

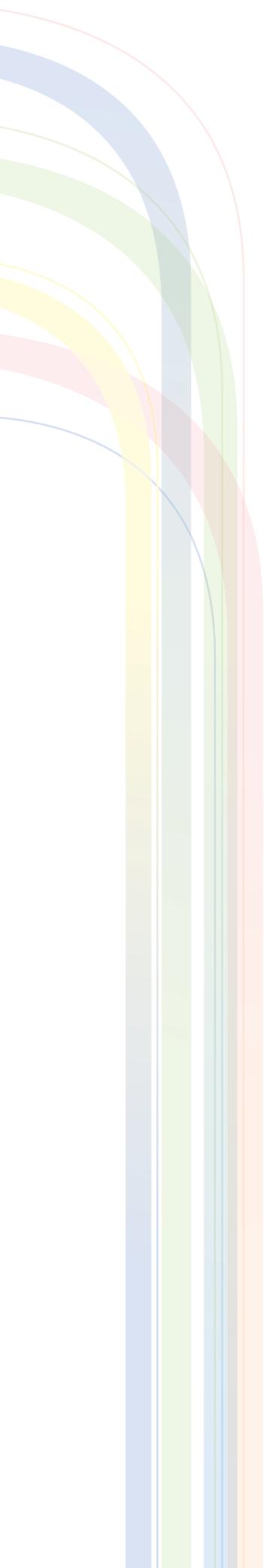


醫院管理局
HOSPITAL
AUTHORITY



Helping People Stay Healthy

Strategic Service Plan
2009-2012



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Executive Summary

Purpose of Plan

The Strategic Service Plan 2009-2012 of the Hospital Authority (HA) is the overarching document for service planning throughout HA. It outlines the service directions and strategies that we will be pursuing in the coming three years to address three inter-related key challenges: (i) manage growing service demand, (ii) ensure service quality and safety, and (iii) maintain an adequate workforce.

The Plan provides a framework for our clinicians and executives to align their program initiatives in the service planning process. It will guide the development of our annual plans for the next three years starting with Annual Plan 2009-10.

Strategic Directions

The Strategic Service Plan is designed to achieve the following goals in response to the key challenges and the strategies for doing so are summarized below:

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

Better able to manage growing demand

- (1) **Increase capacity** in areas with high demand. The additional capacity is guided by robust demand projection. Two main target areas for the increase are (i) management of life-threatening illnesses requiring multidisciplinary care, e.g. cancer and renal care to shorten the waiting time for such services, and (ii) districts with suboptimal service supply.
- (2) **Keep people healthy** to reduce demand by (i) shifting the focus toward prevention and early intervention, which is achieved through enhancing primary care and optimizing chronic disease management, and (ii) developing alternative options that could prevent avoidable hospitalization. Measures include improving community care for elderly and chronically ill patients, and empowering patients on self-care.
- (3) **Divert demand** for high volume, low complexity services to appropriate care partners that possess the capacity to provide such services. Examples include service provision through public-private partnership (PPP) arrangement for cataract surgery and routine follow up of chronic patients with stable conditions.

Better service quality and safer services

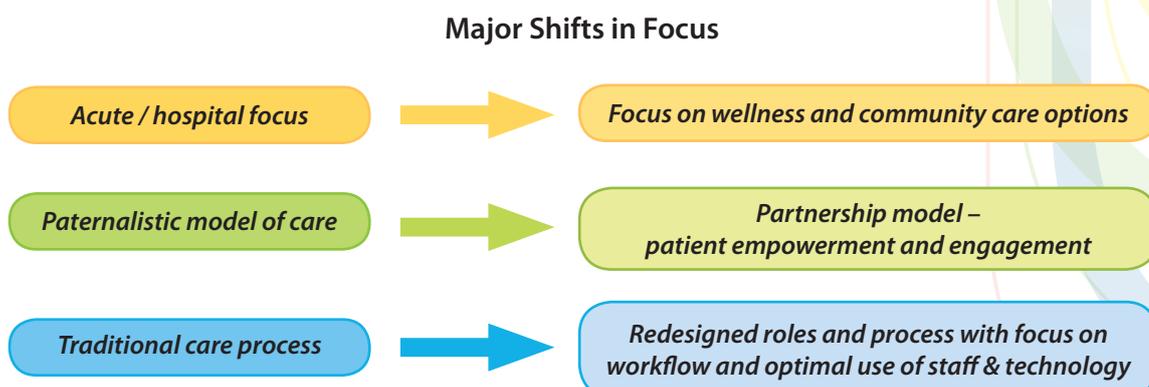
- (4) **Do no harm** in patient care through promoting a culture of safety and strengthening risk management system in HA. Measures include promoting evidence-based standards and guidelines that will improve patient care, with particular emphasis on medication safety.
- (5) **Promote patient-centred care** which requires competent and considerate staff engaging patients as an equal partner in healthcare. Robust quality and clinical governance system will be put in place to ensure that healthcare staff maintain their professional standard and that care provided to patients is effective and appropriate.
- (6) **Continuous service improvement** through strategies such as (i) introducing new technology and treatment options with proven efficacy and cost-benefits, and (ii) modernising facilities and replacing outdated medical equipments.

Nurture a skilled and high performing workforce

- (7) **Engage staff** by demonstrating that HA values staff's wellbeing and contribution. This includes implementing health and wellness strategies aimed at supporting the physical and psychological wellbeing of staff and putting into effect fair remuneration and benefits. Initiatives will also be put in place to foster the career development of staff.
- (8) **Enhance workforce capacity** by (i) improving workforce planning and development, (ii) enhancing skills and competence of staff, and (iii) developing new ways of working to make best use of available skills and manpower. New or different ways of working include redesigning work flow and care process to streamline the process and delegating less skilled routine tasks of professional staff to trained support staff.

Shifts in Service Focus

The service strategies and directions reflect a significant change agenda that HA is embarking on to meet the challenges of managing ever-increasing demand for quality healthcare in an environment of workforce constraints. The major shifts in service focus that are emphasized in the Strategic Service Plan are as follows:



Introduction from Chief Executive



“ *The Strategic Service Plan is the overarching document for our service planning. Staff will be guided by it when developing new services and making decisions about existing programs.* ”

I have the pleasure to present the HA Strategic Service Plan 2009-2012, Helping People Stay Healthy. This Plan outlines the service directions and strategies that HA will be pursuing in the coming three years to address three inter-related key challenges: (i) manage growing service demand, (ii) ensure service quality and safety, and (iii) maintain an adequate workforce.

Many of the strategies have already formed the basis for some of the programs currently underway, but they are highlighted and articulated in a coherent and integrated manner in this Plan within the context of HA challenges and future goals.

The Strategic Service Plan is designed to support our newly refreshed corporate vision, mission, and values. It is not intended to provide detailed implementation plans, but rather to act as a framework for our clinicians and executives to align their programs in the service planning process throughout HA. It will guide the development of our annual plans for the next three years starting with Annual Plan 2009-10. A clear understanding of the strategies is thus important within the HA community.

My gratitude goes to the wide range of staff and stakeholders who have contributed to its development. I believe that the Strategic Service Plan sets our service on the right course towards our vision of “Healthy People, Happy Staff, Trusted by the Community”.

Shane Solomon
Chief Executive

Vision

願景

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

Mission

使命

Helping People Stay Healthy
與民攜手 保健安康

Values

核心價值

People-centred Care 以人為先
Professional Service 專業為本
Committed Staff 敬業樂業
Teamwork 群策群力



Our Guiding Principles for Service Planning

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, our 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.



Our Environment and Key Challenges

HA operates within the wider socio-economic environmental influences that affect the population's health and the overall healthcare system. Some of these factors pose significant challenges to HA.

We are considerably challenged by an increasing demand for public healthcare services in Hong Kong. The most important factors accounting for the growing demand are our ageing population and an increasing occurrence of chronic diseases. We are also under constant pressure to keep up with ever advancing medical technology and provide better services in line with higher community expectation. Moreover, we are challenged in meeting the demand for more and better services by the global competition for healthcare professionals.

Demographic Shift

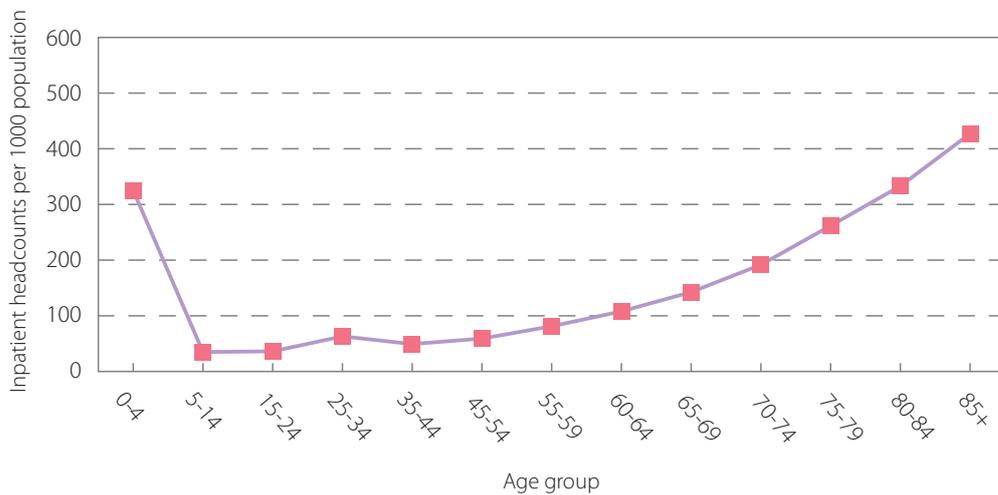
The total population of Hong Kong will increase from the current 7 million to around 7.5 million in 2016. More than half of the net gain is attributed to the growth in the elderly population. Currently at around 870,000 and representing 12.6% of our population, people aged 65 and above will increase by 30% to 1.13 million in 2016. 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. In contrast, the corresponding growth in the general population as a whole is only 8%.

A major reason for the demographic shift is that our people are living longer than ever. Our life expectancies, currently at 85.5 years for women and 79.4 years for men, are among the highest in the world. It is projected that they will further increase to 86.3 and 80.6 years respectively in 2016.

While we take pride in having one of the longest life expectancies, it is recognized that people require more healthcare services in old age. In fact, as illustrated in the graph below, the utilization rate of healthcare services rises exponentially for people aged 65 and above. This means that a rapidly ageing society will result in a dramatic increase in the demand for healthcare services.

Population ageing will increase healthcare services consumption

Average number of in-patients in HA hospitals by age (2007)

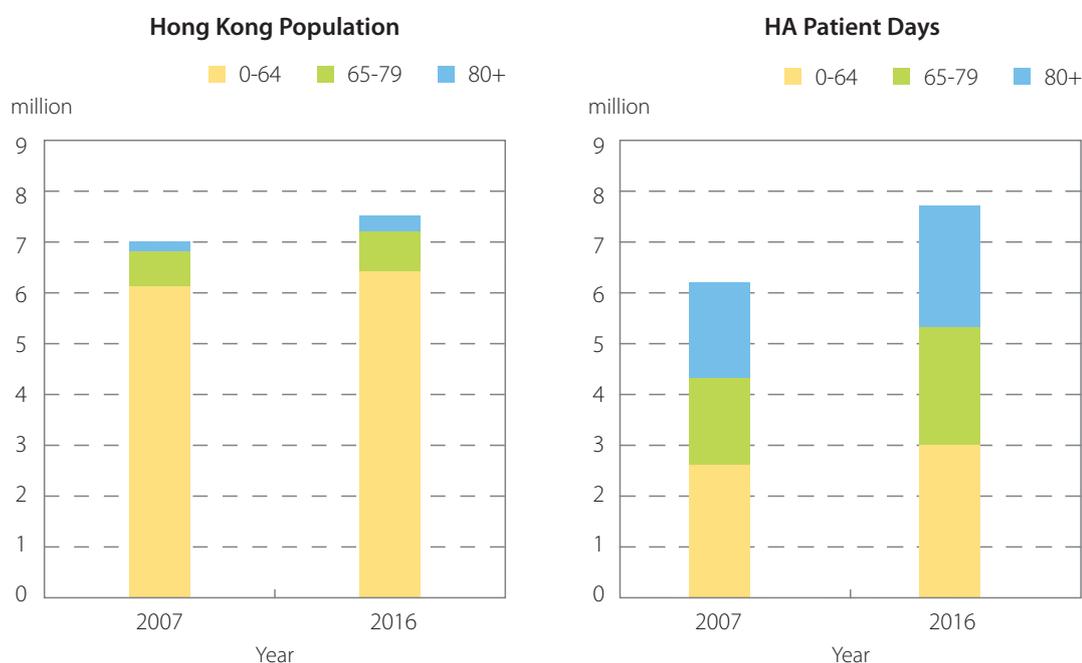


Apart from the volume increase, the complexities of illness involving the elderly are also more profound, placing an even greater demand on the hospital system. In comparative terms, it has been shown that in hospitals, managing one patient aged 65 and above is equivalent to managing 5.0 patients aged 45-64; and for patients aged 80 and above, managing one patient is equivalent to managing 9.3 patients aged 45-64.

