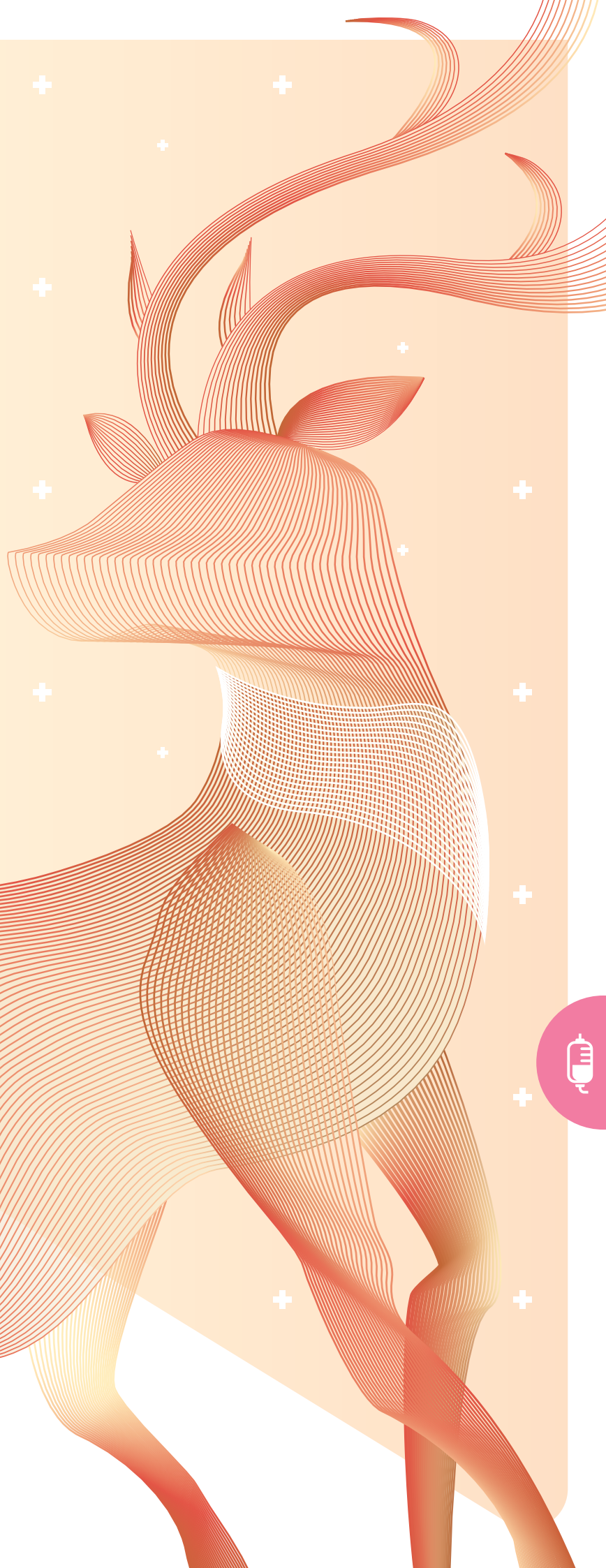




醫院管理局
HOSPITAL
AUTHORITY

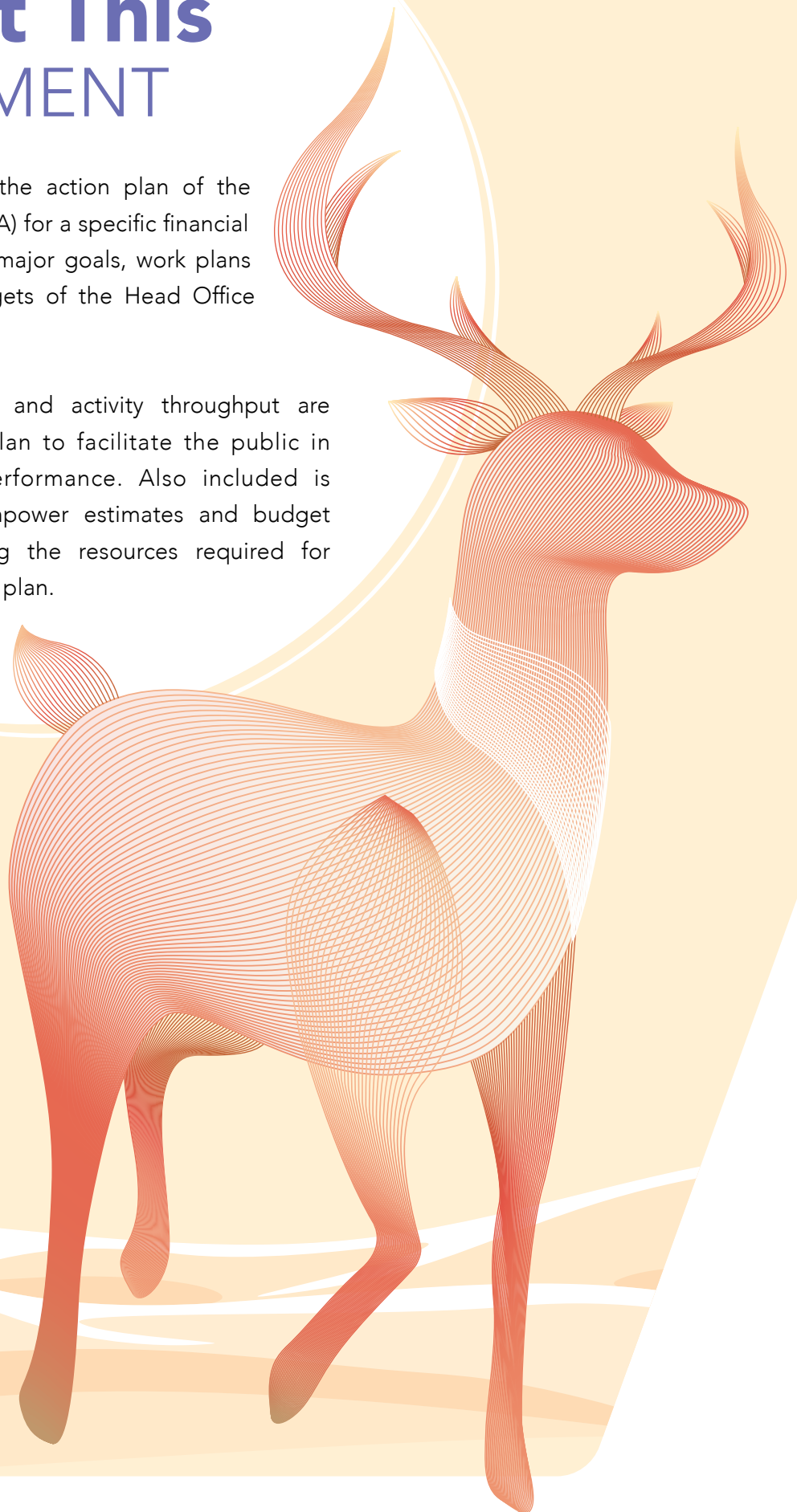
ANNUAL PLAN 2019-20



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.



VISION

Healthy People
Happy Staff
Trusted by the Community

MISSION

Helping People Stay Healthy

VALUES

People-centred Care
Professional Service
Committed Staff
Teamwork

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Introduction from CHIEF EXECUTIVE

The Hong Kong's healthcare system is facing tremendous pressure from the ageing population and the associated escalating service demand. My applause goes to our dedicated staff who unfailingly demonstrates the professionalism and passion in the provision of medical care. We are also grateful for the support from the Government in terms of the substantial increase in financial subvention to HA. The recurrent subvention for HA in 2019 - 20 amounts to \$68.8 billion. Around 137 initiatives, including 18 new programmes, will be carried out via Annual Plan 2019 - 20.

Manpower shortfall is the greatest challenge above all. We will try our very best to retain our staff. It is our intention to improve the promotion prospects for our doctors, nurses, allied health, and pharmacists. Besides, we will enhance the remuneration package for our supporting staff with pay adjustment and increase the fixed rate honorarium for our doctors. We strive to recruit more to enhance our workforce. Besides recruiting all qualified local medical graduates and re-employing more retired doctors, nurses and allied health staff through the Special Retired and Rehire Scheme, we will accept more non-locally trained doctors to work in HA's pressure areas under the Limited Registration Scheme. In 2019 - 20, we target to recruit around 520 doctors, 2 270 nurses, and 700 allied health professionals.

We are facing an overwhelming service demand which manifests in lengthened waiting time. Capacity building alone can no longer manage. Innovation in service modelling could be employed to address to the access issue. The Hong Kong Children's Hospital, North Lantau Hospital and Tin Shui Wai Hospital will continue to expand their service capacity in phases according to their service commissioning plans, and a total of around 500 additional hospital beds will be opened across Clusters to meet the escalating service demand.

We will also increase the capacity of general and specialist outpatient services, and enhance endoscopic, surgical and diagnostic imaging services. At the same time, HA is committed to modernising the existing service delivery models such as introducing the collaborative model between Family Medicine and other specialties like Surgery, and Orthopaedics & Traumatology; strengthening the roles of other grades in patient care like developing pharmacist clinics as well as nurse clinics.

HA plays a significant role in providing emergency care for time-critical illnesses in Hong Kong. In the coming year, we will provide full coverage for 24-hour intravenous thrombolysis networking service in all Clusters for our acute stroke patients. Besides, we will also extend the 24-hour primary percutaneous coronary intervention services to the Hong Kong Island network and the Kowloon East Cluster for our patients with acute myocardial infarction.

Lastly, I would like to express my deepest gratitude to all our colleagues for their determination and commitment in formulating and implementing Annual Plan 2019 - 20. With the strong support from our dedicated staff, let's work together for a healthier Hong Kong.



P Y Leung

Chief Executive

Planning CONTEXT

This annual plan outlines the specific actions for the third 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 2019-20 is the third 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 2019-20 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 inputs 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 7 March 2018 for 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 17 April 2018 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 3 May 2018 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 needs and impact. 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 2019 and March 2020.

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 2019-20 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 achieve 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 2019-20](#), 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 and retain staff
- Enhance staff training and development

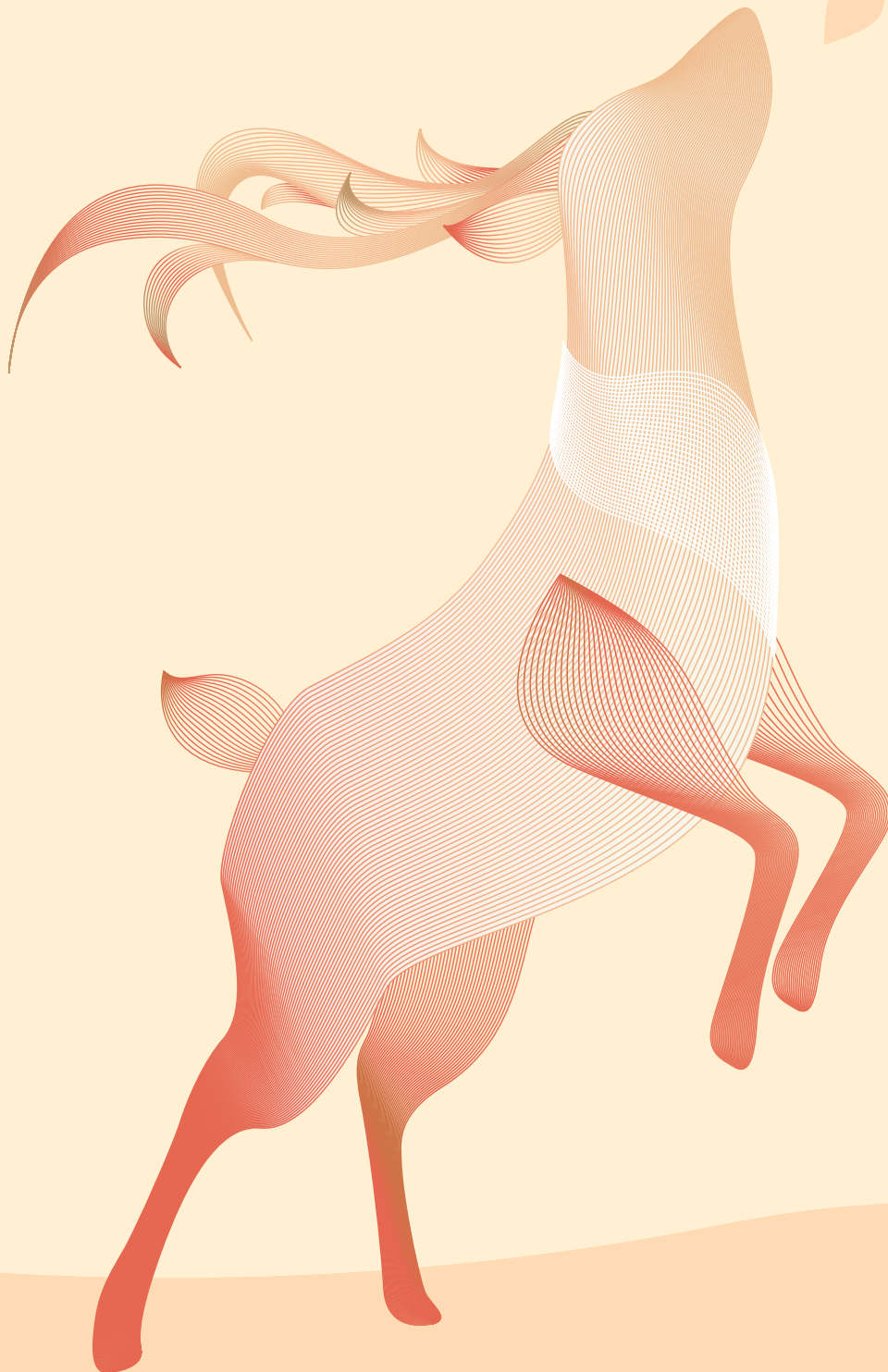
Enhance Financial Sustainability

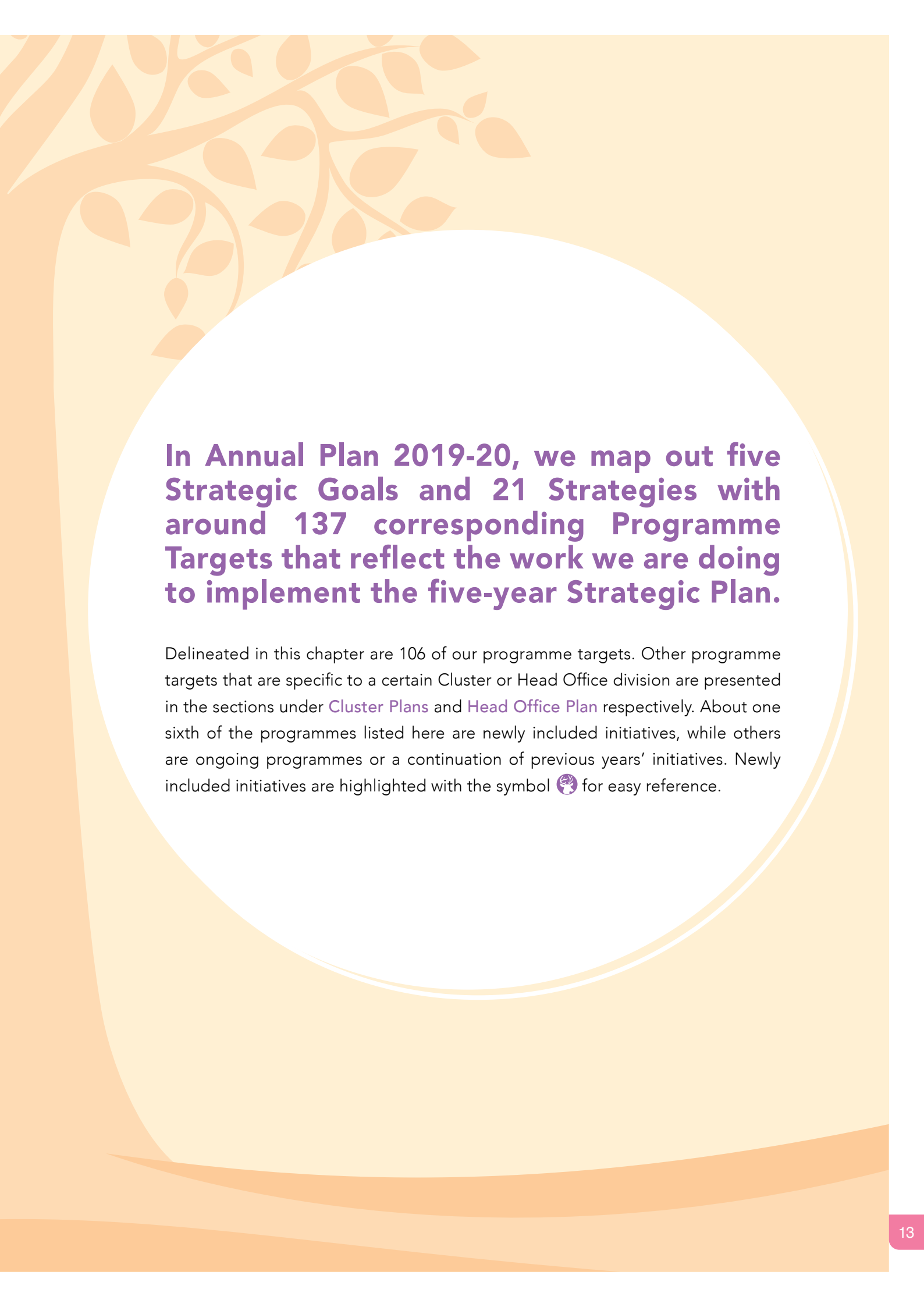
- Drive accountable and efficient use of financial resources

Framework of Annual Plan 2019-20


Strategic Goals <i>(What we want to achieve)</i>	Strategic Directions <i>(Where we are going)</i>	Strategies <i>(How we get there)</i>
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	Develop service standards & common protocols
		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	Facilitate flexible working
		Develop structured succession planning
	Promote staff engagement & well-being	Develop ways to better engage & communicate with staff
		Reinforce ways to support the health of staff
Foster staff health & a safe working environment	Strengthen Occupational Safety and Health	
	Coordinate the governance & organisation of staff training	
Enhance staff training & development	Strengthen training governance & policy	Establish a mechanism to align training with career development
		Develop a quality assurance framework & raise staff training opportunities
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

Strategic Goals and PROGRAMME TARGETS





In Annual Plan 2019-20, we map out five Strategic Goals and 21 Strategies with around 137 corresponding Programme Targets that reflect the work we are doing to implement the five-year Strategic Plan.



Delineated in this chapter are 106 of our programme targets. Other programme targets that are specific to a certain Cluster or Head Office division are presented in the sections under **Cluster Plans** and **Head Office Plan** respectively. About one sixth 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.

