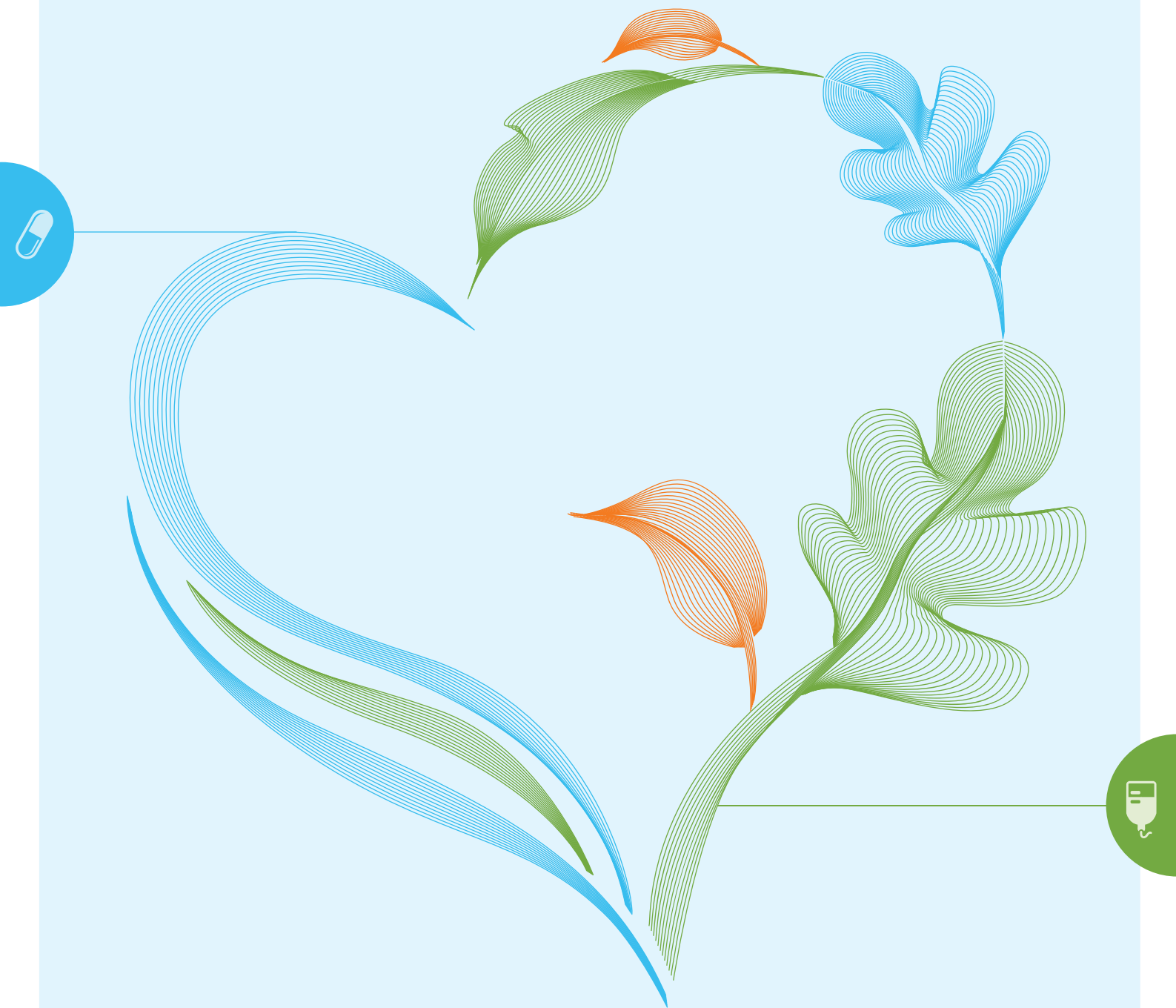




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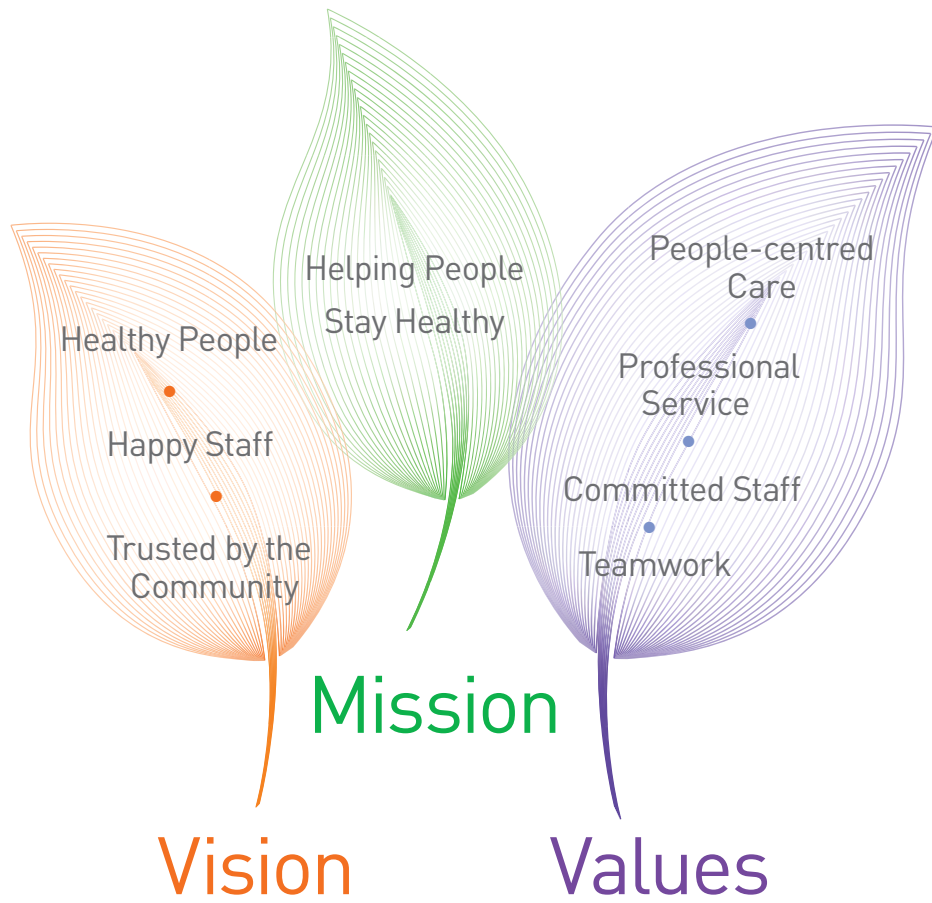
2017-18 ANNUAL PLAN



About this document

The annual plan is the action plan of the Hospital Authority (HA) for a specific financial year. 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.



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Introduction from Chief Executive

Hong Kong's evolving demographic and social landscape continues to have profound impacts on how we deliver public healthcare services and meet patients' needs. Our strategies are mapped out in the latest Hospital Authority (HA) Strategic Plan 2017-2022, "Innovating for Better Care", the theme of which reflects our aspiration to be creative and think out of the box when meeting rising service demand and promoting patient-centred care. Annual Plan 2017-18 outlines the specific actions we are carrying out in the coming year to translate the strategies into action.

Specifically, we are implementing new models of care to reduce reliance on hospital care, as well as collaborative care for better access and efficiency. For instance, two medical-social collaborative programmes will be piloted with non-governmental organisations (NGOs) to provide integrated support for discharged elderly patients and patients with dementia in the community respectively. An ortho-geriatric collaborative care model will also be introduced in our hospitals, along with fragility fracture nursing coordination services for elderly orthopaedic patients.

New technology and treatment options will also be adopted to keep up with international standards. For example, newborn screening tests for Inborn Errors of Metabolism will be implemented in our obstetric units by phases, and we are developing a DNA Next Generation Sequencing (NGS) service model to modernise our genetic testing service.

At the same time, we continue to take steps to increase our capacity for meeting service needs. Among others, we will open 229 beds across the territory, add endoscopy and operating theatre sessions, and increase the quotas for general and specialist outpatient services. The treatment and management of life-threatening diseases like cancers, stroke as

well as cardiac and renal diseases will also be strengthened. Moreover, service provision of the newly commissioned Tin Shui Wai Hospital will be progressively enhanced, and the new Hong Kong Children's Hospital will commence service by phases in 2018.

Meanwhile, we are continuing with the implementation of various Public-Private Partnership (PPP) programmes to share out the demand with our community partners, including those for haemodialysis, colon assessment, radiological imaging, cataract surgeries and primary care. A new PPP on infirmary care will also be piloted.

For implementing new programmes as well as meeting service and operational needs, we will continue to increase our manpower across all staff grades. This includes recruiting all available local medical and nurse graduates, and continuing the retired and rehire scheme. Overall, we plan to recruit around 430 doctors, 2 130 nurses and 590 allied health professionals in 2017-18.

We are highly appreciative of the continuous financial support from the Government. In 2017-18, the recurrent funding to HA amounts to \$54.4 billion which includes an increase of the annual recurrent subvention by \$2.0 billion on top of the baseline allocation from 2016-17. The increase in financial provision, together with HA's internal resources, will enable us to increase our capacity and implement new models of care.

I would like to take this opportunity to express my gratitude to all our colleagues for their commitment and concerted efforts in formulating and implementing Annual Plan 2017-18. With the strong support of our dedicated staff, patients and the wider Hong Kong community, the Plan will be put into action for transforming and strengthening our services to benefit more patients.



P Y Leung
Chief Executive



Planning Context

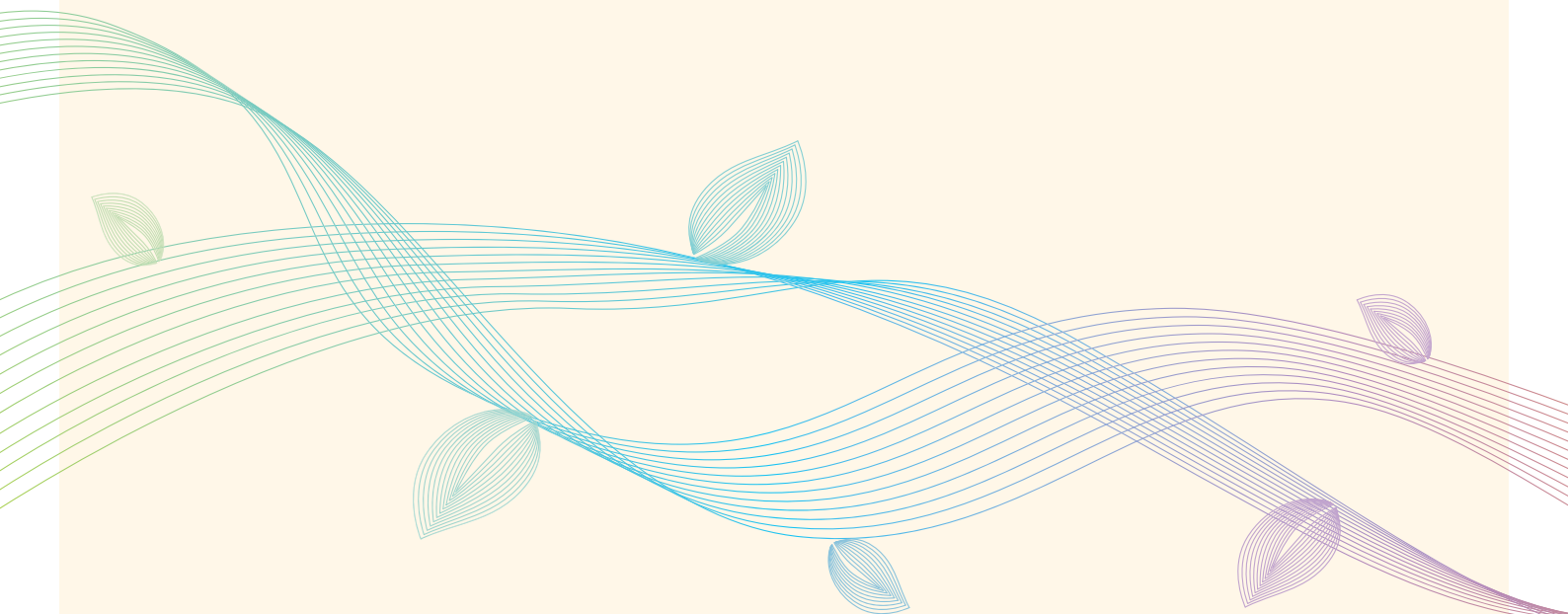
This annual plan outlines the specific actions for the first year implementation of HA Strategic Plan 2017-2022.

Strategic Plan 2017-2022

Strategic Plan 2017-2022 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.

Specifically, Annual Plan 2017-18 is the first action plan for carrying out 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 2017-18 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, 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 Resources Committee \(HRC\)](#)
- Clusters' programmes were developed under the guidance of the various [Hospital Governing Committees \(HGCs\)](#)

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 11 March 2016 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 1 April 2016 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 6 May 2016 for Cluster management to propose initiatives that aimed at addressing the service needs of individual Clusters, in particular the key pressure areas.

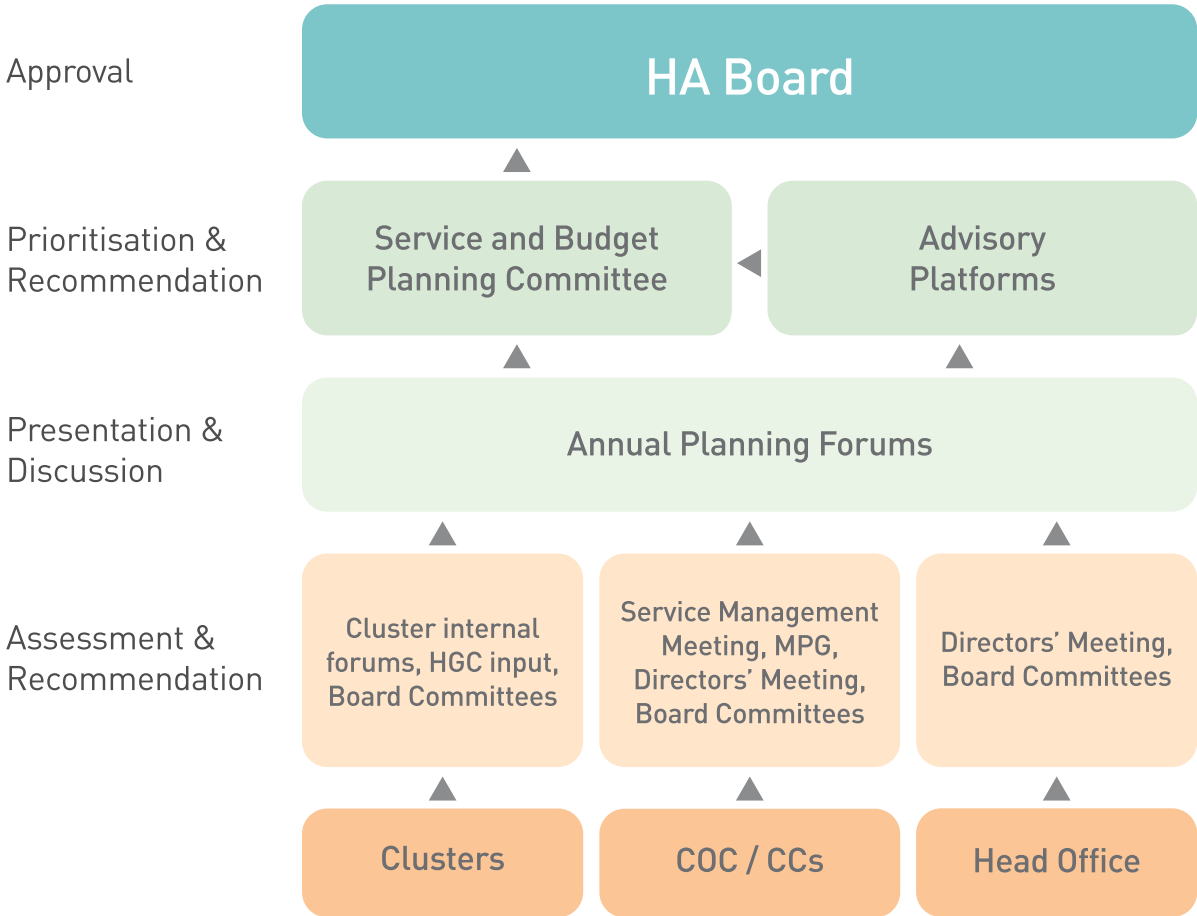
The forums were interactive, with opportunities for floor members to ask questions, and presenters to make clarifications.

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 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 2017 and March 2018.

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



Annual Plan Framework

The framework of Annual Plan 2017-18 comprises strategic goals, strategic directions, strategies and programme targets.

The strategic goals, directions and strategies are as delineated in Strategic Plan 2017-2022, in accordance with the following three strategic foci:

- (i) Provide patient-centred care
- (ii) Develop a committed and competent workforce
- (iii) Enhance financial sustainability

The strategic goals 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 actions for carrying out the strategies, and the targets are the measurable terms for programme monitoring and accountability reporting.

There are five strategic goals of [Annual Plan 2017-18](#), as follows corresponding to the respective strategic focus:

Provide Patient-centred Care

- Improve service quality
- Optimise demand management

Develop a Committed and Competent Workforce

- Attract & retain staff
- Enhance staff training and development

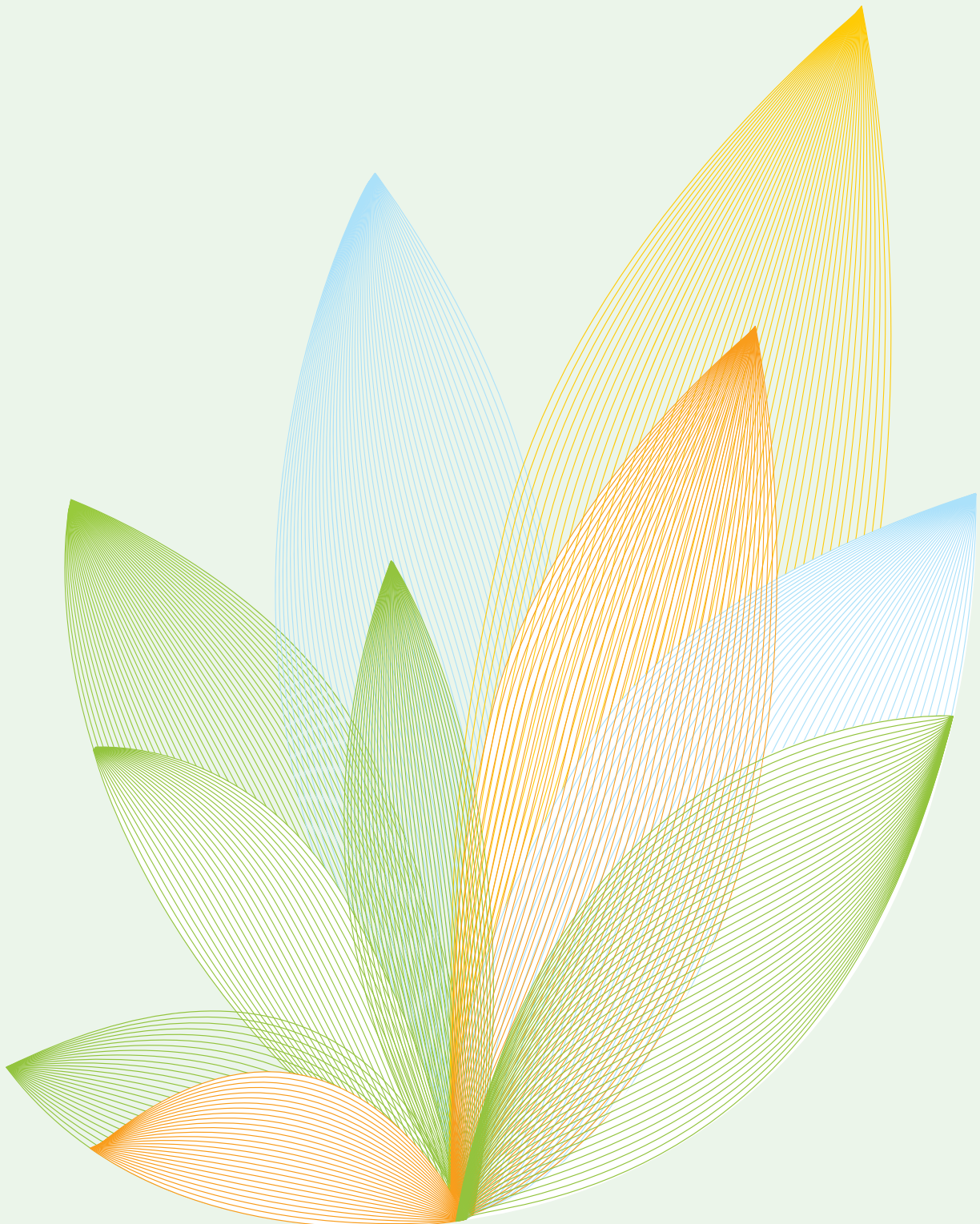
Enhance Financial Sustainability

- Drive accountable & efficient use of financial resources

Framework of Annual Plan 2017-18

Strategic Goals <small>(What we want to achieve)</small>	Strategic Directions <small>(Where we are going)</small>	Strategies <small>(How we get there)</small>
Improve service quality	Enhance access & efficiency	Promote day services
		Strengthen service coordination & collaboration
		Develop more options for patient care
		Enhance community-based care
	Improve safety & effectiveness	Reinforce clinical risk management
	Modernise HA	Refine technology planning and adoption to keep up with international standards
		Upkeep existing equipment
	Promote partnerships with patients	Empower patients for self-care
Engage patients to support service improvements		
Optimise demand management	Raise the capacity of priority services	Increase capacity of high demand services
		Roll out service enhancements for time-critical care
	Share out the demand	Reinforce Public-Private Partnerships (PPP)
Attract & retain staff	Improve staff management	Develop structured succession planning
	Promote staff engagement & well-being	Develop ways to better engage & communicate with staff
	Foster staff health & a safe working environment	Reinforce ways to support the health of staff
Enhance staff training & development	Strengthen training governance & policy	Coordinate the governance & organisation of staff training
		Establish a mechanism to align training with career development
Improve training quality	Develop a quality assurance framework & raise staff training opportunities	
Drive accountable & efficient use of financial resources	Improve financial planning	Refine HA's financial projection model
	Enhance transparency & equity in resource allocation	Refine HA's Internal Resource Allocation approach

Strategic Goals and Programme Targets



In Annual Plan 2017-18, we map out five Strategic Goals and 20 Strategies with around 130 corresponding Programme Targets that reflect the work we are doing to implement the five-year Strategic Plan.

