Implementation of the Recommendations of the Steering Committee on Review of Hospital Authority

Hospital Authority Action Plan - Summary table of specific actions

Strategic Goal and Target	Action	Timeline
Management and Organisation Structure **Strengthening governance and rationalising the organisation structure**		
Recommendation 1		
The HA Board, being the managing board, to play a more active role in leading and managing HA	1. Continue to strengthen stewardship by the Board along the directions of the recommendations of its corporate governance review and for ongoing strategic focus on corporate governance	Ongoing and continuous
	2. Set up dedicated Task Force to steer action planning for the implementation of the various recommendations of the HA Review	Task Force proactively set up by HA Board and conducted 4 meetings in August and September 2015
	3. HA Board to closely follow through implementation of the various action plans and monitor progress	Ongoing and continuous in the coming three years
Re-grouping of WTS district and MK area (KWH, WTSH and OLMH) from KWC to KCC	4. Consult stakeholders, both internal (staff, governing bodies of concerned hospitals, etc.) and external (District Councils, patients groups, community, etc.)	2015/16
	5. Effect administrative arrangement for the re-grouping exercise	Late 2016
	6. Re-organise care provision within the new KCC and implement associated changes in KWC, having regard to • service planning and coordination, taking into consideration supporting network across healthcare services at acute care, extended care, primary care and community care levels • service alignment with partners beyond HA, e.g. FSD and NGOs • associated staff arrangement, relocation of resources • infrastructure issues	Seek HA Board's endorsement on detailed implementation plan in 3Q 2016 Implement by phases from 4Q 2016 onwards, taking into account KWH redevelopment (target 2023) and the new acute hospital in Kai Tak area (Phase 1 target 2021)
	7. Evaluate demand and capacity gap in KCC, KWC and KEC, taking reference to service demand projection up to 2026	Result of analysis for Board's endorsement in 3Q 2016; and implementation through subsequent annual planning exercises

Strategic Goal and Target	Action	Timeline
Demand and capacity evaluation of the remaining clusters	8. Conduct capacity-demand gap analysis on NTEC, NTWC, HKWC and HKEC	Seek HA Board's endorsement in 2Q 2017; and implement plans from 3Q 2017 onwards
Interim measures for quick enhancement (a) Catch up improvements for KEC, NTEC, and NTWC	9. Mobilise the additional 3-year funding for catch-up plans for KEC, NTEC and NTWC to help address known deficiencies in service capacity	2015/16 – 2017/18
	10. Continue to enhance service capacity in KEC, NTEC and NTWC, including additional 36 beds to TKOH, 71 beds to PWH and a total of 122 beds to TMH and POH in 2015/16; TSWH in 2016/17; and other initiatives to enhance physical capacity of the 3 cluster	2015/16 and ongoing
(b) Enhancing services in WTS District	11. Additional resources to WTSH and OLMH	2015/16
	12. Refurbishment of HKBH	Project ongoing with a view to target completion by 3Q 2019
(c) Rationalise acute-rehabilitation service arrangement	13. Pilot project to drive for better vertical integration between acute and rehabilitation service for target patients residing in WTS and YTM Districts	August 2015 launched
(d) Refine geographical boundaries for ambulance catchment areas	14. Fine-tune the Kowloon ambulance catchment areas to enable more speedy access to patient care in the districts	Ongoing
Recommendation 2		
Set up a mechanism for selection of centres for provision of highly specialised services	15. Establish mechanism to define highly specialised services, formulate selection criteria, and set parameters for highly specialised services	Seek HA Board's endorsement on the mechanism by 1Q 2017
	16. Mechanism to cover planning of training to build up clinical expertise as well	
Refine the cluster management structure	17. Revisit cluster management structure with particular regard to roles and responsibilities of CCEs	Submit findings and proposals to HA Board by 1Q 2017
	18. Actively engage CCEs in HAHO management functions e.g. service planning in HA's Service Budget and Planning Committee, allocation of doctor posts to clusters etc.	
	19. Engage the COCs/CCs to enhance their roles and responsibilities in clinical governance under Recommendation 10	