Improve Service Quality



Our strategies for 2019-20


- Promote day services
- Strengthen service coordination and collaboration
- Develop more options for patient care
- Enhance community-based care
- Develop service standards and common protocols
- 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 2019-20
Enhance day ward services to relieve the reliance on inpatient care	Open additional day beds of 10 at RH, seven at QMH, 10 at TKOH and four at CMC by 4Q19
Strengthen the peri-operative management for day surgery in HKWC 	Provide additional 120 day / same day surgeries in HKWC by 1Q20
Enhance day surgery services in KEC and KWC	Provide additional 10 Operating Theatre (OT) sessions in TKOH by 3Q19 and 10 OT sessions in CMC by 1Q20
Augment the provision of day rehabilitation in KEC and NTWC 	Set up Medical Rehabilitation Centre in TKOH by 4Q19; KEC and NTWC to manage an additional total of 1 400 day rehabilitation attendances, as well as 500 geriatric day hospital attendances by 1Q20

Strengthen service coordination and collaboration


Action	Target for 2019-20
<p>Strengthen the infrastructure for the formation of HA's Hospital Dental and Oral-Maxillofacial Surgery Service Network to enhance oral-maxillofacial surgery and specialist dental services for hospital patients</p> 	<p>Provide additional two OT sessions at TKOH and an additional total of 300 SOPC attendances in KCC and KWC by 1Q20</p>
<p>Continue to strengthen patient discharge management in KEC by setting up a discharge lounge for patients who need Non-Emergency Ambulance Transfer Service (NEATS) so as to expedite the availability of vacant beds for A&E admission, and by augmenting the capacity of phlebotomy service for 24-hour support</p>	<p>The discharge lounge at UCH manages additional 3 000 patients requiring NEATS, and add six Patient Care Assistants (PCA) to the 24-hour phlebotomist service for inpatient wards in KEC by 1Q20</p>
<p>Further roll out restorative rehabilitation services during weekends and public holidays for patients with lower limb fracture or arthroplasty done in the acute setting, as well as stroke patients in the extended care setting, which have been implemented in 11 hospitals since 2017-18</p>	<p>Roll out the programme to KH, UCH, HHH, PMH and TMH providing an additional total of 6 900 physiotherapy and 5 750 occupational therapy attendances during weekends and public holidays by 1Q20</p>
<p>Better manage the demand of physiotherapy outpatient services by introducing stratified care management for patients with low back pain</p> 	<p>Provide an additional total of 4 400 physiotherapy outpatient attendances at PWH and AHNH by 1Q20</p>
<p>Extend the ortho-geriatric collaborative care model for elderly patients with hip or other fragility fractures in acute and extended care settings, which was first implemented in FYKH / MMRC and AHNH / TPH in 2017-18</p>	<p>Provide geriatric support for a total of 680 elderly orthopaedic patients at TWEH, KH and UCH by 1Q20</p>
<p>Reinforce adult Palliative Care (PC) service by setting up multi-disciplinary PC consultative teams to cater for cancer and non-cancer PC patients, following the set up of the team in KWC in 2018-19</p>	<p>Set up a PC consultative team in HKEC, KEC and NTWC respectively, to cater for an additional total of 540 PC patients by 1Q20</p>
<p>Promote breastfeeding of newborn babies in HA hospitals by strengthening the relevant nursing support, which has been rolled out to all eight hospitals with an obstetric unit over the past five years</p>	<p>Beef up the breastfeeding support teams with a total of five Registered Nurses (RN) to support the Baby-Friendly Hospital accreditation programmes in HKEC, HKWC, KCC and NTWC by 1Q20</p>

Action	Target for 2019-20
Further enhance cross-cluster collaboration on Robotic Assisted Surgery (RAS) so that surgeons in Clusters with no robotic surgery equipment have access to the technology. In 2018-19 a total of 58 cross-cluster RAS were performed	Conduct 61 cases of cross-cluster RAS at PYNEH, QMH, QEH, PMH and PWH by 1Q20
Enhance the corporate communication structure in HA, which involves the formation of cluster-based services to oversee and synergise corporate communication for all hospitals within the Cluster 	Establish the cluster-based Corporate Communication structure by phases, starting with recruiting one Senior Information Officer respectively in HKWC and KEC by 4Q19


Develop more options for patient care

Action	Target for 2019-20
Augment nurse clinic services in respiratory, neonatal jaundice, Human Immunodeficiency Virus (HIV) care and enhance wound & stoma care service to alleviate doctors' workload	Recruit an additional total of seven Advanced Practice Nurses (APN) for enhancing the nurse clinic services in SOPCs; recruit an additional total of two APNs for enhancing wound & stoma care service by 1Q20
Continue to improve obstetric care by provision of maternal special care beds in the labour ward and by providing training to nursing staff in high-risk pregnancy care, which was first piloted in PWH in 2018-19	Designate one maternal special care bed in the labour ward and recruit two RNs for training in QMH, QEH and TMH respectively by 1Q20
Relieve access block and reduce admission to Medicine and Geriatrics (M&G) department of KWH by providing rapid medical assessment 	Beef up manpower at KWH A&E and establish a Fast Track Clinic in the M&G ambulatory centre to provide rapid assessment, diagnostic and therapeutic procedures by 4Q19
Continue to develop Integrated Chinese-Western Medicine model through piloting specific disease programmes in HA hospitals, with Phase III started in 2018	Continue to implement Phase III of the Integrated Chinese-Western Medicine Pilot Project for stroke care in TWH, SH and PWH, cancer palliative care in PMH and TMH, and musculoskeletal pain management in PYNEH and KWH by 1Q20

Enhance community-based care

Action	Target for 2019-20
Continue to strengthen the Community Geriatric Assessment Team (CGAT) support for patients living in Residential Care Homes for the Elderly (RCHEs)	Provide an additional total of around 1 000 CGAT outreach attendances in KCC by 1Q20
Enhance the multidisciplinary support in HKWC for the provision of psychogeriatric outreach services to patients living in RCHEs 	Expand the coverage and provide additional 1 750 psychogeriatric outreach attendances in HKWC by 1Q20
Enhance the service of Patient Support Call Centre (PSCC), which provides professional telephone advice to support discharged elderly patients as well as patients with chronic diseases such as Diabetes Mellitus (DM) in the community	PSCC to manage 9 300 additional calls by 1Q20
Expand the programme of the school-based medical-education-social collaboration platform, namely Student Mental Health Support Scheme (SMHSS), together with the Education Bureau and Social Welfare Department to enhance support for students with mental health needs, which was piloted in KEC and KWC since 2016-17 and rolled out in HKWC, NTEC and NTWC since 2018-19	Expand the programme to more schools and enhance the support for child and adolescent psychiatric SOPC services in HKWC, KEC, KWC, NTEC and NTWC by 1Q20
Continue to support the annual Government Vaccination Programme (GVP)	Deliver the total committed doses for the GVP by 1Q20




Develop service standards and common protocols

Action	Target for 2019-20
Develop standardised Patient Discharge Information Summary (PDIS) to facilitate patients' self-care after discharge 	Roll out the PDIS to M&G departments in phases and conduct evaluation by 1Q20



Reinforce clinical risk management

Action	Target for 2019-20
Strengthen medication safety through extending the Inpatient Medication Order Entry (IPMOE) system to non-acute hospitals for supporting clinical workflow and reducing errors in medication prescription and transcription. Since 2014, the system has been rolled out to all acute hospitals and five non-acute hospitals	Roll out the IPMOE system to six non-acute hospitals (CCH, SJH, TWEH, WCHH, CPH and SLH) by 1Q20
Continue to implement measures to reduce the reuse of Single Use Devices (SUD)	Phase out the reuse of selected class II moderate-high risk SUD according to clinical prioritisation by 1Q20
Continue to roll out the enhanced Surgical Instrument Tracking System to facilitate the reprocessing flow, tracking and tracing of reused SUD after being implemented in 11 hospitals since 2018-19	Roll out the SUD tracking and tracing system to six more hospitals and complete the implementation for class II SUD by 1Q20

Refine technology planning and adoption to keep up with international standards

Action	Target for 2019-20
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 and reposition self-financed drugs as Special drugs for managing diabetes mellitus, cancers, multiple sclerosis, osteoporosis, hepatitis, tuberous sclerosis complex, psychiatric, cardiovascular, pulmonary, and renal diseases by 2Q19
Provide screening tests for the diagnosis of Inborn Errors of Metabolism (IEM) to newborns in HA hospitals, which have been implemented in QMH, QEH, PWH and TMH since 2017-18	Extend the programme to KWH by 1Q20
Continue to modernise genetic services of HA by adopting more tests 	Build capacity on genetic tests for additional 280 suitable patients with brain tumor and offer additional 1 600 chromosome microarray tests for prenatal diagnosis by 1Q20
Continue to support the first Hyperbaric Oxygen Therapy (HBOT) Centre in HA, which was established in 2018-19	Provide additional 2 600 chamber hours at the HBOT centre by 1Q20
Enhance medical device management by aligning the provision of medical devices used in 100 interventional procedures under specific clinical indications	Provide additional medical devices used in interventional procedures under specific clinical indications by 2Q19
Establish remote monitoring services for patients with Cardiac Implantable Electronic Devices (CIEDs) 	Set up remote monitoring services unit at GH by 1Q20
Optimise the use of surgical implants for fragility fracture management to improve functional outcome and reduce complication 	Provide surgical implants and bone substitute / cement augmentation for patients with fragility fracture in Orthopaedics & Traumatology (O&T) department of all acute hospitals by 1Q20
Continue to support the HA Data Collaboration Lab	Collaborate with external parties on research projects and further contribute on theme-based research datasets to the Big Data Analytics Platform by 1Q20

Upkeep existing equipment

Action	Target for 2019-20
Enhance patients and staff safety by replacing existing beds with electrically-operated beds (e-beds) for adults and children 	Provision of 1 020 adult e-beds and 154 e-child cots by 1Q20
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 1Q20
Review the current strategy and service support for maintenance of medical equipment 	Complete the review on equipment maintenance strategy and biomedical engineering service support to Clusters by 2Q19

Empower patients for self-care

Action	Target for 2019-20
Continue to collaborate with non-governmental organisations (NGOs) to empower chronic diseases patients, enhance their knowledge and self-care capabilities	Cater for 14 000 participants under the Patient Empowerment Programme by 1Q20

Engage patients to support service improvements

Action	Target for 2019-20
Continue to conduct Patient Experience Survey (PES) to collect patients' views on HA services	Conduct PES on inpatient service by 1Q20
Continue to facilitate patients joining the Electronic Health Record Sharing System (eHRSS) / Public Private Partnership (PPP) Programme	Strengthen manpower support at various Medical Records Offices in Clusters by 2Q19


Optimise Demand Management


Our strategies for 2019-20


- 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 2019-20
Continue to strengthen the capacity of inpatient services in HKEC following the addition of 32 acute beds in 2018-19	Add 60 acute beds at PYNEH by 4Q19
Provide more inpatient beds for haemopoietic stem cells transplant services in HKWC	Open 12 acute beds at QMH by 4Q19
Augment the inpatient capacity of KCC to cope with the escalating service demand	Provide additional 40 extended care beds at HKBH by 4Q19, and 40 acute beds in QEH by 1Q20
Continue to reinforce the capacity of inpatient services in KEC after the addition of 106 acute beds in 2018-19	Open additional 36 acute beds at UCH and 40 extended care beds at HHH by 3Q19
Further enhance the inpatient capacity of KWC after adding a total of 40 acute beds at PMH and CMC in 2018-19	Add acute beds of four at PMH and 16 at YCH, and 14 extended care beds at CMC by 4Q19
Expand the clinical services of NLTH, including emergency, extended care, gynaecology, paediatric and surgery services, further to the 40 beds added and provision of paediatric SOPC service in 2018-19	Open 20 beds in the emergency medicine ward and extended care ward respectively, provide gynaecology and paediatric SOPC services, and add five elective OT sessions at NLTH by 4Q19
Augment the capacity of clinical services in NTEC, further to the addition of 103 acute beds and 20 extended care beds in 2018-19	Add acute beds of 15 at PWH, 20 at AHNH and 10 at NDH, as well as add 20 extended care beds at SH by 4Q19
Further enhance the inpatient capacity of NTWC after adding 92 acute beds in 2018-19	Provide additional 24 acute beds at TMH, 11 acute beds at POH, 50 acute beds and 20 extended care beds in TSWH by 4Q19

Action	Target for 2019-20
Continue to alleviate the work pressure of A&E departments	Implement the A&E Support Session Programme in A&E departments to manage triage categories IV and V cases by 2Q19
Continue to strengthen the capacity of OT services after the addition of six OT sessions per week at PMH in 2018-19	Add a total of 54 OT sessions per week, including 18 at KWH, five at HKBH, 10 at UCH, five at PMH, six across NTEC and 10 at POH by 1Q20
Continue to improve peri-operative management of elderly patients with acute fragility fracture by extending the day-time designated trauma list to NTWC, since the introduction of the list in KEC, KWC and NTEC in 2017-18	Open five OT sessions per week of day-time trauma list for acute geriatric fragility fracture patients at TMH, and set up acute geriatric fragility fracture nursing coordination services in QMH, PWH and TMH by 1Q20
Continue to increase the capacity of endoscopy service after 15 sessions were added in 2018-19	Open seven sessions per week for endoscopic procedures at TKOH, PMH and PWH respectively by 1Q20
Commence the operation of HKCH by phases to provide territory-wide services for complex and rare paediatric cases under the hub-and-spoke model 	Commence inpatient paediatric nephrology, surgery and cardiology & cardiothoracic surgery services, neonatal intensive care unit services, as well as formation of critical care transport team of HKCH by 1Q20
Strengthen SOPC service capacity in various Clusters	Provide an additional total of 3 600 SOPC new case attendances at HKWC, KEC, NTEC and NTWC by 1Q20
Build up a critical mass of manpower to sustain a hospital dermatology service in HA	Enhance operational support to dermatology services in HKWC by providing additional nurses and supporting staff by 4Q19
Utilise Family Medicine Specialist Clinic (FMSC) to relieve workload of SOPC by further rolling out the collaborative model implemented for the O&T department and introduce the model for Surgery department	Provide an additional total of 4 000 FMSC attendances under the collaborative model for O&T in KEC and NTEC; as well as additional 2 000 FMSC attendances for Surgery in NTWC by 1Q20


Action	Target for 2019-20
Continue to augment the service capacity of GOPC to improve the access of target users to public primary care services after quota increase by 55 000 in 2018-19 in KCC, KEC, KWC, NTEC and NTWC	Increase the GOPC quota by a total of 44 000 in KCC, KEC, KWC, NTEC and NTWC by 1Q20
Enhance the laboratory capacity for additional hepatitis B virus (HBV) related tests	Build up laboratory capacity by additional 73 000 various HBV related tests by 1Q20
Continue to strengthen the capacity of radiology services after providing additional 10 Magnetic Resonance Imaging (MRI) sessions at POH, installing a MRI machine at PYNEH and QEH, as well as additional Computed Tomography (CT) attendances at NDH in 2018-19	PYNEH, QEH and PWH to provide an additional total of 5 000 attendances for MRI scan; KWH, PWH and NDH to provide an additional total of 8 500 attendances for CT scan; and TMH to carry out preparatory works for setting up a PET-CT machine by 1Q20
Further augment the service capacity of mammogram to improve breast imaging services after additional attendances were provided at NTEC in 2018-19	Provide an additional total of 3 520 attendances for mammogram in HKWC and NTWC by 1Q20
Continue to strengthen pharmacy services in support of enhanced clinical services 	Enhance oncology clinical pharmacy services in HKEC and KWC by providing 100% screening of chemotherapy prescriptions by 4Q19; launch drug refill services in NTEC; as well as implement pharmacist clinic on anti-coagulant therapy management at KWH, UCH, PWH, TMH by 1Q20
Reinforce cancer care to meet service demand, with capacity enhancement carried out for oncology services in HKWC, KCC, NTEC and NTWC in 2018-19	Strengthen manpower support for medical oncology service in HKWC by 3Q19; enhance chemotherapy services in KEC, KWC and NTEC by 1Q20; extend the service hour of radiotherapy at PWH and TMH by 1Q20
Continue to expand the capacity of renal replacement therapy for patients with end-stage renal disease to improve their health outcomes. A total of 1 041 hospital haemodialysis places have been provided in 2018-19	Provide additional 59 hospital haemodialysis places by 1Q20

Action	Target for 2019-20
<p>Boost up the capacity of DM service to provide Targeted Active Intervention to young patients with poor DM control who are attending non-DM SOPCs, which was implemented in KEC, KWC, NTEC and NTWC since 2017-18; as well as piloting Continuous Glucose Monitoring (CGM) to improve DM control and reduce hypoglycemia</p> 	<p>Roll out the enhancement programme in non-DM SOPC of HKEC, HKWC and KCC; and provide 300 CGM sensors and related services to selected patients in KEC and NTWC respectively by 1Q20</p>
<p>Continue to strengthen the clinical management of patients diagnosed with 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 1Q20</p>
<p>Further enhance the multi-disciplinary team support for patients with common mental disorder (CMD) in SOPC, which has been implemented in KEC, KWC, NTEC and NTWC by phases since 2015-16; as well as strengthen the community psychiatric services to further enhance the support for patients with mental illness</p>	<p>Provide additional 450 new case attendances for patients with CMD in HKEC; and recruit additional 20 case managers by 1Q20</p>

Roll out service enhancements for time-critical care

Action	Target for 2019-20
<p>Expand the coverage of Primary Percutaneous Coronary Intervention (PPCI) for patients with ST-Elevation Myocardial Infarction (STEMI) after setting up the service at KCC in 2018-19</p>	<p>Expand the coverage of PPCI for patients with STEMI to KEC, as well as the HK Island network by 1Q20</p>
<p>Continue to augment cardiac services after opening the additional total of six Cardiac Care Unit (CCU) beds in QEH, CMC and NDH, as well as enhancing the service capacity of Cardiac Catheterisation Laboratory (CCL) in 2018-19</p>	<p>Open one additional CCU bed at PYNEH by 1Q20 and two CCU beds at NDH by 4Q19; as well as extend the service hour of CCL at NDH by 1Q20</p>
<p>Further enhance stroke management by strengthening immediate interventions, with 24-hour intra-venous thrombolytic therapy service for acute ischaemic stroke patients through cluster-based networks</p>	<p>Extend the cluster-based 24-hour intra-venous thrombolytic therapy service for acute ischaemic stroke patients to KCC and KWC, after which the service will be available in all Clusters by 1Q20</p>

Reinforce Public-Private Partnerships (PPP)

Action	Target for 2019-20
Continue to purchase cataract surgeries from the private sector to address escalating service demand after 500 surgeries were performed under the programme in 2018-19	Provide 550 surgeries under the Cataract Surgeries Programme by 1Q20
Continue to purchase haemodialysis (HD) service from qualified community HD centres, with 246 HD places being offered under the programme in 2018-19	Provide 267 HD places under the Haemodialysis PPP Programme by 1Q20
Continue to purchase radiological investigation services from the private sector to cater for eligible HA patients through PPP arrangement	Provide 20 200 scans for cancer patients under the Radi Collaboration Project by 1Q20
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, which benefited around 29 900 patients in 2018-19	Cater for around 33 590 patients under the GOPC PPP Programme by 1Q20
Continue to collaborate with NGOs to enhance infirmary care services for public patients requiring long-term institutional health and social care, with a pilot project being implemented with Po Leung Kuk in 2018-19	Continue to pilot the Infirmary Service PPP Programme through commissioning Po Leung Kuk to operate infirmary care services for 64 beds at WCHH by 1Q20
Continue to offer choices to HA patients for receiving colon assessment from private specialists through PPP	Continue to implement the Colon Assessment PPP Programme for the provision of 1 300 colonoscopies by 1Q20
Offer choices to HA patients with glaucoma in HKWC, KCC, and NTEC for receiving ophthalmology services from private sectors 	Cater for 600 patients under the pilot Glaucoma PPP Programme by 1Q20

Attract and Retain Staff

Our strategies for 2019-20

- Facilitate flexible working
- Develop structured succession planning
- Develop ways to better engage and communicate with staff
- Reinforce ways to support the health of staff
- Strengthen Occupational Safety & Health

Facilitate flexible working

Action	Target for 2019-20
Alleviate the workload of frontline doctors by recruiting additional non-locally trained doctors under Limited Registration (LR)	Continue and enhance the LR recruitment scheme for attracting and recruiting more qualified non-locally trained doctors to work in public hospitals under LR in an ongoing manner
Continue the Special Retired and Rehire Scheme to re-employ suitable staff upon their retirement in order to retain suitable expertise and to help alleviate the manpower issues	Implement rehiring exercises for serving doctors, nurses and allied health staff who will leave HA in 2019-20 upon retirement or completion of contract at or beyond the normal retirement age by 1Q20

Develop structured succession planning

Action	Target for 2019-20
Continue to enhance career progression and promotion opportunities for frontline doctors	Provide additional 65 promotion opportunities for frontline doctors by 1Q20
Improve clinical supervision, specialty training, promotion prospect and manpower to strengthen nursing roles in clinical care	Add 10 posts of Nurse Consultant; provide upgraded APN posts to enhance night-shift supervision in wards; and enhance nursing manpower for A&E, stroke services, and labour wards by 1Q20
Attract and retain care-related supporting staff by improving their career progression opportunities	Continue to carry out the annual progression exercise for Patient Care Assistant (PCA) IIIA in inpatient wards or services on 24 hours shift by 1Q20
Attract and retain Operation Assistants (OpA) in inpatient services by improving their career progression opportunities	Continue to carry out the annual progression exercise for OpA IIIB in inpatient services by 1Q20
Attract and retain Executive Assistants (EA) working in inpatient wards by improving their career progression opportunities	Continue to carry out the annual progression exercise for EA IIIA working in inpatient wards by 1Q20

Develop ways to better engage and communicate with staff

Action	Target for 2019-20
Engage and understand younger generation by conducting a Focused Staff Survey (FSS)	Conduct FSS for all RNs and Enrolled Nurses (EN) by 2Q19

Reinforce ways to support the health of staff

Action	Target for 2019-20
Improve accessibility to staff health services by enhancing the service capacity and using Telephone Appointment Booking System and eBooking App of staff clinics	Provide additional 2 800 attendances at TMH staff clinic and continue to implement the enhanced telephone Appointment Booking System and eBooking App by 1Q20
Enhance staff access to diagnostic imaging services through the Staff Radiology Programme	Expand the service scope of Staff Radiology Programme by 4Q19
Augment provision of psychological services to enhance staff psychological resilience and patient safety	Provide additional 1 700 attendances for staff by 1Q20

Strengthen Occupational Safety & Health

Action	Target for 2019-20
Strengthen Occupational Safety and Health (OSH) in HA	Improve OSH management in Clusters by recruiting additional manpower support by 1Q20

Enhance Staff Training and Development

Our strategies for 2019-20

- 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 2019-20
Enhance the Training Information Management System (TIMS) to provide comprehensive training-related information for the management and planning of staff training programmes, which was first developed in 2017-18	Further enhance the system to pilot training management reports on external training records and programmes sponsored by the designated training fund to facilitate planning, monitoring and reporting purposes by 1Q20
Further strengthen the competency of nursing staff in supporting terminally ill patients beyond PC setting through clinical attachment at PC units, which was implemented at HKEC, KWC and NTEC in 2018-19	Provide clinical attachment at PC units in KCC and NTWC to 16 nurses working beyond PC setting by 1Q20
Continue with the establishment of the HA Institute of Health IT to elevate healthcare IT related education, experience sharing, and innovation collaboration for staff from HA and the public sector, as well as professionals from the local healthcare and IT industry	Provide technology learning and innovation opportunities for 1 000 participants by 1Q20