Delineated in this chapter are 94 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. Around 40% 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.

The Government's Steering Committee on Review of HA (HA Review) released its report in July 2015 with 10 recommendations covering five major areas that impact on HA's operation and service provision. In response, HA has formulated a set of actions corresponding to each recommendation, which are being implemented gradually over three years. Programmes marked with the symbol 🇮 are initiatives that are related to the Action Plan for implementing the recommendations of the HA Review.






Improve Service Quality





Our strategies for 2017-18

- Promote day services
- Strengthen service coordination and collaboration
- Develop more options for patient care
- Enhance community-based care
- Reinforce clinical risk management
- Refine technology planning and adoption to keep up with international standards
- Upkeep existing equipment
- Empower patients for self-care
- Engage patients to support service improvements






Promote day services

Action		Target for 2017-18
Enhance day services for patients requiring prolonged parenteral antimicrobial therapy to reduce reliance on inpatient care		Set up a new clinic for outpatient parenteral antimicrobial therapy at PMH by 3Q17 as well as at QEH by 1Q18
Strengthen the capacity of day services for renal patients in NTEC and NTWC to reduce avoidable admission of patients to acute wards		Open additional medical day beds of eight at TMH by 4Q17, and six at PWH by 1Q18
Expand day services of HKWC by relocating the Rheumatology Day Centre currently situated at QMH to a larger area in GH		Recruit additional nursing and supporting staff for the expanded Rheumatology Day Centre service at GH by 4Q17







Strengthen service coordination and collaboration

Action	Target for 2017-18
<p>Extend rehabilitation services to cover the weekends and public holidays for patients with stroke, lower limb fracture and arthroplasty so as to maximise patient recovery and functional restoration</p> 	<p>Provide additional 9 200 physiotherapy attendances and 1 150 occupational therapy attendances during weekends and public holidays by 1Q18</p>
<p>Develop an ortho-geriatric collaborative care model for elderly patients with hip or other fragility fractures in acute and extended care settings, together with the provision of 365-day physiotherapy services</p> 	<p>Provide geriatric support for a total of 750 elderly orthopaedic patients at AHNH/TPH, FYKH/MMRC and TWEH by 1Q18</p>
<p>Enhance the peri-operative management of elderly patients with acute fragility fracture by introducing day-time designated trauma list and providing acute fragility fracture nursing coordination services in acute hospitals</p> 	<p>Open five OT sessions per week of day-time trauma list for acute geriatric fragility fracture patients at CMC; and recruit nursing coordinators for the fragility fracture service at PYNEH, QEH and UCH by 1Q18</p>
<p>Streamline the provision of multi-disciplinary sleep diagnostic service to reduce service fragmentation and bolster capacity</p> 	<p>Concentrate the sleep diagnostic service of UCH and HHH at two locations, and carry out 1 050 sleep studies and Continuous Positive Airway Pressure (CPAP) titration by 1Q18</p>
<p>Continue to provide cross-cluster collaboration on Robotic Assisted Surgery (RAS) so that surgeons in Clusters with no robotic surgery equipment could also have access to the training</p>	<p>Conduct a total of 55 cross-cluster RAS at PYNEH, QMH, QEH and PMH by 1Q18</p>
<p>Promote breastfeeding of newborn babies in HA hospitals by enhancing the necessary nursing support, which has been implemented in six out of eight hospitals with obstetric units over the past three years</p>	<p>Establish breastfeeding support teams in the remaining two hospitals with obstetric units, namely PMH and UCH by 1Q18</p>





Develop more options for patient care



Action	Target for 2017-18
<p>Utilise Family Medicine Specialist Clinic (FMSC) to relieve workload of SOPC by diverting appropriate new SOPC cases to FMSC for management. Besides continuing the existing FM triage clinic in KWC, a collaborative model will be implemented for the Orthopaedics & Traumatology (O&T) specialty in KEC and NTEC along with allied health support</p>  	<p>Provide additional total of 4 000 FMSC attendances and 4 500 allied health outpatient attendances under the collaborative model in KEC and NTEC; as well as additional 2 500 FMSC attendances in KWC by 1Q18</p>
<p>Adopt a stepped care model to improve the service coverage and efficiency of clinical psychological service, where low intensity interventions like psycho-education sessions and telephone follow-up are carried out by psychology assistants, while clinical psychologists perform more professional interventions</p> 	<p>Recruit eight additional psychology assistants for the clinical psychology service by 1Q18</p>
<p>Enhance the access of audiology service by recruiting additional supporting staff to perform routine duties so that audiologists can spend more time on professional tasks in patient care to cut down on waiting time</p> 	<p>Recruit seven additional patient care assistants for audiology service by 1Q18</p>
<p>Develop Integrated Chinese-Western Medicine model through piloting specific disease programmes in HA hospitals</p> 	<p>Continue Phase 2 and prepare for Phase 3 pilot programme of Integrated Chinese-Western Medicine for stroke care, cancer palliative care and musculoskeletal pain care by 1Q18</p>

Enhance community-based care




Action	Target for 2017-18
<p>Enhance medical-social collaboration to support discharged elderly patients in the community, with HA providing needs assessment, discharge planning and post-discharge rehabilitation service, in collaboration with NGOs which provide home support services</p>  	<p>Pilot the programme in KEC, NTEC and NTWC by 1Q18</p>
<p>Pilot a medical-social collaborative care model for patients with mild to moderate dementia in collaboration with District Elderly Community Centres (DECCs), with HA providing the nursing support</p> 	<p>Pilot the programme in HKEC, KEC, NTEC and NTWC and set up a medical-social collaboration platform in 20 participating DECCs by 2Q17</p>
<p>Strengthen the Community Geriatric Assessment Team (CGAT) support for terminally ill patients living in Residential Care Homes for the Elderly (RCHes)</p> 	<p>Provide additional total of around 1 400 CGAT outreach attendances in KEC and KWC by 1Q18</p>
<p>Continue to strengthen community psychiatric services for patients with severe mental illness by recruiting people with lived experience of mental illness as peer support workers to support the patients. The programme has been implemented in all seven Clusters with the recruitment of 10 peer support workers</p> 	<p>Recruit an additional total of five peer support workers in HKEC, HKWC, KCC, KEC and KWC by 1Q18</p>
<p>Set up a school-based education-medical-social collaboration platform together with the Education Bureau and Social Welfare Department to enhance support for students with mental health needs</p> 	<p>Pilot the programme in KWC and KEC and provide nursing support for 200 students with mental health needs by 1Q18</p>




Reinforce clinical risk management

Action	Target for 2017-18
Enhance medication safety through the implementation of Inpatient Medication Order Entry (IPMOE) system to support clinical workflow and reduce errors in medication prescription and transcription. Since 2014 the system has been rolled out to 11 acute hospitals	Roll out the IPMOE system to three more acute hospitals (QMH, QEH and TMH) by 1Q18
Reinforce infection control measures to protect patients from hospital-acquired multi-drug resistant organism (MDRO) infections 	Provide chlorhexidine bathing for patients at risk of hospital-acquired MDRO infections in the medical, surgical and orthopaedic wards of KEC hospitals by 1Q18
Improve the sterilisation service in HKEC and KCC to align with international standards and strengthen infection control. It includes merging the sterilisation services of KH and HKEH in KCC to enhance the service standard 	Set up a centralised Sterilisation Service Unit (SSU) at PYNEH and commence construction work for a SSU at RH by 4Q17; Commence improvement works for the sterilisation facilities at KH and set up two sterile stores at HKEH by 1Q18
Enhance quality and safety in the production of sterile eye drop preparations in HKEH by improving its dilapidated aseptic dispensing facility 	Complete the refurbishment works of the aseptic dispensing facility at HKEH by 1Q18
Extend the service hours of microbiology laboratories, so that the testing of urgent microbiology specimens (sterile body fluids and tissue samples) are carried out by staff trained in clinical microbiology through service networks in HA 	Provide 24-hour urgent microbiology laboratory services at PMH, in addition to QMH and PWH; and extend the service hours of the microbiology laboratories at PYNEH, QEH, UCH and KWH to 10:00 p.m. by 1Q18

Action	Target for 2017-18
Enhance the safety of blood transfusion service by adopting an improved automated antibody screening method for blood donation samples 	Provide antibody screening test on 66 250 blood donation samples by 1Q18
Enhance the Surgical Instrument Tracking System to facilitate the reprocessing flow, tracking and tracing of reused Single Use Device (SUD) 	Develop a web-based system and mobile apps to manage reused SUD details; and pilot the SUD tracking and tracing system at PWH, TMH and UCH by 1Q18

Refine technology planning and adoption to keep up with international standards



Action	Target for 2017-18
Expand the drug list in the HA Drug Formulary to align with updated clinical evidence and international guidelines on the use of drugs 	Widen the indications of special drugs in the HA Drug Formulary for the management of cancer, chronic Hepatitis C and Attention Deficit Hyperactivity Disorder (ADHD) by 2Q17
Provide screening tests for the diagnosis of Inborn Errors of Metabolism (IEM) to newborns in HA hospitals 	Implement the programme in the obstetric units of HKWC, KCC and NTEC with laboratory support from KWC for conducting 25 000 IEM screening tests by 1Q18
Modernise the genetic testing service of HA through the development of Sensitive Analysis of Foetal DNA for Trisomy 21 (safeT21) testing for Down syndrome as well as other DNA Next Generation Sequencing (NGS) service 	Develop a centralised NGS service model and provide 80 gene panel tests in KCC by 1Q18

Action	Target for 2017-18
<p>Adopt new drug and device to improve surgical outcomes for neurosurgical patients. This includes introducing 5-Aminolevulinic Acid (5-ALA), which is a reagent that allows optical fluorescence of brain tumours to facilitate complete resection, and using drug-impregnated ventricular catheters for cerebrospinal fluid diversion during surgery to prevent infection</p> 	<p>Neurosurgical operations to adopt 5-ALA and drug-impregnated ventricular catheters for suitable patients by 2Q17</p>
<p>Enhance medical device management by aligning the provision of medical devices used in 91 interventional procedures under specific clinical indications</p> 	<p>Provide additional medical devices used in interventional procedures under specific clinical indications by 2Q17</p>
<p>Continue to use Minimally Invasive Surgery (MIS) technique in hysterectomy surgeries for gynaecological patients who meet suitable surgical criteria, which has been introduced since 2013-14</p>	<p>Further increase the overall proportion of hysterectomy by MIS for suitable gynaecological patients from 80% to 85% by 1Q18</p>
<p>Enhance laboratory testing for the diagnosis of Tuberculosis (TB)</p> 	<p>Start procurement of 12 additional Mycobacteria Growth Indicator Tube (MGIT) machines for mycobacteria testing in HKEC, HKWC, KCC, KEC and NTEC in 2Q17; and provide TB culture and multidrug-resistant TB (MDRTB) detection for smear positive new cases by 1Q18</p>
<p>Build up the service capacity of In-vitro Fertilisation (IVF) by setting up nurse infertility clinics for carrying out assessment and counselling as well as coordination of assisted reproduction</p>	<p>Set up nurse infertility clinics at QMH, KWH and PWH by 1Q18</p>
<p>Establish the first Hyperbaric Oxygen Therapy (HBOT) Centre in HA</p>	<p>Continue site preparation and staff training for the commencement of HBOT service at PYNEH by 1Q18</p>

Upkeep existing equipment

Action	Target for 2017-18
Replace and provide additional equipment critical to clinical services, including radiological, surgical, endoscopic, pathology and physiological equipment	Complete the acquisition of around 700 pieces of equipment under Capital Block Vote and Designated Fund by 1Q18

Empower patients for self-care

Action	Target for 2017-18
Enhance the role of Patient Resource Centres in coordinating with patient groups, volunteers, community partners and clinical teams to develop programmes for facilitating patient care and empowerment 	Recruit a social worker in each Cluster for the Patient Resource Centres by 1Q18
Continue to collaborate with NGOs to improve chronic disease patients' knowledge on their diseases and empower their self-care capabilities 	Cater for 14 000 participants under the Patient Empowerment Programme by 1Q18

Engage patients to support service improvements







Action	Target for 2017-18
Continue to conduct Patient Experience Survey (PES) to collect patient views on HA services	Publish report of PES on Accident and Emergency (A&E) services by 4Q17, and conduct PES on inpatient services by 1Q18

Optimise Demand Management






Our strategies for 2017-18

- Increase capacity of high demand services
- Roll out service enhancements for time-critical care
- Reinforce Public-Private Partnerships (PPP)




Increase capacity of high demand services

Action		Target for 2017-18
Continue to strengthen the capacity of inpatient services in HKEC following the addition of 20 acute beds in 2016-17		Open additional 20 acute beds at PYNEH by 4Q17
Reinforce the capacity of inpatient services in KEC after the addition of 10 day beds in 2016-17		Add acute beds of 18 at UCH and 20 at TKOH, as well as 20 rehabilitation beds at HHH by 3Q17
Continue to enhance the inpatient capacity of NTEC after 35 acute and 20 convalescent beds were added in 2016-17		Provide additional 12 and 20 acute beds at AHNH and PWH respectively, and 20 convalescent beds at NDH by 4Q17
Enhance the capacity of clinical services in NTWC further to the addition of 75 convalescent beds in 2016-17		TMH to open additional 17 Special Care Baby Unit beds by 2Q17, as well as 30 convalescent and four acute beds by 4Q17; POH to provide additional 370 SOPC new case attendances by 1Q18
Extend the operating hour of A&E service and add more consultation rooms for SOPC service at the new Tin Shui Wai Hospital (TSWH) following its commencement of service in January 2017	 	Commence the provision of 12-hour A&E service at TSWH by 4Q17; and provide an additional 550 new case attendances at the hospital's SOPC by 1Q18


Action	Target for 2017-18
<p>Continue to strengthen the capacity of Operating Theatre (OT) services after a total of around 30 OT sessions per week were added in various Clusters in 2016-17</p> 	<p>Open three additional OTs at PMH and provide six more OT sessions per week by 4Q17; and add five emergency OT sessions at AHNH by 1Q18</p>
<p>Continue to increase the capacity of endoscopy services after the addition of 22 endoscopic sessions across Clusters in 2016-17</p> 	<p>Add 10 fluoroscopic sessions at PWH by 1Q18</p>
<p>Strengthen the capacity of radiological imaging services</p>	<p>Extend the routine operating hours of Magnetic Resonance Imaging (MRI) service at RH by 3Q17; provide additional 500 MRI attendances at PWH; and install a MRI machine at POH to commence service by 1Q18</p>
<p>Enhance glaucoma care by increasing the frequency of visual field test (VF) and ocular coherence tomography scan (OCT) for early detection of glaucoma progression</p>	<p>Perform additional total of 4 890 OCT scans and 3 030 VF tests for glaucoma patients by 1Q18</p>
<p>Continue to enhance the multi-disciplinary team support for patients with common mental disorder (CMD) in SOPC. The enhancement was carried out in KWC and KEC over the past two years</p> 	<p>Provide additional 600 new case attendances for patients with CMD in NTEC by 1Q18</p>
<p>Boost up the capacity of Diabetes Mellitus (DM) service to provide Targeted Active Intervention to young patients with poor DM control who are attending non-DM SOPCs</p> 	<p>Implement the programme in NTWC, providing 7 300 nurse attendances and 840 allied health attendances by 1Q18</p>

Action	Target for 2017-18
<p>Alleviate the work pressure of A&E Departments by providing support sessions to manage patients whose clinical conditions are triaged as category IV or V</p> 	<p>Provide a total of 20 000 service hours under A&E Support Sessions to manage Triage IV and V cases by 1Q18</p>
<p>Continue to improve pharmacy support for A&E services by extending the pharmacy service hours in acute hospitals. Round-the-clock pharmacy service is now provided in 12 acute hospitals</p>	<p>Roll out 24-hour pharmacy service to POH and TKOH by 1Q18</p>
<p>Enhance pharmacy services by providing clinical pharmacy services for oncology and paediatric patients, as well as providing drug refill services for high-risk patients to reduce drug wastage</p> 	<p>Implement paediatric clinical pharmacy services in HKCH; and implement drug refill services for high-risk patient groups by 1Q18</p>
<p>Further augment the service capacity of GOPC to improve the access of target population groups to public primary care services. In 2016-17 the GOPC quota was increased by a total of 27 000 attendances in HKWC, KEC, KWC, NTEC and NTWC</p>  	<p>Provide two additional evening sessions per week at the GOPC in OLMH by 2Q17; and increase the GOPC quota by a total of 27 500 attendances in NTEC and NTWC by 1Q18</p>
<p>Continue to enhance territory-wide blood transfusion service to meet growing clinical demand for blood and blood products</p>	<p>Increase the production and supply of leucodepleted red cells and platelet concentrates, as well as increase the collection of whole blood by 1Q18</p>
<p>Prepare for the service commencement of Hong Kong Children's Hospital (HKCH) by recruiting the necessary clinical and non-clinical workforce</p> 	<p>Prepare for the commissioning of HKCH by 1Q18</p>

Roll out service enhancements for time-critical care













Action	Target for 2017-18
<p>Improve the management of cancer patients by enhancing molecular tests to tie in with the clinical indications for targeted therapies under the HA Drug Formulary</p> 	<p>Provide around 1 420 additional molecular tests for lung cancer, melanoma and gastrointestinal stromal tumour by 1Q18</p>
<p>Enhance cancer care by augmenting the capacity of chemotherapy and oncology services to meet service demand</p> 	<p>PMH to open eight additional oncology beds by 4Q17; QEH to add 26 day beds for chemotherapy and 1 000 oncology SOPC attendances; and QMH to provide additional 1 400 day chemotherapy attendances by 1Q18</p>
<p>Augment radiotherapy service to improve the access of cancer treatment</p> 	<p>Provide additional 1 873 external radiation therapy attendances in NTEC by 1Q18</p>
<p>Continue to enhance the capacity of renal replacement therapy for patients with end-stage renal disease to improve their health outcomes. Hospital haemodialysis was provided to 24 additional patients in 2016-17</p>	<p>Provide hospital haemodialysis to 39 additional patients by 1Q18</p>
<p>Improve stroke management by strengthening immediate interventions for acute stroke</p>	<p>Provide 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients in HKEC and KEC through cluster-based networks by 1Q18</p>



