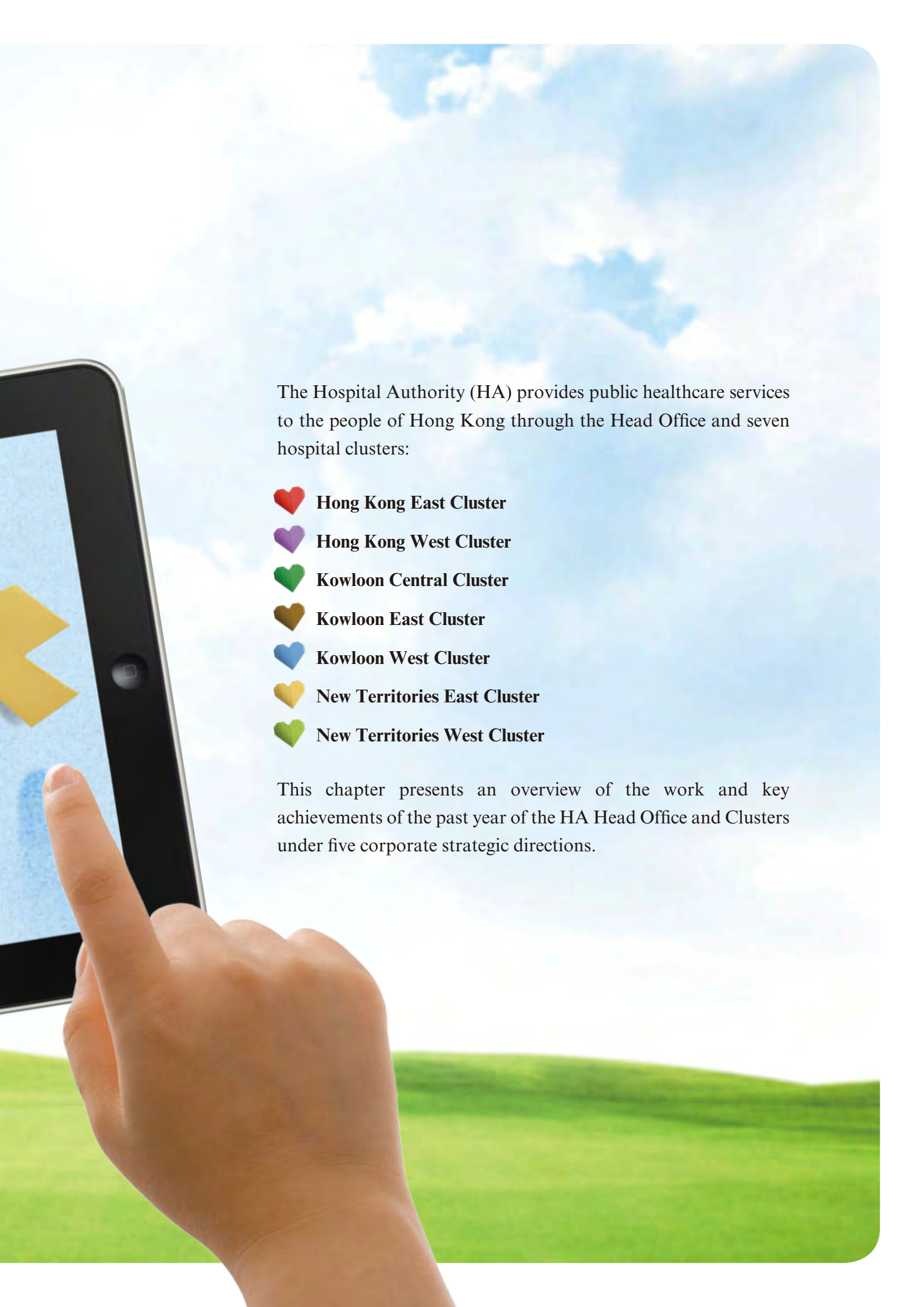


Chapter 6

Head Office Report and Cluster Reports





The Hospital Authority (HA) provides public healthcare services to the people of Hong Kong through the Head Office and seven hospital clusters:

-  **Hong Kong East Cluster**
-  **Hong Kong West Cluster**
-  **Kowloon Central Cluster**
-  **Kowloon East Cluster**
-  **Kowloon West Cluster**
-  **New Territories East Cluster**
-  **New Territories West Cluster**

This chapter presents an overview of the work and key achievements of the past year of the HA Head Office and Clusters under five corporate strategic directions.

Head Office Report

The HA Head Office (HAHO) plays a strategic role in leading corporate development and supporting hospital Clusters through interactive collaboration of six divisions, namely Cluster Services, Corporate Services, Finance & Information Technology, Human Resources, Quality & Safety, and Strategy & Planning.

Aligning corporate values and directions, the HAHO co-ordinates cluster hospitals and professional committees on the development of clinical and professional services. In 2010/11, HAHO initiated 95 corporate targets corresponding to five key strategic objectives outlined in the HA Annual Plan.

Key Achievements

Implement a Planned Response to Manage Growing Service Demand

To prevent avoidable hospitalisation, the Integrated Discharge Support Programme for elderly patients was enhanced and implemented in all Clusters. The Community Health Call Centre service was also extended to all Clusters for high risk elderly patients.



