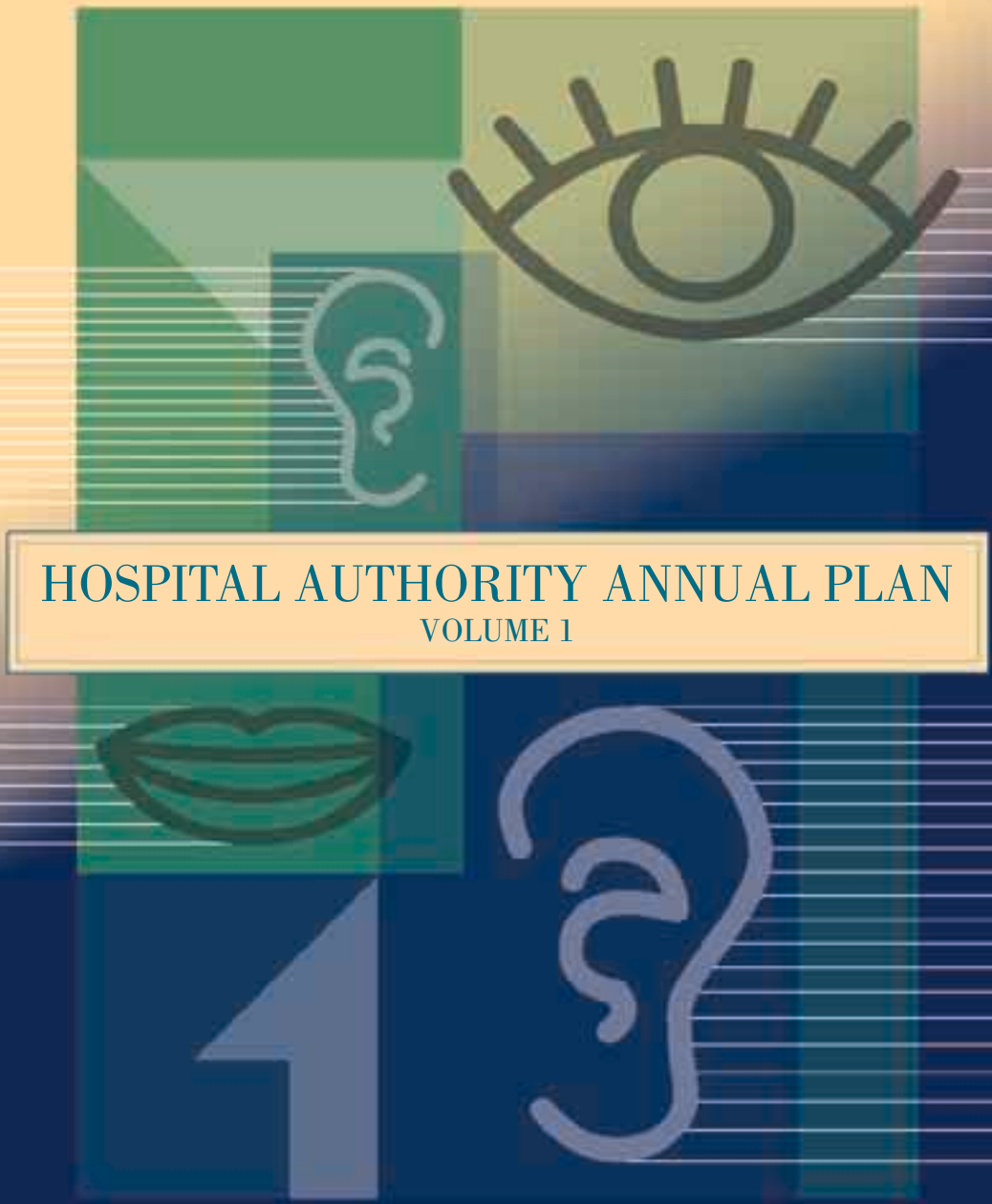
2001 - 2002

Endeavouring Towards Reform



HOSPITAL AUTHORITY ANNUAL PLAN

VOLUME 1

醫院管理局
HOSPITAL AUTHORITY

HOSPITAL AUTHORITY

ANNUAL PLAN 2001-2002

VOLUME 1

1. EXECUTIVE SUMMARY

1.1 Budget for 2001/2002

The Hospital Authority (HA) will operate within a recurrent budget of $28,510M in 2001/2002. Most of it will be used to maintain the existing level, scope and volume of services focusing on the six priority areas identified for 2001/2002 HA Annual Planning.

1.2 Priority Areas for HA Annual Plan 2001/2002

HA has been facing unprecedented changes in the last two years. Both the external and internal environmental challenges call for strategies aiming to improve dynamism and stimulate progress in the organisation while preserving its strengths established over the past years.

At the macro level, Hong Kong is undergoing epidemiological transition similar to most developed countries. With its population greying rapidly, there is a shift towards multiple chronic diseases requiring higher per capita healthcare resource consumption on a long term basis. The discrepancy in pricing structure between the public and private sectors continues to fuel the imbalance in utilisation pattern between them. The situation is further aggravated by the increasing dependency on the public system during a phase of economic downturn. HA, like other public services in Hong Kong, is subject to the Enhanced Productivity Programme (EPP) by the HKSAR Government. Under this programme, HA's baseline budget has to be deducted by 2% ($571M) within 2001/2002, achieving a total 5% reduction over a three-year period from 2000/2001 to 2002/2003. HA is required to generate innovative solutions to meet the ever rising public expectation with budget constraints in order to maintain the high quality service that has been delivered since its establishment in 1991. These challenges, as well as the directions for the development of the Hong Kong's healthcare system in the Government's consultation document 'Lifelong Investment in Health', have been taken into account in planning the programmes for 2001/2002.

At the operational level, staff morale and productivity issues are becoming more acute under resource constraints. Apart from the need to further improve the core business of service organisation and delivery, the managerial structure and processes from governance to executive functions need to be further strengthened.