Elderly people 65 years and above make up 12.6% of Hong Kong population but account for 57.9% of patient days in HA hospitals. Of these, 27.3% of the bed days were occupied by people age 80 and above although they comprise only 3.1% of the overall population. It is projected that by 2016, the proportion of elderly people will increase to 15.2% while their share of HA patient days will rise to 60.3%. The increase for people aged 80 and above is even more dramatic, growing to 4.2% of overall population and 31.6% of patient days. The comparisons are graphically illustrated in the diagrams below.

Population ageing will increase demand for HA services

Distribution of Hong Kong population and HA patient days by age (2007 and 2016)



Changing Epidemiology of Diseases

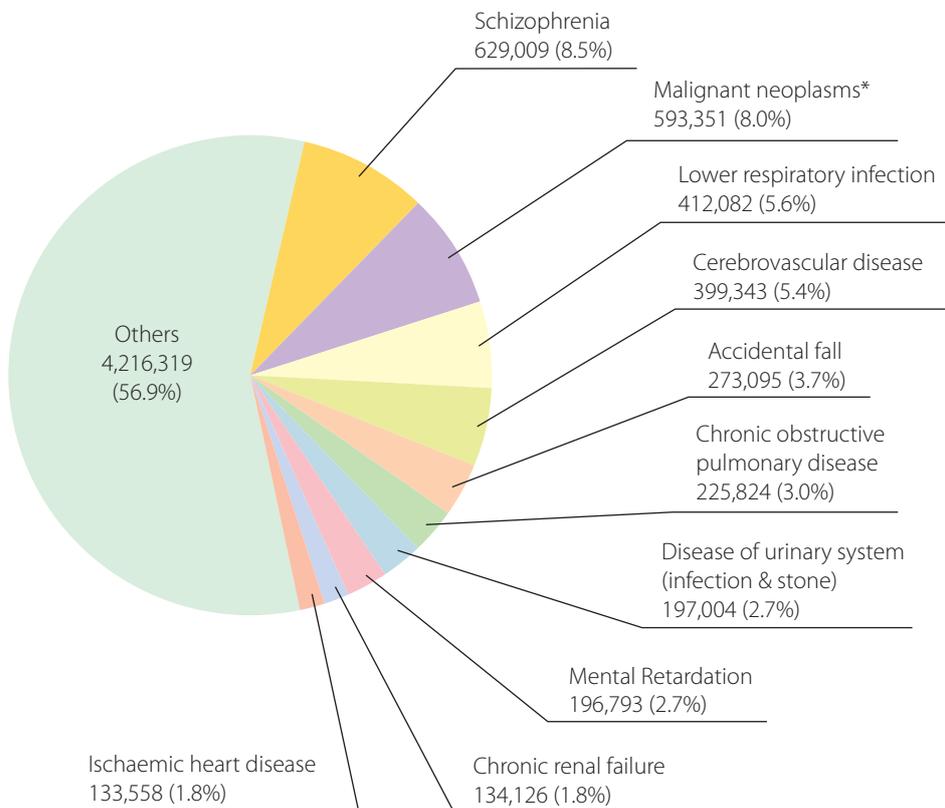
Increasing occurrence of chronic illnesses is another major factor driving healthcare demand. It is also a key factor shaping the future development of healthcare services. As a modern society, Hong Kong has now completed its epidemiological transition of diseases, from that of infectious disease era 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.

As illustrated in the diagram below, the 10 conditions with the highest bed day consumption in HA hospitals are predominantly chronic diseases. Amongst these, the prevalence of cancer in Hong Kong is projected by the Cancer Registry to rise at a rate of around 2% per annum, and the number of patients requiring renal replacement therapy is projected to increase by 17%, from 6,829 in 2007 to 8,054 in 2012 according to the Renal Registry.

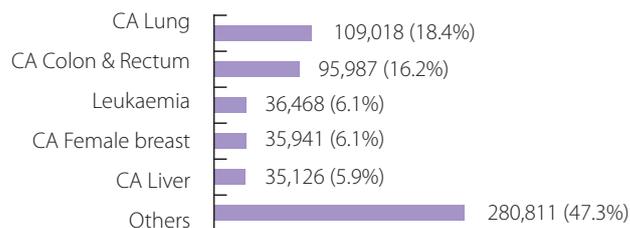
The growing service demand has brought, and will continue to bring, profound impact on our services. It has given rise to prolonged waiting time and backlog for some services, in particular specialist outpatient consultation and elective surgery. As at 2007, there were a total of some 246,000 new patients waiting for first appointment at SOPCs, which is an increase of 74% from the waiting list of 142,000 patients in 2001. The median waiting time for Surgery specialty is 18 weeks, and the waiting list for cataract surgery has now increased to around 53,000 from 44,000 in 2006. It is estimated that it will take at least 37 months to clear the cataract waiting list based on the prevailing service throughput.

Chronic diseases account for the highest hospital bed utilization

Top 10 conditions with highest bed day consumption in HA (2007)



*Malignant neoplasms



Advances in Medical Science

There have been significant advances in different areas of medical sciences in the last few decades and more are expected in the coming years. Many “standard” treatments today were considered not possible in the past. Further advances are anticipated in various areas like DNA technology, minimal invasive surgery and robotics. 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.

HA implements technologies that are generally accepted and broadly available in the market. A recent consultancy study on healthcare technology management reveals that generally we are not lagging behind in technology adoption, though we have a bit of catching up to do when it comes to technology for radiology, surgical services and cardiovascular service.

Community Expectation

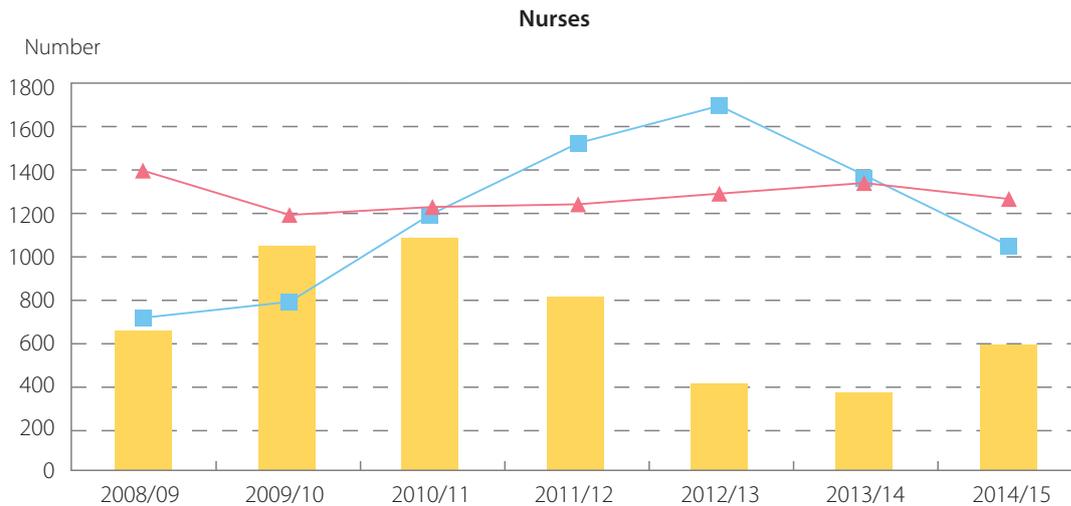
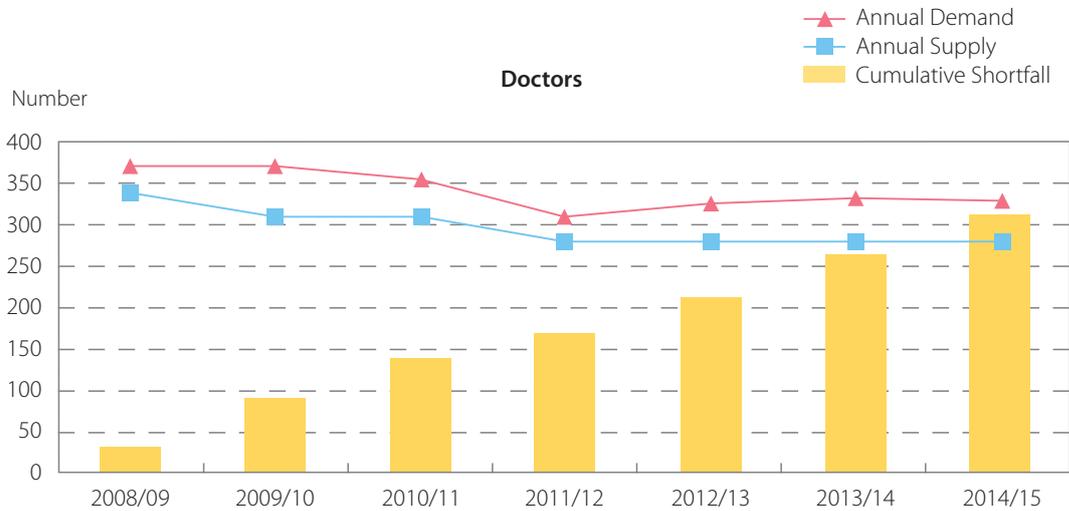
With a better educated populace, community expectation of service quality is now generally higher than before. Public hospitals face greater scrutiny over such issues as medical errors and hospital-acquired infection. To secure the public’s trust, fostering a culture of safety and quality amongst staff 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 we will have a cumulative shortage of 310 doctors and 590 nurses over the next few years up to 2014-15. This is illustrated in the diagrams below.

There is a global shortage of nurses and doctors

Projected supply and demand of doctors and nurses in HA (2008-2015)



Staff shortage is a critical issue that must be addressed. The challenge is for HA to maintain an adequate workforce as an integral part of meeting the challenge of growing service demand and ensuring service quality and safety.



Planning Framework

The Strategic Service Plan sets out the service directions and strategies that HA will be pursuing to address the key challenges facing HA, and acts as a framework for ensuring program alignment in the service planning process.

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.

The basic components of the Plan comprise (i) Strategic Intent, (ii) Strategic Directions, and (iii) Service Strategies. It 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, including the socio-economic factors described in the previous chapter. For each key challenge identified, the strategic intent of what we want to achieve is set out and the broad strategic directions for achieving the intended goal outlined. This is followed by more specific service strategies to map out what we need to do to get to the intended goal, before arriving at some concrete examples of key actions to illustrate the implementation of our goals.



The environmental scanning crystallizes three inter-related key challenges that HA will need to address:

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

In response, we set out in the Strategic Service Plan strategies that could enable us to better manage the growing demand arising from population ageing and increasing chronic illnesses. Progressive strategies that could lead to better and safer services are also outlined. Our goal is to nurture a skilled and high performing workforce that could support innovative ways of providing care to meet the growing demand for quality healthcare services.

Illustrated below is the planning architecture or building blocks of our Strategic Service Plan. The overall framework of the Plan is presented in the next page while the specific strategies and examples of key actions for achieving the following strategic intents are elaborated in the ensuing chapters:

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

Planning Architecture



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	



Better Able to Manage Growing Demand

Three strategic directions have been identified for HA to better manage growing demand arising from population ageing and increasing disease burden of chronic illnesses:

- Increase service capacity to meet forecast demand, particularly in undersupplied communities and for the management of high demand life-threatening illnesses.
- Keep people healthy to reduce demand by shifting the focus toward prevention and early intervention, and by developing alternative options that could prevent avoidable hospitalization.
- Divert demand for high volume, low complexity services to appropriate care partners.

Increase Capacity

Additional service capacity has been planned for a basket of inpatient and outpatient activities to meet forecast demand for these services. The projected demand growth after taking into account the impact of population growth and ageing is around 2% per year on average for the coming three years. Our priority is to address specific areas of backlog such as reducing SOPC waiting time for new cases and surgery backlog for cancer, cataract and joint replacement cases. The location of additional

capacity will particularly target at undersupplied communities to ensure a more even distribution of health services, and at high demand areas with the like of life threatening diseases requiring multidisciplinary care such as cancer and chronic renal failure in order to enhance the timeliness of intervention.