Strategic Goal and Target	Action	Timeline
Regroup hospitals under one HCE to make HCE job portfolios comparable	20. Implement the regrouping proposals and follow up on consequential appointment of Deputy HCEs to support HCE of grouped hospitals	Seek HA Board's endorsement on the final regrouping proposals in December 2015 and implement the changes by phased approach in three years, taking into account tenure of service of current incumbents, as well as to dovetail with cluster boundaries
	21. Arrange job rotations for HCEs	
Delineate the roles of hospitals within cluster	22. Develop cluster CSP (CSP for HKWC, KEC and NTEC completed) and delineate the roles and functions of hospitals within cluster	KCC CSP under preparation and will be finalised and published within three months after the Board's approval of the cluster boundary revision; and formulation of CSPs for NTWC, HKEC and KWC will commence in phases within next three years
Resource Management **Enhancing equity and transparency in resource management**		
Recommendation 3		
Develop refined population-based resource allocation model	23. Undertake the necessary groundwork to prepare for model building • Analyse healthcare utilisation of local communities to study cross-cluster flow patterns and to assess impact of different strategies for refining the cluster boundary (under Recommendation 1) • Set up governance to build consensus for designated services to be counted, and conduct technical review of their costing methodologies	3Q 2015 – 2Q 2016
	24. Develop prototype model and submit to HA Board for deliberation/endorsement	Report to HA Board in 3Q 2016
	25. Engage an external consultant to validate the approach and framework of the model	Early 2016 – 1Q 2017
	26. Finalise prototype model	1Q 2017
Analyse cluster resource utilisation to inform decision- making in service planning	27. Compare resource utilisation of clusters by the refined population-based resource allocation model (i.e. with relevant adjustments)	Report preliminary findings to HA Board in 1Q 2017 – 2Q 2017

Strategic Goal and Target	Action	Timeline
	28. Perform time trend analysis of cluster resource need and utilisation	Analysis ready by 3Q 2017, for incorporation into the 2018/19 annual planning exercise and thereafter
Communication and stakeholder engagement	29. Hold biannual meetings with each cluster to share ideas on model development and potential application of analysis findings	Starting 3Q 2015 onwards
	30. Publish a consultation paper to solicit views on the model from frontline	3Q 2016
	31. Publish a report on the results of cluster resource utilisation analysis	1Q 2017 – 2Q 2017
Monitor progress and utilisation of catch-up funding	32. Formulate catch-up plans for KEC, NTEC and NTWC to address under-provisioned areas	Catch up plans for 2015/16 to 2017/18 were formulated in 2Q-3Q 2015
	33. Review progress of 2015/16 catch-up plans to facilitate refinement of 2016/17 catch-up plans if necessary	Progress review of 2015/16 catch-up plans in 1Q 2016
	34. Review progress of 2016/17 catch-up plans to facilitate refinement of 2017/18 catch-up plans if necessary	Progress review of 2016/17 catch-up plans in 1Q 2017 Overall review of 3-year catch-up plans in 3Q 2018
Recommendation 4		
Improve and simplify the procedures of resources bidding	35. Training workshops will be organised for frontline users to consolidate the workflow in the APS	1Q 2016
	36. Over 10 system enhancements will be implemented to the APS to improve system functionality, facilitate automation and reduce administrative work	1Q 2017
Enhance transparency of the resource bidding and allocation processes	37. The Manual on Annual Planning, outlining the structure and process of resource bidding in HA, will be reviewed and updated for promulgation to all stakeholders	4Q 2015 – 1Q 2016
	38. Annual planning proposals formulated by clinicians with input from cluster management are deliberated and prioritised by the Service and Budget Planning Committee, membership of which includes all seven CCEs	Ongoing, every 1Q – 3Q

Strategic Goal and Target	Action	Timeline
	39. Briefing forums will be reinforced to • explain the rationale and considerations behind the final decisions and allocation result of submitted proposals. Feedback concerning the submitted proposals will be given to stakeholders involved. The target groups for the forums are COC/CC members, clusters and HAHO subject officers; and • share with colleagues about HA's service development and annual plan proposal submission procedures for the next planning cycle	Ongoing in every 1Q
Staff Management **Enhancing consistency in staff management and strengthening staff development**		
Recommendation 5		
Enhance central system to monitor creation and deletion of selected levels of senior positions	40. Formalise current mechanism for the creation and deletion of directorate positions (e.g. clinical Consultants) and Nursing Consultant positions, and extend to other grades/ranks	Ongoing and 2016/17
Enrich HAHO representation in cluster selection boards	41. Extend posts requiring mandatory HAHO representation as well as the pool of representatives with role delineation	4Q 2016
Develop and enhance rotation programmes	42. Formulate job rotation arrangements for CEO rank and above with clear objective, selection criteria, proper selection and endorsement process, funding arrangement, roles delineation	3Q 2016
	43. Expand central funded training places to facilitate intra-specialty rotation of clinical staff	2016/17
	44. Pilot cluster-based rotation programme for cross specialty rotation of clinical staff	2016/17
	45. Set up a rotation mechanism for training of clinical staff in different grades/hospitals when introducing new healthcare technology/equipment	2017/18
Strengthen alignment of HR practices and implementation of HR policies across clusters	46. Strengthen existing communication and enhance partnership with cluster HR in policy development and implementation	4Q 2015 – ongoing
	47. Establish system of HR audit on system and practice and standard protocols for policy formation and implementation	