Careful deliberation by the central task force on HA Planning with subsequent confirmation at the HA Board workshop in January, 2001 concluded that the six priority areas previously identified would still be valid as parameters for 2001/2002 planning. They are:

- Access and Volume;
- Enhanced Productivity Programme;
- Financing and Resource Allocation System;
- Distribution Network and Infrastructure;
- Quality of Care; and
- Human Resource Capabilities and Management.

1.2.1 Access and Volume

Appropriate access to service has always been the major indicator of a good healthcare system, and will continue to be a major focus. HA will increase its overall service capacity by opening around 610 inpatient and day places and add new facilities for general improvement of access to services. There will also be improvements in service coverage by eliminating geographical discrepancies in service provision, extending service hours and extent of coverage of the recently introduced new initiatives. In the coming year, access to the state-of-the art imaging technology will be improved by the introduction of Positron Emission Tomorgraphy (PET) service into the public hospital system, and the installation of a new Magnetic Resonance Imaging (MRI) scanner.

To address the operational issues of volume demand, new initiatives include segregating the non-urgent from the urgent Accident and Emergency (A&E) attendance for care by primary care professionals, and Cluster-based contingency management of medical patients to accommodate seasonal fluctuation. To ensure the appropriate use of the specialist outpatient service, explicit inter-specialty referral guidelines will be developed.

1.2.2 Enhanced Productivity Programme (EPP)

Under EPP, HA's recurrent funding from Government is adjusted downward by 5% for three financial years starting 2000/2001. This is on top of the over 11% of productivity gain already achieved by HA prior to the EPP period, and in spite of the huge increase in service volume in recent years. In 2001/2002, 2% ($571M) will be deducted from HA's baseline budget. This is partially alleviated by 2.2% of new resources allocated under the new population-based funding model, but for which the equivalent worth of new services and improvement programmes have to be delivered on top of existing services. HA will meet the EPP requirement by further leveraging on initiatives proven from past years' experience and reaping benefits from the proactive 'Invest to Save' programme introduced in 2000/2001. Major programmes for the coming year include:

a. Re-deployment of existing staff to meet the manpower requirement for the opening of new beds and facilities;
b. Implementation of Government's voluntary retirement scheme to realise savings from the retirement of surplus staff;
c. Conversion of Lai Chi Kok Hospital into a Long Stay Care Home which will be run by funding from the Social Welfare Department;
d. Administrative downsizing in Head Office and hospital management;
e. Energy conservation;
f. Rationalisation of laundry services;
g. Contracting out of supporting services; and
h. Automation.

1.2.3 Financing and Resource Allocation System

The Government consultation document on healthcare reform 'Lifelong Investment in Health' will have long term impact on HA's services. HA will support the Government in the consultation and will formulate a comprehensive response to the Government. HA will also manage, on behalf of the Government, a study on fee re-structuring and the impact on service utilisation and affordability. In addition, HA will develop an internal resource allocation formula to translate the population-based funding system agreed between the Government and HA into cluster hospital budget allocation to reflect the principles and spirit behind the new funding formula. This will be completed within two years during which existing budgets for hospitals will be largely frozen.

1.2.4 Distribution Network and Infrastructure

Over the years, HA has developed an excellent distribution network by continuous review and improvement on the organisation and delivery of clinical services. Besides continuing its efforts to consolidate and rationalise services through explicit cluster-based service networking and designation of specialized service centres, new strategic initiatives include:

a. Development of a pluralistic primary care system;
b. Development of integrated, multi-disciplinary community-based care;
c. Enhanced collaboration with different healthcare sectors in the community; and
d. Improved collaboration with other primary providers in disease prevention and health promotion initiatives.

To support this highly complex and sophisticated distribution network and millions of transactions a year, HA's infrastructural investment requires careful planning and execution. In business support services, the major programmes for the coming year include the enhancement of materials management and food service, rationalisation of laundry service, the development of in-house biomedical engineering service and the upgrading of hospital logistics. On information technology/ information services (IT/IS), the major thrust will be to accelerate the rollout of the Clinical Management System (CMS) and the electronic Patient Record (ePR). On capital works, among the projects in hand to meet the present day healthcare needs is the remodelling of Tsan Yuk Hospital into an ambulatory care centre.

1.2.5 Quality of Care

Realizing the substantial morbidity and even mortality associated with mental health problems in the community, there will be significant boost to the mental health services in the coming year made possible by dedicated new resource from the Government. The number of community psychiatric teams will be increased from five to eight to achieve territory-wide coverage. The budget for new psychiatric drugs will be significantly increased, and a new programme for the early detection and treatment of psychiatric illnesses in youths will be launched. Emphasis will also be put on enhancing the effectiveness of the care process in the use of drugs from doctors' prescribing to patients' compliance.

At the same time, HA will continue to equip our frontline clinicians with critical appraisal skills and the use of best evidence in clinical decision making. We will also continue the development of practice guidelines with the intention to link them to clinical audit activities on a system-wide basis. This will be supported by increased access to the HA Library Information System (HALIS) and the new electronic Knowledge Gateway (eKG) for individual specialties. To ensure that emerging technologies and interventions are introduced to the HA system in a safe and coordinated manner, the HA Mechanism for the Safe Introduction of New Procedures (HAMSINP) will be implemented. An additional source of input for maintaining the quality of care comes from the well structured complaints handling system in HA for which further improvement measures will be implemented in the year ahead.

1.2.6 Human Resource Capabilities and Management

To support staff in meeting healthcare challenges and facilitate organisation development, continuous effort will be made to enhance human resource management systems and people management practice. The diverse background and capability of staff to work as caring competent individuals and collaborative teams will be harnessed in delivering patient care. Specifically, key initiatives in the year include:

a. relieving pressure areas in the frontline workforce by recruiting additional professional and supporting staff. Grade structure and manpower will be reviewed to improve productivity. The remuneration package for senior executives will be reviewed to facilitate job rotation.
b. promoting staff health and wellness to cope with work demand and achieve a balanced work life. Measures will be implemented to address the issue of long working hours for doctors.
c. enhancing professional and vocational competence to ensure that knowledge, practice and skills of staff are in line with service requirement. Continuous learning and professional development will be facilitated.
d. strengthening human resources management function to enhance good people management practice. The target is to review the current organisation, and enhance the competence of human resource personnel as strategic partners to line managers.