Increase Capacity in Undersupplied Communities

There is an uneven distribution of hospital services among the clusters due to historical factors. In particular, New Territories West Cluster (NTWC) and Kowloon East Cluster (KEC) require more hospital beds and ambulatory services than are currently available due to growing local population and undersupply of services. The merits of providing hospital services locally to Lantau Island residents of Kowloon West Cluster (KWC) have also been demonstrated. New facilities will be built to increase the service capacity of these few clusters.

To meet the service demand in NTWC, planning is underway to construct a community hospital in Tin Shui Wai that will accommodate 250-300 beds and provide ambulatory and community care services. An integrated GOPC and community health centre will also be constructed in North Tin Shui Wai which is due for



completion by end 2011 (more details about community health centres can be found on page 21 under new model of primary care). The redevelopment of hospitals in NTWC sees Pok Oi Hospital being upgraded to a modern acute general hospital and the staff quarters of Tuen Mun Hospital converted to a 12-storey rehabilitation block. There are plans to open a total of some 500 additional beds at the two hospitals in stages over the next few years.

For KEC, planning work is currently on-going to further expand the capacity of Tseung Kwan O Hospital to accommodate some 170 additional beds by 2013 and more SOPC rooms. At Haven of Hope Hospital, a new hospital block is planned to expand facilities for day rehabilitation and to re-provide around 110 infirmary beds. Also in the planning pipeline is the expansion of United Christian Hospital to provide more ambulatory services.

As regards KWC, a new hospital is being constructed in North Lantau. Phase I of the project is scheduled to complete by end 2012 and will provide 160 beds as well as A&E, SOPC and other ambulatory services. In addition, a new ambulatory and rehabilitation block is planned for the phase II redevelopment of Caritas Medical Centre.

Although focus will be on enhancing the service capacity in undersupplied communities, additional capacity has also been earmarked in other clusters to meet existing and projected service needs. The implications of capacity increase on capital facilities are incorporated into a HA-wide strategic capital works plan that is being developed to address long-term capital needs (the plan is described in more details on page 28 under modernizing facilities).

Examples of key actions:

- Construct a community hospital in Tin Shui Wai
- Build a GOPC and community health centre in North Tin Shui Wai
- Open a total of 500 beds by phases at Pok Oi Hospital and Tuen Mun Hospital
- Put up new facilities at Tseung Kwan O Hospital to house 170 new beds
- Expand ambulatory care capacity at Haven of Hope Hospital and United Christian Hospital
- Build a new hospital in North Lantau
- Construct a new ambulatory and rehabilitation block at Caritas Medical Centre

Increase Capacity on High Demand Life-Threatening Illnesses

A series of disease-specific capacity enhancement programs will be put in place to meet rising demand and to shorten the waiting time for diagnostic and treatment services for high risk patients. Priority areas are life threatening illnesses with a high disease burden. These include stroke, renal failure, cancer, and heart disease. New disease-specific service plans will be developed to facilitate coordinated multidisciplinary care and guide service planning for priority conditions. Apart from capacity increase we will also focus on developing new models of care that do not require ever-increasing number of nurses and doctors in view of workforce shortage.

For example, to enhance care for patients with end stage renal failure, a comprehensive service plan would be drawn up to increase haemodialysis capacity through a number of options, including expanding the number of places for home haemodialysis, and developing public-private partnership (PPP) options for some patients to undergo haemodialysis at centres managed by our community partners (more discussion on PPP on page 23).

The emphasis for cancer care would be on enhancing the capacity of cancer surgery and ambulatory oncology service. To cope with increasing demand for cardiac care, enhancement measures will be put in place. These include increasing the number of Cardiac Care Unit (CCU) beds for acute service. In the medium to longer-term, we plan to build a new block at QMH to accommodate additional operating theatres and CCU for acute cardiac care.

To support the expanded capacity of hospital services and intervention for life-threatening illnesses, we will enhance blood service, which include expanding the facilities of Blood Transfusion Service and increasing their capacity for blood collection and processing.

Examples of key actions:

- Develop new service plan for high demand life-threatening illnesses. Examples of priority areas are:
 - Cancer
 - Renal failure
- Enhance the capacity of day chemotherapy and radiotherapy services
- Expand haemodialysis capacity, including home haemodialysis
- Provide additional capacity for cardiac care
- Augment blood service to support increased capacity of hospital services

Keep People Healthy

There is a limit to increasing capacity because of manpower and other constraints. Given that prevention is better than cure, an important strategy to managing escalating demand would naturally be to shift the focus toward prevention, early detection and prompt intervention to reduce the need for intensive medical care. Key to this strategy is to invest in more “upstream” care that will maintain the health of elderly people and the general patient population and support their capacity to remain in the community. To reduce reliance on acute care, we need to seek new partnerships with the community and develop more effective alternative options that could prevent avoidable hospital admissions or prolonged hospital stay. In gist, there needs to be enhanced attention on wellness and community care options.



Shift the focus toward prevention and early intervention

Chronic diseases such as diabetes and hypertension could lead to major health problems and complications if not managed properly, creating a major burden to the healthcare system. A sizeable proportion of patients with chronic conditions currently do not have optimal disease control and management. In line with the government's healthcare reform direction of enhancing primary care and putting emphasis on preventive care, we will strengthen support for chronic disease patients and develop new models of primary care.



(a) Enhance chronic disease management

Optimal care for patients with chronic diseases involves coordinated treatment by a multidisciplinary team of healthcare professionals to address the complexity of the illness. These patients also need education to support self-management as well as connections to community resources for their home care needs. In this regard, an enhanced chronic care model will be adopted that involves: (i) multidisciplinary team care to provide early identification and intervention of complications, (ii) developing disease-specific protocols to facilitate proactive care, and (iii) empowering patients and their family to take care of their chronic conditions. The aim is to provide comprehensive and proactive care for chronic disease patients.

Examples of relevant measures include setting up multi-disciplinary teams comprising nurses and allied health professionals to provide comprehensive health risk assessment and targeted management to chronic patients, particularly those with diabetes and hypertension. We will also collaborate with our community partners such as NGOs to develop patient empowerment program for chronic disease patients to enhance their self-care ability, including smoking cessation techniques for chronic smokers. The program will cover common chronic illnesses including diabetes, hypertension, stroke, heart disease, chronic respiratory disease, and musculoskeletal disorder.

Multi-disciplinary teams comprising nurses and allied health practitioners will also be established at selected GOPCs to follow up patients newly discharged from public hospitals and chronic patients requiring intervention in areas such as fall prevention, respiratory care, wound care, continence care, mental wellness, and medication management and compliance.

(b) New model of primary care

We are developing new enhanced primary care models to provide continuous, comprehensive and holistic healthcare. An example is the Community Health Centre (CHC). A major feature of CHC involves nursing and allied health professionals working together as a multidisciplinary team to provide seamless care, particularly for patients with chronic diseases. The model is also expected to be a multi-sectoral collaboration among HA, Department of Health, Social Welfare Department and NGOs, with a range of services provided under one roof to improve communication and interface among providers and to enhance the accessibility of patients who require services of multiple specialties and professionals. Depending on the different needs of communities, the services provided in CHC could include family medicine service, outreach community healthcare services, nurse and allied health clinic, and patient empowerment and education program. Plans are underway to set up a CHC in North Tin Shui Wai and in North District.

Examples of key actions:

- Introduce a multi-disciplinary risk assessment and management program for patients with chronic illnesses
- Develop a patient empowerment program in collaboration with NGOs
- Set up multi-disciplinary teams comprising nurses and allied health practitioners at selected GOPCs
- Develop Community Health Centre (CHC) as a new primary care model

Develop alternative options that prevent avoidable hospitalization

Ambulatory and community care are important services to retain patients' independence and support their capacity to remain in the community, which contribute to reducing the need for hospital care. We will review the current community care model in HA, taking account of the existing services such as Community Geriatric Assessment Service (CGAS) and Community Nursing Service (CNS) and develop an overarching strategy for the future development of enhanced community care. A study is currently underway to review measures on reducing avoidable hospitalization and the results will be incorporated into the future community care framework. New service frameworks will also be developed to guide ambulatory elderly care and mental healthcare.



(a) Elderly care

Our emphasis for elderly care is on minimizing the need for hospital admissions and readmissions. For example, we will establish a community health care call centre in stages to provide telephone support on disease management to high-risk elderly patients discharged from public hospitals. The telephone service could also cover health service information and health advice. Apart from this, CGAS is being extended to additional old age homes to facilitate early assessment, intervention and risk management of elderly residents with a view to reducing inappropriate hospital admissions.

(b) Mental health

The international trend for mental health care is to shift the focus from inpatient care to ambulatory and community care. In this connection, there are plans to redevelop Kwai Chung Hospital to enhance ambulatory care facilities and reduce inpatient beds. Community care for patients with mental disorders will be considerably enhanced. Measures include providing them with recovery support during the high risk post-discharged period. We are also extending the psychogeriatric outreach service to more private old age home residents who have psychiatric disorders or dementia. Other examples of enhancing ambulatory care include setting up triage clinics at psychiatric SOPC to provide timely attention to newly referred patients.

Examples of key actions:

- Develop a community care framework in HA
- Formulate new service plans for elderly care and mental healthcare
- Establish a community healthcare call centre to manage discharged patients with a high risk of readmission
- Extend community outreach services, including psychogeriatric outreach service to more old age homes
- Strengthen community support for discharged patients with mental disorders
- Foster ambulatory mental healthcare and redevelop Kwai Chung Hospital to enhance ambulatory facilities

Divert Demand

Divert demand for high volume, low complexity services

We are actively pursuing the option of reducing the public's reliance on HA services through diverting the demand for high volume, low complexity services to appropriate care partners such as private or NGO bodies that possess the capacity to provide such services. This direction is in line with the government's healthcare reform orientation of promoting public-private partnership (PPP). Areas in focus are high volume elective procedures such as cataract surgery and routine follow ups for chronic patients with stable condition.

For example, we will be referring patients with stable chronic medical conditions who are attending SOPC to private doctors in the community for long-term management, which will help to support the healthcare reform direction of promoting the family doctor concept. Separately, we are extending the pilot project of purchasing primary care services from private doctors for chronic patients of GOPC, now being implemented in Tin Shui Wai, to other districts where such services are needed.

Public renal patients who are capable of carrying out haemodialysis without nursing assistance could choose to receive subsidized haemodialysis in centres operated by private sector or NGOs, service volume of which is currently limited at HA centres. Phase II of the pilot PPP Cataract Surgeries Program will also be rolled out to reduce the waiting time for cataract surgery.

Apart from improving existing services through PPP, the possibility of introducing PPP in the planning of new facilities will also be explored. In this respect, we are actively studying the possibility of introducing a PPP model in the Phase II development of the new North Lantau Hospital project.

Examples of key actions:

- Purchase services from private family doctors for SOPC patients with stable chronic conditions
- Extend the Tin Shui Wai pilot project of purchasing private doctor services for GOPC patients to other districts needing the service
- Purchase haemodialysis service from private or NGO centres
- Continue to implement the pilot PPP Cataract Surgeries Program
- Study the possibility of introducing a PPP model in the Phase II development of the North Lantau Hospital



Better Service Quality and Safer Services

The following strategic directions would be pursued for HA to achieve the goal of providing safer and better quality services:

- Do no harm in patient care through promoting a culture of safety and strengthening risk management system in HA.
- Promote patient-centred care which premised on healthcare staff maintaining their professional standard and engaging patients as an equal partner in healthcare.
- Continuous service improvement through efforts to modernize HA in terms of service delivery model, technology, and facilities.

Do No Harm

A major objective of any healthcare system should be first to do no harm to patients. Harm or risk arising from the care delivery process or from environmental hazards, be it to patients or to caregivers, must be avoided and minimised. A culture of safety is thus of utmost importance in the healthcare environment and it should be cultivated at all levels starting with the most basic practice. The “Clean Hands for Health” campaign that is being implemented in HA hospitals to reduce hospital acquired infections is a case in point.

We take reference to the guidelines and strategies promulgated by the World Alliance for Patient Safety. Set up by the World Health Organization (WHO) in 2004 to advance the patient safety goal of “First, do no harm”, the Alliance has since launched three global patient safety challenges that are ongoing. The first challenge, launched in 2005, is “Clean Care is Safer Care”, a major focus of which is promoting hand hygiene at the point of care. The second and third challenges are respectively “Safe Surgery Saves Lives”, and “Tackling Antimicrobial Resistance”.

Enhance safety culture and strengthen risk management system

The worldwide quality movement emphasises open accountability and a continuous learning culture. We embrace this direction with new reporting and open disclosure systems for adverse events and near misses. Steps are being taken to enhance safety culture and strengthen risk management system in response to analysis of medical incidents, so that learning is translated into action.



