

2015 ANNUAL PLAN

Hospital Authority





About this document

The annual plan is an operational plan of the Hospital Authority (HA). It sets out the major goals, work plans and programme targets of the Head Office and seven Clusters.

Our service targets and activity throughput are delineated in the plan to facilitate the public in monitoring HA's performance. Also included is an overview of manpower estimates and budget allocation, illustrating the resources required for carrying out our work plan.

Vision

- Healthy People
- Happy Staff
- Trusted by the Community

Mission

- Helping People Stay Healthy

Values

- People-centred Care
- Professional Service
- Committed Staff
- Teamwork

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Introduction from Chief Executive

The demand for affordable public health care service is ever increasing in Hong Kong. This is fuelled by the rapid pace of population ageing, increasing prevalence of chronic diseases, advancement of medical science and technology as well as changing society's expectation.

In order to address the escalating service demand and ensure judicious use of public resources, the Hospital Authority (HA) plans its service provision carefully in accordance with the directions of its Strategic Plan 2012-17. HA's annual plans are developed to execute the strategic intents envisioned in our Strategic Plan, and the process of annual planning receives inputs from patient groups, HA governing board and frontline staff. All our annual plan proposals are deliberated in a wide range of consultation platforms, and prioritised according to their cost-effectiveness, readiness for implementation and availability of relevant resources like clinical expertise and technology support.

HA cannot succeed in maintaining the high quality public health care services without the continuous financial support from the Government. In 2015-16, the Government increased the recurrent subvention for HA to over \$49 billion HK dollars. We also plan to invest around \$1 billion carrying out 1 300 minor improvement works projects. This is supported by the designated one-off grant of \$13 billion approved by Legislative Council in late 2013. HA will continue to utilise the designated funding to improve various facilities in public hospitals and clinics around Hong Kong.

In the coming 12 months HA will take steps, through various initiatives, to enhance services which are in pressing needs. For example, we will open 250 additional hospital beds, provide 55 000 additional episodic quotas in General Out-patient Clinics across different clusters and enhance endoscopy services. To address the issue of long waiting time, we will work on improving patients' access to our Accident and Emergency service. We also plan to augment our elderly care by providing more visits to patients residing in the residential care homes via the Community Geriatric Assessment Team, and opening more day places for geriatric day rehabilitation. In addition, we will set up the fourth joint replacement centre in Hong Kong at the New Territories East Cluster. On top of the development in service capacity, HA is actively exploring new ways of delivering patient-centred health care services more efficiently.

Human resource is the most valuable asset for good quality service. In the last few years, much effort has been put into retaining professional staff in patient care. We will continue to invest in training of health care workers by providing additional simulation training opportunities, overseas scholarships and training places for medical interns and nursing students in 2015-16. Our plan is also to recruit 400 doctors, 1 830 nurses, and 480 allied health professionals in the coming year.

Looking ahead, HA is committed to meeting the growing service needs, and will continue to strive for quality health care services for the community. I would like to take this opportunity to express my gratitude to all our colleagues for their contribution in the formulation of HA Annual Plan 2015-16.



Dr. P Y Leung
Chief Executive



Planning Context

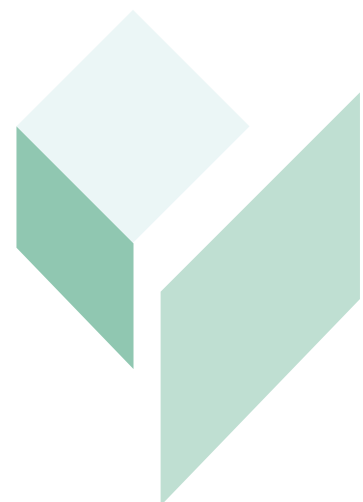
This annual plan outlines the specific actions for the fourth year implementation of HA Strategic Plan 2012-2017.

Strategic Plan 2012-2017

Strategic Plan 2012-2017 sets out the strategies and directions for addressing our key challenges over the five-year period. It is the overarching document for service and development planning throughout HA.

Overall, the priorities of the annual planning exercise are guided by the strategic directions outlined in the HA Strategic Plan. The annual planning process channels resources to specific programmes for translating the Strategic Plan into actions.

In particular, Annual Plan 2015-16 is the action plan for carrying out the fourth year implementation of the five-year Strategic Plan.





Planning Process

Annual planning refers to the service and budget planning process where proposals undergo prioritisation, resource bidding and allocation, with participation from the whole HA community.

Programmes or initiatives delineated in Annual Plan 2015-16 are the syntheses of many months of detailed service and budget planning throughout HA. The annual planning process involves a broadly participative approach, where clinical specialties, hospital Clusters and Head Office Divisions converge and plan ahead for HA's service provision in the coming financial year.

Overall, the HA Board and Committees have provided input to the development of the programmes. For instance,

- ◆ The clinical programmes were formulated according to the developmental priorities recommended by the **Medical Services Development Committee (MSDC)**
- ◆ Business support programmes that included equipment and capital works projects were advised by the **Supporting Services Development Committee (SSDC)**
- ◆ Programmes related to IT development were endorsed by the **Information Technology Services Governing Committee (ITGC)**
- ◆ Staff-related initiatives were deliberated by the **Human Resource Committee (HRC)**
- ◆ Clusters' programmes were developed under the guidance of the various **Hospital Governing Committees (HGCs)**

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Views of patient groups were collected from regular meetings and written suggestions. Inputs from frontline clinical staff, Cluster management as well as Head Office executives were provided through the following platforms:

- ◆ **Coordinating Committees (COCs) and Central Committees (CCs) Annual Planning Forum** organised on 25 March 2014 for frontline professionals to present proposed clinical programmes. The proposals were coordinated by the respective subject officers in the Head Office.
- ◆ **Head Office Annual Planning Forum** held on 28 March 2014 at which Head Office subject officers presented proposals that were coordinated at the corporate level or were initiated by the Head Office.
- ◆ **Cluster Annual Planning Forum** organised on 2 May 2014 for Cluster management to propose initiatives that aimed at addressing the service needs of individual Clusters, in particular the key pressure areas.

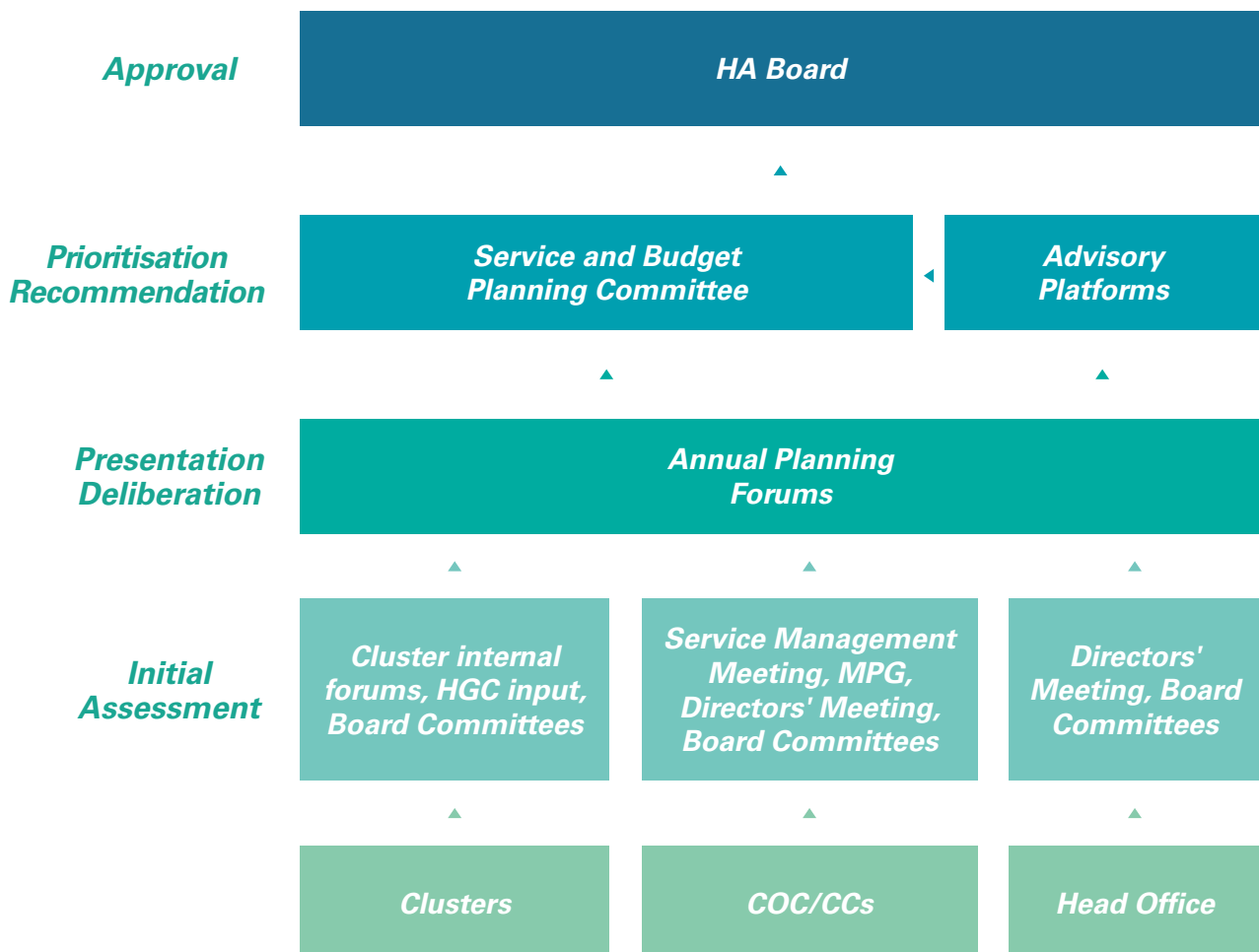
The forums were interactive, with opportunities for floor members to ask questions, and presenters to make clarifications.

All the proposals presented at the forums were put forward for prioritisation by the Service and Budget Planning Committee (SBPC) chaired by the Chief Executive and involving all the Directors, Heads and Cluster Chief Executives as members. This was carried out with reference to HA's strategic priorities and service directions, the programmes' operational readiness, and the government's healthcare priorities. The SBPC was also advised by the following advisory platforms during the prioritisation process:

- ◆ **Medical Policy Group (MPG)** advised on the clinical merits of the clinical proposals, in terms of evidence as well as clinical impact and needs. The MPG comprised the chairmen of all the COCs.
- ◆ **Annual Plan Preparatory (APP) meeting** commented on the proposals' feasibility and readiness for implementation. Participants of the meeting were subject officers of the COC / CCs as well as Head Office chief managers and executives.
- ◆ **Drug Management Committee (DMC)** prioritised the drug components in those proposals that involved the repositioning of drugs or widening use of drugs in the HA Drug Formulary.
- ◆ **Committee on IT** deliberated on proposals that required information technology (IT) support.

After thorough deliberation and prioritisation process by the SBPC, new programmes that were approved for implementation, together with other core service programmes of HA, were incorporated in the annual plan as programme targets to be achieved. These were subject to endorsement by the HA Board before finalisation of the annual plan for publication. The Board will monitor the progress of the programme targets on a quarterly basis between April 2015 and March 2016.

The overall process and governance structure of the annual planning exercise are illustrated in the diagram below.



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Annual Plan Framework

The framework of Annual Plan 2015-16 comprises strategic intents and directions, strategies, programmes and committed targets.

The strategic intents, directions and strategies are as delineated in the Strategic Plan 2012-2017. The strategic intents set out what HA wants to achieve, while the strategic directions outline the broad directions for achieving the intended goals. At the same time, the strategies map out what we need to do to get to the intended goals. The specific programmes are the action plans of HA to carry out the strategies, and the targets are the measurable terms for programme monitoring and accountability reporting.

The strategic intents of Annual Plan 2015-16 are as follows:

- ◆ Allay staff shortage and high turnover
- ◆ Better manage growing service demand
- ◆ Ensure service quality and safety
- ◆ Enhance partnership with patients and community
- ◆ Ensure adequate resources for meeting service needs
- ◆ Enhance corporate governance



Strategic Intents <i>(What we want to achieve)</i>	Strategic Directions <i>(Where we are going)</i>	Strategies <i>(How we get there)</i>
Allay Staff Shortage and High Turnover	Retain people	Relieve workload of clinical staff
		Improve terms and conditions of frontline staff
		Enhance training and development
		Strengthen career development and grade management
	Attract people	Increase manpower supply
	Motivate people	Promote good management and leadership
		Enhance staff communication and engagement

Strategic Intent
(What we want to achieve)

Strategic Directions
(Where we are going)

Strategies
(How we get there)

Better Manage Growing Service Demand	Increase capacity	Increase capacity in high needs communities
		Increase capacity on high demand life threatening diseases
		Increase capacity for services with pressing issues of waiting time and access
	Increase efficiency	Develop more efficient service models
	Reduce demand	Reduce unnecessary or avoidable cases
		Enhance management and secondary prevention of chronic diseases
Share out demand	Transfer high volume low complexity cases to community partners	
Ensure Service Quality and Safety	Enhance clinical risk management	Build safety culture
		Develop safer service models
	Modernise HA	Adopt modern technology and new treatment options
		Upkeep the standard of medical equipment and facilities
	Improve clinical practice	Enhance clinical governance
		Implement continuous quality improvement systems
Enhance Partnership with Patients and Community	Engage partners in care	Involve patient groups and community partners in care delivery
		Engage patients and community partners in service improvement
	Improve patient communication	Take patient-centred approach in communication with patients and carers
Ensure Adequate Resources for Meeting Service Needs	Ensure financial sustainability	Enhance efficiency in resource utilisation and review Government funding
	Enhance key enablers	Strengthen business support services
		Foster capital works and facility improvement
		Improve IT services
Enhance Corporate Governance	Strengthen accountability and stewardship	Reinforce the governance structure and process of the Board





Strategic Intentions and Programme Targets

In Annual Plan 2015-16, we map out six Strategic Intents and 28 Strategies with around 140 corresponding Programme Targets that reflect the work we are doing to implement the five-year Strategic Plan.

Delineated in this chapter are 92 of our programme targets. Other programme targets that are specific to a certain Cluster or Head Office division are presented in the sections under **Cluster Plans** and **Head Office Plan** respectively. About one fourth of the programmes listed here are newly included initiatives, while others are ongoing programmes or a continuation of previous years' initiatives. Newly included initiatives are highlighted with the symbol 🌱 for easy reference.

Programmes marked with the symbol 🇷 are initiatives related to healthcare reforms or are commissioned by the Government. These include measures for enhancing primary care, promoting public-private partnership (PPP) in healthcare, strengthening public healthcare safety net, and facilitating electronic health record (eHR) development.

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Allay Staff Shortage and High Turnover

Our strategies for 2015-16

- ◆ Relieve workload of clinical staff
- ◆ Improve terms and conditions of frontline staff
- ◆ Enhance training and development
- ◆ Strengthen career development and grade management
- ◆ Increase manpower supply
- ◆ Promote good management and leadership
- ◆ Enhance staff communication and engagement

Relieve workload of clinical staff

Action

Recruit more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals

Target

Recruit additional 30 patient care assistants to support allied health services by 3Q15

Improve terms and conditions of frontline staff

Action

Continue to attract and retain supporting staff by improving the terms and conditions of their remuneration package



Target

Enhance the remuneration package for supporting staff and career progression opportunities for Patient Care Assistants (PCA) by 1Q16

Enhance training and development

<i>Action</i>	<i>Target</i>
Enhance specialty and multidisciplinary training through simulation training	Sponsor around 200 simulation training classes in five clusters for doctors and nurses in the different specialties, e.g. general surgery, orthopaedics, gynaecology, urology, paediatrics and anaesthesia by 1Q16
Continue to sponsor overseas training of doctors, nurses, allied health and pharmacy staff	Offer around 203 overseas training scholarships by 1Q16
Provide training subsidy to nurses, allied health and pharmacy staff who participate in recognised service-related post-graduate programmes	Offer training subsidy to around 355 nurses and 225 allied health staff by 1Q16
Continue to roll out the two-year Preceptorship Scheme to enhance proficiency of fresh nurse graduates	Provide preceptorship to around 1 300 newly recruited nurse graduates by 1Q16
Provide more training opportunities for nurses, allied health and pharmacy professionals so as to facilitate service advancement and professional development	Provide 26 specialty programmes and 130 enhancement programmes for nurses; two specialty training programmes and 60 enhancement programmes for allied health professionals; one specialty training programme and 11 competency enhancement programmes for pharmacy professionals; two multi-disciplinary programmes for mental health and primary care service, as well as two train-the-trainer programmes for programme trainers by 1Q16

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Action

Foster “Better Patient Services” and enhance communication skills for frontline professionals and supervisors and supporting staff

Target

Continue the Better Patient Communication / Services Programme for frontline professionals and supervisors; extend the programme to supporting and clerical staff through train-the-trainers approach; and continue ‘On-the-job Coaching’ for supervisors to mitigate the supervision risk of frontline staff by 1Q16

Continue to provide corporate vocational training programmes and competency enhancement programme for supporting staff

Offer care-related support worker vocational training and refresher training; and conduct ‘Competency Enhancement Programme’ and ‘Team Leadership Programme’ for all supporting staff by 1Q16



Strengthen career development and grade management

Action

Enhance promotion opportunities for frontline doctors

Target

Provide additional 80 promotion opportunities for Residents to Associate Consultants by 1Q16

Foster succession planning of senior nursing grades by creating development positions for job rotation at senior management level

Recruit four senior staff for a three month period each for the development posts by 1Q16

Encourage Enrolled Nurses (EN) to upgrade their skills and competency to Registered Nurse (RN) level

Offer training sponsorship to around 60 ENs undertaking voluntary RN Conversion Programme by 1Q16

Foster staff development and training through implementation of staff rotation programme

Set up a staff development rotation programme in Head Office Corporate Communication Department by 3Q15