As part of Government's healthcare reform, public-private partnership projects were implemented as alternative models of service delivery formulated to meet increasing demand, promote collaboration between the public and private sectors and enhance primary care service. Tin Shui Wai Primary Care Partnership Project was extended to the entire Tin Shui Wai area while Shared Care Programme for diabetes and hypertension patients was further rolled out to the Hong

Kong East Cluster in September 2010 following its pilot in New Territories East Cluster. 3,000 additional cataract surgeries were performed in 2010/11.

To cater for growing demand of renal replacement therapy for patients with end stage renal failure, the capacity of various forms of dialysis was increased, including hospital haemodialysis (HD), nocturnal home HD and automated peritoneal dialysis. The HD shared care programme with private providers was also implemented.

Enhanced models for doctor manpower planning were developed to facilitate planned responses in demand management. This includes a methodology using relative needs index as a basis for allocating resident trainee doctors at both the cluster and specialty levels. In addition, a service demand projection model for sub-acute care services was developed to address increasing need for convalescent and rehabilitation services.

Service demands for mental health were managed through strengthening community care of patients with severe mental illness through launching case management programmes in Kwai Tsing, Kwun Tong and Yuen Long districts. Common Mental Disorders Clinics were set up in all seven Clusters while more sessions were added to Substance Abuse Clinics to provide patients with timely multi-disciplinary assessment and management. Planning for the future needs of modern psychiatric care is also demonstrated by publishing a comprehensive Mental Health Service Plan for Adults for 2010-2015 after extensive consultation with both internal and external stakeholders.



Improve Continuously Service Quality and Safety

Commitment to continuous quality improvement is an ongoing corporate endeavour in HA. Initiatives were undertaken to improve service quality and enhance patient safety. Universal prenatal testing for Down Syndrome has been offered to all eligible pregnant women at all eight obstetric units of HA hospitals in phases since April

2010. 700 predictive genetic tests were conducted in four centres (Princess Margaret Hospital, Prince of Wales Hospital, Queen Elizabeth Hospital and Queen Mary Hospital) since July 2010 for patients suffering from cancer of the lung, breast, colorectal or brain and receiving standard drug therapy.

Major incidents including outbreak of Human Swine Influenza (H1N1) and Influenza A (H5N1), Manila hostage incident, Japan earthquake and radiation leak incident in Fukushima were managed during the year.



Advanced Incident Reporting System currently in use at all public hospitals was upgraded to facilitate the reporting and monitoring of incidents. The Drug Quality Assurance Office established in 2010 has improved medication safety through enhancing the procurement system, quality assurance and monitoring of pharmaceuticals.



Benchmarking with international standards of healthcare quality is a major focus of work in HA's quality journey. EQUiP 4 Hong Kong Guide, comprising territory-wide accreditation standards, was accredited by the International Society for Quality in Health Care. 33 healthcare professionals in Hong Kong completed training and were appointed Australian Council on Healthcare

Standards Surveyors. Five HA pilot hospitals completed their first organisation-wide surveys and awarded 4-year full accreditation status.

The field work of the first HA-wide Patient Satisfaction Survey was completed with some 5,000 discharged patients in 25 public hospitals. A system for the development of quality improvement plan was formulated. Meanwhile, a study on stroke rehabilitation service was conducted to provide recommendations on service improvement.

Fulfilling its commitment in promoting Chinese medicine in Hong Kong, the HA Chinese medicine centre for training and research at Southern district commenced operation in March 2011 while a similar centre for Kowloon City district was in the pipeline.

Keep Modernising HA

Enhancing corporate governance through periodic monitoring and review was a major focus of work. The progress of key performance indicators was regularly reported to the management and the HA Board. Strengthened community participation and governance of public hospitals were manifested through regular review of membership matters as well as conducting regular meetings of Hospital Governing Committees and Regional Advisory Committees.



The Drug Formulary was expanded with eight new drugs of proven effectiveness and efficacy introduced as special drugs for rare metabolic diseases, as well as colorectal and lung cancer while the clinical application of nine drug classes were expanded in the treatment of cardio-vascular disease, breast cancer, hepatitis, mental illness, age-related macular degeneration, and diabetes

mellitus. In addition, regular review of the scope of coverage of Samaritan Fund had introduced six new drugs, providing subsidy for the needy.

Technology upgrade has equipped HA with infrastructure required for delivery of modern healthcare services. First introduced in 2009, digital imaging technology in public hospitals reduced the use of traditional films through capturing digital radiology images as part of patient's electronic medical records. In 2010/11, image viewing facilities were established in Accident & Emergency departments, specialist outpatient clinics and wards of seven major acute hospitals.



New technology was also introduced to eliminate possible errors on the identification of dead bodies and specimens, namely Radio Frequency Identification (RFID) and Unique Patient Identification (UPI). RFID implemented in five mortuaries provided each Cluster with a mortuary equipped with the technology while phase 3 UPI project for specimens collection was completed with the expansion of 2D barcode system that covers all blood and microbiological tests in HA hospitals.



Continuous revamp of HA's Clinical Management System enables patient care activities to be conducted on web-based platforms in an integrated and comprehensive system with enhanced capability that supports new mobile devices and wireless network, subsequently facilitating daily workflow of frontline clinical staff.