We will also continue to promote evidence-based standards and guidelines that will improve patient care, with particular emphasis on the safe use of pharmaceutical products and medical devices. For instance, to cut down the incidence of adverse drug reactions and medication related re-admissions, Medication Reconciliation Service will be piloted for hospital patients. Under the service, pharmacists will interview individual patients to verify and compile an up-dated list of their medications and double-check for drug allergies. We are also cutting down the re-use of Single Use Devices (SUDs), which are medical devices not meant for repeated use, in our hospitals.

Technology or process that has shown to reduce errors or enhance safety will be adopted. For example, the 2-D barcode system will be adopted for the ordering of blood and laboratory tests in hospitals to ensure correct patient identification and to minimize the mislabeling of specimen. Physical security in HA will be enhanced through measures that include installing baby/ patients tagging and 24-hour CCTV system in high risk areas. Governance of information security and privacy will also be stepped up, including strengthening security controls on portable computing devices to minimize the risks of data loss.

Examples of key actions:

- Enhance medication safety measures
- Cut down the re-use of Single Use Devices in hospitals
- Implement 2-D barcode system for blood and laboratory tests in hospitals
- Implement measures to enhance physical and information security in HA

Promote Patient-Centred Care

Healthcare is founded on trust the patients have of clinicians and other healthcare staff to be competent and to use their competence in the best interests of patients, that is, placing the patient as the central focus of care. It is important for all level of staff to maintain their professional standard and to acknowledge that the patient has the greatest stake in his/her care and as such, should be respected as an equal partner in healthcare. This is to move away from a paternalistic model of patient care towards that of partnership, with healthcare staff –

- showing dignity and respect for patients by listening to their concerns about their care and giving them choice as to the options available;
- communicating with patients and sharing unbiased information with them to enable them to make informed choices; and
- encouraging patients and family to participate in care and decision-making relating to their care.

In fact, modern healthcare systems worldwide increasingly emphasize the importance of engaging patients in the delivery of care and in safety and quality improvement. The WHO's World Alliance for Patient Safety has also made patient and family engagement in patient safety improvement a major priority.



Maintain professional standard

To ensure that care provided to patients is effective and appropriate, we will develop a robust quality and clinical governance system to measure and monitor performance and maintain the standard of clinical care. One of the measures is to pilot hospital accreditation, which includes defining the quality of hospital services in line with international standards and review by an international accrediting agent. Other examples include enhancing clinical audit of surgical outcomes through the Surgical Outcome Monitoring and Improvement Program (SOMIP), and developing a high quality ICU database system to monitor ICU performance.

Engage patients as an equal partner in healthcare

Involving patients in healthcare is critical to achieving optimum care outcomes. This includes engaging them in safety and quality improvement and encouraging them to provide feedback. In this connection we are modernizing our complaint management and patient engagement systems in line with international standards. This will also involve enlisting an independent body to conduct Patient Satisfaction Survey.

Examples of key actions:

- Implement pilot hospital accreditation program
- Carry out Surgical Outcome Monitoring and Improvement Program (SOMIP)
- Develop a high quality ICU database system
- Modernize complaint management and patient engagement systems
- Conduct Patient Satisfaction Survey

Continuous Service Improvement

To support efficient patient-centred care, there is a need to modernize our service delivery in line with international best practices and use digital technology to extend that care beyond our hospitals. Some degree of service reconfiguration will be required to enhance the work flow and redesign the care process as part and parcel of the modernization plan. We also need to employ a strategic approach to technology planning, including that of information technology, to enable us to adopt technologies that are integrative across our healthcare facilities and to avoid wastage associated with technologies acquired in a piece-meal or haphazard manner. A priority would be to systematically replace antiquated technology and outdated equipment. Our modernization plan also includes adopting new technology and treatment options with a proven track record of improving clinical outcomes in a cost-effective way.

Adopt new technology and treatment options

A new service model in tertiary care will be developed to concentrate expertise and high cost technologies to better meet the needs of patients suffering from complex and serious illnesses and the aspirations of those that provide their care. In this regard, planning is underway to establish a Centre of Excellence in Paediatrics and a Centre of Excellence in Neuroscience as outlined in the government's 2008-09 Policy Agenda. Both Centres will have a comprehensive range of diagnostic and treatment facilities to provide mainly tertiary services, and will also incorporate a clinical research institute and relevant training facilities.



New treatment options that will be introduced over the next few years include widening the scope of the HA Drug Formulary for cost effective drugs which have accumulated scientific evidence on clinical efficacy. We will also expand the scale and scope of cytogenetic service and molecular genetic testing to facilitate more accurate diagnosis, treatment and monitoring of cancers.

Modernize facilities and bio-medical equipments

We will review and update our clinical facility planning and design standards to benchmark with international level. A Strategic Capital Works Plan is being developed to identify capital works projects for modernizing our hospitals and clinics and for meeting the capacity requirement arising from growing service demand. A survey and comprehensive analysis of the conditions and capacity of existing facilities has been conducted to create the plan. Facilities which fall below the established benchmarks will be upgraded or replaced. Buildings which are dilapidated and cannot physically accommodate the level of change and improvement required will be considered for redevelopment.

For example, planning is underway to redevelop ageing hospitals in stages and replace their outdated buildings and facilities with new structures that meet modern healthcare standards. For major redevelopment projects, a Clinical Services Plan will be established to map out the planned future services of the hospital taking into consideration amongst other things its current and projected service demands. The Clinical Services Plan will form an integral part of a master development plan that guides the design and construction of the new buildings and facilities. The redevelopment of Kwong Wah Hospital will be the first project to involve this planning process in HA.

On the whole around 40% of the medical equipments in HA have been in use for over 10 years. We will make use of the Capital Block Vote funding provided by the government to systematically replace outdated medical equipments and other ageing facilities and engineering equipments.

Embrace information technology

Information technology (IT) provides an efficient way for clinical information flow between providers thus facilitating patient choice of providers, which empowers patients. We support the government's healthcare reform initiative of developing a territory-wide patients Electronic Health Record (eHR) system. As a trial, we have developed the "Public-Private Interface – Electronic Patient Record Sharing Pilot Project" (PPI-ePR), which allows healthcare practitioners participating in our PPP projects to access patients' records kept at HA with the patients' consent. The scheme will be extended to all private hospitals and to more family doctors and organizations providing care to elderly or chronic disease patients.

We are developing the third generation of the Clinical Management System (CMS III) to realize the vision of HA's Clinical Systems Strategy (2007-2012) for a robust clinical system that will comprehensively support and improve care delivery. We are also moving towards filmless imaging, which requires our computers and wireless networks to be upgraded to support the technology.

In future, all our new and redeveloped hospitals will be targeting at filmless imaging.

Examples of key actions:

- Plan for the establishment of Centres of Excellence in Paediatrics and Neuroscience
- Introduce new and effective treatment options over the years, examples are
 - Widen the scope of HA Drug Formulary
 - Expand cytogenetic service and molecular genetic testing for cancer management
- Redevelop outdated hospitals in stages and establish Clinical Services Plan to guide the redevelopment; an example is the Kwong Wah Hospital redevelopment project
- Replace ageing medical and engineering equipment
- Support the government in the development of territory-wide eHR
- Develop Phase III Clinical Management System (CMS III) in HA
- Implement filmless imaging in stages and move towards a filmless HA



Nurture a Skilled and High Performing Workforce

High quality healthcare is delivered through and by high quality people. We are actively pursuing several separate yet inter-related strategies aimed at ensuring we attract, retain and motivate highly competent staff at all levels and ranks. Our strategic directions are:

- Engage staff by valuing staff's wellbeing and contribution and by fostering the career development of staff.
- Enhance workforce capacity by improving workforce planning and development, developing new ways of working to make best use of available skills and manpower, and by enhancing skills and competence of staff.

Engage Staff

A great deal of work will go into staff engagement so that all staff are dedicated to achieving our Vision and Mission of helping people stay healthy, and that our Values of people-centred care, professional service, committed staff, and teamwork become a clear way of life for everyone in the HA community. An HA with engaged staff will be reflected by an atmosphere of happiness and friendliness, attention to work, and pride in the organisation.

To be engaged, staff needs to be provided with the opportunities to excel and an environment in which they can be rewarded and recognized for their contribution. Over the coming three years we will enhance current initiatives and introduce others as needed to foster staff career development and to value their wellbeing and contribution.

Value staff wellbeing and contribution

Following substantial research completed in early 2009, we will develop and implement a number of different health and wellness strategies aimed at supporting the physical and psychological wellbeing of staff. This is part of recognizing our staff as individuals with their own needs. The initiatives under development include seminars and education on such topics as diet and exercise, a review of policies related to shift work (particularly continuous nightshift), and programs to minimize risk of injury at work with a focus on manual handling.



We are also putting in place measures to support fair remuneration and benefits for our staff. Over the last few years a number of significant improvements have been made to the starting salaries of many grades of staff and in particular for frontline doctors who had the highest degree of “inequality” when comparing year on year peers. These efforts will continue and increased focus will be made in reviewing the benefits provided to staff, particularly medical benefits.

Foster career development

To bolster staff’s esteem and morale, we will improve their opportunities for career progression and incentives to drive performance. For instance, we are piloting and evaluating new career models for nursing and allied health grades under which new roles and ranks such as Nurse Consultant and Advanced Practitioner are created. Career development of support workers such as General Services Assistants (GSA) and Technical Services Assistants (TSA) will also be enhanced.

Examples of key actions:

- Develop measures to reinforce physical and psychological wellbeing of staff
- Continue to put into effect fair remuneration and benefits for staff
- Implement new career model for nursing and allied health grades
- Enhance career development of support workers

Enhance Workforce Capacity

A number of strategies will be pursued to ensure an adequate workforce for us to deliver high quality healthcare and meet growing service demand. These include better workforce planning and development to increase supply, fostering new ways of working to enhance efficiency and make best use of the skills of existing staff, and upgrading skills and competence.

Improve workforce planning and development

Forward planning and partnering with universities and the government to ensure a sustainable workforce to match service plans is a critical area of work which will continue to receive due effort over the coming three years. We will conduct long-ranged workforce planning of health professionals through rigorous modeling and scenario analysis and in collaboration with stakeholders. In the process, workforce planning will be integrated with service and facility planning.

To meet projected manpower requirement, flexible and competitive employment packages will be offered to strengthen the recruitment of both full-time and part-time doctors and nurses and other health professionals. We will also increase the number of places in HA nursing schools to train more nurses and boost nursing supply.

New ways of working



In addition to ensuring the right number of staff, we are simultaneously exploring new or different ways of working for some grades of staff to ensure the right people are doing the most appropriate work commensurate with their skills, knowledge and competence. This involves exploring how the work flow and care process might be reorganized

to minimize duplication and make best use of available skills and manpower, and how new roles can be developed to meet changing and more complex patient needs.

New role design or role redesign involves changing a role or the way work is done to improve the care process. For instance, change is needed given that a significant amount of nurses' time is spent on paper work, medication administration and other less skilled routine tasks. These less skilled tasks could be delegated so that professional staff could focus on applying their high level skills to take on more challenging roles. Opportunities could also be explored for allied health professionals to take on extended roles to complement medical staff; and in turn their more routine tasks to be taken on by support staff.

Examples of new ways of working include the introduction of training programs to equip support staff with the skills to undertake non-invasive procedures such as blood taking, monitoring and the like to relieve the workload of professional staff.

Enhance skills and competence

As patients' needs and healthcare delivery become more complex, frontline staff would need support to expand their knowledge and skills in order to keep pace and enhance their job satisfaction. Broadly this realm of focus is divided into three areas: leadership skills, management skills, and clinical competence.

(a) Leadership skills

The last few years have seen us dedicating significant effort to enhancing leadership skills for current, and perhaps more importantly, for the future leaders of HA. These efforts will continue and be strengthened in the coming years to ensure we have a well developed pool of talent from which to draw new leaders for many years to come. Three examples of these efforts are: Executive Leadership Program (ELP), HA Leadership Pipeline (HALP), and the creation of dedicated Development Positions in the Head Office and Clusters.

(b) Management skills

The introduction of a modular based "Management 101" program in 2009 is aimed at ensuring frontline managers are equipped with the skills and knowledge to perform their management functions effectively and efficiently and to bridge a gap between their previous pure clinical role to a management role. This program will continue to evolve and to address the needs of current and future managers with at least 300 participants each year over the coming three years.