Strategic Goal and Target	Action	Timeline
Enhance HA staff communication	48. Develop HR mobile solution with phased rollout	1Q 2016 – 2016/17
	49. Produce a Staff Communication Guidebook	2016
	50. Conduct Staff Survey	2016/17
Formulate central staff deployment plan in emergency situations	51. Establish a structured approach and relevant guidelines to enable central coordinated authority for activating central deployment plan to cope with staffing needs in emergency situations	2016/17
Central recruitment of Resident Trainees	52. Conduct specialty-based central selection panels for Paediatrics and Psychiatry	2015/16
	53. Roll out specialty-based central selection panels to all specialties to replace cluster-based selection in 2016/17 Resident Trainee recruitment and allocation exercise	2016/17
Develop and implement re-employment schemes for suitable retirees to help address manpower shortage and encourage knowledge transfer [One-off funding of $570 million]	54. Develop and implement three Special Schemes respectively for (1) clinical doctors; (2) supporting grades staff; and (3) nurses, allied health and pharmacy staff retiring in 2015/16 and 2016/17	2Q 2015 – 2017/18
Recommendation 6		
Strengthen governance on training	55. Set up a 2-tier governance structure for training with a dedicated committee under HRC for overall policy and steer on training	4Q 2015
Develop mechanism to ascertain organisation training needs and development of training activities	56. Develop grade-specific training curriculums	4Q 2015 – 3Q 2016
	57. Establish a structured mechanism for clusters to ascertain training needs	2016
	58. Include training plan for staff when introducing new technology / services and develop a rotation mechanism for staff of different grades/hospitals other than the concerned hospital where the technology/service is introduced (Items 16 & 45 also refer)	1Q 2017 – 1Q 2018
Develop system for effective training information management and planning	59. Develop a tracking system for training programmes under the designated training fund	4Q 2015
	60. Pilot a few key modules of a new IT system to facilitate planning, monitoring and reporting on staff training	1Q 2016 – 4Q 2017

Strategic Goal and Target	Action	Timeline
Strengthen collaboration with external parties to enhance overall training capacity and capability	61. Develop regular liaison platforms and forums with external training partners with defined priority areas of collaboration	2016
Utilise one-off additional funding of $300 million to enhance training	62. Implement 11 new and scale-up training programmes (including scholarships, commissioned training, overseas training and simulation training) in 2015/16	4Q 2015 – 1Q 2016
	63. Endorse training plans and programmes of 2016/17 and 2017/18 by the Central T&D Committee	1Q 2016 – 2Q 2016
	64. Funding support for training relief to maintain service operation	2015/16 and ongoing
Cost Effectiveness and Service Management **Providing better services**		
Recommendation 7		
Enhance the role of the HA Board in KPI performance review and KPI development process	65. KPI reports will be presented to functional committees for in-depth discussion with issues of concern highlighted to the Board for focused discussion. Through this enhanced reporting platform, the Board will be able to identify key areas for KPI development, and setting of targets and standards to drive best practices in HA services	Mechanism endorsed by EC of the HA Board in June 2015 and will be implemented in 4Q 2015
Enhance HA's KPIs	66. Develop and refine KPIs to reflect capacity-demand gap and service efficiency on the key pressure areas, including access to SOPC service, OT service and access block at A&E Departments	Potential indicators will be identified by 4Q 2015, for endorsement by the HA Board in 1Q 2016. Upon the HA Board's endorsement, the KPIs will be implemented and reporting will commence in 2016/17
Enhance utilisation of KPI information to drive best practices	67. Develop an IT system with functional modules to facilitate dissemination of KPI information so that KPIs and their detailed supporting information relevant to different levels of staff can be made accessible to relevant levels of staff, including the frontline within the organisation	Phased implementation in 2015/16 to 2017/18