Establish a mechanism to align training with career development

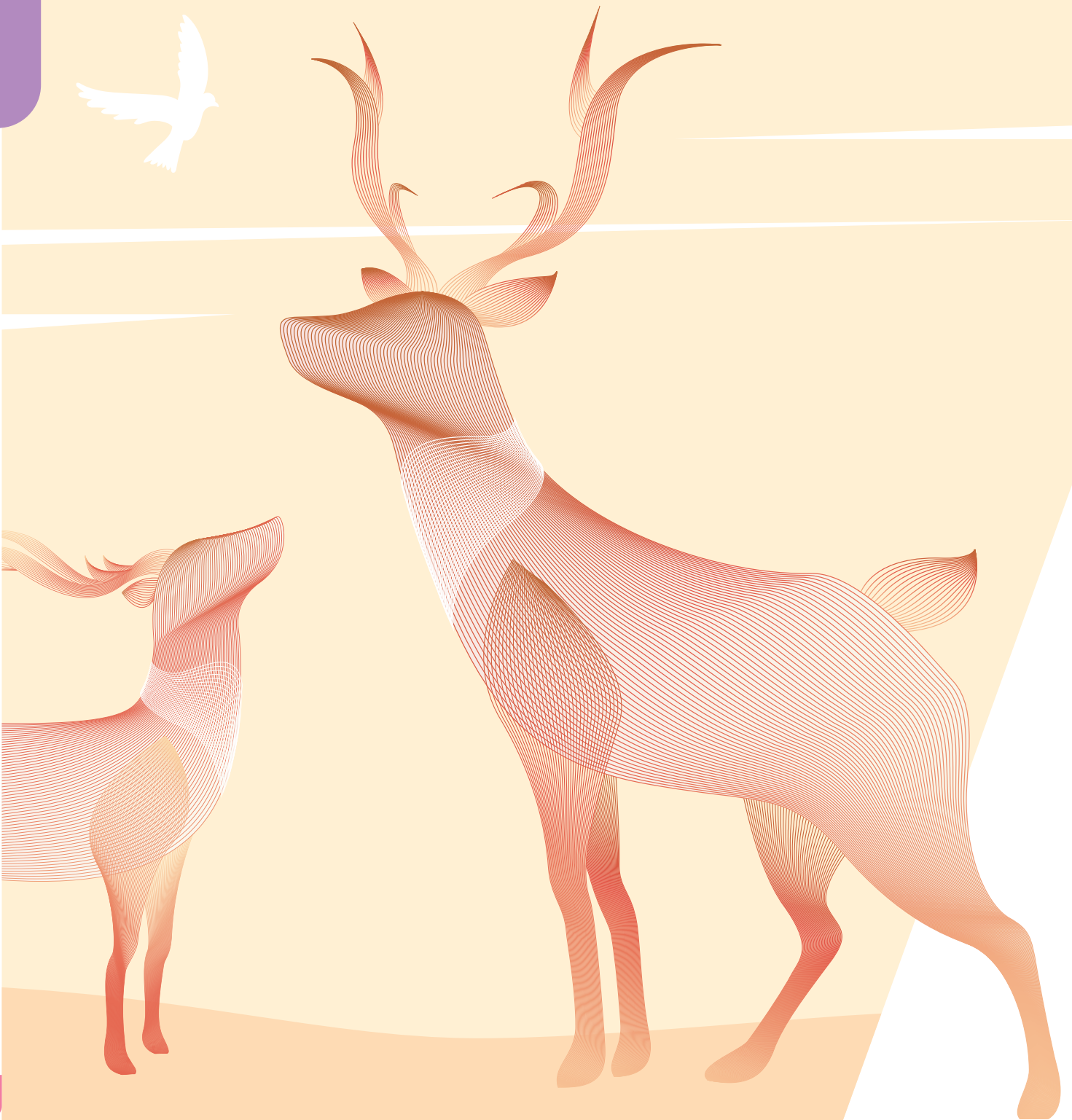
Action	Target for 2019-20
Continue to reinforce the internship training in HA for local medical graduates and overseas doctors	Provide internship training to local medical graduates, and organise mandatory orientation programme for all intake of interns by 1Q20
Continue to enhance the proficiency and competency of junior nurses	Recruit 70 Full-Time Equivalent (FTE) APNs as part-time clinical preceptors for around 3 570 junior nurses with two years or less working experience by 1Q20
Continue to train up more nurses in HA nursing schools, conduct 18-month midwifery programmes, and encourage ENs to upgrade their skills and competency to RNs level by offering training sponsorship	Provide training places for 300 RN and 100 EN new students; conduct midwifery programmes with new intake of around 80 -100 trainees; and support around 150 ENs to enroll in the voluntary RN Conversion Programme by offering training sponsorship for clinical practicum by 1Q20
Continue to implement the Training Sponsorship Programme for supporting staff to undergo ENs (General) training so as to enhance their career development	Select high calibre qualified supporting staff to undergo a two-year ENs (General) training programme by 1Q20
Implement the Mental Health Direct (MHD) rotation scheme for case managers of Community Psychiatric Service to strengthen their understanding on MHD	Provide opportunity for four case managers to attend the rotation scheme of MHD by 1Q20
Enhance training and development of legal professionals in HA for professional and operational competency	Provide opportunities for all legal professional staff to attend continuing professional development courses by 1Q20
Enhance complaint management and provide exposure to Patient Relations Officers (PROs) through a Staff Development Rotation Programme	Implement the Staff Development Rotation Programme for complaint management personnel in Head Office and Clusters by 1Q20
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 1Q20



Develop a quality assurance framework and raise staff training opportunities

Action	Target for 2019-20
Continue to sponsor overseas training of doctors, nurses and allied health staff for them to enhance specialised knowledge and skills in support of HA's development priorities	Offer around 270 overseas training scholarships to clinical staff by 1Q20
Continue to provide more training opportunities for clinical staff to facilitate service advancement and professional development	Sponsor around 450 simulation training classes, including crew resource management training for doctors and nurses in all Clusters; provide 156, 65 and 12 specialty training / enhancement programmes for nurses, allied health professionals and pharmacy staff respectively; and offer two multi-disciplinary programmes for mental health service and primary care service by 1Q20
Provide training subsidy to nurses and allied health staff who participate in recognised service-related programmes	Offer training subsidy to around 550 nurses, and 225 allied health and pharmacy staff by 1Q20
Continue the implementation of generic competencies training series in support of grade-specific curriculums for both clinical and non-clinical grades	Offer a full range of training programmes under Management 001, 101, 202 and 303 to enhance management capabilities of professional staff at different levels by 1Q20
Continue to strengthen training support for specialties with specialist training gaps	Provide 48 trainee places for doctors by 1Q20
Reinforce basic resuscitation training for HA staff	Provide a total of around 4 470 training places for formal resuscitation training to clinical staff as well as formal first aid training to security staff by 1Q20
Maintaining the service level of e-Knowledge Gateway (eKG) by monitoring and reviewing the electronic journal service for delivering the latest clinical and management knowledge electronically to all HA staff	Maintain the eKG journal service at the current level taking into account of the rising subscription fee of electronic journals by 1Q20

Service and RESOURCE ESTIMATES



HA provided 28 929 hospital beds as at 31 March 2019 and managed about 9.05 million patient days in 2018-19.

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 2018, we managed 43 public hospitals / institutions, 49 SOPCs and 73 GOPCs. The facilities are organised into seven Clusters according to geographical locations.

Service Estimates

Service Estimates for 2019-20

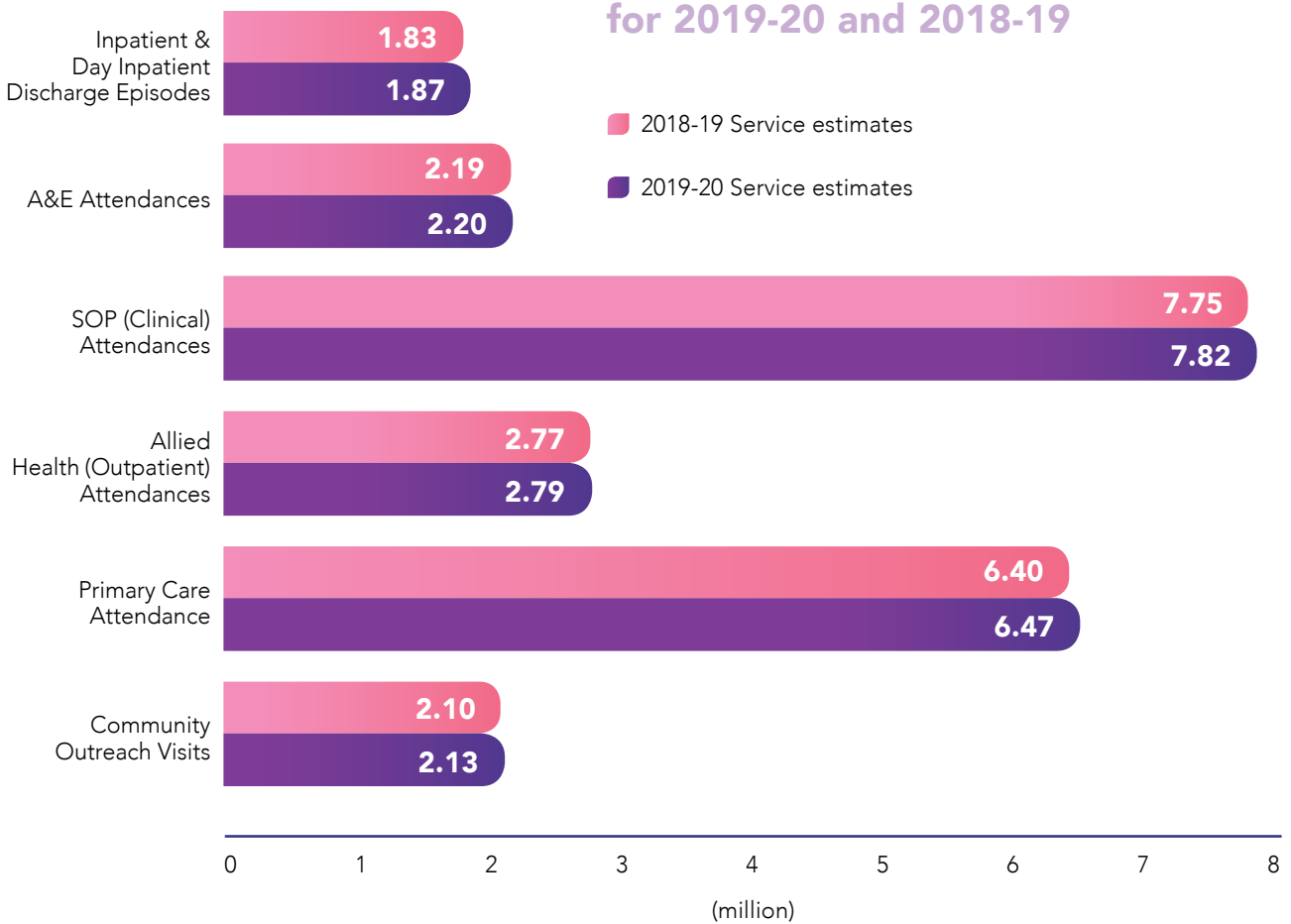
- 1.87 million inpatient and day inpatient discharge episodes*
- 2.20 million A&E attendances
- 7.82 million SOP (clinical) attendances
- 2.79 million allied health (outpatient) attendances
- 6.47 million primary care attendances
- 2.13 million community outreach visits, which include outreach medical, 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".

To meet escalating service demand arising from an ageing and growing population, HA plans to increase inpatient and day inpatient service throughput by around 2.6% in 2019-20, as compared to 2018-19. This translates into an additional 47 700 inpatient and day inpatient discharge episodes. It is estimated that HA will increase the throughput for primary care services by 1.1%, which is an increase of 70 000 attendances to enhance medical care and disease management for elderly and chronic disease patients.

A comparison of HA's estimated service throughputs for 2019-20 and 2018-19 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 estimates by Cluster.

Figure 1
Comparison of Service Estimates for 2019-20 and 2018-19

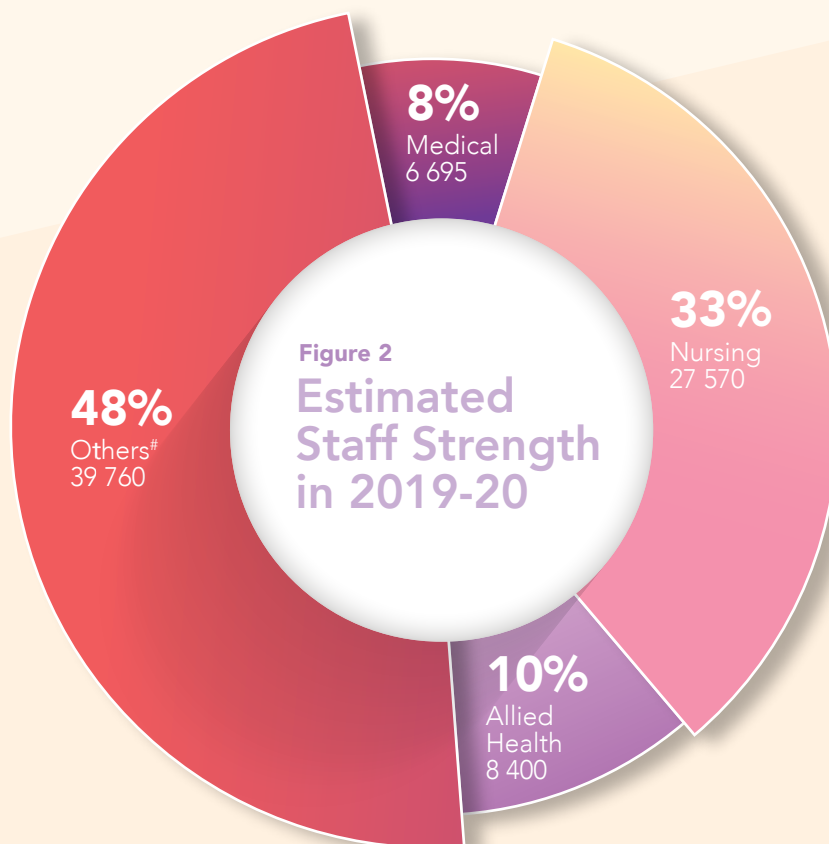


Manpower Estimates

HA's existing staff strength is more than 78 000 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 3.8% 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 2019-20 will be around 520 doctors, 2 270 nurses and 700 allied health professionals. Figure 2 provides a breakdown of estimated staff strength for the coming year. A detailed comparison of the manpower estimates for 2019-20 and 2018-19 is provided in Appendix 1.



[#] Comprise supporting staff and managerial / administrative staff

Note: The percentage may not add up to 100% due to rounding

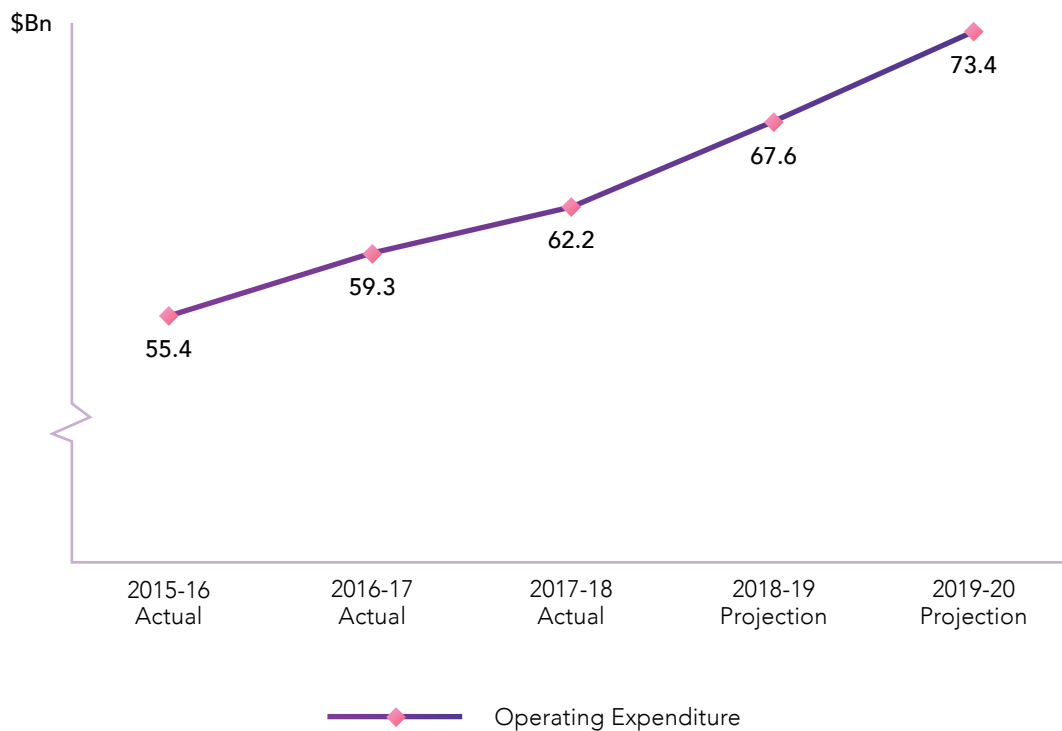
Budget

The Government will increase the provision to HA by \$5.3 billion in the coming year

For 2019-20, the recurrent subvention to HA amounts to \$68.8 billion, representing a substantial increase of 8.3% as compared to the baseline allocation in 2018-19. The majority of the new funding allocated represents the second consecutive year of funding growth committed by the Government under the triennium funding arrangement to meet the challenges arising from surging demand. In addition, the Government also provides additional recurrent funding of over \$700 million to implement further enhancement measures for staff retention.

Operating Expenditure

To achieve the strategic goals and programme targets as delineated in previous chapters, the operating expenditure of HA is projected to reach \$73.4 billion in 2019-20, representing an increase of around 8.6% as compared to 2018-19. The graph below outlines the trend of HA's operating expenditure in recent years:



The increase in operating expenditure projected for 2019-20 mainly arises from the additional resources required for meeting the growing service demand for public hospital services and implementation of HA's new / enhanced services in the coming year.

Capital Expenditure

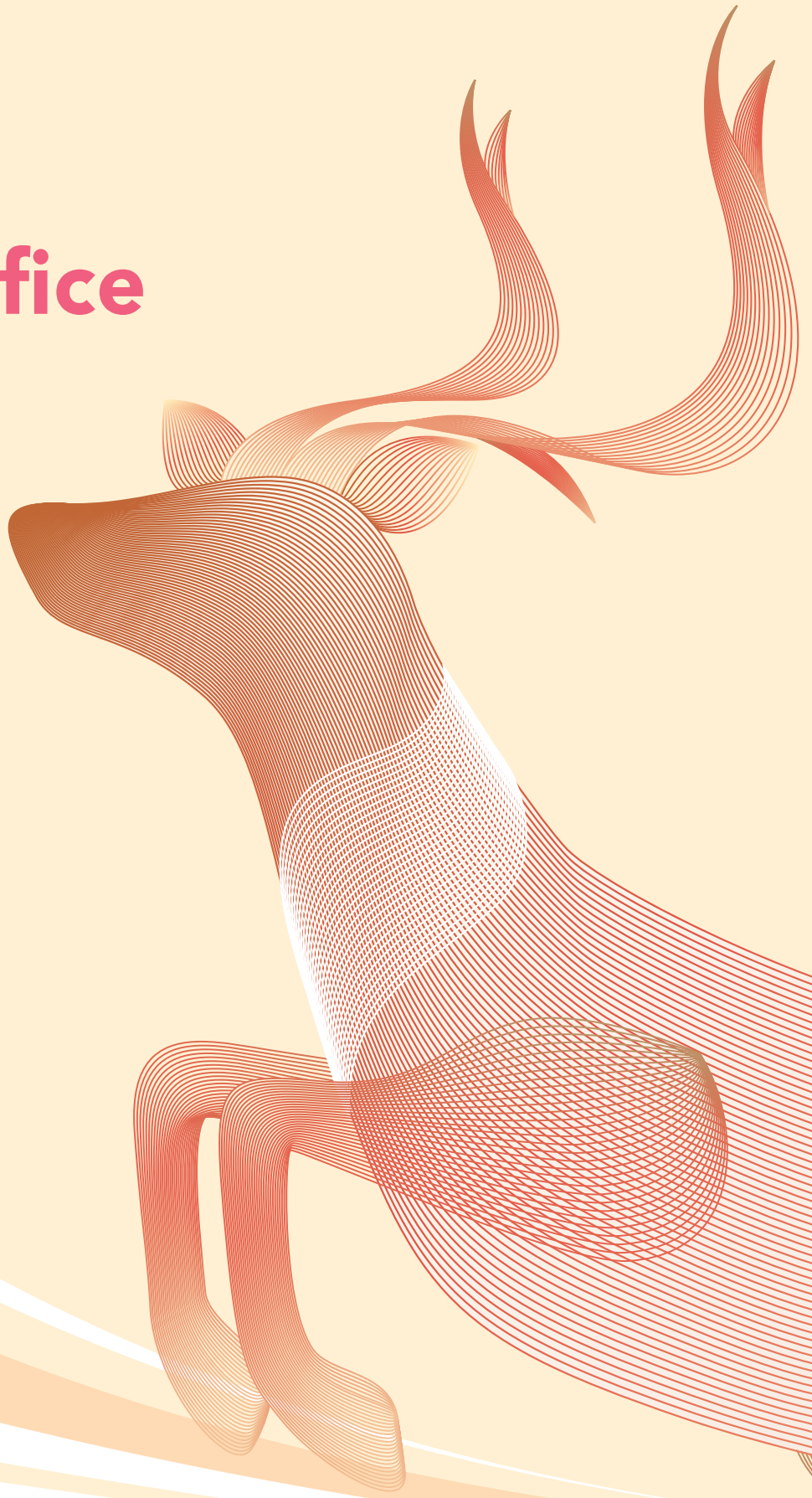
Apart from operating expenditure, the delivery of HA's service development requires different types of capital expenditure, which are primarily funded by the Government's capital subvention provision as follows:

1. Procurement of equipment and development of information systems for modernising hospital services (\$1.13 billion);
2. Minor works projects including improvement works, regular maintenance, and preparatory works for capital works projects (\$1.30 billion); and
3. Major capital works for HA's future development, such as construction of new hospitals and re-development of existing hospitals (\$4.77 billion).

