1 Executive Summary

Budget for 2000/2001

The Hospital Authority (HA) will operate under a recurrent expenditure budget of $28,029M in 2000/2001. Most of the funding will be used to maintain existing level, scope and volume of services with focus on the priority areas identified for 2000/2001 Hospital Authority Annual Planning.

Priority Areas for Hospital Authority Annual Plan 2000/2001

The next two decades will see dramatic changes in global health needs as a result of aging population. First, changes in disease pattern with emergence of chronic illnesses as a significant health problem demand changes in the mode of care delivery. Second, changes brought about by scientific breakthroughs and technological advances have resulted in the availability of new diagnostic and treatment methods for innumerable diseases which hitherto were unamenable to medical intervention. The rapidity of these changes, together with the very large number of people involved, have posed serious challenges to health care systems worldwide and forced difficult decisions on allocation of scarce resources. In Hong Kong, the issues of rising health care cost and sustainability of the current system have attracted much public attention particularly after the release of the Harvard Consultancy Report on Improving Hong Kong's Health Care System in April, 1999. Apart from financial constraints, which were intensified by the implementation of the Government's Enhanced Productivity Programme starting this year, the growing expectation of the public on service quality also poses pressure on public health care services. To tackle the pressing challenges of maintaining and continually improving its service quality in the face of increasing financial constraints and service demand, the Authority has identified the following six priority areas as the focus of its work for the coming year:

a. Volume and Access;
b. Enhanced Productivity Programme;
c. Financing and Resource Allocation System;
d. Distribution Network and Infrastructure;
e. Care Process and Quality; and
f. Human Resource Capabilities and Quality.

Volume and Access

In the past few years, Hong Kong has witnessed very rapid growth in demand for its public hospital services. This has far exceeded its population growth and has led to tremendous strain on the Hospital Authority system. To tackle the problem, a multi-pronged approach will be adopted

both at corporate and hospital levels. At the front end, efforts will be made to manage demand and increase service throughput. At the same time, information systems for specialist outpatient services will be enhanced to provide the public with waiting list information to facilitate informed choice between geographical convenience and shortest waiting time. At the back end, general outpatient clinics, family clinics and integrated clinics attached to the Authority's hospitals will be strengthened to take over patients with simple or stabilised conditions referred from specialist outpatient clinics. Family Medicine training will also be augmented with the aim of producing more general practitioners competent as primary carers and gate keepers in the community.

To further address the rising demand, the Authority will implement strategies to alleviate the heavy workload of the Accident and Emergency service. Private walk-in clinics will be piloted in the vicinity of the Accident and Emergency Departments of public hospitals to offer patients with non-urgent or semi-urgent problems a choice of treatment facilities. The Authority will also revise its internal resource allocation system to encourage optimal organisation of patient care and reduce volume competition.

Enhanced Productivity Programme

Under the Enhanced Productivity Programme, the recurrent funding from Government to the Authority will be adjusted downward by 5% for the three financial years starting 2000/2001. This is on top of the over 11% productivity gain already achieved by the Authority, and in spite of the huge increase in service volume in past years. Such challenge calls for organisation-wide strategies and innovative solutions.

Taking into account its cost structure, the Authority will adopt the following approaches to achieve cost savings for 2000/2001:

a. Each hospital will draw up its manpower plan to meet the required savings;
b. Vacant posts will be mostly filled by staff re-deployment. External recruitment will be minimised except for the intake of professional staff identified for service improvement and training;
c. Services amongst clusters or hospitals will be rationalised or centralised to achieve economies of scale and improvement in quality;
d. Managerial functions at hospitals will be consolidated to reduce administrative overhead;
e. Hospital Authority Head Office will continue to be downsized. It will also perform a clearing house function to deploy surplus staff to new hospitals and areas of need;
f. Processes will be re-engineered or automated to improve cost effectiveness;
g. Non-core services with achievable savings will be contracted out in phases; and
h. Invest-to-save projects, such as energy and water conservation, rationalisation of laundry and catering services, will continue to be implemented.

Financing and Resource Allocation System

There are two levels of strategic considerations under this priority area: funding for the Authority as a whole, and internal resource allocation within the Authority.

Funding for the Authority

The Authority will contribute to the consultation process and implementation of changes upon release of the Green Paper on health care financing by the Government. The implications of the proposals on the restructuring of fees and charges will also be deliberated. In parallel, the Authority has proposed to Government a population-based funding model for its services. Unlike the current bed-based funding mechanism, the proposed model has the merit of being able to provide a more stable level of funding and is more conducive to the current development towards ambulatory and community care.

Internal Resource Allocation

Internally, the Authority will continue to improve its resource allocation model to achieve equitable, efficient and effective use of resources. To dovetail with the proposed population-based funding model, an internal population/capitation-based resource allocation model will be developed, based on patient service utilisation pattern and costing data. The existing scope of specialty costing will be expanded to non-major acute hospitals and extended care hospitals to generate cluster-based information. The development of Patient Related Groups (PRGs) will be further expanded to provide costing information to account for service complexity and intensity.

Distribution Network and Infrastructure

The Authority's service distribution system is organised in both horizontal service networking and vertical hospital clustering. The objective is to provide continuity of patient care in the most cost-effective way by judicious planning and coordination of service provision. These are achieved through the formation of service networks and appropriate collaboration in the care process across acute and extended care hospitals.

Service Networking

Service networks are established in both clinical and non-clinical areas to tackle service gaps and duplications and ensure adequate service coverage for individual clusters in a cost-effective way.

The service networking concept has been evolving. In clinical areas, local and territory-wide networking systems are established to provide comprehensive/complementary secondary services and highly specialised services respectively. As at 31 March, 2000, service networking arrangements for Paediatrics, Surgery, Obstetrics and Gynaecology, Otorhinolaryngology (ENT), Pathology, Clinical Oncology, Radiology and Neurosurgery have been endorsed by the Medical Services Development Committee of the Authority Board. It is targeted that by 31 March, 2001, each key clinical specialty will have promulgated its own service networking plans.

Reorganisation in service distribution system also takes place in non-clinical areas, mainly in the area of business support services with major reforms in laundry service, food service, medical physics service and supplies management, to enhance service effectiveness.

Hospital Clustering

Hospital clustering aims at improving patient care by streamlining the provision of different types of care across hospitals for the different stages of the patient's illness. The focus is to improve access to comprehensive secondary services for all clusters, through clear role delineation and service coordination amongst individual hospitals within the cluster. Major reorganisation initiatives for the coming year include long term cluster-based service redevelopment plans, the merging of psychiatric clusters with general hospital clusters, and the conversion of Lai Chi Kok Hospital into a Psychiatric Long Stay Care facility.

To meet the increasing health care needs of the population, new facilities will be planned and constructed along modern health care delivery trends, including the shift from inpatient to ambulatory and community care. The Authority's existing facilities will also be systematically upgraded and redeveloped. Major new projects in the pipeline include the commissioning of the Lai King Hospital, opening of 460 new hospital beds in Tseung Kwan O Hospital, Tai Po Hospital and Kowloon Hospital, and relocation of the Tuen Mun Polyclinic.

Care Process and Quality

The Authority will focus on the following to ensure quality of care.

Care Delivery Systems

The Authority will follow the direction to develop integrated care delivery models with enhanced ambulatory and community care. The overall objective is to improve the continuity of care through better integration of acute, extended and community care.

Mechanisms to Ensure Quality of Care

The Authority will continue to implement various initiatives to improve the quality of care. Guidelines and protocols will be developed to ensure quality practice in the care process. Professional accountability will be strengthened to ensure the provision of specialist-led services, timely senior staff coverage at all hours and proper supervision of trainees by qualified staff. Clinical audit, risk management and complaint management will be enhanced to ensure proper clinical practices and reduce potential risks. Application of Evidence-based Medicine in clinical procedures and practices will continue to be promoted. In addition, new medical and information technology will be carefully assessed and judiciously harnessed to facilitate the provision of timely, appropriate and cost-effective patient care.

Human Resource Capabilities and Management

To meet challenges in the current and future environment, the Authority will initiate a number of measures to improve human resource capabilities and management. These include review of the Clinical Management Teams, implementation of staff grade review, professional manpower planning and enhancement of staff capabilities and competence.

Review of Clinical Management Teams

The Clinical Management Teams are the basic operating units in the hospital. With the current variation in their structure, development and performance, better support to these Teams is needed. To guide their future development, a model is being developed to review the Clinical Management Team's complexity and performance, including the Clinical Management Team planning processes, capabilities and accountabilities of clinical managers, and effectiveness of internal communication within the Team.

Staff Grade Review

With changing environment in health care and the exponential growth in medical knowledge and technology, there is a growing need for specialist level quality care at the frontline. The Authority's existing staffing structure may not be appropriate to face the rapid changes in health care practices. Grade review is being conducted for doctors. Associated with the review, an audit on the doctors' work hours will be conducted in the coming year to identify areas for improvements. Grade reviews will also be conducted for allied health and supporting staff.

Professional Manpower Planning

With the trend toward specialisation and sub-specialisation in clinical care and development of specialist-led services, there is a need to plan professional manpower requirement for each clinical specialty to ensure better organised training to meet future service needs. Planning on medical manpower requirement will be conducted in various clinical specialties in the coming year.

Professional Competence

Professional competence is of critical importance in assuring quality care. The major strategies are to establish core competencies for staff of various disciplines and to provide tailor-made training accordingly. The core competencies for doctors have been developed. It is planned that core competencies will be developed for six more staff groups. As for training, a new emphasis will be placed on retraining in-service staff with requisite vocational skills required for process re-engineering and staff re-deployment. Web-based technology will also be adopted to facilitate learning and dissemination of knowledge to enhance professional competence.

Targets for 2000/2001

Based on the above directions and six identified priority areas, a total of 138 programme initiatives with specific targets have been formulated for implementation in 2000/2001.

2 Introduction

HA manages 44 public hospitals/ institutions with 28,517 hospital beds as at 31.3.2000

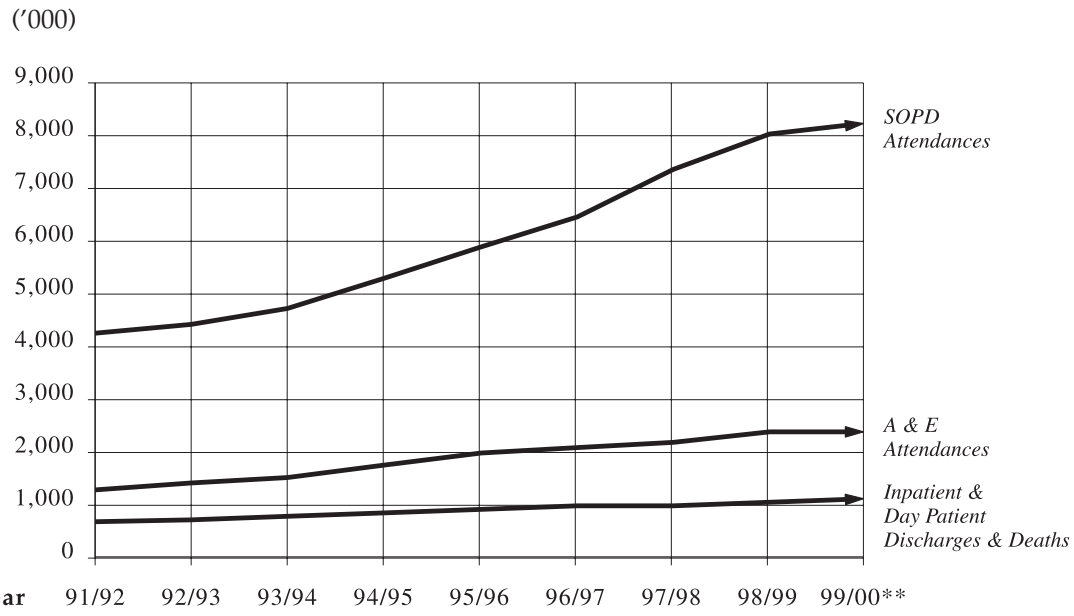
The Hospital Authority is responsible for delivering a comprehensive range of hospital services, specialist outpatient services and community-based services through its network of health care facilities. As at 31.3.2000, the Authority manages 44 public hospitals/institutions (Appendix 3), 51 specialist outpatient clinics (Appendix 4) and 10 general outpatient clinics (Appendix 5).

As at 31.3.2000, the Authority manages 28,517 hospital beds, representing around 4.2 public hospital beds per 1,000 population, and employed 50,110 full-time and 97 part-time staff. It will operate under a recurrent expenditure budget of HK$28,029M in 2000/2001.

Increase in HA activities slowed down in 99/00

Compared with previous years, the trend of increasing demand on the Authority's service has slowed down in 1999/2000. However, the Authority is still operating at a very high activity level particularly for its specialist outpatient services. The service trend of the Authority since 1991/1992 is shown in the chart below:

Statistics form 1991/1992 to 1999/2000



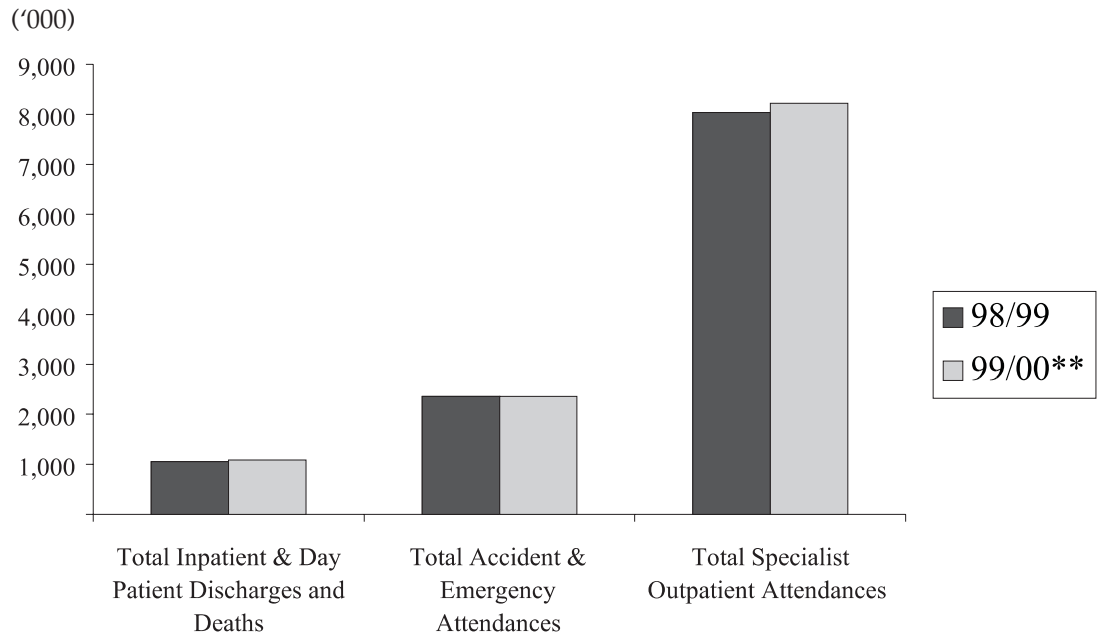
** projected figures

In 1999/2000, there were around 1,089,330 inpatient and day patient discharges and deaths, 2,361,600 Accident and Emergency (A&E) attendances, 8,216,700 specialist outpatient (SOPD) attendances and 750,700 general outpatient attendances.