Strategic Goal and Target	Action	Timeline
Recommendation 8		
Utilise FMSC to relieve pressure on O&T SOPCs	68. Build on the existing model to divert routine O&T SOPC cases in pressure areas to FMSCs to prepare for expansion of programme in KEC and NTEC. In the light of operational experience, will explore customising the model for other appropriate specialties / clusters with a view to relieving SOPC workload	Commenced preparation. Through 2017-18 annual planning exercise
	69. HAHO will strengthen its role on central coordination in formulating annual plans for a consistent service model in clusters	Ongoing
Employ new multidisciplinary strategy to relieve pressure on Psychiatric SOPCs	70. Through annual plan bidding, HA will enhance and strengthen the multidisciplinary teams of psychiatric SOPC for child and adolescent service and patients with CMD	Commenced in 2015/16 with further roll-out in coming few years
	71. HA will pilot a corporate-coordinated cross-cluster booking for suitable patients with CMD from others clusters to be attended at the CMD clinic of KWC	Commencing by 4Q 2015
Manage SOPC referrals	72. To manage O&T SOPC referral sources in particular, HA will engage A&E, FM and O&T on enhancement and utilisation of the referral guidelines and electronic referral system (eReferral) template on neck / back pain	Ongoing with regular update and promulgation
	73. Enhancement and promulgation of eReferral	Ongoing with enhancements and utilisation regularly monitored
Employ multi-pronged strategies to generally improve the capacity and efficiency	74. HA will carry out various renovation and redevelopment/expansion projects to expand physical capacity for SOPC service	Ongoing
	75. Production of "Specialty-based SOPC Waiting Time Analysis Charts" in Management Information Portal for easy retrieval and timely access to most up-to-date analysis	2015/16
	76. Indicators are being developed to assist the monitoring of SOPC service throughput, new case booking pattern, service demand and supply relationship. SOPC service throughput indicators on SOPC attendances per doctor ratio will be explored to become HA's KPIs	2016/17

Strategic Goal and Target	Action	Timeline
	77. Subject to results of the GOPC PPP Interim Review, to extend the Programme to all 18 districts in phases (Item 95 also refers)	2016/17 to 2018/19
Align practices of different clusters and minimise cross-cluster variance in waiting time	78. Further to the pilot run in QEH, the SOPC Phone Enquiry System will be implemented in the other six clusters	2015/16
	79. HA will conduct a comprehensive review of appointment scheduling practices of SOPC and publish a SOPC Operation Manual to align different practices in SOPC	2015/16
	80. To facilitate patient-initiated cross-cluster new case booking, HA has enhanced transparency of SOPC waiting time information, which will facilitate patients' understanding of the waiting time situation in HA and assist them to make informed decisions in treatment choices and plans	Ongoing with quarterly update on waiting time information
	81. HA will pilot a mobile App to facilitate patients' choice on cross-cluster new case booking in the specialty of gynaecology. Upon review, the application will be further rolled out to other appropriate specialties	Commencing by 1Q 2016
Ensure A&E patients with pressing medical needs received timely medical treatment	82. Re-engineer the work process for Category III patients aiming for early assessment and intervention	Commencing in 1Q 2016
	83. Deploy additional medical and nursing manpower to pressure specialties including A&E Departments to sustain the operation of A&E Departments and improve the waiting time for Category III patients	Ongoing
Improve the waiting time of Category IV and Category V patients in A&E Departments	84. Develop a transparent mechanism and an open platform for releasing the estimated waiting time to public	Commencing in 2016/17
	85. Further expand the scale and coverage of A&E Support Session Programme	Commencing in 2016/17

Strategic Goal and Target	Action	Timeline
Development of KPI to monitor access block problem	86. Develop an Access Block KPI to monitor the access block problem	KPI proposal to be ready by 1Q 2016 for HA Board's endorsement
Strengthening of HAHO's input and enhancement of intra-cluster collaboration	87. HAHO to actively provide input and support for cluster strategies from policy and resource allocation levels to cluster-based task forces in KCC and NTEC	Commence by 1Q 2016
	88. Cluster-based task forces to coordinate intra-cluster collaboration and mobilise cluster resources to address the problem	
Building up of capacity	89. Continued efforts in increasing service capacity in KCC and NTEC through addition of beds, refurbishment projects, minor works projects, and planning of major medical facilities to meet service demand of the clusters	Commence by 2016/17
	90. Capacity gap revealed during the process to be addressed through annual planning exercises	
Management of service demands	91. Implement measures to reduce avoidable hospital admissions of elderly patients, e.g. community geriatric assessment service at A&E level, enhancing day care service, fast track clinics	Commence by 2016/17
	92. Reduce length of stay for patients for better service demand management	
	93. Dashboard to provide real time information to facilitate bed coordination	1Q 2016
Recommendation 9		
Increase service capacity	94. Continue to enhance the capacity of primary care services provided by HA	Increase GOPC quotas by 55 000 (77 000 FYE) in 2015/16; and aim to increase GOPC quotas by 27 000 (49 000 FYE) in 2016/17 through annual planning
	95. Strengthen partnership with the private sector on primary care via extension in phases of the GOPC PPP to enhance primary care capacity for the management of patients with chronic diseases and provide choice to patients (Item 77 also refers)	Extend in phases the GOPC PPP to all 18 districts by 2018/19 (Subject to results of the interim review)
	96. Increase the capacity to support elderly patients in RCHEs through the CGAT service	Through annual planning for 2016/17, HA aims to cover an addition of around 40 RCHEs