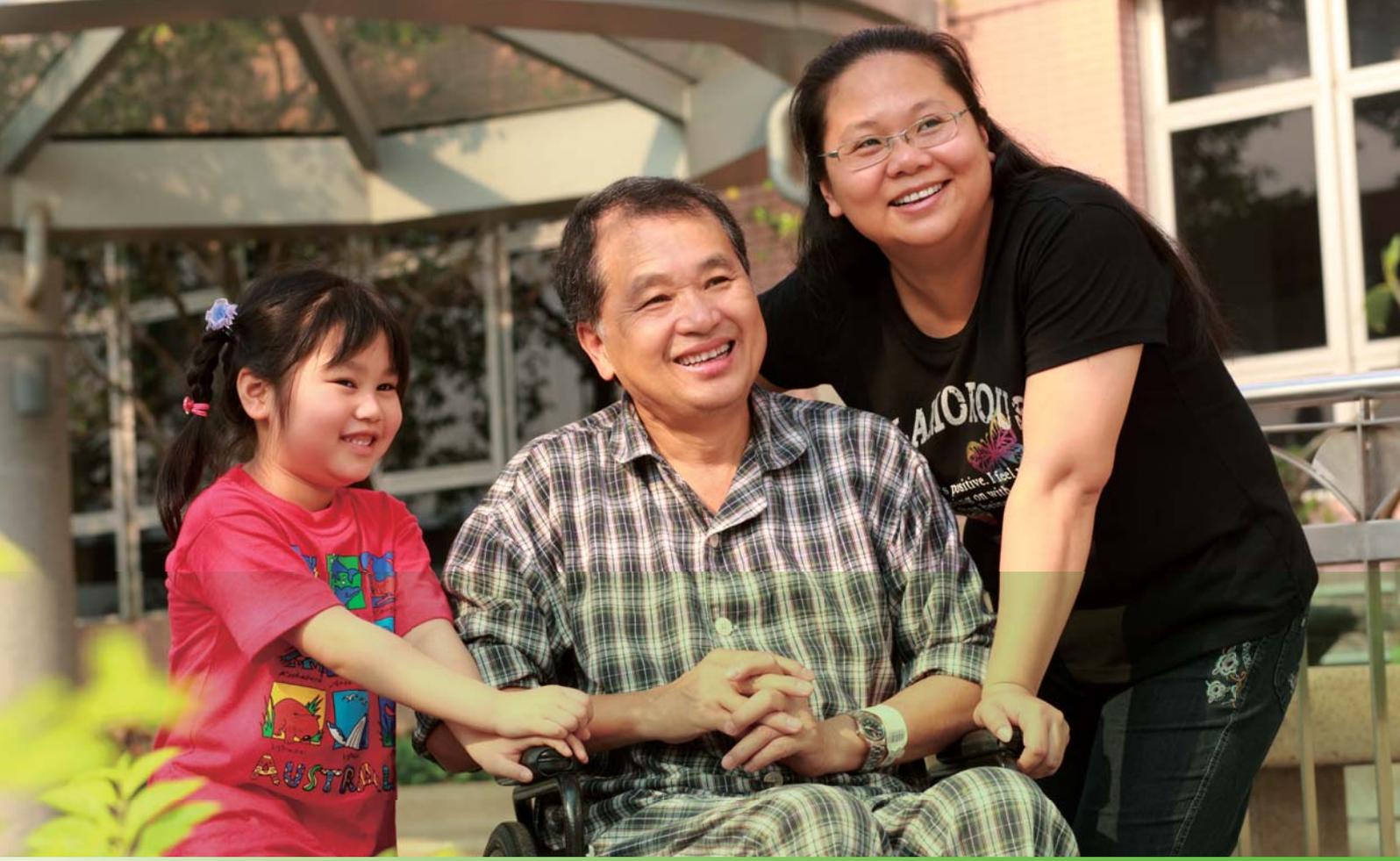
(c) Clinical competence

We will enhance both in-house and external continued training for healthcare staff. In particular, Family Medicine training will be strengthened for our primary care doctors to enable them to participate more effectively in the opportunities offered by primary care oriented healthcare reform measures.

Besides individuals' competency, it is also essential to have effective multidisciplinary teamwork for the provision of safe and seamless care. An example of team-based training is the introduction of a 2-year Crew Resource Management training program adapted from the aviation industry on a trial basis. The training aims at enhancing risk awareness, communication and decision making of a medical team.

Examples of key actions:

- Conduct rigorous and systematic medium to long-ranged workforce planning
- Recruit both full-time and part-time healthcare professionals
- Increase the number of trainees for HA nursing schools
- Explore new role design and role extension for health professionals
- Enhance in-house and external continued training for healthcare staff
- Strengthen Family Medicine training for primary care doctors
- Introduce team-based training to enhance team competency



Implementation

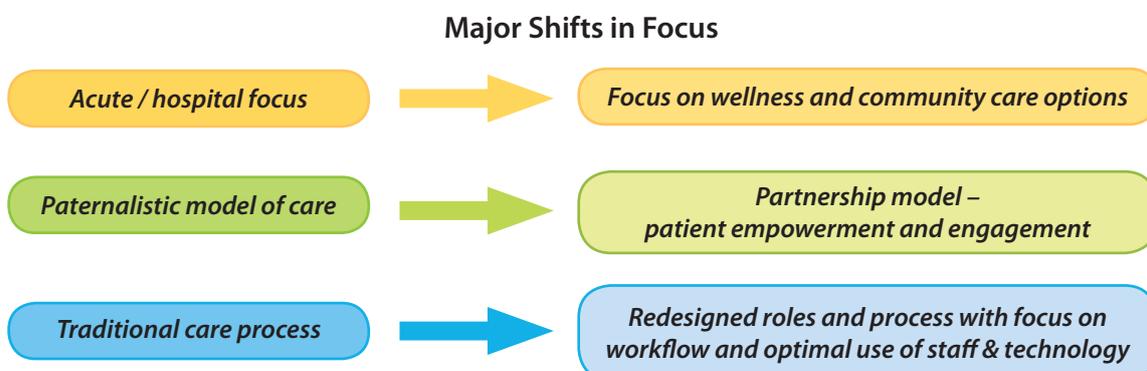
The strategies and directions as set out in the previous three chapters reflect a significant change agenda that HA is embarking on to meet the challenges of managing ever-increasing demand for quality healthcare in an environment of workforce constraints. They are meant to guide HA to accomplish what the community expects of us as a public provider of healthcare.

Implementation of the Strategic Service Plan would ensure:

- Increased ability to manage growing service demand, with shortened waiting time for services relating to life threatening illnesses
- Enhanced community care for elderly and chronically ill patients
- Improved planning of services and workforce in line with demand projection
- Improved quality of care that is patient-centred and keeping with best practices of modern standard professional healthcare
- More satisfied staff who work as a team and make the best use of their skills and abilities to care for their patients

Shifts in Service Focus

It is important for everyone in the HA community to recognize the changes in service focus that are emphasized in this Plan. The major shifts in focus are in the following areas:



Service Specific Plans

The Strategic Service Plan provides a framework for program alignment during the annual planning process throughout HA. Over the next three years starting with 2009-10, hospital clusters as well as health executives at the head office are required to align their service planning and program initiatives with the directions and strategies outlined in this Plan. The alignment will be carried out through two platforms: (i) the Strategic Clinical Programs Sharing Forum (also popularly known as the 3-digit forum) for frontline clinical staff to present their ideas on new clinical programs; and (ii) the Cluster Programs Sharing Forum which is organized for cluster representatives to propose new initiatives for addressing key pressure areas of individual clusters.

Some of the key actions delineated to illustrate the strategies will require more detailed planning before they can be implemented, but they are meant to be carried out within the next three years. In addition, specific plans are required to be developed in a number of service areas, including the creation of new service plans for renal care, cancer care, elderly care and mental healthcare as well as a new community care framework. Executives in the head office will take the lead to work out these service specific plans together with frontline clinicians within the three-year period.

Resource Allocation

To complement the new service directions put forth in the Strategic Service Plan, HA is implementing a new internal resource allocation system, “Pay for Performance” (P4P) starting from 2009-10. The new system allocates resources based on patient activities adjusted for the complexity of patients treated and provides incentives for hospitals to focus on the priorities put forth in the Strategic Service Plan.

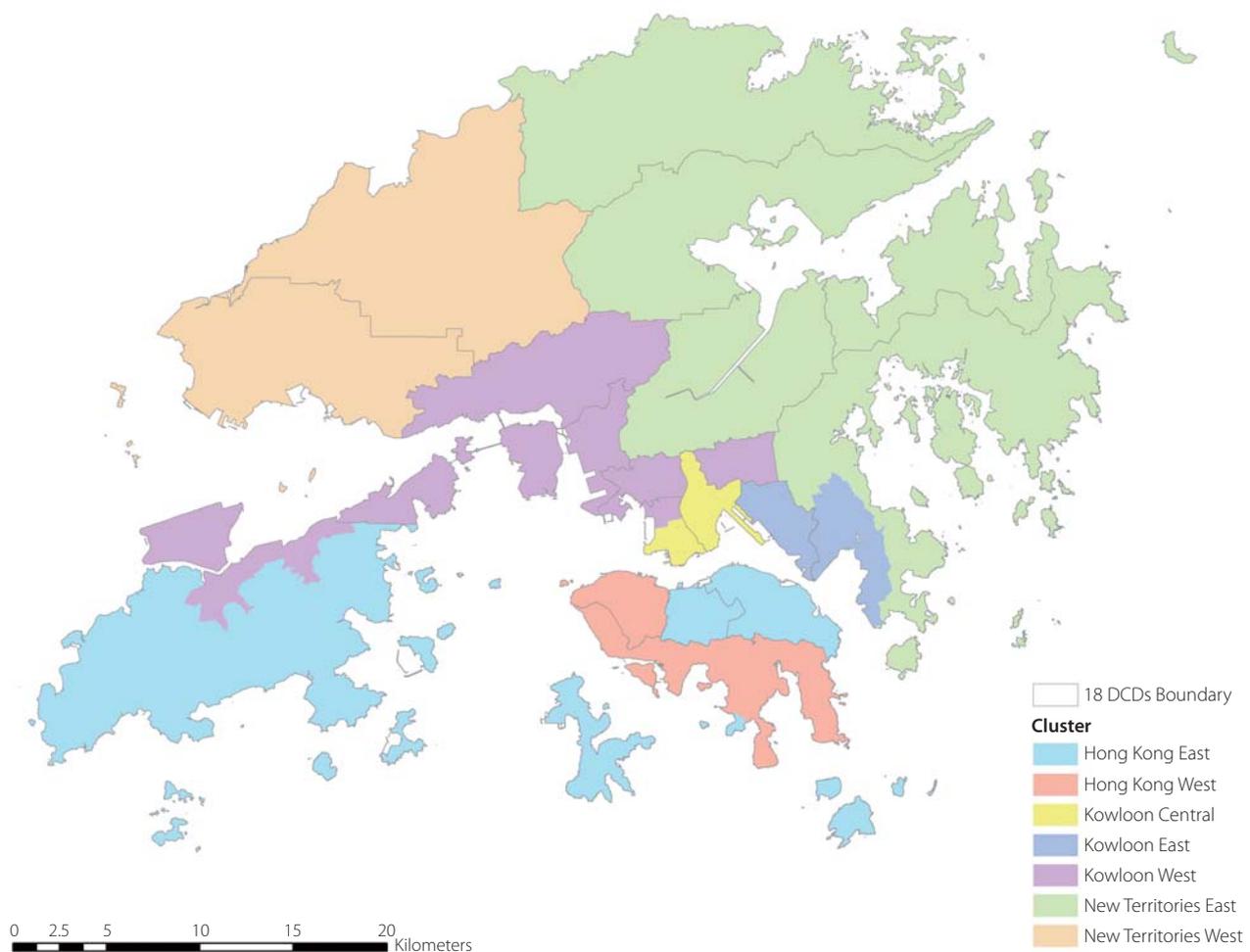
Abbreviations

A&E	<i>Accident and Emergency</i>
CA	<i>Carcinoma</i>
CCTV	<i>Closed-circuit television</i>
DCDs	<i>District Council Districts</i>
DNA	<i>Deoxyribonucleic acid</i>
GOPC	<i>General Out-Patient Clinic</i>
HA	<i>Hospital Authority</i>
ICU	<i>Intensive Care Unit</i>
NGO	<i>Non Government Organisation</i>
PPP	<i>Public-Private Partnership</i>
SOPC	<i>Specialist Out-Patient Clinic</i>