There were around 1M inpatient and day patient discharges and deaths, 2.4M Accident and Emergency Attendances, and 9M outpatient attendances in 99/00

A comparison of the Authority's activities between 1998/1999 and 1999/2000 is illustrated in the chart below:

Comparison between 1998/1999 and 1999/2000



** projected figures

Of all the staff employed by the Authority as at 31.3.2000, 67.92% are on direct patient care as illustrated below:

	Staff Strength	
Direct Patient Care (67.92%)	**as at 31.3.2000**	**% of total staff**
Medical	3,979	7.93
Nursing	19,880	39.59
Allied Health	4,379	8.72
Health Care Assistants & Ward Attendants	5,867	11.68
Sub-total	**34,105**	**67.92**
Indirect Patient Care (32.08%)		
Other Professionals/Management	1,009	2.00
Other Supporting Staff (Clerical , Secretarial, Workmen, Artisan, etc.)	15,093	30.08
Sub-total	**16,102**	**32.08**
Total	**50,207**	**100.00**

3 Evolution of Hospital Authority's Annual Planning Process

The Authority has been publishing its Annual Plan since 1992/1993 as part of its commitment to enhance accountability and transparency to the community. Annual Planning provides a structured mechanism for the Authority to turn its corporate vision and directions into strategies, goals and operational targets.

HA started publishing its Annual Plan since 92/93

Over the years, the planning process has evolved taking into account the experience gained in the previous years, input from staff and public, and the service needs of the community. In the 2000/2001 annual planning process, the Authority revisited the Corporate Vision and the five Strategic Directions adopted for the previous plans. It also re-examined the three challenges identified in the last planning exercise viz challenges in health care system integration, health care financing and workforce competence. Having considered the issues faced by the Authority under the current environment, the identified challenges, and the guiding conceptual framework provided by the Corporate Vision and the Strategic Directions, the Authority has crystallised its annual plan for 2000/2001 to be directed at the following six priority areas:

Six Priority areas identified for 00/01 HA Annual Planning:

- *Volume and Access*
- *Enhanced Productivity Programme*
- *Financing and Resource Allocation System*
- *Distribution Network and Infrastructure*
- *Care Process and Quality*
- *Human Resource Capabilities and Management*

a. Volume and Access;
b. Enhanced Productivity Programme;
c. Financing and Resource Allocation System;
d. Distribution Network and Infrastructure;
e. Care Process and Quality; and
f. Human Resource Capabilities and Management

4 Review of Progress

98.98% of 99/00 targets achieved

The 1999/2000 Annual Plan described 295 targets. Of these, 292, representing 98.98% of the total targets, had been achieved. The details of the remaining three which were partially achieved is as follows:

a. 'Commence operation of the new Operating Theatre Block at Queen Elizabeth Hospital': Operations under various specialties had been relocated to the new Operating Theatre Block by phases from October, 1999, and are expected to complete by June, 2000.

b. 'Expand the Lo Ka Chow Eye Centre in Tung Wah Eastern Hospital': Work on the specialist outpatient department was completed in August, 1999. The completion of the Ophthalmic Day Surgery Centre was postponed due to revision in layout plan and project scope. The whole project is expected to be completed in May, 2000.

c. 'Ensure average waiting time for elective surgery of not more than 6 months': The target was achieved except for elective cataract surgery. Although there had been a 9% increase in the number of cataract surgeries performed in 1999/2000 compared with 1998/1999, the number of patients on the waiting list for cataract had increased by 34% over the corresponding period.

Among the targets, the following were achieved with results exceeding the original target:

a. 'Implement the Dietetics/Catering Management System in 10 hospitals': The system was implemented in 11 instead of 10 hospitals.

b. 'Implement Express Dispensing System in five pharmacies': The system was implemented in six instead of five pharmacies.

c. 'Improve training of professional staff by conducting in-service training programmes to 4,000 doctors, 14,500 nurses, 3,000 allied health staff': Beneficiaries of the training programmes far exceeded the original target. A total of 5,675 doctors, 15,973 nurses and 5,870 allied health professionals received training.

In addition, the following targets were achieved ahead of schedule:

a. 'Complete the Kowloon Medical Rehabilitation Centre (now the Kowloon Hospital Rehabilitation Building)': This 2Q99 target was completed on 28 February, 1999.

b. 'Complete the Tseung Kwan O Hospital': This 3Q99 target was completed on 16 April, 1999.

c. 'Complete the expansion of Surgical Care Facilities at Hong Kong Eye Hospital': This 4Q99 target was completed on 10 August, 1999.

d. 'Complete the reprovisioning of South Kwai Chung Specialist Outpatient Department at Princess Margaret Hospital': This 4Q99 target was completed on 30 April, 1999.

e. 'Complete the reprovisioning of the Sai Ying Pun Specialist Outpatient Department at Queen Mary Hospital': This 4Q99 target was completed on 15 September, 1999.

f. 'Institute ISO9000 quality system in the development and management of capital works projects': This 1Q00 target was achieved on 22 October, 1999.

5 Assessment of External and Internal Care Environment

To set the focus of work for 2000/2001, the Authority has examined the following external and internal environmental factors facing the organisation.

5.1 Global Health Care Trends

5.1.1 Changing Health Needs

- *Dramatic changes in health needs as a result of the aging population*

According to public health research, the next two decades will see dramatic changes in the health needs of the world's population. In developing regions, non-communicable diseases such as depression and heart disease are fast replacing the traditional ailments as leading causes of disability and premature death. It is expected that by 2020, non-communicable diseases will account for seven out of every ten deaths in the developing regions. Injuries, both intentional and unintentional, are also of growing significance. It is anticipated that by 2020, injuries can rival infectious diseases as a source of ill health worldwide.

The changing health needs is expected because of the rapid aging of the world's population. However, the speed of change, together with the very large number of people involved, will pose serious challenges to health care systems and force difficult decisions on the allocation of scarce resources. Hong Kong is not immune to these challenges. Indeed, similar to overseas research findings, the five major killers in Hong Kong are Malignant Neoplasm, Heart Diseases, Pneumonia, Cerebrovascular Diseases, and Injury and Poisoning which collectively accounted for 75% of the total deaths in Hong Kong and about 26% of the patient days of the Authority in 1998.

5.1.2 Impact of Technology on Health Care Services

The advent of new and innovative technologies has significant impact on health care services. Scientific breakthroughs and technological advances have resulted in the availability of new diagnostic and treatment methods for innumerable diseases which hitherto were not amenable to medical intervention. It is imperative for the Authority to keep abreast with rapid advances in the state-of-the-art health care technology in order to prudently assess how new technologies can be contextualised in the Hong Kong environment and applied to the clinical setting. Moreover, the growing popularity of web technology has created a new window of opportunity for information or knowledge communication, dissemination and assimilation. How to harness this technology to achieve quality patient care in Hong Kong will be a challenge for Hospital Authority to explore.

- *Technological advances resulted in new diagnostic and treatment methods*
- *Web technology speeds up communication and information dissemination*

5.1.3 Development of Ambulatory and Community Care

The rapid advances in medical services and technology have brought almost a new paradigm in the provision of health care services away from hospitals. This has resulted in the expansion of day care services both in surgical and medical fields. In the past few years, the Authority has placed emphasis on the development of ambulatory and community care facilities not only to enhance cost-effectiveness but also to improve patient satisfaction in terms of quality of care and convenience to public.

- *Ambulatory and community care further developed*

5.1.4 Evidence-based Medicine

There has been growing importance of Evidence-based Medicine in clinical practices worldwide. The Authority has improved its expertise in the past few years through critical appraisals and workshops on Evidence-based Medicine. The challenge is to further enhance clinicians' awareness of the tool and to apply the practice of Evidence-based Medicine in specific clinical settings within the Authority.

- *Increasing application of Evidence-based Medicine in medical practices*

5.2 Hong Kong Macro Environment

5.2.1 Changing Population and Disease Pattern

The total population of Hong Kong was 6.84M in mid-1999, growing at an annual rate of over 2% in the past years. The distribution of population growth is in line with Government's Territory Development Strategy with the increase concentrating in the New Territories. The percentage of population living in the New Territories rose from 40% in 1991 to almost 50% in 1999.

- *Growing and aging population*

Of more significance is the aging population in Hong Kong. It is anticipated that those aged 65 and above, which constituted about 11% of the population in 1999, will rise to about 13% in 2016. The impact of the aging population on disease pattern is enormous. As a result, there has been a shift in disease pattern towards chronic ailments, such as Stroke, Diabetes and Coronary Heart Disease. This has led to a rising demand for high technology services catering for the acute phase of Stroke and Heart Attack. Consequentially, there is also a growing need for rehabilitation services, outreach services and educational programmes to reduce the risk profile of the population towards these conditions.

5.2.2 Rising Community Expectation

Since the establishment of the Hospital Authority, community expectation on public hospital services has risen significantly. To meet public expectations, the Authority has always regarded the community as a valuable resource for suggestions and feedback for service improvement. Formal consultation process on the Authority's annual plan has been established to collect views from different sectors including community leaders, District Councils, patient groups, academics, private hospitals, social service providers, and the general public. In general, the public has consistently expressed their concerns in recent years, focusing on specialist outpatient service waiting time, public accountability, quality of service, communication between health care providers and patients, Chinese Medicine, health education and promotion, etc.

- *Increasing community expectation on HA services*

5.2.3 Hong Kong's Health Care Financing and Delivery System

The Harvard Consultancy Report on Improving Hong Kong's Health Care System, released in April, 1999, stimulated public discussion on issues of escalating health care cost, sustainability of the current system and compartmentalization in the existing service delivery system. The Government will soon issue a consultation document to address the above issues. The Authority shares the view that the financial pressure on the public health care system is increasing as a result of the following factors:

a. Escalating demand on health care services arising from aging population, new technologies and increased public expectations.

- *Harvard Consultancy Report stimulated discussion on:*
  - *Financing for escalating health care cost*
  - *Sustainability of current system*
  - *Compartmentalization of existing delivery system*
  - *Public/Private interface*

b. Limited scope for additional Government funding for health as the growth in government's annual expenditure budget has to be commensurate with Hong Kong's Gross Domestic Product (GDP) in view of other social priorities.

c. Under Government's Enhanced Productivity Programme, the Authority is required to achieve real savings of 5% in its baseline recurrent expenditure over a period of three years commencing 2000/2001.

5.2.4 Chinese Medicine

The Government's pledge to develop Hong Kong as an international centre for Chinese Medicine will impact on the Authority's service. Although the extent of the impact has yet to be assessed, the Authority will strive to encourage collaborative development of Chinese Medicine within its services.

- *Collaborative development of Chinese Medicine into HA services*

5.3 Internal Environment Within Hospital Authority

The pressing issue of the Authority is to maintain/ continually improve its service quality in the face of increasing financial constraints and service demand posed by the external environment. The Authority will need to mange its internal environment by addressing problems relating to workload, work processes, staff and resources. The Authority has therefore identified six priority areas as the focus of its work in the coming year.

- *Increasing pressure on HA services as a result of growing financial constraints and service demand*

6 Priority Areas of Work for the Authority

6.1 Volume and Access

6.1.1 The Issue

Increase in service demand outstrips growth in supply

Since its establishment, the Authority has contributed to an ever increasing market share in the hospital services in Hong Kong. By 1998, the Authority contributed 93% of the total patient days in Hong Kong. Faced with the rapidly increasing service demand that outstrips growth in supply, it is imperative to address the following key questions:

a. What are the relative roles of public and private health care services.

b. Whether pricing of public health care services as a means to manage demand should be implemented.

c. What can be done in the existing system before more fundamental policy changes can be introduced.

HA's working position while anticipating Government's health care system reform: manage demand, re-engineer clinic practices, increase throughput and encourage discharge back to referring source

It is anticipated that the Government will address the above questions through a consultation document on health care financing and delivery system. In the interim, the Authority will position itself as follows:

a. Reduce unnecessary supply-driven demand in the Authority system.

b. Encourage discharge of stable patients back to the referring source.

c. Implement differential access for patients with different needs.

d. Implement step down care to optimise use of resources.

e. Pilot private clinics adjacent to Accident and Emergency Departments as a means of reducing non-urgent attendance.

6.1.2 Pledges in Policy Address

In the 1994 Policy Address, the following pledges were made regarding access to the Authority's service by 2000:

1994 Policy Address stipulates access standards to be achieved by 2000 for specialist outpatient service and non-urgent operations

a. To reduce the average queuing time at all specialist outpatient clinics from 120 minutes to 60 minutes.

b. To reduce waiting time for first appointment at all specialist outpatient clinics from eight weeks to five weeks.

c. To reduce the average waiting time for all non-urgent operations from nine months to four months.

With the current progress, the greatest challenge to the Authority is to meet the pledge on specialist outpatient service waiting time. This is also an area of great public concern in view of the importance of early access to specialist service in the care process.

Greatest challenge to HA is to meet the pledge on specialist outpatient service waiting time

6.1.3 Managing Waiting Time

The Authority has reviewed the issue of access to specialist outpatient services from the following perspectives:

a. How to reflect patient experience more accurately through appropriate use of access information.

b. How to ensure earlier access for the most needy in face of resource constraints.

c. How to reduce service volume amid rising demand.

d. How to improve efficiency of the Authority's facilities.

Development in the Authority's computerised information systems in the outpatient service has made possible the availability of accurate actual waiting time information. To more truly reflect patient experience, the Authority will improve the way in which access time standard is expressed. Instead of using notional waiting time as currently practised, the median actual waiting time for each specialty clinic will be used. This has the merit of taking into account patients who have been offered urgent and early appointments in view of their clinical conditions.