Looking Ahead

The Government's dedication to enhancing the standards of healthcare services by substantially increasing the recurrent funding enables HA to formulate proactive plans to cope with the surging demand arising from the ageing population. HA will actively plan forward the utilisation of the additional \$5 billion earmarked by the Government for HA to expedite the upgrading and acquisition of medical equipment, with an aim to enhance the quality of healthcare services and to improve patient safety via advanced technology.

Head Office PLAN



This section sets out the work plans of the HA Head Office for 2019-20.

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 Information Technology and Health Informatics 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 the Authority 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 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

Through the efforts in the past three years under the steering of the Board, HA has largely completed all the action items in the HA Review Action Plan and on schedule (i.e. by late 2018), while some are on-going and continuous initiatives. The major results achieved on the HA Review Action Plan for implementing the recommendations of the Steering Committee on Review of HA were reported to the Board and made public in October 2018.

As emphasised in the HA Review, the Board is continuing to reinforce its leading and managing role on HA. The Board's Executive Committee is engaged at early stages in the formulation of strategies, directions and policies. The Board and its functional committees conduct annual agenda forecast along different strategic and functional dimensions for guiding their operations throughout the year, and extra steps are taken to proactively and specifically align the agenda planning with their respective Terms of Reference. The role and participation of the functional committees in setting key standards, driving for best practices and monitoring performance are also strengthened. HA will continue to build on its robust corporate governance framework to ensure proper management and control of the public hospitals for the provision of quality hospitals services in Hong Kong.

The Hospital Governing Committees (HGCs) appointed by the HA Board under the HA Ordinance are serving important functions in enhancing community participation in governance of public hospitals. A series of measures have been implemented in recent years to strengthen communication between HA and HGCs, whereby HGC's views are

solicited to enhance HA's service planning and provision. Starting from 2018-19, quarterly reports on items discussed by the Board are submitted to HGCs for information. A corporate orientation briefing is arranged by Head Office to provide newly appointed HGC members with a general overview of HA, on top of local briefing conducted by HGC Secretariats. HA will continue to engage HGCs in the management and control of public hospitals, and enhance communication between HGCs and various stakeholders in HA including the HA Board, HA Head Office, Cluster and hospital management and frontline staff.

Risk Management

Managing risk is an integral part of HA's overall approach to good corporate governance. 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. Since then, HA has continued to embed and reinforce the key structures and processes for ORM and promote risk awareness.

Through ORM, HA has established a risk governance structure for identifying and reporting risks, and designated roles and responsibilities for risk management in HA from the hospital / Cluster / Head Office level through to the Audit and Risk Committee (ARC) and HA Board level. Risk profiles are produced annually by the Head Office and Clusters to identify the top risks across major functions, both clinical and non-clinical. This mechanism facilitates communication about risk up and down the organisation, allows for escalation of the most challenging risks to higher levels of management and also facilitates the planning and monitoring of mitigation measures to reduce the likelihood and consequences of the risks. As part of this process, risk profiles for Clusters and hospitals are reported annually to Cluster Management Committees (CMCs) and HGCs respectively.

By making reference to these risk profiles during the annual planning process, Clusters and Head Office Divisions 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

The 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 10-year Hospital Development Plan (HDP). The 10-year HDP comprises the construction of a new acute hospital, redevelopment / expansion of 11 hospitals, as well as construction of three community health centres and a new supporting services centre. Upon completion of the 10-year HDP, there will be over 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 10-year HDP, HA already has one of the largest and most complex building stocks in Hong Kong, comprising a total of over 2 900 000 m² floor space in around 300 buildings. It is a challenge for CPD in managing resources to renew, upgrade and maintain these facilities.

As at November 2018, 18 major capital works projects, which amount to a total project cost in the order of \$210 billion, have been initiated and are at various stages of planning and development. Out of these, works for 12 projects involving a budget of around \$44 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 in 2019-20, with a total annual expenditure of about \$1,300 million.

In view of the fact that major infrastructure projects in Hong Kong continue to saturate 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 2019-20

As one of the key enablers of clinical services, CPD will undertake the following major initiatives in 2019-20 to ensure that our healthcare facilities are able to meet the demands of quality service provision:

- Facilitate capacity increase by carrying out the preparatory works for expansion of NDH and Lai King Building (LKB) in PMH, the foundation works for new acute hospital (NAH) at Kai Tak Development Area and redevelopment of PWH, phase 2 (stage 1), and the main works for expansion of UCH, extension of Operating Theatre Block for TMH, expansion of HHH, and redevelopment of QMH (phase 1), KWH (phase 1) and KCH (phases 2 & 3)
- Enhance key enablers by commencing the preparatory works for the HA Supporting Services Centre
- Modernise HA's facilities by carrying out the preparatory works for phase 1 redevelopment of GH and redevelopment of OLMH

Capital Works Targets

• Complete the excavation works of Block A for the expansion of UCH	2Q19
• Commence superstructure works for the extension of Operating Theatre Block for TMH	2Q19
• Commence tender documentation for HA Supporting Services Centre	2Q19
• Commence alteration and addition (A&A) works of the existing building for the expansion of BTS Headquarters	2Q19
• Complete the demolition and commence substructure works for the redevelopment of QMH, phase 1	3Q19
• Commence preparatory works for the expansion of NDH	3Q19
• Commence preparatory works for the expansion of LKB in PMH	3Q19
• Commence design and construction works of the redevelopment of KCH, phase 2	3Q19
• Commence the foundation works for the redevelopment of PWH, phase 2 (stage 1)	4Q19
• Commence superstructure works for the expansion of UCH	1Q20
• Complete piling works for the new acute hospital at Kai Tak Development Area	1Q20

Business Support Services

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

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

Major Risks and Challenges

Equipment Replacement

As at April 2018, the total asset of medical equipment items in HA is valued at around \$12,879 million. Of these, around 35% are major equipment items with unit cost over \$1 million, while 29% are minor equipment items with unit cost between \$0.2 million and \$1 million. With additional funding support from the Government since 2007-08, HA has allocated a total of \$7,742 million mainly for the systematic replacement of aged medical equipment and the acquisition of new / additional medical equipment to support the safety standard and modernisation of medical equipment in public hospitals. This invariably involves additional demand for procurement service, as well as the prioritisation of a large number of medical equipment proposals, which is carried out in close liaison with the Central Technology Office (CTO) to enhance equipment planning and technology alignment. With the strengthening of Biomedical Engineering Team in these years and the implementation of an Enterprise Asset Management System, the quality of equipment maintenance services for improved patient safety is assured.

Patient Food Service

The patient food services for NLTH, QEH and five hospitals in NTWC are currently provided by the outsourced patient food services through the Central Production Unit (CPU) located at CPH. The service is also extended to HKCH upon commencement of its inpatient services. To keep the hygiene and safety standard of patient food under enhanced surveillance, a third party surveyor has been engaged to conduct regular audits on safe food handling, environmental hygiene and laboratory tests.

Non-Emergency Ambulance Transfer Service (NEATS)

Due to the ageing population and the increasing number of frail elderly patients, the demand for NEATS is growing. The high pressure of service demand has been further aggravated by prolonged winter surge. In addition, the increasing number of hospital beds and clinical activities in 2019-20 will induce more service demand for patient discharge and transfer. Enhancement plans on the patients' transport services are therefore proposed to better support the development of clinical services.

Hospital Authority Supporting Services Centre (HASSC)

A HASSC at North Lantau will be built, consisting of laundry service, a Central Food Production Unit, an Information Technology Data Centre, and central emergency stores for critical personal protective equipment and linen. Upon its completion, it is expected that the capacity of business support services will be on par with the expansion in clinical services under the 10-year HDP for HA.

Forward Procured Furniture and Equipment (FPE) for New Hospital and Hospital Redevelopment Projects

Forward Procured Furniture and Equipment are items that have specific building and building services requirements or require special installation plan which have to be considered in the building design stage (e.g. Magnetic Resonance Imaging Scanner and Operating Theatre Lamp). Tendering exercises for the purchase of FPE items have to be carried out at early stage of the hospital projects to ensure relevant requirements of the equipment concerned can be available for the building design work. A Central Procurement Team for FPE will be formed in phases at HA Head Office to facilitate efficient planning and implementation of related procurement activities in Clusters.

Biomedical Engineering Services

Significant increase in the demand for biomedical engineering services is anticipated to support the implementation of the Hospital Development Plans. The continuous adoption of sophisticated medical technology and the voluminous increase of medical equipment also call for the development of a cost-effective and sustainable equipment maintenance strategy. A review will be conducted on the current strategy and service support on medical equipment maintenance.

Major Initiatives in 2019-20

- 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 eight hospitals (CPH, HKCH, NLTH, POH, QEH, SLH, TMH and TSWH), and engage a third party surveyor to conduct environmental hygiene audits and laboratory tests to achieve better quality assurance
- Allocate additional resources to NEATS Centres for the increasing demand induced by new clinical activities and narrowing the existing service gaps by recruiting 130 Patient Care Assistants (PCAs)
- Commence the planning for the design and construction of HASSC in North Lantau
- Develop a Central Procurement Team for FPE by phases starting in 2019-20 to facilitate efficient planning and implementation of related procurement activities for new hospital and hospital redevelopment projects
- Review the current strategy and service support for maintenance of medical equipment

BSSD Targets

• Complete the acquisition of around 700 pieces of equipment under Capital Block Vote and Designated Fund	1Q20
• Enhance the outsourced patient food service for eight hospitals (CPH, HKCH, NLTH, POH, QEH, SLH, TMH and TSWH), and engage a third party surveyor to conduct environmental hygiene audits and laboratory tests to achieve better quality assurance	1Q20
• Recruit additional 130 PACs for the NEATS Centres for the increasing demand induced by new clinical activities and narrowing existing gaps	1Q20
• Coordinate meetings with relevant parties on the detailed design of HASSC in North Lantau. Draw up procurement timeline for furniture and equipment	1Q20
• Set up the Central Procurement Team for FPE to facilitate the implementation of related procurement activities for new hospital and hospital redevelopment projects	1Q20
• Complete the review on equipment maintenance strategy and biomedical engineering services support to Clusters	2Q19

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:

- **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 HA Strategic Plan 2017-2022, IT&HID maintains an IT Strategy Framework to support the realisation of HA's strategic directions over the five years, which comprises five core portfolios:

- **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 and Collaboration** – 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 supported by the IT Technical Advisory Sub-Committee for advice on information technology and infrastructure directions.

In addition, 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

Given 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 as follows:

- Minimising the likelihood of a cybersecurity breach through improvements in overall security protection, staff security awareness, monitoring, detection and responsiveness to ensure information remains protected and accurate
- Consolidating and standardising innovative and mobile technology to support emerging workforce needs
- Establishing a data analytics platform to enable data driven initiatives within HA and data collaboration for data analytical research across Hong Kong
- Further strengthen management of agency services to meet the needs of increased service demand, system stability and availability
- Improving 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
- Maintaining the 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
- Ensuring sustainability of project management capabilities to facilitate efficient and effective delivery of projects in accordance with stakeholder requirements

Major Initiatives in 2019-20

IT&HID has responsibility for a number of initiatives in 2019-20, 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

- Develop further the HA clinical system capabilities for the fourth generation of Clinical Management System (CMS), including new functions on paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services
- Strategically plan and develop the HA patient mobile app platform (HA Go) to further digitalise HA's services so that the public can easily access these services through their smart phones
- Strategically plan and develop the HA data analytics and machine learning platform to improve clinical efficiency and effectiveness through the use of data driven services such as using Artificial Intelligence (AI) on radiological diagnosis and performing concurrent safety check for complicated clinical situations
- Continue to provide IT infrastructure and systems to support the opening and operations of HKCH, refurbishment of HKBH and expansion of BTS

IT Support for Improving Service Standards

- Extend the roll-out of Closed Loop Inpatient Medication Order Entry (IPMOE) project to six hospitals (TWEH, WCHH, CCH, SJH, SLH and CPH) to strengthen medication safety, and continue system enhancement service to support more complicated clinical workflows
- Continue to enhance quality assurance and risk management controls for all IT services and systems through standardisation and automation of processes and monitoring of compliance
- Implement of the 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

- Explore, source and test potential technology solutions to support IT innovation initiatives comprising mobile, telemedicine and Internet of Things (IoT), as well as AI and Big Data prototyping
- Continue the development and implementation of "Smart Hospital" initiatives, including the Queue Management System, smart payment kiosks, electronic bed panels and hospital navigation, to improve the efficiency of patient services at public hospitals
- Continue the development of mobile apps and devices for clinical staff to carry out clinical functions in patient care
- Continue to develop and introduce innovative solutions such as mobile payment (e-payment) capabilities to support the transformation of service provision

IT Support for Community Partnerships

- Provide IT ongoing support and enhancements to existing Public Private Partnership (PPP) programmes, and perform related IT enhancements for the development of Integrated Management Framework for clinical PPP programmes
- Continue to enhance clinical systems and provide IT service support to cater for the data need of the territory-wide Electronic Health Records (eHR) initiative

IT Support for People and Resources Management

- Continue system upgrade and the 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 the development of Stage 2 for the eHR Sharing System, and support other eHealth related initiatives including District Health Centre project led by the Government

eHealth and Information Systems for Department of Health

- Act as a technical agency for the Department of Health to develop Stage 2 Clinical Information Management System (CIMS 2) as a major initiative for their Clinical Service Improvement
- Continue to provide ongoing IT support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes
- Continue to provide ongoing support for the system interfaces with the Department of Health's Communicable Disease Information System
- Continue to provide ongoing IT support for the newly implemented Laboratory Information System for the Department of Health's Clinical Pathology Laboratory Centre

- Continue to provide ongoing IT support to Department of Health for the Colorectal Cancer Screening Programme and the Electronic Platform for Regulation of Private Healthcare Facilities

IT&HID Targets

Internal Service Provision

IT Support for Service Transformation and Provision

1Q20

- Develop planned features to enhance the HA clinical system capabilities for the fourth generation of CMS, including new functions on paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services
- Plan and develop planned features to implement the HA patient mobile app platform (HA Go) to integrate the first batch of mobile apps to facilitate the public to access HA's services
- Plan and develop planned features to implement the HA data analytics and machine learning platform to support the development of data driven intelligence to improve clinical efficiency and effectiveness
- Implement network infrastructure and information systems for new hospital blocks, including HKCH, HKBH and BTS expansion projects

IT Support for Improving Service Standards

1Q20

- Extend the roll-out of Closed Loop IPMOE project to six hospitals (TWEH, WCHH, CCH, SJH, SLH and CPH) and continue system enhancement service
- Continue to 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

IT&HID Targets

IT Support for Technology Adoption

1Q20

- Explore, source and test potential technology solutions to support IT innovation initiatives comprising mobile, telemedicine and Internet of Things (IoT), as well as AI and Big Data prototyping
- Continue the development of Queue Management System, smart payment Kiosks, electronic bed panels and hospital navigation
- Continue to develop mobile apps and devices for clinical staff
- Continue to develop and introduce innovative solutions such as mobile payment (e-payment) capabilities

IT Support for Community Partnerships

1Q20

- Provide ongoing IT support and enhancements to existing PPP programmes, and perform related IT enhancements for the development of Integrated Management Framework for clinical PPP programmes
- Continue to enhance HA's clinical systems and provide IT support to facilitate data interfaces under eHR Stage 1 programme
- Continue to plan and develop data interfaces to support the new datasets (e.g. Chinese Medicine) under eHR Stage 2 programme

IT Support for People and Resources Management

4Q19

- Continue system upgrade and the development of extended features and functions for the ERP System
- Rollout additional functionalities for the Training Information Management System and Manpower Position Registry
- Continue to enhance the system for works order processing of capital works projects

IT&HID Targets

External Service Provision

eHR Programme

1Q20

- Provide agency support for the implementation and ongoing operation of Stage 1 and the development of Stage 2 for the eHR Sharing System and support other eHealth related initiatives including various PPP programmes and District Health Centre led by the Government

eHealth and Information Systems for Department of Health

1Q20

- Act as a technical agency for the Department of Health to develop Stage 2 Clinical Information Management System
- Continue to provide ongoing IT support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes
- Continue to provide ongoing IT support for the Colorectal Cancer Screening Programme and the Electronic Platform for Regulation of Private Healthcare Facilities
- Continue to provide ongoing IT support for the system interfaces with the Department of Health's Communicable Disease Information System
- Continue to provide ongoing IT support for the newly implemented Laboratory Information System

Cluster PLANS



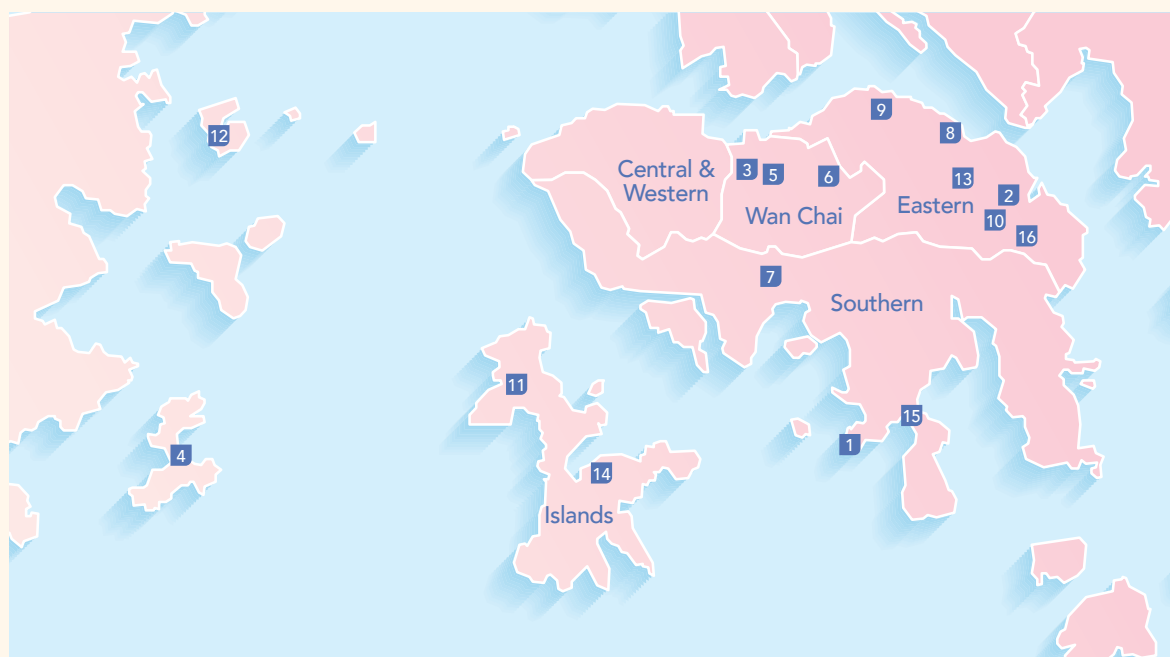
This section contains an overview of the work plans of the seven Clusters for 2019-20.

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 2017-18 by district of residence in the Cluster. Major risks and challenges faced by the Cluster, as well as the key initiatives and targets in 2019-20 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



As at 31 Mar 2018		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Cheshire Home, Chung Hom Kok	✓	✓	
2	Pamela Youde Nethersole Eastern Hospital +	✓	✓	
3	Ruttonjee Hospital +	✓	✓	
4	St. John Hospital +	✓	✓	✓
5	Tang Shiu Kin Hospital / Tang Shiu Kin Hospital Community Ambulatory Care Centre / Violet Peel General Outpatient Clinic	✓	✓	✓
6	Tung Wah Eastern Hospital	✓	✓	✓
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			✓
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			✓

+ Hospital with A&E service

Healthcare Facilities

There are seven hospitals / institutions in the Hong Kong East Cluster (HKEC), providing a total of 3 132 beds as at 31 March 2018. Of these, 2 105 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 2017-18, around 401 200 patients had utilised HKEC services. Approximately 80% of the patients were from the Eastern, Wan Chai, Southern and Islands districts.

Number and percentage distribution of patients ever utilised HKEC services in 2017-18 according to district of residence

District of residence	No. of patients ^{^#}	Distribution [#]
Eastern	229 200	57%
Wan Chai	49 600	12%
Southern	23 100	6%
Islands	20 500	5%
Others*	78 800	20%
HKEC Total	401 200	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

HKEC faces significant challenges in meeting the needs of a rapidly ageing population despite its shrinking overall population. It is projected that Eastern and Wan Chai districts continue to have the highest proportion of elderly population in the territory in the forthcoming years. The increasing elderly patients with chronic diseases requiring long-term care, coupled with space constraint impeding service expansion and imminent manpower shortage especially during prolonged surge periods, have put unprecedented pressures on hospital services and frontline staff. HKEC shall strive to optimise capacity to address the rising demand, modernise hospital facilities to enhance service efficiency and safety, and implement measures to sustain a healthy, happy and competent workforce.