Action	Target for 2017-18
<p>Strengthen cardiac care by enhancing echocardiographic service following the addition of four nurses in 2016-17 to provide the service in HKEC, HKWC, NTEC and NTWC; and by expanding the service capacity of the Cardiac Catheterisation Laboratory (CCL) in KWC</p>	<p>Recruit and train two additional nurses for providing echocardiographic services in KCC and KWC; and provide cardiac intervention for 74 additional cases through the second CCL at PMH by 1Q18</p>
<p>Reinforce pre- and post-operative care for lung transplant patients </p>	<p>Strengthen the QMH and GH lung transplant team to cater for seven additional lung transplant cases by 1Q18</p>
<p>Continue to strengthen the clinical management of patients diagnosed with Human Immunodeficiency Virus (HIV) by offering Highly Active Antiretroviral Therapy (HAART) to eligible patients</p>	<p>Provide multi-disciplinary care for additional HIV new cases and offer HAART to eligible patients at QEH and PMH by 1Q18</p>



Reinforce Public-Private Partnerships (PPP)

Action	Target for 2017-18
Continue to purchase haemodialysis (HD) service from qualified service providers in the community, including private sector and non-governmental organisations (NGOs), in order to enhance access and choice to haemodialysis treatment for HA patients with end-stage renal failure  	Provide 225 HD places under the Haemodialysis PPP Programme by 1Q18
Provide choices for HA patients to receive colon assessment from private specialists through PPP to cope with the growing demand for colonoscopy service  	Continue to implement the Colon Assessment PPP Programme for the provision of 1 130 colonoscopies by 1Q18
Continue to purchase radiological investigation services from the private sector to cater for eligible HA patients under the PPP arrangement  	Provide 19 590 scans for cancer patients under the Radi Collaboration programme by 1Q18
Continue to purchase cataract surgeries from the private sector to address escalating service demand  	Provide 450 surgeries under the Cataract Surgeries Programme by 1Q18
Continue to purchase primary care services from the private sector to enhance public patients' access to primary care services and promote family doctor concept in the community  	Maintain 1 500 patients enrolled under the Tin Shui Wai Primary Care Partnership Project; and cater for around 19 000 patients under the GOPC PPP Programme by 1Q18
Collaborate with NGOs to enhance infirmity care services for public patients requiring long-term institutional health and social care  	Implement the pilot programme of commissioning an NGO to operate infirmity care services for 64 beds at WCHH by 1Q18

Attract and Retain Staff



Our strategies for 2017-18

- Develop structured succession planning
- Develop ways to better engage and communicate with staff
- Reinforce ways to support the health of staff

Develop structured succession planning

Action	Target for 2017-18
Attract and retain supporting staff by improving their career progression opportunities	Continue with implementing the annual progression exercise for Patient Care Assistants working in 24-hour inpatient wards by 1Q18
Enhance career progression and promotion opportunities for frontline doctors	Provide additional 79 promotion opportunities for Residents' promotion to Associate Consultant by 1Q18

Develop ways to better engage and communicate with staff

Action	Target for 2017-18
Conduct HA-wide staff survey to better understand staff concerns 	Conduct detailed analysis of findings from the HA staff survey and consolidate a list of follow-up actions at corporate, Cluster and grade levels by 1Q18
Adopt Human Resources mobile Applications (HR Apps) to enable a mobile workplace and enhance communication with staff. HR Apps for staff health, e-leave, staff welfare and Vacancy Notification Circular (VNC) were rolled out in 2016-17 	Enhance existing HR Apps with new modules by 1Q18

Reinforce ways to support the health of staff

Action	Target for 2017-18
<p>Develop eBooking App for HA Staff Clinics, and enhance staff access to diagnostic imaging services through the Staff Radi Programme where eligible staff members can choose to receive CT, MRI or breast imaging from designated service providers on a co-payment basis</p>	<p>Continue to implement the Staff Radi Programme and develop the eBooking App for HA Staff Clinics by 1Q18</p>
<p>Launch a series of psychological care programmes for staff to raise mental health awareness and enhance psychological well-being</p>	<p>Organise six psychological care programmes for staff (including mental health first aid training, spiritual literacy programmes, electronic psychological self-help assessment and information, and psychological care carnival) by 3Q17</p>
<p>Train up clinical psychologists in Corporate Clinical Psychology Services to provide in-house training on suicide prevention and mindfulness to managers and supervisors to facilitate early identification and intervention for staff with suicidal risk or emotional disturbances</p>	<p>Complete the train-the-trainer course on suicide prevention and mindfulness based stress reduction training for a total of four clinical psychologists by 4Q17; and provide suicide intervention training and short course in mindfulness to staff with around 95 attendances in total by 1Q18</p>



Enhance Staff Training and Development



Our strategies for 2017-18


- Coordinate the governance and organisation of staff training
- Establish a mechanism to align training with career development
- Develop a quality assurance framework and raise staff training opportunities

Coordinate the governance and organisation of staff training



Action	Target for 2017-18
Develop a new Training Information Management System (TIMS) by phases to provide comprehensive training-related information for the management and planning of staff training programmes  	Develop phase I of TIMS and pilot four training management reports at the corporate level for planning, monitoring and reporting purposes by 1Q18







Establish a mechanism to align training with career development

Action	Target for 2017-18
Continue to reinforce the internship training in HA for local medical graduates and overseas doctors 	Provide internship training to additional 100 local medical graduates, and organise a total of 87 classes of mandatory orientation programme for interns by 1Q18
Roll out the two-year Preceptorship Scheme for junior nurses to enhance their competency, and recruit additional preceptors from retired or resigned Advanced Practice Nurses (APN) to support the programme 	Recruit 70 additional APNs as part-time preceptors, and provide preceptorship to around 1 200 newly recruited RN graduates by 1Q18
Encourage Enrolled Nurses (EN) to upgrade their skills and competency to Registered Nurses (RN) level by offering training sponsorship	Offer training sponsorship to around 90 ENs participating in the voluntary RN Conversion Programme by 1Q18

Action	Target for 2017-18
Implement the Training Sponsorship Programme for supporting staff to undergo Enrolled Nurses (General) training so as to enhance their career development	Select high calibre eligible supporting staff to undergo a 2-year Enrolled Nurses (General) training programme by 1Q18
Enhance training and development of Finance Division staff for professional and operational competency 	Provide opportunity for at least 80% of Finance professional staff to attend a Continuing Professional Development course; and provide 10 attachment placements for Head Office and Clusters' Finance professionals by 1Q18
Continue to train up more nurses in HA nursing schools and conduct 18-month midwifery programmes	Provide training places for 300 RN and 100 EN new students; and conduct midwifery programmes with new intake of around 80-100 trainees by 1Q18

Develop a quality assurance framework and raise staff training opportunities

Action	Target for 2017-18
Continue to sponsor overseas training of doctors, nurses and allied health staff 	Offer around 260 overseas training scholarships by 1Q18
Continue to provide more training opportunities for clinical staff to facilitate service advancement and professional development 	Sponsor around 200 simulation training classes in five Clusters for doctors and nurses in different specialties; provide 26 specialty training and 130 enhancement programmes for nurses, 65 specialty training / enhancement programmes for allied health professionals, 12 specialty training / enhancement programmes for pharmacy staff, and three multi-disciplinary programmes for mental health service, primary care service and HA trainers by 1Q18

Action	Target for 2017-18
<p>Provide training subsidy to nurses and allied health staff who participate in recognised service-related post-graduate programmes</p> 	<p>Offer training subsidy to around 355 nurses and 225 allied health staff by 1Q18</p>
<p>Provide applied mediation skills training for hospital staff to improve their skills on communication and conflict resolution</p>	<p>Provide training to 300 frontline staff by 1Q18</p>
<p>Enhance basic resuscitation training for relevant staff</p>  	<p>Provide a total of around 3 870 training places for formal resuscitation training for clinical staff and formal first aid training for security staff by 1Q18</p>
<p>Provide training to executive staff to enhance their awareness and competence in safety management of capital works projects</p> 	<p>At least two to four executives from each Cluster will complete the training by 1Q18</p>
<p>Implement training programmes in grade-specific curriculums to enhance generic competencies</p> 	<p>Launch a few modules on generic competencies for both clinical and non-clinical grades by 1Q18</p>
<p>Enhance management capabilities through Healthcare Service Management Training (HSMT) to promote good management and leadership. A total of 30 e-learning modules were released in 2016-17</p>	<p>Collaborate with various Divisions to launch another 15 HSMT e-learning modules by 1Q18</p>
<p>Enhance the services of e-Knowledge Gateway (eKG), a one-stop platform for the delivery of the latest clinical and management knowledge electronically to support staff's clinical practice and professional development</p> 	<p>eKG to provide a new database product called UpToDate that is accessible through workstations and mobile devices by 1Q18</p>

Drive Accountable and Efficient Use of Financial Resources


Our strategies for 2017-18

- Refine HA's financial projection model
- Refine HA's Internal Resource Allocation approach

Refine HA's financial projection model

Action	Target for 2017-18
Conduct medium-term financial projection using a two-pronged approach (i) demand-driven projection to assess the change in public's need for hospital services and corresponding health resource need; and (ii) supply-driven projection on HA's expenditure with reference to its capacity to grow under prevailing constraints on manpower and facilities	Advise Government of the needs and resources required for public healthcare services provided by HA for the coming few years (from both perspectives of population's service demand and HA's capacity growth) and the likely financial positions of HA under different funding scenarios by 1Q18

Refine HA's Internal Resource Allocation approach

Action	Target for 2017-18
Perform cross-sectional and longitudinal analysis of internal resources allocation under a Refined Population-based Model to compare resource utilisation between Clusters 	Provide analytics on resource utilisation between Clusters to facilitate service and budget planning, with the preliminary results ready by 3Q17 to inform the 2018-19 annual planning exercise

Service Targets and Resource Estimates



HA provided 28 126 hospital beds as at 31 March 2017 and managed about 8.45 million patient days in 2016-17.

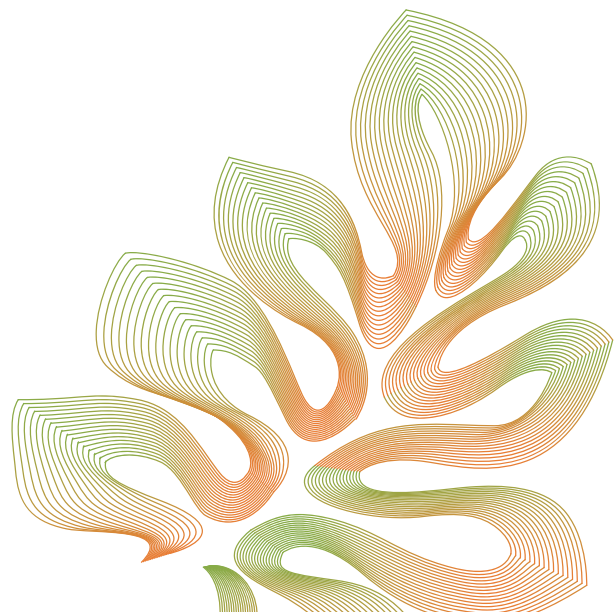
HA delivers a comprehensive range of preventive, curative and rehabilitative medical services to ensure access of every citizen to affordable healthcare. As at 31 December 2016, we managed 42 public hospitals / institutions, 47 SOPCs and 73 GOPCs. The facilities are organised into seven Clusters according to geographical locations.

Service Targets

Our Estimated Service Throughputs in 2016-17

- 1.68 million inpatient and day inpatient discharge episodes*
- 2.24 million A&E attendances
- 7.33 million SOP (clinical) attendances
- 2.53 million allied health (outpatient) attendances
- 6.28 million primary care attendances
- 2.04 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

*Refers to discharges and deaths in the Controlling Officer's Report (COR). This applies to all "discharge episodes".

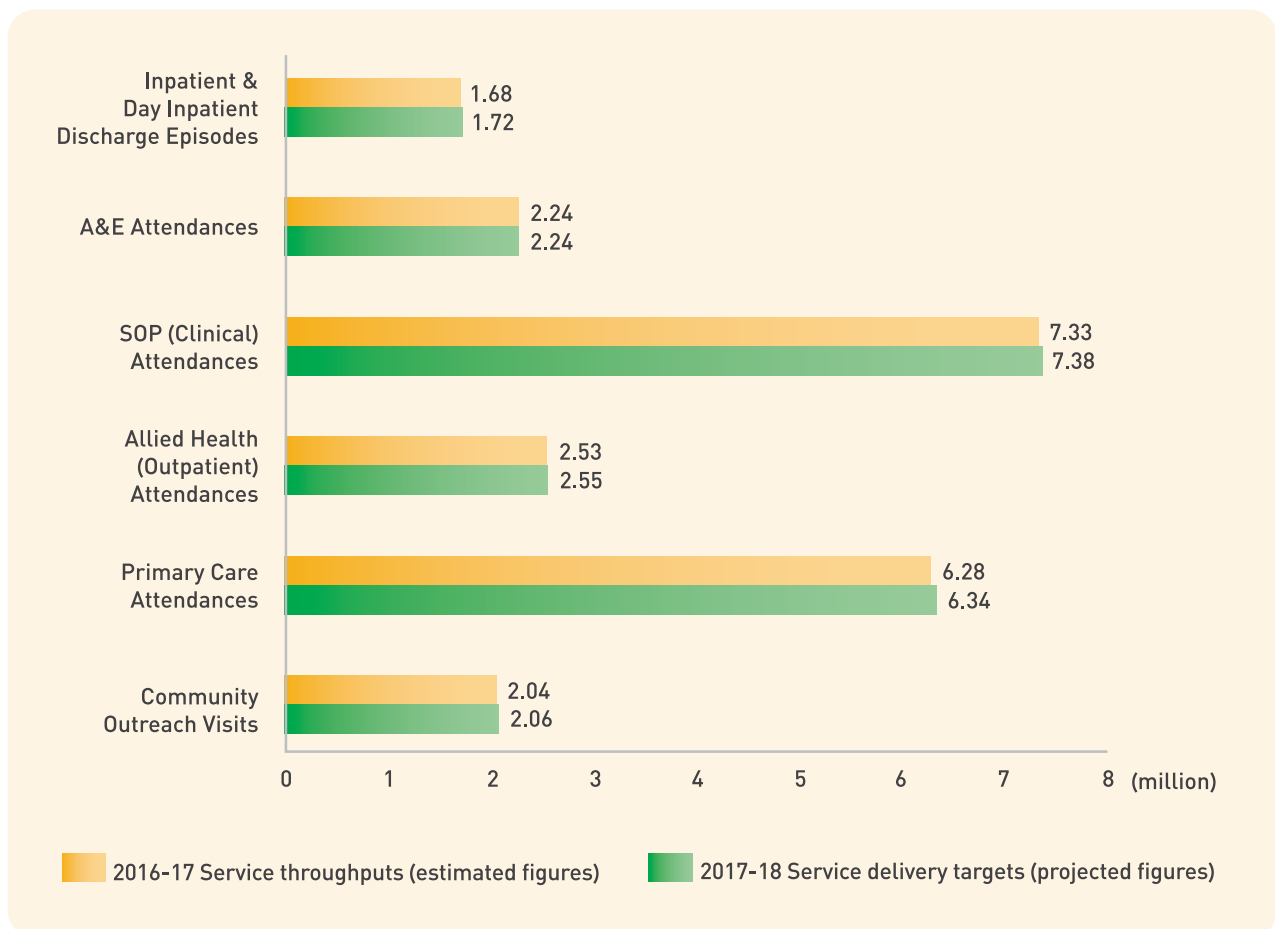


Service Delivery Targets for 2017-18

To meet escalating service demand arising from an ageing and growing population, we plan to increase inpatient and day inpatient service throughput by around 2.1% in 2017-18, which translates into an additional 35 100 inpatient and day inpatient discharge episodes. We also hope to increase the throughput for primary care services by 1.0%, with an increase of 62 300 attendances to enhance medical care and disease management for elderly and chronic disease patients.

A comparison of our estimated service throughputs in 2016-17 and service delivery targets for 2017-18 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 service delivery targets by Cluster.

Figure 1 : Comparison of Service Throughputs in 2016-17 and Service Delivery Targets for 2017-18



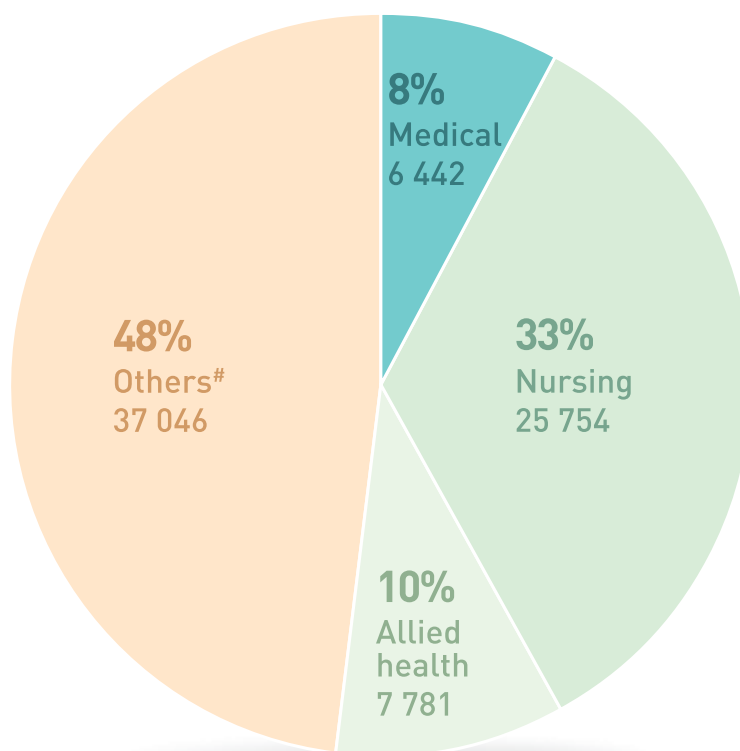
Manpower Estimates

HA's existing staff strength is more than 74 300 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 3.0% 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 2017-18 will be around 430 doctors, 2 130 nurses and 590 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 2016-17 and 2017-18 is provided in Appendix 1.

Figure 2 : Estimated Staff Strength in 2017-18



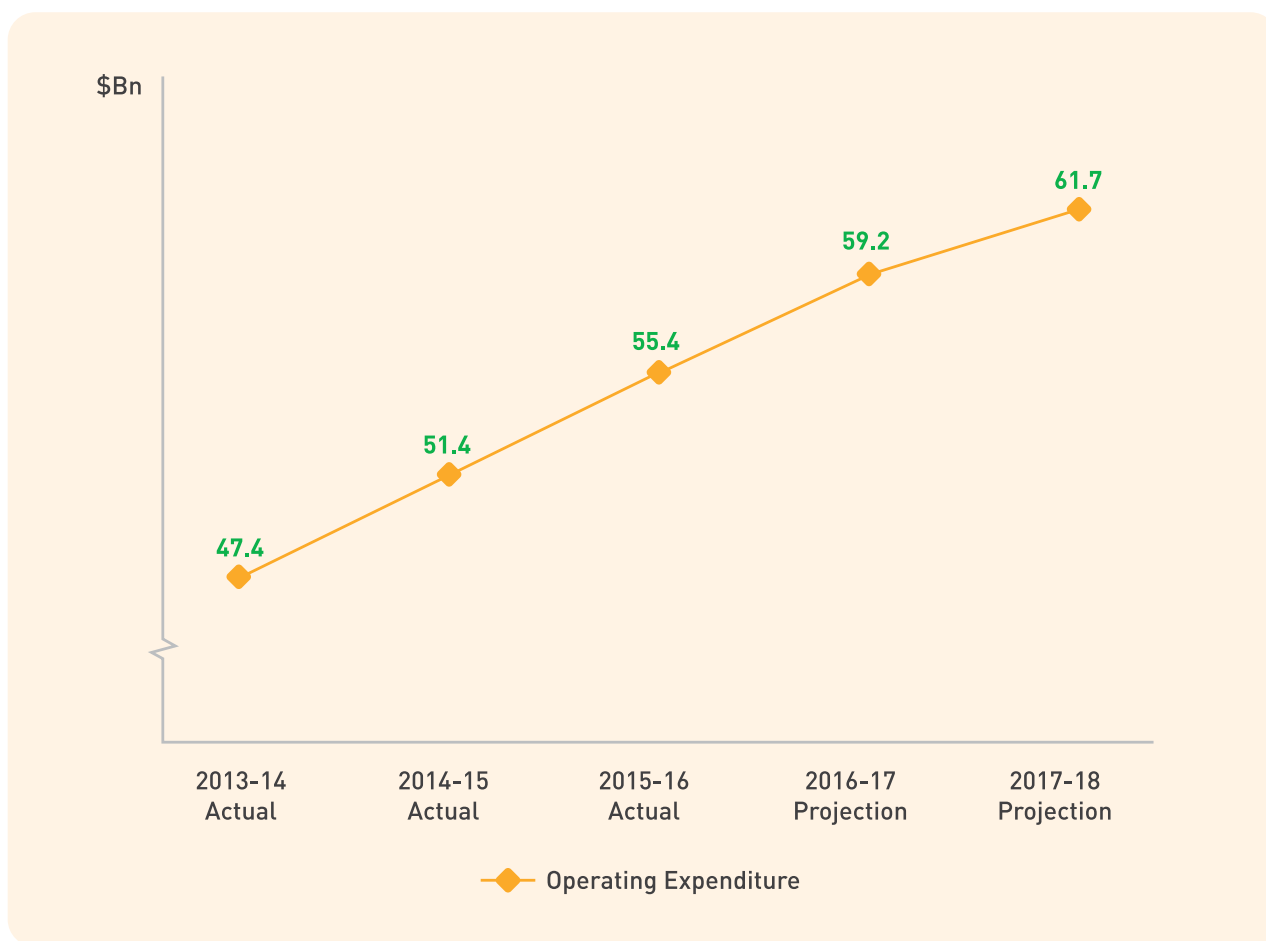
Comprise supporting staff and managerial / administrative staff

Budget

Operating Expenditure

To meet the growing demand for public hospital services as outlined in previous chapters, the operating expenditure of HA is projected to reach around \$61.7 billion in 2017-18, representing an increase of around 4% as compared to 2016-17.