Waiting time will be tackled at both corporate and hospital levels. At the corporate level, a number of measures will be undertaken in 2000/2001 particularly in areas requiring policy changes and coordination amongst clusters, specialties and hospitals. At the hospital level, hospital managers have been tasked with the responsibility of reducing waiting time through innovative programmes already taking place in the front line.

Corporate Initiatives

Front End Measures

The following corporate initiatives will be put in place at the front end to achieve the five-week median actual waiting time for first appointment at specialist outpatient clinics:

a. Triage system with specific categorisation criteria will be set up by each clinical specialty to accord priority appointment to patients with urgent and emergency conditions through a process of referral letter screening by doctors.

b. Information system will be enhanced to provide Authority-wide waiting list information to enable the public to make informed choice between geographical

To improve access to specialist outpatient service, the following measures will be implemented:

- *Triage system*
- *Provision of waiting list information to public*
- *Better interface with private practitioners and Department of Health*
- *Review on appropriateness of cross-specialty referrals*

convenience and shortest waiting time. This will also prevent double or even multiple booking by patients at different clinics.

c. Better interface will be established with private general practitioners and the Department of Health to improve the quality and quantity of referral information. This will help the triage process and facilitate referral of patients who no longer need specialist care back to the referring source.

d. Appropriateness of cross-specialty referrals will be critically reviewed by hospitals to reduce unnecessary demand.

Targets:

- *Provide HA-wide waiting list information via enhanced Outpatient Appointment System to allow informed choice & reduce multiple booking* — *3Q00*
- *Reduce the average (median) waiting time for first appointment at specialist outpatient clinics to five weeks* — *1Q01*
- *Establish triage system for outpatient service in key specialties* — *1Q01*
- *Roll out Outpatient Appointment System (version 4.0) to allied health departments of 14 hospitals and clinics* — *1Q01*

Back End Measure

At the back end, the Authority will enhance the practice of Family Medicine in the Authority's general outpatient clinics, family medical clinics and integrated clinics. This will help relieve the pressure of the specialist outpatient clinics by managing referred patients with simple or stabilised conditions. Moreover, family physicians in training will be deployed to the Authority's General Outpatient Clinics and Accident and Emergency Departments during public holidays to provide relief to the workload of non-urgent attendances at Accident and Emergency Departments.

- *Strengthening of Family Medicine*
- *Enhancement of Family Medicine Training to improve quality of general practitioners practising in the community*

The Authority will also strengthen Family Medicine training in the hope that with more Family Medicine practitioners trained to function as gate-keepers in the community setting, the service volume at the specialist clinics will be reduced. The Authority is currently providing a 2-year hospital-based training programme for Family Medicine trainees. To tie in with the strategic move to strengthen Family Medicine training, the programme will be augmented. Starting mid-2000, the Authority will collaborate with the Department of Health to provide better training opportunities for Family Medicine trainees. In addition, the assistance of the two Universities providing medical education will be sought to improve the training programme. The Authority will also explore with the College of Family Physicians to identify more training positions for the training of more Family Physicians to serve the community.

Targets:

- *Provide facilities and information technology support for all institution-based integrated clinics in all clusters* — *4Q00*
- *Develop an improved training curriculum for hospital-based family medicine trainees in collaboration with clinical Specialty Services Coordinating Committees* — *3Q00*
- *Pilot a Family Medicine trainee exchange programme with Department of Health and appropriate Non-Government Organisations* — *3Q00*
- *Provide relief to alleviate non-urgent attendances at Accident and Emergency service during public holidays* — *4Q00*

Hospital Initiatives

Hospitals have been tackling the issue of waiting time very proactively in the past few years. To help hospitals address the issue, a special task force on specialist outpatient service waiting time was set up in 1998. In December, 1999,

- *Innovative programmes are being implemented in the front line to address the volume issue*

hospitals with long waiting time in their specialist outpatient service have proposed plans or implemented the following innovative programmes with a view to meeting the 5-week target:

a. Increase clinic sessions to increase the service throughput.

b. Establish integrated clinics and step down clinics to manage patients with simple or stable conditions after treatment at specialist outpatient clinics.

c. Set up fast track clinics, by-procedures clinics, rapid sequence clinics and direct access surgery to provide early diagnosis and treatment.

d. Set up screening clinics to facilitate early discharge of new cases not requiring continued specialist care.

e. Establish review clinics to discharge old cases.

f. Formulate guidelines and protocols to guide follow-ups and discharge.

g. Provide information on other clinics' waiting time to facilitate diversion of patients to clinics with shorter waiting time.

h. Provide hot line enquiry service to allow discharged patients urgent ward follow-up or outpatient appointments, in place of follow-up appointments at specialist outpatient clinics.

i. Establish protocols with private practitioners to ensure appropriate referral of patients clinically requiring specialist care to the Authority's specialist clinics.

j. Establish shared care with primary care sector to facilitate referring out of patients after treatment.

To facilitate experience sharing and learning, electronic forum and sharing sessions on tackling the volume and access issue will be organised for hospitals in the coming year.

6.1.4 Other Strategies to Address Volume and Access

Apart from managing the specialist outpatient service waiting time, the Authority will strive to shorten the specialist outpatient service queuing time and major elective surgery waiting time. Efforts will also be made to improve access to the Authority's other services. To address rising demand for Accident and Emergency service, the Authority will pilot private walk-in clinics in the vicinity of Accident and Emergency Departments with the aim of diverting patients with non-urgent or semi-urgent conditions to private service providers.

Other Strategies:

- *Private walk-in clinics in the vicinity of Accident and Emergency Departments will be piloted*

To further address the issue, the Authority will revise the internal resource allocation system to encourage better organisation of patient care and reduce service demand. In addition, community and media activities of hospitals will be focussed on projecting the caring image of staff, fostering public understanding of hospital services and promoting public accountability. Publicity activities likely to involve extra staff efforts and resources will be kept to the minimum.

- *Internal resource allocation system will be revised*
- *Publicity activities likely to generate workload will be minimised*

Targets:

- *Pilot private walk-in clinics in the vicinity of Queen Mary Hospital and Tuen Mun Hospital's Accident & Emergency Departments* — *3Q00*
- *Reduce average patient's waiting time during peak hours by 50% in five pharmacies (Prince of Wales Hospital, Tuen Mun Hospital, North District Hospital, Alice Ho Miu Ling Nethersole Hospital and Pamela Youde Nethersole Eastern Hospital) through the roll out of the Express Dispensing System* — *1Q01*

- *Reduce the average queuing time in specialist outpatient clinics to 60 minutes* — *1Q01*
- *Reduce the average waiting time for the major non-urgent operations in Otorhinolaryngology (ENT), Gynaecology, Surgery and Orthopaedics & Traumatology to four months* — *1Q01*

6.2 Enhanced Productivity Programme

6.2.1 The Issue

5% downward adjustment in recurrent funding for three financial years starting 00/01

Under the Enhanced Productivity Programme, the Authority's recurrent funding from Government will be adjusted downward by 5% for three financial years starting 2000/2001. This is on top of the over 11% productivity gain already achieved by the Authority, and in spite of the huge increase in service volume in recent years.

6.2.2 Major Approaches to Enhanced Productivity Programme

Approaches:

- *Productivity programmes implemented with $224M saved last year*

The Authority started addressing the issue of Enhanced Productivity Programme last year by actively implementing programmes for productivity gains and savings. Savings of around $224M was achieved in 1999/2000 which was ploughed back for implementation of the following initiatives:

a. Opening of additional 120 infirmary beds in Cheshire Home, Chung Hom Kok.

b. Introduction of nuclear medicine service in Kwong Wah Hospital and Princess Margaret Hospital to serve about 1,100 patients per year.

c. Reduction of waiting time for first appointment at specialist outpatient clinics to nine weeks despite increase in demand.

d. Provision of additional 1,300 cataract surgery operations.

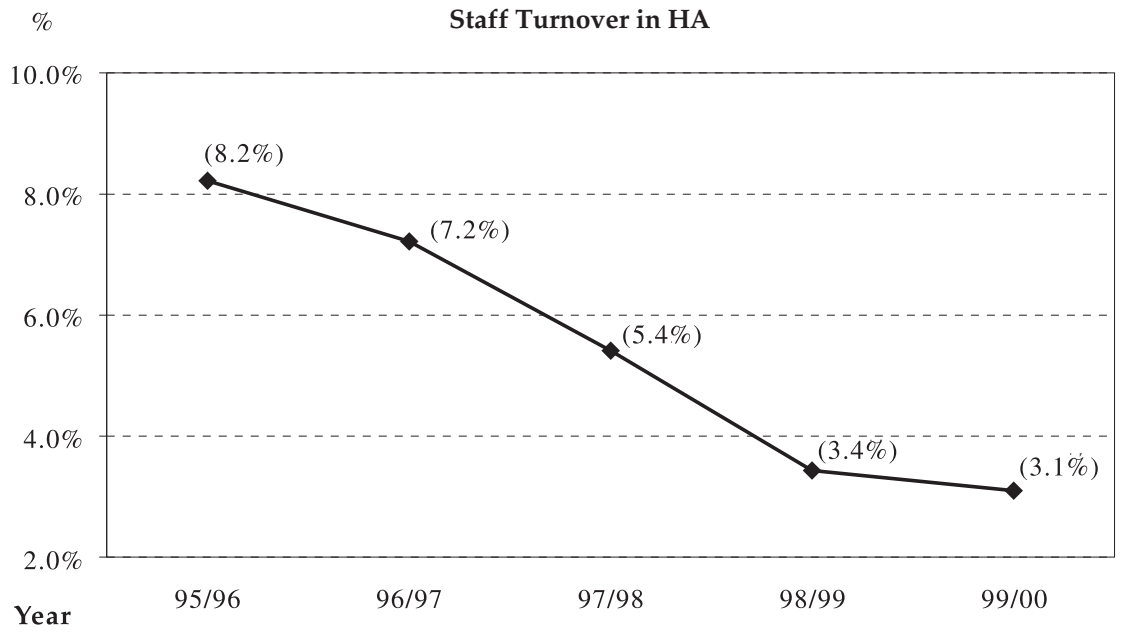
e. Enhancement of maintenance service to biomedical equipment, electrical equipment and building services.

The Authority has also set aside 1% of its baseline budget as 'seed money' for 'Invest to Save' programmes with a view to yielding long term real money savings.

- *1% baseline budget put aside as 'seed money' for 'Invest to Save' programmes*

Currently, the cost structure of the Authority comprises around 80% expenditure on personal emolument and 20% expenditure on other charges, drugs and medical instruments. To ensure financial sustainability in the long term, particularly in the face of Enhanced Productivity Programme, prudent control over personal emolument expenditure is essential.

Staff turnover rate is one of the major factors that impacts on the Authority's personal emolument expenditure. In line with market pattern, the staff wastage rate of the Authority since 1995/1996 has reduced by over five percentage points (see graph below). It is anticipated that this trend will continue in the near term. While helping to retain expertise in the system, the lower turnover rate will invariably curtail the Authority's flexibility in restructuring the staff mix and generating savings.



6.2.3 Enhanced Productivity Programme Initiatives

In view of the above, the Authority will adopt the following approaches in 2000/2001 to achieve cost savings:

a. Each hospital will draw up its manpower plan to meet the required savings.

b. The Authority Head Office will perform the function of clearing house to deploy surplus staff to new hospitals and areas of need.

c. Vacancies will be mostly filled by staff re-deployment. External recruitment will be minimised except for the intake of professional staff identified for service improvement and training.

d. Services amongst clusters or hospitals will be rationalised or centralised to achieve economies of scale and quality improvement.

e. The Authority Head Office will continue to be downsized in view of the gradual maturation of the management functions of individual hospitals.

f. Managerial functions at hospitals will be consolidated to reduce administrative overhead.

g. Processes will be re-engineered or automated to improve cost effectiveness.

h. Non-core services will be contracted out by phases to achieve savings.

- *Hospital manpower plans will be drawn up*
- *Surplus staff will be re-deployed to new facilities*
- *Vacancies will be filled by re-deployment*
- *Services will be rationalised*
- *Managerial functions at hospitals will be consolidated*
- *HA Head Office will continue to be downsized*
- *Processes will be re-engineered*
- *Non-core services will be contracted out*

The substantial bulk of the required savings will be generated through staff-related deployment and rationalisation efforts. In addition, the following initiatives aimed at reducing cost through administrative means:

Invest-to-save initiatives:

- *Energy conservation*
- *Process re-engineering*
- *Contracting out of maintenance service*

a. Energy conservation.

b. Process re-engineering through automation.

c. Contracting out of maintenance service.

d. Business support services reforms in laundry service, patient and domestic services, supply chain management, product standardisation and standard specification development.

e. Consolidation of administrative functions.

Many of these initiatives require seed money under the 'Invest to Save' programmes for which 1% from last year's budget has been earmarked. These projects together with initiatives on service rationalisation will yield recurrent savings and enhance the Authority's overall system efficiency and financial sustainability.

Targets:

• *Extend Term Maintenance Contract arrangement to cover all minor capital works projects in Schedule II hospitals*	*2Q00*
• *Pilot the integration of finance functions of small hospitals*	*3Q00*
• *Contract out HA receipt and dispatch services*	*4Q00*
• *Re-deploy about 700 staff from within HA for the opening of 460 new beds and services in Tsueng Kwan O Hospital, Kowloon Hospital and Tai Po Hospital*	*1Q01*
• *Complete lighting retrofit for energy conservation in six hospitals: Prince of Wales Hospital, Queen Elizabeth Hospital (Phase I), United Christian Hospital, Yan Chai Hospital, Hong Kong Eye Hospital & Hong Kong Red Cross Blood Transfusion Service*	*1Q01*
• *Complete the retrofitting of the air-conditioning and heating system at Kwong Wah Hospital with heat pump*	*1Q01*
• *Develop and implement Patient Billing/Revenue Collection System outpatient module in all outpatient facilities (including allied heath) with Outpatient Appointment System workstations*	*1Q01*
• *Reform in Business Support Services*	
• *Consolidation of administrative functions*	

- *Develop Staff Rostering System V.2.0 and implement in three additional hospitals: North District Hospital, Ruttonjee Hospital & Tai Po Hospital* — 1Q01
- *Implement ozone laundry system in four laundries: Laundries in Alice Ho Miu Ling Nethersole Hospital, United Christian Hospital, Ruttonjee Hospital and Butterfly Beach Laundry* — 1Q01

6.3 Financing and Resource Allocation System

6.3.1 The Issue

There are two levels of strategic considerations in this area. Externally, the Government will soon be proposing health care financing reforms. Internally, the Authority needs to formulate a model for internal resource allocation to achieve equitable, efficient and effective use of resources to meet increasing service demand and satisfy the Enhanced Productivity Programme requirement.