Increase manpower supply

<i>Action</i>	<i>Target</i>
Continue to train up more nurses in HA nursing schools	Provide training places for 300 RN and 100 EN new students by 1Q16
Strengthen the clinical professional workforce to enhance the provision of healthcare services needs	Recruit a total of around 400 doctors, 1 830 nurses and 480 allied health professionals, including 368 additional nurses to alleviate the nursing manpower shortfall in hospital wards, and 30 RN in QMH in preparation for anticipated wastage due to business development in private health care sector by 1Q16
Continue to conduct 18-month midwifery programme to increase the supply of midwives	Conduct midwifery programme with a new intake of around 80-100 trainees by 1Q16

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Promote good management and leadership

<i>Action</i>	<i>Target</i>
<p>Review and implement tailor-made Executive Leadership Programme and other development options, e.g. overseas training, development positions, executive attachment programme for candidates in the succession pools for senior executive and clinical leadership positions</p>	<p>Roll out 2015 Executive Leadership Programme for 90-100 candidates in the succession pool; identify appropriate overseas training programme for senior executives to widen management exposure and organise and coordinate both local and overseas executive attachment programme; and coordinate corporate exposure programmes for different grades of staff to widen management exposure and enhance alignment with corporate perspective by 1Q16</p>
<p>Enhance management and leadership capabilities of senior leaders through Healthcare Service Management Training (HSMT) to provide inventory of essential business knowledge </p>	<p>Collaborate with various Divisions to pilot four e-learning modules on essential business knowledge for 700 senior leaders at HAHO and Cluster levels by 1Q16</p>
<p>Enhance the management competences of the first-time and experienced managers</p>	<p>Continue to organise 'Management 101' and 'Management 202' for 900 managers by 1Q16</p>

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Enhance staff communication and engagement

Action	Target
Continue to enhance staff communication and engagement by strengthening existing staff consultative structures and by developing new communication means or channels	Facilitate regular communication and reporting between cluster and HAHO human resources teams to allow better and common understanding on corporate personnel policies and initiatives by 4Q15
Identify improvement areas of the Staff Clinic services	Implement new telephone appointment system of HA Staff Clinics and collect utilisation data for future service planning by 1Q16
Strengthen measures and training on workplace violence management in HA	Enhance supervisor training in prevention and workplace violence management and conduct Workplace Violence drills in high risk areas by 1Q16

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Better Manage Growing Service Demand

Our strategies for 2015-16


- ◆ Increase capacity in high needs communities
- ◆ Increase capacity on high demand life threatening diseases
- ◆ Increase capacity for services with pressing issues of waiting time and access
- ◆ Develop more efficient service models
- ◆ Reduce unnecessary or avoidable cases
- ◆ Enhance management and secondary prevention of chronic diseases
- ◆ Transfer high volume low complexity cases to community partners

Increase capacity in high needs communities



Action	Target
Strengthen the capacity of inpatient services in HKEC	Open 10 additional day beds and one ICU bed at PYNEH; and set up an Emergency Medicine Ward to provide an additional 10 beds in RH by 3Q15
Reinforce the capacity of inpatient services in KEC	Open 32 additional acute beds at TKOH by 4Q15
Further enhance the capacity of clinical services in KWC	 Improve the inpatient and day service capacity in OLMH to serve additional 200 day cases per year; and introduce more clinical services in NLTH, including enhancement of specialist outpatient services, expansion of ambulatory surgery services and outreach services by 1Q16
Provide more inpatient beds to cope with the increasing service demand in NTEC	Open additional 36 day beds and 35 acute beds at PWH, including four surgical HDU beds and one ICU bed by 4Q15
Continue to increase the capacity of clinical services in NTWC	Open additional 76 acute beds and 38 convalescent beds at POH and four surgical HDU beds and two convalescent beds in TMH by 4Q15

Increase capacity on high demand life threatening diseases

<i>Action</i>	<i>Target</i>
Continue to strengthen cardiac care by setting up Cardiac Catheterization Laboratory (CCL) and adding more Cardiac Care Unit (CCU) beds	Establish a CCL in PMH and TMH respectively and add two CCU beds in TMH by 1Q16
Improve acute stroke management by providing 24-hour thrombolytic treatment	Implement 24-hour thrombolytic service for acute ischaemic stroke patients in PMH and TMH by 1Q16
Set up fast-track Transient Ischaemic Attack (TIA) clinics so that patients suffering from TIA could be promptly reviewed by neurologists	Roll out the TIA clinic programme to NTWC by 3Q15
Continue to enhance the capacity of renal replacement therapy for public patients with end-stage renal disease to improve their health outcomes	Provide hospital haemodialysis to 20 additional patients, home haemodialysis treatment to 30 additional patients, and home automated peritoneal dialysis (APD) treatment to 30 additional patients by 1Q16
Improve respiratory care through concentrating expertise and care for patients on non-invasive and mechanical ventilation, as well as centralising care for chronic ventilator-dependent patients	Provide eight designated medical beds in RH, TKOH, CMC and TMH for the care of patients on non-invasive and mechanical ventilation and six designated beds in WTSH for chronic ventilator-dependent patients by 1Q16
Enhance Extracorporeal Membrane Oxygenation (ECMO) Services for life threatening respiratory diseases 	Increase the capacity of ECMO service in PYNEH, QMH, QEH, PMH and PWH to serve a total of 150 cases by 1Q16
Continue to strengthen the clinical management of patients diagnosed with Human Immunodeficiency Virus (HIV) by offering Highly Active Antiretroviral Therapy (HAART) to eligible patients	Provide multi-disciplinary care for additional HIV new cases and offer HAART to eligible patients in QEH and PMH by 1Q16



Action

Enhance management of patients with advanced heart failure and strengthen the capacity of organ transplant coordination team to sustain the long-term professional development and growth of service



Target

Increase the capacity of heart transplant team and establish care protocol in GH; and recruit an additional organ transplant coordinator in KCC and KWC respectively by 1Q16

Increase capacity for services with pressing issues of waiting time and access

Action

Continue to alleviate the work pressure at A&E Departments by setting up support sessions to handle the Triage IV and V cases

Target

Continue to provide support sessions in A&E Departments to help manage part of the Triage IV and V cases by 1Q16

Increase the service capacity to alleviate the waiting time for joint replacement surgery

Set up the joint replacement centre in NTEC for performing 90 operations by 1Q16

Allay the waiting lists for surgeries by opening additional surgical beds and adding Operating Theatre (OT) sessions

Open four additional surgical day beds in TKOH; and additional OT sessions in KEC, NTEC and NTWC by 1Q16

Enhance endoscopy services to manage waiting list and facilitate the Government's Colorectal Cancer Screening Programme by increasing service capacity and facilities improvement



Provide a total of around 5 300 additional endoscopic procedures across Clusters; and carry out facilities improvement in PYNEH, OLMH and YCH by 1Q16

Enhance the accessibility to radiological imaging services by increasing the capacity



Enhance MRI service in HKWC and NTEC to provide additional of around 1 100 investigations; and install an additional angiography flat panel detector equipment for diagnostic and intervention procedures in PMH; and provide an additional of around 400 Positron Emission Tomography (PET) scans in PYNEH by 1Q16

<i>Action</i>	<i>Target</i>
Continue to enhance the accessibility of pharmacy services	Recruit additional pharmacy grade staff to implement round-the-clock pharmacy services in NDH and extend the weekday pharmacy service by two hours in HHH, OLMH and SH by 1Q16
Improve the access of target population groups to public primary care services by increasing the service capacity of GOPC	R Increase the GOPC episodic quota by a total of 55 000 attendances in KCC, KEC, KWC, NTEC and NTWC by 1Q16

Develop more efficient service models



<i>Action</i>	<i>Target</i>
Improve the long-term management of ventilator assisted children by centralising their care with multi-disciplinary support and specialised facilities	Enhance long-term management of ventilator assisted children (VAC) through converting four Rehab beds into ventilator beds in DKCH by 1Q16
Centralise the service for Gender Identity Disorder (GID) patients	Commence the centralised service for GID patients in NTEC by 4Q15

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Reduce unnecessary or avoidable cases



<i>Action</i>	<i>Target</i>
Strengthen the Community Geriatric Assessment Team (CGAT) service to provide better support for terminally ill residents living in Residential Care Homes for the Elderly (RCHEs)	Increase around 3 000 CGAT outreach attendances to the RCHEs in HKEC, HKWC, NTEC and NTWC by 1Q16
Enhance geriatric day rehabilitation service to provide multi-disciplinary care for elderly patients after their acute illnesses	Provide 20 additional day places in Geriatric day rehabilitation centre at YCH and around 2 400 additional Geriatric Day Hospital attendances by 1Q16

Enhance management and secondary prevention of chronic diseases

Action	Target
Enhance child and adolescent psychiatric outpatient services to curtail the SOPC waiting time of new cases due to growing demand	Provide 250 additional new case consultations at KEC by 1Q16
Recruit people with lived experience of mental illness as peer support workers to support patients with severe mental illness in the community 	Recruit a total of five peer support workers in KCC, KWC and NTWC by 1Q16
Enhance the multi-disciplinary team support for patients with common mental disorder (CMD) in SOPC 	Provide additional 2 000 new case attendances for patients with CMD at KWC by 1Q16



Transfer high volume low complexity cases to community partners

Action	Target
Sustain the pilot PPP programmes of purchasing cataract surgeries, primary care services and radiological investigation service from the private sector for eligible HA patients 	Benefit a total of 6 500 patients under the pilot PPP programmes by 1Q16
Continue to purchase haemodialysis service from qualified service providers in the community, including private sector and NGOs in order to enhance access to haemodialysis service for HA patients, provide options and improve quality of life 	Provide 188 patient capacity under the PPP programme by 1Q16

Ensure Service Quality and Safety

Our strategies for 2015-16

- ◆ Build safety culture
- ◆ Develop safer service models
- ◆ Adopt modern technology and new treatment options
- ◆ Upkeep the standard of medical equipment and facilities
- ◆ Enhance Clinical Governance
- ◆ Implement continuous quality improvement systems

Build safety culture

Action

Enhance critical incident psychological services for healthcare staff to strengthen preparedness and emergency response for crisis intervention

Strengthen chemical safety management and training

Target

Set up critical incident psychological service offices and develop outreach clinical psychology service in HKEC, KEC, KWC and NTEC by 3Q15



Review the safety manuals for high risk and commonly used chemicals and standardise risk assessment and monitoring protocols by 1Q16





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Develop safer service models

<i>Action</i>	<i>Target</i>
Enhance medication safety using IT system to support clinical workflow and reduce errors in medication prescription and transcription	Implementation of In-patient Medication Order Entry (IPMOE) system in RH, YCH and UCH by 1Q16
Further improve sterilisation methods in operating theatres to align with international standards	Continue to establish the centralised theatre sterilisation service unit (TSSU) in QMH and YCH; replace the ageing equipment in QEH; roll out the surgical instrument tracking system to six more hospitals; extend the sterilisation supply service to Tuen Mun Eye Centre; and start the construction work in PYNEH for central sterilisation service unit by 1Q16
Continue to implement measures to reduce the reuse of Single Use Devices (SUD)	Phase out the reuse of selected class II moderate and moderate-high risk SUD according to clinical prioritisation by 1Q16
Promote breastfeeding of newborn babies in HA hospitals by enhancing the necessary nursing support and improving the clinical setting and physical environment	Establish breastfeeding support team in PWH by 1Q16
Improve quality of informed consent forms through information technology	Develop an IT system for custom print consent forms with corporate database of common operations by 1Q16



Adopt modern technology and new treatment options

Action	Target
Improve the quality of drugs provided to HA patients by widening the scope of HA Drug Formulary	 Improve the quality of drugs provided to HA patients by widening the indications of special drug for multiple sclerosis, and re-positioning of self-financed items as special drugs for cancer treatment, chronic hepatitis C and Crohn's disease in the HA Drug Formulary by 2Q15
Continue to roll out technology to speed up microbiological identification	Install Matrix Assisted Laser Desorption Ionization Time of Flight (MALDI-TOF) Mass Spectrometry in PYNEH, QEH, KWH and TMH by 1Q16
Improve the quality of scoliosis brace treatment in DKCH through acquiring computer aided design and computer aided manufacturing system	 Enhance scoliosis brace treatment to provide 275 brace fabrications in DKCH by 1Q16
Enhance molecular tests for patients with various types of cancers	 Provide around 1 900 additional molecular tests for patients with lung, breast, colorectal and blood cancer by 1Q16
Provide a stable and sustainable diagnostic service for patients with growth hormone abnormalities	 Provide additional 2 700 laboratory tests through adopting Mass Spectrometry Serum IGF - I Assay by 1Q16
Adopt Minimally Invasive Surgery (MIS) technique in hysterectomy surgeries for gynaecological patients who meet suitable surgical criteria	Use MIS in 80% of the hysterectomy surgeries conducted for suitable gynaecological patients by 1Q16
Modernise the facilities and equipment in operating theatres to enhance the provision of MIS	Set up MIS suites in in PMH, CMC and OLMH by 1Q16



Action

Adopt hyperbaric oxygen therapy (HBOT) in HA



Target

Start site preparation and staff training for HBOT by 1Q16

Review Phase One implementation of Integrated Chinese-Western Medicine model and plan for launching Phase Two



Conduct an interim review of Phase One and plan for the Phase Two implementation by 3Q15

Upkeep the standard of medical equipment

Action

Continue the replacement and addition of radiological, surgical, endoscopic, laboratory, pathology and physiological equipment

Target

Complete the replacement and acquisition of around 800 pieces of medical equipment at a total estimated cost of \$700Mn under Capital Block Vote and Designated Fund by 1Q16

Improve patient safety by providing quality maintenance service for high risk medical equipment in HA hospitals

Enhance the maintenance for around 15 000 pieces of high risk medical equipment by 1Q16

Enhance clinical governance

Action

Develop mechanism for identification and endorsement of procedures requiring definition of scope of practice in HA



Target

Identify and prioritise procedures for credentialing at corporate level and develop credentialing requirements in collaboration with COC/CCs and academic professional bodies by 1Q16

Implement continuous quality improvement systems

Action

Strengthen the quality and safety management system by continuing to implement hospital accreditation programme in HA hospitals

Target

Set up designated accreditation teams to prepare for hospital accreditation programme in 11 hospitals by 1Q16

Enhance Partnership with Patients and Community

Our strategies for 2015-16

- ◆ Involve patient groups and community partners in care delivery
- ◆ Engage patients and community partners in service improvement
- ◆ Take patient-centred approach in communication with patients and carers

Involve patient groups and community partners in care delivery

Action

Enhance support for patients with chronic diseases through empowerment programme delivered by NGOs

Target

Continue to support 14 000 HA patients under the Patient Empowerment Programme (PEP) by 1Q16


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Engage patients and community partners in service improvement

Action	Target
Conduct Patient Experience and Satisfaction Survey	Report on the findings of Patient Experience and Satisfaction Survey on Specialist Out-patient Service by 4Q15 Conduct Patient Experience and Satisfaction Survey on inpatient services of 25 hospitals by 1Q16
Improve public complaints and feedback data reporting through information technology	Implement the Complaints and Feedback Management System at Patient Relations Offices of 7 clusters by 1Q16



Take patient-centred approach in communication with patients and carers

Action	Target
Improve and streamline the phone enquiry services at SOPCs by recruiting additional clerical staff	 Set up phone enquiry systems in PYNEH, QMH, UCH, PMH, PWH and TMH by 1Q16
Enhance staff competency in conflict resolution through applied mediation skills training	Complete the applied mediation skills training for 600 front-line staff by 1Q16



Ensure Adequate Resources for Meeting Service Needs

Our strategies for 2015-16

- ◆ Enhance efficiency in resource utilisation and review Government funding
- ◆ Strengthen business support services
- ◆ Foster capital works and facility improvement
- ◆ Improve IT services

Enhance efficiency in resource utilisation and review Government funding

Action	Target
Conduct medium range projection of HA spending under different scenarios, ranging from maintaining current service level to growth in light of manpower and facility infrastructure capacity as well as expenditure projection through modelling changes of population size, ageing effect and disease burden etc. Effect of technology advancement will also be considered where appropriate	Advise Government of the needs and resources required for public healthcare services provided by HA in short to medium terms, subject to the population's changing healthcare needs and HA's capacity as determined by manpower availability and facility infrastructure
Explore options of internal resource mobilisation for operational use	Revisit HA's financial position to identify availability of funding for operational use by 4Q15
Revisit internal resource allocation (IRA) approach and establish a mechanism to enhance existing resource management with an aim to address the observation and recommendation by the HA Review Steering Committee	Revisit the approach and analysis methodology of IRA to better reflect population needs, and to beef up existing governance on resource management to address the need of under-provisioned clusters / hospitals by 1Q16

031

Strengthen business support services

Action	Target
Continue to extend the central coordinated refill service for medical consumables and linen items in hospital wards	Roll out the central coordinated refill service to HKEC, HKWC, KEC, KWC and NTWC by 1Q16



Foster capital works and facility improvement

Action	Target
Support the service and facility planning for hospital redevelopment projects	 Set up and expand the planning and commissioning teams to coordinate major capital projects including redevelopment of BH, HHH, BTS Headquarters, KWH, and QMH, as well as development of the Hong Kong Children's Hospital (HKCH) by 1Q16
Prepare and facilitate the service commissioning of Tin Shui Wai Hospital (TSWH) and the new Ambulatory Care Block of TKOH	 Support commissioning and operation of TSWH and the new Ambulatory Care Block of TKOH by 1Q16

032



Improve IT services

<i>Action</i>	<i>Target</i>
Continue to roll out the Clinical Management System (CMS) III in accordance with the Clinical Systems Strategy 2012-2017 of HA	Continue the development and rollout of Inpatient Medication Order Entry System (IPMOE); and continue Phase Two project including development of new clinical functions by 1Q16
Enhance clinical system capabilities 	Continue implementation of Filmless Technology in Operating Theatres to improve surgical service; commence the enhancement of the Organ Registry & Transplant System to improve the safety of organ transplantation service; and commence development of a drug prescription system interface between Department of Health and HA to enhance drug dispensing services in HA Pharmacies by 1Q16
Provide IT infrastructure and systems to support new hospitals and hospital blocks	Continue to implement infrastructure and information systems for new hospital blocks including North Lantau Hospital (NLTH) , Tin Shui Wai Hospital (TSWH) and Yau Ma Tei New Specialist Clinic by 1Q16
Continue to enhance the quality assurance and risk management for all IT services and systems	Continue to review control process and formulate mechanisms for enhancing quality assurance and risk management for all IT services and systems by 1Q16
Enhance clinical systems for eHR project	 Continue to provide system enhancement of HA's clinical systems to cater for the launch of the territory-wide eHR project by 1Q16

033

Action

Target

Implement the Reporting and Business Intelligence project and Asset Management System

Implement Phase Two of the Reporting and Business Intelligence project for Pharmacy and IT asset data by 4Q15; and implement the Enterprise Resources Planning (ERP) Asset Management System for IT assets by 2Q15

IT technology refresh to support hospital services

Continue to replace ageing IT network, servers, PC workstations, related equipment and obsolete software by 1Q16

Provide IT technical agency service to the Food and Health Bureau (FHB) and the Department of Health (DH) in support of various Government-led eHealth initiatives

R

Continue to provide IT support services to the FHB and DH for the eHR Programme, Health Care Voucher Scheme, Vaccination Scheme, Colorectal Cancer Screening Programme, interface with the Communicable Disease Information System, and the Laboratory Information System by 1Q16



Enhance Corporate Governance

Our strategies for 2015-16

- ◆ Reinforce the governance structure and processes of the Board

Reinforce the governance structure and processes of the Board

Action	Target
Consolidate and further enhance corporate governance at the Board level by reviewing the implementation of recommendations of the Phase One Corporate Governance Review and the operational experience	Benchmark with other best Corporate Governance practices, including mainly the "Sample Code of Conduct for Members of Public Bodies" recommended by the Independent Commission Against Corruption by 3Q15 Refine and streamline the logistics in the system of declaration of interests by Board members and the arrangements in annual self-assessment of the Board and its committees by 4Q15
Enrich training and development of Board members	Conduct sharing sessions and corporate visit programmes for Board members by 1Q16
Sustain enhanced corporate governance practices at Cluster / hospital level by overseeing continuous efforts in implementation of the recommendations of the Phase Two Corporate Governance Review	Collect user feedback from Clusters and hospitals on the Manual on Operation of Hospital Governing Committees with a view to planning for continuous improvement by 1Q16

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*HA provides **27 645** hospital beds and manages **8.0** million patient days a year.*

HA delivers a comprehensive range of preventive, curative and rehabilitative medical services to ensure access of every citizen to affordable healthcare. We currently manage 42 public hospitals / institutions, 47 SOPCs and 73 GOPCs. These facilities are organised into seven Clusters according to geographical locations.

