
- 17 Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心
- 18 Hong Kong Eye Hospital 香港眼科醫院
- 19 Rehabaid Centre 復康專科及資源中心

KOWLOON EAST 九龍東

- 27 Haven of Hope Hospital 靈實醫院
- 28 United Christian Hospital 基督教聯合醫院
- 29 Tseung Kwan O Hospital 將軍澳醫院

NEW TERRITORIES EAST 新界東

- 30 Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院
- 31 Bradbury Hospice 白普理寧養中心
- 32 Cheshire Home, Shatin 沙田慈氏護養院
- 33 Prince of Wales Hospital 威爾斯親王醫院
- 34 Shatin Hospital 沙田醫院
- 35 Tai Po Hospital 大埔醫院
- 36 North District Hospital 北區醫院

NEW TERRITORIES WEST 新界西

- 37 Castle Peak Hospital 青山醫院
- 38 Pok Oi Hospital 博愛醫院
- 39 Siu Lam Hospital 小欖醫院
- 40 Tuen Mun Hospital 屯門醫院

Appendix 2 – List of Ambulatory Care Facilities

Cluster	Institution / Satellite Clinic	Day Ward	Accident & Emergency	Specialist# Out-patient	General* Out-patient	Geriatric Day Hospital	Psychiatric Day Hospital
Hong Kong East	Anne Black Health Centre				√		
	Chai Wan Health Centre				√		
	Cheshire Home, Chung Hom Kok			√			
	North Lamma Clinic				√		
	Pamela Youde Nethersole Eastern Hospital	√	√	√		√	√
	Peng Chau Clinic				√		
	Ruttonjee & Tang Shiu Kin Hospital		√	√		√	
	Sai Wan Ho Health Centre				√		
	Shau Kei Wan JC Clinic				√		
	Sok Kwu Wan Clinic				√		
	St John Hospital	√	√	√	√		
	Stanley Public Dispensary				√		
	Tang Shiu Kin Hospital Community Ambulatory Care Centre			√			
	Tung Wah Eastern Hospital	√		√	√		
	Violet Peel Health Centre				√		
	Wan Tsui Government Clinic				√		
	Wong Chuk Hang Hospital					√	
	Subtotal	3	3	6	12	3	1
Hong Kong West	Aberdeen JC Clinic				√		
	Ap Lei Chau Clinic				√		
	Central District Health Centre				√		
	David Trench Rehabilitation Centre			√			√
	Duchess of Kent Children's Hospital	√		√			
	Fung Yiu King Hospital			√		√	
	Grantham Hospital	√		√			
	Kennedy Town JC Clinic				√		
	MacLehose Medical Rehabilitation Centre			√			
	Queen Mary Hospital	√	√	√			√
	Sai Ying Pun JC GOP Clinic				√		
	Tsan Yuk Hospital	√		√			
	Tung Wah Hospital	√		√	√	√	
	Subtotal	5	1	8	6	2	2
Kowloon Central	Central Kowloon Health Centre			√	√		
	Hong Kong Buddhist Hospital	√		√	√		
	Hong Kong Eye Hospital	√		√			
	Hung Hom Clinic				√		
	Kowloon Hospital			√			√
	Lee Kee Memorial Dispensary				√		
	Queen Elizabeth Hospital	√	√	√			
	Rehabaid Centre			√			
	Shun Tak Fraternal Association Leung Kau Kui Clinic				√		