The graph below depicts the trend of HA's operating expenditure in recent years:



Government subvention continues to be the major source of funding of HA, which covers around 90% of HA's total operating expenditure. In 2017-18, the recurrent funding to HA amounts to \$54.4 billion which includes an increase of the annual recurrent subvention by \$2.0 billion on top of the baseline allocation from 2016-17.

The Government's additional provision, together with HA's internal resources, will enable HA to implement new initiatives and enhance various types of services to cope with the increasing service demand arising from the growing and ageing population in the coming year.

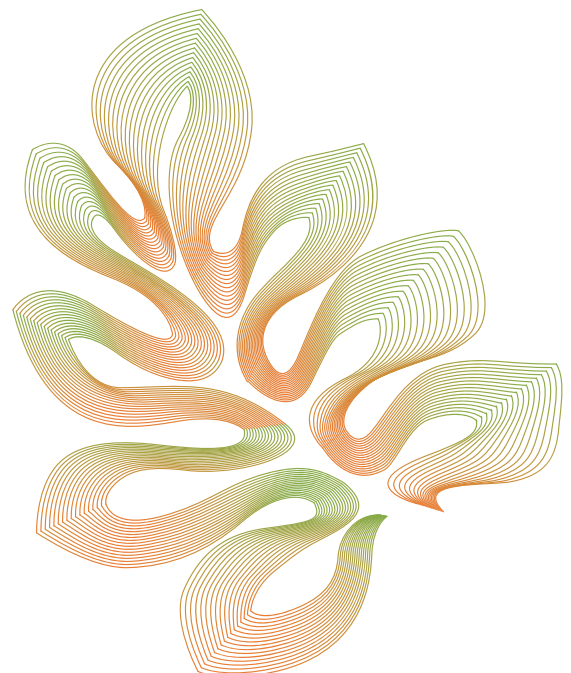
Capital Expenditure

In addition to operating expenditure, there are different types of capital expenditure required to support the delivery of HA's service development as follows, which are primarily funded by the Government's capital subvention provision:

- Procurement of equipment and development of information systems for modernising hospital services (\$0.87 billion);
- Minor works projects including improvement works, regular maintenance, and preparatory works for capital works projects (\$1.25 billion). The Government provided a one-off grant of \$13 billion to HA in 2013-14 for carrying out minor works projects over the next ten years or so until the grant is fully depleted; and
- Major capital works for HA's future development, such as construction of new hospitals and re-development of existing hospitals (\$5.25 billion).

Looking Ahead

Relying heavily on government subvention which is the major source of funding, HA will continue to adopt a prudent approach towards financial management and making every endeavour to meet the rising service demand within the available resources. To discharge HA's statutory duty to advise the Government on the financial requirements for service provision, HA will continue liaising closely with the Government to work out a sustainable financial arrangement to cope with the challenges ahead.



Head Office Plan



This section sets out the work plans of the HA Head Office for 2017-18.

This section covers the work plans of the Head Office with respect to three key enablers of HA services: Capital Works, Business Support Services, and IT services. It also sets out HA's approach on corporate governance, which is coordinated by the Head Office.

Head Office Plan Components

- **Corporate Governance**
- **Capital Works**
- **Business Support Services**
- **Information Technology and Health Informatics Services**



Corporate Governance

Good governance is at the heart of HA and will continue to be of the highest importance as it continues to develop. The HA Board has developed a formal schedule of matters specifically reserved for its decision in order to ensure that the direction and control of HA is specifically and demonstrably in the hands of the Board. It also ensures institutional sustainability by working with the Management to set HA's strategies and Annual Plan. Appropriate steps are being taken to deliver service plans and programmes under the Annual Plan, and to ensure that there are effective systems of control and risk management.

Stewardship of the Board

As recommended in the corporate governance review conducted by an external consultant in 2012 to 2013, the Board and its Functional Committees are actively involved at the development stage of strategies and planning, providing inputs on strategies and debating priorities for development and service plans.

In addition, a special task force has been set up at the Board level to steer the strategy and monitor the implementation of the recommendations of the Steering Committee on Review of HA. With the endorsement of the Board, a detailed Action Plan was released on 22 October 2015 to guide the implementation of over 100 items of enhancement measures. The respective subject officers are actively driving for the implementation of the various action items in full swing. They will continue to address the relevant Functional Committees on the implementation and progress in the respective subject areas as appropriate. As decided by the Board, the Management shall arrange quarterly progress report to the Executive Committee of the Board while six-monthly progress report will be submitted to the Board and the Government. HA aims at implementing the Action Plan items in full by 2018.

Looking ahead, the Board will continue to reinforce its role in leading and managing HA. To this end, consolidation of strong corporate governance will continue by:

- ensuring early engagement of the Executive Committee in the formulation of key corporate strategies, directions and policies;
- strengthening the role and participation of the Functional Committees in setting standards and plans in the respective functional areas;

- driving for best practices and monitoring performance;
- further strengthening the governance processes of the Board;
- reinforcing proactive and forward agenda planning in the Functional Committees; and
- ensuring that the Board is able to make informed discussions and decisions on important issues in HA.

At present, Hospital Governing Committees (HGCs) have been established to enhance community participation and governance of public hospitals in accordance with the HA Ordinance. On-going efforts will be made to reinforce linkage and interactions between the Board and HGCs, and HA will strengthen the process flow and governance based on feedback from HGCs on corporate-wide issues.

Risk Management

Building on an established system, the Organisation-wide Risk Management (ORM) Policy and Strategy were refreshed and approved by the Board in 2015 for a holistic and standardised approach to risk management, incorporating both clinical and non-clinical risks across HA. HA is now well advanced in terms of risk management. Going forward, the plan is to further embed ORM and consolidate the key elements that can advance it.

Through ORM, HA has established a risk governance structure for identifying and reporting risks, as well as specifying roles and responsibilities for risk management in HA from the hospital / Cluster / Head Office level through to the Audit and Risk Committee (ARC) and the Board level. Risk profiles are produced annually by the Head Office and Clusters, identifying the top risks across different functions, both clinical and non-clinical. This mechanism facilitates the planning and monitoring of mitigation measures to address the risks.

By making reference to these risk profiles during the Annual Planning process, the Head Office and Clusters can take account of the major risks and challenges they face and, where appropriate, allocate resources to mitigate key risks.

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 healthcare 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 Risks and Challenges

In the 2016 Policy Address, the Government announced that \$200 billion would be set aside for HA to implement a Ten-year Hospital Development Plan (HDP). The Ten-year HDP comprises the construction of a new acute hospital, redevelopment / expansion of 11 hospitals, as well as the construction of three community health centres and a new supporting services centre. Upon completion of the Ten-year HDP, there will be around 5 000 additional public hospital beds and over 90 additional operating theatres. These are massive projects that require meticulous planning and management to ensure they progress according to schedule and within budget.

Even before the Ten-year HDP, HA already has one of the largest and most complex building stocks in Hong Kong, comprising a total of over 2 800 000 m² floor space in around 300 buildings. It is a challenge for CPD in managing resources to renew, upgrade and maintain these facilities. Hence, CPD is in the process of setting up a centralised web-based Estate Management Database System to enable a holistic view and data control of relevant building information of all the hospitals, clinics and other premises under the management of HA.

Overall, a total of 32 major capital works projects, which amount to a total project cost in the order of \$227 billion, have been initiated and are at various stages of planning and development. Out of these, 15 projects involving a budget of around \$31 billion have been approved by the Government. 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 about \$1,250 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.

Major Initiatives in 2017-18

As one of the key enablers of clinical services, CPD will undertake the following major initiatives in 2017-18 to ensure that our healthcare facilities are able to meet the demands of quality service provision:

- Facilitate capacity increase by constructing the new HKCH; carrying out the extension of Operating Theatre Block for TMH and the expansion of HHH and UCH; and planning the new acute hospital at Kai Tak Development Area and the redevelopment of PWH, phase 2 (stage 1)
- Modernise HA's facilities by carrying out preparatory works for phase 1 redevelopment of QMH and KCH; demolition and substructure works for phase 1 redevelopment of KWH; major refurbishment works for HKBH; and a pilot project of retrofitting energy efficient lighting

Capital Works Targets

• Complete the demolition works for phase 1 redevelopment of KWH	2Q17
• Complete the construction works for HKCH	3Q17
• Commence superstructure works for the expansion of Hong Kong Red Cross Blood Transfusion Service (BTS) Headquarters	3Q17
• Commence main works for the extension of Operating Theatre Block for TMH	3Q17
• Commence foundation works of Block S Extension for the expansion of UCH	3Q17
• Commence preparatory works for the new acute hospital at Kai Tak Development Area	3Q17
• Commence preparatory works for the redevelopment of PWH, phase 2 (stage1)	3Q17
• Complete preparatory works for the redevelopment of QMH, phase 1	4Q17
• Commence pilot retrofitting of energy efficient lighting	4Q17
• Complete site formation works for the expansion of HHH	1Q18



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
- Biomedical engineering services

Major Risks and Challenges

Equipment Replacement

As at December 2016, the total asset of medical equipment items in HA is valued at around \$11,750 million. Of these, around 35% are major equipment items with unit cost over \$1 million, while 28% are minor equipment items with unit cost between \$0.2 million and \$1 million. Over the last three years, around \$2,000 million has been allocated for the systematic replacement of aged medical equipment and the acquisition of new or additional items, covering around 2 500 pieces of medical equipment in total. The process 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 to enhance equipment planning and technology alignment. With the strengthening of biomedical engineering services in the past few years and the implementation of a modernised Enterprise Asset Management System in 2016, the quality of maintenance services has improved for the growing inventory of medical equipment.

Patient Food Service

There is a need to enhance patient food service to cater for the growing patient load in HA hospitals. The current contract for the provision of patient food service by the Central Production Unit located at CPH for NLTH, QEH, and four hospitals in NTWC took effect from 1 December 2015. In addition to the six hospitals, the contract will also cover patient food service for new hospitals, including TSWH when it comes into operation in 2017.

Non-Emergency Ambulance Transfer Service

The high utilisation of Non-Emergency Ambulance Transfer Service (NEATS) vehicles has advanced the ageing of vehicles which affects the availability and the punctuality of the service for patient transfer. Timely replacement of aged vehicles will be required in order to cut down on frequent breakdowns and improve the accessibility and reliability of the service.

With financial support from the Hong Kong Jockey Club Charities Trust, six aged vehicles will be replaced in 2017-18, and another 21 in 2018-19.

Major Initiatives in 2017-18

The major initiatives for 2017-18 are as follows:

- Replace existing and provide additional equipment critical to clinical services, including radiological equipment, surgical equipment, endoscopic equipment, laboratory analyser or pathology equipment, and physiological equipment. The plan involves an estimated total of around 700 pieces of equipment at a total budget of around \$800 million
- Enhance the outsourced patient food service for six hospitals (QEH, NLTH, CPH, POH, SLH and TMH) and extend the service to TSWH upon its opening in 2017
- Replace six NEATS vehicles with funding support from the Hong Kong Jockey Club Charities Trust to uphold the reliability and safety of the service

BSSD Targets	
• Complete the acquisition of around 700 pieces of equipment under Capital Block Vote and Designated Fund	1Q18
• Enhance the outsourced patient food service for six hospitals (QEH, NLTH, CPH, POH, SLH and TMH) and extend the service to TSWH upon its opening in 2017	1Q18
• Replace six NEATS vehicles	1Q18

Information Technology and Health Informatics Services

Information Technology and Health Informatics Division (IT&HID) is a strategic enabler and solution provider, with multiple roles to support service enhancement and ensure the long-term sustainability of HA's services, which include:

- **Serve as a business enabler for providing quality patient care services** – working closely with stakeholders and subject experts to implement innovative IT solutions to enable the growth of HA's service capacity and capability
- **Act as a change agent for transforming service provision** – enabling HA to adopt an information-driven and patient-centred service model through innovative application of proven technology in IT services
- **Sustain information technology services and infrastructure** – supporting end-to-end clinical and enterprise user IT requirements, maintaining a scalable infrastructure, and formulating IT policies, standards, governance and other control mechanisms

Aligning with the HA Strategic Plan 2017-2022, IT&HID is finalising the IT Strategy Framework to support the realisation of HA's strategic directions over the five years, which comprises the following core components:

- **Next Generation Clinical Management** – to improve clinical service access, efficiency and risk management through workflow streamlining, information sharing and cross-team coordination
- **Enhanced Patient Experience and Outcome** – to facilitate patient-centred care within the community and patient empowerment, enabling insights and data visualisation for clinical and management decision-making via innovative use of tele-medicine, mobile applications and data analytics
- **Digital Workplace** – to support strategic human resources and financial management, and enable a more integrated and connected workplace for all staff
- **Advanced Process and Infrastructure** – to transform IT infrastructure, processes and tools to uplift IT capability in proactive planning and delivering technology solutions
- **Resource Centralisation and Specialisation** – to optimise for more specialised and sustainable IT professional workforce, including collaboration with external IT professional communities to increase awareness and adaptability whilst maintaining a high level of productivity

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 Risks and Challenges

With the increasing reliance on information technology to improve care coordination and reduce avoidable medical errors, there is a need for IT&HID to ensure system integrity and guard against interruption (i.e. downtime) of IT systems. Overall, IT&HID faces a number of key challenges, including:

- Minimising the likelihood of a cybersecurity breach through improvements in monitoring, detection and responsiveness to ensure information remains protected and accurate;
- Consolidating and standardising innovative and mobile technology to support emerging workforce needs;
- Maintaining system availability and performance levels to ensure timely access to information;
- Monitoring the effectiveness of controls to safeguard the security and privacy of HA's sensitive information assets, including patient data;
- Realigning IT&HID organisational structure and the skill / competency mix to enhance delivery of corporate strategies and frontline priorities;
- Maximising the use of standardised architectural design to manage demands for service improvements;
- Securing capital funding for sustaining the development of IT initiatives to meet the service needs; and
- Ensuring sustainability of project management capabilities to facilitate efficient and effective delivery of projects in accordance with stakeholder requirements.

Major Initiatives in 2017-18

IT&HID has responsibility for a number of initiatives in 2017-18, 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 Provision

IT Support for Service Transformation and Provision

- Continue the development of new clinical functions for the Clinical Management System (CMS) III Phase 2 and commence planning for the fourth generation of CMS
- Provide IT infrastructure and systems to support service operation for the opening of new hospitals (including further opening phases of TSWH), and preparation for the newly built HKCH and new wards in other hospitals

IT Support for Improving Service Standards

- Continue the roll-out of Closed Loop Inpatient Medication Order Entry (IPMOE) project for four hospitals (QMH, QEH, TMH and TSWH) to strengthen medication safety, and extend system enhancement service to support more complicated clinical workflow
- Continue the enhancement of the Organ Registry and Transplant System to improve the safety of organ transplantation service
- Continue to monitor and enhance quality assurance and risk management controls for all IT services and systems
- Continue the development of HA Management Information System platform for providing an integrated portal for the dissemination of Corporate Accountability Reporting, Key Performance Indicator Reporting and related management information reporting services
- Replace ageing IT equipment and obsolete software to reduce operational risks in supporting hospital services

IT Support for Technology Adoption

- Commence the development of “Smart Hospital” initiatives, including the Queue Management System and smart payment kiosks, to improve connectivity and information sharing through adoption of intelligent software as well as the use of mobile devices and new technological components in support of enhancing staff’s and patients’ experience of hospital services
- Continue the implementation of Filmless Technology in Operating Theatres to improve surgical service
- Continue the development of mobile apps for clinical staff to carry out clinical functions in patient care

IT Support for Community Partnerships

- Provide IT on-going support and enhancements to existing Public-Private Partnership (PPP) programmes and support the roll-out of the GOPC PPP programmes to additional districts
- Continue to enhance clinical systems and provide IT service support to cater for infectious disease management and for its further service extension after the launch of the territory-wide Electronic Health Record (eHR) Sharing System project
- Continue the roll-out of drug prescription system interface service between Department of Health and HA to enhance the drug dispensing services in HA pharmacies

IT Support for People and Resources Management

- Commence the system upgrade and development of extended features and functions for the Enterprise Resources Planning (ERP) System and the enhancement of other corporate IT systems to improve the efficiency of various administrative and management functions



External Service Provision

eHR Programme

- Continue the provision of technical agency services for the implementation and on-going operation of Stage 1 and planning of Stage 2 for the eHR Sharing System, and support other eHealth related initiatives led by the Government

eHealth and Information Systems for Department of Health

- Continue to provide IT on-going support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes
- Continue to provide IT on-going support to Department of Health for the Colorectal Cancer Screening Programme
- Continue to provide IT on-going support for the system interfaces with the Department of Health's Communicable Disease Information System
- Continue to provide IT on-going support for the newly implemented Laboratory Information System for the Department of Health's Clinical Pathology Laboratory Centre

IT&HID Targets

Internal Service Provision

IT Support for Service Transformation and Provision

1Q18

- Continue CMS III Phase 2 project, including development of new clinical functions (e.g. nursing application, clinical imaging, allied health application, clinical workflow, clinical support services) and commence planning for the fourth generation of CMS
- Implement network infrastructure and information systems for new hospital blocks, including further extension phases of TSWH and preparation for newly built HKCH and HKBH refurbishment project

IT&HID Targets	
<p>IT Support for Improving Service Standards</p> <ul style="list-style-type: none"> • Continue to develop IPMOE, conduct its roll-out in four hospitals (QMH, QEH, TMH and TSWH) and commence its preparation work for five non-acute hospitals • Continue to enhance the Organ Registry and Transplant System • Continue to monitor and enhance the quality assurance and risk management controls for all IT services and systems • Continue the development of HA Management Information System platform • Continue to replace ageing IT network, servers, PC workstations, related equipment and obsolete software 	1Q18
<p>IT Support for Technology Adoption</p> <ul style="list-style-type: none"> • Commence the development of Queue Management System, smart payment kiosks and other smart hospital initiatives • Continue to implement Filmless Technology in Operating Theatres • Continue to develop mobile apps for clinical staff 	1Q18
<p>IT Support for Community Partnerships</p> <ul style="list-style-type: none"> • Provide IT on-going support and enhancements to existing PPP programmes, and support the roll-out of the GOPC PPP programme to additional districts • Continue to enhance HA's clinical systems and provide IT support to cater for infectious disease management and for its further service extension after the launch of the territory-wide eHR Sharing System project • Continue to roll out drug prescription system interface service between Department of Health and HA 	1Q18
<p>IT Support for People and Resources Management</p> <ul style="list-style-type: none"> • Commence system upgrade and the development of extended features and functions for the ERP System • Commence the development of Training Information Management System and Manpower Position Registry • Continue the development of system for works order processing of capital works projects 	1Q18

IT&HID Targets

External Service Provision

eHR Programme

1Q18

- Provide agency support for the implementation and on-going operation of Stage 1 and planning of Stage 2 for the eHR Sharing System