HA supports the Government in the development of an integrated electronic health record system. The territory-wide e-Health Record (eHR) Sharing System not only facilitates information sharing at the point of care delivery in both the public and private systems, but also contributes to enhancing public awareness of primary care in Hong Kong. The programmes include core infrastructure, Clinical Management System Extension modules and various standards. Targeted to be completed by the end of 2013/14, the system will facilitate smooth operation of the Elderly Health-care Voucher Scheme, Influenza Vaccination Sponsorship Scheme and the development of Primary Care Directory System.

Strengthening the reporting capability and integration amongst different administrative systems in HA is of equal importance in enhancing internal controls and operational efficiency. The Human Resources and Payroll module of the Enterprise Resource Planning (ERP) system, named “Human Capital Management”, was fully implemented in 2010 to facilitate effective management of human resources and payroll functions of over 59,000 staff in HA. Being one of the largest systems of its kind in Asia owing to the scale and complexity of HA, development of the system involved hundreds of multi-disciplinary employees from various departments comprising information technology, human resources and finance in both HA Head Office and Clusters.



The Capital Block Vote of HK\$600 million enabled continuous modernisation in HA by installing a total of 703 pieces of medical equipment to replace obsolete ones and also replacing 42 engineering plants so as to provide quality services. Renovation works were carried out in 12 general outpatient clinics to improve outdated amenities, barrier-free access and pharmacy facility. In addition, HA also supports the Government in developing the Centre of Excellence in Paediatrics, with a series of facility and service planning in the pipeline.



On the “soft” side, the HA has embarked on various publicity initiatives to continuously enhance corporate image and promote public understanding of healthcare services and issues through corporate communication programmes. Maintaining close relations

with the media is a key component of our work. During the year, a total of 390 media events and activities were organised, 350 press releases were issued and 2,200 media enquiries were handled.



To mark the 20th anniversary of the HA, a gala dinner held in November 2010 announced the celebration with 1,900 guests, community partners and employees. A photo competition, a slogan contest for 20-year-old youngsters and newspaper supplements were organised to commemorate this important milestone in the history of the organisation. A Chinese theme song was specially composed to glorify the hard work and contribution of HA employees.

Build People First Culture

Healthcare is a people business. In line with the corporate direction of developing a people-oriented culture, initiatives were implemented to create favourable working environment that attracts, motivates and retains well-qualified employees. These initiatives include strengthened recruitment drives, enhanced promotion opportunities, improved internal communication channels and additional resources allocated for training. The programmes also support service development, upgrade professional competencies and facilitate specialisation.



To maintain HA as a competitive employer, a new grading structure was introduced for some 12,000 supporting staff. The new structure offered better remuneration and benefits package by formulating consistent job descriptions and competency requirements for different job streams, as well as outlining clear training and career progression pathway. The improved package helped to maintain a stable, competent and motivated workforce and subsequently contributed to supporting clinical professionals in the delivery of quality patient service.

The Consultant Advancement Exercise was reactivated in 2010/11 to retain senior doctors and scarce professional expertise. Meritorious consultants were advanced to senior consultant level in recognition of their contribution to the HA and the public, part-time doctors were employed, and a settlement package was offered to eligible doctors to reach an amicable resolution on the doctors claim.



Alongside publicity of corporate and hospital service programmes throughout the year, winners of Outstanding Staff and Teams Award were also featured extensively in the media as part of our continuous effort in promoting our People First culture.

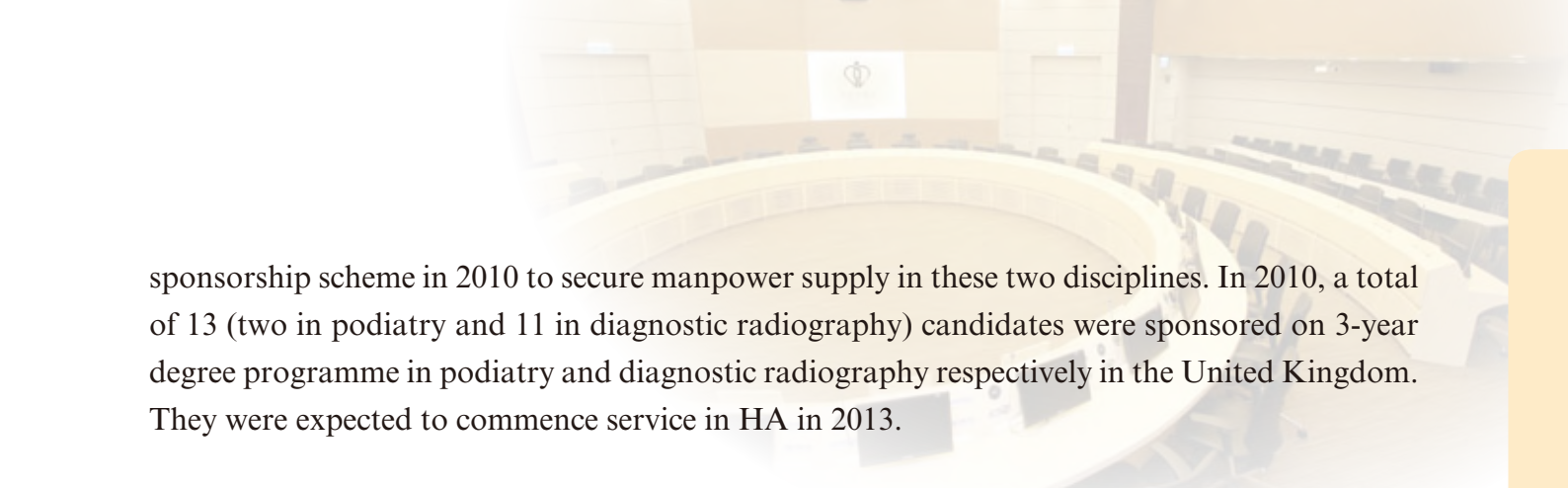
Enhancing internal communication with employees is always top on our agenda. Revamp of the HA intranet (<http://ha.home>) during the year strengthened internal communication on a new media platform. While the design concept of the new communication portal aligns with the corporate values of professionalism and teamwork, the website delivers an active and lively style. Displaying timely information through a content architecture created with employees' input, the new media platform offers new functions and features, including a rich media video gallery, upgraded search function and RSS subscription service.