To cope with the enormous challenges ahead, HKEC shall continue to manage growing demand in pressure areas and life-threatening diseases, strengthen multidisciplinary coordination and collaboration to offer greater flexibility in addressing patients' changing needs, foster a quality and safety culture in patient care, and cultivate a more cohesive and harmonious working environment to alleviate workload of staff and enhance retention. Continuous effort will also be made to strengthen ambulatory and outreach services, and collaborate with the community to reduce unnecessary hospitalisation.

In 2019, HKEC embarks on formulating a Clinical Services Plan which will delineate the overarching clinical strategies to align the future service developments and roles of the hospitals and institutions in the Cluster to better serve the needs of the community.

Major Initiatives in 2019-20

To align with the corporate objectives, HKEC's major initiatives for 2019-20 are as follows:

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

- To manage growing service demand, 60 additional acute beds and a haematology oncology ward with isolation facilities will be opened at PYNEH; one additional cardiac care unit bed will be opened at PYNEH with a cross-cluster Hong Kong Island team set up to provide 24-hour Primary Percutaneous Coronary Intervention (PPCI) for eligible patients with ST-Elevation Myocardial Infarction (STEMI); 10 additional day beds will be opened at RH to enhance ambulatory services; a second Magnetic Resonance Imaging (MRI) machine will be installed to increase MRI scans at PYNEH; facility improvement works will be commenced for the installation of a second Angiography equipment to augment the service capacity at PYNEH; and an additional gamma-camera system will be installed to provide extra quotas for nuclear medicine services at PYNEH
- HA's first Hyperbaric Oxygen Therapy (HBOT) Centre at PYNEH will expand its service by providing additional chamber hours
- The Inpatient Medication Order Entry (IPMOE) system will be further rolled out to other HKEC hospitals, including CCH, SJH, TWEH and WCHH to enhance medication safety; the eAED system will be implemented in Accident & Emergency (A&E) Department at RH to improve efficiency of clinical workflow; and 100% screening of chemotherapy prescriptions by clinical pharmacists will be implemented for oncology cases at PYNEH
- Additional hospital haemodialysis will be provided to patients with end-stage renal disease at PYNEH; the Diabetes Mellitus (DM) enhancement programme will be rolled out to non-DM Special Outpatient Clinics (SOPC) of HKEC to provide Targeted Active Intervention (TAI) to young patients with poor DM control; SOPC new case quotas will be added for adult patients with common mental disorder and case managers will be added for patients with mental illness in HKEC; and service capacity for podiatry outpatient cases will be augmented at PYNEH
- Geriatric support will be provided to elderly orthopaedic patients in HKEC through an ortho-geriatric collaborative care model; and a multidisciplinary Palliative Care (PC) consultative team will be set up in HKEC

- Cross-cluster collaboration on Robotic Assisted Surgery (RAS) will continue at PYNEH to provide training for surgeons of other HA hospitals so as to keep up with the advanced technology and skills
- The breastfeeding support team at PYNEH will be beefed up with additional Registered Nurse (RN) to support the Baby-Friendly Hospital accreditation programme
- Additional chromosome microarray tests will be provided for prenatal diagnosis
- To support additional bed opening and new clinical activities, patient transport services will be strengthened by recruiting additional Patient Care Assistants (PCA)

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

- To ensure competence of HA staff, mandatory orientation will be provided to all medical interns; 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
- Experienced nurses will be appointed as part-time preceptors to support junior nurses so as to better engage the new workforce; and clinical attachment at PC units will be arranged to enhance skills of nurses working beyond PC setting
- Stroke and A&E services will be enhanced with additional nursing manpower; and night-shift supervision in wards will be improved with nurse supervisor support
- Clerical support to acute medical wards and supporting staff manpower of Allied Health (AH) services will be strengthened

HKEC Targets

Improve Service Quality	
• Enhance day ward services by opening 10 additional day beds at RH	4Q19
• Provide geriatric support for 250 elderly orthopaedic patients in HKEC through an ortho-geriatric collaborative care model	1Q20
• Set up a multidisciplinary PC consultative team in HKEC to cater for 135 PC patients	1Q20
• Beef up the breastfeeding support team at PYNEH by adding one RN to support the Baby-Friendly Hospital accreditation programme	1Q20
• Conduct 12 cases of cross-cluster RAS at PYNEH	1Q20
• Offer additional 110 chromosome microarray tests for prenatal diagnosis	1Q20
• Provide additional 2 600 chamber hours at the HBOT Centre	1Q20
• Roll out the IPMOE system to CCH, SJH, TWEH and WCHH to strengthen medication safety	1Q20
• Implement the eAED system at RH	1Q20
Optimise Demand Management	
• Open 40 additional acute medical inpatient beds at PYNEH	4Q19
• Open 18 additional acute surgical and two acute inpatient beds for ENT (Ear, Nose, Throat) at PYNEH	4Q19
• Provide 1 900 additional attendances for MRI scans at PYNEH	1Q20
• Carry out facility improvement works to prepare for the installation of a second Angiography equipment at PYNEH	1Q20
• Install an additional gamma-camera system and provide 300 additional attendances for nuclear medicine services at PYNEH	1Q20
• Set up a haematology oncology ward with isolation facilities at PYNEH	4Q19

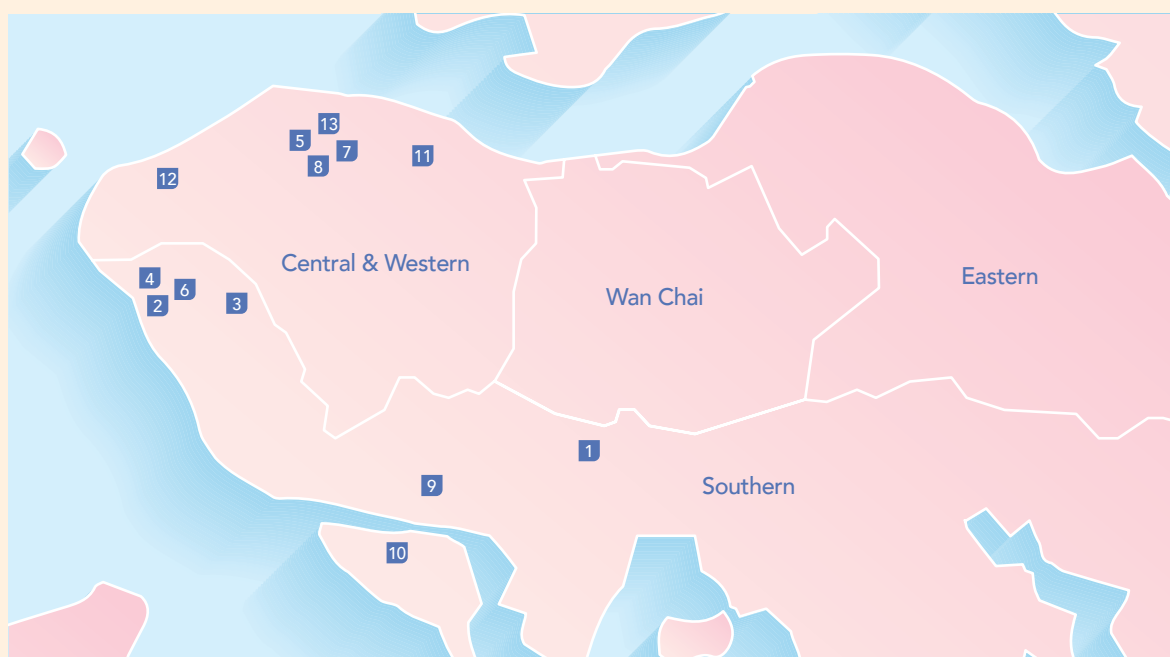
Optimise Demand Management

<ul style="list-style-type: none"> Enhance oncology clinical pharmacy services at PYNEH by providing 100% screening of chemotherapy prescriptions 	4Q19
<ul style="list-style-type: none"> Provide three additional hospital haemodialysis places for patients with end-stage renal disease 	1Q20
<ul style="list-style-type: none"> Roll out the DM enhancement programme in non-DM SOPC of HKEC to provide TAI to young patients with poor DM control 	1Q20
<ul style="list-style-type: none"> Provide 450 additional SOPC new case attendances for adult patients with common mental disorder and recruit two additional case managers in HKEC for patients with mental illness 	1Q20
<ul style="list-style-type: none"> Set up a team for providing 24-hour PPCI for eligible patients with STEMI in HK Island and open one additional cardiac care unit bed at PYNEH 	1Q20
<ul style="list-style-type: none"> Provide 970 additional attendances for podiatry outpatient services at PYNEH 	1Q20
<ul style="list-style-type: none"> Recruit 19 additional PCAs to enhance Non-Emergency Ambulance Transfer Services (NEATS) 	1Q20

Enhance Staff Training and Development

<ul style="list-style-type: none"> Organise mandatory orientation programme for medical interns 	1Q20
<ul style="list-style-type: none"> Recruit nine additional Advanced Practice Nurses (APN) as part-time clinical preceptors to support junior nurses 	1Q20
<ul style="list-style-type: none"> Provide 830 training places for formal resuscitation training for clinical staff and 220 first aid training places for security staff 	1Q20
<ul style="list-style-type: none"> Enhance nursing manpower by adding one nurse for stroke services and five nurses for A&E services 	1Q20
<ul style="list-style-type: none"> Provide upgraded APN posts to enhance night-shift supervision in wards 	1Q20
<ul style="list-style-type: none"> Enhance clerical support to acute medical wards by recruiting additional Executive Officer and Assistants 	1Q20
<ul style="list-style-type: none"> Enhance supporting staff manpower for AH services by recruiting one additional PCA 	1Q20

Hong Kong West Cluster



As at 31 Mar 2018		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Grantham Hospital	✓	✓	
2	MacLehose Medical Rehabilitation Centre	✓	✓	
3	Queen Mary 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	Tung Wah Hospital	✓	✓	✓
8	David Trench Rehabilitation Centre		✓	
9	Aberdeen Jockey Club General Out-patient Clinic			✓
10	Ap Lei Chau General Out-patient Clinic			✓
11	Central District Health Centre General Out-patient Clinic			✓
12	Kennedy Town Jockey Club General Out-patient Clinic			✓
13	Sai Ying Pun Jockey Club General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are seven hospitals / institutions in the Hong Kong West Cluster (HKWC), providing a total of 3 142 beds as at 31 March 2018. 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 2017-18, around 328 200 patients had utilised HKWC services. Approximately 58% of the patients were from the Southern and Central & Western districts, whereas 16% were from the neighbouring Eastern, Wan Chai and Islands districts.

Number and percentage distribution of patients ever utilised HKWC services in 2017-18 according to district of residence

District of residence	No. of patients ^{^#}	Distribution [#]
Southern	109 700	33%
Central & Western	80 100	24%
Eastern	29 000	9%
Wan Chai	12 500	4%
Islands	12 400	4%
Others*	84 500	26%
HKWC Total	328 200	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

The latest population projection shows that the proportion of Hong Kong population aged 65 or older will potentially increase to 23% by 2026. Similar to the overall Hong Kong populations, HKWC is also projected to have an increasing elderly population. With a greater proportion of elderly population in the community, there is increasing demand of healthcare services for managing chronic disease and other aged-related medical conditions. To meet this potential challenge, there is an urgent need for enhancement of the corresponding services.

Ageing facilities

Hospitals in the Cluster were built in the past centuries, with TWH built 150-year ago and QMH / TYH having more than 80 years of service. The other three hospitals, GH, DKCH and FYKH are also in their 60-year of service. Despite QMH and GH have respectively commissioned their redevelopment projects for long-term service enhancement, there are short-term initiatives to maintain the service standard.

Demand of space

QMH has been providing quaternary medical services for Hong Kong, including organ transplant, bone marrow transplant, cardiothoracic surgery, burn surgery, and plastic & reconstructive surgery. There is always a need for advancement of infrastructure and expansion of services, which requires physical space. Coupled with the increasing number of medical and nursing students on site for clinical training, the effective use of space and facilities is one of the major challenges for HKWC.

Diverse roles and partnership

Each hospital in HKWC have inherited the historical, cultural and traditional attributes of its own parent organisation, which frames the scope of services to be provided and present a challenges when it comes to service planning. The Cluster Management has embarked on a number of service re-organisation plans to promote integrated and patient-centre of care across the Cluster. The latest example is the MacLehose Medical Rehabilitation Centre Jockey Club SOPC where patients can receive both doctor consultation and allied health assessment in a single visit.

There is the Clusters' unique partnership with the Li Ka Shing Faculty of Medicine of the University of Hong Kong. Academia footprints are ubiquitous in each and every hospital in HKWC, and HA staff members in these hospitals are likewise conversant with the roles of service, education and research. Further strengthening and enriching the partnership is envisaged in future through collaborative joint venture arrangements.

¹ Based on "Hong Kong Population Projections 2017-2066" published by Census & Statistics Department

Major Initiatives in 2019-20

To align with the corporate objectives, HKWC's major initiatives for 2019-20 are as follows:

Improve Service Quality

- Provide 120 additional day / same surgeries to relieve the service demand on inpatient care
- Expand the coverage of psychogeriatric outreach service to Residential Care Homes for the Elderly (RCHEs) with an additional 1 750 attendances
- Roll out the school-based medical-education-social collaborative service scheme with Education Bureau and Social Welfare Department to provide support for students with mental health needs

Optimise Demand Management

- Strengthen the haemopoietic stem cells transplant service by opening six beds in high-dependency unit, six inpatient beds and seven day beds at QMH
- Increase the SOPC new case attendances in MMRC and expand the capacity of orthopaedic services with comprehensive care programme
- Reinforce cancer care by providing additional inpatient and outpatient attendances
- Provide a comprehensive treatment programme for Spinal Muscular Atrophy (SMA) together with the multidisciplinary management care

Enhance Staff Training and Development

- Provide additional clinical preceptor support for junior nurses
- Enhance night shift supervision in wards by upgrading existing Registered Nurse (RN) posts to Advanced Practice Nurse (APN) posts

HKWC Targets

Improve Service Quality	
<ul style="list-style-type: none"> Enhance day surgery services by providing 120 additional day / same day surgeries in HKWC 	1Q20
<ul style="list-style-type: none"> Beef up the breastfeeding support team by adding one RN to support the Baby-Friendly Hospital accreditation programme 	1Q20
<ul style="list-style-type: none"> Conduct 12 cases of cross-cluster Robotic Assisted Surgery (RAS) at QMH 	1Q20
<ul style="list-style-type: none"> Designate one maternal special care bed in the labour ward of QMH and recruit two RNs for training in high-risk pregnancy care 	1Q20
<ul style="list-style-type: none"> Expand the coverage of psychogeriatric outreach services to RCHes and provide 1 750 additional attendances in HKWC 	1Q20
<ul style="list-style-type: none"> Provide nursing support for students with mental health needs through a school-based programme in collaboration with the Education Bureau and Social Welfare Department 	1Q20
<ul style="list-style-type: none"> Build capacity on genetic tests for additional 90 suitable patients with brain tumor 	1Q20
<ul style="list-style-type: none"> Offer 145 additional chromosome microarray tests for prenatal diagnosis 	1Q20
<ul style="list-style-type: none"> Set up remote monitoring service call centre at GH for patients with Cardiac Implantable Electrical Devices 	1Q20
Optimise Demand Management	
<ul style="list-style-type: none"> Open 12 acute beds and seven day beds at QMH for haemopoietic stem cells transplant services 	4Q19
<ul style="list-style-type: none"> Recruit a nursing coordinator for the fragility fracture service at QMH 	1Q20
<ul style="list-style-type: none"> Enhance orthopaedic services with comprehensive care programme by providing 370 additional SOPC new case attendances in MMRC 	1Q20

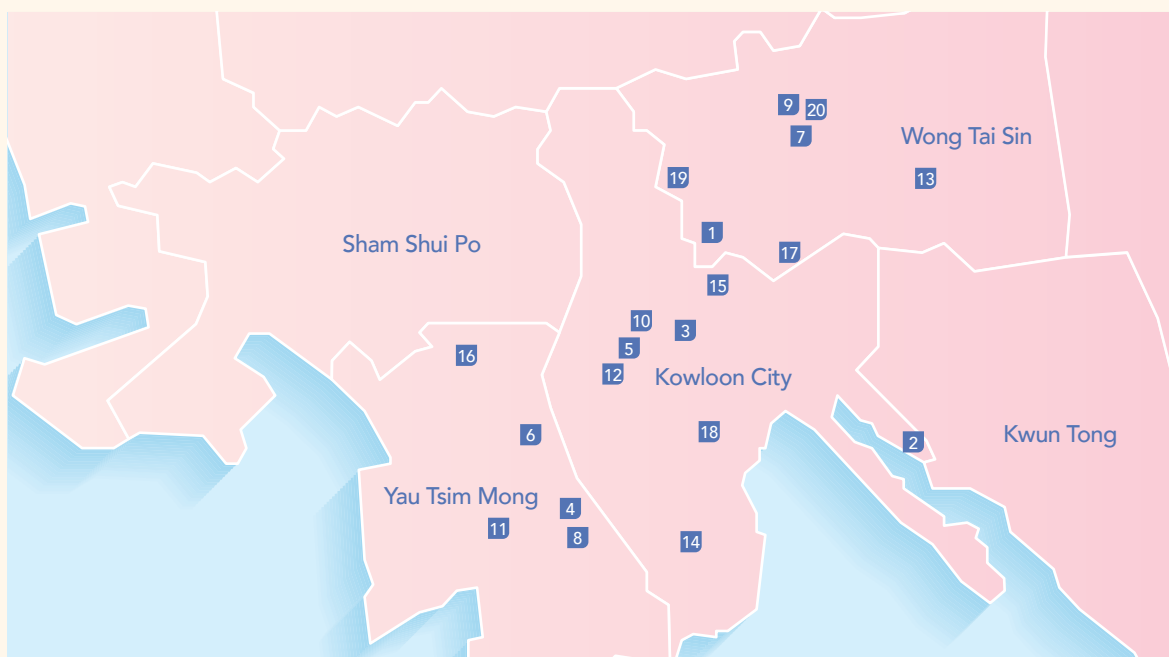
Optimise Demand Management

<ul style="list-style-type: none"> Enhance operational support to dermatology services in HKWC by recruiting additional nurses and supporting staff 	4Q19
<ul style="list-style-type: none"> Provide 1 760 additional attendances for mammogram service in HKWC 	1Q20
<ul style="list-style-type: none"> Enhance the capacity of medical oncology service by providing additional inpatient and outpatient attendances 	1Q20
<ul style="list-style-type: none"> Provide five additional hospital haemodialysis places for patients with end-stage renal disease 	1Q20
<ul style="list-style-type: none"> Roll out the Diabetes Mellitus (DM) enhancement programme in non-DM SOPC of HKWC to provide Targeted Active Intervention to young patients with poor DM control 	1Q20
<ul style="list-style-type: none"> Set up a team for providing 24-hour Primary Percutaneous Coronary Intervention (PPCI) for eligible patients with ST-Elevation Myocardial Infarction (STEMI) in HK Island 	1Q20
<ul style="list-style-type: none"> Enhance capacity to provide nusinersen treatment and multidisciplinary care programme to SMA patients at QMH 	1Q20
<ul style="list-style-type: none"> Recruit 11 additional Patient Care Assistants (PCA) to enhance Non-Emergency Ambulance Transfer Services (NEATS) 	1Q20

Enhance Staff Training and Development

<ul style="list-style-type: none"> Recruit eight additional APN as part-time clinical preceptors to support junior nurses 	1Q20
<ul style="list-style-type: none"> Provide 68 training places for formal resuscitation training for clinical staff 	1Q20
<ul style="list-style-type: none"> Enhance nursing manpower by adding one nurse for stroke services, five nurses for A&E services and one nurse for labour ward services 	1Q20
<ul style="list-style-type: none"> Provide upgraded APN posts to enhance night-shift supervision in wards 	1Q20
<ul style="list-style-type: none"> Enhance clerical support to acute medical wards by recruiting additional Executive Officer and Assistants 	1Q20
<ul style="list-style-type: none"> Enhance supporting staff manpower for Allied Health services by recruiting four additional PCAs 	1Q20

Kowloon Central Cluster



As at 31 Mar 2018		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Hong Kong Buddhist Hospital	✓	✓	✓
2	Hong Kong Children's Hospital	✓		
3	Hong Kong Eye Hospital	✓	✓	
4	Hong Kong Red Cross Blood Transfusion Service	✓		
5	Kowloon Hospital	✓	✓	
6	Kwong Wah Hospital +	✓	✓	✓
7	Our Lady of Maryknoll Hospital / Our Lady of Maryknoll Hospital Family Medicine Clinic	✓	✓	✓
8	Queen Elizabeth Hospital +	✓	✓	
9	Tung Wah Group of Hospitals Wong Tai Sin Hospital	✓	✓	
10	Community Rehabilitation Service Support Centre, Hospital Authority		✓	
11	Yau Ma Tei Jockey Club General Out-patient Clinic		✓	✓
12	Central Kowloon Health Centre			✓
13	East Kowloon General Out-patient Clinic			✓
14	Hung Hom Clinic			✓
15	Lee Kee Memorial Dispensary			✓

As at 31 Mar 2018		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
16	Li Po Chun General Out-patient Clinic			✓
17	Robert Black General Out-patient Clinic			✓
18	Shun Tak Fraternal Association Leung Kau Kui Clinic			✓
19	Wang Tau Hom Jockey Club General Out-patient Clinic			✓
20	Wu York Yu General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are nine hospitals / institutions in Kowloon Central Cluster (KCC), providing a total of 5 575 beds as at 31 March 2018. Of these, 4 900 were for acute, convalescent and rehabilitation care, 250 for infirmary care and 425 for psychiatric care. There are also nine specialist outpatient clinics and 13 general outpatient clinics.