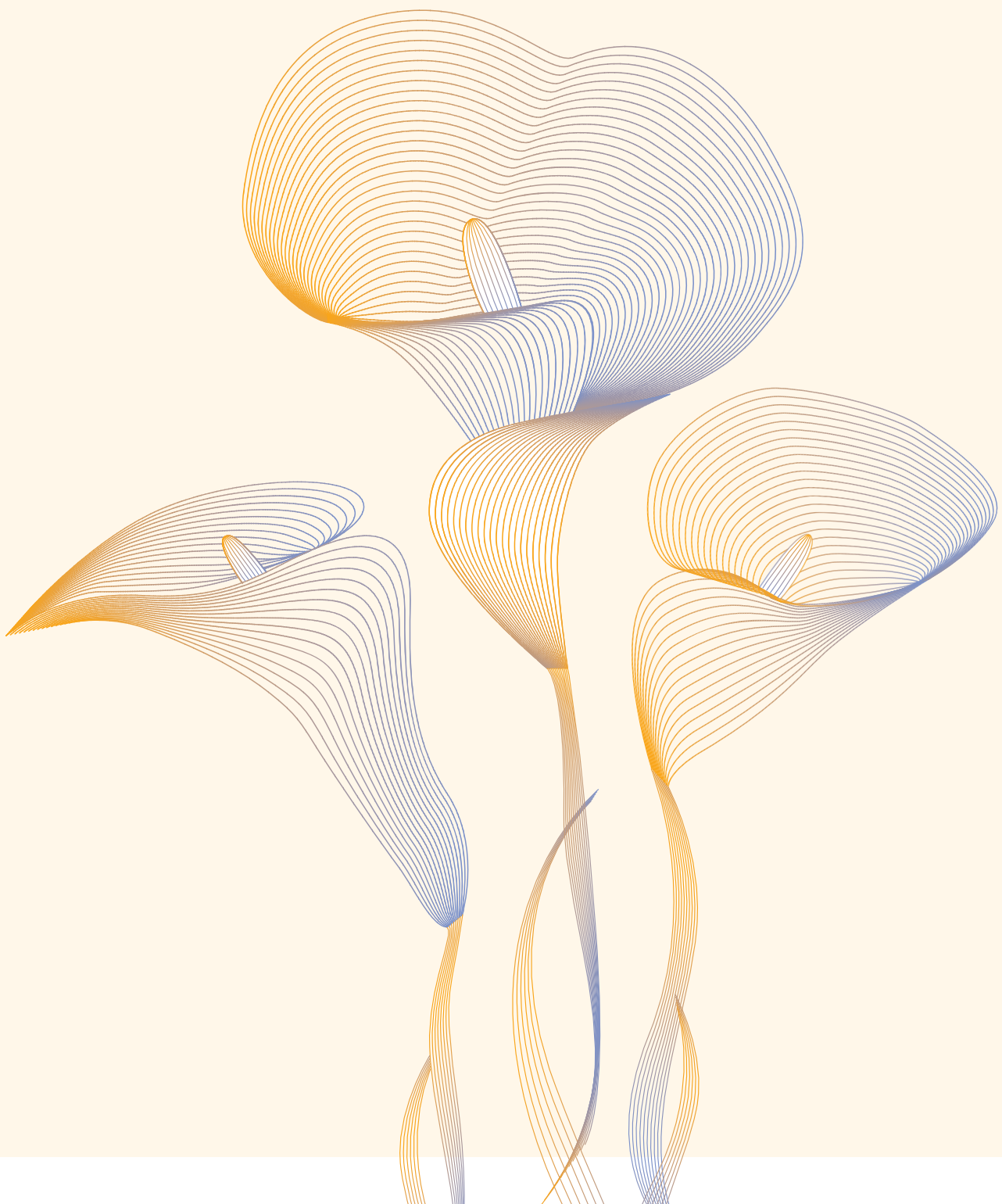
eHealth and Information Systems for Department of Health

1Q18

- Continue to provide IT on-going support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes
- Continue to provide IT on-going support for the Colorectal Cancer Screening Programme
- Continue to provide IT on-going support for the system interfaces with the Department of Health's Communicable Disease Information System
- Continue to provide IT on-going support for the newly implemented Laboratory Information System



Cluster Plans

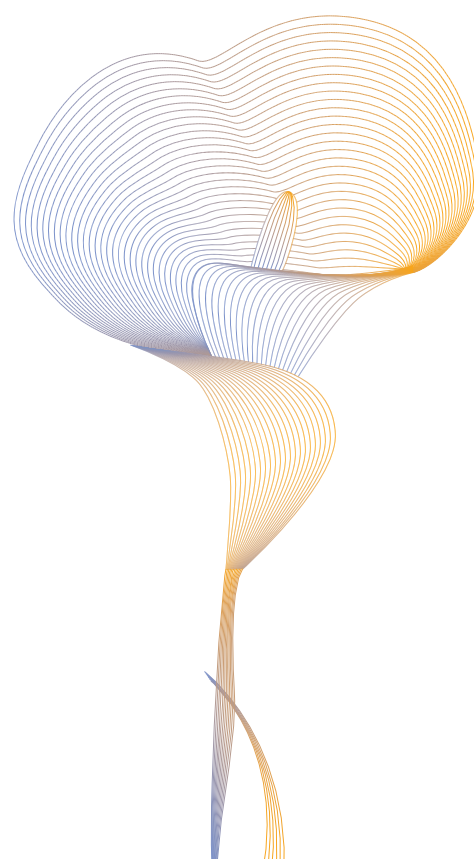


This section contains an overview of the work plans of the seven Clusters for 2017-18.

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 map are the summary of healthcare facilities available and a table showing the distribution of patients served in 2015-16 by district of residence in the Cluster. Major risks and challenges faced by the Cluster, as well as the key initiatives and targets in 2017-18 are also included in the respective Cluster Plan.

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)**



Hong Kong East Cluster



		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			✓
12	Peng Chau General Outpatient Clinic			✓

	Hospital/ Institution	Specialist Outpatient Clinic	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, as at 31 March 2016, a total of 3 092 beds. Of these, 2 065 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.

Actual Patients Served

In 2015-16, around 393 800 patients had utilised HKEC services. Approximately 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 2015-16 according to district of residence

District of residence	No. of patients ^{^#}	Distribution [#]
Eastern	235 700	60%
Wan Chai	41 500	11%
Southern	22 900	6%
Islands	20 000	5%
Others*	73 700	19%
HKEC Total	393 800	100%

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

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 one of the highest in the territory in the years ahead. The increasing volume and complexity of illness involving the elders as well as prolonged winter surge in the context of limited physical space and stringent manpower shortage, in particular doctors, nurses and care-related supporting staff, has imposed considerable pressure on staff. While addressing the pressing need to identify spaces for a viable bed opening plan to cope with the increasing service demand and rejuvenating the ageing hospital facilities to ensure safety, HKEC is striving towards a healthy workforce to ensure service sustainability.

HKEC shall continue to manage demand growth in pressure areas and life-threatening diseases, strengthen multidisciplinary collaborations, foster a quality and safety culture in patient care, and cultivate a more cohesive and harmonious working environment to enhance staff retention. Continuous effort will also be made to strengthen ambulatory and outreach services, and collaborating with the community to reduce unnecessary hospitalisation.

Major Initiatives in 2017-18

To align with the corporate objectives, HKEC's major initiatives for 2017-18 are as follows:

Provide Patient-Centred Care with Improved Service Quality and Optimised Demand Management

- To manage service demand, 20 additional acute beds at PYNEH will be opened, routine operating hours of Magnetic Resonance Imaging service at RH will be extended, more tests for glaucoma patients will be provided, additional hospital haemodialysis to patients with end-stage renal disease will be offered, and stroke management would be improved by providing 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients in HKEC
- Site preparation and staff training for HA's first hyperbaric oxygen therapy centre at PYNEH are in progress for service commencement in early 2018
- Public-private Partnerships (PPP) will be reinforced in several areas, including the GOPC PPP Programme to improve patients' access to primary care services and promote family doctor concept in the community, the collaboration with an Non-governmental Organisation (NGO) to enhance infirmary care services for public patients requiring long-term institutional health and social care at WCHH, and the provision of additional colonoscopies through the Colon Assessment PPP Programme in line with the Government's colon cancer screening pilot programme

- To align with international standards for enhancing service quality and safety, a centralised Sterilisation Service Unit (SSU) will be ready for service operation at PYNEH and renovation works will also commence for a SSU at RH. Advanced technology for facilitating the diagnosis of Tuberculosis will be adopted with the installation of an additional Mycobacteria Growth Indicator Tube machine
- To cater for the high demand for fragility fracture services, coordination and collaboration will be strengthened to extend physiotherapy rehabilitation services to cover weekends and public holidays at PYNEH, and provide geriatric support for elderly orthopaedic patients at TWEH through an ortho-geriatric collaborative care model. A nursing coordinator will also be designated for the fragility fracture service at PYNEH
- Community psychiatric services and clinical psychology service at RH and TWEH will be strengthened by recruiting additional peer support worker and clinical psychologist
- For patients with mild to moderate dementia, a medical-social collaborative care model with nursing support will be piloted in collaboration with District Elderly Community Centres so as to enhance the rehabilitation process
- Cross-cluster collaboration on Robotic Assisted Surgery will continue so that surgeons from other Clusters can also have access to the training at PYNEH and keep up with advanced technology and skills

Develop a Committed and Competent Workforce through Enhancing Staff Training and Development

- To ensure competence of HA staff, orientation and internship training will be provided to all fresh interns. Experienced nurses will be appointed as part-time preceptors to support the Preceptorship Scheme for junior nurses so as to better engage the new workforce. Moreover, basic resuscitation training for clinical staff and formal first aid training for security staff will be provided to equip them with necessary skills in handling medical emergencies

HKEC Targets

Improve Service Quality	
<ul style="list-style-type: none"> Extend rehabilitation services to cover weekends and public holidays for patients with stroke, lower limb fracture and arthroplasty, with the provision of additional 1 150 physiotherapy attendances 	1Q18
<ul style="list-style-type: none"> Provide geriatric support for 250 elderly orthopaedic patients at TWEH through an ortho-geriatric collaborative care model 	1Q18
<ul style="list-style-type: none"> Recruit a nursing coordinator for the fragility fracture service at PYNEH 	1Q18
<ul style="list-style-type: none"> Provide nursing support to pilot a medical-social collaborative care model for patients with mild to moderate dementia in collaboration with District Elderly Community Centres 	2Q17
<ul style="list-style-type: none"> Conduct 12 cases of cross-cluster Robotic Assisted Surgery at PYNEH 	1Q18
<ul style="list-style-type: none"> Strengthen community psychiatric services by recruiting an additional peer support worker to support patients with severe mental illness 	1Q18
<ul style="list-style-type: none"> Recruit a clinical psychologist to enhance clinical psychology service at RH and TWEH 	4Q17
<ul style="list-style-type: none"> Set up a centralised Sterilisation Service Unit (SSU) at PYNEH and commence construction work for a SSU at RH 	4Q17
<ul style="list-style-type: none"> Start the procurement of an additional Mycobacteria Growth Indicator Tube (MGIT) machine to enhance mycobacteria testing for the diagnosis of Tuberculosis (TB) 	2Q17
<ul style="list-style-type: none"> Continue site preparation and staff training for the commencement of Hyperbaric Oxygen Therapy (HBOT) service at PYNEH 	1Q18

Optimise Demand Management	
• Open 20 additional acute beds at PYNEH	4Q17
• Extend the routine operating hours of Magnetic Resonance Imaging (MRI) service at RH	3Q17
• Perform 1 100 additional ocular coherence tomography (OCT) scans and 565 visual field (VF) tests for glaucoma patients	1Q18
• Provide 165 additional molecular tests for lung cancer to tie in with the clinical indications for targeted therapies under HA Drug Formulary	1Q18
• Offer hospital haemodialysis to six additional patients with end-stage renal disease	1Q18
• Provide 24-hour Intra-venous thrombolysis service for acute ischaemic stroke patients through a cluster-based network	1Q18
• Cater for around 1 780 patients under the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP)	1Q18
• Implement the pilot programme of commissioning an NGO to operate infirmary care services for 64 beds at WCHH	1Q18
Enhance Staff Training and Development	
• Enhance internship training for doctors by organising 29 classes of mandatory orientation programme for interns	1Q18
• Recruit nine additional Advanced Practice Nurses as part-time preceptors to support the Preceptorship Scheme for junior nurses	1Q18
• Provide 1 100 training places for formal resuscitation training for clinical staff and formal first aid training for security staff	1Q18

Hong Kong West Cluster



		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, as at 31 March 2016, a total of 3 142 beds. 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 2015-16, around 319 200 patients had utilised HKWC services. Approximately 59% of the patients were from the Southern and Central & Western districts, whereas 16% were from the neighbouring Eastern, Islands and Wan Chai districts.

Number and percentage distribution of patients ever utilised HKWC services in 2015-16 according to district of residence

District of residence	No. of patients ^{^#}	Distribution [#]
Southern	108 300	34%
Central & Western	79 600	25%
Eastern	29 500	9%
Islands	12 100	4%
Wan Chai	10 700	3%
Others*	79 000	25%
HKWC Total	319 200	100%

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

Ageing Population, Ageing Facilities

Facing the HKWC is the dual challenges of ageing hospital facilities and ageing population. Comparing to other districts in the territory, the two catchment districts of HKWC, namely Central & Western District and Southern District, have a slightly higher percentage of elderly population. This demography implies demand for increasing service capacity in a wide range of clinical and allied health services. However, this steady demand is met with not only space constraints and limitation but also dispersed facilities in a number of aged HKWC hospital buildings.

Demand for services and space

Being a teaching hospital for the Li Ka Shing Faculty of Medicine of the University of Hong Kong (HKU), QMH provides many of the tertiary and quaternary services for the whole of Hong Kong. Services such as organ transplant, bone marrow transplant, cardiothoracic surgery, burn surgery, plastic & reconstructive surgery, and paediatric cardiac surgery require not only dedicated and skillful workforce, but also fair amount of floor spaces. Coupled with the increasing number of medical and nursing students on clinical training, space concern in QMH will become all the more vivid.

Queen Mary Hospital (QMH) Redevelopment

To cope with constraints in physical space and ageing facilities, in 2012-13 HKWC embarked on the project of redeveloping QMH. The project presents a unique opportunity for the hospital to further enhance its role as a premier teaching hospital of the Li Ka Shing Faculty of Medicine of HKU as well as lead the progress of service development in the whole of the Cluster towards integrated care, while at the same time providing the much-needed additional space for further service advancement.

At present, the hospital is at the Phase 1 Stage 1 of the redevelopment project, which is the renovation of the former Senior Staff Quarters to accommodate departments and facilities currently housed at the Clinical Pathology Building, University Pathology Building, and Housemen Quarters. After completion of the renovation work in the first half of 2017, the former Senior Staff Quarters will be renamed as Block T and the relocation of facilities will proceed according to a detailed plan that has been drawn up to facilitate a smooth process. This will be followed by Stage 2 of the project, which includes the demolition of the three buildings for the construction of a new block to accommodate key clinical services.

Service Re-organisation Plan

Guided by the Clinical Services Plan of HKWC published in 2013, which is a blueprint document setting out the overarching future directions and models of care for services in HKWC, the Cluster Management has been engaging in a number of service re-organisation plans to promote integrated, high quality patient-centred care across the Cluster. For instance, the Ophthalmology service has been relocated from QMH to GH from April 2016. Other service re-organisation plan in the pipeline will include the Rheumatology service. These plans require not only intensive coordination internally with all departmental stakeholders and staff but also externally with the works departments of the Government, project consultants and contractors, District Councils, and the nearby residents' committees, where appropriate. Apart from the redevelopment of QMH, another project of redeveloping GH is also in the planning pipeline.

Diverse Roles and Partnership

HKWC hospitals are characterised by a diverse spectrum of parent organisations which have made some indispensable contributions and carried with them many historical, cultural and traditional differences.

Meanwhile, the Cluster's unique association with Li Ka Shing Faculty of Medicine of the HKU has generated many opportunities. Academia footprints, for example, are ubiquitous in each and every hospital of HKWC, and HA staff members in these hospitals are likewise conversant with the trinity roles of service, education and research. On the other hand, the increased number of medical students as hospital citizens will nevertheless entail even more requirement on space and better facilities.

Major Initiatives in 2017-18

To align with the corporate objectives, HKWC's major initiatives for 2017-18 are as follows:

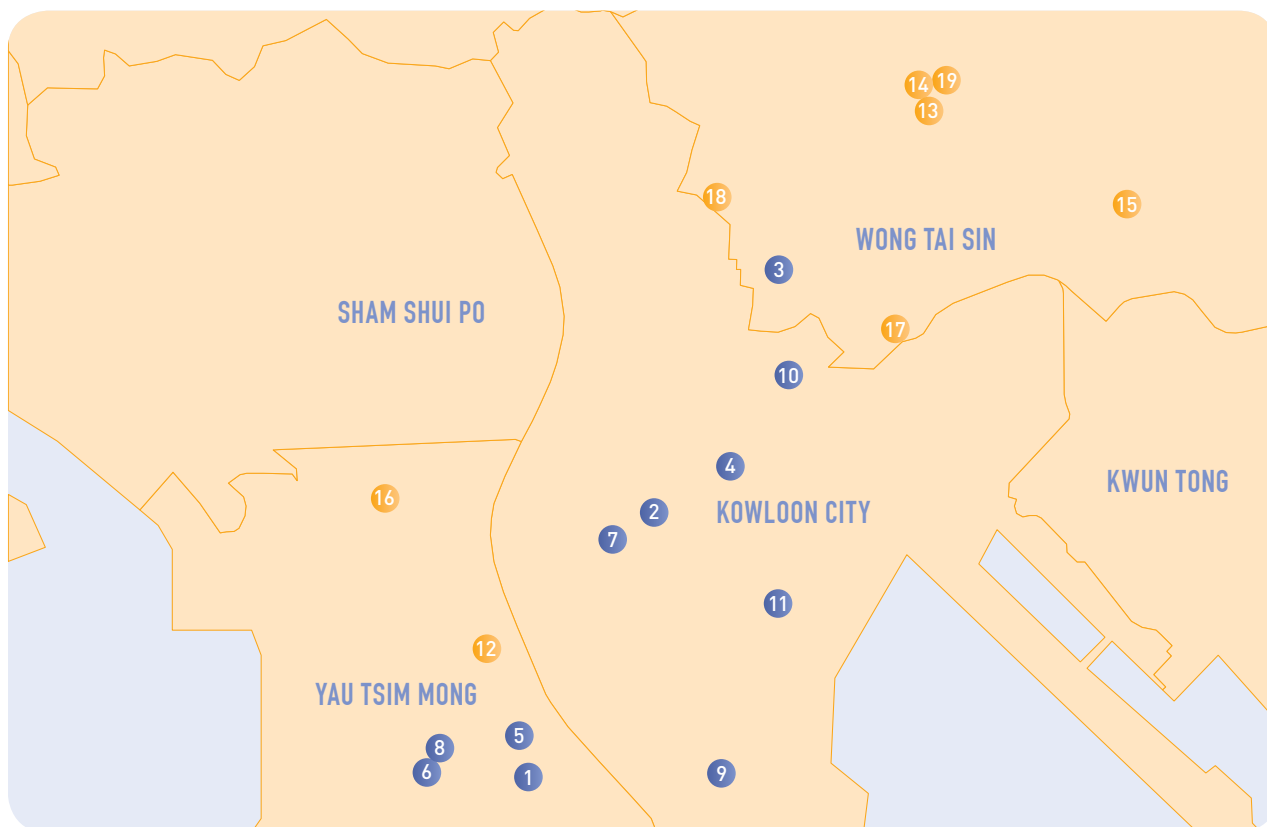
- Relocate the Rheumatology Day Centre from QMH to a larger area in GH, and recruit additional nursing and supporting staff to provide the expanded service at GH
- Provide geriatric support for 250 elderly orthopaedic patients at FYKH/MMRC through an ortho-geriatric collaborative care model
- Conduct 22 cases of cross-cluster Robotic Assisted Surgery at QMH
- Strengthen community psychiatric services by recruiting an additional peer support worker to support patients with severe mental illness
- Enhance cancer care by providing additional 2 800 day chemotherapy attendances at QMH
- Strengthen the QMH and GH lung transplant team to cater for seven additional lung transplant cases
- Cater for around 790 patients under the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP)
- Carry out preparatory works for phase 1 redevelopment of QMH, including the relocation of three buildings (Clinical Pathology Block, University Pathology Block and Housemen Quarters) to the Senior Staff Quarters
- Commence the refurbishment of Shum Wan Laundry for better infection control and the installation of new and automated laundry equipment