Health care financing reform and resource allocation system to meet current needs

6.3.2 Funding for the Authority

The Government will soon be releasing a consultation document on health care financing and delivery system reform. The Authority has played a major role in contributing relevant information on patient profile, utilisation and financial modelling, and in assisting the Health and Welfare Bureau in formulating viable solutions for Hong Kong. It has also helped to educate the public on important decision issues to pave the way for future discussion and consensus. Upon release of the Government Green Paper, the Authority will contribute in the consultation process and in the implementation of changes. It will also deliberate on the implications of any proposals on the restructuring of fees and charges including their impact on the Authority's funding.

- *Support will be given to the consultation process upon release of Green Paper*
- *Proposals on restructuring of fees and charges will be deliberated*

In parallel, the Authority has proposed to the Government a population-based model for funding the Authority's services. Unlike the current funding mechanism which is bed-based, the proposed model has the merit of being able to provide a more stable level of funding and is more conducive to the current health care development towards ambulatory and community care.

- *Population-based funding model proposed to Government*

6.3.3 Internal Resource Allocaton

To dovetail with the proposed population-based funding model, the Authority will gradually develop a population/capitation-based internal resource allocation model to rationalise the distribution of resources amongst hospitals and clusters. The proposed capitation-based model will make use of patient-based service utilisation pattern and costing data and provide incentives for hospitals to restructure their service and develop ambulatory and community care.

- *Population/capitation-based internal resource allocation model will be developed*

The Authority will expand the scope of specialty costing to cover all hospitals for the coming year. Costing for other non-major acute hospitals and the convalescent/rehabilitation components of extended care hospitals will be combined with the 13 acute major hospitals to guide cluster-based resource allocation. To account for service complexity and intensity, the development of Patient Related Groups (PRGs) will be expanded. The list of PRGs will be revised to cover major expensive diagnostic groups. Funding implications for designation of tertiary service centres, and expensive procedures will also be looked into. All these initiatives will pave the way for the future development of capitation-based resource allocation model.

- *Scope of Specialty and Patient Related Group costing will be expanded*
- *Funding implication for designation of specialised service centres and expensive procedures will be looked into*

Targets:

- *Develop Patient Related Group (PRG) on-the-web to facilitate application of PRG information in hospitals* — 2Q00
- *Provide support to Government on consultation of the Green Paper, formulation of financing options and implementation of changes* — 3Q00
- *Submit proposal to Government on the use of new population-based funding mechanism for the Authority's recurrent budget for 2000 & 2001* — 4Q00
- *Develop interim resource allocation options, with reference to patient-based utilisation pattern and expanded Patient Related Group and Specialty costing data, to provide incentive for service restructuring by hospital clusters* — 1Q01
- *Expand the scope of specialty costing to cover all hospitals, and refine its use as cluster-based performance information* — 1Q01
- *Develop a master list of Patient Related Groups to cover most major diagnostic groups* — 1Q01

6.4 Distribution Network and Infrastructure

6.4.1 The Issue

The Authority's service distribution system is organised in two dimensions: horizontal service networking and vertical hospital clustering. Service networking and hospital clustering are the main conceptual frameworks for planning and coordinating hospital and specialised clinical services to cater for the different needs of patients throughout the course of their illness. The issue is how to reorganise the Authority's service networks and group hospitals to provide continuity of patient care in the most cost-effective way.

How to reorganise service networks and group hospitals to provide continuity of care in the most cost-effective way

6.4.2 Service Networking

Service networking aims at tackling service gaps and duplications to ensure provision of adequate service coverage for individual clusters. It operates at two levels: territory-wide and local.

Designation of Specialised Service Centres

Highly specialised services are provided through designated specialised service centres

For highly specialised services requiring advanced technological support, provision of services is limited to a few institutions. Territory-wide networks are therefore developed in the form of designated specialised service centres with the following objectives:

a. To concentrate expertise.

b. To provide critical volume for expertise development.

c. To establish corroborative infrastructure, such as equipment and team support, to allow skilled operation in the provision of specialised services.

Access to these highly specialised services are provided through an explicit territory-wide networking system which provides cross-cluster referrals and coverage to patients needing these services in all hospitals throughout the territory.

Comprehensive Secondary Service for Clusters

Comprehensive secondary service is provided through local service networks

Service network also operates at local level to help pool and share resources amongst hospitals so as to complement each other in their service profiles within the network. Through such networks, comprehensive and complementary secondary services can be provided within a cluster. The ongoing exercise of secondary/tertiary service delineation will continue.

INITIATIVES FOR 2000/2001

The concept of service networks has been developing and evolving. As at 31.3.2000, the prescriptive, exclusive designation of specialised service centres and explicit description of service networking arrangements for Paediatrics, Surgery, Obstetrics and Gynaecology, Otorhinolaryngology (ENT), Pathology, Clinical Oncology, Radiology and Neurosurgery have been endorsed by the Medical Services Development Committee of the Hospital Authority Board. It is targeted that by 31.3.2001, the service networking plans and designation of specialised service centres for each key clinical specialty will be finalised. The further development and progress of implementation of service networking of each clinical specialty will be monitored by the Medical Services Development Committee via regular or interim special reports on specific areas of concern and interest.

Key clinical specialties will promulgate their service networking plans by 31.3.01

In line with the direction of developing service networks for tertiary and secondary services, a number of service networks have been developed and will be implemented through cluster and hospital plans which are contained in Volume 2 of this document. The continued development of service networks for specific services and service networking plans of various clinical specialties in the coming year are reflected in the targets listed below:

Targets:

- *Promulgate service networking arrangements for Orthopaedics & Traumatology, Obstetrics & Gynaecology, Psychiatry, Surgery, Neurosurgery, Radiology, Ophtalmology, Clinical Oncology, Paediatrics, Otorhinolaryngology (ENT), Medicine, Hospice and Accident & Emergency*

1Q01

INDIVIDUAL CLINICAL SPECIALTIES

Accident and Emergency

- *Upgrade the staff capability of Accident and Emergency service and general clinical services of St. John Hospital through staff rotation programme with Ruttonjee & Tang Shiu Kin Hospitals* — 2Q00
- *Commission Accident and Emergency Service in Tseung Kwan O Hospital in July, 2000* — 3Q00
- *Realign the hospital network in disaster response upon closure of Pok Oi Hospital and opening of Tseung Kwan O Hospital* — 3Q00

Anaesthesiology

- *Integrate Anaesthesiology service of Pamela Youde Nethersole Eastern Hospital and Ruttonjee & Tang Shiu Kin Hospitals* — 4Q00

Medicine

- *Review and develop networking arrangement to address service gaps and duplication in secondary subspecialty services* — 4Q00

Neurosurgery

- *Develop action plan for consolidation of Neurosurgical services into four collaborative centres with regular milestones to be monitored/achieved for the next two to three years* — 3Q00

Obstetrics & Gynaecology

- *Establish tertiary urogynaecology services at Prince of Wales Hospital and Queen Elizabeth Hospital* — 1Q01

Ophthalmology

- *Develop a plan for rationalising inpatient Ophthalmolgy service in Kowloon Region* — 3Q00

Orthopaedics and Traumatology

- *Develop service networking in musculo-skeletal tumor, spinal rehabilitation and scoliosis surgery* — 1Q01

Otorhinolaryngology (ENT)

- *Rationalise Otorhinolaryngology (ENT) service by phasing out small ENT clinic at Tang Chi Ngong and relocating the service to Pamela Youde Nethersole Eastern Hospital* — *3Q00*

Paediatrics

- *Integrate the Paediatric Teams of Yan Chai Hospital and Princess Margaret Hospital by mid 2000* — *3Q00*
- *Rationalise Paediatric services for Kowloon West* — *1Q01*

Pathology

- *Extend Laboratory Information System from Pamela Youde Nethersole Eastern Hospital to Tung Wah Eastern Hospital and Queen Mary Hospital to Tung Wah Hospital and Clinical Management System to Tung Wah Hospital* — *3Q00*
- *Evaluate the impact of laboratory automation system on Pathology service efficiency and effectiveness* — *4Q00*
- *Develop cluster-based laboratory service in three clusters: Hong Kong East, Hong Kong West & New Territories South* — *1Q01*
- *Commence the roll-out of Laboratory Information System to Yan Chai Hospital and Ruttonjee Hospital* — *1Q01*

Psychiatry

- *Convert 2 wards comprising 80 beds into informal ward settings* — *2Q00*
- *Rightsize 50 beds each in Castle Peak Hospital and Kwai Chung Hospital* — *1Q01*
- *Relocate 105 psychiatric beds from Kwai Chung Hospital to Kowloon Hospital under Kowloon Hospital Phase I Redevelopment* — *1Q01*

Radiology

- *Establish cluster-based Magnetic Resonance Imaging service in Pamela Youde Nethersole Eastern Hospital* — *3Q00*

Surgery

- *Establish service network for a coordinated burns/plastic reconstructive surgical service* — *4Q00*
- *Develop plan for vascular surgery service including centres designation and service networking* — *4Q00*
- *Rationalise surgical service in hospitals without 24-hour Accident and Emergency service* — *1Q01*

INITIATIVES IN NON-CLINICAL AREAS

Service networking also takes place in non-clinical areas especially in Business Support Services

Reorganisation in the Authority's service distribution system also takes place in non-clinical areas. These reorganisation programmes concentrate mostly on business support services with focus on laundry service, food service, medical physics service and supplies management. The cluster-based concept is often employed in the re-organisation programmes to achieve economies of scale and better efficiency and flexibility.

Targets:

Laundry Service

- *Decommission hospital-based laundries in Queen Elizabeth Hospital, Our Lady of Maryknoll Hospital & Yan Chai Hospital* — *4Q00*
- *Implement Linen Cart Exchange System to seven more hospitals: Shatin Hospital, Our Lady of Maryknoll Hospital, Kwong Wah Hospital, Tuen Mun Hospital, Kowloon Hospital, Yan Chai Hospital and Siu Lam Hospital* — *1Q01*
- *Implement Central Sluicing System to seven more hospitals: Shatin Hospital, Siu Lam Hospital, Kwai Chung Hospital, Queen Elizabeth Hospital, Our Lady of Maryknoll Hospital, Yan Chai Hospital and Wong Chuk Hang Hospital* — *1Q01*

Food Service

- *Roll out Central Food Production Unit/Receptor Project to four more receptor hospitals: Nam Long Hospital, Tseung Kwan O Hospital, Wong Tai Sin Hospital and Tung Wah Eastern Hospital* — *1Q01*
- *Implement Central Plating System and Central Dishwashing to five more hospitals: Tsueng Kwan O Hospital, Nam Long Hospital, Wong Tai Sin Hospital, Kwai Chung Hospital and Prince of Wales Hospital* — *1Q01*

Medical Physics Service

- *Implement cluster-based radiological equipment maintenance and medical physics services in Hong Kong East and Hong Kong West Clusters* — *3Q00*

Supply Chain Management

- *Roll out Electronic Data Interchange (EDI) for EDI vendors to all hospitals (Non-pharmaceutical items)* — *4Q00*
- *Roll out Purchase Requisition Initiation System (PRIS) to all hospitals* — *4Q00*
- *Contract out supplies logistics management in New Territories North Cluster* — *4Q00*
- *Implement Materials Management Inventory Control System in 14 hospitals: Pok Oi Hospital, Siu Lam Hospital, Tung Wah Hospital, Grantham Hospital, Tsueng Kwan O Hospital, Duchess of Kent Children's Hospital, Fung Yiu King Hospital, MacLehose Medical Rehabilitation Centre, Nam Long Hospital, Tsan Yuk Hospital, Wong Tai Sin Hospital, Our Lady of Maryknoll Hospital, Kowloon Hospital and Hong Kong Buddhist Hospital* — *1Q01*

6.4.3 Hospital Clustering

Hospital clustering aims at improving access to comprehensive secondary service for all clusters by planning and coordinating hospital services based on delineation of roles amongst individual hospitals within a cluster

The Authority provides different types of care including acute care, extended care, ambulatory care and community care to meet the needs of patients at different stage of their illness. The main purpose of hospital clustering is to streamline the organisation of service and provision of care by grouping hospitals to cater for the health care needs of patients at different stages of their illness. The focus is to improve access to comprehensive range of secondary services by planning and coordinating services based on a clear delineation of roles amongst individual hospitals within the same cluster.

Eight hospital clusters at present

Currently, public hospitals and institutions are grouped into 8 clusters based on the best match of portfolio of existing hospitals. In reviewing service provision in hospital clusters, the following major factors have been taken into account:

a. Demographic changes with greater population increase in the New Territories.

b. The need for more convalescent, ambulatory and community care as a result of aging population and trend towards cost-effective health care delivery.

c. The need to redevelop some of the existing facilities with a view to improving patient comfort and care delivery.

MAJOR INITIATIVES IN CLUSTERING ARRANGEMENT

The following are major clustering reorganisation initiatives to be formulated in 2000/2001:

a. The long term redevelopment plans for hospitals, including Tsan Yuk Hospital and Grantham Hospital in Hong Kong West Cluster.

b. Phase II redevelopment plan for Kowloon Hospital including the development of a cluster-based psychiatric service for the whole of Kowloon.

c. Strategic review of the overall clustering arrangement in Kowloon.

d. Merging of the psychiatric clusters with the general hospital clusters.

e. Feasibility study for the conversion of Fanling Hospital and Lai Chi Kok Hospital into Long Stay Care or Care and Attention Homes.

f. Planning for the relocation of Yaumatei Specialist Outpatient Clinic (as a result of Government transport projects) involving Queen Elizabeth Hospital and Kowloon Hospital.