Strategic Goal and Target	Action	Timeline
	97. Increase the capacity of hospital beds	Increase hospital beds by 250 in 2015/16; and aim to increase hospital beds by around 200 in 2016/17 through annual planning
Review and develop service delivery models and strengthen partnership with community partners	98. Enhance services in collaboration with the DH to provide influenza vaccination to patients with chronic disease and elderly living in the community	Strengthen the role of public clinics in the GVP GVP starting from 4Q 2015
	99. Work with NGO, SWD and FHB to develop a collaborative service model with enhanced geriatric support in a large-scale old age home in Lam Tei to facilitate ageing in place and reduce unnecessary hospitalisation	Provide HA's input into collaborative service model development by 2016/17
	100. Partner with NGO to provide infirmary service to persons requiring long term institutional health and social care via the pilot Infirmary Service PPP	Pilot the Infirmary Service PPP in 2017 in WCH
	101. CGATs work in partnership with Palliative Care teams and NGOs to improve medical and nursing care to elderly patients living in RCHEs facing terminal illness, and to provide training for RCHEs staff	Start in RCHEs supported by the CGATs of RH, FYKH, PWH and TMH from 4Q 2015
	102. Strengthen the structured palliative care training for different healthcare disciplines	Develop more structured training programmes (e.g. seminars, workshops, attachment programmes) on palliative care for multidisciplinary staff in 2015/16 and 2016/17
	103. Further develop the CHCC service to provide telephone advice and support to DM patients in Medical SOPCs on disease management	Commence in KEC, NTEC and NTWC from 3Q 2015
Strengthen patient empowerment and engagement	104. Revamp the Smart Patient Website to provide more information to support carers of the elderly	1Q 2016
	105. Review and refine the service model and contractual partnership with the NGOs on the Patient Empowerment Programme to support Patients with DM or Hypertension and enhance service quality	Renew contract with NGOs incorporating service refinement in 2016/17
	106. Review and strengthen the role of Patient Resource Centres as a platform to coordinate community	2016/17

Strategic Goal and Target	Action	Timeline
	partners and patient groups, and to help strengthen the participation of patient groups	
	107. Continue to implement Corporate PESS Programme to collect patient feedback on HA services and identify areas for improvement	PESS rolling plan: inpatient services in 2015/16; A&E services in 2016/17 and hospital-based PESS in 2017/18
	108. Further increase patient representatives' participation in formal platforms to provide advice and feedback on service development and patient care	2016 and ongoing
Overall Management and Control **Enhancing the safety and quality of services**		
Recommendation 10		
Strengthen the roles of COCs on clinical governance	109. Require COCs/CCs to enhance their roles and responsibilities in clinical governance, specifically in setting service standards, developing clinical practice guidelines, education and training, conducting clinical audits, managing clinical risk management and introduction of new technology and service development	1Q 2016
	110. Promulgate standardised set of Terms of Reference of COCs/CCs	3Q 2016
	111. Evaluate the implementation by inviting COCs/CCs to conduct self-assessment on their enhanced roles and areas for improvement	3Q 2017
Enhance the role of COS with greater emphasis on clinical governance	112. Engage COSs and doctor groups on the enhanced role of COS, particularly in quality of patient care and patient safety	2Q 2016
	113. Specify COS management functions as related to clinical governance in COS appointment and staff appraisal procedure	1Q 2017
Refine COC/CC/service committees relationship with a view to reducing their administrative work in annual resource planning and clinical service development	114. Improve the annual planning process to further reduce the administrative work in annual resource planning. Key stakeholders in COCs/CCs will be engaged through training workshops and feedback processes to better utilise the annual planning cycle for prioritisation of resource bids put	1Q 2016