HKWC Targets

Improve Service Quality	
<ul style="list-style-type: none"> Relocate the Rheumatology Day Centre from QMH to a larger area in GH, and recruit additional nursing and supporting staff to provide the expanded service at GH 	4Q17
<ul style="list-style-type: none"> Extend rehabilitation services to cover weekends and public holidays for patients with stroke, lower limb fracture and arthroplasty, with the provision of additional 1 150 physiotherapy attendances 	1Q18
<ul style="list-style-type: none"> Provide geriatric support for 250 elderly orthopaedic patients at FYKH/MMRC through an ortho-geriatric collaborative care model 	1Q18
<ul style="list-style-type: none"> Conduct 22 cases of cross-cluster Robotic Assisted Surgery at QMH 	1Q18
<ul style="list-style-type: none"> Strengthen community psychiatric services by recruiting an additional peer support worker to support patients with severe mental illness 	1Q18
<ul style="list-style-type: none"> Roll out the Inpatient Medication Order Entry (IPMOE) system at QMH to enhance medication safety 	1Q18
<ul style="list-style-type: none"> Implement screening tests for the diagnosis of Inborn Errors of Metabolism (IEM) among newborns in QMH 	1Q18
<ul style="list-style-type: none"> Start the procurement of two additional Mycobacteria Growth Indicator Tube (MGIT) machines to enhance mycobacteria testing for the diagnosis of Tuberculosis (TB) 	2Q17
<ul style="list-style-type: none"> Build up In-vitro Fertilisation (IVF) service by setting up a nurse infertility clinic at QMH 	1Q18
<ul style="list-style-type: none"> Commence the refurbishment of Shum Wan Laundry for better infection control and the installation of new and automated laundry equipment 	1Q18

Optimise Demand Management	
• Perform 740 additional ocular coherence tomography (OCT) scans for glaucoma patients	1Q18
• Enhance cancer care by providing additional 2 800 day chemotherapy attendances at QMH	1Q18
• Provide around 220 additional molecular tests for lung cancer to tie in with the clinical indications for targeted therapies under HA Drug Formulary	1Q18
• Offer hospital haemodialysis to three additional patients with end-stage renal disease	1Q18
• Strengthen the QMH and GH lung transplant team to cater for seven additional lung transplant cases	1Q18
• Cater for around 790 patients under the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP)	1Q18
• Carry out preparatory works for phase 1 redevelopment of QMH, including the relocation of three buildings (Clinical Pathology Block, University Pathology Block and Housemen Quarters) to the Senior Staff Quarters	4Q17
Enhance Staff Training and Development	
• Recruit eight additional Advanced Practice Nurses as part-time preceptors to support the Preceptorship Scheme for junior nurses	1Q18
• Provide 230 training places for formal resuscitation training for clinical staff and formal first aid training for security staff	1Q18

Kowloon Central Cluster



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

		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
12	Kwong Wah Hospital +	✓	✓	✓
13	Our Lady of Maryknoll Hospital / Our Lady of Maryknoll Hospital Family Medicine Clinic	✓	✓	✓
14	Tung Wah Group of Hospitals Wong Tai Sin Hospital	✓	✓	
15	East Kowloon General Outpatient Clinic			✓
16	Li Po Chun General Outpatient Clinic			✓
17	Robert Black General Outpatient Clinic			✓
18	Wang Tau Hom Jockey Club General Outpatient Clinic			✓
19	Wu York Yu General Outpatient Clinic			✓

Institutions that have been regrouped from KWC to KCC with effect from 1 December 2016

Healthcare Facilities

There was a re-delineation of the cluster boundary between Kowloon Central Cluster (KCC) and Kowloon West Cluster (KWC) with effect from 1 December 2016, where Wong Tai Sin District and Mong Kok area were re-delineated from KWC to KCC. As such, Kwong Wah Hospital, Tung Wah Group of Hospitals Wong Tai Sin Hospital and Our Lady of Maryknoll Hospital, together with the services in the community concerned, were regrouped from KWC to KCC in order to support the new KCC catchment areas.

As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. the service units concerned still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. the service units concerned are grouped under KCC) will start from 1 April 2017.

Before the re-delineation of cluster boundary, there were five hospitals / institutions in KCC, providing a total of 3 572 beds as at 31 March 2016. Of these, 3 029 were for acute, convalescent and rehabilitation care, 118 for infirmary care and 425 for psychiatric care. There were also six specialist outpatient clinics and six general outpatient clinics.

Actual Patients Served

In 2015-16, around 485 900 patients had utilised KCC services under the old cluster boundary. Approximately 40% of the patients were from the Kowloon City and Yau Tsim Mong districts where the KCC healthcare facilities are predominately located. The remaining 60% were patients residing in other districts and the majority (31%) came from Wong Tai Sin and Kwun Tong districts.

Number and percentage distribution of patients ever utilised KCC[†] services in 2015-16 according to district of residence

District of residence	No. of patients ^{^#}	Distribution [#]
Kowloon City	127 600	26%
Wong Tai Sin	97 700	20%
Yau Tsim Mong	68 500	14%
Kwun Tong	51 100	11%
Others*	141 000	29%
KCC[†] Total	485 900	100%

[†] Refers to KCC before the re-delineation of cluster boundary.

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

Centrally located in the densely populated Kowloon region with ease of access, KCC has been providing quality services to residents in Kowloon areas. Due to population ageing, KCC faces the challenge of delivering quality services against increasing service volume and complexity. Capacity of the Cluster has been stretched due to the escalating demand on hospital beds and over congestion in wards during winter months. Furthermore, manpower shortage and the turnover of experienced staff have created enormous pressures on service provision.

The challenge of the new KCC is to strive for providing quality medical services under the newly expanded service network. With rising expectation from the community, KCC will develop planning strategies to re-organise and rationalise the provision of medical services according to the direction of HA Steering Committee. With the re-delineation of service networks and the roles of different hospitals in KCC, concerted effort is required from all KCC colleagues to overcome the new challenges ahead.

To cater for service development in the new KCC, we will continue to coordinate various major capital projects, including refurbishment of HKBH, expansion of BTS headquarters, and re-development of KWH. Planning work of the new acute general hospital in Kai Tak Development Area is also in progress.

Major Initiatives in 2017-18

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 2017-18 are as follows:

- To improve service quality, QEH will set up a new clinic for outpatient parenteral antimicrobial therapy to reduce the length of stay for patients under antibiotic treatment. The hospital will also recruit a nursing coordinator to implement the fragility fracture service in the Department of Orthopaedics & Traumatology. Meanwhile, rehabilitation services will be extended to cover weekends and public holidays for patients with stroke, lower limb fracture and arthroplasty. Community psychiatric services of KH will also be strengthened by recruiting an additional peer support worker to support patients with severe mental illness. At the same time, QEH will roll out the Inpatient Medication Order Entry system to enhance medication safety. The safety of blood transfusion service will be enhanced by adopting an improved automated antibody screening test for over 66 000 blood donation samples, while refurbishment works of the aseptic dispensing facility at HKEH will be carried out to enhance quality and safety in the production of sterile eye drop preparations. QEH will also implement screening tests for the diagnosis of inborn errors of metabolism among newborns, and develop a centralised DNA Next Generation Sequencing (NGS) service model. Cross-cluster robotic assisted surgical operations will continue to be provided at QEH, and laboratory testing for the diagnosis of tuberculosis will be enhanced by installing five additional Mycobacteria Growth Indicator Tube machines for mycobacteria testing. In addition, in-vitro fertilisation service will be built up by setting up a nurse infertility clinic at KWH

- To optimise demand management, BTS will enhance the territory-wide blood transfusion service by increasing the production and supply of leucodepleted red cells and platelet concentrates, as well as the collection of whole blood. In QEH, cancer care will be enhanced by providing additional day beds for chemotherapy and additional SOPC attendances, and the Department of Pathology will provide additional molecular tests for lung cancer patients under targeted therapies. The Department of Medicine will enhance its echocardiographic service, and the management of haemophilia arthropathy will be enhanced by strengthening the capacity of radiosynovectomy service. Moreover, the capacity of OLMH in managing patients transferred from acute hospitals will be enhanced and additional evening sessions will be provided at its GOPC. Primary care services in the Cluster will be enhanced by scaling up the GOPC Public-Private Partnership Programme. Meanwhile, the commissioning of HKCH for service commencement is in progress
- To enhance staff training and development, mandatory orientation programme for interns will be provided. Additional Advanced Practice Nurses will also be recruited as part-time preceptors to support the Preceptorship Scheme for junior nurses

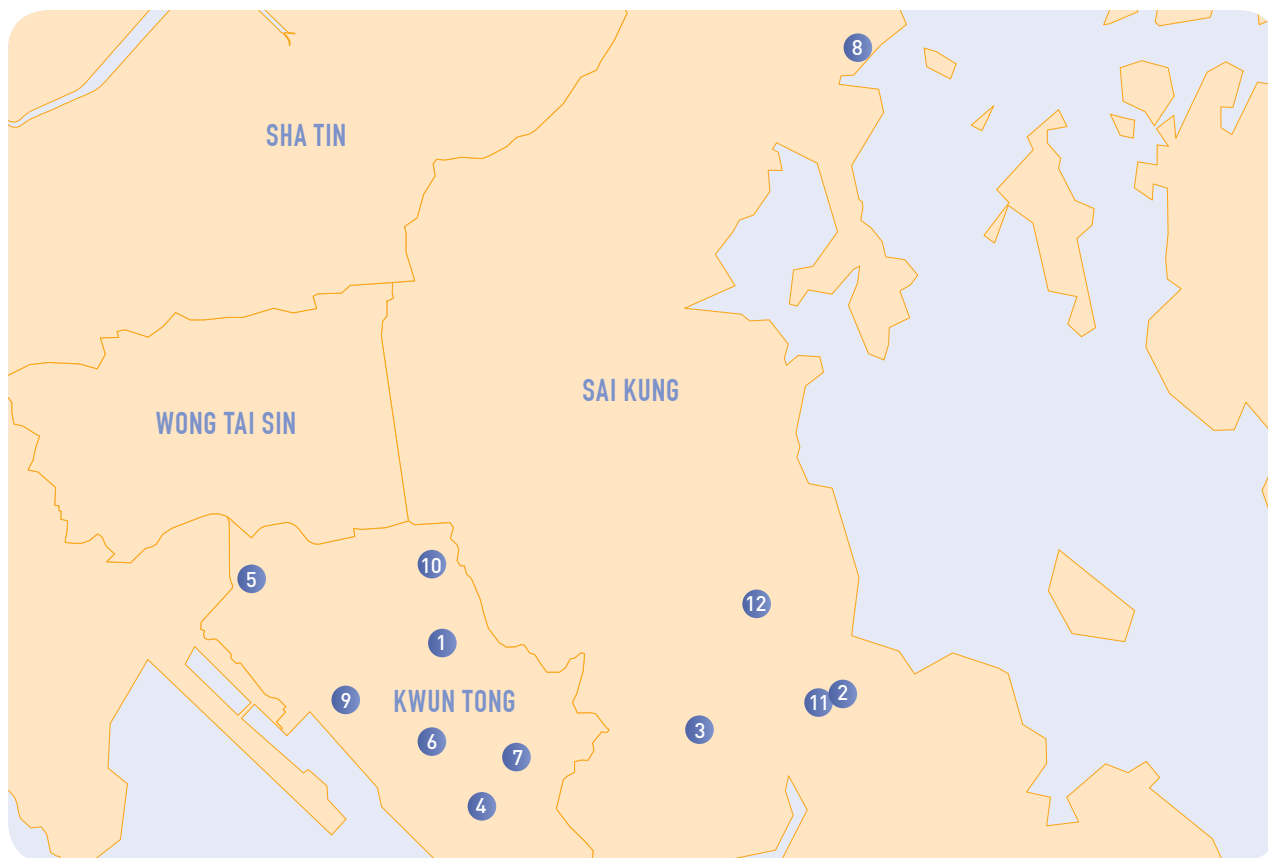


KCC Targets

Improve Service Quality	
• Set up a new clinic for outpatient parenteral antimicrobial therapy at QEH	1Q18
• Extend rehabilitation services to cover weekends and public holidays for patients with stroke, lower limb fracture and arthroplasty, with the provision of additional 1 150 physiotherapy attendances	1Q18
• Recruit a nursing coordinator for the fragility fracture service at QEH	1Q18
• Conduct 12 cases of cross-cluster Robotic Assisted Surgery at QEH	1Q18
• Strengthen community psychiatric services by recruiting an additional peer support worker to support patients with severe mental illness	1Q18
• Roll out the Inpatient Medication Order Entry (IPMOE) system at QEH to enhance medication safety	1Q18
• Enhance the safety of blood transfusion service by adopting an improved automated antibody screening test on 66 250 blood donation samples	1Q18
• Carry out refurbishment works of the aseptic dispensing facility in HKEH to enhance quality and safety in the production of sterile eye drop preparations	1Q18
• Implement screening tests for the diagnosis of Inborn Errors of Metabolism (IEM) among newborns in QEH	1Q18
• Develop a centralised DNA Next Generation Sequencing (NGS) service model and provide 80 gene panel tests	1Q18
• Start the procurement of five additional Mycobacteria Growth Indicator Tube (MGIT) machines to enhance mycobacteria testing for the diagnosis of Tuberculosis (TB)	2Q17
• Build up In-vitro Fertilisation (IVF) service by setting up a nurse infertility clinic at KWH	1Q18

Optimise Demand Management	
• Perform 1 170 additional visual field (VF) tests for glaucoma patients	1Q18
• Enhance territory-wide blood transfusion service by increasing the production and supply of leucodepleted red cells and platelet concentrates, as well as the collection of whole blood	1Q18
• Prepare for the commissioning of HKCH for service commencement	1Q18
• Recruit three additional nurses to enhance the capacity of OLMH in managing patients transferred from acute hospitals	1Q18
• Provide two additional evening sessions per week at the GOPC in OLMH	2Q17
• Enhance cancer care by adding 26 day beds for chemotherapy and 1 000 oncology SOPC attendances at QEH	1Q18
• Provide around 220 additional molecular tests for lung cancer to tie in with the clinical indications for targeted therapies under HA Drug Formulary	1Q18
• Enhance cardiac care by recruiting and training one additional nurse for the provision of echocardiographic service	1Q18
• Enhance the management of haemophilia arthropathy by strengthening the capacity of radiosynovectomy service to take up 15 new cases and attend to 38 backlog cases	1Q18
• Cater for around 3 170 patients under the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP)	1Q18
Enhance Staff Training and Development	
• Enhance internship training for doctors by organising 29 classes of mandatory orientation programme for interns	1Q18
• Recruit 12 additional Advanced Practice Nurses as part-time preceptors to support the Preceptorship Scheme for junior nurses	1Q18
• Provide 240 training places for formal resuscitation training for clinical staff and formal first aid training for security staff	1Q18

Kowloon East Cluster



		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 Community Health Centre			✓
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, as at 31 March 2016, a total of 2 527 beds. Of these, 2 331 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 2015-16, around 508 700 patients had utilised KEC services. Approximately 85% of the patients were from the Kwun Tong and Sai Kung districts.

Number and percentage distribution of patients ever utilised KEC services in 2015-16 according to district of residence

District of residence	No. of patients ^{^#}	Distribution [#]
Kwun Tong	266 100	52%
Sai Kung	167 900	33%
Others*	74 700	15%
KEC Total	508 700	100%

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

KEC faces copious challenges on various fronts. The Cluster serves around 15% of the Hong Kong population and the service demand is on a continuous rising trend. The population in KEC is ageing and of relatively lower income group, and is also more dependent on public healthcare services. The development of Anderson Road, with new residential population gradually moving in, also poses pronounced challenge to the Cluster's healthcare facilities and manpower in meeting the service needs. The prolonged winter surge period imposes added pressure on hospital beds and manpower. High occupancy and congestion in wards are common phenomena during the winter months.

The embarkation of UCH and HHH expansion projects epitomise a milestone for the Cluster to address the prominent issue of space constraints. Apart from elevating the overall capacity, the projects also provide an opportunity for facility realignment and promoting synergy among the different disciplines. These are all conducive to facilitating patient-centred care for our serving population.

The Cluster strives to promote a quality and safety culture. The ongoing accreditation process assures those major aspects of the care delivery and supporting process are duly reviewed and improved upon. The key pillars viz staff training and safety awareness promotion are being addressed on an ongoing basis.

In 2017-18, KEC will place focus on optimising measures in managing increasing service demand, improving service quality and patient safety, as well as enhancing staff training and development.

Major Initiatives in 2017-18

To align with the corporate objectives, KEC's major initiatives for 2017-18 are as follows:

- Add acute and rehabilitation beds in all three of the Cluster hospitals
- Extend rehabilitation services to cover weekends and public holidays for patients with stroke, lower limb fracture and arthroplasty; and recruit a nursing coordinator for the fragility fracture service
- Provide nursing support to pilot a medical-social collaborative care model for patients with mild to moderate dementia, and to help students with mental health needs through a school-based pilot programme
- Concentrate the sleep diagnostic service and carry out sleep studies and Continuous Positive Airway Pressure titration; establish a breastfeeding support team to promote breastfeeding of newborn babies; provide additional Family Medicine Specialist Clinic attendances and allied health outpatient attendances under a collaborative service model; and cater for additional patients under the GOPC Public-Private Partnership Programme
- Pilot a medical-social collaborative programme with NGOs by providing needs assessment, discharge planning and post-discharge rehabilitation service for discharged elderly patients in the community; strengthen support for terminally ill patients living in Residential Care Homes for the Elderly by providing additional Community Geriatric Assessment Team outreach attendances; and strengthen community psychiatric services by recruiting an additional peer support worker

- Provide chlorhexidine bathing for patients at risk of hospital-acquired multi-drug resistant organism infections in the medical, surgical and orthopaedic wards; and enhance laboratory testing for the diagnosis of Tuberculosis by installing two additional Mycobacteria Growth Indicator Tube machines
- Roll out 24-hour pharmacy service at TKOH; provide 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients through a cluster-based network; offer hospital haemodialysis to additional patients with end-stage renal disease; provide additional molecular tests for lung cancer; and perform visual field tests for glaucoma patients
- Recruit additional Advanced Practice Nurses as part-time preceptors; and provide training places for formal resuscitation training for clinical staff and formal first aid training for security staff

KEC Targets

Improve Service Quality	
• Extend rehabilitation services to cover weekends and public holidays for patients with stroke, lower limb fracture and arthroplasty, with the provision of additional 1 150 physiotherapy attendances	1Q18
• Recruit a nursing coordinator for the fragility fracture service at UCH	1Q18
• Provide nursing support to pilot a medical-social collaborative care model for patients with mild to moderate dementia in collaboration with District Elderly Community Centres	2Q17
• Provide nursing support for 100 students with mental health needs through a school-based pilot programme in collaboration with the Education Bureau and Social Welfare Department	1Q18
• Concentrate the sleep diagnostic service of UCH and HHH at two locations, and carry out 1 050 sleep studies and Continuous Positive Airway Pressure (CPAP) titration	1Q18
• Establish a breastfeeding support team in UCH to promote breastfeeding of newborn babies	1Q18
• Provide additional 2 000 Family Medicine Specialist Clinic (FMSC) attendances and 2 250 allied health outpatient attendances under a collaborative O&T and FM service model	1Q18

<ul style="list-style-type: none"> Pilot a medical-social collaborative programme with NGOs by providing needs assessment, discharge planning and post-discharge rehabilitation service for discharged elderly patients in the community 	1Q18
<ul style="list-style-type: none"> Strengthen support for terminally ill patients living in Residential Care Homes for the Elderly (RCHEs) by providing additional 700 CGAT outreach attendances 	1Q18
<ul style="list-style-type: none"> Strengthen community psychiatric services by recruiting an additional peer support worker to support patients with severe mental illness 	1Q18
<ul style="list-style-type: none"> Provide chlorhexidine bathing for patients at risk of hospital-acquired multi-drug resistant organism infections in the medical, surgical and orthopaedic wards 	1Q18
<ul style="list-style-type: none"> Start the procurement of two additional Mycobacteria Growth Indicator Tube (MGIT) machines to enhance mycobacteria testing for the diagnosis of Tuberculosis (TB) 	2Q17
Optimise Demand Management	
<ul style="list-style-type: none"> Add acute beds of 18 at UCH and 20 at TKOH, as well as 20 rehabilitation beds at HHH 	3Q17
<ul style="list-style-type: none"> Perform 575 visual field (VF) tests for glaucoma patients 	1Q18
<ul style="list-style-type: none"> Roll out 24-hour pharmacy service at TKOH to improve pharmacy support for A&E service 	1Q18
<ul style="list-style-type: none"> Provide 165 additional molecular tests for lung cancer to tie in with the clinical indications for targeted therapies under HA Drug Formulary 	1Q18
<ul style="list-style-type: none"> Offer hospital haemodialysis to six additional patients with end-stage renal disease 	1Q18
<ul style="list-style-type: none"> Provide 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients through a cluster-based network 	1Q18
<ul style="list-style-type: none"> Cater for around 4 320 patients under the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) 	1Q18
Enhance Staff Training and Development	
<ul style="list-style-type: none"> Recruit eight additional Advanced Practice Nurses as part-time preceptors to support the Preceptorship Scheme for junior nurses 	1Q18
<ul style="list-style-type: none"> Provide 365 training places for formal resuscitation training for clinical staff and formal first aid training for security staff 	1Q18