Targets:

- *Complete the feasibility study for conversion of Fanling Hospital and Lai Chi Kok Hospital into Long Stay Care or Care and Attention Homes* — *2Q00*
- *Formulate the long term redevelopment plans for hospitals in the Hong Kong West Cluster* — *4Q00*
- *Long term redevelopment plans for clusters*
- *Merging of psychiatric clusters with general clusters*
- *Conversion of Fanling Hospital and Lai Chi Lok Hospital into Long Stay Care or Care and Attention Homes*
- *Relocation of Yaumatei Specialist Outpatient Clinic*

NEW AND REDEVELOPMENT PROJECTS

The Authority is planning and constructing new facilities to meet the increasing health care needs arising from aging and increasing population. The planning of new facilities will cater for improvements and trends for modern health care delivery, including the shift from inpatient to ambulatory and community care, the focus on customer needs and the requirements for technologically advanced diagnostic, treatment and supporting facilities. The Authority's existing facilities are also being systematically upgraded and redeveloped to improve service quality.

- *Opening of 460 beds*
- *Commissioning of Lai King Hospital*
- *Relocation of Tuen Mun Polyclinic*

Targets:

• *Complete the construction of the Palliative Care and Hospice Ward at Tuen Mun Hospital*	*4Q00*
• *Complete the Tuen Mun Polyclinic Relocation project*	*1Q01*
• *Complete the construction of Lai King Hospital*	*1Q01*
• *Open 460 new hospital beds including 358 acute beds in Tseung Kwan O Hospital, 68 rehabilitation beds in Kowloon Hospital Rehabilitation Building and 34 psychiatric beds in Tai Po Hospital*	*1Q01*

ENVIRONMENTAL PROTECTION

In line with the increasing concern world-wide on environmental protection, the Authority will strive to protect the environment both in its infrastructure development and daily operations. As an initial step, the Authority will publish an environmental statement in its Annual Report for 1999/2000.

HA will strive to protect the environment both in its infrastructure development and daily operations

Target:

• *Publish an environmental statement in HA's Annual Report for 99/00 financial year*	*1Q01*

6.5 Care Process and Quality

6.5.1 The Issue

How to ensure and continually improve the quality of care has always been a concern of the Authority. In 2000/2001, the focus will be placed on the following two broad areas: care delivery systems and mechanisms to ensure the quality of care.

How to ensure and continually improve quality of care

6.5.2 Care Delivery Systems

The Authority will place emphasis on the development of integrated care delivery model and enhancement of ambulatory and community care as follows:

- *Integrated care delivery model will be developed*
- *Ambulatory and community care will be improved*
- *Guidelines on conducting research in Chinese Medicine will be formulated*

a. Development of integrated care delivery model: The model aims at integrating acute, extended and community care to improve continuity of care. Apart from better coordination amongst different institutions, integration of care across disciplines is also advocated.

b. Enhancement of ambulatory and community care: Ambulatory care will be enhanced through the improvement in ambulatory care facilities and the development of day procedures in hospitals. Community care will be strengthened through public education, better interface with other service providers and enhanced training for carers. As strong nursing support is required in the development of community care, Community-based Nursing Service will be expanded and pilot schemes will be conducted to integrate the work of the Community Nursing Service with Community Geriatric Assessment Service. Community-based service delivery models are being formulated in a number of specialties with the aim of enhancing community care.

c. Development of Chinese Medicine: The Government's pledge to develop Hong Kong as an international centre for Chinese Medicine will have an impact on the Authority's care process based on Western Medicine. Researches in Chinese Medicine are being conducted in some of the public hospitals. To facilitate corroborative development, the Authority will formulate a set of guidelines on conducting clinical research in Chinese Medicine using the scientific evidence-based approach.

Targets:

Integrated Care Delivery Model

- *Collaborate with Maternal and Child Health Centres of Department of Health to implement antenatal services for diagnosis of Thalassemia* — *2Q00*
- *Pilot allied health services collaborative model for case management of low back pain patients in Duchess of Kent Children's Hospital and Queen Mary Hospital* — *1Q01*

Development Of Ambulatory And Community Care

- *Launch a sponsored outreaching health programme for the general public* — *3Q00*
- *Achieve the HA-wide target of 5% point increase in day surgery for general surgery and 2% point increase for orthopaedic surgery* — *4Q00*
- *Enhance community geriatric outreach service to private old aged homes from 50% to 70% (based on the existing number of private old aged homes as at end of December, 1999)* — *4Q00*
- *Pilot outreaching hospice care service to private nursing homes by Caritas Medical Centre* — *4Q00*
- *Enhance public health education on dietetic information via HA website* — *4Q00*
- *Launch a training programme on nutrition and dietetics for nurses and personal care workers in elderly services* — *4Q00*
- *Enhance patient care through the implementation of nurse clinics in areas such as diabetes, renal, continence, pulmonary and midwifery* — *1Q01*

- *Enhance community psychiatric service by training 100 nurses in psychiatric community outreach in collaboration with School of Professional and Continuing Education, HKU* — *1Q01*
- *Extend Community Nursing Service to provide post-discharge support to patients through evening coverage, telephone call, and twice daily home visits in 10 hospitals* — *1Q01*
- *Produce jointly with Education TV a 3-year series of health and civic education TV programmes for primary and secondary schools* — *1Q01*
- *Pilot a New Territories South Community Care Development programme at Princess Margaret Hospital to promote the concept of home safety, occupational safety and elderly health* — *1Q01*

Chinese Medicine

- *Promote evidence-based practice for Chinese Medicine in public hospitals* — *4Q00*
- *Formulate guidelines on clinical research in Chinese Medicine* — *1Q01*

6.5.3 Mechanisms to Ensure Quality of Care

Initiatives to improve quality practice include the development of guidelines and protocols, strengthening of professional accountability and enhancement of governance, clinical audit, risk management and complaint management. In addition, new medical and information technology will continue to be carefully assessed and judiciously employed to facilitate the provision of timely, appropriate and cost-effective patient care. Accordingly, Hospital Authority will continue to implement the following mechanisms to ensure quality of care:

a. Guidelines and protocols: Major emphasis will be placed on the establishment of clinical pathways for specific disease conditions. Guidelines and protocols for various clinical procedures will continue to be developed. — *Guidelines and protocols will continue to be developed*

b. Professional accountability: The Authority's professional accountability concept that dovetails with professional training of doctors will be strengthened. To guide the implementation in the frontline, process indicators covering the following broad areas will continue to be developed:

Specialist-led professional accountability structure will be strengthened

   i. Provision of specialist-led services in all clinical specialties in line with the gradual increase in proportion of qualified specialists;
   ii. Provision of timely senior staff coverage at all hours; and
   iii. Provision of proper supervision of trainees by qualified staff

c. Governance: The governance roles of the Hospital Governing Committees will be strengthened. Additionally, the reporting structure of the Authority's internal audit function will be reorganised to enhance accountability to the Audit Committee of the Hospital Authority Board.

Role of Hospital Governing Committee will be enhanced

Reporting structure of HA's internal audit function will be reorganised

d. Clinical audit: With the development in the past years, clinical audit as an important tool to assure quality of care is widely accepted by professionals of various disciplines. Apart from the regular activities of doctors in clinical departments, clinical audit programmes will be conducted by the nursing and allied health professions and on a number of specific clinical procedures.

e. Risk management: Each hospital has established a mechanism to coordinate risk management which includes identifying, prioritising and mitigating significant risks. Particular emphasis will be placed on confirming the effectiveness of established risk management mechanisms in ensuring compliance with the ordinances related to the Authority, and in identifying and mitigating risks.

Clinical audit, risk management and complaint management will continue to be improved

f. Complaint management: Currently, first level complaints are handled directly by the hospitals concerned while appeal cases are reported to the Public Complaints Committee which comprises members of the Hospital Authority Board and the public to ensure that all complaints are properly handled. To further facilitate the work of the Public Complaints Committee, the accountability of Hospital Chief Executives in the investigation of complaints will be strengthened. In addition, transparency of the work of the Public Complaints Committee will be enhanced through regular briefing of its work to the media.

Transparency of the Public Complaints Committee will be improved through regular media briefings

g. Evidence-based Medicine: This is a significant tool to enhance the capability of clinicians to deliver quality patient care. After development for a few years, the concept of Evidence-based Medicine is now more widely accepted and understood. The application of Evidence-based Medicine to clinical practices will be consolidated and application of Evidence-based principles to other levels of health care will be further promoted in the coming years.

Evidence-based Medicine will be promoted

h. Appropriate use of technologies: For medical technology, focus will be put on the safe introduction of new procedures and the review on innovative procedures. For information technology, apart from the further development of the Clinical Management System and Electronic Patient Record System, use of website on the intranet to share information and knowledge will be explored.

Appropriate technology will be employed to improve the process of care

Targets:

Guidelines And Protocols

- *Disseminate clinical guidelines for five common cancers (breast, colon, rectum, liver & nasopharyngeal cancers) through HA intranet* — *2Q00*

- *Develop clinical protocols for the management of gastrointestinal bleeding and pleural tapping and biopsy procedures* — *4Q00*
- *Develop clinical guidelines for lung and cervical cancers for implementation in the Oncology centres* — *4Q00*
- *Develop evidence-based clinical guidelines for management of gastroenteritis in children and rapid sequence induction in Accident and Emergency Departments* — *1Q01*
- *Develop clinical guideline for mouth care in hospice patients* — *1Q01*
- *Formulate and implement Anaesthesiology practice guidelines on pre-operative investigations in collaboration with surgical specialties at Coordinating Committee and hospital levels* — *1Q01*
- *Develop guidelines for specialty nursing services in mental health, critical care, obstetric care, diabetic care, pulmonary care and community nursing service* — *1Q01*
- *Develop and implement Pressure Ulcer Management Programme in all hospitals* — *1Q01*

Professional Accountability

- *Develop process indicators on professional accountability for major clinical specialties* — *4Q00*
- *Conduct internal audit on performance in professional accountability in selected specialties* — *1Q01*
- *Conduct inter-hospital peer review to assess performance in emergency, comprehensive and specialised Neurosurgical services* — *1Q01*

Governance

- *Reorganise the Internal Audit reporting structure to enhance accountability to HA's Audit Committee* — *3Q00*

Clinical Audit

- *Conduct HA-wide clinical audit programmes on Endoscopic Retrograde Cholangio Pancreatogram (ERCP)* — *3Q00*
- *Conduct clinical audit training workshops for 150 Allied Health professionals (Prosthetics and Orthotists, Diagnostic Radiographers, and Medical Laboratory Technicians/ Technologists)* — *4Q00*

- *Conduct HA-wide clinical audit programmes for hospitals with acute medical units on Electro-physiological studies* — *1Q01*
- *Conduct HA-wide clinical audit on use of erythropoietin in chronic renal failure* — *1Q01*
- *Establish benchmark for nursing service in priority areas of audit such as administration of medicine, intravenous injection and prevention of patient's fall* — *1Q01*
- *Conduct cross hospital specialty-based clinical audit in prevention of hospital falls, use of physical restraints and management of pressure sore* — *1Q01*
- *Conduct clinical audit programmes for two major disease patient/client groups in Physiotherapy (Low Back Pain & Chronic Obstructive Pulmonary Disease) and Occupational Therapy (Geriatric & Psychiatric)* — *1Q01*

Risk Management

- *Upgrade HA's contingency response to incidents involving chemical and radiation hazards* — *1Q01*

Evidence-based Medicine

- *Implement Electronic Forum for Evidence with the capacity for further development into electronic knowledge gateway as part of knowledge management strategy* — *4Q00*
- *Implement evidence-based practice in wound management, catheter management, prevention of fall and post-natal depression* — *1Q01*
- *Conduct six specialty specific critical appraisal workshops for Paediatrics, Accident & Emergency, Anaesthesia, Medicine, Obstetrics & Gynaecology and Nursing to develop Evidence-based Medicine skills for specialist trainees* — *1Q01*
- *Increase access points to Hospital Authority Library Information System from existing 300 to 1,300* — *1Q01*

Appropriate Use Of Technologies

- *Develop and implement mechanism for safe introduction of new procedures* — *3Q00*
- *Assess effectiveness of emerging chemotherapy to improve efficacy of cancer treatment* — *3Q00*

• *Implement IT network and image server for Neuro Navigation System in five hospitals: Princess Margaret Hospital, Prince of Wales Hospital, Pamela Youde Nethersole Eastern Hospital, Queen Mary Hospital & Tuen Mun Hospital*	*3Q00*
• *Develop a website on the intranet to share information on pharmacy and drug related issues with medical, nursing and allied health professionals.*	*4Q00*
• *Pilot implementation of Clinical Management System in two medium-sized hospital (Shatin Hospital and Tai Po Hospital)*	*4Q00*
• *Establish the HA standards for Electronic Data Interchange (EDI)/Health Level 7 (HL7) and implement EDI Interface Engine to one pilot hospital*	*4Q00*
• *Complete Project Definition Study for Electronic Patient Record*	*1Q01*
• *Implement Radiology Information System in Kwong Wah Hospital and commence to roll out in Yan Chai Hospital*	*1Q01*
• *Upgrade Laboratory Information System in two hospitals: Prince of Wales Hospital & Queen Elizabeth Hospital*	*1Q01*
• *Roll out Critical Result Alert System in three major acute hospitals: Pamela Youde Nethersole Eastern Hospital, Alice Ho Miu Ling Nethersole Hospital & Prince of Wales Hospital*	*1Q01*
• *Implement and extend Clinical Management System, (Outpatient) in remaining units of Specialist Outpatient Clinics of five hospitals: Tuen Mun Hospital, Princess Margaret Hospital, Queen Mary Hospital, Yan Chai Hospital & United Christian Hospital*	*1Q01*
• *Complete the implementation of the Psychiatric Clinical Information System in two hospitals: Castle Peak Hospital & Kwai Chung Hospital*	*1Q01*
• *Extract Pharmacy data to Corporate Data Services data base and plan for incorporation in the Pharmacy Management Decision Support System*	*1Q01*

6.6 Human Resource Capabilities and Management

6.6.1 The Issue

Existing staffing structure and system need to be reviewed to meet challenges of current environment

The existing ranking structure and human resource management system of the Authority are largely inherited from the Civil Service and may not be conducive to meeting challenges in the current environment. The knowledge and skills possessed by the Authority's workforce will need to be enhanced in order to address the needs of modern health care and patient expectation. Managerial effectiveness of front line clinical teams is variable, thus affecting teamwork and clinical quality. To address these issues, the following measures will be taken:

a. Review of Clinical Management Teams.

b. Grade review for different disciplines of staff.

c. Planning of professional manpower requirement.

d. Enhancement of staff competence through development of core competencies for different disciplines of professionals and strengthening of staff training.