1.3 Targets for 2001/2002

Altogether, there are 156 specific targets in this volume contributing towards the six priority areas above.

2. INTRODUCTION

HA is responsible for delivering a comprehensive range of hospital, specialist outpatient and community-based services through its network of healthcare facilities. As at 31 March, 2001, HA manages 44 public hospitals/institutions (Appendix 2), 49 specialist outpatient clinics (Appendix 3) and 10 general outpatient clinics (Appendix 4).

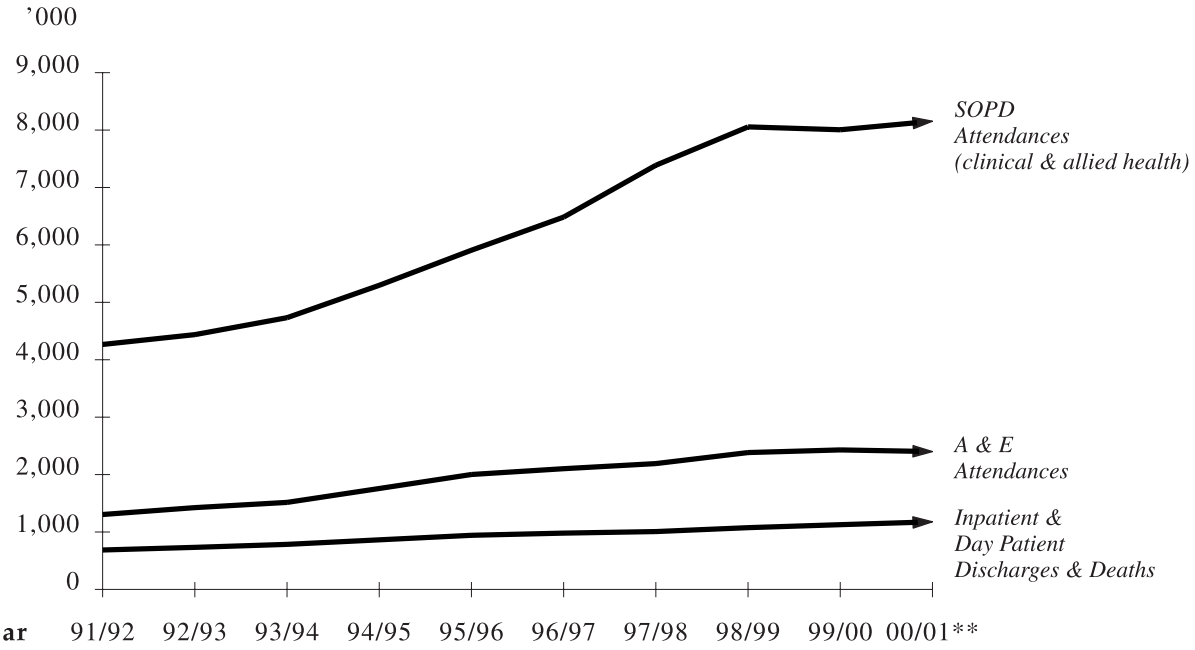
HA is responsible for a comprehensive range of hospital, specialist outpatient & community-based services

As at 31 December, 2000, HA manages 28,877 hospital beds, representing around 4.2 public hospital beds per 1,000 population, and employs 50,203 full-time and 77 part-time staff. It will operate under a recurrent expenditure budget of HK$28,510M in 2001/2002.

Compared with previous years, the rate of increase for HA's activities has stabilized since 1999/2000. However, HA is still operating at a very high activity level particularly for its specialist outpatient services. The service trend of HA since 1991/1992 is shown in the chart below:

Rate of increase for HA activities has stabilised since 99/00 but the activity level is still high

1991/1992 to 2000/2001 HA Activities

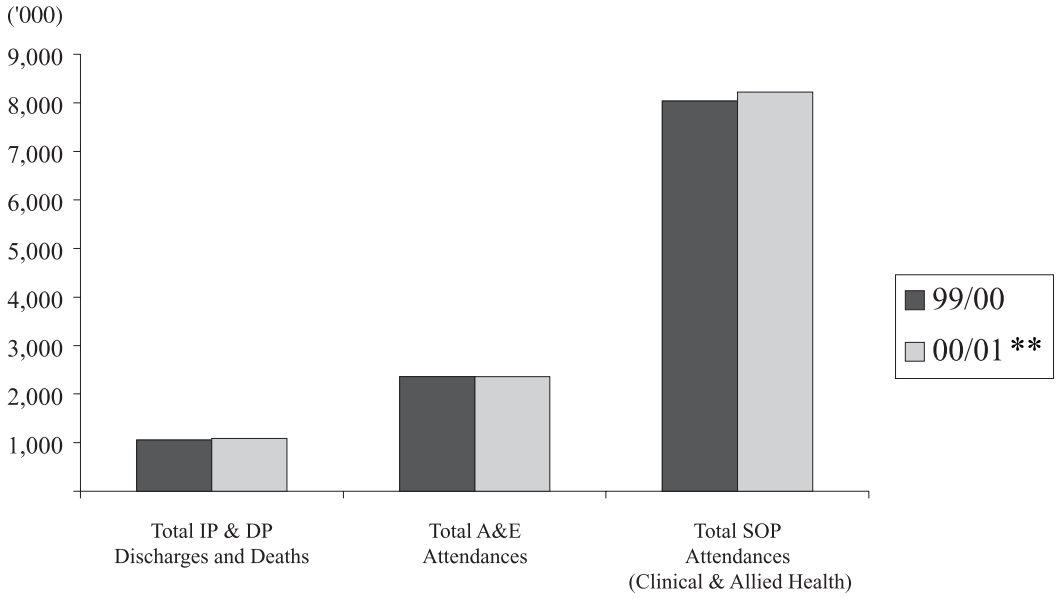


**Projected figures

In 2000/2001, there were around 1,154,600 inpatient and daypatient discharges and deaths, 2,377,660 Accident and Emergency (A&E) attendances, 8,131,700 specialist outpatient (SOPD) attendances and 805,800 general outpatient attendances.