Kowloon West Cluster



		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Princess Margaret Hospital +	✓	✓	
2	Caritas Medical Centre + / Caritas Medical Centre Family Medicine Clinic	✓	✓	✓
3	Yan Chai Hospital + / Yan Chai Hospital General Practice Clinic	✓	✓	✓
4	Kwai Chung Hospital	✓	✓	
5	North Lantau Hospital + / North Lantau Community Health Centre	✓	✓	✓
6	Ha Kwai Chung Polyclinic / Ha Kwai Chung General Outpatient Clinic		✓	✓
7	Yaumatei Child Psychiatric Centre		✓	
8	Lady Trench General Outpatient Clinic			✓
9	Mrs Wu York Yu General Outpatient Clinic			✓
10	Mui Wo General Outpatient Clinic			✓
11	Nam Shan General Outpatient Clinic			✓

		Hospital/ Institution	Specialist Outpatient Clinic	General Outpatient Clinic
12	North Kwai Chung General Outpatient Clinic			✓
13	Cheung Sha Wan Jockey Club General Outpatient Clinic			✓
14	Shek Kip Mei General Outpatient Clinic			✓
15	South Kwai Chung Jockey Club General Outpatient Clinic			✓
16	Tai O Jockey Club General Outpatient Clinic			✓
17	Tsing Yi Cheung Hong General Outpatient Clinic			✓
18	Tsing Yi Town General Outpatient Clinic			✓
19	West Kowloon General Outpatient Clinic			✓
20	Kwong Wah Hospital +	✓	✓	✓
21	Our Lady of Maryknoll Hospital / Our Lady of Maryknoll Hospital Family Medicine Clinic	✓	✓	✓
22	Tung Wah Group of Hospitals Wong Tai Sin Hospital	✓	✓	
23	East Kowloon Psychiatric Centre		✓	
23	East Kowloon General Outpatient Clinic			✓
24	Li Po Chun General Outpatient Clinic			✓
25	Robert Black General Outpatient Clinic			✓
26	Wang Tau Hom Jockey Club General Outpatient Clinic			✓
27	Wu York Yu General Outpatient Clinic			✓

Institutions that have been regrouped from KWC to KCC with effect from 1 December 2016

Healthcare Facilities

There was a re-delineation of the cluster boundary between Kowloon West Cluster (KWC) and Kowloon Central Cluster (KCC) with effect from 1 December 2016, where Wong Tai Sin District and Mong Kok area were re-delineated from KWC to KCC. As such, Kwong Wah Hospital, Tung Wah Group of Hospitals Wong Tai Sin Hospital and Our Lady of Maryknoll Hospital, together with the services in the community concerned, were regrouped from KWC to KCC in order to support the new KCC catchment areas.

As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. the service units concerned still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. the service units concerned are grouped under KCC) will start from 1 April 2017.

Before the re-delineation of cluster boundary, there were eight hospitals / institutions in KWC, providing a total of 6 652 beds as at 31 March 2016. Of these, 5 244 were for acute, convalescent and rehabilitation care, 328 for infirmary care, 160 for mentally handicapped care and 920 for psychiatric care. There were also 11 specialist outpatient clinics and 23 general outpatient clinics.

Actual Patients Served

In 2015-16, around 939 000 patients had utilised KWC services under the old clustering arrangement. Approximately 83% 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 2015-16 according to district of residence

District of residence	No. of patients ^{^#}	Distribution [#]
Kwai Tsing	234 800	25%
Sham Shui Po	158 400	17%
Wong Tai Sin	142 900	15%
Tsuen Wan	110 200	12%
Yau Tsim Mong	73 500	8%
Islands	54 900	6%
Others*	164 300	17%
KWC[†] Total	939 000	100%

[†] Refers to KWC before the re-delineation of cluster boundary.

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

Kowloon West Cluster serves a population that is more disadvantaged and older than the Hong Kong average. We are facing a rise in service demand both in terms of volume and complexity amidst physical space and manpower constraints, resulting in congested ward environment and long waiting time for elective services. Our major challenges continue to be enhancing service capacity and accessibility to meet growing demands and upholding service quality. With the re-delineation of the KWC and KCC boundaries, re-organisation of clinical services will be implemented in phases.

Major Initiatives in 2017-18

To align with the corporate objectives, KWC's major initiatives for 2017-18 are as follows:

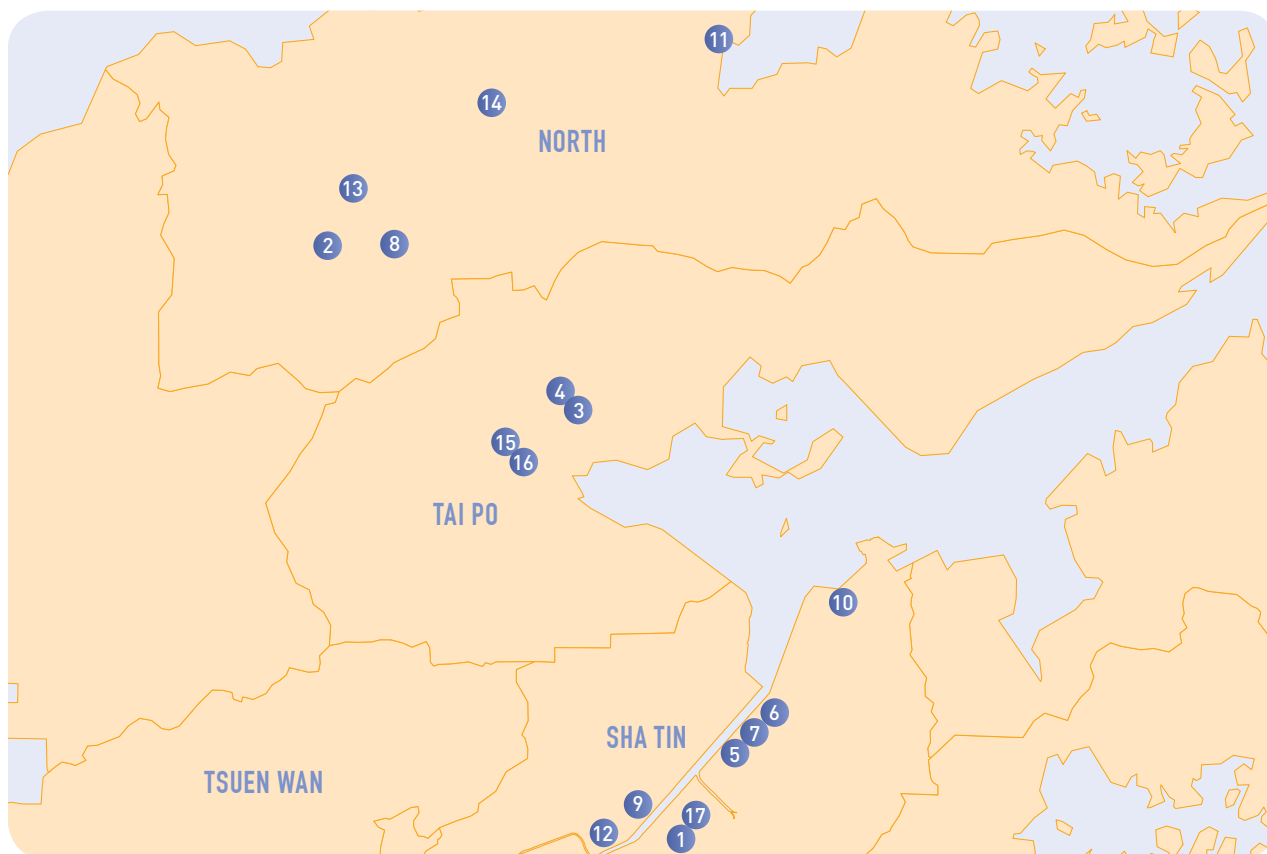
- Curtail prolonged hospital stay by setting up a new clinic for outpatient parenteral antimicrobial therapy, and extending our physiotherapy services to cover weekends and public holiday for patients with stroke, lower limb fracture and arthroplasty to facilitate discharge of patients
- Improve the coverage of community mental health services by providing nursing support for students with mental health problems in school through collaboration with the Education Bureau and Social Welfare Department, and augmenting our community psychiatric support through additional peer support worker
- Alleviate the problem of outpatient waiting time by providing additional quotas of Family Medicine Specialist Clinic for attending to appropriate new SOPC cases
- Strengthen the care of terminally ill patients by providing additional CGAT outreach visits
- Promote breastfeeding by establishing a breastfeeding support team in PMH
- Expand the service scope to inborn error of metabolisms in HA by providing extra laboratory support to QMH, QEH and PWH to conduct neonatal screening
- Address the growing demand on surgical operation by opening additional operative sessions for acute fragility fracture in CMC and cross-cluster robotic assisted surgery in PMH
- Enhance the oncological services by opening eight additional beds at PMH and providing additional molecular tests for lung cancer patients
- Improve the cardiac service by training an additional nurse for the provision of echocardiogram and offering additional cardiac interventions sessions in PMH
- Promote the partnership with private practitioners to cater for more patients through the GOPC Public-Private Partnership Programme
- Maximise the service capacity to meet growing demand by providing additional vascular radiological intervention and six additional operative sessions in PMH, and increasing the quotas of hospital haemodialysis
- Improve the care of glaucoma patients by performing additional ocular coherence tomography scans and visual field tests
- Provide additional resuscitation and first aid training to our staff, and recruit additional nurses to support the Preceptorship Scheme for junior nurses

KWC Targets

Improve Service Quality	
• Set up a new clinic for outpatient parenteral antimicrobial therapy at PMH	3Q17
• Extend rehabilitation services to cover weekends and public holidays for patients with stroke, lower limb fracture and arthroplasty, with the provision of additional 1 150 physiotherapy attendances	1Q18
• Enhance peri-operative management of elderly patients with acute fragility fracture by opening five Operating Theatre sessions per week of day-time trauma list at CMC for fragility fracture	1Q18
• Provide nursing support for 100 students with mental health needs through a school-based pilot programme in collaboration with the Education Bureau and Social Welfare Department	1Q18
• Conduct nine cases of cross-cluster Robotic Assisted Surgery at PMH	1Q18
• Establish a breastfeeding support team in PMH to promote breastfeeding of newborn babies	1Q18
• Provide additional 2 500 Family Medicine Specialist Clinic (FMSC) attendances for the treatment of appropriate new SOPC cases	1Q18
• Strengthen support for terminally ill patients living in Residential Care Homes for the Elderly (RCHEs) by providing additional 700 CGAT outreach attendances	1Q18
• Strengthen community psychiatric services by recruiting an additional peer support worker to support patients with severe mental illness	1Q18
• PMH to provide laboratory support for conducting 25 000 screening tests for the diagnosis of Inborn Errors of Metabolism (IEM) among newborns in QMH, QEH and PWH	1Q18

Optimise Demand Management	
• Open three additional Operating Theatres (OT) at PMH and offer six more OT sessions per week	4Q17
• Perform 1 400 additional ocular coherence tomography (OCT) scans and 720 visual field (VF) tests for glaucoma patients	1Q18
• Enhance the capacity of interventional radiology (IR) service at PMH and provide additional 75 vascular IR procedures	1Q18
• Enhance cancer care by opening eight additional oncology beds at PMH	4Q17
• Provide around 220 additional molecular tests for lung cancer to tie in with the clinical indications for targeted therapies under HA Drug Formulary	1Q18
• Offer hospital haemodialysis to 12 additional patients with end-stage renal disease	1Q18
• Enhance cardiac care by recruiting and training one additional nurse for the provision of echocardiographic service; and provide cardiac intervention for 74 additional cases through the second Cardiac Catheterisation Laboratory (CCL) at PMH	1Q18
• Cater for around 2 600 patients under the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP)	1Q18
Enhance Staff Training and Development	
• Recruit 11 additional Advanced Practice Nurses as part-time preceptors to support the Preceptorship Scheme for junior nurses	1Q18
• Provide 1 635 training places for formal resuscitation training for clinical staff and formal first aid training for security staff	1Q18

New Territories East Cluster



		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			✓
12	Shatin (Tai Wai) General Outpatient Clinic			✓
13	Shek Wu Hui Jockey Club General Outpatient Clinic			✓

		Hospital/ Institution	Specialist Outpatient Clinic	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, as at 31 March 2016, a total of 4 651 beds. Of these, 3 610 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.

Actual Patients Served

In 2015-16, around 615 500 patients had utilised NTEC services. Approximately 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 2015-16 according to district of residence

District of residence	No. of patients ^{^#}	Distribution [#]
Sha Tin	251 900	41%
North	137 000	22%
Tai Po	130 700	21%
Others*	95 900	16%
NTEC Total	615 500	100%

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

The challenges being faced by NTEC include an ever-growing service demand due to population growth and ageing as well as service gaps in meeting the needs of local residents, and accessibility issues.

NTEC, which is the second largest Cluster in terms of the population size in the catchment area, is serving 17.5% of the overall Hong Kong population. The high proportion of elderly people has led to an inevitably high demand for medical services. It is projected that the population growth and ageing issues in the Sha Tin, Tai Po and North Districts will persist in the near future.

The overwhelming demand has been overloading the healthcare system, causing access block issues and prolonged waiting time for SOPC services. Increasing service capacity and developing more efficient service models will be necessary to relieve the pressure. In addition, there is compelling need to fill up the gaps of emergency surgical services for Tai Po District and enhance the extended care facilities in North District to facilitate continuity of care within the same district. Staff training and development is essential to keep colleagues' knowledge updated and to prepare for anticipated wastage associated with the private healthcare sector's business development.

The blueprint set out in the Clinical Services Plan for NTEC will be followed to formulate relevant development plans to rise above the challenges. NTEC will continue to put efforts on managing the increasing service demand and improving service accessibility through the collaborative efforts and the innovative thinking of staff in NTEC.

Major Initiatives in 2017-18

To align with the corporate objectives, NTEC's major initiatives for 2017-18 are as follows:

Improve service quality

- Six medical day beds will be opened for renal service at PWH, while rehabilitation services will be extended to cover weekends and public holidays for patients with stroke, lower limb fracture and arthroplasty. Besides, a nurse infertility clinic will be set up at PWH in order to build up in-vitro fertilisation service

- New service models will be launched. This includes an ortho-geriatric collaborative care model for providing geriatric support for 250 elderly orthopaedic patients at AHNH/TPH; a pilot programme of medical-social collaborative care model for patients with mild to moderate dementia in collaboration with District Elderly Community Centres; a collaborative Orthopaedics & Traumatology and Family Medicine service model with the targets of providing additional 2 000 Family Medicine Specialist Clinic attendances and 2 250 allied health outpatient attendances; and a pilot collaborative programme with NGOs to provide needs assessment, discharge planning and post-discharge rehabilitation service for discharged elderly patients in the community
- Screening tests for the diagnosis of inborn error of metabolism will be provided for newborns in PWH. Laboratory test for the diagnosis of Tuberculosis will be enhanced by installing two additional Mycobacteria Growth Indicator Tube machines for mycobacteria testing

Optimise demand management

- Additional 12 and 20 acute beds will be opened at AHNH and PWH respectively, while 20 convalescent beds will be opened at NDH. Five emergency OT sessions will be added in AHNH, and the endoscopy centre at PWH will commence with additional 10 fluoroscopic sessions. Meanwhile, additional 500 Magnetic Resonance Imaging service attendances will be provided at PWH. Additional 1 650 ocular coherence tomography scans will also be performed for glaucoma patients
- Additional 600 new SOPC cases with common mental disorder will be provided with multi-disciplinary team support. GOPC quota of 16 500 will be added. Moreover, TPH will decongest the acute psychiatric wards by opening two gazetted wards while the number of beds remains unchanged
- Cancer care will be enhanced by adding 1 873 external radiation therapy attendances. Concurrently, around 270 additional molecular tests for lung cancer, melanoma and gastrointestinal stromal tumour will be provided. Hospital haemodialysis will be offered to nine additional patients with end-stage renal disease. To keep patients in the community, around 1 820 patients will be referred to private general practitioners under the GOPC Public-Private Partnership Programme

Enhance staff training and development

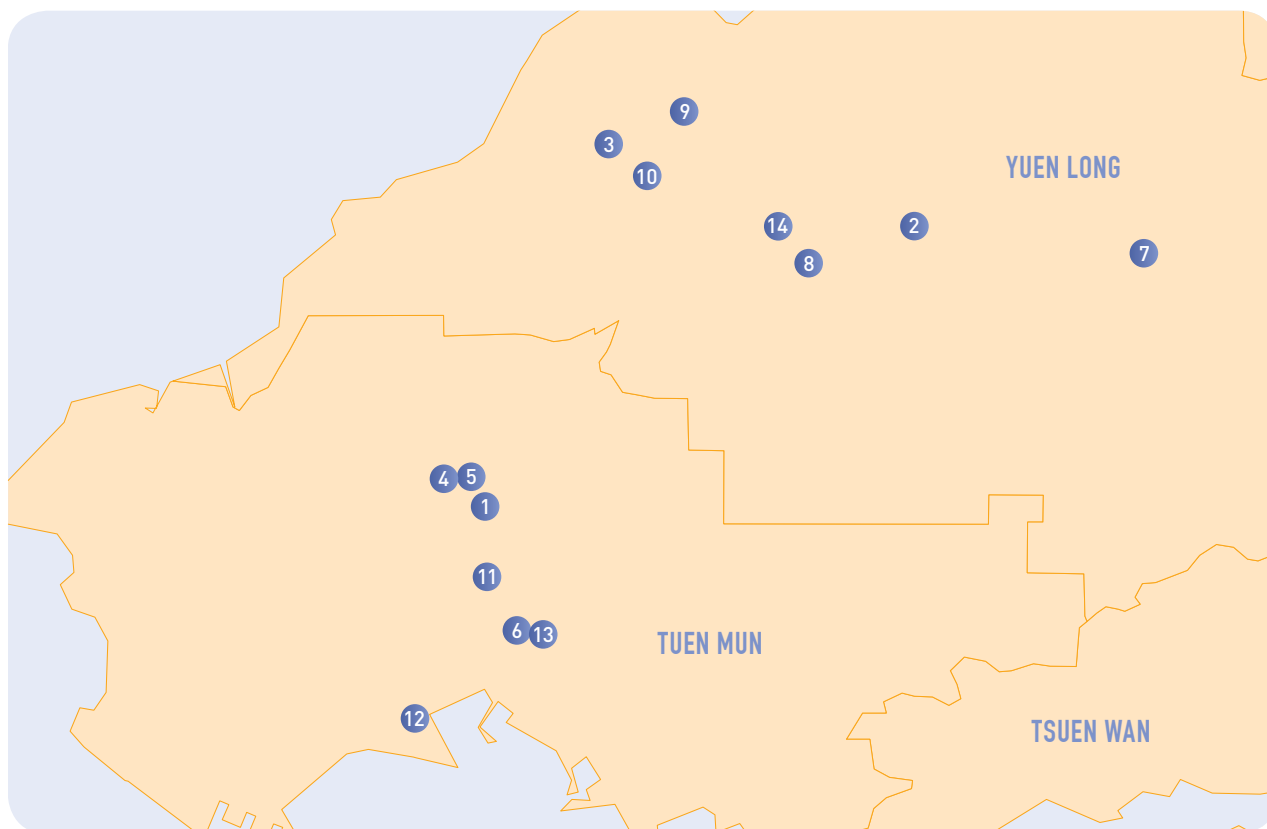
- Staff training will be enhanced by organising 29 classes of mandatory orientation programme for interns, as well as providing 250 training places for formal resuscitation training for clinical staff and formal first aid training for security staff. For nursing staff, 11 Advanced Practice Nurses will be recruited as part-time preceptors to support the junior nurses. Also, additional ten Registered Nurses will be recruited for training in various specialty areas in order to prepare for anticipated wastage of experience nurses associated with business development of the private healthcare sector