Besides, a pilot research project targeted to modernise communication in HA was conducted with conjoint multi-disciplinary efforts to identify issues and explore improvement measures in order to strengthen communication with employees from different generations and background. Other than study of early adopters of modern internal communication models in other sectors, the research project comprised online and paper survey and focus group discussions with an overall encouraging response rates from various staff groups.

Training and development is a key human resources strategy for HA in developing a competent workforce. Elements of the new HA vision, mission and values were incorporated into training programmes to promote the values of teamwork and innovation. These programmes include 7-Habits, Teaming Up: Effective Team Leadership Skills for Frontline Staff, Think On Your Feet and Thinkertoys. Notable management training programmes continued from last year include Management 101 for newly promoted managers, HA Leadership Pipeline and Development Centres for leaders of the next generation. Also embarking into the second year is the Crew Resource Management (CRM) training programme through which an accumulative total of 1,400 doctors and nurses participated. The programme is an integrated training, process improvement and management system that uses all available resources including people, process and technology to enhance safety and operational efficiency.

Professional training in podiatry and diagnostic radiography was implemented to ensure a sustainable workforce of allied health professionals in HA. Since local training for podiatrist is not available and recruitment for diagnostic radiographer is difficult, HA implemented an overseas





sponsorship scheme in 2010 to secure manpower supply in these two disciplines. In 2010, a total of 13 (two in podiatry and 11 in diagnostic radiography) candidates were sponsored on 3-year degree programme in podiatry and diagnostic radiography respectively in the United Kingdom. They were expected to commence service in HA in 2013.

Besides, mediation and conflict resolution training in complaint management was also organised to equip frontline patient relations officers, doctors, and managers with essential conflict resolution knowledge and skills. 33 employees completed a 40-hour local accredited mediation course and 1,500 gained exposure to mediation approaches in complaint management through seminars and workshops.

Maintain Financial Sustainability

With the Government's continuous support to healthcare, the subvention to HA has increased steadily to HK\$34 billion for 2010/11. Being a responsible public organisation, the HA continued its prudent financial management and instigated measures to optimise resource utilisation for the delivery of quality healthcare within defined parameters.

New initiatives were undertaken to enhance financial performance reporting and monitoring to ensure achievement of balanced financial position. Management reports were revamped to focus on key information and critical issues, key performance indicators were developed for comparison and benchmarking. Communication with Clusters was enhanced. As a result of close monitoring of financial performance during the year, a surplus position has been achieved.

Striving for long-term financial sustainability remains as a key strategy of HA. Two years after the Pay-for-Performance (P4P) internal resource allocation model was implemented, continuous refinements were made to facilitate the injection of additional resources to areas of the greatest need. With corresponding development of casemix in support of P4P, there was increasing appreciation by Cluster management and clinicians on the use of casemix information to provide more informative analysis of their hospitals' workload and resource utilisation.

2010/11 also marked the pilot rollout of the Quality Incentive Programme under the P4P framework which rewards Clusters showing improvement or good performance on various key quality performance indicators. Under this programme, all Clusters demonstrated notable improvements on the management of chronic diseases, with around 7% more hypertension patients and 16% more diabetic patients attaining targeted control of their medical conditions. This programme was instrumental in fostering culture for quality improvement amongst the Clusters, providing good foundation for HA to continue its pursuit of better patient care quality and outcomes.



Hong Kong East Cluster (HKEC)



*Cheshire Home
(Chung Hom Kok)*



*Pamela Youde Nethersole
Eastern Hospital*



*Ruttonjee &
Tang Shiu Kin Hospitals*

The Hong Kong East Cluster serves an estimated population of 0.83 million covering the Eastern and Wanchai districts of the Hong Kong Island as well as the Outlying Islands (excluding North Lantau region). It comprises six hospitals and 12 general outpatient clinics. The six hospitals are Pamela Youde Nethersole Eastern Hospital (PYNEH), Ruttonjee & Tang Shiu Kin Hospitals (RHTSK), Tung Wah Eastern Hospital, Wong Chuk Hang Hospital, Cheshire Home (Chung Hom Kok) and St. John Hospital. The general outpatient clinics include eight in urban areas and four on the outlying islands of Cheung Chau, Lamma and Peng Chau. The Cluster provides a full range of comprehensive inpatient, outpatient, ambulatory, Accident & Emergency, allied health and community-based healthcare services. In addition, the Hong Kong Tuberculosis, Chest & Heart Diseases Association supports the Cluster by promoting health education programmes for primary and secondary prevention.