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Service Targets

Our Service Throughputs

1 600 000

1.6 million inpatient / day patient discharge episodes

2 200 000

2.2 million A&E attendances

9 400 000

9.4 million SOPC attendances

6 000 000

6.0 million primary care attendances

2 000 000

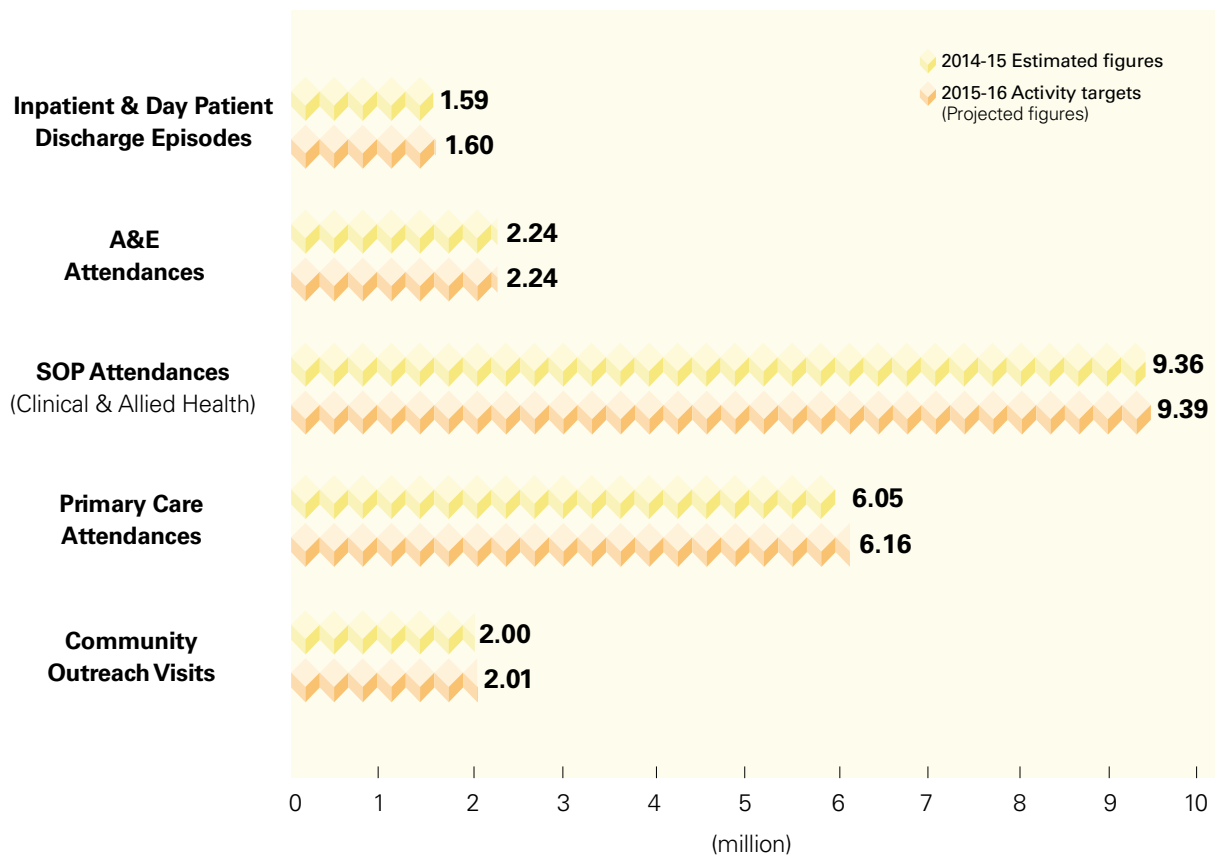
2.0 million community outreach visits, which include outreach medical, nursing and allied health services to support our discharged patients, in particular geriatric and psychiatric patients for rehabilitation in the community

Throughput Targets for 2015-16

To meet escalating service demand arising from an ageing and growing population, we plan to increase hospital service throughput by around 1.1% in the coming year, which translates into an additional 17 100 inpatient and day patient discharge episodes. We also hope to increase the throughput for primary care services by 1.8%, with an increase of 110 800 attendances to enhance medical care and disease management for elderly and chronic disease patients.

A comparison of our estimated throughput in 2014-15 and activity targets for 2015-16 for the various services is shown in Figure 1. These and other key service statistics are delineated in Appendix 1, while Appendix 2 provides a breakdown of the activity throughput for the various Clusters.

Figure 1. Comparison of Service Throughput in 2014-15 and Activity Targets for 2015-16



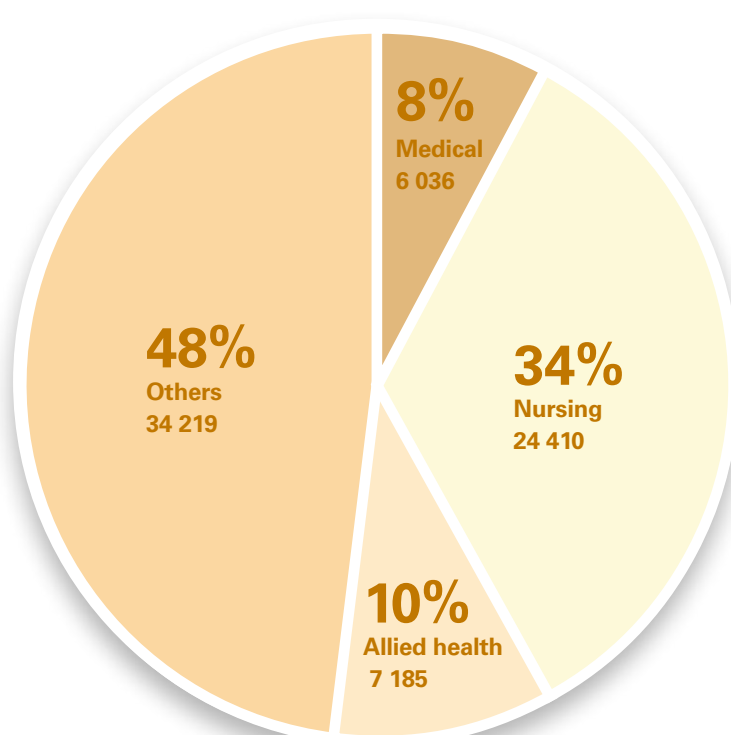
Manpower Estimates

HAs existing staff strength is more than 69 600 full-time equivalents. Around 70% of them are providing direct patient care, while others provide essential supporting services such as managing patient records and maintaining the proper functioning of patient amenities.

It is estimated that we need to increase our workforce by 3.1% in the coming year. The manpower increase, which is expected for all staff groups, is intended for delivering new service programmes, service enhancements and quality improvement measures. At the same time, new recruits are also needed to replace staff members who have left from resignation or retirement.

The planned recruitment level for healthcare professionals in 2015-16 will be around 400 doctors, 1 830 nurses and 480 allied health professionals. Figure 2 provides a breakdown of our estimated staff strength for the coming year. A detailed comparison of the manpower estimates for 2014-15 and 2015-16 is provided in Appendix 1.

Figure 2: Estimated Staff Strength in 2015-16



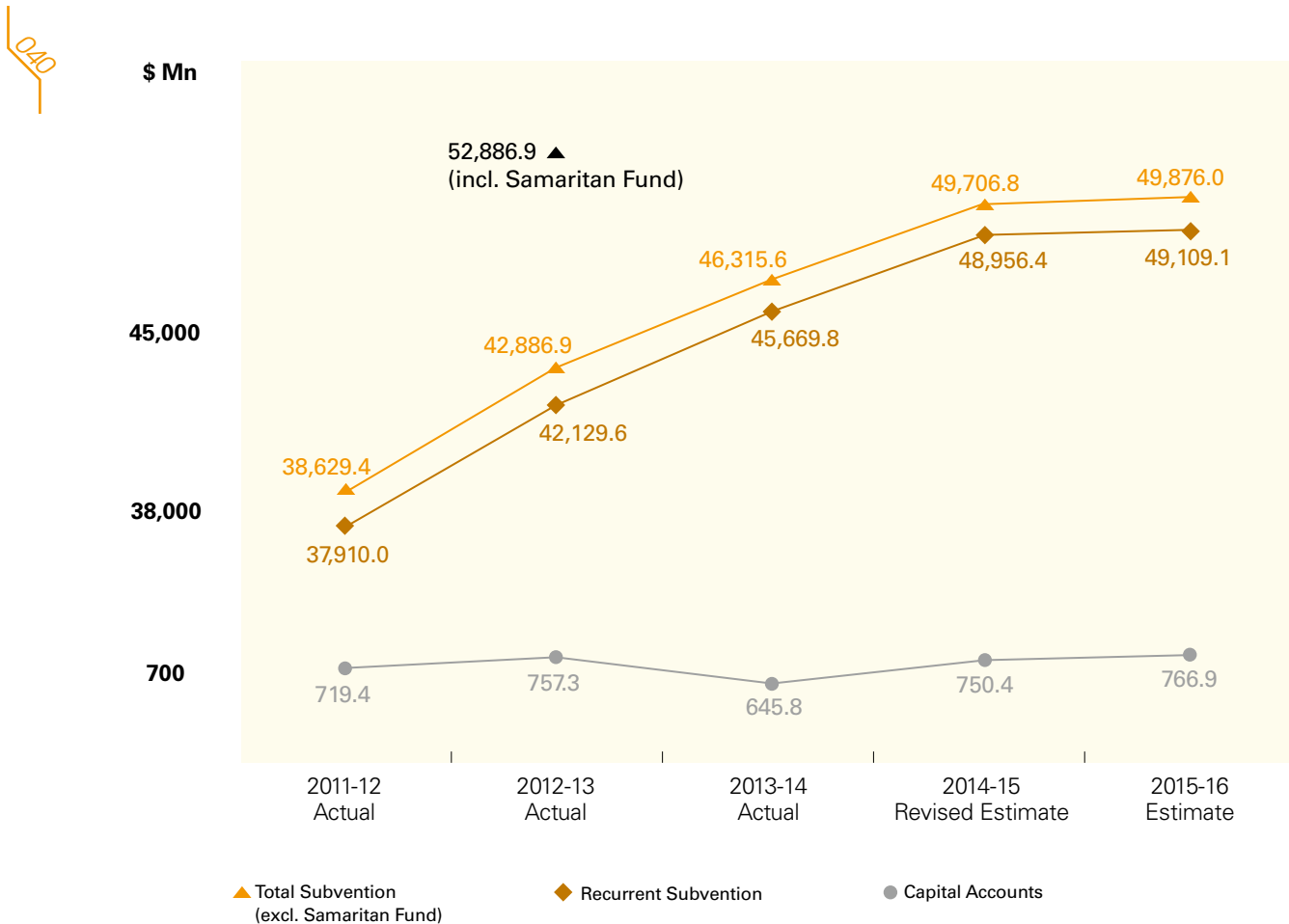
Budget Allocation

To meet the rising demand for public healthcare services as outlined in previous chapters, operating expenditure of HA is projected to reach \$54 billion in 2015-16, with an increase of over 3% as compared to 2014-15 budget. Government subvention continues to be the major funding source for HA, which accounts for around 92% of its total funding.

Government's Financial Provision for HA for 2015-16

Over the recent years, the Government has progressively increased its financial provision to HA (as illustrated in Figure 3).

Figure 3: Financial Provision by the Government for 2011-12 through 2015-16



The financial provision indicated by the Government for 2015-16 is \$49,876.0 million, a breakdown of which is shown in Figure 4 below:

Figure 4: Financial Provision by the Government for 2014-15 and 2015-16

	2014-15 (Revised) \$Mn	2015-16 (Estimate) \$Mn
Operating Account Recurrent Subvention	48,956.4	49,109.1
Capital Account Equipment and Information Systems	750.4	766.9
Financial Provision	<u>49,706.8</u>	<u>49,876.0</u>

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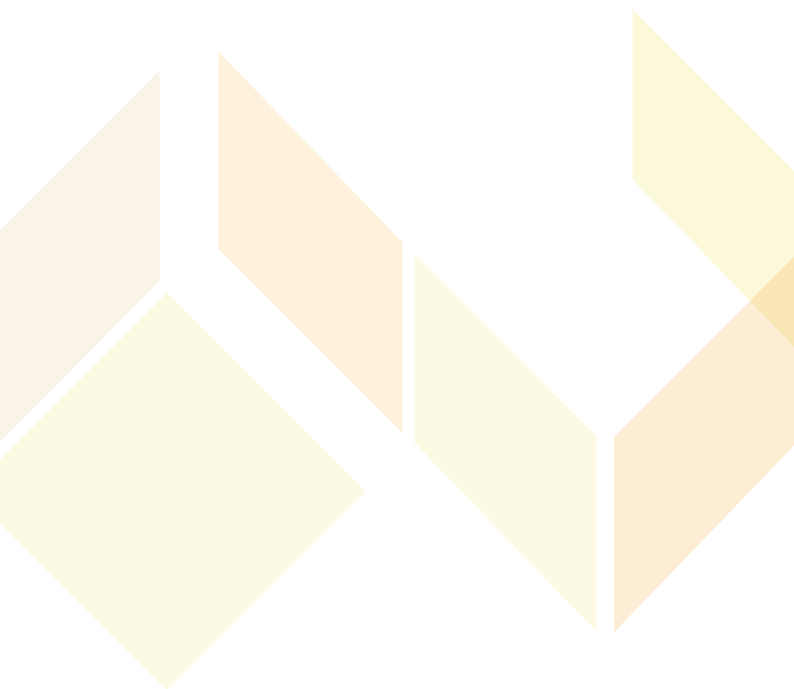


For 2015-16, HA is also provided with additional funding to implement the following programmes:

Operating Account

(a) Additional time-limited funding is provided for designated initiatives as follows:

- enhancing staff training including strengthening of training support for clinical staff through scholarship, commissioned training programmes, staff rotation development programmes, simulation training courses and provision of additional manpower support for training relief
- addressing the imminent shortfall of manpower especially medical and supporting staff groups, through re-hiring retirees for a tenure of two years
- formulating catch up plans to enhance existing services and address under provision areas at Kowloon East Cluster, New Territories West Cluster and New Territories East Cluster



Capital Account

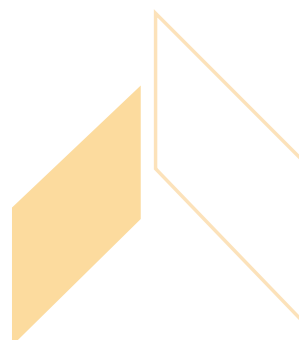
(b) The Government's capital funding provision to HA for modernising and upgrading medical equipment and technology is \$766.9 million for 2015-16, representing an increase of 2.2% as compared to the 2014-15 revised estimate of \$750.4 million in this respect. The provision includes:

- \$580 million for the procurement of equipment, which will enable HA to continue replacing and adding medical equipment critical to its services, such as radiological, surgical, laboratory and physiological equipment
- \$186.9 million for the development of information technology and systems

Looking Ahead

As government subvention remains the major financing source for HA to sustain its services, it is imperative that HA continues to liaise with the Government on a longer term funding arrangement so as to meet the healthcare needs of an ageing and growing population in Hong Kong.

Meanwhile, facing the challenge of limited funding provision, HA will continue to explore viable options to cope with the escalating service demand and to meet additional resource requirements thereon in the coming years.





Head Office Plan

This section sets out the work plans of the HA Head Office for 2015-16.

This section provides an outline of major initiatives coordinated by Head office executives in 2015-16. It also includes three specific areas of work led by Head Office that are the key enablers of HA services, which include Business Support Services, Capital Works, and IT services.