NTEC Targets

Improve Service Quality	
• Strengthen day services for renal patients by opening additional six medical day beds at PWH	1Q18
• Extend rehabilitation services to cover weekends and public holidays for patients with stroke, lower limb fracture and arthroplasty, with the provision of additional 2 300 physiotherapy and 1 150 occupational therapy attendances	1Q18
• Provide geriatric support for 250 elderly orthopaedic patients at AHNH/TPH through an ortho-geriatric collaborative care model	1Q18
• Provide nursing support to pilot a medical-social collaborative care model for patients with mild to moderate dementia in collaboration with District Elderly Community Centres	2Q17
• Provide additional 2 000 Family Medicine Specialist Clinic (FMSC) attendances and 2 250 allied health outpatient attendances under a collaborative O&T and FM service model	1Q18
• Pilot a medical-social collaborative programme with NGOs by providing needs assessment, discharge planning and post-discharge rehabilitation service for discharged elderly patients in the community	1Q18
• Implement screening tests for the diagnosis of Inborn Errors of Metabolism (IEM) among newborns in PWH	1Q18
• Start the procurement of two additional Mycobacteria Growth Indicator Tube (MGIT) machines to enhance mycobacteria testing for the diagnosis of Tuberculosis (TB)	2Q17
• Build up In-vitro Fertilisation (IVF) service by setting up a nurse infertility clinic at PWH	1Q18

Optimise Demand Management	
• Provide additional 12 and 20 acute beds at AHNH and PWH respectively, and 20 convalescent beds at NDH	4Q17
• Strengthen the Operating Theatre (OT) service of AHNH by adding five emergency OT sessions	1Q18
• Add 10 fluoroscopic sessions at PWH to enhance endoscopy services	1Q18
• Provide additional 500 MRI attendances at PWH	1Q18
• Perform 1 650 additional ocular coherence tomography (OCT) scans for glaucoma patients	1Q18
• Enhance the multi-disciplinary team support for patients with common mental disorder in SOPC by providing additional 600 new case attendances	1Q18
• Increase GOPC quota with the addition of 16 500 attendances	1Q18
• Decongest the acute psychiatric wards at TPH by opening two more gazetted wards for a total of ten wards to accommodate the same number of beds	1Q18
• Enhance cancer care by providing additional 1 873 external radiation therapy attendances	1Q18
• Provide around 270 additional molecular tests for lung cancer, melanoma and gastrointestinal stromal tumour to tie in with the clinical indications for targeted therapies under HA Drug Formulary	1Q18
• Offer hospital haemodialysis to nine additional patients with end-stage renal disease	1Q18
• Cater for around 1 820 patients under the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP)	1Q18
Enhance Staff Training and Development	
• Enhance internship training for doctors by organising 29 classes of mandatory orientation programme for interns	1Q18
• Recruit 11 additional Advanced Practice Nurses as part-time preceptors to support the Preceptorship Scheme for junior nurses	1Q18
• Provide 250 training places for formal resuscitation training for clinical staff and formal first aid training for security staff	1Q18
• Recruit additional 10 Registered Nurses for training in various specialty areas, so as to prepare for anticipated wastage of experienced nurses associated with business development of the private healthcare sector	1Q18

New Territories West Cluster



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

Healthcare Facilities

There are five hospitals / institutions in the New Territories West Cluster (NTWC) providing, as at 31 March 2016, a total of 4 259 beds. Of these, 2 448 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 five specialist outpatient clinics and eight general outpatient clinics.

Actual Patients Served

In 2015-16, around 493 300 patients had utilised NTWC services. Approximately 92% of the patients were from the Yuen Long and Tuen Mun districts.

Number and percentage distribution of patients ever utilised NTWC services in 2015-16 according to district of residence

District of residence	No. of patients ^{^#}	Distribution [#]
Yuen Long	247 900	50%
Tuen Mun	208 300	42%
Others*	37 100	8%
NTWC Total	493 300	100%

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

[^] Figures are rounded to the nearest hundred.

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

NTWC has all along been grappling with the issue of addressing the healthcare needs of the most deprived, notwithstanding the Cluster is continuously facing the challenge of increase in service demand from the rising population. According to the population projection of the Government's Planning Department, the population in NTWC will soar from 1.09 in 2014 to 1.24 million in 2024, a substantial rise of 13.7% within ten years.

With regard to the projected age structure of the population in NTWC over the same period, a more rapid growth in both younger (19.5%) and older (89.6%) age groups is noticeable, as compared to the average figure for Hong Kong (13.7% and 57.9% respectively) as a whole. The growing paediatric and ageing population is going to pose significant pressure on the healthcare facilities in NTWC.

Major Initiatives in 2017-18

To align with the corporate objectives, NTWC's major initiatives for 2017-18 are as follows:

- **Improve service quality** by increasing the renal day service capacity, extending rehabilitation service to cover weekends and public holidays, and enhancing medical-social collaboration with NGOs
- **Optimise demand management** by extending A&E Department service to 12-hour at TSWH, and opening 30 convalescent beds and 17 Special Care Baby Unit beds at TMH. NTWC will further expand haemodialysis (HD) service by providing extra HD sessions for patients with end-stage renal failure. To better manage the waiting list of SOPC service, NTWC will continue to increase SOPC consultation sessions, including nurse and allied health clinics. The GOPC quota will also be increased by 11 000 attendances. To shorten the waiting time for Magnetic Resonance Imaging (MRI) examinations, an additional MRI machine will be installed at POH. At the same time, the service hours of Pharmacy service will be extended in POH to cater for escalating needs. Additional molecular tests will also be provided to patients with lung cancer. To enhance public patients' access to primary care services, NTWC will continue to purchase primary care services from the private sector
- **Enhance staff training and development** by recruiting additional Advanced Practice Nurses as part-time preceptors to support a teaching and learning clinical environment for junior nurses. To ensure staff competency, additional training places on basic resuscitation are provided for relevant staff

NTWC Targets

Improve Service Quality	
• Strengthen day services for renal patients by opening additional eight medical day beds at TMH	4Q17
• Extend rehabilitation services to cover weekends and public holidays for patients with stroke, lower limb fracture and arthroplasty, with the provision of additional 1 150 physiotherapy attendances	1Q18
• Provide nursing support to pilot a medical-social collaborative care model for patients with mild to moderate dementia in collaboration with District Elderly Community Centres	2Q17

<ul style="list-style-type: none"> Pilot a medical-social collaborative programme with NGOs by providing needs assessment, discharge planning and post-discharge rehabilitation service for discharged elderly patients in the community 	1Q18
<ul style="list-style-type: none"> Roll out the Inpatient Medication Order Entry (IPMOE) system at TMH to enhance medication safety 	1Q18
Optimise Demand Management	
<ul style="list-style-type: none"> Open 30 convalescent beds and four acute medical beds at TMH 	4Q17
<ul style="list-style-type: none"> Open additional 17 Special Care Baby Unit beds at TMH 	2Q17
<ul style="list-style-type: none"> Commence the provision of 12-hour A&E service at TSWH 	4Q17
<ul style="list-style-type: none"> Enhance SOPC service by providing additional new case attendances of 370 at POH and 550 at TSWH 	1Q18
<ul style="list-style-type: none"> Strengthen the radiological imaging capacity of POH by installing a MRI machine in the hospital to commence the service 	1Q18
<ul style="list-style-type: none"> Enhance Diabetes Mellitus (DM) service for young patients with poor DM control through the provision of 7 300 nurse attendances and 840 allied health attendances 	1Q18
<ul style="list-style-type: none"> Roll out 24-hour pharmacy service at POH to improve pharmacy support for A&E service 	1Q18
<ul style="list-style-type: none"> Increase GOPC quota with the addition of 11 000 attendances 	1Q18
<ul style="list-style-type: none"> Provide 165 additional molecular tests for lung cancer to tie in with the clinical indications for targeted therapies under HA Drug Formulary 	1Q18
<ul style="list-style-type: none"> Offer hospital haemodialysis to three additional patients with end-stage renal disease 	1Q18
<ul style="list-style-type: none"> Maintain 1 500 patients enrolled under the Tin Shui Wai Primary Care Partnership Project, as well as cater for around 4 620 patients under the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) 	1Q18
<ul style="list-style-type: none"> Take over the management of TMH Laundry after withdrawal of the service by Correctional Services Department 	1Q18
Enhance Staff Training and Development	
<ul style="list-style-type: none"> Recruit 11 additional Advanced Practice Nurses as part-time preceptors to support the Preceptorship Scheme for junior nurses 	1Q18
<ul style="list-style-type: none"> Provide 50 training places for formal resuscitation training for clinical staff and formal first aid training for security staff 	1Q18

Abbreviations

A&E	Accident and Emergency
CC	Central Committee
CGAT	Community Geriatric Assessment Team
COC	Coordinating Committee
CT	Computed Tomography
DNA	Deoxyribonucleic Acid
eHR	Electronic Health Record
GOPC	General Outpatient Clinic
HA	Hospital Authority
HGC	Hospital Governing Committee
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
IT	Information Technology
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
MRI	Magnetic Resonance Imaging
NGO	Non-governmental organisation
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
OT	Operating Theatre
O&T	Orthopaedics & Traumatology
SOPC	Specialist Outpatient Clinic

Hospitals and Institutions

AHNNH	Alice Ho Miu Ling Nethersole Hospital
HKBH	Hong Kong Buddhist Hospital
BTS	Hong Kong Red Cross Blood Transfusion Service
CMC	Caritas Medical Centre
CPH	Castle Peak Hospital
FYKH	Fung Yiu King Hospital
GH	Grantham Hospital
HHH	Haven of Hope Hospital
HKCH	Hong Kong Children's Hospital
HKEH	Hong Kong Eye Hospital
KCH	Kwai Chung 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
SLH	Siu Lam Hospital
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TPH	Tai Po Hospital
TSWH	Tin Shui Wai Hospital
TWEH	Tung Wah Eastern Hospital
UCH	United Christian Hospital
WCHH	Wong Chuk Hang Hospital

Appendix 1 Key Service Statistics

Targets and Indicators	Actual for 2015-16	Estimate for 2016-17	Target for 2017-18
I. Access to services			
Inpatient services			
no. of hospital beds			
general (acute and convalescent)	21 587	21 798	22 027
infirmery	2 041	2 041	2 041
mentally ill	3 607	3 607	3 607
mentally handicapped	660	680	680
total	27 895	28 126	28 355
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) (%)	97	95	95
triage III (urgent cases: 30 minutes) (%)	78	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	477	480	480
no. of geriatric day places	659	659	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 ^[Note 1]			
general (acute and convalescent)	1 055 887	1 064 200	1 079 700
infirmery	3 511	3 500	3 500
mentally ill	17 440	17 400	17 400
mentally handicapped	487	520	530
overall	1 077 325	1 085 620	1 101 130
no. of patient days			
general (acute and convalescent)	6 112 117	6 160 000	6 252 000
infirmery	509 730	517 000	517 000
mentally ill	936 376	973 000	973 000
mentally handicapped	198 958	201 000	205 000
overall	7 757 181	7 851 000	7 947 000

Targets and Indicators	Actual for 2015-16	Estimate for 2016-17	Target for 2017-18
bed occupancy rate (%)			
general (acute and convalescent)	89	89	89
infirmary	88	88	88
mentally ill	71	71	71
mentally handicapped	82	82	82
overall	86	86	86
average length of stay (days) ^[Note 2]			
general (acute and convalescent)	5.8	5.8	5.8
infirmary	129	129	129
mentally ill	54	54	54
mentally handicapped	334	334	334
overall	7.2	7.2	7.2
Ambulatory and outreach services			
day inpatient services			
no. of discharge episodes ^[Note 1]	589 623	595 800	615 400
A&E services			
no. of attendances	2 236 456	2 236 000	2 236 000
no. of attendances per 1 000 population	306	306	306
no. of first attendances for			
triage I	19 830	19 800	19 800
triage II	43 840	43 800	43 800
triage III	694 114	694 100	694 100
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	724 585	728 000	742 000
no. of specialist outpatient (clinical) follow-up attendances	6 585 747	6 597 000	6 639 000
total no. of specialist outpatient (clinical) attendances	7 310 332	7 325 000	7 381 000
primary care services			
no. of general outpatient attendances	5 984 576	5 984 000	6 037 000
no. of family medicine specialist clinic attendances	289 124	292 400	301 700
total no. of primary care attendances	6 273 700	6 276 400	6 338 700
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	91 189	91 200	91 200
no. of home visits by community nurses	855 449	854 000	854 000
no. of allied health (community) attendances	35 373	35 400	35 400
no. of allied health (outpatient) attendances	2 531 869	2 531 000	2 545 000
geriatric services			
no. of outreach attendances	637 777	657 400	680 200
no. of elderly persons assessed for infirmity care service	1 560	1 710	1 710
no. of day attendances	149 601	146 800	142 400
no. of Visiting Medical Officer attendances	109 544	111 000	111 000
psychiatric services			
no. of outreach attendances	282 735	284 800	284 800
no. of day attendances	223 781	224 500	224 700
no. of psychogeriatric outreach attendances	97 503	97 900	97 900

Targets and Indicators	Actual for 2015-16	Estimate for 2016-17	Target for 2017-18
III. Quality of services			
no. of hospital deaths per 1 000 population ^[Note 3]	3.1	3.1	3.1
unplanned readmission rate within 28 days for general inpatients (%)	10.6	10.6	10.6
IV. Cost of services			
Cost distribution			
cost distribution by service types (%)			
inpatient	54.4	54.6	54.6
ambulatory and outreach	45.6	45.4	45.4
cost by service types per 1 000 population (\$m)			
inpatient	4.1	4.4	4.5
ambulatory and outreach	3.5	3.7	3.7
cost of services for persons aged 65 or above			
share of cost of services (%)	46.9	48.2	48.2
cost of services per 1 000 population (\$m)	23.3	24.5	24.0
Unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	25,270	27,030	27,290
infirmary	223,210	232,220	237,830
mentally ill	138,840	148,230	151,820
mentally handicapped	622,120	650,800	660,510
cost per patient day (\$)			
general (acute and convalescent)	4,830	5,170	5,210
infirmary	1,540	1,610	1,640
mentally ill	2,590	2,660	2,720
mentally handicapped	1,520	1,680	1,710
ambulatory and outreach services			
cost per A&E attendance (\$)	1,230	1,310	1,340
cost per specialist outpatient attendance (\$)	1,190	1,260	1,290
cost per general outpatient attendance (\$)	445	470	480
cost per family medicine specialist clinic attendance (\$)	1,130	1,210	1,240
cost per outreach visit by community nurse (\$)	535	570	585
cost per psychiatric outreach attendance (\$)	1,550	1,660	1,700
cost per geriatric day attendance (\$)	1,960	2,120	2,240
Waivers ^[Note 4]			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%)	18.5	18.1	18.1
percentage of non-CSSA waiver (%)	6.2	6.7	6.7

Targets and Indicators	Actual for 2015-16	Estimate for 2016-17	Target for 2017-18
V. Manpower (no. of full time equivalent staff as at 31 March)			
Medical			
doctor	5 664	5 813	5 942
no. of specialists	3 351	3 444	3 495
no. of trainees / non-specialists	2 313	2 369	2 447
intern	368	405	492
dentist	8	8	8
medical total	6 040	6 226	6 442
Nursing			
qualified staff	23 976	24 331	25 154
trainee	611	600	600
nursing total	24 587	24 931	25 754
Allied health	7 268	7 509	7 781
Others	34 990	36 081	37 046
total	72 885	74 747	77 023

Note 1 Refers to discharges and deaths in the Controlling Officer's Report (COR).

Note 2 Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.

Note 3 Refers to the standardised hospital death rate covering inpatient and day inpatient 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 4 Refers to the amount waived as percentage to total charge.

Appendix 2 Service Targets by Cluster

Service Delivery Targets for 2017-18	HKEC	HKWC	KCC*	KEC	KWC#	NTEC	NTWC
Inpatient services							
no. of discharge episodes^							
general (acute and convalescent)	112 460	115 070	215 020	131 730	192 560	173 050	139 810
infirmery	2 000	70	530	170	380	340	10
mentally ill	1 720	650	3 180	560	4 310	4 110	2 870
mentally handicapped	-	-	-	-	20	-	510
no. of patient days							
general (acute and convalescent)	588 800	670 600	1 409 800	702 900	986 000	1 073 300	820 600
infirmery	167 200	49 600	83 900	38 300	47 200	99 700	31 100
mentally ill	97 100	21 200	136 100	24 500	268 700	145 000	280 400
mentally handicapped	-	-	-	-	24 400	-	180 600
Ambulatory and outreach services							
day inpatient services							
no. of discharge episodes^	71 410	94 600	117 600	56 980	84 980	109 730	80 100
accident and emergency services							
no. of attendances	231 800	128 500	329 500	316 200	495 300	385 500	349 200
specialist outpatient services							
no. of specialist outpatient (clinical) attendances	807 300	878 500	1 456 600	826 500	1 287 300	1 157 500	967 300
primary care services							
no. of primary care attendances	651 200	414 310	1 232 880	1 030 270	1 062 520	1 048 340	899 180
rehabilitation and palliative care services							
no. of rehabilitation day and palliative care day attendances	38 020	28 310	4 640	4 860	5 940	6 600	2 830
no. of home visits by community nurses	97 000	55 800	170 400	166 300	157 100	123 800	83 600
no. of allied health (community) attendances	3 150	3 640	5 910	1 850	4 570	10 600	5 680
no. of allied health (outpatient) attendances	274 200	201 600	623 400	353 700	365 200	382 100	344 800

Service Delivery Targets for 2017-18	HKEC	HKWC	KCC*	KEC	KWC#	NTEC	NTWC
geriatric services							
no. of outreach attendances	109 990	55 220	151 060	44 750	131 150	75 320	112 710
no. of day attendances	29 540	8 270	25 510	14 420	24 510	27 570	12 580
no. of Visiting Medical Officer attendances	22 270	12 700	22 710	9 280	16 060	20 190	7 790
psychiatric services							
no. of outreach attendances	23 210	19 410	19 730	30 450	87 550	41 630	62 820
no. of day attendances	29 070	21 120	10 220	32 450	66 970	45 320	19 550
no. of psychogeriatric outreach attendances	11 060	13 940	9 100	10 020	27 360	13 480	12 940
Quality of services (General Inpatient)							
unplanned readmission rate within 28 days (%)	9.8	8.8	10.2	11.2	12.1	9.7	11.5

* Refers to KCC after the re-delineation of cluster boundary.

Refers to KWC after the re-delineation of cluster boundary.

^ Refers to discharges and deaths in the Controlling Officer's Report (COR).

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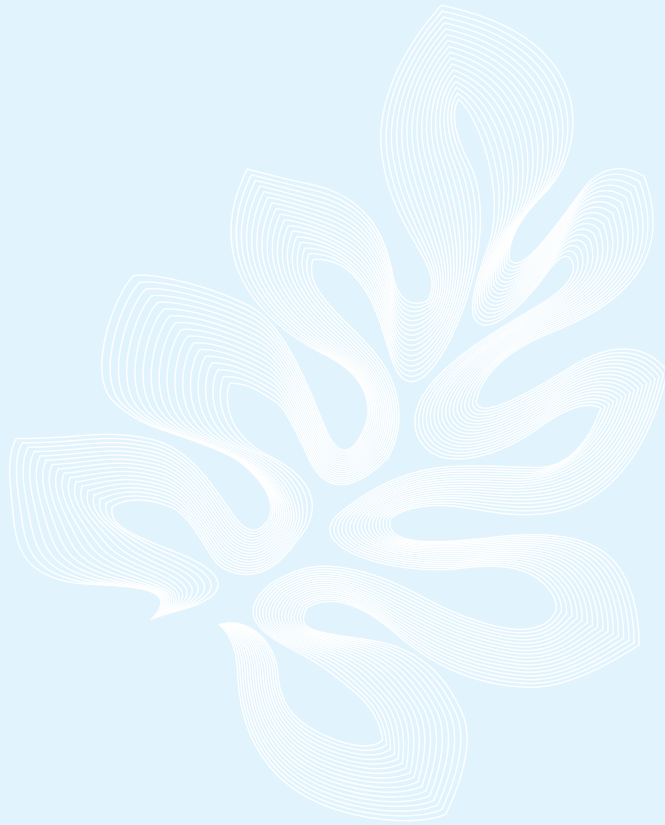
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