St. John Hospital

Tung Wah Eastern Hospital

Wong Chuk Hang Hospital

Key Achievements

HKEC stepped up its responses to meet challenges ahead, including the opening of 30 acute beds and 30 convalescent beds in PYNEH and RHTSK. The Cluster opened two additional Cardiac Care Unit beds and commissioned the second computer tomography (CT) scanner in PYNEH. It also launched pilot projects on Aged Home Telephone Support Hotline and on Chronic Disease Management to reduce avoidable hospital admissions. Pressing need of the elderly with severe degenerative, osteoporotic or metastatic musculoskeletal problems or with hip fractures was relieved with 210 additional surgeries operated.



Our strong teamwork has maintained the momentum of quality and safety initiatives in HKEC. Multi-disciplinary models of improvement measures effectively reduced incidences of pressure ulcer, patient suicide and catheter-related blood stream infection. In September 2010, PYNEH



was the first public hospital in Hong Kong awarded full accreditation for four years by the Australian Council on Healthcare Standards.



On modernisation, PYNEH introduced radio frequency identification technology in mortuary service and achieved 96% filmless radiology service. Minimal access surgery was applied more extensively to other specialties including Orthopaedics & Traumatology, Obstetrics & Gynaecology and Ear, Nose and Throat.

To foster People First culture, HKEC organised more than 80 training sessions to meet the training and development needs of different levels of staff; launched occupational safety and health programmes which were proved effective in nurturing healthy and safe workplaces; and kept exploring innovative measures to improve staff retention. Communication ambassadors, focus groups and forums opened effective communication channels with staff. Bright Suggestion Scheme was relaunched to encourage constructive ideas from all staff so as to improve work processes and systems.

HKEC has practised strategic demand management with prudent expansion of capacity in a strong patient safety culture to maintain its financial sustainability.



Hong Kong West Cluster (HKWC)



The Hong Kong West Cluster serves an estimated population of 0.55 million covering the Central, Western and Southern districts of the Hong Kong Island. The Cluster comprises seven hospitals and six satellite institutions. The seven hospitals include The Duchess of Kent Children's Hospital at Sandy Bay (DKCH), TWGHs Fung Yiu King Hospital (FYKH),

Grantham Hospital (GH), MacLehose Medical Rehabilitation Centre (MMRC), Queen Mary Hospital (QMH), Tsan Yuk Hospital (TYH) and Tung Wah Hospital (TWH). The six satellite institutions are David Trench Rehabilitation Centre (DTRC) and five general outpatient clinics. Apart from providing a comprehensive range of healthcare services to residents in its catchment area, the Cluster is well known for its tertiary and quaternary services serving the whole population of Hong Kong.

HKWC continued to maximise partnership with Li Ka Shing Faculty of Medicine of The University of Hong Kong in supporting undergraduate and postgraduate medical education and training, research and development, and innovations in healthcare technology and services. QMH received the Reader's Digest Trusted Brands Gold Award again in 2011. Winning the Award continuously for the fifth year since 2007 reflected the trust and confidence of the community in the contribution of QMH in the past years.





Duchess of Kent Children's Hospital



TWGHs Fung Yiu King Hospital



Grantham Hospital

Key Achievements

The organ transplant service in Hong Kong has entered a new era in 2010. In August 2010, the first combined heart-and-liver transplant with sequential liver transplant was successfully conducted in HKWC. The first implantation of left ventricular assist device was also performed in the territory in the same month, improving the quality of life for patients waiting for heart transplant. The number of transplants performed in 2010/11 includes 85 liver transplants, 11 heart transplants, one heart-lung transplant, and two lung transplants.



In order to manage growing service demand, HKWC registered 2,000 additional attendances in psychiatric specialist clinics and introduced integrated mental health programme in primary care setting for patients with common mental disorders. 3,100 additional cataract surgeries were performed in the Cataract Centre at GH. A new Integrated Ambulatory Centre was set up in QMH, enhancing ambulatory care service of the Cluster.



*MacLehose Medical
Rehabilitation Centre*



Queen Mary Hospital



Tung Wah Hospital



Tsan Yuk Hospital

Recognising the importance of continuous improvement in service quality and safety, QMH implemented the pilot accreditation programme, attaining full four-year accreditation. A contemporary antibody detection technology was used to provide regular pre- and post-transplant antibody screening for renal patients to guard transplant recipients against failed transplant.

To keep modernising HA, high resolution typing for bone marrow transplant service was enhanced to reduce Graft Versus Host Disease and graft rejection. 4,500 additional rapid molecular diagnostic tests were conducted to enhance effective infection control measures and reduce prolonged hospitalisation and mortality.

With continuous commitment to build People First culture, staff health screening programme was strengthened and mental health assessment was introduced in the Cluster. One Staff One Training Plan initiative was also implemented to cater for the development needs of individual employees.