Head Office Plan Components

- ◆ Head Office (HAHO)
- ◆ Business Support Services
- ◆ Capital Works
- ◆ Information Technology and Health Informatics Services

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Head Office (HAHO)

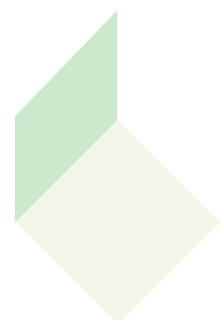
The HA Head Office (HAHO) is organised into the following seven divisions:

- ◆ Cluster Services
- ◆ Corporate Services
- ◆ Finance
- ◆ Human Resources
- ◆ Information Technology and Health Informatics
- ◆ Quality and Safety
- ◆ Strategy and Planning



Major Challenges

As the cornerstone of Hong Kong's healthcare system and safety net for all, Hospital Authority is commissioned to provide public healthcare services to ensure that no person should be prevented from obtaining adequate medical treatment because of lack of means. The major challenges of HA are brought about by the increase in service demand as a result of rapidly ageing population, growing prevalence of chronic diseases and escalating public expectations. On top of that, the long standing manpower shortage, in particular medical doctors, is also hindering HA's service development. It is a great challenge for HAHO to take the lead in ensuring our service quality so as to meet the growing and changing healthcare needs of the community. It is also our responsibility to safeguard the resources made available to HA be managed in a prudent, transparent and cost-effective manner.



Major Initiatives

The HA Convention is an annual event which provides a platform for different disciplines of healthcare staff and executives, as well as local and overseas experts to share their knowledge and experience on clinical advances and approaches to modern healthcare service. Over 5 000 local and overseas delegates attended the HA convention 2014. The upcoming HA Convention 2015 will be held on 18 and 19 May.

Various divisions of HAHO will provide leadership for programme targets corresponding to the six strategic intents of Annual Plan 2015-16. Most of these targets are already outlined in the earlier chapter on Strategic Intents and Programme Targets. Main examples are highlighted below.

- ◆ **To allay staff shortage and high turnover,** we will implement measures to strengthen career development, improve terms and conditions of frontline staff, and relieve the workload of clinical staff:
 - Continue to enhance promotion opportunities for frontline doctors by providing more Associate Consultant positions
 - Enhance the career progression of patient care assistants
 - Enhance training support through simulation training for clinical staff, corporate scholarship programme, central commissioned training programme and intern training programme

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- ◆ **To better manage growing service demand**, we will increase capacity in priority areas including high demand life threatening diseases and services with pressing issues of waiting time and access, as well as develop more efficient service model:
 - Continue to implement 24-hour thrombolytic service and roll out the Transient Ischaemic Attack (TIA) clinic programme to enhance the treatment for stroke patients
 - Improve the standard of care for patients on non-invasive and mechanical ventilation by designation of beds
 - Enhance the child and adolescent psychiatric outpatient services
 - Enhance access to primary care services by increasing the GOPC episodic quota
 - Strengthen the Community Geriatric Assessment Team service in residential care homes for the elders

- ◆ **To ensure service quality and safety**, we will implement measures to build safety culture, develop safer service models, and adopt modern technology and new treatment options:
 - Foster critical incident psychosocial services for HA staff to strengthen preparedness and response for crisis intervention
 - Continue to phase out the re-use of selected Class II moderate and moderate-high risk Single Use Devices (SUD) according to clinical prioritisation
 - Further improve sterilisation methods in operating theatres to align with international standards
 - Implement continuous quality improvement systems by preparing for hospital accreditation in various hospitals
 - Widen the indications of Special Drug for Multiple Sclerosis, and introducing drugs of proven safety and efficacy to the Drug Formulary for cancer treatment, chronic hepatitis C and Crohn's disease

- ◆ There are also continued efforts to **enhance partnership with patients and community**, which include the following:
 - Conduct patient satisfaction surveys to gather feedback from patients on specialist out-patient and hospital services
 - Enhance the SOPC phone enquiry system by recruiting additional clerical staff
 - Continue to implement the Patient Empowerment Programme for patients with chronic diseases in collaboration with NGOs
- ◆ We will **ensure adequate resources for meeting service needs** by enhancing efficiency in resource utilisation and advise the Government of the needs and requirement for public healthcare, in short to medium terms, subject to the population's changing healthcare needs and HA's capacity. At the same time, we are reinforcing the key enablers of HA services, including business support services, capital works and IT services, action plans of which are outlined in the ensuing sections.
- ◆ In addition, we will **enhance corporate governance** by reviewing the implementation of recommendations of the Phase One Corporate Governance Review and the operational experience; and sustain enhanced corporate governance practices at Cluster / hospital Board by overseeing continuous efforts in implementation of the recommendations of the Phase Two Corporate Governance Review.



Business Support Services

Business Support Services Department (BSSD) is a corporate multi-skilled team within the Cluster Services Division of the HA Head Office. Core functions and leadership of BSSD encompass a wide portfolio of non-clinical support activities and operational systems integral to the smooth running of hospitals and clinics. These functions include:

- ◆ Hospital support services – including patient food, patient transport, laundry, security, waste management, etc.
- ◆ Procurement, logistics and supply management
- ◆ Equipment management and maintenance
- ◆ Biomedical engineering services



Major Challenges

As at December 2014 the total asset of medical equipment items in HA is valued at around \$10,269 million. Of these, around 37% are major equipment items with unit cost over \$1 million, while 36% are minor equipment items with unit cost between \$0.15 million and \$1 million per piece / unit. With additional funding support from the Government since 2007-08, HA has allocated a total of some \$4,293 million for the systematic replacement of aged medical equipment and the acquisition of new / additional medical equipment to support the safety standard and modernisation of medical equipment in public hospitals. This invariably involves additional demand for procurement service, as well as the prioritisation of a large number of medical equipment proposals, which is carried out in close liaison with the Central Technology Office (CTO) to enhance equipment planning and technology alignment.

To cater for the increasing service demand as a result of growing public expectation and patient load, continuous efforts are put to enhance support services. These include rolling out the central coordinated refill services for medical consumables and linen items in more hospitals, with a view to minimising the non-clinical duties of clinical staff, and to better control and monitor ward stock in support of clinical activities.

Besides, biomedical engineering services will enhance the maintenance strategy for high risk medical equipment to improve patient safety.

Major Initiatives in 2015-16

The major initiatives for 2015-16 are as follows:

- ◆ Continue the replacement and addition of medical equipment critical to clinical services, including radiological equipment, surgical equipment, endoscopic equipment, laboratory analyser or pathology equipment, and physiological equipment. This involves a total of some 800 pieces of medical equipment, and the total cost is estimated to be around \$700 million
- ◆ Continue to extend the central coordinated refill service for medical consumables and linen items in hospital wards
- ◆ Improve patient safety by enhancing the maintenance service of high risk medical equipment. This involves aligning the service level of maintenance for some 15 000 pieces of high risk medical equipment in HA hospitals and the total equipment cost is estimated to be more than \$700 million

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BSSD Targets

- | | |
|--|------|
| • Complete the replacement / acquisition of around 800 pieces of medical equipment | 1Q16 |
| • Roll out the central coordinated refill service to over 10 hospitals in HKEC, HKWC, KEC, KWC and NTWC | 1Q16 |
| • Improve patient safety by enhancing the service level of maintenance for around 15 000 pieces of high risk medical equipment | 1Q16 |



Capital Works

Capital works in HA are coordinated by the Capital Planning Department (CPD), which is one of the departments under the Strategy and Planning Division of the HA Head Office. To manage the different aspects of capital works, CPD is organised into the following five sections:

- ◆ Planning and Development
- ◆ Capital Projects
- ◆ Building Works
- ◆ Engineering
- ◆ Administration and Operation

CPD is responsible for the planning, development and maintenance of quality healthcare facilities through multi-disciplinary professional teamwork. Its functions are as follows:

- ◆ To plan and develop safe and efficient facilities, with designs that are flexible, environmentally friendly and conducive to optimal care delivery
- ◆ To plan, organise and manage resources to ensure that major capital projects are completed on schedule and within budget
- ◆ To provide and maintain quality facilities and infrastructure to facilitate the delivery of patient-centred health care services to the community
- ◆ To ensure the provision of safe, reliable, practical, cost-effective, quality and modern healthcare engineering facilities and infrastructure in a timely manner

Major Challenges

HA has one of the largest and most complex building stocks in Hong Kong, comprising a total of over 2 600 000 m² floor space in around 300 buildings. There will be a number of opportunities and challenges in 2015-16 for CPD in managing resources to renew, upgrade and maintain these facilities.

To meet the growing medical needs of the community, a total of 20 major capital works projects, which amount to a total project cost in the order of \$130 billion, have been initiated and are at various stages of planning and development. Out of these, six projects involving a budget of around \$21 billion have been approved by the Government, while eight projects are given approval to progress to the next stage and the other six projects are under planning. In addition, around 1 300 minor works projects will need to be carried out for the improvement and maintenance of existing premises, with a total annual expenditure of \$1,000 million.

In view of the fact that major infrastructure projects in Hong Kong continue to dominate the construction industry, it is inevitable that there will be further escalations in the tender prices of HA's capital works projects in the coming year.

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Major Initiatives in 2015-16

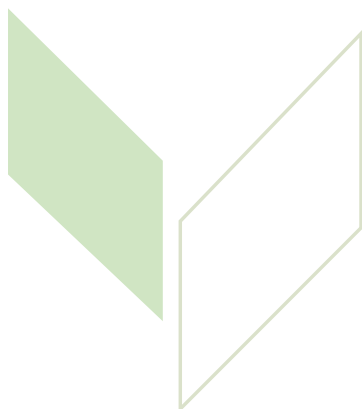
As one of the key enablers of clinical services, CPD will undertake the following major initiatives in 2015-16 to ensure that our healthcare facilities are able to meet the demands of quality service provision:

- ◆ Enable service expansion by constructing the new Tin Shui Wai Hospital (TSHW), Hong Kong Children's Hospital (HKCH) and the re-provisioning of Yaumatei Specialist Clinic at QEH; and planning the Extension of Operating Theatre Block of TMH and the New Acute Hospital at the Kai Tak Development Area
- ◆ Enhance key enablers by commencing the planning of HA Supporting Services Centre in Tin Shui Wai
- ◆ Keep modernising HA's facilities by carrying out preparatory works for the expansion of UCH, and the redevelopment of KWH, QMH and KCH
- ◆ Make buildings safer by commencing the major refurbishment works for BH
- ◆ Make buildings more accessible by commencing the improvement of Barrier Free Access to 26 non-acute hospitals and other HA premises

Capital Works Targets

- | | |
|---|------|
| • Commence energy efficient pilot Combined Heat & Power (CHP) system installation for AHNH | 2Q15 |
| • Commence energy efficient oil free chiller replacement to 10 hospitals | 2Q15 |
| • Commence improvement of Barrier Free Access to 26 non-acute hospitals and other HA premises | 2Q15 |
| • Commence foundation works for the expansion of UCH | 3Q15 |
| • Complete superstructure works for the re-provisioning of Yaumatei Specialist Clinic at QEH | 3Q15 |
| • Commence the expansion of the BTS Headquarters | 4Q15 |
| • Commence major refurbishment of BH | 4Q15 |
| • Complete decanting works for the redevelopment of KWH | 4Q15 |
| • Complete superstructure works for HKCH | 1Q16 |
| • Complete construction works for TSWH | 1Q16 |

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Information Technology and Health Informatics Services

Information Technology (IT) is essential for enabling a high level of responsiveness to the ever increasing demand on public healthcare services and associated challenges.

HA IT solutions are provided by Information Technology and Health Informatics Division (IT&HID) and are adopted as a strategic investment for HA to improve its overall level of efficiency, effectiveness and quality in the delivery of day-to-day healthcare services. This includes providing the technical infrastructure (networks, hardware etc.) and developing, supporting and enhancing the clinical and business supporting systems.

HA is recognised as a leading and innovative user of IT in the healthcare industry and given the major technological advancements in recent years, together with the growing expectations on access to health information, the future IT strategy must be aligned with the HA strategy.

IT&HID will be working closely with key stakeholders across HA as part of the 2017-2022 Strategic Planning process to help identify how information technology can support HA's future service directions. This will include opportunities such as telecare and mobility to provide better support for the healthcare frontline and more information to patients, and enhancing services to targeted patient groups by leveraging on the information capability of HA.

IT&HID is responsible for the management, development, maintenance and operation of HA's investments in IT and performs multiple roles, including:

- ◆ **Management and Development of the IT Framework** – IT&HID supports the corporate direction in IT development, including the IT strategy, policy, standards and processes. IT&HID ensures that a risk-based approach to information security and privacy is undertaken through the systematic adoption of controls to prevent adverse events, ensure compliance and maintain consistent enforcement actions, all of which maintain the goal of protecting HA information assets and patient data.
- ◆ **Internal Service Provider** – IT&HID maintains a multidisciplinary team of experienced specialists with in-depth knowledge for providing a range of services for the development, support, and maintenance of IT systems, including Health Informatics; Clinical and Business Supporting IT Systems; Informational and Collaborative IT Systems; Data Security and Privacy; and Data Centre and IT Infrastructure. IT&HID continues to evolve IT systems and a key area for this evolution is to continue engaging frontline support to ensure any applied system changes are effectively and transparently integrated as part of frontline workflow.
- ◆ **Agency Service Provider** – IT&HID acts as a technical agent for the Government in support of various Government-led initiatives. In particular, IT&HID has been appointed by the Government to develop the necessary standards, solutions and infrastructure for the electronic Health Record (eHR) programme.

A robust governance structure is in place to ensure IT investments are prioritised and aligned with clinical and business needs. The services of IT&HID are governed by the HA Board through the Information Technology Services Governing Committee (ITGC) and is supported by the IT Technical Advisory Sub-Committee for advice on information technology and infrastructure directions. Programmes related to IT development are prioritised according to their business needs by the Committee on IT, and endorsed by the ITGC before implementation. Programme targets with key performance indicators for major development initiatives are reported for progress monitoring together with regular progress updates to the ITGC.

Major Challenges

With the significant increase in reliance on IT for improving service quality through better coordinated care and reducing avoidable medical errors, IT&HID faces a number of key challenges as follows:

- Ensuring system code is error and vulnerability free and high in functional quality;
- Maintaining system availability and performance levels to ensure timely access to information;
- Improving the effectiveness of controls to safeguard the security and privacy of HA's sensitive information assets, including patient data;
- Enhancing the alignment of IT's capability with HA's Strategy and frontline priorities;
- Maximising the use of technology to manage rising internal and external demands for service improvements;
- Ensuring sustainability of project management capabilities to facilitate effective management of IT investments for the delivery of projects in accordance with requirements provided by stakeholders;
- Sustaining a skilled and IT-capable workforce to meet dynamic and evolving service requirements, including exploration of alternative sourcing options; and
- Ensuring the IT enterprise architecture provides a robust and scalable framework for supporting HA's systems and services, with appropriate quality assurance and taking into consideration technology obsolescence.

Continuing to meet business needs by ensuring high quality and reliability of IT enabled solutions (including integration with other systems and medical equipment), and the trustworthiness of the reliance on IT solutions in delivering effective performance for daily operations represents a major challenge. Ensuring sensitive information remains protected and accurate at all times and that this information continues to be available in a timely manner are critical requirements for delivering effective healthcare services. The rapid development of mobile technology has generated significant expectations from frontline users which need to be carefully managed. Advancements in evaluating, updating and adopting new mobile technologies in the HA environment within the available resources continue to represent a challenge.

Major Initiatives in 2015-16

HA IT&HID has responsibility for a number of initiatives in 2015-16, including support for the service plans of both internal and external stakeholders. The majority of these are multi-year projects and the key initiatives are highlighted below:

Internal Service Provider

1. Continue the roll out of Closed Loop Inpatient Medication Order Entry project for three hospitals (RHTSK, UCH & YCH)
2. Continue the development of new clinical functions for the Clinical Management System III Phase Two
3. Commence the implementation of Filmless Technology in Operating Theatres to improve surgical service
4. Enhance the Organ Registry & Transplant System to improve the safety of organ transplantation service
5. Commence the development of a drug prescription system interface between Department of Health and HA to enhance the drug dispensing services in HA Pharmacies
6. Provide IT infrastructure and systems to support service operation for the opening of new hospitals and hospital blocks
7. Continue to enhance the quality assurance and risk management for all IT services and systems
8. Continue to enhance clinical systems to cater for the launch of the territory-wide eHR project
9. Implement Phase Two of the Reporting and Business Intelligence project for Pharmacy and IT asset
10. Implement the Enterprise Resources Planning (ERP) Asset Management System for IT assets and to extend the System to incorporate Medical Equipment
11. Replace ageing IT equipment and obsolete software to reduce operational risks in supporting hospital services.

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Agency Service Provider

1. Continue the provision of technical agency services to the eHR programme, and support other eHealth related initiatives led by the Government
2. Continue to provide IT support for the development of system interfaces with Government's Communicable Disease Information System
3. Continue to provide IT support for the implementation of a new version of the Laboratory Information System to Department of Health's Clinical Pathology Laboratory Centre
4. Provide IT support to Department of Health for the development and implementation of the Colorectal Cancer Screening Programme.