6.6.2 Review of Clinical Management Teams

Model to guide Clinical Management Team planning and development will be formulated

The Clinical Management Team is the basic operating unit in the hospital. With the current variation in their structure, development and performance, there is a need to provide better support to Clinical Management Teams. A model is being developed to assess the Clinical Management Teams' complexity and performance so as to guide their future development. Included in the scope of this review are the planning process in the Clinical Management Team, managerial capabilities and accountabilities of clinical managers, and internal communication.

Targets:

- *Develop Clinical Management Team planning model* — *2Q00*
- *Develop model for determining Clinical Management Team complexity* — *3Q00*
- *Develop model for assessing and enhancing Clinical Management Team performance* — *4Q00*

6.6.3 Staff Grade Review

Grade Review will be conducted for allied health and supporting staff

With the exponential growth in medical knowledge and technology, there is a growing need for specialist level competence in modern clinical care. This means that more specialists in the frontline will be required to deliver timely and effective care. The Authority's existing staffing structure has been in place for many years. It is therefore necessary for the Authority to review the structure to ensure that it is versatile enough to face the rapid changes in health care practices. Grade review is being conducted for doctors. Similar reviews will be conducted for allied health and supporting staff.

Targets:

- *Agree on new grade structure for the medical grade* — *3Q00*
- *Conduct grade review for Medical Laboratory Technologists/ Technicians and Diagnostic Radiographers* — *3Q00*
- *Conduct grade review for supporting staff* — *1Q01*

Medical Grade Review

Medical Grade Review will be finalised

With the medical grade review currently under staff consultation, it is hoped that the new grade structure for doctors can be finalised within the year. The essence of the review is to further develop the professional accountability concept in the medical grade to improve the quality of care. This will ensure that clinicians with requisite capability and experience are delegated appropriate clinical care activities according to their competence. It also ensures that the work

of junior clinical staff is supervised by qualified senior clinicians when and wherever necessary. The review covers the following areas:

a. Re-engineering of service delivery to a specialist-led system in line with the gradual increase in the proportion of qualified specialists in the work force.

b. Delineation of roles and responsibilities between Specialists and Residents.

c. Development of competence-based model built on roles and responsibilities.

d. Setting up of objective performance criteria based on requisite competence.

e. Integration of the Authority-wide merit increment system into the reward system of doctors.

Work hours for junior doctors will be reviewed

Associated with the Doctors' Grade Review, concern has been raised recently regarding the work hours of junior doctors. The Authority has conducted a survey on doctors' work hours in 1998, and subsequently promulgated guidelines to all hospitals regarding call frequency, post-call half day rest after excessive work, and compensatory day off for statutory holidays. While improvements have been documented in most hospitals and departments, there may be instances where increase in work volume has rendered full compliance to these guidelines impractical. The Authority will conduct another audit to review the situation in the coming year, and identify pressure areas for planned improvement with new recruits available.

Target:

- *Review of workload of junior doctors and formulate action plan* — *4Q00*

6.6.4 Professional Manpower Planning

With the trend of clinical specialisation and sub-specialisation, development of specialist-led services and prevailing resource constraints, there is a need to plan future professional manpower requirement for each clinical specialty or sub-specialty to meet future service needs. The ratio between trainees and specialists will also need to be established to ensure that training can be planned accordingly.

Professional manpower requirement for specialties and sub-specialties will be planned with ratio between trainees and specialists to be developed

Targets:

- *Review manpower requirements in all specialties* — *1Q01*
- *Establish Patient-Nurse Dependency benchmark for Psychiatric hospitals* — *1Q01*

6.6.5 Enhancement of Professional Competence

The Authority will embark on the following initiatives to enhance professional competence through the development of core competencies for staff of various disciplines and provision of continuous staff training and development:

a. Core Competencies: Core competencies are the demonstrable behaviour that reflects knowledge, skills and attributes required to perform a specific function effectively. Development of core competency is part and parcel of the grade review which describes and delineates the roles and responsibilities of the different levels of staff within the same discipline. The core competencies developed will form the basis for performance assessment. The 360 degree feedback will also be introduced to the system to enhance accountability of supervisory and managerial staff. The core competency set for doctors has been developed. It is planned that core competency sets will be developed for six more staff groups in 2000/2001.

Core competencies will be developed for 6 more staff groups

b. Training: Apart from improving staff's capabilities in patient-centred care and managerial skills, due emphasis will be given to retraining and equipping staff with vocational skills required as a result of process reengineering and staff redeployment. Use of computers will also be one of the training strategies for the coming year to facilitate learning and dissemination of information and knowledge through web-based technologies. On top of centrally organised programmes, training programmes will continue to be organised at service, cluster and hospital levels to cater for local needs.

Training with added emphasis on retraining and use of computer and web-based technologies will be conducted at various levels

Targets:

Core Competencies

- *Pilot implementation of competency-based Staff Development Review for doctors* — *4Q00*
- *Incorporate core competency into Staff Development Review of Registered Nurses and Enrolled Nurses* — *1Q01*
- *Develop core competency sets for six staff groups: Advance Practice Nurse (ie. Senior Nursing officer/Ward Manager/ Nursing Officer/Nurse Specialist), Diagnostic Radiographer, Prosthetist-Orthotist, Medical Laboratory Technician/ Technologist, Finance and IT staff* — *1Q01*

Training

- *Identify and conduct vocational retraining programme to meet both corporate-wide and specific hospital-based service needs* — *4Q00*
- *Establish Continuing Nursing Education System in HA to enhance nursing professional standard* — *4Q00*
- *Develop an intranet-based training and development centre for the HA Institute of Health Care and Institute of Advanced Nursing Studies* — *1Q01*
- *Provide and facilitate in-service professional training to meet training needs for 4,000 doctors, 3,500 allied health staff and 9,000 nurses* — *1Q01*
- *Develop and implement training programmes for professional line managers and Human Resources managers respectively to enhance the human resources and people management capabilities for effective performance* — *1Q01*
- *Facilitate 200 nurses to attend degree conversion courses* — *1Q01*

7 Budget Allocation for 2000/2001

7.1 Funding from Government

HA's recurrent budget for 2000/2001 is $28,029M

The recurrent funding provided by Government to Hospital Authority for 2000/2001 net of income is $28,029M. The total expenditure budget is $28,960M. The recurrent funding is net of the 1% savings of $281M for Enhanced Productivity Programme and $28M for price reduction adjustment of other charges which was based on a 0.5% reduction of the Consumer Price Index (A). An additional one-off funding for salary creep adjustment of $112M has also been provided by Government to the Authority for 2000/2001. A sum of $338M has been earmarked for the commissioning of completed capital projects (funded by Capital Works Reserve Fund) in 2000/2001. In addition, the government will provide the Authority with $80M for information technology development; and $285M for the purchase of additional or replacement equipment and vehicles.

7.2 Resource Allocation for Existing Services and New Projects

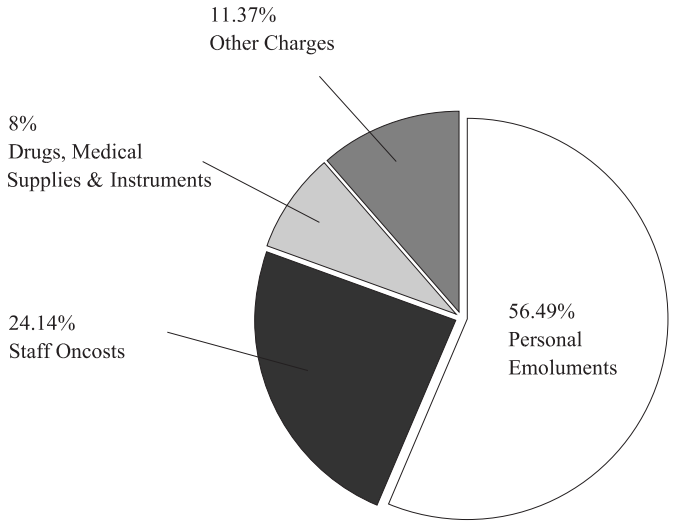
Majority of funding will be used to maintain existing services

Most of the funding allocated by Government is to maintain existing level, scope and volume of services currently provided by the Authority's hospitals and institutions. In 2000/2001, hospitals are expected to use 99% of their resource allocation baseline to fund existing services. The Authority also intends to redeploy manpower to open 460 beds in Tseung Kwan O Hospital, Kowloon Hospital and Tai Po Hospital in the coming financial year.

7.3 Budget Breakdown

A breakdown on the Authority's budget for 2000/2001 is shown in the pie chart below:

HA EXPENDITURE BUDGET BREAKDOWN
2000/2001
Total: HK$28,960 Million



7.4 Financial Projection 2000/2001

The following table outlines the financial projection of the total recurrent expenditure net of income for the Authority for 2000/2001 and the projected spending pattern of the Authority by quarters net of income from the Government for 2000/2001:

	Financial Projections 2000/2001				
	Qtr 1	**Qtr 2**	**Qtr 3**	**Qtr 4**	**Budget**
	$M	**$M**	**$M**	**$M**	**$M**
Expenditure					
Personal Emoluments	4,060	4,090	4,100	4,108	16,358
Staff Oncost	1,740	1,750	1,750	1,751	6,991
Sub-total	5,800	5,840	5,850	5,859	23,349
Drugs, Medical Supplies & Instruments	570	580	580	587	2,317
Other Charges	730	830	840	894	3,294
Sub-total	1,300	1,410	1,420	1,481	5,611
Total Recurrent Expenditure	7,100	7,250	7,270	7,340	28,960
Income					
Patient	170	190	190	196	746
Others	46	46	46	47	185
Sub-total	216	236	236	243	931
Recurrent Expenditure Net of Income	6,884	7,014	7,034	7,097	28,029

8 Implementation and Monitoring of Annual Plan

The Hospital Authority Annual Plan sets the direction of work for the Authority Head Office and the Authority's hospitals/ institutions for the coming year. Based on this direction, hospital clusters, Specialty Services Coordinating Committees and hospitals formulate their own plans and set their own targets. The targets stated in this volume are mainly Authority-wide targets. Implementation of these targets depends on the coordination amongst clusters, hospitals and specialties. Apart from the targets stated in this volume, a number of targets to be implemented at cluster level are contained in Volume 2 of this document. In addition, the targets set by each hospital for the coming year are contained in individual hospital's own annual plan.

Based on the corporate direction, clusters and hospitals set their own targets which are contained in Vol. 2 of this document and in the hospital annual plans of individual hospitals

Monitoring of the annual plan targets is a continuous management process involving the Authority Board, the Hospital Governing Committees and all levels of management. To facilitate the Authority Board and the management to monitor the performance of the Authority in relation to the achievement of the annual plan, a set of performance indicators as listed in Appendix 2 will be used.

Performance and achievement of the annual plan targets will be closely monitored

9 Summary of Key Initiatives and Targets for 2000/2001

6.1 Volume and Access

6.1.3 Waiting Time for First Appointment at Specialist Outpatient Clinics

	Target Date
• *Provide HA-wide waiting list information via enhanced Outpatient Appointment System to allow informed choice & reduce multiple booking*	3Q00
• *Reduce the average (median) waiting time for first appointment at specialist outpatient clinics to five weeks*	1Q01
• *Establish triage system for outpatient service in key specialties*	1Q01
• *Roll out Outpatient Appointment System (version 4.0) to allied health departments of 14 hospitals and clinics*	1Q01
• *Provide facilities and information technology support for all institution-based integrated clinics in all clusters*	4Q00
• *Develop an improved training curriculum for hospital-based family medicine trainees in collaboration with clinical Specialty Services Coordinating Committees*	3Q00
• *Pilot a Family Medicine trainee exchange programme with Department of Health and appropriate Non-Government Organisations*	3Q00
• *Provide relief to alleviate non-urgent attendances at Accident and Emergency service during public holidays*	4Q00

6.1.4 Other Strategies to Address Volume and Access

• *Pilot private walk-in clinics in the vicinity of Queen Mary Hospital and Tuen Mun Hospital's Accident & Emergency Departments*	3Q00
• *Reduce average patient's waiting time during peak hours by 50% in five pharmacies (Prince of Wales Hospital, Tuen Mun Hospital, North District Hospital, Alice Ho Miu Ling Nethersole Hospital and Pamela Youde Nethersole Eastern Hospital) through the roll out of the Express Dispensing System*	1Q01
• *Reduce the average queuing time in specialist outpatient clinics to 60 minutes*	1Q01
• *Reduce the average waiting time for the major non-urgent operations in Otorhinolaryngology (ENT), Gynaecology, Surgery and Orthopaedics & Traumatology to four months*	1Q01

6.2 Enhanced Productivity Programme

• *Extend Term Maintenance Contract arrangement to cover all minor capital works projects in Schedule II hospitals*	2Q00
• *Pilot the integration of finance functions of small hospitals*	3Q00
• *Contract out HA receipt and dispatch services*	4Q00
• *Redeploy about 700 staff from within HA for the opening of 460 new beds and services in Tsueng Kwan O Hospital, Kowloon Hospital and Tai Po Hospital*	1Q01
• *Complete lighting retrofit for energy conservation in six hospitals: Prince of Wales Hospital, Queen Elizabeth Hospital (Phase I), United Christian Hospital, Yan Chai Hospital, Hong Kong Eye Hospital & Hong Kong Red Cross Blood Transfusion Service*	1Q01
• *Complete the retrofitting of the air-conditioning and heating system at Kwong Wah Hospital with heat pump*	1Q01
• *Develop and implement Patient Billing/Revenue Collection System outpatient module in all outpatient facilities (including allied heath) with Outpatient Appointment System workstations*	1Q01
• *Develop Staff Rostering System V.2.0 and implement in three additional hospitals: North District Hospital, Ruttonjee Hospital & Tai Po Hospital*	1Q01
• *Implement ozone laundry system in four laundries: Laundries in Alice Ho Miu Ling Nethersole Hospital, United Christian Hospital, Ruttonjee Hospital and Butterfly Beach Laundry*	1Q01

6.3 Financing and Resource Allocation System

• *Develop Patient Related Group (PRG) on-the-web to facilitate application of PRG information in hospitals*	2Q00
• *Provide support to Government on consultation of the Green Paper, formulation of financing options and implementation of changes*	3Q00
• *Submit proposal to Government on the use of new population-based funding mechanism for the Authority's recurrent budget for 2000 & 2001*	4Q00
• *Develop interim resource allocation options, with reference to patient-based utilisation pattern and expanded Patient Related Group and Specialty costing data, to provide incentive for service restructuring by hospital clusters*	1Q01