Appendix I – Overview of Hospital Authority

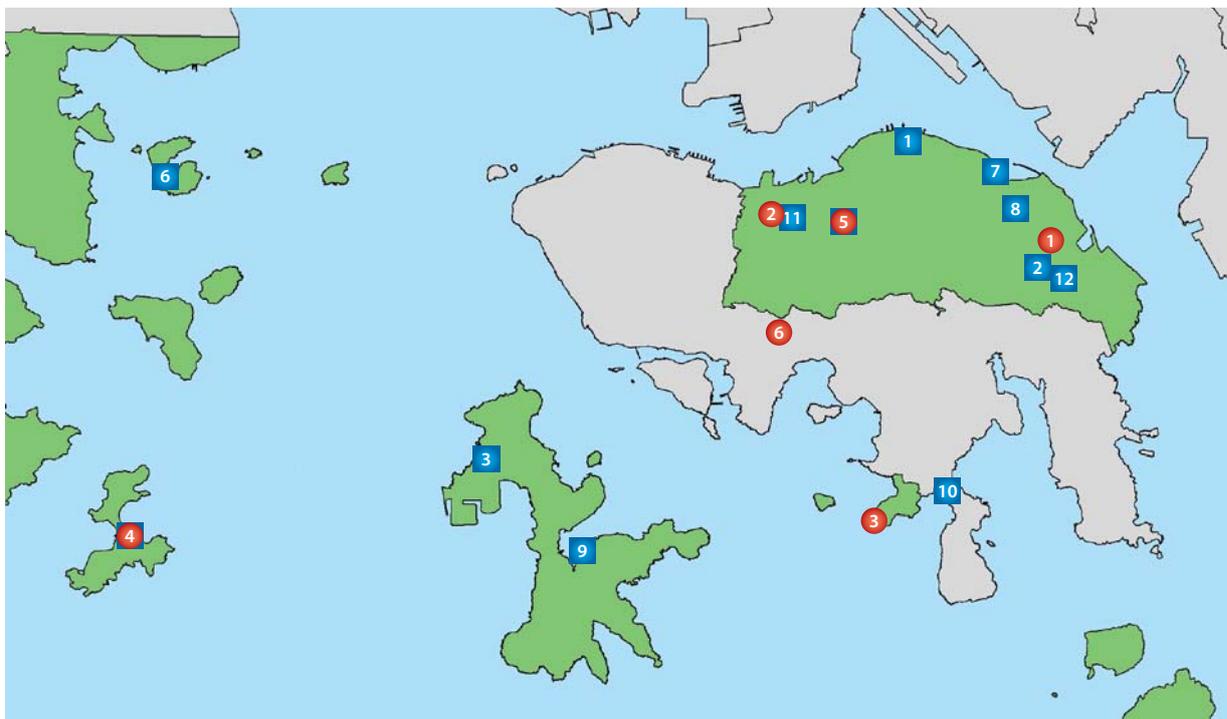
The Hospital Authority (HA) is a statutory and independent body responsible for the provision of all public hospital services in Hong Kong. We also provide some primary care services and are accountable to the government for the effective and efficient delivery of a comprehensive range of highly subsidized preventive, curative and rehabilitative medical care. We currently manage 41 public hospitals/institutions supplying a total of some 27,200 beds, 48 specialist outpatient clinics (SOPC) and 74 general outpatient clinics (GOPC). These facilities are organized into seven clusters according to geographical locations. Characteristics of these clusters are found in Appendix II. Our staff strength is around 55,000 and our recurrent expenditure budget in 2008-09 is \$31 billion.

Cluster Map of HA



Appendix II – Cluster Profiles

Hong Kong East Cluster (HKEC)



Hospitals and Clinics in the Cluster

Hospital

- ① Pamela Youde Nethersole Eastern Hospital
- ② Ruttonjee & Tang Shiu Kin Hospitals
- ③ Cheshire Home, Chung Hom Kok
- ④ St. John Hospital
- ⑤ Tung Wah Eastern Hospital
- ⑥ Wong Chuk Hang Hospital

General Outpatient Clinic

- ① Anne Black Health Centre
- ② Chai Wan Health Centre
- ③ North Lamma Clinic
- ④ St. John Hospital
- ⑤ Tung Wah Eastern Hospital
- ⑥ Peng Chau Clinic
- ⑦ Sai Wan Ho Health Centre
- ⑧ Shau Kei Wan Jockey Club Clinic
- ⑨ Sok Kwu Wan Clinic
- ⑩ Stanley Public Dispensary
- ⑪ Violet Peel General Outpatient Clinic
- ⑫ Wan Tsui Government Clinic



Demographic and Socio-economic Characteristics

	Eastern	Islands*	Wan Chai	HKEC Catchment	Hong Kong Overall
Year 2006					
Population	587,690	137,122	155,196	807,603	6,861,280
Median age	41	37	41	41	39
Proportion of population aged 65 and above	14.1%	8.8%	14.5%	14.1%	12.4%
Child dependency ratio	170	240	140	166	185
Elderly dependency ratio	193	120	194	191	168
Overall dependency ratio	363	360	334	357	353
Average household size of domestic households	3	2.9	2.7	2.9	3
Median monthly domestic household income (HK\$)	21,705	16,410	27,500	22,000	17,260
Proportion of population aged 15 and above having attained post-secondary education	29.0%	25.1%	39.9%	30.9%	23.0%
Year 2016					
Projected population	577,200	164,000	163,300	814,300	7,450,000
Proportion of population aged 65 and above	18.5%	11.5%	19.1%	18.4%	15.2%

* North Lantau in Islands DCD is not under the catchment of HKEC.

The figures exclude persons living on board vessels.

Data source: 2006 Population By-census, Census and Statistics Department, HKSAR

Projections of Population Distribution, 2007-2016, Planning Department, HKSAR

Number of Beds and Service Throughputs in 2007/08

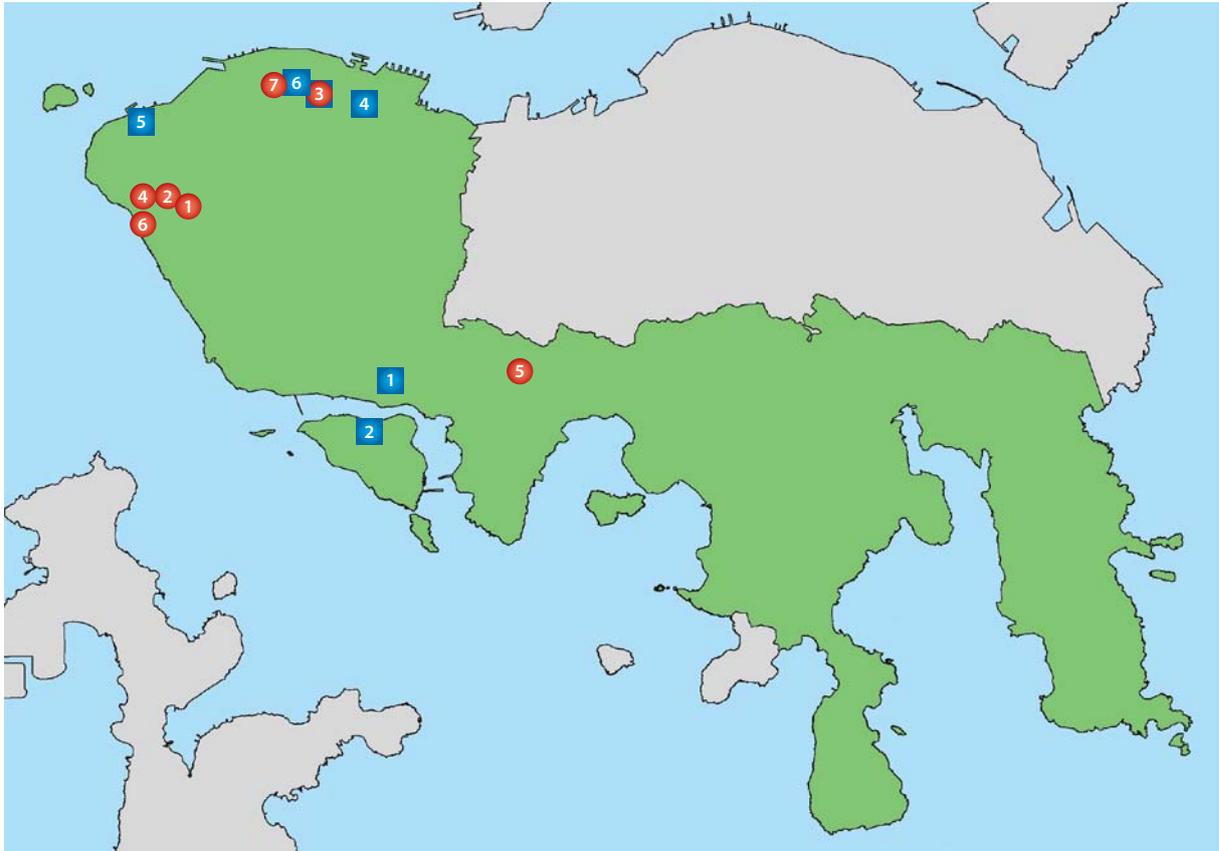
	HKEC	Overall HA
No. of beds (as at end March 2008)	2,969	27,555
Hospital discharge episodes	136,710	1,224,643
Accident and Emergency Attendances	248,222	2,087,902
Specialist Outpatient Attendances	717,413	5,912,383
General Outpatient Attendances	455,867	4,841,927

- Hospital discharge episodes include inpatient and day patient discharges and deaths

- Specialist outpatient attendances include nurse clinic attendances

- General outpatient attendances include nurse clinic attendances

Hong Kong West Cluster (HKWC)



Hospitals and Clinics in the Cluster

Hospital

- 1 Queen Mary Hospital
- 2 Tung Wah Group of Hospitals – Fung Yiu King Hospital
- 3 Tung Wah Hospital
- 4 The Duchess of Kent Children's Hospital
- 5 Grantham Hospital
- 6 Maclehose Medical Rehabilitation Centre
- 7 Tsan Yuk Hospital

General Outpatient Clinic

- 1 Aberdeen Jockey Club Clinic
- 2 Ap Lei Chau Clinic
- 3 Tung Wah Hospital
- 4 Central District Health Centre
- 5 Kennedy Town Jockey Club Clinic
- 6 Sai Ying Pun Jockey Club General Outpatient Clinic



Demographic and Socio-economic Characteristics

	Central and Western	Southern	HKWC Catchment	Hong Kong Overall
Year 2006				
Population	250,064	275,162	525,226	6,861,280
Median age	39	40	40	39
Proportion of population aged 65 and above	12.4%	13.5%	12.9%	12.4%
Child dependency ratio	167	182	175	185
Elderly dependency ratio	165	184	175	168
Overall dependency ratio	332	365	349	353
Average household size of domestic households	2.7	3.2	2.9	3
Median monthly domestic household income (HK\$)	26,250	21,000	23,500	17,260
Proportion of population aged 15 and above having attained post-secondary education	39.9%	25.8%	32.6%	23.0%
Year 2016				
Projected population	263,400	272,100	535,500	7,450,000
Proportion of population aged 65 and above	17.1%	16.5%	16.8%	15.2%

The figures exclude persons living on board vessels.