IT&HID Targets

Internal Service Provider

Development of Clinical Management System (CMS) III

1Q16

- Continue to develop Inpatient Medication Order Entry System, conduct its roll out in three hospitals (RHTSK, UCH & YCH) and commence its preparation work for 4-5 other hospitals
- Continue Phase Two project including development of new clinical functions (e.g. nursing application, clinical imaging, allied health application, clinical workflow)

Enhancement of Clinical System Capabilities

1Q16

- Continue to implement Filmless Technology in Operating Theatres to improve surgical service
- Enhance the Organ Registry & Transplant System to improve the safety of organ transplantation service
- Commence development of a drug prescription system interface between Department of Health and Hospital Authority to enhance drug dispensing services in HA Pharmacies

New Hospital / Hospital Block Projects

1Q16

- Implement infrastructure and information systems for new hospital blocks including NLTH, Tin Shui Wai Hospital and Yau Ma Tei New Specialist Clinic

Quality Assurance and Risk Management

1Q16

- Continue to enhance the quality assurance and risk management for all IT services and systems

Enhancement of Clinical Systems for eHR Project

1Q16

- Continue to provide system enhancement of HA's clinical systems to cater for the launch of the territory-wide eHR project

Business Intelligence and Asset Management System

4Q15

- Implement Phase Two of the Reporting and Business Intelligence project for Pharmacy and IT asset data
- Implement the ERP Asset Management System for IT assets

IT Technology Refresh

1Q16

- Continue to replace ageing IT network, servers, PC workstations, related equipment and obsolete software

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Agency Service Provider

eHR Programme

1Q16

- Commence implementation for the Stage One of eHR Sharing System

Health Care Voucher Scheme and Vaccination Scheme

1Q16

- Continue to provide IT support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes

Information Systems for Department of Health

1Q16

- Continue to provide IT support for the development of system interfaces with the Department of Health's Communicable Disease Information System
- Continue to provide IT support for the implementation of a new version of Laboratory Information System
- Provide IT support for the development and implementation of the Colorectal Cancer Screening Programme



Cluster Plans



*This section contains an overview of the work plans of the **Seven Clusters** for 2015-16.*

The front page of each Cluster Plan contains a map showing the distribution of hospitals, specialist outpatient clinics and general outpatient clinics in the cluster. Hospitals with A&E service are marked with the symbol **+** for easy identification. Following the cluster maps are the summary of healthcare facilities available and a table showing the distribution of patients served in 2013-14 by district of residence in the cluster. Major challenges facing by the cluster, as well as the key initiatives and targets in 2015-16 are also included in the following respective cluster plans.

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Sequence of the Plans

- ◆ Hong Kong East Cluster (HKEC)
- ◆ Hong Kong West Cluster (HKWC)
- ◆ Kowloon Central Cluster (KCC)
- ◆ Kowloon East Cluster (KEC)
- ◆ Kowloon West Cluster (KWC)
- ◆ New Territories East Cluster (NTEC)
- ◆ New Territories West Cluster (NTWC)

HKEEC

Hong Kong East Cluster



06A

		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Pamela Youde Nethersole Eastern Hospital +	✓	✓	
2	Ruttonjee Hospital +	✓	✓	
3	Tang Shiu Kin Hospital / Tang Shiu Kin Hospital Community Ambulatory Care Centre / Violet Peel General Outpatient Clinic	✓	✓	✓
4	Tung Wah Eastern Hospital	✓	✓	✓
5	St. John Hospital +	✓	✓	✓
6	Cheshire Home (Chung Hom Kok)	✓	✓	
7	Wong Chuk Hang Hospital	✓		
8	Sai Wan Ho General Outpatient Clinic		✓	✓
9	Anne Black General Outpatient Clinic			✓
10	Chai Wan General Outpatient Clinic			✓
11	North Lamma General Outpatient Clinic			✓

		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
12	Peng Chau General Outpatient Clinic			✓
13	Shau Kei Wan Jockey Club General Outpatient Clinic			✓
14	Sok Kwu Wan General Outpatient Clinic			✓
15	Stanley General Outpatient Clinic			✓
16	Wan Tsui General Outpatient Clinic			✓

Healthcare Facilities

There are seven hospitals / institutions in the Hong Kong East Cluster (HKEC), providing a total of 3 031 beds as at 31 March 2014. Of these, 2 004 were for acute, convalescent and rehabilitation care, 627 for infirmary care and 400 for psychiatric care. There are also seven specialist outpatient clinics and 12 general outpatient clinics.

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Actual Patients Served

In 2013-14, 390 400 patients had utilised HKEC's service. Around 82% of the patients were from the Eastern, Wan Chai, Southern and Islands districts.

Number and Percentage distribution of patients ever utilised HKEC services in 2013-14 according to district of residence

District of residence	No. of patients [^]	Distribution [#]
Eastern	234 000	60%
Wan Chai	42 700	11%
Southern	23 000	6%
Islands	19 900	5%
Others*	70 800	18%
HKEC Total	390 400	100%

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

[^] Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

[#] Individual percentages may not add up to 100% due to rounding.

Major Challenges

HKEC is managing an escalating service demand due to the increasing volume and complexity of illnesses under the constraints of physical space and continual manpower shortage.

HKEC has been serving a higher-than-average population of elders aged 65 and above. It is projected that the proportion of elders in the Eastern and Wan Chai districts will remain higher than Hong Kong overall. While prudently planning new spaces for opening wards and operating theatre facilities to cope with the mounting service demand, HKEC is striving towards a stable, healthy and happy workforce to ensure service sustainability. Since 2008, the staff attrition rate in HKEC has been higher than the average level in HA. The resultant younger workforce from replacement also loads senior staff with a greater role in training and mentorship.

HKEC shall continue to manage rising service demand in pressure areas, enhance collaborations among cluster hospitals, and strive for a high standard on quality and safety while cultivating a cohesive and harmonious workplace to enhance staff retention.

Major Initiatives in 2015-16

To align with the corporate objectives, HKEC's major initiatives for 2015-16 are as follows:

- ◆ Allay staff shortage by recruiting additional nurses and allied health professionals, as well as supporting staff to support patient services;
- ◆ Strengthen capacity of inpatient services by opening an additional Intensive Care Unit (ICU) bed, designating ventilation beds and setting up an Emergency Medicine Ward;
- ◆ Increase service capacity on high demand life-threatening diseases, covering renal replacement therapy for patients with end-stage renal disease and Extracorporeal Membrane Oxygenation (ECMO) service;

- ◆ Improve accessibility of Accident & Emergency services, endoscopy services and radiological imaging services on Positron Emission Tomography (PET) scans;
- ◆ Reduce unnecessary hospital admissions by opening additional orthopaedic day beds and strengthening outreach services for Residential Care Homes for the Elderly;
- ◆ Enhance service quality and safety by implementation of In-patient Medication Order Entry (IPMOE) System to support medication prescription and transcription, rolling out surgical instrument tracking system, establishing central Sterilisation Service Unit, continuing phasing out the reuse of single use devices, and strengthening quality & safety management system through hospital accreditation;
- ◆ Adopt advanced technologies to speed up microbiological identification and modernise management of cancer patients requiring targeted therapies through molecular tests in laboratory, to increase application of Minimally Invasive Surgery (MIS) technique on hysterectomy surgeries for suitable gynaecological patients, and to establish Hyperbaric Oxygen Therapy (HBOT) facility by starting early construction works of the first hospital based HBOT Centre;
- ◆ Adopt patient-centred approach in communication with patients and carers by a new phone enquiry system for specialist outpatient services; and
- ◆ Strengthen business support through enhanced maintenance for high risk medical equipment and central coordinated refill service for medical consumables and linen items.

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HKEC Targets

Allay Staff Shortage and High Turnover

- Recruit more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals

3Q15

<ul style="list-style-type: none"> Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards 	1Q16
<ul style="list-style-type: none"> Recruit additional allied health professionals to enhance the multi-disciplinary support for patients 	1Q16
Better Manage Growing Service Demand	
<ul style="list-style-type: none"> Open 10 additional orthopaedic day beds and one additional ICU bed in PYNEH 	3Q15
<ul style="list-style-type: none"> Set up an Emergency Medicine Ward to provide an additional 10 beds in RH 	3Q15
<ul style="list-style-type: none"> Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to two additional patients, home haemodialysis treatment to six additional patients, and home automated peritoneal dialysis (APD) treatment to three additional patients 	1Q16
<ul style="list-style-type: none"> Designate two medical beds in RH with multi-disciplinary support for patients on mechanical ventilation 	1Q16
<ul style="list-style-type: none"> Increase the capacity of Extracorporeal Membrane Oxygenation (ECMO) service in PYNEH 	1Q16
<ul style="list-style-type: none"> Alleviate the access block at A&E Departments by providing support sessions to handle the Triage IV and V cases 	1Q16
<ul style="list-style-type: none"> Better manage the waiting list of endoscopy services by providing additional of around 900 endoscopic procedures and improving facilities in PYNEH 	1Q16
<ul style="list-style-type: none"> Enhance the accessibility to radiological imaging services by providing additional of around 400 Positron Emission Tomography (PET) scans in PYNEH 	1Q16
<ul style="list-style-type: none"> Strengthen the Community Geriatric Assessment Team (CGAT) service to provide additional of around 700 outreach attendances for terminally ill residents living in Residential Care Homes for the Elderly (RCHEs) 	1Q16

Ensure Service Quality and Safety	
<ul style="list-style-type: none"> Implementation of In-patient Medication Order Entry (IPMOE) system in RH to support clinical workflow and reduce errors in medication prescription and transcription 	2Q15
<ul style="list-style-type: none"> Roll out the surgical instrument tracking system to RH for supporting the improvement of sterilisation service for operating theatres and start the construction works for the central sterilisation service unit in PYNEH 	1Q16
<ul style="list-style-type: none"> Continue to phase out the reuse of selected class II moderate and moderate-high risk SUD according to clinical prioritisation 	1Q16
<ul style="list-style-type: none"> Install MALDI-TOF Mass Spectrometry in PYNEH to speed up microbiological identification for timely diagnosis and treatment 	1Q16
<ul style="list-style-type: none"> Modernise the management of cancer patients requiring targeted therapies through providing around 190 additional molecular tests 	1Q16
<ul style="list-style-type: none"> Adopt Minimally Invasive Surgery (MIS) technique in 80% of the hysterectomy surgeries for suitable gynaecological patients 	1Q16
<ul style="list-style-type: none"> Start site preparation and staff training for implementation of hyperbaric oxygen therapy (HBOT) service in PYNEH 	1Q16
<ul style="list-style-type: none"> Enhance the maintenance for high risk medical equipment in hospitals 	1Q16
<ul style="list-style-type: none"> Set up designated accreditation teams to prepare for hospital accreditation programme at RH and TSKH 	1Q16
Enhance Partnership with Patients and Community	
<ul style="list-style-type: none"> Improve and streamline the phone enquiry services at SOPCs by setting up phone enquiry systems at PYNEH 	1Q16
Ensure Adequate Resources for Meeting Service Needs	
<ul style="list-style-type: none"> Roll out the central coordinated refill service for medical consumables and linen items in hospital wards 	1Q16

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HKWGC

Hong Kong West Cluster



070

		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Queen Mary Hospital +	✓	✓	
2	Tung Wah Hospital	✓	✓	✓
3	Grantham Hospital	✓	✓	
4	The Duchess of Kent Children's Hospital at Sandy Bay	✓	✓	
5	Tsan Yuk Hospital	✓	✓	
6	Tung Wah Group of Hospitals Fung Yiu King Hospital	✓	✓	
7	Maclehose Medical Rehabilitation Centre	✓	✓	
8	David Trench Rehabilitation Centre		✓	
9	Aberdeen Jockey Club General Outpatient Clinic			✓
10	Ap Lei Chau General Outpatient Clinic			✓
11	Central District Health Centre General Outpatient Clinic			✓
12	Kennedy Town Jockey Club General Outpatient Clinic			✓
13	Sai Ying Pun Jockey Club General Outpatient Clinic			✓

Healthcare Facilities

There are seven hospitals / institutions in the Hong Kong West Cluster (HKWC), providing a total of 3 142 beds as at 31 March 2014. Of these, 2 860 were for acute, convalescent and rehabilitation care, 200 for infirmary care and 82 for psychiatric care. There are also eight specialist outpatient clinics and six general outpatient clinics.

Actual Patients Served

In 2013-14, 311 600 patients had utilised HKWC's service. Around 59% of the patients were from the Southern and Central & Western districts.

Number and Percentage distribution of patients ever utilised HKWC services in 2013-14 according to district of residence

District of residence	No. of patients [^]	Distribution [#]
Southern	106 800	34%
Central & Western	79 200	25%
Eastern	29 200	9%
Islands	12 300	4%
Wan Chai	10 300	3%
Others*	73 800	24%
HKWC Total	311 600	100%

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

[^] Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

[#] Individual percentages may not add up to 100% due to rounding.

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Major Challenges

Ageing Population, Ageing Facilities

The elderly population in the Southern and Central & Western districts are at a higher percentage compared to the whole territory. The demographic shift implies demand for increasing service capacity, which is however met with space limitations and dispersed facilities in the aged and outdated HKWC hospital buildings.

Expectations for Sufficiency and Accessibility

60% of the users of HKWC hospital services are from the Southern and Central & Western districts, and they expect the long-serving and trusted HKWC services to be sufficient and accessible for their care. But the expectations for extensive, state-of-the-art services cannot be met without coordinated care, skilful hands and apt technologies.

Diverse Roles and Partnership

HKWC hospitals are characterised by a diverse spectrum of parent organisations making indispensable contributions and carrying with them many historical, cultural and traditional differences. Meanwhile, the Cluster's unique association with the Li Ka Shing Faculty of Medicine of the University of Hong Kong (HKU) has generated opportunities. Academia footprints are ubiquitous in each and every hospital in HKWC, and HA staff members in these hospitals are likewise conversant with the trinity roles of service, education and research. The increased number of medical students as hospital citizens will nevertheless entail even more space and better facilities. With greater linkage and integration of all the players, we shall further strengthen our services that are well aligned, better coordinated and conducive to achieving excellent clinical outcomes for our patients.

QMH Redevelopment

To cope with constraints in physical space and ageing facilities, the Cluster has set off its decade-long journey of redeveloping the Queen Mary Hospital in 2012-13. The key overarching challenges for the HKWC, and of particular significance to the redevelopment of QMH, are demographic shift, rising societal expectations, changing healthcare models, technological advancement, facility requirement and strengthening links for education, research and innovation. The redevelopment of QMH presents a unique opportunity to enable the hospital to enhance its role as a premier teaching hospital of the Li Ka Shing Faculty of Medicine of the University of HKU, as well as leading the progress of service development in the whole of

the Cluster towards integrated care. Before the completion of this phased project, hospitals within the Cluster will continue to work closely to ensure the physical design meets the needs of services and users so as to strive for maximization of operation efficiency and effectiveness.

Major Initiatives in 2015-16

To align with the corporate objectives, HKWC's major initiatives for 2015-16 are as follows:

- ◆ Allay staff shortage by recruiting additional nurses and allied health professionals, as well as patient care assistants to relieve the workload of clinical staff.
- ◆ Increase service capacity of renal replacement therapy, Extracorporeal Membrane Oxygenation (ECMO) service and heart transplant team for high demand life threatening diseases, including end-stage renal disease, respiratory diseases and heart disease respectively.
- ◆ Improve accessibility for services with pressing issues of waiting time and access by increasing the capacity of lung function laboratory service, endoscopy service and add an MRI machine.
- ◆ Develop more efficient service models by enhancing long-term management of ventilator assisted children (VAC) with multi-disciplinary support and specialised facilities.
- ◆ Reduce unnecessary or avoidable admissions from Residential Care Homes for the Elderly (RCHEs) by strengthening the Community Geriatric Assessment Team (CGAT) service.
- ◆ Develop safer service models by further rolling out the surgical instrument tracking system, phasing out the re-use of SUD and strengthening sterilisation methods in operating theatres to align with international standards.

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- ◆ Adopt modern technology and new treatment options to improve the quality of scoliosis brace treatment.
- ◆ Take patient-centred approach in communication with patients and carers by improving and streamlining the phone enquiry services at SOPCs.
- ◆ Strengthen business support services by extending the central coordinated refill service for medical consumables and linen items in hospital wards
- ◆ Foster capital works and facility improvement by setting up and expanding the planning and commissioning team for coordination of hospital redevelopment projects

HKWC Targets

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Allay Staff Shortage and High Turnover	
<ul style="list-style-type: none"> • Recruit more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals 	3Q15
<ul style="list-style-type: none"> • Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards and additional 30 registered nurses in QMH for anticipated wastage due to business development in private health care sector 	1Q16
<ul style="list-style-type: none"> • Recruit additional allied health professionals to enhance the multi-disciplinary support for patients 	1Q16
Better Manage Growing Service Demand	
<ul style="list-style-type: none"> • Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to two additional patients, home haemodialysis treatment to five additional patients, and home automated peritoneal dialysis (APD) treatment to two additional patients 	1Q16
<ul style="list-style-type: none"> • Increase the capacity of Extracorporeal Membrane Oxygenation (ECMO) service in QMH 	1Q16

<ul style="list-style-type: none"> • Enhance management of patients with advanced heart failure by increasing capacity of heart transplant team and establishment of care protocol in GH 	1Q16
<ul style="list-style-type: none"> • Enhance the lung function laboratory services in QMH to provide 150 additional tests 	1Q16
<ul style="list-style-type: none"> • Better manage the waiting list of endoscopy services by providing additional of around 570 endoscopic procedures 	1Q16
<ul style="list-style-type: none"> • Recruit additional manpower to enhance HKWC MRI service to provide additional 344 investigations 	1Q16
<ul style="list-style-type: none"> • Enhance long term management of ventilator assisted children (VAC) through converting four rehabilitation beds into ventilator beds in DKCH 	1Q16
<ul style="list-style-type: none"> • Strengthen the Community Geriatric Assessment Team (CGAT) service to provide additional of around 700 outreach attendances for terminally ill residents living in Residential Care Homes for the Elderly (RCHEs) 	1Q16
Ensure Service Quality and Safety	
<ul style="list-style-type: none"> • Continue to establish the centralised theatre sterilisation service unit (TSSU) in QMH and roll out the surgical instrument tracking system to GH 	1Q16
<ul style="list-style-type: none"> • Continue to phase out the reuse of class II moderate and moderate-high risk selected (SUD) according to clinical prioritisation 	1Q16
<ul style="list-style-type: none"> • Modernise the management of cancer and blood cancer patients through enhancing molecular tests and to enhance high-technology radiation therapy in QMH by recruiting and upgrading staff 	1Q16
<ul style="list-style-type: none"> • Adopt Minimally Invasive Surgery (MIS) technique in 80% of the hysterectomy surgeries for suitable gynaecological patients 	1Q16
<ul style="list-style-type: none"> • Enhance scoliosis brace treatment to provide 275 brace fabrications in DKCH 	1Q16

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<ul style="list-style-type: none"> • Enhance the maintenance for high risk medical equipment in Schedule II hospitals 	1Q16
<ul style="list-style-type: none"> • Set up designated accreditation teams to prepare for hospital accreditation programme at DKCH, FYKH, GH and MMRC 	1Q16
Enhance Partnership with Patients and Community	
<ul style="list-style-type: none"> • Improve and streamline the phone enquiry services at SOPCs by setting up phone enquiry systems at QMH 	1Q16
Ensure Adequate Resources for Meeting Service Needs	
<ul style="list-style-type: none"> • Roll out the central coordinated refill service for medical consumables, PPE, CSSD and linen items in hospital wards 	1Q16



KCC

Kowloon Central Cluster



077

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

Healthcare Facilities

There are six hospitals / institutions in the Kowloon Central Cluster (KCC), providing a total of 3 548 beds as at 31 March 2014. Of these, 3 005 were for acute, convalescent and rehabilitation care, 118 for infirmary care and 425 for psychiatric care. There are also six specialist outpatient clinics and six general outpatient clinics.