Cluster	Institution / Satellite Clinic	Day Ward	Accident & Emergency	Specialist# Out-patient	General* Out-patient	Geriatric Day Hospital	Psychiatric Day Hospital
	Yaumatei JC Clinic			√	√		
	Yaumatei Specialist Clinic Extension			√		√	√
	Subtotal	3	1	8	6	1	2
Kowloon East	Haven of Hope Hospital			√		√	
	Kowloon Bay Health Centre				√		
	Kwun Tong JC Health Centre				√		
	Lam Tin Polyclinic				√		
	Mona Fong Clinic				√		
	Ngau Tau Kok JC Clinic				√		
	Shun Lee Government Clinic				√		
	Tseung Kwan O Hospital	√	√	√			
	Tseung Kwan O JC GOP Clinic				√		
	Tseung Kwan O (Po Ning Road) Health Centre				√		
	United Christian Hospital	√	√	√			√
	Yung Fung Shee Memorial Centre			√		√	√
	Subtotal	2	2	4	8	2	2
Kowloon West	Caritas Medical Centre	√	√	√	√	√	
	Cheung Sha Wan GOP Clinic				√		
	East Kowloon GOP Clinic				√		√
	East Kowloon Polyclinic			√			
	Ha Kwai Chung Polyclinic			√	√		
	Kwai Chung Hospital			√			√
	Kwong Wah Hospital	√	√	√	√	√	
	Lady Trench GOP Clinic				√		
	Li Po Chun GOP Clinic				√		
	Mrs Wu York Yu GOP Clinic				√		
	Mui Wo GOP Clinic				√		
	Nam Shan GOP Clinic				√		
	North Kwai Chung GOP Clinic				√		
	Our Lady of Maryknoll Hospital			√	√		
	Princess Margaret Hospital	√	√	√		√	
	Robert Black GOP Clinic				√		
	Shek Kip Mei GOP Clinic				√		
	South Kwai Chung JC GOP Clinic				√		
	Tai O JC GOP Clinic				√		
	Tsing Yi Cheung Hong GOP Clinic				√		
	Tsing Yi Town GOP Clinic				√		
	Tung Chung GOP Clinic				√		
	Wang Tau Hom JC GOP Clinic				√		
	West Kowloon GOP Clinic				√		
	West Kowloon Psychiatric Centre						√

Cluster	Institution / Satellite Clinic	Day Ward	Accident & Emergency	Specialist# Out-patient	General* Out-patient	Geriatric Day Hospital	Psychiatric Day Hospital
	Wong Tai Sin Hospital			√		√	
	Wu York Yu GOP Clinic				√		
	Yan Chai Hospital	√	√	√	√		
	Subtotal	4	4	9	23	4	3
New Territories East	Alice Ho Miu Ling Nethersole Hospital	√	√	√		√	√
	Bradbury Hospice			√			
	Cheshire Home, Shatin			√			
	Fanling Family Medicine Centre				√		
	Ho Tung Dispensary				√		
	Lek Yuen Health Centre				√		
	Ma On Shan Health Centre				√		
	North District Hospital	√	√	√		√	√
	Prince of Wales Hospital	√	√	√			
	Shatin Clinic				√		
	Shatin Hospital			√		√	√
	Sha Tau Kok Clinic				√		
	Shek Wu Hui JC Clinic				√		
	Ta Kwu Ling Clinic				√		
	Tai Po Hospital			√			
	Tai Po JC Clinic				√		
	Wong Siu Ching Clinic				√		
	Yuen Chau Kok Clinic				√		
	Subtotal	3	3	7	11	3	3
New Territories West	Castle Peak Hospital			√			√
	Kam Tin Clinic				√		
	Pok Oi Hospital	√	√	√			
	Tin Shui Wai Health Centre				√		
	Tin Shui Wai North Health Centre				√		
	Tuen Mun Clinic				√		
	Tuen Mun Eye Centre			√			
	Tuen Mun Hospital	√	√	√		√	
	Tuen Mun Wu Hong Clinic				√		
	Yan Oi GOP Clinic			√	√		
	Yuen Long JC Health Centre				√		
	Yuen Long Madam Yung Fung Shee Health Centre			√	√		
	Subtotal	2	2	6	8	1	1
Overall total		22	16	48	74	16	14

Specialist out-patient clinics in this list include Allied Health but exclude Family Medicine Specialist Clinic