Data source: 2006 Population By-census, Census and Statistics Department, HKSAR

Projections of Population Distribution, 2007-2016, Planning Department, HKSAR

Number of Beds and Service Throughputs in 2007/08

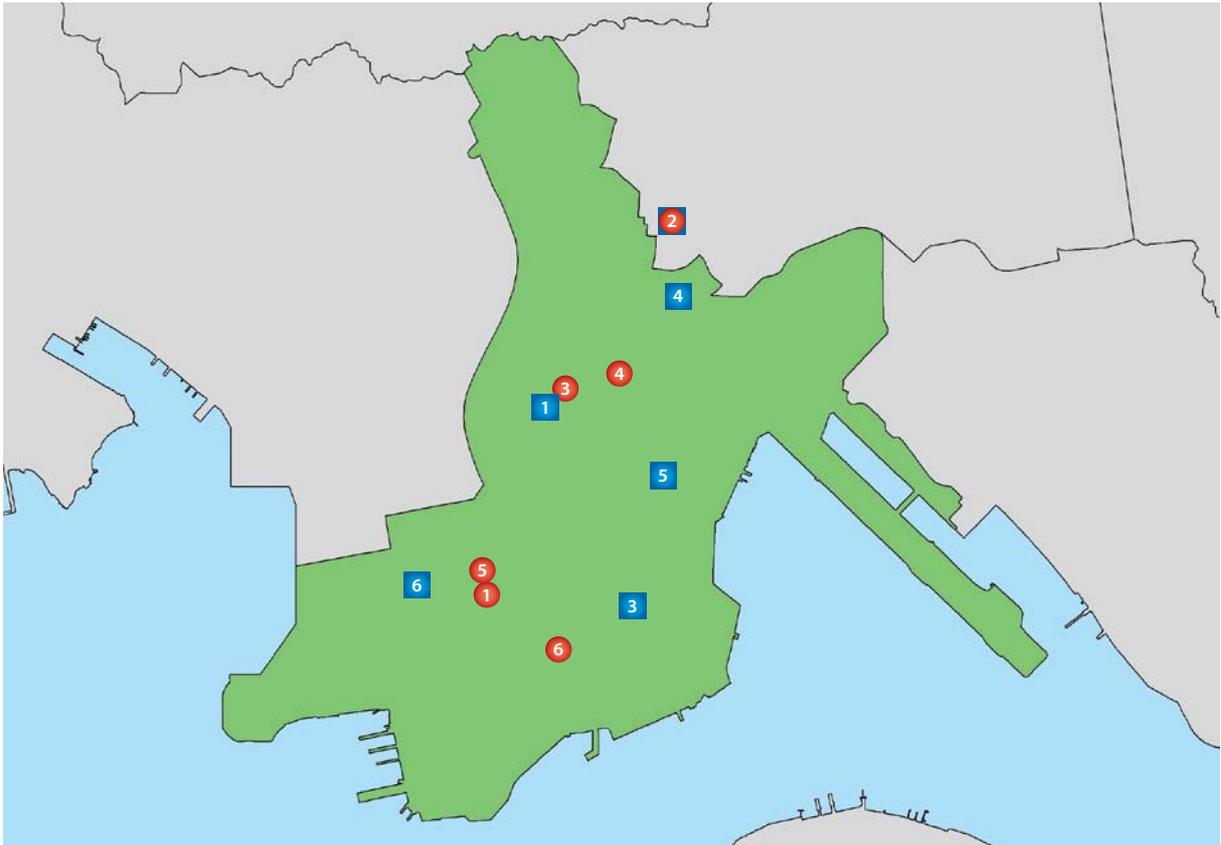
	HKWC	Overall HA
No. of beds (as at end March 2008)	3,167	27,555
Hospital discharge episodes	149,490	1,224,643
Accident and Emergency Attendances	124,848	2,087,902
Specialist Outpatient Attendances	679,792	5,912,383
General Outpatient Attendances	292,196	4,841,927

- Hospital discharge episodes include inpatient and day patient discharges and deaths

- Specialist outpatient attendances include nurse clinic attendances

- General outpatient attendances include nurse clinic attendances

Kowloon Central Cluster (KCC)



Hospitals and Clinics in the Cluster

Hospital

- 1 Queen Elizabeth Hospital
- 2 Hong Kong Buddhist Hospital
- 3 Kowloon Hospital
- 4 Hong Kong Eye Hospital
- 5 Hong Kong Red Cross Blood Transfusion Service
- 6 Rehabaid Centre

General Outpatient Clinic

- 1 Central Kowloon Health Centre
- 2 Hong Kong Buddhist Hospital
- 3 Hung Hom Clinic
- 4 Lee Kee Memorial Dispensary
- 5 Shun Tak Fraternal Association Leung Kau Kui Clinic
- 6 Yau Ma Tei Jockey Club Clinic



Demographic and Socio-economic Characteristics

	Kowloon City	Yau Tsim Mong*	KCC Catchment	Hong Kong Overall
Year 2006				
Population	362,501	280,548	473,616	6,861,280
Median age	40	39	40	39
Proportion of population aged 65 and above	14.4%	13.3%	14.2%	12.4%
Child dependency ratio	178	161	173	185
Elderly dependency ratio	198	179	194	168
Overall dependency ratio	376	339	366	353
Average household size of domestic households	2.9	2.7	2.9	3
Median monthly domestic household income (HK\$)	20,000	17,500	20,000	17,260
Proportion of population aged 15 and above having attained post-secondary education	29.0%	27.7%	29.6%	23.0%
Year 2016				
Projected population	405,700	322,700	535,900	7,450,000
Proportion of population aged 65 and above	17.0%	17.5%	17.1%	15.2%

* Mong Kok in Yau Tsim Mong DCD is not under the catchment of KCC

The figures exclude persons living on board vessels.

Data source: 2006 Population By-census, Census and Statistics Department, HKSAR

Projections of Population Distribution, 2007-2016, Planning Department, HKSAR

Number of Beds and Service Throughputs in 2007/08

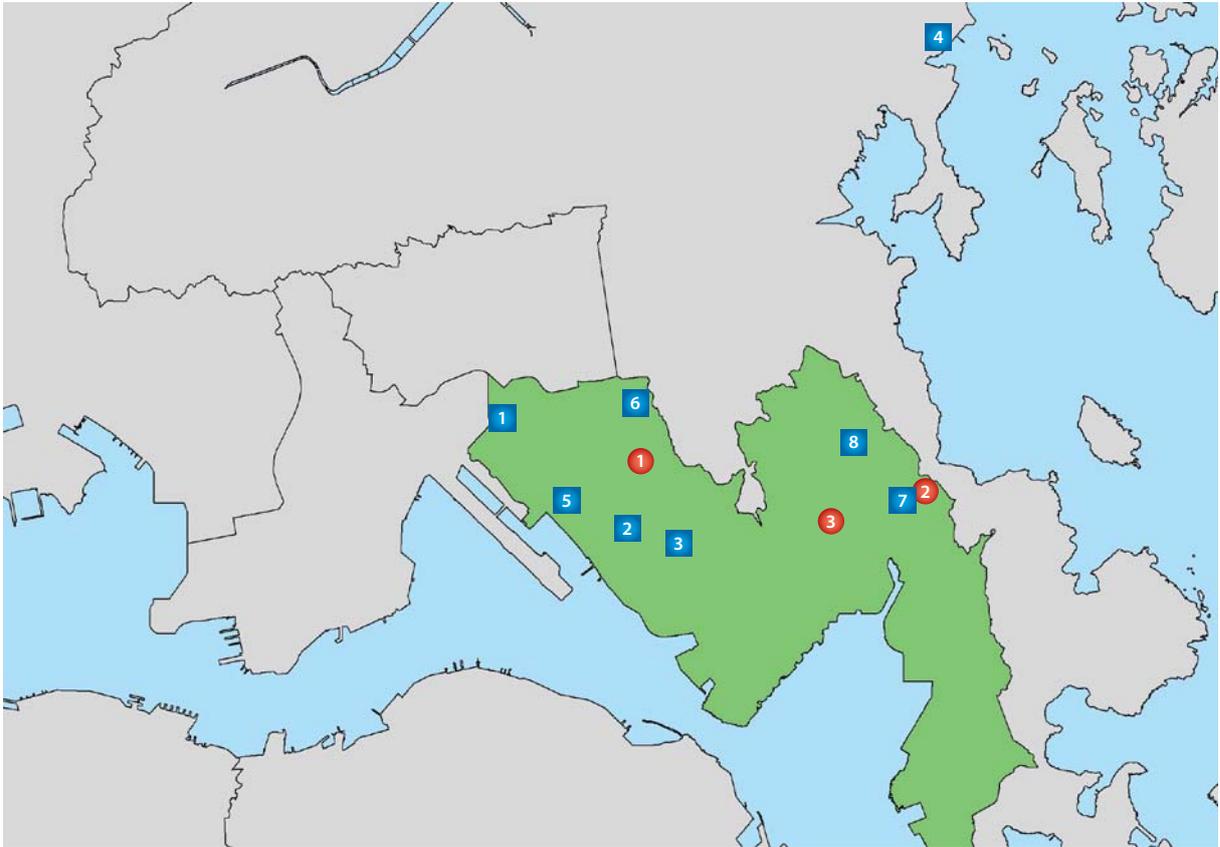
	KCC	Overall HA
No. of beds (as at end March 2008)	3,565	27,555
Hospital discharge episodes	177,654	1,224,643
Accident and Emergency Attendances	202,903	2,087,902
Specialist Outpatient Attendances	907,843	5,912,383
General Outpatient Attendances	453,065	4,841,927

- Hospital discharge episodes include inpatient and day patient discharges and deaths

- Specialist outpatient attendances include nurse clinic attendances

- General outpatient attendances include nurse clinic attendances

Kowloon East Cluster (KEC)



Hospitals and Clinics in the Cluster

Hospital

- ① United Christian Hospital
- ② Tseung Kwan O Hospital
- ③ Haven of Hope Hospital

General Outpatient Clinic

- ① Kowloon Bay Health Centre
- ② Kwun Tong Jockey Club Health Centre
- ③ Lam Tin Polyclinic
- ④ Mona Fong Clinic
- ⑤ Ngau Tau Kok Jockey Club Clinic
- ⑥ Shun Lee Government Clinic
- ⑦ Tseung Kwan O (Po Ning Road) Health Centre
- ⑧ Tseung Kwan O Jockey Club General Outpatient Clinic



Demographic and Socio-economic Characteristics

	Kwun Tong	Tseung Kwan O	KEC Catchment	Hong Kong Overall
Year 2006				
Population	587,423	344,872	932,295	6,861,280
Median age	40	36	39	39
Proportion of population aged 65 and above	16.0%	8.2 %	13.1%	12.4%
Child dependency ratio	189	207	196	185
Elderly dependency ratio	227	108	181	168
Overall dependency ratio	417	314	377	353
Average household size of domestic households	2.9	3.1	3	3
Median monthly domestic household income (HK\$)	14,050	20,600	16,400	17,260
Proportion of population aged 15 and above having attained post-secondary education	17.3%	24.4%	19.9%	23.0%
Year 2016				
Projected population	652,500	417,000	1,069,500	7,450,000
Proportion of population aged 65 and above	16.4%	10.7%	14.1%	15.2%

The figures exclude persons living on board vessels.

Data source: 2006 Population By-census, Census and Statistics Department, HKSAR

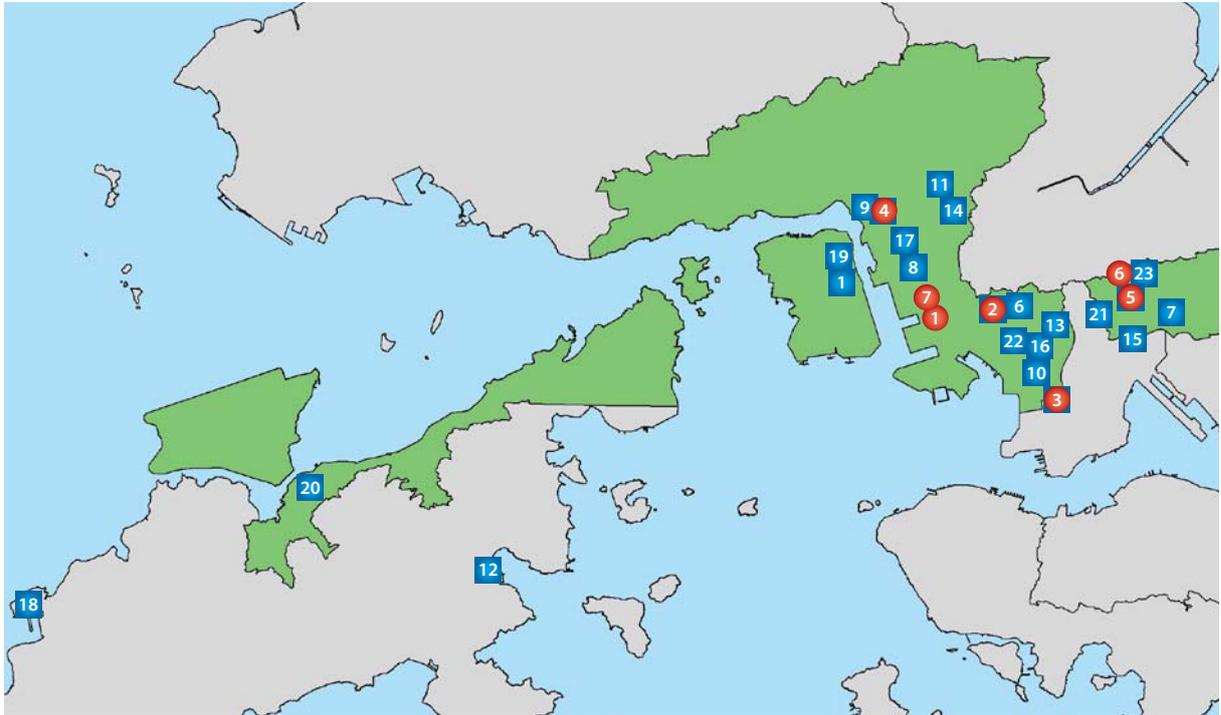
Projections of Population Distribution, 2007-2016, Planning Department, HKSAR

Number of Beds and Service Throughputs in 2007/08

	KEC	Overall HA
No. of beds (as at end March 2008)	2,235	27,555
Hospital discharge episodes	122,613	1,224,643
Accident and Emergency Attendances	295,564	2,087,902
Specialist Outpatient Attendances	590,375	5,912,383
General Outpatient Attendances	696,019	4,841,927