Actual Patients Served

In 2013-14, 475 000 patients had utilised KCC's service. Around 39% of the patients were from the Kowloon City and Yau Tsim Mong districts where the KCC healthcare facilities are predominately located. The remaining 61% were patients residing in other districts and the majority (31%) came from the nearby Wong Tai Sin and Kwun Tong districts.

Number and Percentage distribution of patients ever utilised KCC services in 2013-14 according to district of residence

District of residence	No. of patients [^]	Distribution [#]
Kowloon City	120 300	25%
Wong Tai Sin	97 100	20%
Yau Tsim Mong	67 000	14%
Kwun Tong	50 500	11%
Others*	140 100	30%
KCC Total	475 000	100%

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

[^] Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

[#] Individual percentages may not add up to 100% due to rounding.

Major Challenges

KCC has been providing services to Kowloon City and Yau Tsim Mong districts and also the neighbouring Wong Tai Sin and Kwun Tong districts. Due to ageing population, the Cluster faces the challenge of delivering quality services against increasing service volume and complexity. The prolonged surge in demand also exerts enormous pressure on hospital beds and over congestion is not uncommon during winter months.

Centrally located in the densely populated Kowloon region with ease of access, KCC has been providing quality service to residents in other districts as a tertiary referral centre. The Cluster will strive to provide safe and quality medical services through hospital accreditation and WISER movement to streamline the workflows. In 2014, QEH was successfully awarded accreditation status for another 4 years by Australian Council on Healthcare Standards. To address staff turnover problems and improve staff morale, we will continuously uplift the professionalism by staff development and retention programmes.

To dovetail with the government's planning of the Kai Tak Development Area (KTDA), the KCC Clinical Services Plan was worked out and related planning works have been started for the new acute general hospital in KTDA.

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Major Initiatives in 2015-16

KCC has formulated a wide range of initiatives according to the corporate key objectives to develop quality and patient-centred healthcare services. KCC's major initiatives for 2015-16 are as follows:

- ◆ To maintain a stable workforce and allay staff shortage, additional nurses will be recruited to alleviate the nursing manpower shortfall in hospital wards and high pressure areas. The Cluster will recruit more allied health professionals to manage increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation. More patient care assistants will be employed to share out simple clinical tasks and relieve the clerical workload of allied health professionals.

- ◆ To better manage growing service demand, the Cluster will recruit additional staff assisting with triage in A&E Department to alleviate the access block. Service hours of the Operating Theatre (OT) at the Ambulatory Care Centre will be extended to allay the waiting lists for surgical operations. Around 100 additional endoscopic procedures will be provided in KCC to better manage the waiting list. To further strengthen clinical service provision, capacity of Extracorporeal Membrane Oxygenation (ECMO) service will be increased in QEH. The Department of Medicine will enhance capacity of renal replacement therapy including hospital haemodialysis, home haemodialysis treatment and home automated peritoneal dialysis treatment for patients with end-stage renal disease. Multi-disciplinary care for patients with HIV will be continued and highly active antiretroviral therapy (HARRT) will be offered to eligible patients in QEH. To strengthen the capacity of organ transplant coordination team, an additional coordinator will be recruited. Territory-wide blood transfusion service will be enhanced through increasing production and supply of leucodepleted red cells and platelet concentrates. 5 500 additional of GOPC episodic quota will be provided for improving the access of target population groups to primary care services. In addressing the needs of mental health patients, KH will recruit peer support worker with lived experience of mental illness to support patients with severe mental illness in the community.
- ◆ To ensure service quality and safety, sterilisation capacity will be increased to support clinical services of satellite Operating Theatres. Ageing equipment will be replaced in QEH and Surgical Instrument Tracking System will be rolled out to HKEH. The Cluster will continue to phase out the reuse of selected class II moderate and moderate-high risk SUD according to clinical prioritisation. The Department of Pathology will install MALDI-TOF Mass Spectrometry in QEH to speed up microbiological identification for timely diagnosis and treatment. Additional molecular tests will be provided to patients requiring targeted therapies. The Department of Obstetrics and Gynaecology will adopt Minimally Invasive Surgery (MIS) technique in 80% of the hysterectomy surgeries for suitable gynaecological patients. Maintenance for high risk medical equipment will be enhanced in hospitals. Designated accreditation teams will be set up to prepare for hospital accreditation programme at HKEH and RC.
- ◆ To ensure adequate resources for meeting service needs, commissioning teams will be set up for sustaining KCC capital projects including refurbishment of BH, expansion of BTS Headquarters and re-provisioning of Yau Ma Tei SOPC.

KCC Targets

Allay Staff Shortage and High Turnover	
<ul style="list-style-type: none"> Recruit more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals 	3Q15
<ul style="list-style-type: none"> Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards 	1Q16
<ul style="list-style-type: none"> Recruit additional allied health professionals to enhance the multi-disciplinary support for patients 	1Q16
Better Manage Growing Service Demand	
<ul style="list-style-type: none"> Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to two additional patients, home haemodialysis treatment to three additional patients, and home automated peritoneal dialysis (APD) treatment to two additional patients 	1Q16
<ul style="list-style-type: none"> Increase the capacity of Extracorporeal Membrane Oxygenation (ECMO) service in QEH 	1Q16
<ul style="list-style-type: none"> Provide multi-disciplinary care for patients with HIV and offer highly active antiretroviral therapy (HARRT) to eligible patients in QEH 	1Q16
<ul style="list-style-type: none"> Strengthen the capacity of organ transplant coordination team by recruiting an additional coordinator to sustain the long-term professional development and growth of service 	1Q16
<ul style="list-style-type: none"> Improve territory-wide blood transfusion service through increasing production and supply of leucodepleted red cells and platelet concentrates 	1Q16
<ul style="list-style-type: none"> Alleviate the access block at A&E Departments by providing support sessions to handle the Triage IV and V cases 	1Q16

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<ul style="list-style-type: none"> • Better manage the waiting list of endoscopy services by providing additional of around 100 endoscopic procedures in KCC 	1Q16
<ul style="list-style-type: none"> • Allay the waiting lists for surgical operations by extending the service hours of the Operating Theatre (OT) at the ambulatory care centre 	1Q16
<ul style="list-style-type: none"> • Increase the GOPC episodic quota by 5 500 attendances for improving the access of target population groups to primary care services 	1Q16
<ul style="list-style-type: none"> • Recruit one peer support worker with lived experience of mental illness to support patients with severe mental illness in the community 	1Q16
Ensure Service Quality and Safety	
<ul style="list-style-type: none"> • Enhance the facility to increase sterilisation capacity to provide services to satellite OTs and replace the ageing equipment in QEH and roll out the Surgical Instrument Tracking System to HKEH 	1Q16
<ul style="list-style-type: none"> • Continue to phase out the reuse of selected class II moderate and moderate-high risk SUD according to clinical prioritisation 	1Q16
<ul style="list-style-type: none"> • Install MALDI-TOF Mass Spectrometry in QEH to speed up microbiological identification for timely diagnosis and treatment 	1Q16
<ul style="list-style-type: none"> • Modernise the management of cancer by providing around 400 additional molecular tests to patients requiring targeted therapies and enhancing high-technology radiation therapy in QEH 	1Q16
<ul style="list-style-type: none"> • Adopt Minimally Invasive Surgery (MIS) technique in 80% of the hysterectomy operations for suitable gynaecological patients 	1Q16
<ul style="list-style-type: none"> • Enhance the maintenance for high risk medical equipment in hospitals 	1Q16

<ul style="list-style-type: none"> Set up designated accreditation teams to prepare for hospital accreditation programme at HKEH and RC 	1Q16
Ensure Adequate Resources for Meeting Service Needs	
<ul style="list-style-type: none"> Set up and sustain commissioning teams for KCC capital projects, e.g. refurbishment of BH, expansion of BTS Headquarters and re-provisioning of Yau Ma Tei SOPC 	1Q16



KFC

Kowloon East Cluster



08A

		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	United Christian Hospital +	✓	✓	
2	Tseung Kwan O Hospital +	✓	✓	
3	Haven of Hope Hospital	✓	✓	
4	Yung Fung Shee Memorial Centre		✓	
5	Kowloon Bay Health Centre General Outpatient Clinic			✓
6	Kwun Tong Jockey Club Health Centre General Outpatient Clinic			✓
7	Lam Tin Polyclinic General Outpatient Clinic			✓
8	Mona Fong General Outpatient Clinic			✓
9	Ngau Tau Kok Jockey Club General Outpatient Clinic			✓
10	Shun Lee General Outpatient Clinic			✓
11	Tseung Kwan O (Po Ning Road) General Outpatient Clinic			✓
12	Tseung Kwan O Jockey Club General Outpatient Clinic			✓

Healthcare Facilities

There are three hospitals / institutions in the Kowloon East Cluster (KEC), providing a total of 2 487 beds as at 31 March 2014. Of these, 2 291 were for acute, convalescent and rehabilitation care, 116 for infirmary care and 80 for psychiatric care. There are also four specialist outpatient clinics and eight general outpatient clinics.

Actual Patients Served

In 2013-14, 486 000 patients had utilised KEC's service. Around 86% of the patients were from the Kwun Tong and Sai Kung districts.

Number and Percentage distribution of patients ever utilised KEC services in 2013-14 according to district of residence

District of residence	No. of patients [^]	Distribution [#]
Kwun Tong	256 300	53%
Sai Kung	161 500	33%
Wong Tai Sin	25 700	5%
Others*	42 600	9%
KEC Total	486 000	100%

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

[^] Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

[#] Individual percentages may not add up to 100% due to rounding.

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Major Challenges

KEC is facing escalating healthcare demand with increasing disease complexity among our ageing population. Limited by the bed capacity and physical space constraints, the Cluster has been boosting the service volume through enhanced productivity. In the meantime, the Cluster also faces the challenge of maintaining adequate workforce to ensure service sustainability and patient safety. With TKOH's new Ambulatory Care Block and upgraded medical facilities, KEC is planning to enhance the medical service provision in the coming years.

In 2015-16, the Cluster will continue to manage service growth in demand pressure areas, ensure quality and safety, and maintain an adequate workforce. Apart from strengthening the inpatient service capacity, the Cluster will actively manage the SOPC waiting lists in order to alleviate the backlog of new case bookings. Regarding the UCH expansion project and the decanting works, the hospital would continue to work with the Head Office's Capital Planning Department in service planning and facilities development. In the meantime, KEC will closely monitor the HHH expansion project which is in the planning stage.

Major Initiatives in 2015-16

To align with the corporate objectives, KEC's major initiatives for 2015-16 are as follows:

- ◆ Allay staff shortage and high turnover by strengthening the nursing workforce, enhancing allied health manpower, improving supports for frontline healthcare professionals.
- ◆ Better manage growing service demand by opening 32 acute inpatient beds and four day beds at TKOH, enhancing capacity in SOPC and day surgery services, strengthening child and adolescent psychiatric outpatient services, improving laboratory services, strengthening the clinical oncology service and enhancing haemodialysis services. Enhance primary care services by increasing episodic quota at GOPC.

- ◆ Ensure service quality and safety by establishing central reprocessing service for flexible endoscope at KEC, enhancing the maintenance for high risk medical equipment, further improving sterilisation methods in operating theatres and implementing a series of initiatives to enhance drug safety.
- ◆ Partner with patients and community by improving and streamlining the phone enquiry services at UCH SOPCs.
- ◆ Ensure adequate resources for meeting service needs by rolling out the central coordinated refill service for medical consumables and linen items in hospital wards, setting up and expanding the planning and commissioning teams to coordinate major capital projects in KEC.

KEC Targets

Allay Staff Shortage and High Turnover	
• Recruit more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals	3Q15
• Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards	1Q16
• Recruit additional allied health professionals to enhance the multi-disciplinary support for patients	1Q16
Better Manage Growing Service Demand	
• Open 32 additional acute medical beds in TKOH	3Q15
• Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to two additional patients, home haemodialysis treatment to six additional patients, and home automated peritoneal dialysis (APD) treatment to four additional patients	1Q16
• Designate two medical beds in TKOH with multi-disciplinary support for patients on mechanical ventilation	1Q16

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<ul style="list-style-type: none"> Enhance and strengthen the clinical oncology service by setting up an oncology team in KEC to meet service demand 	2Q15
<ul style="list-style-type: none"> Alleviate the access block at A&E Departments by providing support sessions to handle the Triage IV and V cases 	1Q16
<ul style="list-style-type: none"> Expand the day surgery service by opening four additional surgical day beds and provide one additional operating theatre session in TKOH 	4Q15
<ul style="list-style-type: none"> Better manage the waiting list of endoscopy services by providing additional of around 80 endoscopic procedures and improving facilities in KEC 	1Q16
<ul style="list-style-type: none"> Enhance the accessibility of pharmacy services by extending the weekday pharmacy service by two hours in HHH 	1Q16
<ul style="list-style-type: none"> Increase the GOPC episodic quota by 2 750 attendances for improving the access of target population groups to primary care services 	1Q16
<ul style="list-style-type: none"> Enhance child and adolescent psychiatric outpatient services by providing 250 additional new case consultations to curtail the SOPC waiting time due to growing demand 	1Q16
<ul style="list-style-type: none"> Improve the laboratory service provision with extended service hours and expanded scope of tests provided 	1Q16
Ensure Service Quality and Safety	
<ul style="list-style-type: none"> Implementation of In-patient Medication Order Entry (IPMOE) system in UCH to support clinical workflow and reduce errors in medication prescription and transcription 	3Q15
<ul style="list-style-type: none"> Continue to phase out the reuse of selected class II moderate and moderate-high risk SUD according to clinical prioritisation 	1Q16
<ul style="list-style-type: none"> Modernise the management of cancer patients requiring targeted therapies through providing around 190 additional molecular tests 	1Q16

<ul style="list-style-type: none"> • Adopt Minimally Invasive Surgery (MIS) technique in 80% of the hysterectomy surgeries for suitable gynaecological patients 	1Q16
<ul style="list-style-type: none"> • Enhance the maintenance for high risk medical equipment in hospitals 	1Q16
<ul style="list-style-type: none"> • Establish central reprocessing service for flexible endoscope at KEC 	1Q16
Enhance Partnership with Patients and Community	
<ul style="list-style-type: none"> • Improve and streamline the phone enquiry services at SOPCs by setting up phone enquiry systems at UCH 	2Q15
Ensure Adequate Resources for Meeting Service Needs	
<ul style="list-style-type: none"> • Roll out the central coordinated refill service for medical consumables and linen items in hospital wards 	1Q16
<ul style="list-style-type: none"> • Set up and expand the planning and commissioning teams to coordinate major capital projects in KEC including the HHH expansion project and operation of the new Ambulatory Care Block of TKOH 	2Q15

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KWGC

Kowloon West Cluster



		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Princess Margaret Hospital +	✓	✓	
2	Kwong Wah Hospital +	✓	✓	✓
3	Caritas Medical Centre +/ Caritas Medical Centre Family Medicine Clinic	✓	✓	✓
4	Yan Chai Hospital +/ Yan Chai Hospital General Practice Clinic	✓	✓	✓
5	Our Lady of Maryknoll Hospital/ Our Lady of Maryknoll Hospital Family Medicine Clinic	✓	✓	✓
6	Kwai Chung Hospital	✓	✓	
7	Tung Wah Group of Hospitals Wong Tai Sin Hospital	✓	✓	
8	North Lantau Hospital +/ North Lantau Community Health Centre	✓	✓	✓
9	East Kowloon Psychiatric Centre/ East Kowloon General Outpatient Clinic		✓	✓
10	Ha Kwai Chung Polyclinic/ Ha Kwai Chung General Outpatient Clinic		✓	✓

		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
11	Yaumatei Child Psychiatric Centre		✓	
12	Lady Trench General Outpatient Clinic			✓
13	Li Po Chun General Outpatient Clinic			✓
14	Mrs Wu York Yu General Outpatient Clinic			✓
15	Mui Wo General Outpatient Clinic			✓
16	Nam Shan General Outpatient Clinic			✓
17	North Kwai Chung General Outpatient Clinic			✓
18	Cheung Sha Wan Jockey Club General Outpatient Clinic			✓
19	Robert Black General Outpatient Clinic			✓
20	Shek Kip Mei General Outpatient Clinic			✓
21	South Kwai Chung Jockey Club General Outpatient Clinic			✓
22	Tai O Jockey Club General Outpatient Clinic			✓
23	Tsing Yi Cheung Hong General Outpatient Clinic			✓
24	Tsing Yi Town General Outpatient Clinic			✓
25	Wang Tau Hom Jockey Club General Outpatient Clinic			✓
26	West Kowloon General Outpatient Clinic			✓
27	Wu York Yu General Outpatient Clinic			✓

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Healthcare Facilities

There are eight hospitals / institutions in the Kowloon West Cluster (KWC), providing a total of 6 629 beds as at 31 March 2014. Of these, 5 221 were for acute, convalescent and rehabilitation care, 328 for infirmary care, 160 for mentally handicapped care and 920 for psychiatric care. There are also 11 specialist outpatient clinics and 23 general outpatient clinics.

Actual Patients Served

In 2013-14, 891 600 patients had utilised KWC's service. Around 82% of the patients were from the Kwai Tsing, Sham Shui Po, Wong Tai Sin, Tsuen Wan, Yau Tsim Mong and Islands districts.