A comparison of HA's activities between 1999/2000 and 2000/2001 is illustrated in the chart below:

Comparison between 1999/2000 and 2000/2001



**Projected figures

Of all the staff employed by HA as at 31 December, 2000, 68.43% are on direct patient care as illustrated below:

	Staff Strength	
Direct Patient Care (68.43%)	**as at 31.12.200**	**% of total staff**
Medical	4,212	8.38
Nursing	19,839	39.45
Allied Health	4,468	8.89
Healthcare Assistants & Ward Attendants	5,886	11.71
Subtotal	**34,405**	**68.43**
Indirect Patient Care (31.57%)		
Other Professionals/Management	1,000	1.99
Other Supporting Staff (Clerical, Secretarial, Workmen, Artisan, etc)	14,875	29.58
Subtotal	**15,875**	**31.57**
Total	**50,280**	**100**

3. EVOLUTION OF HA'S ANNUAL PLANNING PROCESS

HA 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 HA to turn its corporate vision and directions into strategies, goals and operational targets.

HA Planning provides a structured mechanism to turn corporate vision & directions into operational targets

Over the years, the planning process has evolved taking into account the experience gained, input from staff and public, and the service needs of the community. In the 2001/2002 annual planning process, the central task force on HA Planning, after revisiting the corporate vision and assessing the environment, and with the confirmation of the Board and Hospital Chief Executives, decided that the six priority areas identified previously would still be valid as parameters for future planning. They are:

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

6 priority areas for 01/02 annual planning:

- *Access & Volume*
- *EPP*
- *Financing & Resource Allocation System*
- *Distribution Network & Infrastructure*
- *Quality of Care*
- *Human Resource Capabilities & Management*

4. REVIEW OF PROGRESS

229 targets (96%) of total achieved in 00/01

The 2000/2001 Annual Plan described 138 HA-wide targets in Volume 1 and 101 Head Office and cluster targets in Volume 2, making a total of 239 targets. Of these 239 targets, 229 (96%) were achieved within the year. Details of individual targets not achieved by year end are illustrated below:

a. Deferred Targets

The following target was deferred to 2001/2002:

- Establish tertiary urogynaecology services at Prince of Wales Hospital and Queen Elizabeth Hospital: As suitable overseas training for medical staff on urogynaecology services would only be available in 2001, the target has to be deferred to 3Q01.

b. Targets Reset

The Surgical Service Review was conducted for HA in 2000. The recommendations and underlying assumptions of the review will be studied with a view to formulating recommendations into specific decisions in mid 2001. As a result, the following targets would need to be reset:

- Establish service network for a coordinated burns/plastic reconstructive surgical service;

- Develop plan for vascular surgery service including centres designation and service networking; and

- Rationalise surgical service in hospitals without 24-hour Accident and Emergency service.

c. Partially Achieved Targets

- Achieve the HA-wide target of 5% point increase in day surgery for general surgery and 2% point increase for orthopaedic surgery: Averages of 9.7% and 1.2% point increase have been recorded. Hence, this target was achieved for general surgery but not for orthopaedic surgery.

- Reduce the average (median) waiting time for first appointment at specialist outpatient (SOPD) clinics to 5 weeks: As in December, 2000, this target was achieved for all specialties except Medicine, Surgery and Orthopaedics, the waiting time of which were 7, 8 and 7 weeks respectively. It is anticipated that the status of the target would remain more or less the same towards the end of the financial year. In 2000, the number of first SOP attendance in Medicine, Surgery and Orthopaedics had increased by 3.2%, 7.2% and 13.7% respectively compared to 1999. On the other hand, the number of patients on the waiting lists (as at end December, 2000) had increased by 5.8%, 38.3% and 0.3% respectively.

- 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: This 1Q01 target was 80% achieved because the Express Dispensing System will not be implemented in Prince of Wales Hospital due to the hospital's redevelopment plan.

- Conduct inter-hospital peer review to assess performance in emergency, comprehensive and specialised Neurosurgical services: This target was completed for emergency and specialised Neurosurgical services. As for comprehensive Neurosurgical services, the details would be further deliberated.

- Review and formulate the long term development plans for all clusters, and identify the need for master development (or re-development) planning in various hospitals: Of the 8 clusters, review of development plans was conducted for Hong Kong West, New Territories South and New Territories North.

Among the targets, the following were achieved either ahead of schedule or with results exceeding the original target:

a. 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 in 1Q01: This target was achieved ahead of schedule with all 460 beds opened in 2000.

b. Agree on new grade structure for the medical grade: This target was achieved ahead of schedule with the new grade structure implemented on 1 June, 2000.

c. Complete the construction of the Palliative Care and Hospice Ward at Tuen Mun Hospital in 4Q00: This target was completed in June, 2000.

d. Complete the retrofitting of the air-conditioning and heating system at Kwong Wah Hospital with heat pump in 1Q01: This target was achieved in October, 2000.

e. Complete the construction of Lai King Hospital in 1Q01: This target was completed in end July, 2000.

f. Implement electronic Forum for Evidence with the capacity for further development into electronic Knowledge Gateway as part of knowledge management strategy: Apart from establishing the e-Forum of Evidence in May, 2000 ahead of the original schedule of 4Q00, achievement exceeded the original planned target by the piloting of e-Knowledge Gateway for Paediatrics, Internal Medicine, Surgery and Obstetrics & Gynaecology.

5. ASSESSMENT OF CARE ENVIRONMENT

HA has been facing unprecedented challenges

HA has been facing unprecedented changes in the last two years. Both the external and internal environmental challenges call for strategies aiming to improve dynamism and stimulate progress in the organisation while preserving its strengths established over the past years.