Strategic Goal and Target	Action	Timeline
	forward by hospital service units so as to reduce abortive work at frontline level	
Develop a system of credentialing and defining scope of practices	115. Implement the established vetting mechanism of credentialing activities in HA through the COCs/CCs, Central and Cluster Credentialing Committees	1Q 2016
	116. In collaboration with Cluster Credentialing Committees, develop mechanism of defining scope of practice, maintenance of staff lists and regular reporting of HA endorsed credentialing activities	4Q 2016
	117. Communicate with HK Academy of Medicine on HA's credentialing development and discuss the future development	Ongoing
Improve clinical outcomes and patient care through clinical audit activities	118. Enhance and update the clinical audit guidelines to guide clinical specialties in performing clinical audits	1Q 2016
	119. Support COC (ICU) to develop a local risk adjusted model for intensive care outcome monitoring programme	4Q 2016
	120. Develop specific sets of clinical indicators for service quality improvement	Ongoing
Strengthen medical incidents sharing	121. Develop an electronic platform for staff communication on medical incidents	1Q 2017
	122. Publicise and implement the Clinical Incident Management Manual, with focus of communication with and support for patients	2Q 2016
	123. Publish HA Risk Alert (HARA) and annual report and organise incidents sharing sessions at HAHO, cluster forums and COCs	Ongoing
	124. Continue to integrate patient safety in training to interns and junior doctors	Ongoing

Abbreviation list

A

A&E	Accident and Emergency
AHNH	Alice Ho Miu Ling Nethersole Hospital
APS	Annual Planning System

C

C&A	Child and Adolescent
CC	Central Committee
CCE	Cluster Chief Executive
CEO	Chief Executive Officer
CGAT	Community Geriatric Assessment Team
CHCC	Community Health Call Centre
CMD	Common Mental Disorders
COC	Coordinating Committee
COS	Chief of Service
CSP	Clinical Services Plan

D

DH	Department of Health
DM	Diabetes Mellitus

E

EC	Executive Committee
eReferral	Electronic Referral
ENT	Ear, Nose and Throat

F

FHB	Food and Health Bureau
FSD	Fire Services Department
FM	Family Medicine
FMSC	Family Medicine Specialist Clinic
FYE	Full Year Effect
FYKH	TWGHs Fung Yiu King Hospital

G

GOPC	General Outpatient Clinic
GVP	Government Vaccination Programme

H

HA	Hospital Authority
HAHO	Hospital Authority Head Office
HCE	Hospital Chief Executive
HHH	Haven of Hope Hospital
HKAM	Hong Kong Academy of Medicine
HKBH	Hong Kong Buddhist Hospital
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
HR	Human Resources
HRC	Human Resources Committee

I

ICU	Intensive Care Unit
IT	Information Technology

K

KCC	Kowloon Central Cluster
KCH	Kwai Chung Hospital
KEC	Kowloon East Cluster
KH	Kowloon Hospital
KWC	Kowloon West Cluster
KPI	Key Performance Indicator
KT	Kwun Tong
KWH	Kwong Wah Hospital

L

LBP	Low Back Pain

M

MK	Mong Kok

N

NGO	Non-Governmental Organisation
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster

O

OLMH	Our Lady of Maryknoll Hospital
OT	Operating Theatre
O&T	Orthopaedics & Traumatology

P

PAC	Patient Advisory Committee
PESS	Patient Experience and Satisfaction Survey
POH	Pok Oi Hospital
PPP	Public-Private Partnership
PMH	Princess Margaret Hospital
PSY	Psychiatry
PWH	Prince of Wales Hospital

Q

QEH	Queen Elizabeth Hospital

R

RCHEs	Residential Care Homes for the Elderly
RH	Ruttonjee Hospital

S

SC	Steering Committee on Review of Hospital Authority
SH	Shatin Hospital
SOPC	Specialist Outpatient Clinic
SWD	Social Welfare Department

T

T&D	Training and Development
TKOH	Tseung Kwan O Hospital
TM	Tuen Mun
TMH	Tuen Mun Hospital
TSWH	Tin Shui Wai Hospital

U

UCH	United Christian Hospital

W

WCH	Wong Chuk Hang Hospital
WTS	Wong Tai Sin
WTSH	Wong Tai Sin Hospital

Y

YTM	Yau Tsim Mong