- *Expand the scope of specialty costing to cover all hospitals, and refine its use as cluster-based performance information* 1Q01
- *Develop a master list of Patient Related Groups to cover most major diagnostic groups* 1Q01

6.4 Distribution Network and Infracturcature

6.4.2 Service Networking

- *Promulgate service networking arrangements for Orthopaedics & Traumatology, Obstetrics & Gynaecology, Psychiatry, Surgery, Neurosurgery, Radiology, Ophtalmology, Clinical Oncology, Paediatrics, Otorhinolaryngology (ENT), Medicine, Hospice and Accident & Emergency* 1Q01

Individual Clinical Specialties

Accident and Emergency

- *Upgrade the staff capability of Accident and Emergency service and general clinical services of St. John Hospital through staff rotation programme with Ruttonjee & Tang Shiu Kin Hospitals* 2Q00
- *Commission Accident and Emergency Service in Tseung Kwan O Hospital in July, 2000* 3Q00
- *Realign the hospital network in disaster response upon closure of Pok Oi Hospital and opening of Tseung Kwan O Hospital* 3Q00

Anaesthesiology

- *Integrate Anaesthesiology service of Pamela Youde Nethersole Eastern Hospital and Ruttonjee & Tang Shiu Kin Hospitals* 4Q00

Medicine

- *Review and develop networking arrangement to address service gaps and duplication in secondary subspecialty services* 4Q00

Neurosurgery

- *Develop action plan for consolidation of Neurosurgical services into four collaborative centres with regular milestones to be monitored/achieved for the next two to three years* — 3Q00

Obstetrics & Gynaecology

- *Establish tertiary urogynaecology services at Prince of Wales Hospital and Queen Elizabeth Hospital* — 1Q01

Ophthalmology

- *Develop a plan for rationalising inpatient Ophthalmolgy service in Kowloon Region* — 3Q00

Orthopaedics and Traumatology

- *Develop service networking in musculo-skeletal tumor, spinal rehabilitation and scoliosis surgery* — 1Q01

Otorhinolaryngology (ENT)

- *Rationalise Otorhinolaryngology (ENT) service by phasing out small ENT clinic at Tang Chi Ngong and relocating the service to Pamela Youde Nethersole Eastern Hospital* — 3Q00

Paediatrics

- *Integrate the Paediatric Teams of Yan Chai Hospital and Princess Margaret Hospital by mid 2000* — 3Q00
- *Rationalise Paediatric services for Kowloon West* — 1Q01

Pathology

• *Extend Laboratory Information System from Pamela Youde Nethersole Eastern Hospital to Tung Wah Eastern Hospital and Queen Mary Hospital to Tung Wah Hospital and Clinical Management System to Tung Wah Hospital*	3Q00
• *Evaluate the impact of laboratory automation system on Pathology service efficiency and effectiveness*	4Q00
• *Develop cluster-based laboratory service in three clusters: Hong Kong East, Hong Kong West & New Territories South*	1Q01
• *Commence the roll-out of Laboratory Information System to Yan Chai Hospital and Ruttonjee Hospital*	1Q01

Psychiatry

• *Convert two wards comprising 80 beds into informal ward settings*	2Q00
• *Rightsize 50 beds each in Castle Peak Hospital and Kwai Chung Hospital*	1Q01
• *Relocate 105 psychiatric beds from Kwai Chung Hospital to Kowloon Hospital under Kowloon Hospital Phase I Redevelopment*	1Q01

Radiology

• *Establish cluster-based Magnetic Resonance Imaging service in Pamela Youde Nethersole Eastern Hospital*	3Q00

Surgery

• *Establish service network for a coordinated burns/plastic reconstructive surgical service*	4Q00
• *Develop plan for vascular surgery service including centres designation and service networking*	4Q00
• *Rationalise surgical service in hospitals without 24-hour Accident and Emergency service*	1Q01

INITIATIVES IN NON-CLINICAL AREAS

Laundry Service

• *Decommission hospital-based laundries in Queen Elizabeth Hospital, Our Lady of Maryknoll Hospital & Yan Chai Hospital*	4Q00
• *Implement Linen Cart Exchange System to seven more hospitals: Shatin Hospital, Our Lady of Maryknoll Hospital, Kwong Wah Hospital, Tuen Mun Hospital, Kowloon Hospital, Yan Chai Hospital and Siu Lam Hospital*	1Q01
• *Implement Central Sluicing System to seven more hospitals: Shatin Hospital, Siu Lam Hospital, Kwai Chung Hospital, Queen Elizabeth Hospital, Our Lady of Maryknoll Hospital, Yan Chai Hospital and Wong Chuk Hang Hospital*	1Q01

Food Service

• *Roll out Central Food Production Unit / Receptor Project to four more receptor hospitals: Nam Long Hospital, Tseung Kwan O Hospital, Wong Tai Sin Hospital and Tung Wah Eastern Hospital*	1Q01
• *Implement Central Plating System and Central Dishwashing to five more hospitals: Tsueng Kwan O Hospital, Nam Long Hospital, Wong Tai Sin Hospital, Kwai Chung Hospital and Prince of Wales Hospital*	1Q01

Medical Physics Service

• *Implement cluster-based radiological equipment maintenance and medical physics services in Hong Kong East and Hong Kong West Clusters*	3Q00

Supply Chain Management

• *Roll out Electronic Data Interchange (EDI) for EDI vendors to all hospitals (Non-pharmaceutical items)*	4Q00
• *Roll out Purchase Requisition Initiation System (PRIS) to all hospitals*	4Q00
• *Contract out supplies logistics management in New Territories North Cluster*	4Q00

- *Implement Materials Management Inventory Control System in 14 hospitals: Pok Oi Hospital, Siu Lam Hospital, Tung Wah Hospital, Grantham Hospital, Tsueng Kwan O Hospital, Duchess of Kent Children's Hospital, Fung Yiu King Hospital, MacLehose Medical Rehabilitation Centre, Nam Long Hospital, Tsan Yuk Hospital, Wong Tai Sin Hospital, Our Lady of Maryknoll Hospital, Kowloon Hospital and Hong Kong Buddhist Hospital* 1Q01

6.4.3 Hospital Clustering

MAJOR INITIATIVES IN CLUSTERING ARRANGEMENT

- *Complete the feasibility study for conversion of Fanling Hospital and Lai Chi Kok Hospital into Long Stay Care or Care and Attention Homes* 2Q00
- *Formulate the long term redevelopment plans for hospitals in the Hong Kong West Cluster* 4Q00

NEW AND REDEVELOPMENT PROJECTS

- *Complete the construction of the Palliative Care and Hospice Ward at Tuen Mun Hospital* 4Q00
- *Complete the Tuen Mun Polyclinic Relocation project* 1Q01
- *Complete the construction of Lai King Hospital* 1Q01
- *Open 460 new hospital beds including 358 acute beds in Tseung Kwan O Hospital, 68 rehabilitation beds in Kowloon Hospital Rehabilitation Building and 34 psychiatric beds in Tai Po Hospital* 1Q01

ENVIRONMENTAL PROTECTION

- *Publish an environmental statement in HA's Annual Report for 99/00 financial year* 1Q01

6.5 Care Process and Quality

6.5.2 Care Delivery Systems

INTEGRATED CARE DELIVERY MODEL

• *Collaborate with Maternal and Child Health Centres of Department of Health to implement antenatal services for diagnosis of Thalassemia*	2Q00
• *Pilot allied health services collaborative model for case management of low back pain patients in Duchess of Kent Children's Hospital and Queen Mary Hospital*	1Q01

DEVELOPMENT OF AMBULATORY AND COMMUNITY CARE

• *Launch a sponsored outreaching health programme for the general public*	3Q00
• *Achieve the HA-wide target of 5% point increase in day surgery for general surgery and 2% point increase for orthopaedic surgery*	4Q00
• *Enhance community geriatric outreach service to private old aged homes from 50% to 70% (based on the existing number of private old aged homes as at end of December, 1999)*	4Q00
• *Pilot outreaching hospice care service to private nursing homes by Caritas Medical Centre*	4Q00
• *Enhance public health education on dietetic information via HA website*	4Q00
• *Launch a training programme on nutrition and dietetics for nurses and personal care workers in elderly services*	4Q00
• *Enhance patient care through the implementation of nurse clinics in areas such as diabetes, renal, continence, pulmonary and midwifery*	*1Q01*
• *Enhance community psychiatric service by training 100 nurses in psychiatric community outreach in collaboration with School of Professional and Continuing Education, HKU*	*1Q01*
• *Extend Community Nursing Service to provide post-discharge support to patients through evening coverage, telephone call, and twice daily home visits in 10 hospitals*	*1Q01*
• *Produce jointly with Education TV a 3-year series of health and civic education TV programmes for primary and secondary schools*	*1Q01*
• *Pilot a New Territories South Community Care Development programme at Princess Margaret Hospital to promote the concept of home safety, occupational safety and elderly health*	*1Q01*

CHINESE MEDICINE

- *Promote evidence-based practice for Chinese Medicine in public hospitals* *4Q00*
- *Formulate guidelines on clinical research in Chinese Medicine* *1Q01*

6.5.3 Mechanisms to Ensure Quality of Care

GUIDELINES AND PROTOCOLS

- *Disseminate clinical guidelines for five common cancers (breast, colon, rectum, liver & nasopharyngeal cancers)through HA intranet* *2Q00*
- *Develop clinical protocols for the management of gastrointestinal bleeding and pleural tapping and biopsy procedures* *4Q00*
- *Develop clinical guidelines for lung and cervical cancers for implementation in the Oncology centres* *4Q00*
- *Develop evidence-based clinical guidelines for management of gastroenteritis in children and rapid sequence induction in Accident and Emergency Departments* *1Q01*
- *Develop clinical guideline for mouth care in hospice patients* 1Q01
- *Formulate and implement Anaesthesiology practice guidelines on pre-operative investigations in collaboration with surgical specialties at Coordinating Committee and hospital levels* 1Q01
- *Develop guidelines for specialty nursing services in mental health, critical care, obstetric care, diabetic care, pulmonary care and community nursing service* 1Q01
- *Develop and implement Pressure Ulcer Management Programme in all hospitals* 1Q01

PROFESSIONAL ACCOUNTABILITY

- *Develop process indicators on professional accountability for major clinical specialties* 4Q00
- *Conduct internal audit on performance in professional accountability in selected specialties* 1Q01
- *Conduct inter-hospital peer review to assess performance in emergency, comprehensive and specialised Neurosurgical services* 1Q01

GOVERNANCE

• *Reorganise the Internal Audit reporting structure to enhance accountability to HA's Audit Committee*	3Q00

CLINICAL AUDIT

• *Conduct HA-wide clinical audit programmes on Endoscopic Retrograde Cholangio Pancreatogram (ERCP)*	3Q00
• *Conduct clinical audit training workshops for 150 Allied Health professionals (Prosthetics and Orthotists, Diagnostic Radiographers, and Medical Laboratory Technicians/Technologists)*	4Q00
• *Conduct HA-wide clinical audit programmes for hospitals with acute medical units on Electro-physiological studies*	1Q01
• *Conduct HA-wide clinical audit on use of erythropoietin in chronic renal failure*	1Q01
• *Establish benchmark for nursing service in priority areas of audit such as administration of medicine, intravenous injection and prevention of patient's fall*	1Q01
• *Conduct cross hospital specialty-based clinical audit in prevention of hospital falls, use of physical restraints and management of pressure sore*	1Q01
• *Conduct clinical audit programmes for two major disease patient/client groups in Physiotherapy (Low Back Pain & Chronic Obstructive Pulmonary Disease) and Occupational Therapy (Geriatric & Psychiatric)*	1Q01

RISK MANAGEMENT

• *Upgrade HA's contingency response to incidents involving chemical and radiation hazards*	1Q01

EVIDENCE-BASED MEDICINE

• *Implement Electronic Forum for Evidence with the capacity for further development into electronic knowledge gateway as part of knowledge management strategy*	4Q00
• *Implement evidence-based practice in wound management, catheter management, prevention of fall and post-natal depression*	1Q01

- *Conduct six specialty specific critical appraisal workshops for Paediatrics, Accident & Emergency, Anaesthesia, Medicine, Obstetrics & Gynaecology and Nursing to develop Evidence-based Medicine skills for specialist trainees* 1Q01
- *Increase access points to Hospital Authority Library Information System from existing 300 to 1,300* 1Q01

APPROPRIATE USE OF TECHNOLOGIES

- *Develop and implement mechanism for safe introduction of new procedures* 3Q00
- *Assess effectiveness of emerging chemotherapy to improve efficacy of cancer treatment* 3Q00
- *Implement IT network and image server for Neuro Navigation System in five hospitals: Princess Margaret Hospital, Prince of Wales Hospital, Pamela Youde Nethersole Eastern Hospital, Queen Mary Hospital & Tuen Mun Hospital* 3Q00
- *Develop a website on the intranet to share information on pharmacy and drug related issues with medical, nursing and allied health professionals.* 4Q00
- *Pilot implementation of Clinical Management System in two medium-sized hospital (Shatin Hospital and Tai Po Hospital)* 4Q00
- *Establish the HA standards for Electronic Data Interchange (EDI)/Health Level 7 (HL7) and implement EDI Interface Engine to one pilot hospital* 4Q00
- *Complete Project Definition Study for Electronic Patient Record* 1Q01
- *Implement Radiology Information System in Kwong Wah Hospital and commence to roll out in Yan Chai Hospital* 1Q01
- *Upgrade Laboratory Information System in two hospitals: Prince of Wales Hospital & Queen Elizabeth Hospital* 1Q01
- *Roll out Critical Result Alert System in three major acute hospitals: Pamela Youde Nethersole Eastern Hospital, Alice Ho Miu Ling Nethersole Hospital & Prince of Wales Hospital* 1Q01
- *Implement and extend Clinical Management System, (Outpatient) in remaining units of Specialist Outpatient Clinics of five hospitals: Tuen Mun Hospital, Princess Margaret Hospital, Queen Mary Hospital, Yan Chai Hospital & United Christian Hospital* 1Q01
- *Complete the implementation of the Psychiatric Clinical Information System in two hospitals: Castle Peak Hospital & Kwai Chung Hospital* 1Q01
- *Extract Pharmacy data to Corporate Data Services data base and plan for incorporation in the Pharmacy Management Decision Support System* 1Q01