5.1 Macro Healthcare Environment

5.1.1 Aging Population

Aging population leading to increasing demand for long term care

At the macro level, Hong Kong is undergoing epidemiological transition similar to most developed countries with its population greying rapidly. 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 anticipated that those aged 65 and above, who constituted about 11% of the population in 2000, will rise to about 13% in 2016. This has resulted in a shift to chronic diseases like stroke and heart diseases which require long term care. In 1999, the five major killers in Hong Kong were Malignant Neoplasm, Heart Diseases, Pneumonia, Cerebrovascular Disease, and Injury and Poisoning. They collectively accounted for 75% of the total deaths in Hong Kong and took up about 29% of the patient days of HA.

5.1.2 Imbalanced Service Utilisation Pattern

Current pricing structure leading to imbalance in utilisation pattern between public & private sectors

Currently, the public healthcare services are heavily subsidised by public funds. The discrepancy in pricing structure between the public and private sectors continues to fuel the imbalance in the utilisation pattern between the two sectors. The situation is further aggravated by the increasing dependency on the public services during a phase of economic downturn.

5.1.3 Increasing Resource Constraints

Increased resource constraints as a result of EPP

HA, like other public services in Hong Kong, has been subject to the Enhanced Productivity Programme (EPP) by the HKSAR Government. Under this programme, HA's baseline budget has to be deducted by 2% ($571M) within 2001/2002, achieving a total of 5% reduction over a three-year period from 2000/2001 to 2002/2003. On top of this, there is planned cutback in Government's allocation of the salary increment budget to HA, which poses particular difficulties in a time of low staff turnover. This critical financial situation, however, is somewhat alleviated by the recent agreement with Government on a population-based funding formula. For the 2001/2002 financial year, this translates into an allocation of 2.2% new resources, that offsets the 2% deduction. But HA has to account for such allocation with opening of new beds and services, i.e. delivering $570M worth of new services with essentially no increase in resources. The long period of rapid growth and service expansion made possible by increased investment of public funding during HA's early years is no longer sustained. HA is required to generate innovative solutions to meet the ever rising public expectation with budget constraints in order to continue to maintain the high quality service that has been delivered since its establishment in 1991.

5.1.4 Consultation Document on Healthcare Reform

Directions of healthcare reform contained in consultation document taken into account in planning 01/02 programmes

The HKSAR Government issued a consultation document 'Lifelong Investment in Health' in late 2000 making recommendations to fundamentally reform Hong Kong's healthcare system. Apart from the challenges mentioned above, the directions of the reform have been taken into account in the planning of the 2001/2002 Annual Plan programmes.

5.2 Operational Implementation

At the operational level, staff morale and productivity issues are becoming more acute under resource constraints. Apart from the need to further improve service organisation and delivery, the structure and processes of the organisation, from governance to executive functions need to be further strengthened. In order to continually improve the quality of service, a number of management issues also need to be addressed.

A number of management issues need to be addressed to continually improve the service quality

6. PRIORITY AREAS OF WORK 2001/2002

6.1 Access and Volume

6.1.1 The issue

Increasing service demand outstrips supply

HA has accounted for an ever increasing market share in Hong Kong's hospital services since its establishment. In 2000, it contributed about 94% of the total inpatient days in Hong Kong. It is apparent that HA will not be able to meet unlimited service demand with limited resources. The imbalance on the utilisation of hospital services between the public and private sectors must be redressed if the long term sustainability of the public hospital system is to be maintained. 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 healthcare services;
b. Whether pricing of public healthcare services as a means to manage demand should be implemented; and
c. What can be done under the existing system when more fundamental policy changes are yet to be introduced.

HA adopts various measures permissible under existing policies to deal with the issue

While the consultation document on healthcare reform is trying to address the issues of the relative positioning of the public and private sectors in the provision of healthcare services and the pricing difference between them, HA is adopting various measures permissible under existing policies to deal with the access and volume issue which is likely to persist in the years to come.

6.1.2 2001/2002 Programme Initiatives

Focus: increase service capacity & manage volume

Appropriate access to service has always been the major indicator of a good healthcare system. HA would spare no effort to continue improvements in this aspect. To tackle the problem, HA will focus on increasing its service capacity and managing the volume demand.

6.1.2.1 Improvement to Access to Service

Apart from improving the service distribution network which is covered in section 6.4, two approaches will be taken: improving the overall service capacity for better access and improving the service coverage to optimise access.

a. Improving Overall Service Capacity for Better Access

Around 610 inpatient beds and day places will be opened and new facilities will be commissioned. Access to the state-of-the-art imaging technology will be improved by the introduction of Positron Emission Tomorgraphy (PET) service into the public hospital system and the installation of a new Magnetic Resonance Imaging (MRI) scanner.

Targets:

- *Open 139 additional acute general beds in UCH and TKOH to improve the distribution of public hospital services* — *3Q01*
- *Open 392 rehabilitation/infirmary beds in KH Rehabilitation Building and PMH Lai King Building* — *4Q01*
- *Open 34 psychiatric beds in TPH* — *4Q01*
- *Open 4 intensive care beds in TKOH* — *3Q01*
- *Open 4 intensive care beds in TMH* — *1Q02*
- *Commission 40 psychiatric day hospital places at UCH* — *3Q01*
- *Commission the TMH Ambulatory Care Centre* — *3Q01*
- *Install one Magnetic Resonance Imaging (MRI) scanner in UCH and realign the cluster-based MRI service network* — *1Q02*

- *Commission Positron Emission Tomography (PET) service in HA :* — *1Q02*
  i. Install a PET scanner in QEH;
  ii. Develop a service networking plan; and
  iii. Develop a charging policy for the service.

b. Improving Service Coverage to Optimize Access

Service coverage will be extended at various levels. Apart from eliminating the geographical discrepancies in service provision, HA will extend the service hours and the extent of its services to facilitate access by the public.