Number and Percentage Distribution of Patients ever Utilised KWC Services in 2013-14 according to District of Residence

District of residence	No. of patients [^]	Distribution [#]
Kwai Tsing	225 700	25%
Sham Shui Po	152 100	17%
Wong Tai Sin	137 300	15%
Tsuen Wan	106 200	12%
Yau Tsim Mong	72 200	8%
Islands	41 600	5%
Others*	156 400	18%
KWC Total	891 600	100%

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

[^] Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

[#] Individual percentages may not add up to 100% due to rounding.

Major Challenges

KWC, being the largest Cluster in the HA, serves a population that is more disadvantaged and older than the Hong Kong average. In 2015-16, our major challenges continue to be enhancing service capacity and accessibility to meet growing demands and upholding service quality at the same time.

Major Initiatives in 2015-16

Our objectives in 2015-16 are to maintain a skilled and competent workforce; increase service capacity; improve access to health services and enhance service quality and patient safety. KWC's major initiatives for 2015-16 are as follows:

- ◆ To mitigate manpower shortage and sustain quality patient services, we will recruit additional nurses and allied health professionals at the frontline. Additional supporting staff will also be recruited to supplement the workforce and relieve the workload in high-pressure clinical areas.
- ◆ To manage growing service demands, there will be an increase in the quota for GOPC services. Day services capacity in OLMH and YCH shall be increased. Resources will be invested to set up an additional Cardiac Catheterization Laboratory in PMH for KWC. Capacity of dialysis treatment and endoscopic procedures will be increased in various KWC hospitals to reduce waiting time. A designated cluster team will be set up to address the service needs on vascular surgery. Our trauma service will be further strengthened to manage growing service demand. Designated beds will be assigned in CMC and WTSH to support patients who are ventilator dependent.
- ◆ To enhance accessibility to health services, KWC will inject resources into radiological imaging services for diagnostic and intervention procedures; extend pharmacy service in OLMH; provide round-the-clock thrombolytic service for acute ischaemic stroke patients; increase haematology service to Cluster hospitals and set up SOPC phone enquiry systems at PMH.
- ◆ Mental health services will be strengthened by increasing service capacity and enhancement in the multi-disciplinary support for patients with common mental disorder. Peer support workers will be recruited to support the recovery of patients with severe mental illness in the community.
- ◆ Continued quality improvement and maintenance of safety has always been our top priority. In 2015-16, KWC will adopt modern technology to enhance and expedite our laboratory tests. To improve medication safety, Inpatient Medication Order Entry (IPMOE) system will be extended to YCH, after implementation in PMH and NLTH in 2014-15. We will continue to enhance sterilisation services and instrument tracking at operating theatres of KWC.

- ◆ The planning team in KWH will be expanded to coordinate decanting services for KWH redevelopment.

KWC Targets

Allay Staff Shortage and High Turnover	
<ul style="list-style-type: none"> Recruit more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals 	3Q15
<ul style="list-style-type: none"> Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards 	1Q16
<ul style="list-style-type: none"> Recruit additional allied health professionals to enhance the multi-disciplinary support for patients 	1Q16
Better Manage Growing Service Demand	
<ul style="list-style-type: none"> Improve the inpatient and day service capacity in OLMH to serve additional 200 day cases 	1Q16
<ul style="list-style-type: none"> Strengthen cardiac care by introducing additional Cardiac Catheterization Laboratory (CCL) in PMH 	1Q16
<ul style="list-style-type: none"> Improve acute stroke management by implementing 24-hour thrombolytic service for acute ischaemic stroke patients in PMH 	1Q16
<ul style="list-style-type: none"> Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to four additional patients, home haemodialysis treatment to five additional patients, and home automated peritoneal dialysis (APD) treatment to seven additional patients 	1Q16
<ul style="list-style-type: none"> Designate two medical beds in CMC with multi-disciplinary support for patients on mechanical ventilation and six beds in WTSH for patients that are chronic ventilator-dependent 	1Q16

<ul style="list-style-type: none"> • Increase the capacity of Extracorporeal Membrane Oxygenation (ECMO) service in PMH 	1Q16
<ul style="list-style-type: none"> • Provide multi-disciplinary care for patients with HIV and offer highly active antiretroviral therapy (HARRT) to eligible patients in PMH 	1Q16
<ul style="list-style-type: none"> • Recruiting an additional organ transplant coordinator to strengthen professional development and service growth 	1Q16
<ul style="list-style-type: none"> • Sustain and improve vascular surgery service through setting up designated vascular surgery team in the Cluster 	2Q15
<ul style="list-style-type: none"> • Enhance the haematology service by providing two additional half-day sessions of onsite services to Cluster hospitals 	4Q15
<ul style="list-style-type: none"> • Strengthen the trauma services at PMH to manage growing service demand 	3Q15
<ul style="list-style-type: none"> • Alleviate the access block at A&E Departments by providing support sessions to handle the Triage IV and V cases 	1Q16
<ul style="list-style-type: none"> • Better manage the waiting list of endoscopy services by providing additional of around 3 100 endoscopic procedures and improving facilities in OLMH and YCH 	1Q16
<ul style="list-style-type: none"> • Enhance the accessibility to radiological imaging services by installing an additional angiography flat panel detector equipment for diagnostic and intervention procedures in PMH 	4Q15
<ul style="list-style-type: none"> • Enhance the accessibility of pharmacy services by extending the weekday pharmacy service by two hours in OLMH 	1Q16
<ul style="list-style-type: none"> • Increase the GOPC episodic quota by 16 500 attendances for improving the access of target population groups to primary care services 	1Q16
<ul style="list-style-type: none"> • Enhance geriatric day rehabilitation service to provide 20 additional day places in geriatric day rehabilitation centre at YCH 	1Q16
<ul style="list-style-type: none"> • Recruit two peer support workers with lived experience of mental illness to support patients with severe mental illness in the community 	1Q16

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<ul style="list-style-type: none">• Enhance the multi-disciplinary team support for patients with common mental disorder (CMD) in SOPC by providing 2 000 additional new case attendances	1Q16
Ensure Service Quality and Safety	
<ul style="list-style-type: none">• Implementation of In-patient Medication Order Entry (IPMOE) system in YCH to support clinical workflow and reduce errors in medication prescription and transcription	1Q16
<ul style="list-style-type: none">• Continue to establish the centralised theatre sterilisation service unit (TSSU) and enhance the service standard in YCH and roll out the surgical instrument tracking system to KWH, OLMH and YCH for supporting the improvement of sterilisation service for operating theatres	1Q16
<ul style="list-style-type: none">• Continue to phase out the reuse of selected class II moderate and moderate-high risk SUD according to clinical prioritisation	1Q16
<ul style="list-style-type: none">• Install MALDI-TOF Mass Spectrometry in KWH to speed up microbiological identification for timely diagnosis and treatment	1Q16
<ul style="list-style-type: none">• Modernise the management of cancer patients requiring targeted therapies through providing around 200 additional molecular tests	1Q16
<ul style="list-style-type: none">• Set up Point-Of-Care Testing (POCT) blood gas and electrolyte services in all A&Es and ICUs in CMC, KWH, NLTH, PMH and YCH	4Q15
<ul style="list-style-type: none">• Adopt Minimally Invasive Surgery (MIS) technique in 80% of the hysterectomy surgeries for suitable gynaecological patients and carry out facilities and equipment improvements in PMH, CMC and OLMH	1Q16
<ul style="list-style-type: none">• Enhance the maintenance for high risk medical equipment in hospitals	1Q16

Enhance Partnership with Patients and Community

- Improve and streamline the phone enquiry services at SOPCs by setting up phone enquiry systems at PMH

1Q16

Ensure Adequate Resources for Meeting Service Needs

- Roll out the central coordinated refill service for medical consumables and linen items in hospital wards

1Q16

- Expand the planning team to coordinate and facilitate the decanting services for KWH redevelopment project

1Q16



NTEC

New Territories East Cluster



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		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Prince of Wales Hospital +	✓	✓	
2	North District Hospital +	✓	✓	
3	Alice Ho Miu Ling Nethersole Hospital +	✓	✓	
4	Tai Po Hospital	✓	✓	
5	Shatin Hospital	✓	✓	
6	Cheshire Home (Shatin)	✓	✓	
7	Bradbury Hospice	✓	✓	
8	Fanling Family Medicine Centre			✓
9	Lek Yuen General Outpatient Clinic			✓
10	Ma On Shan Family Medicine Centre			✓
11	Sha Tau Kok General Outpatient Clinic			✓

		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
12	Shatin (Tai Wai) General Outpatient Clinic			✓
13	Shek Wu Hui Jockey Club General Outpatient Clinic			✓
14	Ta Kwu Ling General Outpatient Clinic			✓
15	Tai Po Jockey Club General Outpatient Clinic			✓
16	Wong Siu Ching Family Medicine Centre			✓
17	Yuen Chau Kok General Outpatient Clinic			✓

Healthcare Facilities

There are seven hospitals / institutions in the New Territories East Cluster (NTEC), providing a total of 4 518 beds as at 31 March 2014. Of these, 3 477 were for acute, convalescent and rehabilitation care, 517 for infirmary care and 524 for psychiatric care. There are also seven specialist outpatient clinics and 10 general outpatient clinics.



Acute Patients Served

In 2013-14, 595 000 patients had utilised NTEC's service. Around 84% of the patients were from the Sha Tin, North and Tai Po districts.

Number and Percentage Distribution of Patients ever Utilised NTEC Services in 2013-14 according to District of Residence

District of residence	No. of patients [^]	Distribution [#]
Sha Tin	241 900	41%
North	133 700	22%
Tai Po	126 600	21%
Others*	92 800	16%
NTEC Total	595 000	100%

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

[^] Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

[#] Individual percentages may not add up to 100% due to rounding.

Major Challenges

With the catchment area covering Sha Tin, Tai Po and North District districts, NTEC keeps on facing myriad challenges in meeting the healthcare needs of the region. The population of the three districts is growing and ageing rapidly which translates into increasing demand for medical service. Besides, in view of geographical reasons, it is uncommon for residents in our catchment area to seek healthcare elsewhere as compared with the situation of other districts. Adding to the burden is the rising cross-border population seeking acute medical attention in the Cluster which significantly impacts on our service.

All the above factors point to the need for enhancing the capacity of medical services. However, during such challenging time, the shortage of medical, nursing and allied health staff further exacerbates the situation which leads to the supply – demand imbalance. The resultant effect is access block in A&E services, SOPD services and surgical services. The capacity of the Cluster has been over stretched to cater for the whole population of NTEC. Our stringent predicament is evidenced by various statistics which clearly shows that our clinical workload is at an unprecedented level. This is especially so during the winter surge period, where the arrival of cold fronts in winter and seasonal flu outbreak escalated the number of patients requiring medical attention.

In summary, the Cluster is poised to respond to the above challenges in line with the following strategic intents of HA:

1. Better manage growing service demand
2. Ensure service quality and safety
3. Alleviate staff shortage

Marching forward, NTEC will strive to ride above its challenges through its committed staff and collaborative teamwork.

Major Initiatives in 2015-16

To align with the corporate objectives, we are going to launch the following major initiatives for 2015-16:

◆ **Better manage growing service demand**

To address the acute increase in the demand for medical service, PWH will open a combined addition of 36 day beds and 35 acute beds, including four surgical HDU beds and one ICU bed. It is intended that the access block at A&E Departments be alleviated with the provision of support sessions to handle the Triage IV and V cases. As the long waiting time has long been an issue with us, a joint replacement centre will be set up in NTEC to increase its service capacity for performing additional joint replacement surgeries. Three general anaesthetic Operating Theatre sessions will be added for cancer surgery to shorten the waiting list for the above operations. The accessibility of radiological imaging services will also be enhanced through the installation of an additional MRI machine in the Cluster so that more investigations can be conducted. The episodic quota of GOPCs will also be increased to improve the access of target population groups to primary care services. Concurrently, the service of the Community Geriatric Assessment Team will also be strengthened to provide an increasing number of outreach attendances for terminally ill residents living in Residential Care Homes for the Elderly (RCHEs).

◆ **Ensure service quality and safety**

The management of cancer patients requiring targeted therapies will be modernised through the provision of additional molecular tests. More laboratory tests for patients with growth hormone abnormalities will be provided through the adoption of Mass Spectrometry Serum IGF - I Assay. Human capital on genetic and genomic analysis will be built up through knowledge and skill transfer from academia to HA. Minimally Invasive Surgery (MIS) technique will be applied in 80% of the hysterectomy surgeries for suitable gynaecological patients.

◆ **Allay staff shortage and high turnover**

More supporting staff will be hired to share out simple clinical tasks and relieve clerical workload of allied health professionals. Additional nurses will be recruited to reduce the nursing manpower shortfall in hospital wards. More allied health professionals will be enlisted to enhance the multi-disciplinary support for patients.

NTEC Targets

Allay Staff Shortage and High Turnover	
<ul style="list-style-type: none"> Recruit more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals 	3Q15
<ul style="list-style-type: none"> Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards 	1Q16
<ul style="list-style-type: none"> Recruit additional allied health professionals to enhance the multi-disciplinary support for patients 	1Q16
Better Manage Growing Service Demand	
<ul style="list-style-type: none"> Open additional 36 day beds and 35 acute beds at PWH, including four surgical HDU beds and one ICU bed 	4Q15
<ul style="list-style-type: none"> Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to four additional patients, home haemodialysis treatment to five additional patients, and home automated peritoneal dialysis (APD) treatment to six additional patients 	1Q16
<ul style="list-style-type: none"> Increase the capacity of Extracorporeal Membrane Oxygenation (ECMO) in PWH 	1Q16
<ul style="list-style-type: none"> Alleviate the access block at A&E Departments by providing support sessions to handle the Triage IV and V cases 	1Q16
<ul style="list-style-type: none"> Increase the service capacity to alleviate the waiting time for joint replacement surgery by setting up the joint replacement centre in NTEC for performing additional of around 90 operations 	1Q16
<ul style="list-style-type: none"> Allay the waiting lists for surgeries by adding three general anaesthetic Operating Theatre (OT) sessions for cancer surgery in the Cluster 	4Q15
<ul style="list-style-type: none"> Enhance the accessibility to radiological imaging services in the Cluster to provide additional of around 800 investigations 	1Q16
<ul style="list-style-type: none"> Enhance the accessibility of pharmacy services by providing round-the-clock pharmacy services in NDH and extending the weekday pharmacy service by two hours in SH 	1Q16

<ul style="list-style-type: none"> • Increase the GOPC episodic quota by 8 250 attendances for improving the access of target population groups to primary care services 	1Q16
<ul style="list-style-type: none"> • Centralise the HA service for Gender Identity Disorder (GID) patients in the NTEC in stages, starting with surgical team in 2015-16 	4Q15
<ul style="list-style-type: none"> • Strengthen the Community Geriatric Assessment Team (CGAT) service to provide additional of around 700 outreach attendances for terminally ill residents living in Residential Care Homes for the Elderly (RCHEs) 	1Q16
Ensure Service Quality and Safety	
<ul style="list-style-type: none"> • Continue to phase out the reuse of selected class II moderate and moderate-high risk SUD according to clinical prioritisation 	1Q16
<ul style="list-style-type: none"> • Establish breastfeeding support teams in PWH to promote breastfeeding newborn babies 	1Q16
<ul style="list-style-type: none"> • Modernise the management of cancer patients requiring targeted therapies through providing around 360 additional molecular tests 	1Q16
<ul style="list-style-type: none"> • Provide additional 2 700 laboratory tests through adopting Mass Spectrometry Serum IGF - I Assay for patients with growth hormone abnormalities 	1Q16
<ul style="list-style-type: none"> • Build up human capital on genetic and genomic analysis through knowledge and skill transfer from academia to HA 	1Q16
<ul style="list-style-type: none"> • Adopt Minimally Invasive Surgery (MIS) technique in 80% of the hysterectomy surgeries for suitable gynaecological patients 	1Q16
<ul style="list-style-type: none"> • Enhance the maintenance for high risk medical equipment in hospitals 	1Q16
<ul style="list-style-type: none"> • Set up designated accreditation teams to prepare for hospital accreditation programme at BBH, SCH and SH 	1Q16
Enhance Partnership with Patients and Community	
<ul style="list-style-type: none"> • Improve and streamline the phone enquiry services at SOPCs by setting up phone enquiry systems at PWH 	1Q16

NITWGC

New Territories West Cluster



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

Healthcare Facilities

There are four hospitals / institutions in the New Territories West Cluster (NTWC), providing a total of 4 085 beds as at 31 March 2014. Of these, 2 274 were for acute, convalescent and rehabilitation care, 135 for infirmary care, 500 for mentally handicapped care and 1 176 for psychiatric care. There are also four specialist outpatient clinics and eight general outpatient clinics.

Actual Patients Served

In 2013-14, 470 800 patients had utilised NTWC's service. Around 93% of the patients were from the Yuen Long and Tuen Mun districts.

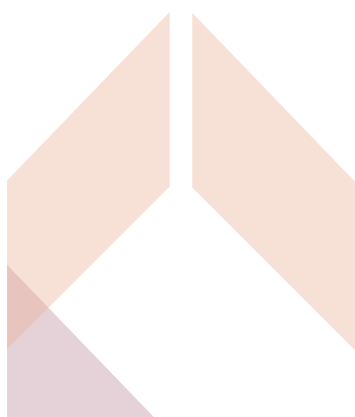
Number and Percentage distribution of patients ever utilised NTWC services in 2013-14 according to district of residence

District of residence	No. of patients [^]	Distribution [#]
Yuen Long	234 600	50%
Tuen Mun	201 100	43%
Others*	35 100	7%
NTWC Total	470 800	100%

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

[^] Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.

[#] Individual percentages may not add up to 100% due to rounding.



Major Challenges

Major challenges faced by the New Territories West Cluster (NTWC) are threefold: (i) escalating service demand, (ii) overcrowded ward environment, and (iii) shortage of manpower.