Actual Patients Served

In 2017-18, around 728 900 patients had utilised KCC services. Approximately 70% of the patients were from the Wong Tai Sin, Kowloon City, Yau Tsim Mong and Kwun Tong districts.

Number and percentage distribution of patients ever utilised KCC services in 2017-18 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Wong Tai Sin	180 200	25%
Kowloon City	144 200	20%
Yau Tsim Mong	116 800	16%
Kwun Tong	69 800	10%
Others*	217 900	30%
KCC Total	728 900	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

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 for hospital beds and over congestion in wards during surge period. Furthermore, manpower shortage and the turnover of experienced staff have created enormous pressures on service provision.

The challenge of KCC is to strive for providing safe and quality medical services and continue to rationalise the provision of medical services among Cluster hospitals after Cluster boundary re-delineation exercise. Concerted effort is required from all KCC colleagues to overcome challenges in particular for SOPC waiting time for selected specialties and the access block situation.

KCC will continue to coordinate various major capital projects, including the move-in to BTS headquarters, redevelopment of KWH and OLMH. Planning work of the new acute general hospital in Kai Tak Development Area is also in good progress. HKCH will further commence inpatient paediatric nephrology, surgery and cardiology & cardiothoracic surgery services and neonatal intensive care services in early 2019 after the provision of SOPC services in December 2018.

Major Initiatives in 2019-20

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 2019-20 are as follows:

- To relieve access block at KWH A&E, a Fast Track Clinic will be established in the KWH M&G ambulatory centre to provide rapid assessment, diagnostic and therapeutic procedures to reduce A&E admission. To improve service quality of ortho-geriatric services, KH Rehabilitation Department will provide geriatric support for 180 elderly orthopaedic patients and additional 1 000 Community Geriatric Assessment Team (CGAT) attendances for patients living in Residential Care Homes for the Elderly (RCHes) in KCC. Rehabilitation services to cover weekends and public holidays for stroke patients at KH will be extended to provide additional 1 150 physiotherapy and 1 150 occupational therapy attendances. HKCH and KWH will provide additional SOPC new case attendances to enhance oral-maxillofacial surgery and specialist dental services for hospital patients. 14 cases of cross-cluster Robotic Assisted Surgery (RAS) will be conducted at QEH.

- For obstetrics services, one maternal special care bed will be designated in the labour ward of QEH and two Registered Nurses (RN) will be recruited for training in high-risk pregnancy care. In addition, 430 chromosome microarray tests for prenatal diagnosis will be provided by QEH and KWH. Screening tests for the diagnosis of Inborn Errors of Metabolism (IEM) among newborns will be implemented in KWH. To support the Baby-Friendly Hospital accreditation programme, additional RN will be recruited to QEH breastfeeding support team.
- To optimise demand management, 40 new acute beds will be opened at QEH and 40 new extended care medical beds will be opened at HKBH. HKCH will commence inpatient paediatric nephrology, surgery and cardiology & cardiothoracic surgery services, neonatal intensive care unit services, as well as formation of critical care transport team. After the refurbishment project at HKBH, five additional Operating Theatre (OT) sessions per week will be opened. KWH will provide 18 additional emergency OT sessions per week. BTS will continue the phased service commencement of the new annex building at BTS Headquarters and to enhance the production of leuco-depleted pooled platelets. KCC will increase GOPC quota with the addition of 11 000 attendances. For radiology and diagnostic service, QEH will provide 1 900 additional attendances for Magnetic Resonance Imaging (MRI) and KWH will provide 4 200 additional attendances for Computed Tomography (CT) examinations.
- For medical specialty, QEH and KWH will provide a total of five additional hospital haemodialysis places for patients with end-stage renal disease. The Diabetes Mellitus (DM) enhancement programme in non-DM SOPC will be rolled out in KCC to provide Targeted Active Intervention (TAI) to young patients with poor DM control. 24-hour intra-venous thrombolytic therapy service for acute ischaemic stroke patients will be provided through a cluster-based network. Haematology services will be strengthened in KCC by providing clinical pharmacy services at QEH and on-site consultation services at KWH.
- KCC will implement the inpatient drug distribution model for enhancing medication safety and efficiency of drug management. KWH will implement pharmacist clinic on anti-coagulant therapy management. KH Psychiatric Department will recruit one additional case manager to manage patients with mental illness. KCC will recruit 19 additional Patient Care Assistants (PCA) to enhance Non-Emergency Ambulance Transfer Services (NEATS).
- To enhance staff training and development, mandatory orientation programme will be organised for medical interns. 460 training places for formal resuscitation training will be provided for clinical staff. 12 additional Advanced Practice Nurses (APN) will be recruited as part-time clinical preceptors to support junior nurses. To enhance nursing workforce in KCC, one nurse for stroke services, five nurses for A&E services and two nurses for labour

ward services will be added. Upgraded APN posts will be provided to enhance night-shift supervision in wards. To enhance clerical support to acute medical wards, additional Executive Officer and Assistants will be recruited. Four additional PCA will be recruited to enhance supporting staff manpower for Allied Health (AH) services.

KCC Targets

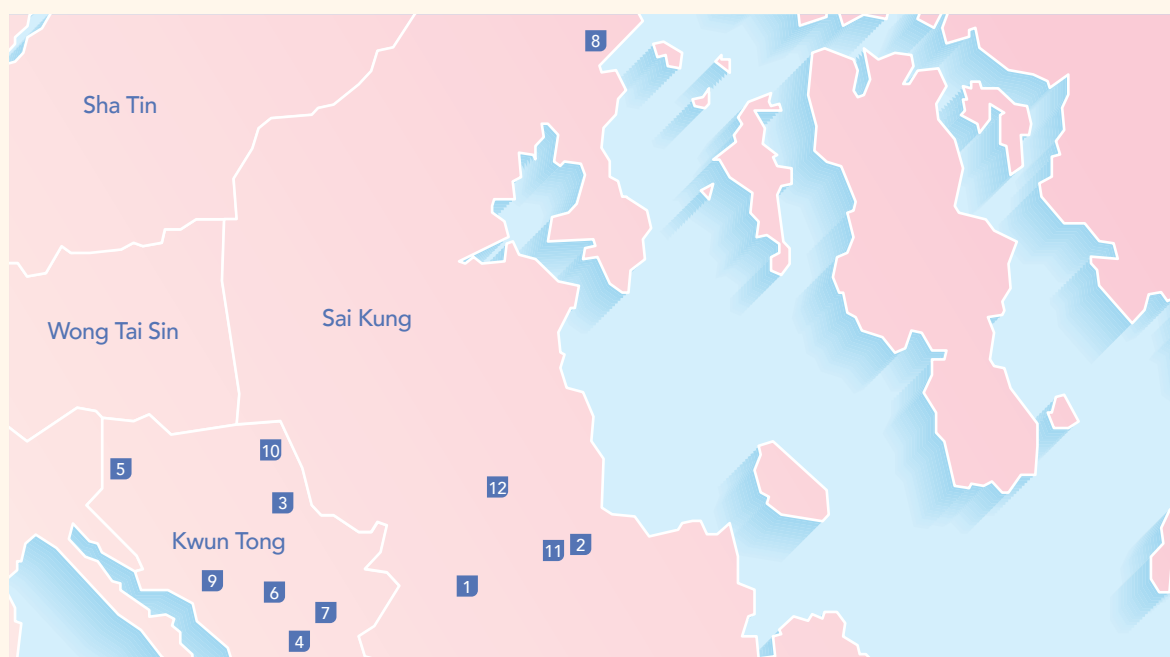
Improve Service Quality	
<ul style="list-style-type: none"> Enhance oral-maxillofacial surgery and specialist dental services for hospital patients by providing additional SOPC new case attendances at HKCH and KWH 	1Q20
<ul style="list-style-type: none"> Extend rehabilitation services to cover weekends and public holidays for stroke patients at KH with the provision of additional 1 150 physiotherapy and 1 150 occupational therapy attendances 	1Q20
<ul style="list-style-type: none"> Provide geriatric support for 180 elderly orthopaedic patients at KH through an ortho-geriatric collaborative care model, and provide additional 1 000 CGAT attendances for patients living in RCHEs in KCC 	1Q20
<ul style="list-style-type: none"> Beef up the breastfeeding support team by adding one RN to support the Baby-Friendly Hospital accreditation programme 	1Q20
<ul style="list-style-type: none"> Conduct 14 cases of cross-cluster RAS at QEH 	1Q20
<ul style="list-style-type: none"> Designate one maternal special care bed in the labour ward of QEH and recruit two RNs for training in high-risk pregnancy care 	1Q20
<ul style="list-style-type: none"> Relieve access block at KWH A&E by establishing a Fast Track Clinic in the M&G ambulatory centre which provides rapid assessment, diagnostic and therapeutic procedures to reduce admission 	4Q19
<ul style="list-style-type: none"> Implement screening tests for the diagnosis of IEM among newborns in KWH 	1Q20
<ul style="list-style-type: none"> Offer additional 430 chromosome microarray tests for prenatal diagnosis 	1Q20

Optimise Demand Management	
• Open 40 additional acute surgical beds at QEH	1Q20
• Open 40 additional extended care medical beds and five additional OT sessions per week at HKBH after the refurbishment project	4Q19
• Provide 18 additional emergency OT sessions per week in KWH	1Q20
• Commence inpatient paediatric nephrology, surgery and cardiology & cardiothoracic surgery services, neonatal intensive care unit services, as well as formation of critical care transport team in HKCH	1Q20
• Continue to support the service commencement of the new annex building at BTS Headquarters to enhance the production of leuco-depleted pooled platelets	1Q20
• Increase GOPC quota with the addition of 11 000 attendances	1Q20
• Provide 1 900 additional attendances for MRI scans at QEH	1Q20
• Provide 4 200 additional attendances for CT scans at KWH	1Q20
• Implement the inpatient drug distribution model in KCC for enhancing medication safety and efficiency of drug management	1Q20
• Implement pharmacist clinic on anti-coagulant therapy management at KWH	1Q20
• Provide five additional hospital haemodialysis places for patients with end-stage renal disease	1Q20
• Roll out the DM enhancement programme in non-DM SOPC of KCC to provide TAI to young patients with poor DM control	1Q20
• Recruit one additional case manager in KCC for patients with mental illness	1Q20
• Provide 24-hour intra-venous thrombolytic therapy service for acute ischaemic stroke patients through a cluster-based network	1Q20
• Strengthen haematology services in KCC to provide clinical pharmacy services at QEH and on-site consultation services at KWH	4Q19
• Recruit 19 additional PCAs to enhance NEATS	1Q20

Enhance Staff Training and Development

<ul style="list-style-type: none">• Organise mandatory orientation programme for medical interns	1Q20
<ul style="list-style-type: none">• Recruit 12 additional APNs as part-time clinical preceptors to support junior nurses	1Q20
<ul style="list-style-type: none">• Provide 460 training places for formal resuscitation training for clinical staff	1Q20
<ul style="list-style-type: none">• Enhance nursing manpower by adding one nurse for stroke services, five nurses for A&E services and two nurses for labour ward services	1Q20
<ul style="list-style-type: none">• Provide upgraded APN posts to enhance night-shift supervision in wards	1Q20
<ul style="list-style-type: none">• Enhance clerical support to acute medical wards by recruiting additional Executive Officer and Assistants	1Q20
<ul style="list-style-type: none">• Enhance supporting staff manpower for Allied Health services by recruiting four additional PCAs	1Q20

Kowloon East Cluster



As at 31 Mar 2018		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Haven of Hope Hospital	✓	✓	
2	Tseung Kwan O Hospital +	✓	✓	
3	United Christian Hospital +	✓	✓	
4	Yung Fung Shee Memorial Centre		✓	
5	Kowloon Bay Health Centre General Out-patient Clinic			✓
6	Kwun Tong Community Health Centre			✓
7	Lam Tin Polyclinic General Out-patient Clinic			✓
8	Mona Fong General Out-patient Clinic			✓
9	Ngau Tau Kok Jockey Club General Out-patient Clinic			✓
10	Shun Lee General Out-patient Clinic			✓
11	Tseung Kwan O (Po Ning Road) General Out-patient Clinic			✓
12	Tseung Kwan O Jockey Club General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are three hospitals / institutions in the Kowloon East Cluster (KEC), providing a total of 2 601 beds as at 31 March 2018. Of these, 2 405 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 2017-18, around 518 500 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 2017-18 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Kwun Tong	270 100	52%
Sai Kung	170 500	33%
Others*	77 900	15%
KEC Total	518 500	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

KEC is undergoing a 'transformation' process. The UCH and HHH expansion projects are currently underway, and the overall capacity and capability of the Cluster will be uplifted in medium run. The scope and magnitude of services in the Cluster are expecting a vast stride in years to come. In the midst of the capital projects, pressure is piling up on the services in the Cluster: the escalating service demand, ageing population, increasing complexity of disease profile vis-a-vis depletion of physical space, are continuously adding strain. KEC is on one hand taking conscientious step in heading towards the strategic roadmap according to the Clinical Services Plan and corporate initiatives; on the other hand, local strategic initiatives are put in place during the interim with a view to addressing the hard-pressed situation.

KEC endeavors to elevate service capacity at various fronts. In 2019-20, an array of capacity building programmes will be introduced. These cover, among others, the addition of inpatient and day-patient beds, enhancement of Operation Theatre (OT) and endoscopy services, augmenting specialist and general outpatient capacity as well as strengthening patient discharge management. All the initiatives aim to optimise service throughputs in order to manage the exacerbating service demand.

Being one of the cornerstones of the Clinical Services Plan (CSP) for the KEC under the theme 'CARE' (Cancer, Ambulatory, Rehabilitation, Emergency), KEC will embark on extending the oncology service by providing additional day chemotherapy service in 2019-20. Planning and development on cancer service in KEC will be pursued and leveraged in coming years. It is envisaged that a comprehensive oncology service will be available to the public upon completion of the UCH expansion project.

To strive towards quality service is the incessant goal of KEC. The Cluster will commence the Enhanced Recovery After Surgery (ERAS) programme in 2019-20 for patients undergoing surgery. The initiative will not only be instrumental in reducing hospital length of stay and recovery time of patients after surgery, but also reducing peri-operative complications and blood transfusion through streamlining of service care model.

Technological advances can change the way patients and visitors access and receive care. Creative solutions and mutually beneficial collaboration will go far to address increasing health needs. To capitalise on new opportunities enabled by the expansion projects, the 'KEC Smart Hospital Committee' has been formally launched. The committee will review, explore and identify feasible solutions that can bring about improvement to patient experience and introduction of new capabilities.

Major Initiatives in 2019-20

To align with the corporate objectives and the CSP for KEC, the major initiatives for 2019-20 are as follows:

Capacity Building

- Open additional acute medical beds at UCH and extended care beds at HHH, provide additional OT and endoscopy sessions, commence ERAS programme, render additional hospital haemodialysis places, and strengthen discharge management for patients requiring Non-Emergency Ambulance Transfer Services (NEATS)

Cancer Service

- Extend oncology service and set up TKOH as satellite centre to provide additional day chemotherapy attendances, and set up a multi-disciplinary palliative care consultative team to cater for needs of additional patients

Ambulatory Service

- Enhance day services by providing additional surgical day beds in TKOH, provide additional SOPC attendances and GOPC quota, implement pharmacist clinic on anti-coagulant therapy management, and pilot the continuous glucose monitoring services for selected patients in the Cluster

Rehabilitation Service

- Set up Medical Rehabilitation Centre to provide additional day rehabilitation and geriatric day hospital attendances, extend rehabilitation services to cover weekends and public holidays for patients with stroke, and provide geriatric support for elderly orthopaedic patients through ortho-geriatric collaborative care model

Emergency Service

- Collaborate with KCC to commence the 24-hour Primary Percutaneous Coronary Intervention (PPCI) service for eligible patients with ST-Elevation Myocardial Infarction (STEMI)

Quality & Safety

- Implement inpatient drug distribution model to enhance medication safety and efficiency of drug management, offer additional chromosome microarray tests for prenatal diagnosis, launch Extracorporeal Membrane Oxygenation (ECMO) services, provide upgraded nursing posts to enhance night-shift supervision in wards and support to different clinical specialty services, enhance clerical support to acute medical wards & supporting manpower for Allied Health (AH) services, and recruit additional Patient Care Assistants (PCA) to enhance NEATS service

Staff Training & Development

- Recruit additional nurses as part-time clinical preceptors to support junior nurses, and enhance professional & structural resuscitation training programmes for staff

KEC Targets

Improve Service Quality	
<ul style="list-style-type: none"> Enhance day services by providing 10 additional surgical day beds and 10 OT sessions per week at TKOH 	3Q19
<ul style="list-style-type: none"> Set up a Medical Rehabilitation Centre in TKOH and manage 870 additional day rehabilitation attendances, as well as 310 additional geriatric day hospital attendances in KEC 	1Q20
<ul style="list-style-type: none"> Enhance oral-maxillofacial surgery and specialist dental services for hospital patients by providing two additional OT sessions per week at TKOH 	1Q20
<ul style="list-style-type: none"> Continue to strengthen the discharge management for patients requiring NEATS, and add six PCAs to the 24-hour phlebotomist service for the acute inpatient wards in KEC 	1Q20
<ul style="list-style-type: none"> Extend rehabilitation services to cover weekends and public holidays for stroke patients at UCH and HHH, with the provision of additional 2 300 physiotherapy and 2 300 occupational therapy attendances 	1Q20
<ul style="list-style-type: none"> Provide geriatric support for 250 elderly orthopaedic patients at UCH through an ortho-geriatric collaborative care model 	1Q20
<ul style="list-style-type: none"> Set up a multi-disciplinary Palliative Care (PC) consultative team in KEC to cater for around 220 additional PC patients 	1Q20
<ul style="list-style-type: none"> Provide nursing support for students with mental health needs through a school-based programme in collaboration with the Education Bureau and Social Welfare Department 	1Q20
<ul style="list-style-type: none"> Offer additional 180 chromosome microarray tests for prenatal diagnosis 	1Q20

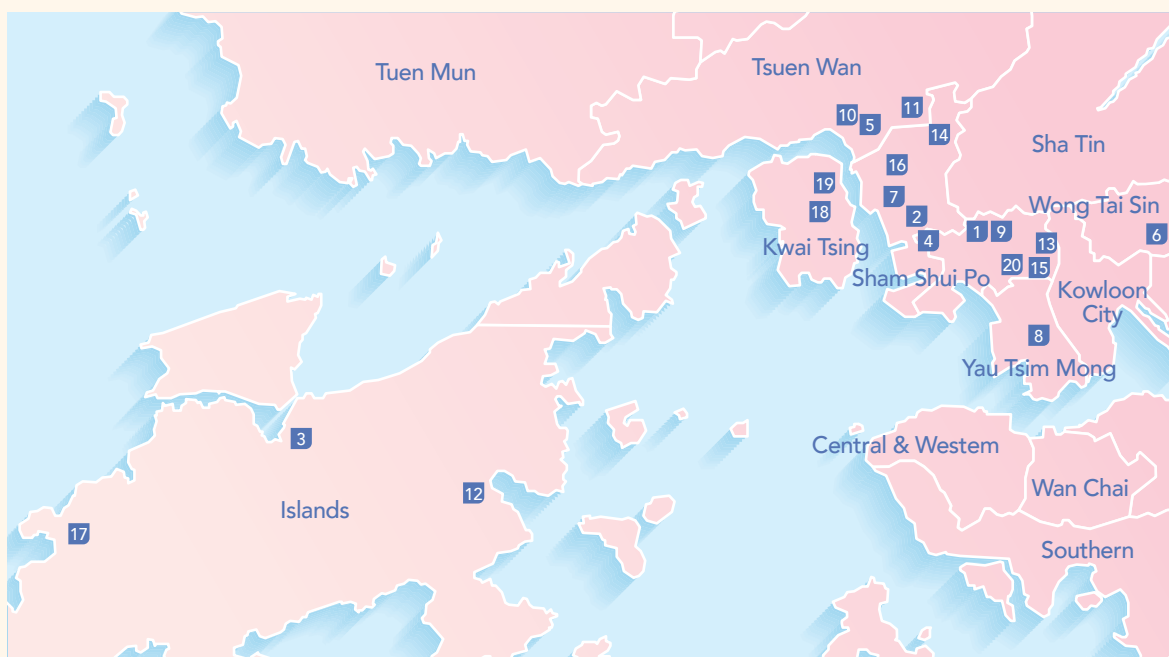
Optimise Demand Management

<ul style="list-style-type: none"> Open 36 additional acute medical beds at UCH and 40 additional extended care beds at HHH 	3Q19
<ul style="list-style-type: none"> Provide 10 additional OT sessions per week at UCH 	1Q20
<ul style="list-style-type: none"> Commence the ERAS programme to provide service for 200 surgical patients in KEC 	1Q20
<ul style="list-style-type: none"> Provide seven additional sessions per week at TKOH to enhance endoscopy services 	3Q19
<ul style="list-style-type: none"> Provide additional 450 SOPC new case attendances for psychiatry and urology services in KEC 	1Q20
<ul style="list-style-type: none"> Provide additional 2 000 Family Medicine Specialist Clinic (FMSC) attendances and 1 000 SOPC new case attendances under a collaborative Orthopaedics & Traumatology (O&T) and FM service model 	1Q20
<ul style="list-style-type: none"> Increase GOPC quota with the addition of 2 750 attendances 	1Q20
<ul style="list-style-type: none"> Implement pharmacist clinic on anti-coagulant therapy management at UCH 	1Q20
<ul style="list-style-type: none"> Implement the inpatient drug distribution model in KEC for enhancing medication safety and efficiency of drug management 	1Q20
<ul style="list-style-type: none"> Extend the oncology service to TKOH to provide 660 additional day chemotherapy attendances 	1Q20
<ul style="list-style-type: none"> Provide 12 additional hospital haemodialysis places for patients with end-stage renal disease 	1Q20
<ul style="list-style-type: none"> Pilot the Continuous Glucose Monitoring (CGM) services for 300 selected patients in KEC to improve Diabetes Mellitus (DM) control and reduce hypoglycemia 	1Q20
<ul style="list-style-type: none"> Set up a team for providing 24-hour PPCI for eligible STEMI patients in KEC 	1Q20
<ul style="list-style-type: none"> Launch ECMO services in KEC 	1Q20
<ul style="list-style-type: none"> Recruit 16 additional PCAs to enhance NEATS 	1Q20