Eliminate geographical discrepancies in service provision
Extend service hours & extent

Targets:

- *Provide complete geographic coverage for community psychiatric service by increasing the number of Community Psychiatric Teams form 5 to 8* — *1Q02*
- *Enhance coverage to the gynaecology service at TKOH & NDH by strengthening the networking arrangement* — *3Q01*
- *Extend the service hours of Magnetic Resonance Imaging (MRI) service in TMH to provide additional sessions to patients in NTN cluster* — *4Q01*
- *Extend the service hours of haemodialysis service in AHNH to meet service demand in NTE cluster* — *3Q01*
- *Increase coverage of Community Geriatric Assessment Teams to licensed private residential care homes to 80%* — *1Q02*
- *Enhance the outreach service of SLH to severe mentally handicapped persons in the community or in other institutions* — *4Q01*

6.1.2.2 Volume Management

To address the operational issues from large as well as fluctuating volume demand, new initiatives include segregating the non-urgent from the urgent Accident and Emergency (A&E) attendance to be seen by primary care professionals, contingency management by inpatient medical departments at cluster level to accommodate seasonal fluctuations, and increasing output of the integrated clinics to off-load patients from the specialist outpatient clinics. To ensure the appropriate use of the specialist outpatient service, explicit inter-specialty referral guidelines will be developed.

Segregate non-urgent from urgent A&E attendance

Formulate contingency plan to manage seasonal fluctuations

Increase output of integrated clinics

Develop inter-specialty referral guidelines

Targets:

- *Manage service volume in respect of emergency admission management by:* — *3Q01*
  i. *enhancing arrangement for direct admission of patients with specific medical conditions from the Accident & Emergency Department to cluster hospitals; and*
  ii. *establishing contingency bed management measures for acute medical admissions during cold winter months.*
- *Pilot projects in Accident & Emergency Department to segregate urgent & non-urgent attendance, with the latter to be dealt with by primary care professionals* — *1Q02*
- *Increase output of integrated clinics by 60% to cover 250,000 consultations through provision of additional staff and setting up of Clinical Management System (CMS) and Outpatient Appointment System (OPAS)* — *4Q01*
- *Manage service volume in general internal medicine by:* — *3Q01*
  i. *training 20 community-based physicians; and*
  ii. *formulating guidelines for new case and inter-subspecialty referral.*

6.2 Enhanced Productivity Programme (EPP)

6.2.1 The Issue

2% deducted from baseline budget

Under the EPP, HA's recurrent funding from Government is adjusted downward by 5% within three financial years starting 2000/2001.This is on top of the over 11% productivity gain already achieved by HA prior to the EPP period, and in spite of the huge increase in service volume in recent years.

6.2.2 2001/2002 Programme Initiatives

For 2001/2002, 2% ($571M) will be deducted from HA's baseline budget. HA will meet the EPP requirement by further leveraging on initiatives proven in past years and reaping benefits from the proactive 'Invest to Save' programme introduced in 2000/2001. While rationalisation of clinical services detailed in section 6.4 can contribute significantly to EPP, other programmes that are expected to generate savings include:

Re-deploy existing staff to man new facilities

a. Instead of recruiting new staff, manpower requirement for the opening of new beds and facilities will be met through internal re-deployment of existing staff. This is made possible through continuous re-engineering of processes in clinical care and business support so that the same level or volume of work can be achieved with less staff.

Implement Government's Voluntary Retirement Scheme

b. Opportunity will be taken of Government's voluntary retirement scheme to realise savings from the retirement of staff who are rendered surplus or whose ranks have become obsolete because of technological advancement, automation or changes in job requirement.

c. Savings will be generated through the conversion of Lai Chi Kok Hospital into a Long Stay Care Home, of which the service will be run by funding from the Social Welfare Department (SWD). To facilitate the arrangement, HA will establish a subsidiary company to run this Home as well as any public/private sector collaboration initiatives in the future.

Convert Lai Chi Kok Hospital into Long Stay Care Home

d. Administrative downsizing in Head Office and hospital management will continue in the year ahead. Head Office has set an example of achieving very substantial reduction in headcount, and the management responsibilities of many Deputy Directors, Hospital Chief Executives and general managers have been extended to cover more hospitals/areas where appropriate, particularly along the direction of clustering. Financial management in various hospital groups will be integrated to achieve economy of scale.

Continue administrative downsizing

e. The 'Invest to Save' programme will continue to help produce savings in the long term. These include projects on energy conservation and rationalisation of laundry services.

Continue 'Invest to Save' programme

f. Supporting services, where appropriate, will further be contracted out.

Contract out supporting services

g. Further automation projects will be rolled out.

Roll out automation projects

Targets:

- *Redeploy staff from within HA to meet service needs for 610 new beds and day places* — *4Q01*
- *Facilitate the implementation of voluntary retirement scheme to enhance the realisation of real dollar savings from hospitals' Enhanced Productivity Programme (EPP)* — *3Q01*
- *Generate savings through conversion of LCKH into Long Stay Care Home and running the service with new allocation from welfare sector as requested by Social Welfare Department* — *3Q01*

• *Continue administrative downsizing in Head Office and hospital management especially along the direction of further clustering to achieve 20% reduction in headcount during the Enhanced Productivity Programme period*	*1Q02*
• *Integrate financial management to achieve efficiency in various hospital groups*	*1Q02*
• *Complete lighting retrofit for energy conservation in a further 9 hospitals (PWH Phase II, QEH Phase II, SH, TPH, TMH, PMH, CPH, RH & NDH)*	*1Q02*
• *Relocate YCH Laundry equipment to TMH Laundry as replacement for the existing worn-out tunnel washer*	*1Q02*
• *Decommission hospital-based laundry in GH*	*4Q01*
• *Implement Linen Cart Exchange and Central Sluicing Systems in HHH*	*1Q02*
• *Outsource maintenance service for low risk biomedical equipment*	*2Q01*
• *Outsource domestic, security, carpark control, gardening, laundry, pest control, in part or in full in the following hospitals (PMH, PMH Lai King Building, TKOH, AHNH, NDH, UCH)*	*1Q02*
• *Consolidate payroll & collection service (HO)*	*2Q01*
• *Develop waiver database of Comprehensive Social Security Assistance (CSSA) Scheme to save manpower in manual processing*	*4Q01*
• *Roll out automatic dispatching system to PWH & KWH*	*1Q02*

6.3 Financing and Resource Allocation System

6.3.1 The Issue

Externally, the Government consultation document on healthcare reform 'Lifelong Investment in Health' will have long term impact on HA's services. Internally, HA will have to develop an internal resource allocation model to dovetail with the population-based funding formula agreed between the government and HA in late December, 2000 into budget allocation to reflect the principles and spirit behind the system.