6.6 Human Resource Capabilities and Management

6.6.2 Review of Clinical Management Teams

- *Develop Clinical Management Team planning model* 2Q00
- *Develop model for determining Clinical Management Team complexity* 3Q00
- *Develop model for assessing and enhancing Clinical Management Team performance* 4Q00

6.6.3 Staff Grade Review

- *Agree on new grade structure for the medical grade* 3Q00
- *Conduct grade review for Medical Laboratory Technologists/Technicians and Diagnostic Radiographers* 3Q00
- *Conduct grade review for supporting staff* 1Q01
- *Review of workload of junior doctors and formulate action plan* 4Q00

6.6.4 Planning of Professional Manpower Requirement

- *Review manpower requirements in all specialties* 1Q01
- *Establish Patient-Nurse Dependency benchmark for Psychiatric hospitals* 1Q01

6.6.5 Enhancement of Professional Competence

CORE COMPETENCIES

- *Pilot implementation of competency-based Staff Development Review for doctors* 4Q00
- *Incorporate core competency into Staff Development Review of Registered Nurses and Enrolled Nurses* 1Q01
- *Develop core competency sets for six staff groups : Advance Practice Nurse (ie. Senior Nursing Officer/Ward Manager/Nursing Officer/Nurse Specialist), Diagnostic Radiographer, Prosthetist-Orthotist, Medical Laboratory Technician/ Technologist, Finance and IT staff* 1Q01

TRAINING

• *Identify and conduct vocational retraining programme to meet both corporate-wide and specific hospital-based service needs*	4Q00
• *Establish Continuing Nursing Education System in HA to enhance nursing professional standard*	4Q00
• *Develop an intranet-based training and development centre for the HA Institute of Health Care and Institute of Advanced Nursing Studies*	1Q01
• *Provide and facilitate in-service professional training to meet training needs for 4,000 doctors, 3,500 allied health staff and 9,000 nurses*	1Q01
• *Develop and implement training programmes for professional line managers and Human Resources managers respectively to enhance the human resources and people management capabilities for effective performance*	1Q01
• *Facilitate 200 nurses to attend degree conversion courses*	1Q01

Appendix 1: Background Information on Hospital Authority

Background on Hospital Authority

The Hospital Authority was established in December, 1990 under the Hospital Authority Ordinance to manage all the public hospitals in Hong Kong. It is a statutory body that is independent of, but accountable to, the Hong Kong Government through the Secretary for Health and Welfare. It is charged with the responsibility of delivering a comprehensive range of secondary and tertiary specialist care and medical rehabilitation services through its network of health care facilities at an affordable price which ensures access to every citizen.

The Authority took over the management of 38 public hospitals and the related institutions and their 37,000 staff on 1 December, 1991.

Mission of Hospital Authority

The Government's policy is to safeguard and promote the general health of the community as a whole and to ensure the provision of medical and health services for the people of Hong Kong so that no one should be prevented, through lack of means, from obtaining adequate medical attention. This includes particularly that section of the community which relies on subsidized medical attention. In keeping with this policy, the Mission of the Authority is:

(a) To meet the different needs of the patients for public hospital services, and to improve the hospital environment for the benefit of the patients;

(b) To serve the public with care, dedication and efficiency, and to encourage community participation in the system, resulting in better care and more direct accountability to the public;

(c) To provide rewarding, fair and challenging employment to all its staff, in an environment conducive to attracting, motivating and retaining well-qualified staff;

(d) To advise the Government of the needs of the community for public hospital services and of the resources required to meet these needs, in order to provide adequate, efficient, effective and value for money public hospital services of the highest standards recognized internationally within the resources obtainable; and

(e) To collaborate with other agencies and bodies in the health care and related fields both locally and overseas to provide the greatest benefit to the local community.

Corporate Vision and Strategies

To fulfil its mission, the Authority has established in its Corporate Plan the following Corporate Vision:

> 'The Hospital Authority will collaborate with other health care providers and carers in the community to create a seamless health care environment which will maximise health care benefits and meet community expectations.'

The above corporate vision will be accomplished through the following five corporate strategies:

(a) Develop Outcome Focused Health Care to maximise health benefits and meet community expectations;

(b) Create Seamless Health Care by reorganising medical services in collaboration with other providers and carers in the community;

(c) Involve the Community as Partners in health in the decision-making and caring process;

(d) Cultivate Organisation Transformation and Effectiveness through a multi-disciplinary team approach to holistic patient care and continuous quality improvement; and

(e) Promote Corporate Infrastructure Development and Innovation to support service improvement.

Appendix 2: Annual Plan Performance Indicators

	1998		
I) Health Improvement			
i) Natality			
• Life expectancy at birth (year)			
- Male	77.2		
- Female	82.6		
• Life expectancy at age 65 (year)			
- Male	16.8		
- Female	20.9		
ii) Mortality			
• Still birth rate (per 1000 births)	4.2		
• Perinatal mortality rate (per 1000 births)	5.3		
• Infant mortality rates (per 1000 live births)	3.2		
• Standardised death rate from all causes (per 1000 population aged 15-64)	1.0		
• Standardised death rate from all causes (per 1000 population aged 65 and over)	22.7		
• Crude death rates (per 1000 population) for selected cause of death:			
- Malignant neoplasm	1.6		
- Heart diseases, including hypertension heart diseases	0.8		
- Cerebrovascular diseases	0.5		
• Suicide rates (Death cases per 1000 population)			
- Up to age 64	0.1		
- Age 65 and above	0.3		
• Death rate from accidents (per 1000 population)	0.1		
	1999 (Actual)	2000 (Estimate)	2001 (Plan)
II) Fair Access (as at first of March)			
i) Access to professional services in HA			
• No. of doctors per 1000 population	0.6	0.6	0.6
• No. of qualified nurses per 1000 population	2.5	2.5	2.6
• No. of allied health professionals per 1000 population	0.7	0.6	0.6
ii) Access to public hospital services (as at end March)			
• No. of beds per 1000 population			
- General	2.9	2.9	2.9
- Psychiatric	0.8	0.8	0.8
- Mentally handicapped	0.1	0.1	0.1
- Infirmary (per 1000 population aged 65 and over)	3.2	3.4	3.4
	1998/99 (Actual)	1999/00 (Estimate)	2000/01 (Plan)
iii) Access to ambulatory service			
• No. of specialist outpatient doctor sessions per 100,000 population	5467	5729	5700
• No. of psychiatric day places per 100,000 population (end March)	8.9	9.3	9.2
• No. of geriatric day places per 100,000 population aged 65 and over (end March)	69.5	72.9	70.5
iv) Access to community services (as at end of March)			
• No. of nurses for Community Nursing Service per 100,000 population	4.4	4.8	4.7
• No. of nurses for Community Psychiatric Nursing Service per 100,000 population	0.9	1.2	1.3
III) Effective Delivery of Appropriate Healthcare			
• Unplanned readmission rate within 28 days			
- General	6.9%	7.0%	7.0%
- Psychiatric	2.9%	2.8%	2.8%
• Accident & Emergency admission rate (to own hospital) (as % of Accident & Emergency first attendance)	19.6%	20.3%	20.3%
• Accident & Emergency re-attendance rate (<48 hours) (as % of Accident & Emergency first attendance)	3.4%	3.5%	3.5%

	1998/99 (Actual)	1999/00 (Estimate)	2000/01 (Plan)
IV) Efficiency			
i) Utilisation of services			
Accident and Emergency			
• Accident & Emergency attendance per 1000 population	350	345	345
Inpatient services			
• Inpatient & day patient discharges & deaths per 1000 population	156	159	161
• Bed occupancy rate (including day patients)	85.5%	86.3%	86.6%
• Average length of stay (days) of inpatients *			
- General (including infirmary)	7.3	7.4	7.4
- Psychiatric	154.5	142.1	142.1
- Mentally handicapped	405.2	312.8	312.8
- Overall	9.7	9.7	9.7
• Day patients as % of total discharges and deaths	22.3%	22.6%	22.6%
Outpatient services			
• Specialist outpatient attendances per 1000 population (including allied health outpatient attendances)	1192	1202	1213
Community services			
• No. of home visits by community nurses (per 100,000 population)	7100	7547	7563
• Attendances at psychiatric day hospitals per 100,000 population	1882	2001	1975
• Attendances at geriatric day hospitals per 100,000 population (aged 65 and over)	14761	15717	15211
ii) Maximising use of resources			
Unit costs (based on total HA costs)($)			
• Cost per bed day occupied			
• Acute and general hospitals	3632	3622	3622
• Psychiatric hospitals	1069	1067	1067
• Cost per specialist outpatient attendance	551	549	549
• Cost per Accident & Emergency attendance	605	604	604
• Cost per Community Nursing Service visit	334	333	333
• Cost per Community Psychiatric Nursing Service visit	1113	1113	1113
• Cost per psychiatric day service attendance	509	508	508
• Cost per geriatric day service attendance	1140	1134	1134
V) Patient/Carer Experience			
i) Waiting times (Targets)			
• Accident & Emergency average waiting time (minutes)			
• Triage I (all Accident & Emergency resuscitation cases)	0	0	0
• Triage II (95% of Accident & Emergency cases)	<15	<15	<15
• Triage III (90% of Accident & Emergency urgent cases)	<30	<30	<30
• Triage IV (90% of semi-urgent cases)	<90	<90	<90
• Triage V (90% of non-urgent cases)	<180	<180	<180
• Average waiting time for first appointment at all specialist clinics	<3 months#	<9 weeks	<5 weeks##
• Average queuing time for consultation at specialist clinics (minutes)	<90	<90	<90
• Average waiting time for major elective surgery (months)	<6	<5	<4
ii) Patient satisfaction			
• No. of patient appreciation per 1000 discharges and deaths	21.4	22.7	22.7
• No. of patient complaints per 1000 discharges and deaths	1.8	1.6	1.6
VI) Health Outcomes			
• Number of neo-natal deaths per 1000 live births in HA	1.6	2.0	2.0

* The sum of lengths of stay of inpatients divided by the corresponding number of inpatients discharged.
\# Average waiting time for first appointment at 90% of specialist clinics
\## With information system available to capture the actual waiting time of attendances at specialist clinics, the target average waiting time of five weeks represents the target median actual waiting time.

Note: Population based on the "Projections of Population Age Structure 1997-2006" published by Planning Department in November 1997:

Age group	**End March 1999**	**End March 2000**	**End March 2001**
0 - 14	1,152,400	1,151,600	1,148,300
15 - 64	4,888,800	4,962,200	5,032,400
65+	700,300	723,400	747,500
All Age Groups	6,741,500	6,837,200	6,928,200

Appendix 3: List of Public Hospitals and Institutions

(as at 31 March, 2000)

Alice Ho Miu Ling Nethersole Hospital
Bradbury Hospice
Caritas Medical Centre
Castle Peak Hospital
Cheshire Home, Chung Home Kok
Cheshire Home, Shatin
Duchess of Kent Children's Hospital
Fanling Hospital
Grantham Hospital
Haven of Hope Hospital
Hong Kong Buddhist Hospital
Hong Kong Eye Hospital
Hong Kong Red Cross Blood Transfusion Service
Kowloon Hospital
Kwai Chung Hospital
Kwong Wah Hospital
Lai Chi Kok Hospital
MacLehose Medical Rehabilitation Centre
Nam Long Hospital
North District Hospital
Our Lady of Maryknoll Hospital
Pamela Youde Nethersole Eastern Hospital
Pok Oi Hospital
Prince of Wales Hospital
Princess Margaret Hospital
Queen Elizabeth Hospital
Queen Mary Hospital
Rehabaid Centre
Ruttonjee Hospital
Shatin Hospital
Siu Lam Hospital
St. John Hospital
Tang Shiu Kin Hospital
Tai Po Hospital
Tsan Yuk Hospital
Tseung Kwan O Hospital
Tuen Mun Hospital
Tung Wah Eastern Hospital
Tung Wah Group of Hospitals Fung Yiu King Hospital
Tung Wah Group of Hospitals Wong Tai Sin Hospital
Tung Wah Hospital
United Christian Hospital
Wong Chuk Hang Hospital
Yan Chai Hospital

Appendix 4: List of Specialist Outpatient Clinics

(as at 31 March, 2000)

Hospitals With Specialist Outpatient Clinic

Alice Ho Miu Ling Nethersole Hospital
Bradbury Hospice
Caritas Medical Centre
Castle Peak Hospital
Cheshire Home, Shatin
Duchess of Kent Children's Hospital
Fanling Hospital
Grantham Hospital
Have of Hope Hospital
Hong Kong Buddhist Hospital
Hong Kong Eye Hospital
Kowloon Hospital
Kwai Chung Hospital
Kwong Wah Hospital
MacLehose Medical Rehabilitation Centre
Nam Long Hospital
North District Hospital
Our Lady of Maryknoll Hospital
Pamela Youde Nethersole Eastern Hospital
Poi Oi Hospital
Prince of Wales Hospital
Princess Margaret Hospital
Queen Elizabeth Hospital
Queen Mary Hospital
Rehabaid Centre
Ruttonjee Hospital
Shatin Hospital
St. John Hospital
Tai Po Hospital
Tang Shiu Kin Hospital
Tsan Yuk Hospital
Tseung Kwan O Hospital
Tuen Mun Hospital
Tung Wah Eastern Hospital
Tung Wah Group of Hospitals Fung Yiu King Hospital
Tung Wah Group of Hospitals Wong Tai Sin Hospital
Tung Wah Hospital
United Christian Hospital
Yan Chai Hospital

Stand Alone Specialist Clinics

David Trench Rehabilitation Centre
East Kowloon Polyclinic
Ngau Tau Kok Jockey Club Clinic
Pamela Youde Polyclinic
Sai Ying Pun Specialist Clinic
Southorn Centre
Tang Chi Ngong Specialist Clinic
Tuen Mun Polyclinic
Yaumatei Jockey Club Polyclinic
Yaumatei Specialist Clinic Extension
Yuen Long Yung Fung Shee Ophthalmic Clinic
Yung Fung Shee Memorial Centre

Appendix 5: List of Hospitals with General Outpatient Service

(as at 31 March, 2000)

Caritas Medical Centre
Fanling Hospital
Hong Kong Buddhist Hospital
Kwong Wah Hospital
Our Lady of Maryknoll Hospital
Pok Oi Hospital
St. John Hospital
Tung Wah Eastern Hospital
Tung Wah Hospital
Yan Chai Hospital