Enhance Staff Training and Development

<ul style="list-style-type: none"> Recruit eight additional Advanced Practice Nurses (APN) as part-time clinical preceptors to support junior nurses 	1Q20
<ul style="list-style-type: none"> Provide 420 training places for formal resuscitation training for clinical staff 	1Q20
<ul style="list-style-type: none"> Enhance nursing manpower by adding one nurse for stroke services, seven nurses for A&E services and one nurse for labour ward services 	1Q20
<ul style="list-style-type: none"> Provide upgraded APN posts to enhance night-shift supervision in wards 	1Q20
<ul style="list-style-type: none"> Enhance clerical support to acute medical wards by recruiting additional Executive Officer and Assistants 	1Q20
<ul style="list-style-type: none"> Enhance supporting staff manpower for AH services by recruiting additional PCAs 	1Q20

Kowloon West Cluster



As at 31 Mar 2018		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Caritas Medical Centre +/ Caritas Medical Centre Family Medicine Clinic	✓	✓	✓
2	Kwai Chung Hospital	✓	✓	
3	North Lantau Hospital +/ North Lantau Community Health Centre	✓	✓	✓
4	Princess Margaret Hospital +	✓	✓	
5	Yan Chai Hospital +/ Yan Chai Hospital General Practice Clinic	✓	✓	✓
6	East Kowloon Psychiatric Centre		✓	
7	Kwai Chung - Psychogeriatric Out-patient Department cum Carers Support Centre / Ha Kwai Chung General Out-patient Clinic		✓	✓
8	Yaumatei Child and Adolescent Mental Health Service		✓	
9	Cheung Sha Wan Jockey Club General Out-patient Clinic			✓
10	Lady Trench General Out-patient Clinic			✓
11	Mrs Wu York Yu General Out-patient Clinic			✓
12	Mui Wo General Out-patient Clinic			✓

As at 31 Mar 2018		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
13	Nam Shan General Out-patient Clinic			✓
14	North Kwai Chung General Out-patient Clinic			✓
15	Shek Kip Mei General Out-patient Clinic			✓
16	South Kwai Chung Jockey Club General Out-patient Clinic			✓
17	Tai O Jockey Club General Out-patient Clinic			✓
18	Tsing Yi Cheung Hong General Out-patient Clinic			✓
19	Tsing Yi Town General Out-patient Clinic			✓
20	West Kowloon General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are five hospitals / institutions in Kowloon West Cluster (KWC), providing a total of 4 707 beds as at 31 March 2018. Of these, 3 431 were for acute, convalescent and rehabilitation care, 196 for infirmary care, 160 for mentally handicapped care and 920 for psychiatric care. There are also eight specialist outpatient clinics and 16 general outpatient clinics.

Actual Patients Served

In 2017-18, around 684 600 patients had utilised KWC services. Approximately 80% of the patients were from the Kwai Tsing, Sham Shui Po, Tsuen Wan and Islands districts.

Number and percentage distribution of patients ever utilised KWC services in 2017-18 according to district of residence

District of residence	No. of patients ^{^#}	Distribution [#]
Kwai Tsing	233 600	34%
Sham Shui Po	144 800	21%
Tsuen Wan	112 800	16%
Islands	58 300	9%
Others*	135 100	20%
KWC Total	684 600	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

KWC has been facing high service demand all along as it serves the largest catchment population among HA Clusters even after re-delineation of Cluster boundary between KCC and KWC. In 2019-20, the service pressure of KWC is expected to increase continuously because of population growth, particularly in the number of elderly people.

The Clinical Services Plan (CSP) for the KWC was completed in 2018-19. Key challenges specific to this Cluster were identified, and the blueprint on future development was set out. To better manage the growing service demand and demographic shift, the Cluster shall revamp service delivery models, enhance coordination and collaboration among Cluster hospitals and adopt a cluster-based perspective with clear role delineation among various hospitals. After the re-delineation of Cluster boundary, there is a need to re-organise clinical services to meet the need arising from reduction in convalescent and rehabilitation services. Planning on the delivery and capacity of these services are required. Besides, due to major infrastructure development in the Cluster catchment area, the review on health services arrangement shall continue, e.g. impact on NLTH and KWC as a whole, following the opening of HK-Zhuhai-Macao Bridge in 2018, and the commissioning of the Third Runway of Hong Kong International Airport.

In 2019-20, KWC shall address the future challenges with major focus on managing service demand, improving service quality and enhancing staff training and development. The Cluster shall follow the directions derived from the KWC CSP and translate the recommendations into practicable and achievable programmes that meet the short, medium and long-term health care needs in the community.

Major Initiatives in 2019-20

KWC has formulated a wide range of initiatives in 2019-20 which met the corporate key objectives and addressed specific needs of the Cluster. They are highlighted as follows:

- To meet the escalating service demand generated from the growing and ageing population, KWC will open additional acute, extended care and day beds. These include two acute beds for neurosurgery and two acute beds for ICU at PMH; 16 acute medical beds at YCH; 14 extended care medical beds at CMC; 20 acute beds in emergency medicine ward and 20 extended care medical beds at NLTH; and four day beds at CMC.
- GOPC quota will be increased with 16 500 attendances. Gynaecology SOPC services will be commenced and additional paediatric SOPC sessions will be provided at NLTH. The oral-maxillofacial surgery and specialist dental services for hospital patients will be strengthened with additional SOPC attendances provided at CMC. KWC oncology service will be further improved by providing additional 450 day chemotherapy attendances at CMC.
- The capacity of various clinical services in KWC would be strengthened. Supported by a Cluster network, the 24-hour intravenous thrombolytic service for acute stroke will be launched. Additional weekly Operating Theatre (OT) sessions for emergency, elective and ambulatory surgeries will be opened in PMH, CMC and NLTH. Besides, there will be seven extra weekly endoscopy sessions provided at PMH to improve the waiting time. Onsite clinical psychology service will also be available at YCH.
- Rehabilitation services will be expanded to cover weekends and public holidays for patients with lower limb fracture or arthroplasty performed at PMH, by providing additional 2 300 physiotherapy and 1 150 occupational therapy attendances. CMC orthopaedic rehabilitation service will also be enhanced with additional 900 allied health outpatient attendances.
- To enhance staff training and development, 2 080 training places for formal resuscitation training for clinical staff will be provided. Manpower for nursing, support services (care-related) and clerical streams will be strengthened.

The KWC will continue to translate CSP recommendations into action plans in 2019-20 and the years ahead.

KWC Targets

Improve Service Quality	
<ul style="list-style-type: none"> Enhance day services by providing four additional day beds and 10 additional OT sessions per week for ambulatory surgeries at CMC 	1Q20
<ul style="list-style-type: none"> Enhance oral-maxillofacial surgery and specialist dental services for hospital patients by providing additional SOPC attendances at CMC 	1Q20
<ul style="list-style-type: none"> Extend rehabilitation services to cover weekends and public holidays for stroke patients and patients with lower limb fracture or arthroplasty done at PMH with the provision of 2 300 additional physiotherapy and 1 150 occupational therapy attendances 	1Q20
<ul style="list-style-type: none"> Conduct 15 cases of cross-cluster Robotic Assisted Surgery (RAS) at PMH 	1Q20
<ul style="list-style-type: none"> Provide nursing support for students with mental health needs through a school-based programme in collaboration with the Education Bureau and Social Welfare Department 	1Q20
<ul style="list-style-type: none"> Build capacity on genetic tests for 90 additional suitable patients with brain tumor 	1Q20
<ul style="list-style-type: none"> Offer 185 additional chromosome microarray tests for prenatal diagnosis 	1Q20
Optimise Demand Management	
<ul style="list-style-type: none"> Open two additional acute beds for neurosurgery and two acute beds for ICU at PMH, 16 acute medical beds at YCH and 14 extended care beds at CMC 	4Q19
<ul style="list-style-type: none"> Open 20 additional beds in the emergency medicine ward and extended care ward respectively, provide gynaecology and paediatric SOPC services, and add five elective OT sessions at NLTH 	4Q19
<ul style="list-style-type: none"> Provide five additional OT sessions per week at PMH 	4Q19
<ul style="list-style-type: none"> Provide seven additional endoscopy sessions per week at PMH 	4Q19

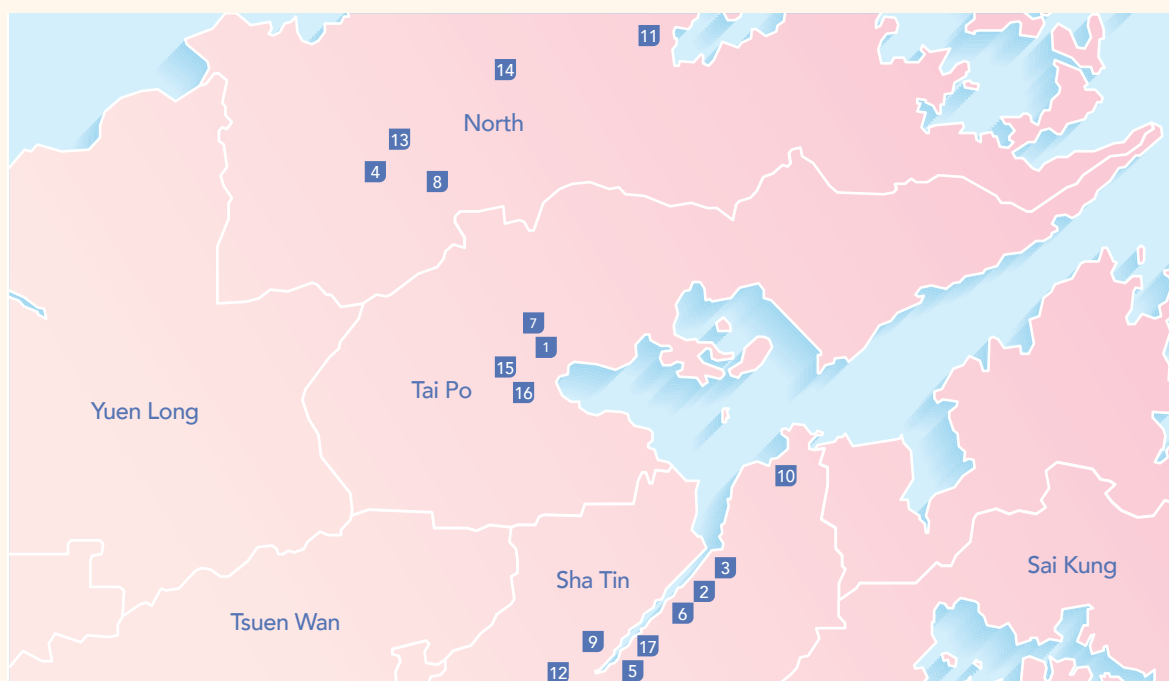
Optimise Demand Management

• Increase GOPC quota with the addition of 16 500 attendances	1Q20
• Enhance oncology clinical pharmacy services at PMH by providing 100% screening of chemotherapy prescriptions	4Q19
• Enhance chemotherapy services at CMC to provide 450 additional day chemotherapy attendances	1Q20
• Provide eight additional hospital haemodialysis places for patients with end-stage renal disease	1Q20
• Recruit 12 additional case managers in KWC for patients with mental illness	1Q20
• Provide 24-hour intra-venous thrombolytic therapy service for acute ischaemic stroke patients through a cluster-based network	1Q20
• Provide onsite clinical psychology service at YCH	4Q19
• Strengthen Allied Health (AH) support for CMC orthopaedic rehabilitation service to provide 900 additional AH outpatient attendances	1Q20
• Recruit 17 additional Patient Care Assistants (PCA) to enhance Non-Emergency Ambulance Transfer Services (NEATS)	1Q20

Enhance Staff Training and Development

• Provide 2 080 training places for formal resuscitation training for clinical staff	1Q20
• Enhance nursing manpower by adding one nurse for stroke services, 13 nurses for A&E services and one nurse for labour ward services	1Q20
• Provide upgraded Advanced Practice Nurse (APN) posts to enhance night-shift supervision in wards	1Q20
• Enhance clerical support to acute medical wards by recruiting additional Executive Officer and Assistants	1Q20
• Enhance supporting staff manpower for AH services by recruiting three additional PCAs	1Q20

New Territories East Cluster



As at 31 Mar 2018		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Alice Ho Miu Ling Nethersole Hospital +	✓	✓	
2	Bradbury Hospice	✓	✓	
3	Cheshire Home, Shatin	✓	✓	
4	North District Hospital +	✓	✓	
5	Prince of Wales Hospital +	✓	✓	
6	Shatin Hospital	✓	✓	
7	Tai Po Hospital	✓	✓	
8	Fanling Family Medicine Centre			✓
9	Lek Yuen General Out-patient Clinic			✓
10	Ma On Shan Family Medicine Centre			✓
11	Sha Tau Kok General Out-patient Clinic			✓
12	Shatin (Tai Wai) General Out-patient Clinic			✓
13	Shek Wu Hui Jockey Club General Out-patient Clinic			✓
14	Ta Kwu Ling General Out-patient Clinic			✓
15	Tai Po Jockey Club General Out-patient Clinic			✓
16	Wong Siu Ching Family Medicine Centre			✓
17	Yuen Chau Kok General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are seven hospitals / institutions in the New Territories East Cluster (NTEC), providing a total of 4 771 beds as at 31 March 2018. Of these, 3 730 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 2017-18, around 636 600 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 2017-18 according to district of residence

District of residence	No. of patients ^{^#}	Distribution [#]
Sha Tin	265 600	42%
North	139 900	22%
Tai Po	132 000	21%
Others*	99 100	16%
NTEC Total	636 600	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

NTEC is the largest Cluster in HA in terms of geographic coverage and the second largest Cluster in terms of population size in its catchment area². It serves a population of 1.3 million which accounts for around 17.6% of the overall Hong Kong population³. The demand for healthcare services in NTEC is expected to increase significantly, arising from the huge and rapid population growth and ageing in the catchment districts it serves.

Accessibility to healthcare services remained to be the major challenge of NTEC. To cope with the escalating demand and alleviate the abovementioned issues, NTEC will enhance service capacity of not only inpatient beds but also surgical operations and other services such as outpatient and radiological investigations. In drawing up the strategies to tackle the difficult situation, development of more efficient service models is imperative to rein the current and future problems. Besides, staff training and development to ensure staff competence and equip them to provide quality services have long been NTEC's committed goals.

NTEC will reinforce its efforts to manage the rising service demand and improve the service accessibility through the collaborative efforts. NTEC has taken steps to formulate action plans along the strategic intents of HA, with major focuses on improving service quality, optimising demand management, and enhancing staff training and development. Besides, the strategies set out in the Clinical Services Plan for the NTEC will be followed to formulate relevant development plans.

Major Initiatives in 2019-20

To align with the corporate objectives, NTEC's major initiatives for 2019-20 are as follows:

Improve Service Quality

- Capacity will be built on laboratory investigations, rehabilitation services and Robotic Assisted Surgery (RAS). More cases of cross-cluster RAS will also be conducted at PWH
- Additional genetic tests for patients with brain tumour and chromosome microarray tests for prenatal diagnosis will be provided. Extra physiotherapy outpatient quotas will be added together with the introduction of stratified care management for patients with low back pain at PWH and AHNH
- In collaboration with Education Bureau and Social Welfare Department, nursing support for students with mental health needs through a school-based programme will be provided

² Based on "Projections of Population Distribution 2018-2026" published by Planning Department

³ Based on "Hong Kong Population Projections 2017-2066" published by Census & Statistics Department

Optimise Demand Management

To cope with the growing service demand, NTEC will increase the capacity of various clinical services, including:

- Inpatient beds: acute, paediatric, convalescent and cardiac care
- Outpatient services: GOPC, Internal Medicine, Clinical Oncology, Radiotherapy, Endoscopy and Pre-operative Assessment Clinic
- Imaging services: Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans
- Operating Theatre (OT) sessions: for patients with breast and colorectal cancers, obstetric and gynaecological problems
- Haemodialysis places

Several new service models will be introduced, which include the collaborative Orthopaedics and Traumatology (O&T) and Family Medicine (FM) service model to better manage the outpatient service demand; A&E specialist-led team to address the waiting time for triage category III; Pharmacist clinic on anti-coagulant therapy management and drug refill services to ease the specialist outpatient burden. Besides, a nursing coordinator will be recruited for the fragility fracture service.

Enhance Staff Training and Development

- Mandatory orientation programme for medical interns will be organised to ensure staff competency. Formal resuscitation training for clinical staff will be offered to strengthen the response in handling medical emergencies
- To strive towards a sustainable healthy workforce, additional manpower under different staff groups will be recruited to support the healthcare services. Additional nursing manpower would be appointed for stroke services, A&E services, labour ward services as well as being part-time clinical preceptors to support junior nurses. Night-shift supervision in wards will be enhanced by providing upgraded Advanced Practice Nurses (APN) posts. Patient Care Assistants (PCA) will be added for Non-Emergency Ambulance Transfer Services (NEATS) and Allied Health (AH) services. Executive Officers and Assistants will be recruited to enhance clerical support to acute medical wards

NTEC Targets

Improve Service Quality	
<ul style="list-style-type: none"> Introduce stratified care management for patients with low back pain and manage 4 400 additional physiotherapy outpatient attendances at PWH and AHNH 	1Q20
<ul style="list-style-type: none"> Conduct eight cases of cross-cluster RAS at PWH 	1Q20
<ul style="list-style-type: none"> Provide nursing support for students with mental health needs through a school-based programme in collaboration with the Education Bureau and Social Welfare Department 	1Q20
<ul style="list-style-type: none"> Build capacity on genetic tests for additional 90 suitable patients with brain tumor 	1Q20
<ul style="list-style-type: none"> Offer additional 315 chromosome microarray tests for prenatal diagnosis 	1Q20
Optimise Demand Management	
<ul style="list-style-type: none"> Open 15 and 10 additional acute medical beds at PWH and NDH respectively, 20 acute general paediatric beds at AHNH, as well as 20 extended care beds at SH 	4Q19
<ul style="list-style-type: none"> Provide six additional OT sessions and six pre-operative assessment clinic sessions per week in NTEC 	1Q20
<ul style="list-style-type: none"> Recruit a nursing coordinator for the fragility fracture service at PWH 	1Q20
<ul style="list-style-type: none"> Provide seven additional sessions per week at PWH to enhance endoscopy services 	1Q20
<ul style="list-style-type: none"> Provide 375 additional SOPC new case attendances for Internal Medicine at PWH 	1Q20
<ul style="list-style-type: none"> Provide additional 2 000 Family Medicine Specialist Clinic (FMSC) attendances and 1 000 SOPC new case attendances under a collaborative O&T and FM service model 	1Q20
<ul style="list-style-type: none"> Increase GOPC quota with the addition of 5 500 attendances 	1Q20