- Hospital discharge episodes include inpatient and day patient discharges and deaths
- Specialist outpatient attendances include nurse clinic attendances
- General outpatient attendances include nurse clinic attendances

Kowloon West Cluster (KWC)



Hospitals and Clinics in the Cluster

Hospital

- 1 Princess Margaret Hospital
- 2 Caritas Medical Centre
- 3 Kwong Wah Hospital
- 4 Yan Chai Hospital
- 5 Our Lady of Maryknoll Hospital
- 6 Tung Wah Group of Hospitals – Wong Tai Sin Hospital
- 7 Kwai Chung Hospital

General Outpatient Clinic

- 1 Tsing Yi Cheung Hong General Outpatient Clinic
- 2 Caritas Medical Centre
- 3 Kwong Wah Hospital
- 4 Yan Chai Hospital
- 5 Our Lady of Maryknoll Hospital
- 6 Cheung Sha Wan Jockey Club General Outpatient Clinic
- 7 East Kowloon General Outpatient Clinic
- 8 Ha Kwai Chung General Outpatient Clinic
- 9 Lady Trench General Outpatient Clinic
- 10 Li Po Chun General Outpatient Clinic
- 11 Mrs Wu York Yu General Outpatient Clinic
- 12 Mui Wo General Outpatient Clinic
- 13 Nam Shan General Outpatient Clinic
- 14 North Kwai Chung General Outpatient Clinic
- 15 Robert Black General Outpatient Clinic
- 16 Shek Kip Mei General Outpatient Clinic
- 17 South Kwai Chung Jockey Club General Outpatient Clinic
- 18 Tai O Jockey Club General Outpatient Clinic
- 19 Tsing Yi Town General Outpatient Clinic
- 20 Tung Chung General Outpatient Clinic
- 21 Wang Tau Hom Jockey Club General Outpatient Clinic
- 22 West Kowloon General Outpatient Clinic
- 23 Wu York Yu General Outpatient Clinic



Demographic and Socio-economic Characteristics

	Kwai Tsing	North Lantau	Sham Shui Po	Tsuen Wan	Wong Tai Sin	Yau Tsim Mong*	KWC Catchment	Hong Kong Overall
Year 2006								
Population	523,300	72,183	365,540	288,728	423,521	280,548	1,842,927	6,861,280
Median age	39	35	41	39	42	39	40	39
Proportion of population aged 65 and above	13.9%	5.7 %	16.7%	11.5%	17.8%	13.3%	14.6%	12.4%
Child dependency ratio	179	283	173	194	178	161	183	185
Elderly dependency ratio	191	78	235	155	255	179	202	168
Overall dependency ratio	370	361	408	349	433	339	385	353
Average household size of domestic households	3	3.1	2.8	2.9	3	2.7	2.9	3
Median monthly domestic household income (HK\$)	14,500	16,000	13,500	20,000	14,250	17,500	15,000	17,260
Proportion of population aged 15 and above having attained post-secondary education	17.4%	23.9%	20.2%	25.9%	15.1%	27.7%	19.7%	23.0%
Year 2016								
Projected population	501,300	90,200	420,400	291,300	415,600	322,700	1,911,400	7,450,000
Proportion of population aged 65 and above	17.2%	8.2%	16.9%	15.4%	17.6%	17.5%	16.5%	15.2%

* Yau Tsim in Yau Tsim Mong DCD is not under the catchment of KWC.

The figures exclude persons living on board vessels.

Data source: 2006 Population By-census, Census and Statistics Department, HKSAR

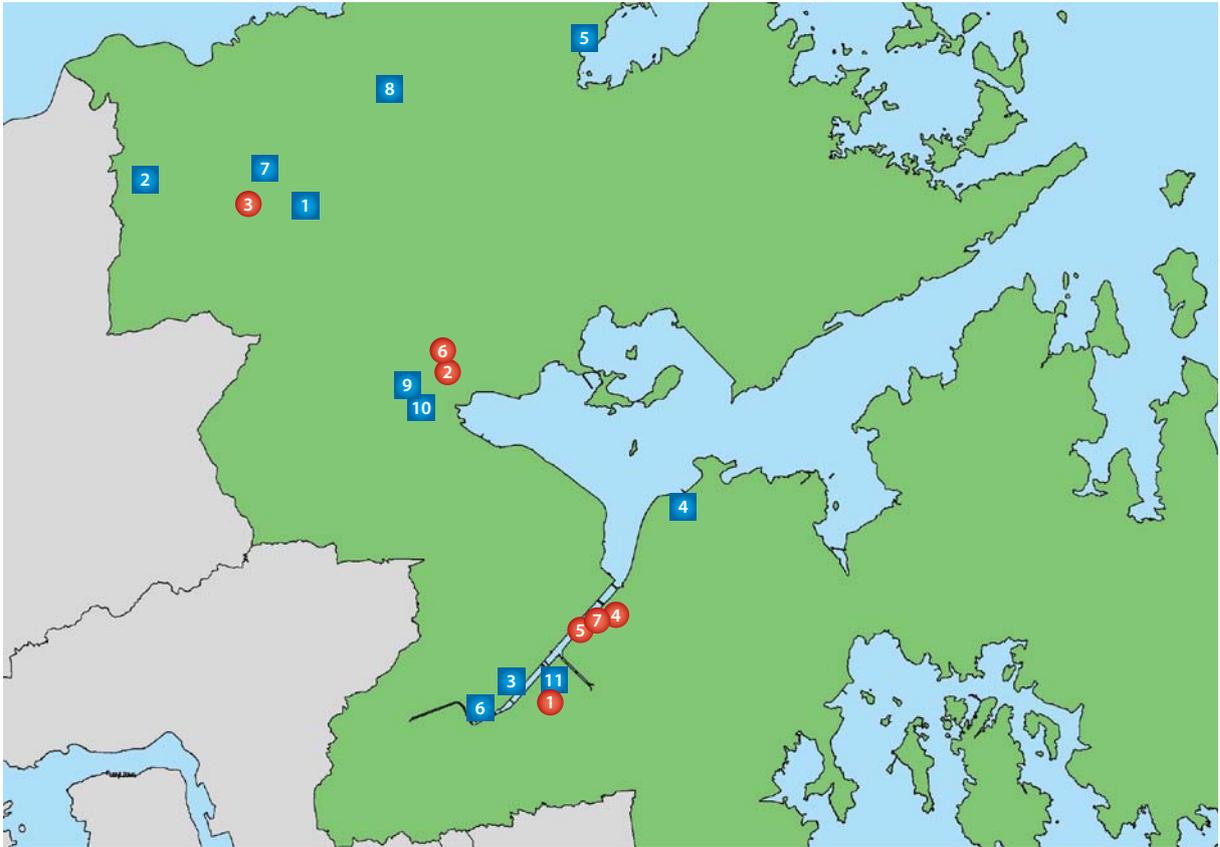
Projections of Population Distribution, 2007-2016, Planning Department, HKSAR

Number of Beds and Service Throughputs in 2007/08

	KWC	Overall HA
No. of beds (as at end March 2008)	6,959	27,555
Hospital discharge episodes	302,099	1,224,643
Accident and Emergency Attendances	555,783	2,087,902
Specialist Outpatient Attendances	1,409,250	5,912,383
General Outpatient Attendances	1,418,109	4,841,927

- Hospital discharge episodes include inpatient and day patient discharges and deaths
- Specialist outpatient attendances include nurse clinic attendances
- General outpatient attendances include nurse clinic attendances

New Territories East Cluster (NTEC)



Hospitals and Clinics in the Cluster

Hospital

- 1 Prince of Wales Hospital
- 2 Alice Ho Miu Ling Nethersole Hospital
- 3 North District Hospital
- 4 Cheshire Home, Shatin
- 5 Shatin Hospital
- 6 Tai Po Hospital
- 7 Bradbury Hospice

General Outpatient Clinic

- 1 Fanling Family Medicine Centre
- 2 Ho Tung Dispensary
- 3 Lek Yuen Health Centre
- 4 Ma On Shan Health Centre
- 5 Sha Tau Kok Clinic
- 6 Shatin General Outpatient Clinic
- 7 Shek Wu Hui Jockey Club Clinic
- 8 Ta Kwu Ling Clinic
- 9 Tai Po Jockey Club Clinic
- 10 Wong Siu Ching Clinic
- 11 Yuen Chau Kok Clinic



Demographic and Socio-economic Characteristics

	North	Sha Tin	Tai Po	NTEC Catchment*	Hong Kong Overall
Year 2006					
Population	280,730	607,544	293,542	1,243,386	6,861,280
Median age	38	39	38	39	39
Proportion of population aged 65 and above	10.1%	10.3%	9.5 %	10.0%	12.4%
Child dependency ratio	203	171	170	178	185
Elderly dependency ratio	136	134	122	131	168
Overall dependency ratio	339	306	292	309	353
Average household size of domestic households	3.1	3.1	3.1	3.1	3
Median monthly domestic household income (HK\$)	16,000	19,320	18,000	18,205	17,260
Proportion of population aged 15 and above having attained post-secondary education	17.8%	24.6%	21.9%	22.8%	23.0%
Year 2016					
Projected population	318,900	687,300	315,100	1,394,300	7,450,000
Proportion of population aged 65 and above	13.0%	13.9%	13.3%	13.4%	15.2%

* NTEC Catchment covers North, Shatin, Tai Po and part of Sai Kung areas.

Sai Kung (excluding Tseung Kwan O) area (accounted for 15% population in Sai Kung DCD) is not included.

The figures exclude persons living on board vessels.

Data source: 2006 Population By-census, Census and Statistics Department, HKSAR

Projections of Population Distribution, 2007-2016, Planning Department, HKSAR

Number of Beds and Service Throughputs in 2007/08

	NTEC	Overall HA
No. of beds (as at end March 2008)	4,616	27,555
Hospital discharge episodes	196,121	1,224,643
Accident and Emergency Attendances	387,719	2,087,902
Specialist Outpatient Attendances	930,486	5,912,383
General Outpatient Attendances	787,850	4,841,927

- Hospital discharge episodes include inpatient and day patient discharges and deaths

- Specialist outpatient attendances include nurse clinic attendances

- General outpatient attendances include nurse clinic attendances

New Territories West Cluster (NTWC)



Hospitals and Clinics in the Cluster

Hospital

- ① Tuen Mun Hospital
- ② Pok Oi Hospital
- ③ Castle Peak Hospital
- ④ Siu Lam Hospital

General Outpatient Clinic

- ① Kam Tin Clinic
- ② Tin Shui Wai Health Centre
- ③ Tin Shui Wai North General Outpatient Clinic
- ④ Tuen Mun Clinic
- ⑤ Tuen Mun Wu Hong Clinic
- ⑥ Yan Oi General Outpatient Clinic
- ⑦ Yuen Long Jockey Club Health Centre
- ⑧ Madam Yung Fung Shee Health Centre



Demographic and Socio-economic Characteristics

	Tuen Mun	Yuen Long	NTWC Catchment	Hong Kong Overall
Year 2006				
Population	502,035	534,192	1,036,227	6,861,280
Median age	38	35	36	39
Proportion of population aged 65 and above	8.8 %	8.3 %	8.6 %	12.4%
Child dependency ratio	182	245	214	185
Elderly dependency ratio	114	113	114	168
Overall dependency ratio	297	357	327	353
Average household size of domestic households	2.9	3.1	3	3
Median monthly domestic household income (HK\$)	15,000	14,810	15,000	17,260
Proportion of population aged 15 and above having attained post-secondary education	17.3%	17.5%	17.4%	23.0%
Year 2016				
Projected population	538,200	650,200	1,188,400	7,450,000
Proportion of population aged 65 and above	13.9%	10.6%	12.1%	15.2%

The figures exclude persons living on board vessels.

Data source: 2006 Population By-census, Census and Statistics Department, HKSAR

Projections of Population Distribution, 2007-2016, Planning Department, HKSAR

Number of Beds and Service Throughputs in 2007/08

	NTWC	Overall HA
No. of beds (as at end March 2008)	4,044	27,555
Hospital discharge episodes	139,956	1,224,643
Accident and Emergency Attendances	272,863	2,087,902
Specialist Outpatient Attendances	677,224	5,912,383
General Outpatient Attendances	738,821	4,841,927

- Hospital discharge episodes include inpatient and day patient discharges and deaths
- Specialist outpatient attendances include nurse clinic attendances
- General outpatient attendances include nurse clinic attendances

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We welcome your suggestions on the Strategic Service Plan 2009-2012

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