* General out-patient clinics in this list exclude mobile services

JC Jockey Club

GOP General Out-patient

Appendix 3 – Key Service Statistics

Targets and Indicators	Estimate for 2008/09	Target for 2009/10
I. Access to services		
<u>In-patient services</u>		
no. of hospital beds		
general (acute and convalescent)	20,416	20,516
infirmary	2,041	2,041
mentally ill	4,000	3,607
mentally handicapped	660	660
total	27,117	26,824
<u>Ambulatory & outreach services</u>		
accident and emergency services		
% of A&E patients attended to within target waiting time		
triage I (critical cases – 0 minutes)	100	100
triage II (emergency cases < 15 minutes)	95	95
triage III (urgent cases < 30 minutes)	90	90
specialist out-patient services		
median waiting time for first appointment		
first priority patients	2 weeks	2 weeks
second priority patients	8 weeks	8 weeks
rehabilitation & geriatric services		
no. of community nurses	395	409
no. of geriatric day places	634	634
psychiatric services		
no. of community psychiatric nurses	129	145
no. of psychiatric day places	864	889
II. Delivery of services		
<u>In-patient services</u>		
no. of discharge episodes		
general (acute and convalescent)	889,200	906,900
infirmary	3,300	3,300
mentally ill	15,800	15,800
mentally handicapped	310	310
overall	908,610	926,310
no. of patient days		
general (acute and convalescent)	5,354,000	5,387,000
infirmary	529,000	529,000
mentally ill	1,022,000	1,010,000
mentally handicapped	229,000	229,000
overall	7,134,000	7,155,000

Targets and Indicators	Estimate for 2008/09	Target for 2009/10
bed occupancy rate (%)		
general (acute and convalescent)	83	83
infirmary	92	92
mentally ill	75	77
mentally handicapped	93	93
overall	83	83
average length of stay (days) ^[Note 1]		
general (acute and convalescent)	6.0	5.9
infirmary	135	135
mentally ill	89	89
mentally handicapped	659	659
overall	8.3	8.1
<u>Ambulatory & outreach services</u>		
day patient services		
no. of discharge episodes	345,200	352,100
accident & emergency services		
no. of attendances	2,103,000	2,133,000
no. of attendances per 1,000 population	301	301
no. of first attendances for		
triage I	18,900	19,100
triage II	35,900	36,500
triage III	587,100	595,400
out-patient services		
no. of specialist out-patient (clinical) new attendances	585,000	596,000
no. of specialist out-patient (clinical) follow-up attendances	5,409,000	5,510,000
total no. of specialist out-patient (clinical) attendances ^[Note 2]	5,994,000	6,106,000
no. of general out-patient attendances	4,806,000	4,806,000
no. of family medicine specialist clinic attendances ^[Note 2]	205,200	211,300
total no. of primary care attendances ^[Note 3]	5,011,200	5,017,300
rehabilitation & palliative care services		
no. of rehabilitation day and palliative care day attendances	75,400	77,400
no. of home visits by community nurses	771,800	772,000
no. of allied health (community) attendances	22,100	22,700
no. of allied health (out-patient) attendances	1,831,000	1,863,000
geriatric services		
no. of outreach attendances	547,000	607,100
no. of elderly persons assessed for infirmary care service	1,360	1,360

Targets and Indicators	Estimate for 2008/09	Target for 2009/10
no. of day attendances	132,900	132,900
no. of Visiting Medical Officer attendances	105,300	107,400
psychiatric services		
no. of outreach attendances	97,700	112,100
no. of day attendances	182,800	188,400
no. of psychogeriatric outreach attendances	61,100	71,100
III. Quality of services		
no. of hospital deaths per 1,000 population <i>[Note 4]</i>	3.7	3.7
unplanned readmission rate within 28 days for general in-patients (%)	10.6	10.6
IV. Cost of services		
<u>cost distribution</u>		
cost distribution by services types (%)		
in-patient	61.3	61.1
ambulatory & outreach	38.7	38.9
cost by services per 1,000 population (\$m)		
in-patient	3.0	3.1
ambulatory & outreach	1.9	2.0
cost of services for persons aged 65 or above		
share of cost of services (%)	46.2	46.3
cost of services per 1,000 population (\$m)	18.3	18.8
<u>unit cost</u>		
in-patient services		
cost per in-patient discharged (\$)		
general (acute and convalescent)	20,710	20,850
infirmary	178,370	180,020
mentally ill	122,100	123,230
mentally handicapped	826,780	834,400
cost per patient day (\$)		
general (acute and convalescent)	3,680	3,760
infirmary	1,110	1,120
mentally ill	1,890	1,930
mentally handicapped	1,120	1,130
ambulatory & outreach services		
cost per accident & emergency attendance (\$)	810	820
cost per specialist out-patient attendance (\$) <i>[Note 5]</i>	820	830