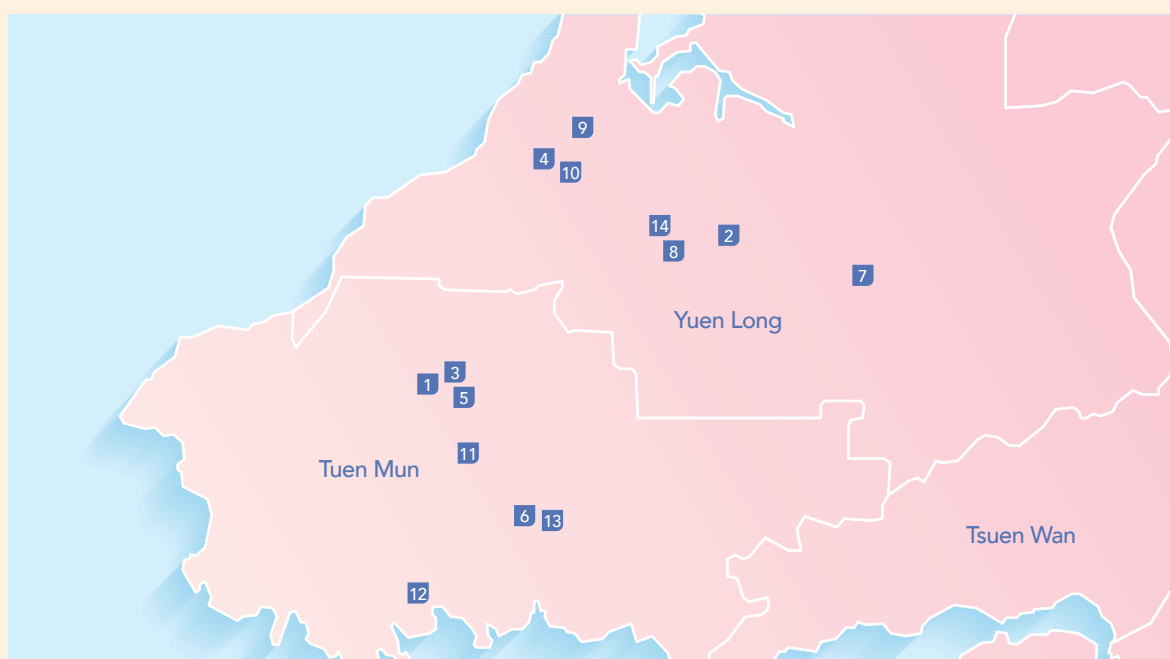
Optimise Demand Management

- | | |
|---|------|
| <ul style="list-style-type: none"> Provide 2 200 and 2 000 additional CT scans at PWH and NDH respectively and 1 000 additional attendances for MRI scans at PWH | 1Q20 |
| <ul style="list-style-type: none"> Implement pharmacist clinic on anti-coagulant therapy management at PWH and launch drug refill services in NTEC | 1Q20 |
| <ul style="list-style-type: none"> Enhance chemotherapy services in NTEC to provide 980 additional parenteral chemotherapy attendances | 1Q20 |
| <ul style="list-style-type: none"> Extend the service hour of radiotherapy at PWH to provide 1 300 additional radiotherapy treatment attendances | 1Q20 |
| <ul style="list-style-type: none"> Provide 14 additional hospital haemodialysis places for patients with end-stage renal disease | 1Q20 |
| <ul style="list-style-type: none"> Set up a specialist-led team in PWH A&E to address the waiting time for triage category III | 1Q20 |
| <ul style="list-style-type: none"> Open two additional Cardiac Care Unit beds and extend the service hour of the Cardiac Catheterisation Laboratory at NDH | 1Q20 |
| <ul style="list-style-type: none"> Recruit 16 additional PCAs to enhance NEATS | 1Q20 |

Enhance Staff Training and Development

- | | |
|---|------|
| <ul style="list-style-type: none"> Organise mandatory orientation programme for medical interns | 1Q20 |
| <ul style="list-style-type: none"> Recruit 11 additional APN as part-time clinical preceptors to support junior nurses | 1Q20 |
| <ul style="list-style-type: none"> Provide 240 training places for formal resuscitation training for clinical staff | 1Q20 |
| <ul style="list-style-type: none"> Enhance nursing manpower by adding one nurse for stroke services, nine nurses for A&E services and one nurse for labour ward services | 1Q20 |
| <ul style="list-style-type: none"> Provide upgraded APN posts to enhance night-shift supervision in wards | 1Q20 |
| <ul style="list-style-type: none"> Enhance clerical support to acute medical wards by recruiting additional Executive Officer and Assistants | 1Q20 |
| <ul style="list-style-type: none"> Enhance supporting staff manpower for AH services by recruiting two additional PCAs | 1Q20 |

New Territories West Cluster



As at 31 Mar 2018		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Castle Peak Hospital	✓	✓	
2	Pok Oi Hospital +	✓	✓	
3	Siu Lam Hospital	✓		
4	Tin Shui Wai Hospital +	✓	✓	
5	Tuen Mun 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 Out-patient Clinic			✓
14	Yuen Long Jockey Club Health Centre			✓

+ Hospital with A&E service

Healthcare Facilities

There are five hospitals / institutions in the New Territories West Cluster (NTWC), providing a total of 4 427 beds as at 31 March 2018. Of these, 2 596 were for acute, convalescent and rehabilitation care, 135 for infirmary care, 520 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 2017-18, around 516 700 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 2017-18 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Yuen Long	265 600	51%
Tuen Mun	211 900	41%
Others*	39 200	8%
NTWC Total	516 700	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

NTWC faces the challenges of coping with soaring service demand for a wide range of medical specialities. These are posed by the growing population in the catchment area, which is projected to further increase from 1.10 million in 2016 to 1.27 million in 2026 with particularly significant growth in the younger group (by 13.1%) and older group (by 71.4%) as compared to the Hong Kong average figures of 6.7% and 56.3% respectively⁴. To tackle the situation, NTWC will follow and implement the key clinical strategies and service directions set out in the Clinical Services Plan for NTWC published in 2017.

⁴ Based on "Hong Kong Population Projections 2017-2066" published by Census & Statistics Department

Apart from addressing the challenge of service volume, the quality of services is also accorded the highest priority in NTWC. As the Cluster's services have been growing rapidly in the past few years, the newly joined colleagues have constituted a significant portion of the total workforce. NTWC needs to dedicate more resources to their supervision and training. In addition, the rapid increase in acute services has resulted in more demand for quality rehabilitation service. With a stable supply of allied health professionals, the service on rehabilitation care for inpatients during weekends and public holidays will continue to be enhanced.

NTWC will continue to weigh up priorities and increase service capacity with full commitment in providing quality services and addressing the service demand within the catchment area of the Cluster.

Major Initiatives in 2019-20

To align with the corporate objectives, NTWC's major initiatives for 2019-20 are as follows:

- **Improve service quality** by increasing the day rehabilitation and geriatric day hospital capacity, and continue providing rehabilitation service to cover weekends and public holidays. NTWC will set up a multi-disciplinary Palliative Care (PC) consultative team to cater for additional PC patients. To strengthen medication safety, Inpatient Medication Order Entry (IPMOE) system will be rolled out in CPH & SLH.
- **Optimise demand management** by opening 24 acute beds at TMH, one ICU bed and 10 acute beds at POH, and 50 acute and 20 extended care beds at TSWH. NTWC will provide additional 10 Operating Theatre (OT) sessions per week to enhance capacity. To better manage the waiting list of SOPC service, NTWC will continue to increase SOPC consultation sessions. The GOPC quota will also be increased by 8 250 attendances. To enhance radiology services, a positron emission tomography-computed tomography (PET-CT) scanner will be installed in TMH and additional attendances for mammogram will be provided. Additional radiotherapy service will be provided to cancer patients. To enhance support for patients with end-stage renal failure, an additional 12 hospital haemodialysis places will be provided. Additional five case managers will be recruited to strengthen support for patients with mental illness.
- **Enhance staff training and development** by recruiting additional Advanced Practice Nurses (APN) as part-time clinical preceptors to support junior nurses. To ensure staff competency, additional training places on formal resuscitation will be provided for clinical staff. Additional Patient Care Assistants (PCA) will be recruited to enhance Non-Emergency Ambulance Transfer Services (NEATS).

NTWC Targets

Improve Service Quality	
• Manage 560 additional day rehabilitation attendances, as well as 200 additional geriatric day hospital attendances in NTWC	1Q20
• Extend rehabilitation services to cover weekends and public holidays for stroke patients at TMH with the provision of additional 1 150 physiotherapy and 1 150 occupational therapy attendances	1Q20
• Set up a multi-disciplinary PC consultative team in NTWC to cater for around 180 additional PC patients	1Q20
• Beef up the breastfeeding support team by adding two Registered Nurses (RN) to support the Baby-Friendly Hospital accreditation programme	1Q20
• Designate one maternal special care bed in the labour ward of TMH and recruit two RNs for training in high-risk pregnancy care	1Q20
• Provide nursing support for students with mental health needs through a school-based programme in collaboration with the Education Bureau and Social Welfare Department	1Q20
• Roll out the IPMOE system to CPH and SLH to strengthen medication safety	1Q20
• Implement the eAED system at POH	1Q20
• Offer additional 235 chromosome microarray tests for prenatal diagnosis	1Q20
Optimise Demand Management	
• Open additional 24 acute medical beds at TMH, one ICU bed and 10 acute surgical beds at POH, and 50 acute and 20 extended care beds at TSWH	4Q19
• Provide 10 additional OT sessions per week in NTWC	1Q20
• Provide five additional OT sessions per week of day-time trauma list and recruit a nursing coordinator for geriatric fragility fracture services at TMH	1Q20
• Enhance ophthalmic services in NTWC to provide 150 additional SOPC new case attendances and 175 surgeries	1Q20
• Provide additional 2 000 Family Medicine Specialist Clinic (FMSC) attendances and 250 SOPC new case attendances under a collaborative Surgery (SUR) and FM service model	1Q20

Optimise Demand Management

• Increase GOPC quota with the addition of 8 250 attendances	1Q20
• Carry out facility improvement works to prepare for the installation of a PET-CT scanner to strengthen the capacity of radiology services at TMH	1Q20
• Provide 1 760 additional attendances for mammogram service in NTWC	1Q20
• Implement pharmacist clinic on anti-coagulant therapy management at TMH	1Q20
• Implement the inpatient drug distribution model in NTWC for enhancing medication safety and efficiency of drug management	1Q20
• Extend the radiotherapy services hour at TMH to provide 1 300 additional radiotherapy treatment attendances	1Q20
• Provide 12 additional hospital haemodialysis places for patients with end-stage renal disease	1Q20
• Pilot the Continuous Glucose Monitoring (CGM) services for 300 selected patients in NTWC to improve Diabetes Mellitus (DM) control and reduce hypoglycemia	1Q20
• Recruit five additional case managers in NTWC for patients with mental illness	1Q20
• Recruit 32 additional PCAs to enhance NEATS	1Q20

Enhance Staff Training and Development

• Recruit 11 additional APN as part-time clinical preceptors to support junior nurses	1Q20
• Provide 140 training places for formal resuscitation training for clinical staff	1Q20
• Enhance nursing manpower by adding one nurse for stroke services, eight nurses for A&E services and one nurse for labour ward services	1Q20
• Provide upgraded APN posts to enhance night-shift supervision in wards	1Q20
• Enhance clerical support to acute medical wards by recruiting additional Executive Officer and Assistants	1Q20
• Enhance supporting staff manpower for Allied Health services by recruiting one additional PCA	1Q20

Abbreviations

A&E	Accident and Emergency
AH	Allied Health
APN	Advanced Practice Nurse
CC	Central Committee
CGAT	Community Geriatric Assessment Team
CGM	Continuous Glucose Monitoring
COC	Coordinating Committee
CT	Computed Tomography
CSP	Clinical Services Plan
DM	Diabetes Mellitus
eHR	Electronic Health Record
EN	Enrolled Nurse
FMSC	Family Medicine Specialist Clinic
GOPC	General Outpatient Clinic
HA	Hospital Authority
HBOT	Hyperbaric Oxygen Therapy
ICU	Intensive Care Unit
IEM	Inborn Errors of Metabolism
IPMOE	Inpatient Medication Order Entry
IT	Information Technology
MRI	Magnetic Resonance Imaging
NEATS	Non-Emergency Ambulance Transfer Service
NGO	Non-governmental organisation
O&T	Orthopaedics & Traumatology
OT	Operating Theatre
PC	Palliative Care
PCA	Patient Care Assistant
PET-CT	Positron Emission Tomography–Computed Tomography
PPCI	Primary Percutaneous Coronary Intervention
PPP	Public-Private Partnerships
RAS	Robotic Assisted Surgery
RN	Registered Nurse
SMA	Spinal Muscular Atrophy
SOPC	Specialist Outpatient Clinic
STEMI	ST-Elevation Myocardial Infarction

Clusters	
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
Hospitals and Institutions	
AHNNH	Alice Ho Miu Ling Nethersole Hospital
BTS	Hong Kong Red Cross Blood Transfusion Service
CCH	Cheshire Home, Chung Hom Kok
CMC	Caritas Medical Centre
CPH	Castle Peak Hospital
DKCH	The Duchess of Kent Children's Hospital at Sandy Bay
FYKH	Tung Wah Group of Hospitals Fung Yiu King Hospital
GH	Grantham Hospital
HHH	Haven of Hope Hospital
HKBH	Hong Kong Buddhist Hospital
HKCH	Hong Kong Children's 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
SH	Shatin Hospital
SJH	St. John 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
TWH	Tung Wah Hospital
TYH	Tsan Yuk Hospital
UCH	United Christian Hospital
WCHH	Wong Chuk Hang Hospital
YCH	Yan Chai Hospital

Appendix 1 Key Service Statistics

Targets	As at 31 March 2018	As at 31 March 2019 (Estimate)	As at 31 March 2020 (Plan / Estimate)
I. Access to services			
Inpatient services			
no. of hospital beds			
general (acute and convalescent)	22 027	22 561	23 067
infirmery	2 041	2 041	2 041
mentally ill	3 607	3 647	3 647
mentally handicapped	680	680	680
overall	28 355	28 929	29 435
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) (%)	76	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	490	493	503
no. of geriatric day places	659	659	669
psychiatric services			
no. of community psychiatric nurses	139	141	141
no. of psychiatric day places	889	889	889

Indicators	Actual for 2017-18	Estimate for 2018-19	Plan / Estimate for 2019-20
II. Delivery of services			
Inpatient services			
no. of discharge episodes ^[Note 1]			
general (acute and convalescent)	1 138 748	1 135 800	1 161 100
infirmary	3 400	3 300	3 300
mentally ill	17 432	17 800	17 900
mentally handicapped	629	630	630
overall	1 160 209	1 157 530	1 182 930
no. of patient days			
general (acute and convalescent)	6 662 514	6 687 000	6 823 000
infirmary	498 621	506 000	506 000
mentally ill	918 456	992 000	997 000
mentally handicapped	191 510	201 000	201 000
overall	8 271 101	8 386 000	8 527 000
bed occupancy rate (%)			
general (acute and convalescent)	93	93	93
infirmary	89	89	89
mentally ill	70	70	70
mentally handicapped	77	77	77
overall	89	89	89
average length of stay (days) ^[Note 2]			
general (acute and convalescent)	5.9	5.9	5.9
infirmary	139	139	139
mentally ill	55	55	55
mentally handicapped	303	303	303
overall	7.2	7.2	7.2

Indicators	Actual for 2017-18	Estimate for 2018-19	Plan / Estimate for 2019-20
Ambulatory and outreach services			
day inpatient services			
no. of discharge episodes ^[Note 1]	659 413	668 700	691 000
A&E services			
no. of attendances	2 189 040	2 192 000	2 198 000
no. of attendances per 1 000 population	296	296	296
no. of first attendances for			
triage I	22 144	22 100	22 100
triage II	52 111	52 100	52 100
triage III	749 179	749 100	749 100
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	790 355	799 000	815 000
no. of specialist outpatient (clinical) follow-up attendances	6 926 315	6 950 000	7 004 000
total no. of specialist outpatient (clinical) attendances	7 716 670	7 749 000	7 819 000
primary care services			
no. of general outpatient attendances	6 081 738	6 090 000	6 154 000
no. of family medicine specialist clinic attendances	311 626	311 600	317 600
total no. of primary care attendances	6 393 364	6 401 600	6 471 600
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	98 104	99 900	103 100
no. of home visits by community nurses	877 610	876 000	892 000
no. of allied health (community) attendances	36 426	37 200	37 200
no. of allied health (outpatient) attendances	2 745 545	2 772 000	2 793 000
geriatric services			
no. of outreach attendances	685 469	680 200	684 000
no. of elderly persons assessed for infirmary care service	1 766	1 860	1 860
no. of day attendances	148 258	148 200	150 700
no. of Visiting Medical Officer attendances	110 805	111 000	111 000
psychiatric services			
no. of outreach attendances	292 121	299 900	308 100
no. of day attendances	222 303	223 500	223 500
no. of psychogeriatric outreach attendances	98 440	99 900	101 600

Indicators	Actual for 2017-18	Estimate for 2018-19	Plan / Estimate for 2019-20
III. Quality of services			
no. of hospital deaths per 1 000 population ^[Note 3]	3.0	3.0	3.0
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	54.7	55.0
ambulatory and outreach	45.6	45.3	45.0
cost by service types per 1 000 population (\$m)			
inpatient	4.5	4.9	5.2
ambulatory and outreach	3.8	4.0	4.2
cost of services for persons aged 65 or above			
share of cost of services (%)	48.5	49.9	50.1
cost of services per 1 000 population (\$m)	24.5	26.0	26.6
Unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	26,110	28,450	29,740
infirmary	239,970	254,540	261,840
mentally ill	147,780	156,320	160,540
mentally handicapped	513,660	544,490	560,110
cost per patient day (\$)			
general (acute and convalescent)	4,950	5,370	5,630
infirmary	1,640	1,710	1,760
mentally ill	2,810	2,810	2,890
mentally handicapped	1,690	1,710	1,760
ambulatory and outreach services			
cost per A&E attendance (\$)	1,390	1,490	1,530
cost per specialist outpatient attendance (\$)	1,230	1,310	1,350
cost per general outpatient attendance (\$)	470	505	520
cost per family medicine specialist clinic attendance (\$)	1,180	1,270	1,310
cost per outreach visit by community nurse (\$)	575	620	640
cost per psychiatric outreach attendance (\$)	1,660	1,750	1,810
cost per geriatric day attendance (\$)	2,240	2,370	2,440

Indicators	Actual for 2017-18	Estimate for 2018-19	Plan / Estimate for 2019-20
Waivers [Note 4]			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%)	17.5	16.6	16.6
percentage of non-CSSA waiver (%) [Note 5]	12.8	16.6	18.1
V. Manpower (no. of full time equivalent staff as at 31 March)			
Medical			
doctor	5 858	6 000	6 190
no. of specialists	3 422	3 430	3 460
no. of trainees / non-specialists	2 436	2 570	2 730
intern	470	496	494
dentist	8	8	11
medical total	6 336	6 504	6 695
Nursing			
qualified staff	25 303	26 050	26 870
trainee	808	675	700
nursing total	26 111	26 725	27 570
Allied health	7 815	8 070	8 400
Others	36 664	38 130	39 760
total	76 926	79 429	82 425

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

Note 5 With effect from 15 July 2017, the medical fee waiver for public healthcare services has been extended to cover Old Age Living Allowance (OALA) recipients meeting the eligibility criteria. In this regard, the percentage of non-CSSA fee waiver for 2017-18, 2018-19 and 2019-20 includes fee waiver for OALA recipients of 6.6%, 10.9% and 12.4% respectively

Appendix 2 Service Estimates by Cluster

Service Estimates for 2019-20	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Inpatient services							
no. of discharge episodes ^[Note 1]							
general (acute and convalescent)	117 990	117 300	226 770	140 800	209 470	192 580	156 190
infirmary	1 790	40	560	210	350	340	10
mentally ill	1 720	650	3 270	590	4 530	4 270	2 870
mentally handicapped	-	-	-	-	20	-	610
no. of patient days							
general (acute and convalescent)	626 500	687 700	1 500 100	805 600	1 083 100	1 175 800	944 200
infirmary	165 800	42 300	83 800	35 300	47 800	99 900	31 100
mentally ill	109 500	21 200	143 100	23 000	268 800	151 000	280 400
mentally handicapped	-	-	-	-	20 800	-	180 200
Ambulatory and outreach services							
day inpatient services							
no. of discharge episodes ^[Note 1]	73 890	100 440	138 280	71 860	91 510	124 070	90 950
accident and emergency services							
no. of attendances	216 900	125 500	320 700	296 000	483 900	371 900	383 100
specialist outpatient services							
no. of specialist outpatient (clinical) attendances	843 600	912 100	1 479 100	894 700	1 382 700	1 241 100	1 065 700
primary care services							
no. of primary care attendances	651 660	414 770	1 215 810	1 047 740	1 090 630	1 096 020	954 970
rehabilitation and palliative care services							
no. of rehabilitation day and palliative care day attendances	40 850	30 520	4 930	5 520	10 100	7 470	3 710
no. of home visits by community nurses	97 900	57 500	176 800	175 000	160 100	130 500	94 200
no. of allied health (community) attendances	3 240	3 720	5 910	1 420	4 570	11 270	7 070
no. of allied health (outpatient) attendances	307 400	222 100	644 500	387 000	391 400	430 300	410 300
geriatric services							
no. of outreach attendances	98 540	55 990	155 440	46 890	133 230	81 220	112 690
no. of day attendances	29 520	8 440	26 140	18 270	25 180	29 450	13 700
no. of Visiting Medical Officer attendances	22 530	13 000	22 830	8 540	16 060	20 250	7 790
psychiatric services							
no. of outreach attendances	24 660	19 650	21 370	31 720	102 030	43 770	64 900
no. of day attendances	27 440	21 100	10 300	32 720	66 950	45 450	19 540
no. of psychogeriatric outreach attendances	11 100	15 620	9 110	10 090	27 600	14 800	13 280
Quality of services (General Inpatient)							
unplanned readmission rate within 28 days (%)	9.9	9.2	10.1	11.0	12.5	9.6	11.0

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

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We welcome your suggestions on the
Hospital Authority Annual Plan.
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This Annual Plan can also be downloaded
from the Hospital Authority website.



ANNUAL PLAN 2019-20