Kowloon Central Cluster (KCC)



*Hong Kong Buddhist
Hospital*

Hong Kong Eye Hospital

Kowloon Hospital

The Kowloon Central Cluster serves an estimated population of 0.5 million covering the districts of Yau Tsim and Kowloon City. The Cluster comprises six hospitals / institutions and six satellite institutions. The six hospitals / institutions are Queen Elizabeth Hospital (QEH), Hong Kong Buddhist Hospital (HKBH), Hong Kong Red Cross Blood Transfusion Service, Hong Kong Eye Hospital (HKEH), Kowloon Hospital (KH) and Rehabaid Centre. The Cluster provides a full range of ambulatory, acute, convalescent, rehabilitation and extended care services to the public.



The Cluster launched its new Vision, Mission and Values in October 2007. The Vision is “To pursue excellence in health services – in life we share, in health we care and in excellence we fare”, emphasising the RESPECT values (Respect, Empathy, Sharing, Professionalism, Efficiency, Creativity, and Trust). The Cluster mission statements are:

- We deliver quality health service to our clients.
- We partner with the community to provide holistic care.
- We train healthcare professionals to pursue excellence.
- We promote learning culture, research and innovations.



Queen Elizabeth Hospital



*Hong Kong Red Cross
Blood Transfusion Service*



Rehabaid Centre

Building on its core values of RESPECT since 2008/09, KCC has earmarked three consecutive years as “Years of Safety”. The specific theme for each year was patient safety, staff safety and quality respectively.

QEH has attained outstanding performance in the healthcare industry during the year. The hospital was granted a 4-year full accreditation by the Australian Council on Healthcare Standards in late October 2010. It was the Grand Award Winner of the Year in the Asia Pacific Business Excellence Standard (APBEST) Awards and also accorded the honour of BEST Hospital in Asia-Pacific and other individual awards. The successful completion of these two external assessments provided QEH with greater impetus in striving for continuous improvement and development.

Key Achievements

In 2010/11, KCC implemented many initiatives to facilitate the provision of the right care for the right patient at the right place. To implement planned responses to growing service demand, the number of cataract operations was increased to 5,769, or 24% increase over the same period of last year. Waiting time for cataract surgery was shortened. An Integrated Cardiac Nurse Clinic was set up in QEH to provide additional 4,600 outpatient attendances for patients with cardiovascular diseases. An on-site medical physician was assigned in the Accident & Emergency Department to enhance triage and management of patients.





Initiatives were implemented to continuously improve service quality and safety. An ultrasound machine was acquired at the surgical breast outpatient clinic so that patients with suspected breast cancer could receive ultrasound examination at the same setting. A Geriatric Orthopaedic Team was set up to enhance discharge planning and outpatient services for orthopaedic patients.

20% increase in community home visits were delivered under Li Ka Shing Hospice programme in HKBH where a Day Rehabilitation Centre was also established. End-of-life support for terminally ill patients in KCC was strengthened with 800 Community Geriatric Assessment Team attendances for patients of old aged homes while an osiris room was established in the Accident & Emergency Department of QEH for patients' relatives to bid farewell to their loved ones.

To keep modernising HA, the steroid profiling services in KCC commenced and accepted referrals for diagnosis of disorders of sex development or steroidogenesis, steroid secreting tumours and endocrinopathies in April 2010. Fibroscan service was introduced in QEH in June 2010 for patients with hepatitis B and C virus. A specialist centre was established for joint replacement in HKBH in December 2010.



To align with People First culture advocated by HA, frontline nursing manpower in specialty area was relieved by introducing technical support team. A book on nursing services and development titled "To Nurse with Love" was published in May 2010.

Maintaining financial sustainability is important in KCC. The quality of procedure coding was enhanced through standardisation of workflow in specialty areas. Strategies to shorten length of stay were explored and implemented in HKBH through discharge planning enhancement and workflow re-engineering.

Kowloon East Cluster (KEC)



Haven of Hope Hospital



Tseung Kwan O Hospital



United Christian Hospital

The Kowloon East Cluster serves an estimated population of 0.98 million covering the districts of Kwun Tong, Tseung Kwan O and part of Sai Kung. The Cluster comprises three hospitals, namely United Christian Hospital (UCH), Tseung Kwan O Hospital (TKOH) and Haven of Hope Hospital (HHH), and eight general outpatient clinics. KEC also manages the outpatient and day patient facilities in Yung Fung Shee Memorial Centre and Pamela Youde Polyclinic. The Cluster provides a full range of comprehensive inpatient, day patient, outpatient, Accident & Emergency, as well as general, specialist, allied health, and community-based healthcare services.



Key Achievements

Facing challenges of escalating service demand with high complexity of illnesses from a growing elderly population, KEC strives to fully utilise existing resources to meet community needs and cater for service gaps in specific areas.





In 2010/11, the Cluster opened 42 additional acute beds at TKOH and 18 rehabilitation beds at UCH. Through the outcome focused and well-coordinated programmes, the Cluster has improved the capacity in a range of services including mental health, oncology, palliative care, cardiology, cataract operation, joint replacement and renal dialysis services. In parallel, clinical

support services including radiological examination, laboratory investigation, pharmacy support and information technology were also strengthened to ensure the delivery of seamless quality healthcare services.

In line with HA's priority focus on community-based healthcare, the KEC has established multi-disciplinary team to provide patients with chronic diseases with disease-specific risk factor assessment and targeted management. An integrated mental health programme was introduced in primary care setting for patients with common mental disorders while a community case management programme was established for patients with severe mental illness.