Targets and Indicators	Estimate for 2008/09	Target for 2009/10
cost per general out-patient attendance (\$)	290	290
cost per family medicine specialist clinic attendance (\$) ^[Note 5]	780	780
cost per outreach visit by community nurse (\$)	340	350
cost per psychiatric outreach attendance (\$)	1,190	1,200
cost per geriatric day attendance (\$)	1,500	1,510
<u>waivers</u> ^[Note 6]		
% of Comprehensive Social Security Assistance (CSSA) waiver	20.8	20.8
% of non-CSSA waiver	3.6	3.6
V. Manpower (no. of full time equivalent staff as at 31 March)		
<u>medical</u>		
doctor	4,816	4,917
no. of specialists	2,450	2,490
no. of trainees/non-specialists	2,366	2,427
intern	292	292
dentist	5	4
medical total	5,113	5,213
<u>nursing</u>		
qualified staff	19,011	19,118
trainee	293	302
nursing total	19,304	19,420
<u>allied health</u>	5,156	5,289
<u>others</u>	25,236	25,667
total	54,809	55,589

Note 1 Derived by dividing the sum of length of stay of in-patients by the corresponding number of in-patients discharged/treated.

Note 2 The number of specialist out-patient (clinical) attendances will no longer include the number of family medicine specialist clinic attendances. The latter will be separately listed as one of the components of a new indicator "total number of primary care attendances".

Note 3 A new indicator "total number of primary care attendances" is added. It comprises the number of general outpatient attendances and family medicine specialist clinic attendances.

Note 4 Refers to the standardised mortality rate covering all deaths in Hospital Authority hospitals. It is derived by applying the age-specific mortality rate in the Hospital Authority in a particular year to a 'standard' population (which is the 2001 Hong Kong mid-year population).

Note 5 A new indicator on unit cost of family medicine specialist clinic attendance is added. The unit cost of specialist outpatient attendance will no longer include the cost of family medicine specialist clinic attendances.

Note 6 Refers to the amount waived as percentage to total charge.

Appendix 4 – Service Targets by Cluster

Service Delivery Targets for 2009/10	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
In-patient services							
no. of discharge episodes							
general (acute and convalescent)	99,300	97,880	125,630	96,630	231,720	147,950	107,790
infirmary	1,800	110	200	140	630	380	40
mentally ill	1,810	800	2,620	490	3,550	3,890	2,640
mentally handicapped	-	-	-	-	150	-	160
no. of patient days							
general (acute and convalescent)	534,700	645,800	837,500	554,600	1,310,500	925,600	578,300
infirmary	175,000	56,400	29,000	36,800	95,000	105,900	30,900
mentally ill	109,700	17,700	138,000	21,000	251,000	126,600	346,000
mentally handicapped	-	-	-	-	49,300	-	179,700
Ambulatory & outreach services							
day patient services							
no. of discharge episodes	37,450	55,730	55,780	32,940	75,020	50,790	44,390
accident & emergency services							
no. of attendances	250,300	126,100	205,800	294,800	557,500	386,100	312,400
out-patient services							
no. of specialist out-patient (clinical) attendances	736,200	704,200	927,600	614,500	1,458,300	953,500	711,700
no. of primary care attendances	514,190	307,150	457,490	748,620	1,429,220	825,710	734,920
rehabilitation & palliative care services							
no. of rehabilitation day and palliative care day attendances	40,320	24,320	460	2,770	2,420	5,010	2,100
no. of home visits by community nurses	99,300	46,700	60,500	156,100	223,800	99,000	86,600
no. of allied health (community) attendances	2,230	2,080	2,890	1,490	4,660	5,830	3,520
no. of allied health (out-patient) attendances	218,200	162,700	279,500	246,900	406,700	325,900	223,100
geriatric services							
no. of outreach attendances	114,600	34,400	73,400	37,900	168,400	71,900	106,500
no. of day attendances	27,240	7,260	8,200	23,500	31,700	25,200	9,800
no. of Visiting Medical Officer attendances	20,300	6,620	12,850	9,610	25,620	21,620	10,780
psychiatric services							
no. of outreach attendances	13,130	6,310	8,590	9,600	30,150	19,400	24,920
no. of day attendances	27,550	14,350	10,600	28,630	58,170	36,290	12,810
no. of psychogeriatric outreach attendances	9,080	9,730	6,130	7,770	17,150	11,060	10,180
Quality of services (General In-patient)							
unplanned readmission rate within 28 days	11.1%	8.0%	9.6%	11.8%	11.1%	9.7%	12.7%

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We welcome your suggestions on the Hospital Authority Annual Plan.
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