The significant increase in service demand in NTWC is contributed by not only a fast growing and ageing population, characterized by the many new development areas and elderly homes in the region, but also by a higher than average percentage of its population being in the lower median household income category. This means that NTWC residents are relatively more reliant on public health care services which in turn lead to heavy demand for public hospital service. Congestion and overcrowding of hospital wards, accident & emergency department, specialist and general outpatient clinics are often noticed in NTWC.

NTWC's key response strategies include increasing service capacity by opening new hospital beds and commissioning new facilities including an additional cardiac catheterization laboratory in Tuen Mun Hospital (TMH) and additional operating theatre sessions in Pok Oi Hospital (POH). Besides, we have been putting in measures to reduce pressure on inpatient bed by enhancing day services and providing further support sessions in accident and emergency services.

While shortage of health care manpower is a general issue for HA, NTWC has put in place a number of measures to retain, attract and motivate staff. These include improving career prospects, enhancing training opportunities, recruitment of part-time doctors, nurses, and expatriate allied health professionals, as well as offering special honorarium to staff who work extra time over their normal duty.

Major Initiatives in 2015-16

To align with the corporate objectives, NTWC's major initiatives for 2015-16 are as follows:

- ◆ On inpatient service, the service capacity of both TMH and POH will be increased by opening new beds. A total of 122 additional beds, comprising acute and convalescent beds, as well as beds in high dependency unit and cardiac care unit, will be opened in 2015-16. Besides, there will be service enhancement in both cardiac care and acute stroke care through the introduction of an additional cardiac catheterization laboratory (CCL) in TMH and the implementation of the Transient Ischaemic Attack (TIA) clinic and 24-hour thrombolytic service for acute ischaemic stroke patients in TMH. On top of this, 15 operating theatre sessions will be added in POH to perform extended hour operations.
- ◆ On outpatient and outreach services, there are also initiatives to increase the episodic quota by 22 000 attendances for general outpatient clinic service and to provide additional outreach attendance through the Community Geriatric Assessment Team (CGAT) service for terminally ill residents living in residential care homes for the elderly (RCHes). Apart from that, there will also be programme to better support patients with mental illness. In 2015-16, two peer support workers with lived experience of mental illness will be recruited to support patients with severe mental illness in the community.
- ◆ At the same time, capacity of renal replacement therapy for patients with end-stage renal disease is to be enhanced through expansion of both hospital haemodialysis program and home automated peritoneal dialysis treatment program. Additional endoscopic procedures will be arranged to enhance both screening for colorectal cancer and management of the waiting list of endoscopy service.
- ◆ To improve service quality and safety, the sterilisation supply service will be extended to Tuen Mun Eye Centre and there will be further phasing out of the reuse of selected class II moderate and moderate-high risk SUD according to clinical prioritisation. Additional molecular tests will also be provided to modernise the management of cancer patients requiring targeted therapies.
- ◆ Lastly, to enhance provision of public hospital service at Tin Shui Wai area, the Tin Shui Wai Hospital (TSWH) will be commissioned by phases starting from 2016-17. To prepare for it, a service commissioning team shall be set up for planning and commissioning work of TSWH.

NTWC Targets

Allay Staff Shortage and High Turnover	
<ul style="list-style-type: none"> Recruit more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals 	3Q15
<ul style="list-style-type: none"> Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards 	1Q16
<ul style="list-style-type: none"> Recruit additional allied health professionals to enhance the multi-disciplinary support for patients 	1Q16
Better Manage Growing Service Demand	
<ul style="list-style-type: none"> Open additional 76 acute beds and 38 convalescent beds at POH 	4Q15
<ul style="list-style-type: none"> Open four surgical HDU beds and two convalescent beds in TMH 	2Q15
<ul style="list-style-type: none"> Strengthen cardiac care by introducing an additional Cardiac Catheterization Laboratory (CCL) and adding two Cardiac Care Unit (CCU) beds in TMH 	1Q16
<ul style="list-style-type: none"> Improve acute stroke management by implementing the transient ischaemic attack (TIA) clinic and 24-hour thrombolytic service for acute ischaemic stroke patients in TMH 	1Q16
<ul style="list-style-type: none"> Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis to four additional patients and home automated peritoneal dialysis (APD) treatment to five additional patients 	1Q16
<ul style="list-style-type: none"> Designate two medical beds in TMH with multi-disciplinary support for patients on mechanical ventilation 	1Q16
<ul style="list-style-type: none"> Alleviate the access block at A&E Departments by providing support sessions to handle the Triage IV and V cases 	1Q16
<ul style="list-style-type: none"> Allay the waiting lists for surgeries by adding 15 Operating Theatre (OT) sessions to perform extended hour operations in POH 	1Q16

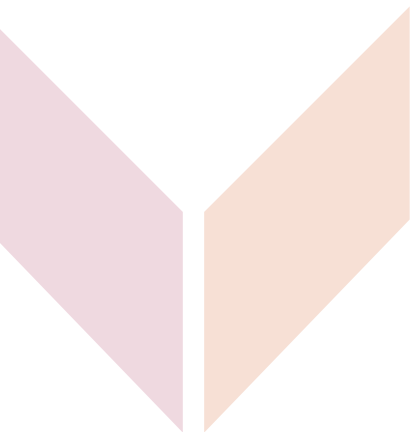
<ul style="list-style-type: none"> Better manage the waiting list of endoscopy services by providing additional 400 endoscopic procedures 	1Q16
<ul style="list-style-type: none"> Increase the GOPC episodic quota by 22 000 attendances for improving the access of target population groups to primary care services 	1Q16
<ul style="list-style-type: none"> Strengthen the Community Geriatric Assessment Team (CGAT) service to provide additional of around 1 050 outreach attendances for terminally ill residents living in Residential Care Homes for the Elderly (RCHEs) 	1Q16
<ul style="list-style-type: none"> Recruit two peer support workers with lived experience of mental illness to support patients with severe mental illness in the community 	1Q16
Ensure Service Quality and Safety	
<ul style="list-style-type: none"> Enhance the service standard by extending the Sterilisation Supply Service (SSS) to Tuen Mun Eye Centre as well as to cover emergency operations in TMH 	1Q16
<ul style="list-style-type: none"> Continue to phase out the reuse of selected class II moderate and moderate-high risk SUD according to clinical prioritisation 	1Q16
<ul style="list-style-type: none"> Install MALDI-TOF Mass Spectrometry in TMH to speed up microbiological identification for timely diagnosis and treatment 	1Q16
<ul style="list-style-type: none"> Modernise the management of cancer patients requiring targeted therapies through providing around 190 additional molecular tests 	1Q16
<ul style="list-style-type: none"> Adopt Minimally Invasive Surgery (MIS) technique in 80% of the hysterectomy surgeries for suitable gynaecological patients 	1Q16
<ul style="list-style-type: none"> Enhance the maintenance for high risk medical equipment in hospitals 	1Q16
<ul style="list-style-type: none"> Set up designated accreditation teams to prepare for hospital accreditation programme at SLH 	1Q16

Enhance Partnership with Patients and Community

- | | |
|---|------|
| <ul style="list-style-type: none">• Improve and streamline the phone enquiry services at SOPCs by setting up phone enquiry systems at TMH | 1Q16 |
|---|------|

Ensure Adequate Resources for Meeting Service Needs

- | | |
|---|------|
| <ul style="list-style-type: none">• Roll out the central coordinated refill service for medical consumables and linen items in hospital wards | 1Q16 |
| <ul style="list-style-type: none">• Set up planning team to prepare and facilitate the service commissioning of Tin Shui Wai Hospital (TSWH) | 1Q16 |



Abbreviations

A&E	Accident and Emergency
CT	Computerised Tomography
eHR	Electronic Health Record
EN	Enrolled Nurse
GOPC	General Outpatient Clinic
HA	Hospital Authority
HDU	High Dependency Unit
HIV	Human Immunodeficiency Virus
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
ICU	Intensive Care Unit
IT	Information Technology
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
MALDI-TOF	Matrix-Assisted Laser Desorption Ionisation Time-of Flight
MRI	Magnetic Resonance Imaging
NGO	Non-governmental organisation
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
PPP	Public-Private Partnership
RN	Registered Nurse
SOPC	Specialist Outpatient Clinic
SUD	Single Use Device

Hospitals and Institutions

BBH	Bradbury Hospice
BH	Hong Kong Buddhist Hospital
BTS	Hong Kong Red Cross Blood Transfusion Service
CMC	Caritas Medical Centre
DKCH	The Duchess of Kent Children's Hospital at Sandy Bay
FYKH	Fung Yiu King Hospital
GH	Grantham Hospital
HHH	Haven of Hope Hospital
HKCH	Hong Kong Children's Hospital
HKEH	Hong Kong Eye Hospital
KH	Kowloon Hospital
KWH	Kwong Wah Hospital
MMRC	MacLehose Medical Rehabilitation Centre
NDH	North District Hospital
NLTH	North Lantau Hospital
OLMH	Our Lady of Maryknoll Hospital
PMH	Princess Margaret Hospital
POH	Pok Oi Hospital
PWH	Prince of Wales Hospital
PYNEH	Pamela Youde Nethersole Eastern Hospital
QEH	Queen Elizabeth Hospital
QMH	Queen Mary Hospital
RH	Ruttonjee Hospital
SH	Shatin Hospital
SLH	Siu Lam Hospital
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TSKH	Tang Shiu Kin Hospital
TSWH	Tin Shui Wai Hospital
UCH	United Christian Hospital
WTSH	Wong Tai Sin Hospital
YCH	Yan Chai Hospital



Appendix 1 *Key Service Statistics*

Targets and Indicators	Actual for 2013-14	Estimate for 2014-15	Target for 2015-16
I. Access to services			
Inpatient services			
no. of hospital beds			
general (acute and convalescent)	21 132	21 337	21 587
infirmery	2 041	2 041	2 041
mentally ill	3 607	3 607	3 607
mentally handicapped	660	660	660
Total	27 440	27 645	27 895
Ambulatory and outreach services			
accident and emergency (A&E) services			
percentage of A&E patients within target waiting time			
triage I (critical cases–0 minute) (%)	100	100	100
triage II (emergency cases–15 minutes) (%)	96	95	95
triage III (urgent cases–30 minutes) (%)	75	90	90
specialist outpatient services			
median waiting time for first appointment at specialist clinics			
first priority patients	< 1 week	2 weeks	2 weeks
second priority patients	5 weeks	8 weeks	8 weeks
rehabilitation and geriatric services			
no. of community nurses	449	455	455
no. of geriatric day places	619	639	659
psychiatric services			
no. of community psychiatric nurses	130	138	138
no. of psychiatric day places	889	889	889
II. Delivery of services			
Inpatient services			
no. of discharge episodes			
general (acute and convalescent)	1 005 483	1 018 900	1 023 700
infirmery	3 301	3 300	3 300
mentally ill	17 662	17 100	17 100
mentally handicapped	552	540	540
overall	1 026 998	1 039 840	1 044 640
no. of patient days			
general (acute and convalescent)	5 798 056	5 813 000	5 865 000
infirmery	505 244	509 000	509 000
mentally ill	969 898	974 000	974 000
mentally handicapped	205 890	205 000	205 000
overall	7 479 088	7 501 000	7 553 000

Targets and Indicators	Actual for 2013-14	Estimate for 2014-15	Target for 2015-16
bed occupancy rate (%)			
general (acute and convalescent)	87	87	87
infirmary	87	87	87
mentally ill	74	74	74
mentally handicapped	87	87	87
overall	85	85	85
average length of stay (days) ^[Note 1]			
general (acute and convalescent)	5.8	5.8	5.8
infirmary	127	127	127
mentally ill	60	60	60
mentally handicapped	443	443	443
overall	7.4	7.4	7.4
Ambulatory and outreach services			
day inpatient services			
no. of discharge episodes	542 333	547 700	560 000
A&E services			
no. of attendances	2 241 006	2 241 000	2 241 000
no. of attendances per 1 000 population	312	312	312
no. of first attendances for			
triage I	19 358	19 300	19 300
triage II	41 136	41 100	41 100
triage III	674 841	674 800	674 800
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	704 512	704 000	708 000
no. of specialist outpatient (clinical) follow-up attendances	6 336 371	6 336 000	6 352 000
total no. of specialist outpatient (clinical) attendances	7 040 883	7 040 000	7 060 000
primary care services			
no. of general outpatient attendances	5 813 706	5 768 000	5 878 000
no. of family medicine specialist clinic attendances	287 182	281 900	282 700
total no. of primary care attendances	6 100 888	6 049 900	6 160 700
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	79 483	82 300	83 700
no. of home visits by community nurses	853 821	850 000	850 000
no. of allied health (community) attendances	32 141	32 100	32 100
no. of allied health (outpatient) attendances	2 329 162	2 315 000	2 325 000
geriatric services			
no. of outreach attendances	633 416	637 800	640 900
no. of elderly persons assessed for infirmity care service	1 701	1 650	1 650
no. of day attendances	137 695	138 500	142 700
no. of Visiting Medical Officer attendances	116 439	112 700	112 700
psychiatric services			
no. of outreach attendances	260 146	273 800	274 200
no. of day attendances	215 375	220 300	220 800
no. of psychogeriatric outreach attendances	97 995	98 200	98 200

Targets and Indicators	Actual for 2013-14	Estimate for 2014-15	Target for 2015-16
III. Quality of services			
no. of hospital deaths per 1 000 population ^[Note 2]	3.3	3.3	3.3
unplanned readmission rate within 28 days for general inpatients (%)	10.5	10.5	10.5
IV. Cost of services			
Cost distribution			
cost distribution by service types (%)			
inpatient	54.7	54.8	54.7
ambulatory and outreach	45.3	45.2	45.3
cost by service types per 1 000 population (\$m)			
inpatient	3.6	3.9	4.1
ambulatory and outreach	3.0	3.3	3.4
cost of services for persons aged 65 or above			
share of cost of services (%)	46.0	47.3	47.3
cost of services per 1 000 population (\$m)	21.3	23.2	23.0
Unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	22 610	24 700	25 450
infirmary	213 800	232 020	240 780
mentally ill	124 400	139 900	145 190
mentally handicapped	481 240	530 800	550 880
cost per patient day (\$)			
general (acute and convalescent)	4 330	4 780	4 910
infirmary	1 400	1 500	1 560
mentally ill	2 270	2 460	2 550
mentally handicapped	1 290	1 400	1 450
ambulatory and outreach services			
cost per A&E attendance (\$)			
cost per specialist outpatient attendance (\$)	1 040	1 130	1 170
cost per general outpatient attendance (\$)	1 080	1 180	1 220
cost per family medicine specialist clinic attendance (\$)	385	430	435
cost per outreach visit by community nurse (\$)	1 010	1 130	1 170
cost per psychiatric outreach attendance (\$)	450	495	515
cost per geriatric day attendance (\$)	1 350	1 480	1 530
	1 840	2060	2 080
Waivers ^[Note 3]			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%)	20.2	19.2	19.2
percentage of non-CSSA waiver (%)	4.8	5.4	5.4

Targets and Indicators	Actual for 2013-14	Estimate for 2014-15	Target for 2015-16
V. Manpower (no. of full time equivalent staff as at 31 March)			
Medical			
doctor	5 376	5 482	5 630
no. of specialists	3 099	3 329	3 557
no. of trainees / non-specialists	2 277	2 153	2 073
intern	311	383	398
dentist	8	8	8
medical total	5 695	5 873	6 036
Nursing			
qualified staff	22 325	23 228	24 010
trainee	434	400	400
nursing total	22 759	23 628	24 410
Allied health	6 609	6 937	7 185
Others	32 544	33 280	34 219
total	67 607	69 718	71 850

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

Note 2 Refers to the standardised hospital death rate covering inpatient and day patient deaths in Hospital Authority hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the Hospital Authority age-specific hospital death rate in that particular year to the "standard" population in mid-2001.

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

Appendix 2 *Service Targets by Cluster*

Service Delivery Targets for 2015-16	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Inpatient services							
no. of discharge episodes							
general (acute and convalescent)	109 000	113 220	127 680	122 570	259 740	163 640	127 850
infirmary	1 910	100	200	190	640	250	10
mentally ill	1 840	780	3 010	540	4 140	3 990	2 800
mentally handicapped	–	–	–	–	60	–	480
no. of patient days							
general (acute and convalescent)	565 300	652 200	896 700	639 600	1 391 500	1 010 100	709 600
infirmary	169 900	54 200	30 900	35 500	93 600	94 200	30 700
mentally ill	111 400	20 900	136 300	24 100	268 900	131 800	280 600
mentally handicapped	–	–	–	–	30 600	–	174 400
Ambulatory and outreach services							
day inpatient services							
no. of discharge episodes	64 610	84 070	79 680	49 950	108 380	101 860	71 450
accident and emergency services							
no. of attendances	243 800	131 500	195 200	323 800	595 100	394 300	357 300
specialist outpatient services							
no. of specialist outpatient (clinical) attendances	791 200	844 700	1 019 000	772 400	1 646 800	1 099 300	886 600
primary care services							
no. of primary care attendances	655 320	399 800	559 770	990 700	1 693 080	995 630	866 400
rehabilitation and palliative care services							
no. of rehabilitation day and palliative care day attendances	36 630	24 320	3 370	4 220	6 040	6 530	2 590
no. of home visits by community nurses	103 200	58 000	74 500	163 900	243 200	126 100	81 100
no. of allied health (community) attendances	2 630	3 150	4 230	1 930	5 210	10 200	4 750
no. of allied health (outpatient) attendances	252 900	188 800	413 600	335 600	508 400	332 500	293 200
geriatric services							
no. of outreach attendances	121 380	40 690	73 410	40 060	189 850	79 020	96 490
no. of day attendances	29 370	8 150	10 120	19 620	36 550	26 300	12 590
no. of Visiting Medical Officer attendances	22 270	11 270	12 990	12 130	25 810	20 430	7 800
psychiatric services							
no. of outreach attendances	23 100	19 330	19 460	29 780	83 490	39 600	59 440
no. of day attendances	30 050	19 650	11 210	32 010	65 800	43 860	18 220
no. of psychogeriatric outreach attendances	11 080	13 450	9 100	10 080	27 380	14 180	12 930
Quality of services (General Inpatient)							
unplanned readmission rate within 28 days (%)	10.1	8.8	9.7	11.1	11.3	9.4	11.9



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