To improve service quality and safety, UCH was developed as a regional centre specialising in surgeries for children with cleft lip and palate. The multi-disciplinary team offering the service was also awarded one of HA's Outstanding Teams in 2011.

As a caring organisation, KEC continued to adopt a holistic approach to promote staff wellness and enhance occupational safety and health. Various channels were introduced to foster communication with staff at all levels within the Cluster, including open forums, lunches with Cluster Chief Executive (CCE) and Hospital Chief Executives (HCE), "Talk to CCE" letterbox, as well as regular gathering with interns and newly joined employees.



Kowloon West Cluster (KWC)

The Kowloon West Cluster serves an estimated population of 1.9 million covering the districts of Wong Tai Sin, Mongkok, Shamshuipo, Kwai Chung, Tsing Yi, Tsuen Wan and Tung Chung. The Cluster comprises seven hospitals and 23 general outpatient

clinics. The seven hospitals include Caritas Medical Centre (CMC), Kwai Chung Hospital (KCH), Kwong Wah Hospital (KWH), Princess Margaret Hospital (PMH), Our Lady of Maryknoll Hospital (OLMH), Tung Wah Group of Hospitals Wong Tai Sin Hospital (TWGHs WTSH) and Yan Chai Hospital (YCH). The Cluster provides a full range of inpatient, day patient, outpatient, Accident & Emergency as well as general, specialist, allied health, rehabilitation and convalescent services.



Key Achievements

KWC strengthened its services in key priority areas in 2010/11. To address increased service demand, the Cluster expanded radiological imaging services as well as services for urology, joint replacement, cataract, macular surgeries and radiotherapy. As a result, waiting time for these services was reduced. The support for end-stage renal failure patients was also enhanced with increase in hospital and home haemodialysis and palliative care service.

Additional resources were injected to enhance primary care and chronic disease management. An integrated mental health programme was launched to manage common mental disorders. A community-based case management programme was also launched to support mentally ill patients discharged from hospital.

The rapid advances of medical technology upgraded the quality in both diagnostics and therapeutics. Molecular diagnostic tests provided selected groups of cancer patients with effective prediction of therapies. Molecular technologies were also applied on Methicillin-resistant Staphylococcus Aureus (MRSA), atypical pneumonia and clostridium difficile, which enabled effective management on infection control, and reduced prolonged hospitalisation and mortality. In addition, filmless radiological imaging service was implemented by phases in KWH.





Caritas Medical Centre



Kwai Chung Hospital



Kwong Wah Hospital

The Cluster continuously endeavours to promote a quality culture and implements various patient safety and risk management initiatives during the year. Universal Down Syndrome screening was offered to eligible pregnant women at PMH and KWH. Medication safety was enhanced with the introduction of reconciliation services piloted in KWH in which the pharmacist would keep track of selected patient's drug history before admission, during hospitalisation and upon discharge. Specific groups of drug were supplied in blister pack to further reduce the risk of using pre-packed pharmaceutical products.

KWC has implemented a series of cluster-wide safety initiatives and programmes in 2010/11 to enhance the safety and health of patients, visitors and employees. These programmes included Safety Climate Index Survey, Work Safe Behaviour Programme, Safety Auditors Training, Training Need Survey, Hospital Safety Plan, Safety Audit, Quality Improvement Plan and on-site audit by Occupational Safety & Health Council.





*Our Lady of Maryknoll
Hospital*



*Princess Margaret
Hospital*



*TWGHs Wong Tai Sin
Hospital*



Yan Chai Hospital



Staff is the most valuable asset. The School of Central Nursing at CMC continued the intake for the 3-year higher diploma programme in nursing to address the shortage of nurses. A well-structured and comprehensive orientation programme for newly graduated registered nurses was organised in KWC in 2010/11, with a view to promoting caring culture among preceptors, mentors, ward supervisors and new graduates. Piloted in PMH, the tailor-made programme covered workshops, surveys, sharing sessions, clinical teaching and skill enhancement courses, registering overwhelming response from new graduates. Survey results indicated that they had successfully built up confidence and capability in taking up the role as registered nurses.



KWC continued various career progression initiatives to retain staff and sustain the quality of our workforce, including enhancement programmes for nurses of Community Nursing

Service and strengthened support for midwifery training. Additional resources were allocated to relieve medical social workers from taking up non-professional duties.



In line with HA's Pay-for-Performance internal resource allocation system, the Cluster Casemix Office continued to implement cost modeling and improve the quality of clinical coding.

New Territories East Cluster (NTEC)



The New Territories East Cluster serves an estimated population of 1.3 million covering the districts of Shatin, Tai Po, North District and part of Sai Kung. It comprises seven hospitals and 11 general outpatient clinics. The seven hospitals are Prince of Wales Hospital (PWH), North District Hospital (NDH), Alice Ho Miu Ling Nethersole Hospital, Tai Po Hospital,

Shatin Hospital, Cheshire Home (Shatin) and Bradbury Hospice. The Cluster provides a full range of acute, convalescent, rehabilitation and extended care, inpatient and specialist outpatient services to the public. There are three Accident & Emergency centres serving three major districts. Apart from the general outpatient clinics, NTEC also provides ambulatory care services in a number of day hospitals and centres as well as a large network of community outreach services including the Community Geriatric Assessment Teams and the Community Nursing Service.

Key Achievements

In response to growing demand for services, NTEC opened the PWH Extension Block in October 2010. Major acute and trauma services of the hospital were relocated to the new building with a total gross floor area of 71,500 sq.m. The new facility enabled the streamlining and improvement to the patient care processes, with the alleviation of prolonged waiting for admission in the Accident &





*Alice Ho Miu Ling
Nethersole Hospital*



Bradbury Hospice



*Cheshire Home
(Shatin)*



Emergency Department. A new model of care was implemented under the Respiratory Collaborative Care Programme at NDH to provide the patients with Chronic Obstructive Pulmonary Diseases with integrated home and discharge support.

The Cluster had implemented various initiatives to improve quality and safety. A major programme was launched to promote medical safety, including an interactive electronic platform for staff engagement.

The number of reported medication incidents continued to drop during the year. Safe surgery checklist was successfully rolled out to all three acute hospitals in NTEC. An audit conducted in 2010 showed an overall compliance rate of 98.8%. The surgical “Checklist 123” was also introduced to non-operating theatre settings.

Shatin Hospital



North District Hospital



Prince of Wales Hospital



Tai Po Hospital



NTEC also put continuous emphasis on building up the People First culture. Traditional staff communication platforms of CCE/HCE visits and staff forums, staff lunch gatherings, as well as workshops and events were organised to foster a caring culture and team spirit. The Cluster intranet platform was further strengthened to promote staff engagement and communication.



New Territories West Cluster (NTWC)



Castle Peak Hospital



Pok Oi Hospital



Siu Lam Hospital



Tuen Mun Hospital

The New Territories West Cluster serves an estimated population of 1.05 million covering the Tuen Mun and Yuen Long districts. It comprises four hospitals and eight general outpatient clinics. The four hospitals are Castle Peak Hospital, Pok Oi Hospital (POH), Siu Lam Hospital and Tuen Mun Hospital (TMH). Besides, the Cluster also manages Tuen Mun Ambulatory Care Centre, Tuen Mun Mental Health Centre, Tuen Mun Eye Centre and the Butterfly Bay Laundry. NTWC provides a full range of comprehensive general, psychiatry, inpatient, outpatient, acute, convalescent, rehabilitation, ambulatory, allied health and community-based healthcare services.



NTWC has made significant progress in 2010/11 and achieved all key pledges. It has not only expanded its services to address the twin demographic challenges of population growth and population ageing, but has also weighed up priorities to cope with increasing demand for general and psychiatric services. With various improvement measures and concerted efforts of departments, the Cluster has managed to achieve a balanced accrual budget.

Key Achievements

To meet rising demand for elective operations and rehabilitation support, the surgical services of the Cluster were expanded in phases with two new operating theatres and 31 additional beds at POH in 2010. In addition, one bed each of Intensive Care Unit and High Dependency Unit were added to strengthen higher level individual care to cater for growing complexity of patient conditions in POH. Meanwhile, a total of 47 rehabilitation beds and 17 day beds were added in TMH and POH to relieve bed congestion at acute medical wards in the Cluster.

While NTWC has the largest pool of patients with Continuous Ambulatory Peritoneal Dialysis (CAPD) amongst all Clusters, it has the lowest proportion of dialysis patients on haemodialysis (HD) compared with the HA average. In 2010/11, the Cluster expanded its HD capacity by treating five more patients with end-stage renal failure and providing 907 extra HD sessions.

In line with corporate target, NTWC continued to strengthen mental health services. The Cluster started the community-based multi-disciplinary case management programme for patients with severe mental illness, serving 1,518 additional patients and providing 12,333 additional psychiatric outreach attendances. Ambulatory care in Child and Adolescent Psychiatry was enhanced with 10% reduction in waiting time for first time appointment of specialist outpatient clinics. It also expanded the capacity of forensic psychiatry for mentally-disordered offenders in Siu Lam Psychiatric Centre by providing assessment and hospital order attendances, support for court cases, outreach and home visits.





Initiatives were implemented to improve service quality. Installation of the second magnetic resonance imaging (MRI) machine at TMH addressed increasing demand for specialised radiological imaging services and thus shortened waiting time for MRI examinations in NTWC. An electronic Pressure Ulcer Reporting System was developed to monitor and control pressure ulcers and ameliorate quality

of care. Auto-refill systems were rolled out to 26 wards to alleviate administrative workload of ward nurses. On the other hand, evidence-based nursing practice was enhanced through establishment of nurse-led clinics during the year to extend the roles of nurses and promote excellence in patient care.

The Cluster participated in hospital accreditation which formed an essential element in materialising the vision of becoming a “preferred healthcare provider” and exhibited the deeply rooted People First values. A three-year “Grow Our Capable Leaders for Success” (GOALS) programme was launched to identify and develop 30 upcoming leaders for new challenges of the future.



On the other hand, carers and supporting staff of the Cluster received equal attention on training and development. Core competence training programmes were developed for junior doctors and nurses to equip them for challenges of increasing complexity of modern healthcare settings. 1,300 supporting staff received refresher training in patient transportation, last-office work, occupational safety and health, and communication with patients.