External: 'Lifelong Investment in Health' has long term impact on HA's services

Internal: Population-based funding arrangement will have to be translated into internal resource allocation model

6.3.2 2001/2002 Programme Initiatives

6.3.2.1 External

Support Government in the healthcare reform consultation process

Formulate response to Government on the consultation document

Apart from supporting the Government in the consultation process, HA will formulate a comprehensive response incorporating the views of the key stake-holders to the Government. As the consultation document proposes to revamp the fee structure to target public subsidies at areas of greatest needs, HA will manage, on behalf of the Government, a consultancy study on public hospital fee structure and the impact on service utilisation and affordability. HA will also provide input to studies on supplementary financing options as proposed in the document.

Targets:

- *Provide support to the Government on healthcare reform including supporting the consultation forums within HA & for the public* — *4Q01*
- *Review the Government's consultation document on healthcare reform, and formulate HA's response, taking into account views and comments from relevant internal and external parties* — *2Q01*
- *Manage on behalf of the Health and Welfare Bureau, the project of healthcare financing study on fees & utilisation of services, & complete the review of the existing fee structure in public hospitals* — *1Q02*
- *Set up a fee charging policy to support the introduction of expensive & new medical technology and to accommodate patients' choice through a review on the mechanism for introducing Privately Purchased Medical Items* — *1Q02*
- *Review private ward charges and make recommendation for changes in such fees in order to properly reflect actual cost of service provided to private patients* — *4Q01*

6.3.2.2 Internal

HA will develop an internal resource allocation model to dovetail the budget allocation to hospitals with the population-based funding system. The principle is to move away from the traditional bed-based or activity-based calculations, which are not conducive to the development of preventive or ambulatory/community care in the most cost effective manner. The model is expected to take two years to develop, during which budgets for hospitals will largely be frozen and costing information will be refined. Since HA will have to be accountable for an income budget under the population-based funding arrangement, strategies will be developed first to generate non-medical income. With the transfer of the budget from the Architectural Services Department to HA, a mechanism will be set up to improve the cash flow spending of the Capital Works Reserve Fund.

Develop internal resource allocation formula in response to population-based funding

Develop strategies to generate non-medical income

Set up mechanism to improve cash flow spending of Capital Works Reserve Fund

Targets:

- *Review & monitor performance indicators as agreed between HA & the Government on the implementation of population-based funding in 2001/02* — *1Q02*
- *Develop long term resource allocation formula based on population-based funding to encourage efficient use of resources in the cluster, & reflect tertiary services in designated centres* — *4Q01*
- *Refine costing information as benchmarking information by cluster with emphasis on headcount-based information* — *1Q02*
- *Develop strategies to enhance the non-medical fee income base of the hospitals* — *3Q01*
- *Develop a mechanism for implementing income budget of the hospitals* — *2Q01*
- *Set up mechanisms to improve the cashflow spending of the Capital Works Reserve Fund Block Vote for hospital improvement on transfer of the budget from the Architectural Services Department* — *1Q02*

6.4 Distribution Network and Infrastructure

6.4.1 Distribution Network for Clinical Services (Organisation and Delivery of Care)

6.4.1.1 The Issue

Over the years, HA has developed an excellent distribution network, which not only improves access to services but also contributes significantly to the cost-effectiveness of service delivery. In order to meet the changing service demand, constant review on and improvement to the organisation of services is necessary.

Constant review on & improvement to the organisation of services necessary

6.4.1.2 Strategic Directions

Apart from continuing the past efforts in consolidating and rationalising services, HA will adopt the following strategic directions in the year ahead:

a. Development of a Pluralistic Primary Care System

HA will assist the Secretary for Health and Welfare (SHW) in the development of a pluralistic primary care system in Hong Kong, including supporting SHW's initiative of converting five general outpatient clinics (GOPCs) under the Department of Health (DH) into model Family Medicine-based primary care practice. This aims to achieve continuous, high quality care across the primary, secondary and tertiary levels of care. To facilitate communication of health information between the clinics and the different specialties of HA hospitals, information systems for the five general outpatient clinics will be enhanced. Training programmes for Family Physicians will be strengthened and this will be done in close collaboration with the respective specialty Colleges and the other service providers within the community. The following initiatives will be put in place:

Support SHW's initiative to convert 5 GOPCs under DH into Family Medicine practice

Strengthen Family Physician training

Train 106 specialists of various disciplines to develop pluralistic primary care service model

- Assist in the development of five general outpatient clinics into Family Medicine practice clinics.
- Improve Family Medicine training capacity by tapping on the private sector with appointment of part-time trainers.
- Train at least 106 specialists of various disciplines (70% Family Medicine (FM), 20% community-based Internal Medicine and 10% community-based Paediatrics) towards developing a pluralistic primary care service model.

Targets:

- *Support Secretary for Health & Welfare's initiative in the introduction of Family Medicine practice in general out-patient service by implementing a pilot scheme in 5 out-patient clinics currently run by Department of Health* — *1Q02*
- *Establish IT infrastructure and introduce the necessary information systems in the 5 general outpatient clinics to facilitate the practice of Family Medicine and communication of health information with the hospital specialties* — *1Q02*
- *Recruit up to a total of 20 part-time Family Medicine specialists from the private sector to meet the training needs of the community-based Family Medicine trainees.* — *3Q01*
- *Improve hospital-based Family Medicine training in Ophthalmology, Ear, Nose, Throat (ENT) and Dermatology by centralising in the form of regional and grouped attachment to selected training centres* — *3Q01*
- *Train at least 106 specialists towards developing a pluralistic primary care service model* — *1Q02*

b. Development of Integrated, Multi-disciplinary Community-based Care

HA will develop integrated, multi-disciplinary community-based care which can be seen as a continuum of the hospital-based care. With the increasing importance to integrate patients back into the community as early as possible and the need to provide better support to people with disabilities, the current model of community care delivered mainly as extension of the hospital-based specialty services will need to be improved. A framework specifying the essential building blocks for the delivery of effective community-based care will be developed. Mechanisms will be set up to coordinate services from different specialties, disciplines and sectors. Communication between the medical and welfare sectors will be enhanced. These measures aim to improve patient outcome after discharge from hospitals, prevent frequent readmissions, and facilitate early intervention on emergence of complications. Initiatives will cover the following major areas:

Strengthen home care teams in the care for the dying

Enhance collaboration between Community Nursing Service & Community Geriatric Nursing Service

Provide multi-disciplinary community service to 350 frail elders

- Strengthen home care teams for the dying
- Improve Community Nursing Service and enhance service collaboration with the Community Geriatric Nursing Service
- Provide multi-disciplinary community service to 350 frail elders living at own homes

Targets:

- *Strengthen existing 11 home care teams to liaise with healthcare professionals at general hospitals and to empower carers at nursing home in caring for dying* — *1Q02*
- *Set up a collaborative model to deliver community outreach services provided by Community Nursing Service and Community Geriatric Assessment Teams in all clusters* — *1Q02*
- *Strengthen Community Nursing Service support to selected clinical specialties through enhancement of training* — *4Q01*

- *Improve the provision of telephone consultation for post-discharge patient support to reduce readmission rate in 3 hospitals* — *1Q02*
- *Develop Hospital Based Community Allied Health Service in 5 hospitals to facilitate timely and safe discharge* — *1Q02*
- *Provide multi-disciplinary community service to 350 frail elders living at own homes* — *1Q02*

c. Establishment of Stronger Collaboration with Other Sectors in the Community

Step up collaboration with community to better organise services & manage demand

The strategies described above all require stronger collaboration with the other sectors in the community, both public and private. As a supporting strategy, HA will step up collaboration with these sectors for better organisation of services and management of demand.

Targets:

- *Work with public & private sector specialists, with the aim of defining areas of closer collaboration between specialists of private & public care* — *3Q01*

d. Collaboration in Health Promotion Initiatives

Promote disease prevention & health promotion

HA will collaborate with other primary providers in disease prevention and health promotion initiatives.

Targets:

- *Promote no-smoking policy:* — *1Q02*
  - *i. Identify smoking population by documentation of smoking habits in medical records;*
  - *ii. Organise anti-smoking campaign in support of World No-Smoking Day; and*
  - *iii. Conduct smoking-cessation classes in 4 hospitals.*
- *Support Government's anti-smoking initiative by ensuring tobacco-free environment in hospitals* — *2Q01*
- *Empower staff through enhanced knowledge and competency to provide tobacco dependency treatment in selected hospitals* — *2Q01*

6.4.1.3 Service Networks

Cluster-based service rationalisation programmes

Designation of specialised service centres

Implementation of pilot cluster management structure

Efforts on consolidation and rationalisation of services will be continued in 2001/2002 through explicit cluster-based service networking and designation of specialised service centres. To facilitate cluster-based service rationalisation and strengthen cluster management, a pilot cluster management structure with appointment of a Cluster Chief Executive to oversee the overall planning, development and operations of hospital services in Hong Kong East (HKE) will be implemented.

While cluster-based programmes are documented in more detail in the cluster plans and hospital plans in Volume 2 of this document, some of the major targets under each of the areas are listed below:

a. Cluster-based Service

Targets:

- *Pilot a Cluster Management Structure with a Cluster Chief Executive to oversee the overall planning, development and operations of hospital services in HKE* — *2Q01*
- *Rationalise psychiatric in-patient services by rightsizing of beds in KCH and CPH and re-directing resources towards community care* — *1Q02*
- *Establish multidisciplinary teams on pain management in 4 referral centres (QMH, QEH, UCH & PWH) and strengthen the networking of chronic pain service between hospitals of different clusters* — *1Q02*
- *Review & rationalise Community-based Nursing Service centres based on a cluster model concept* — *4Q01*
- *Establish cluster-based Allied Health services in HKW cluster* — *1Q02*
  - *i. Audiology service; and*
  - *ii. Clinical psychology service.*

b. Other Service Rationalisation Programmes for Clusters

Targets:

- *Formulate a service networking plan for optimal utilisation of cardiac catheterisation laboratory facilities, and conduct clinical audit on Percutaneous Transluminal Coronary Angioplasty (PTCA) and other cardiac interventional procedures* — *4Q01*
- *Implement action plan for consolidation of neurosurgical service into 4 collaborative centres* — *1Q02*
- *Set up referral network for neuro-rehabilitation* — *3Q01*
- *Develop a territory-wide service collaboration plan for prosthetics and orthotics* — *4Q01*
- *Rationalise ophthalmology services in NTS cluster* — *3Q01*
- *Integrate Microbiology and TB laboratory services at QMH & GH* — *4Q01*
- *Integrate rehabilitation services at FYKH, MMRC, TWH & DKCH* — *4Q01*
- *Establish tele-medicine link with RHTSK to further support the Accident & Emergency service in SJH* — *4Q01*

c. Designation of Specialised Service Centres

Targets:

- *Designate specialised paediatric services for the following, to provide territory-wide coverage:* — *1Q02*
  i. Bone Marrow Transplant at 2 centres;
  ii. Complex Cardiac Cases at 1 centre; and
  iii. Infectious Disease at 1 centre.

Apart from the above, a number of improvement initiatives are in the pipeline:

- Development of ambulatory care will be continued;
- Follow up on the report of the Surgical Service Review 2000;

- Review the organisation and provision of trauma service; and
- Review the organisation and delivery of specific services such as clinical toxicology, response to radiation incidents, and tuberculosis (TB) control.

Targets:

- *Enhance ambulatory service in internal medicine by:* — *1Q02*
  - *i. increasing medical day cases by 5%; and*
  - *ii. enhancing ambulatory care for patients requiring:*
    - *Gastrointestinal (GI) endoscopic procedures;*
    - *Chemotherapy;*
    - *Haemological investigations;*
    - *Diabetic stabilisation; and*
    - *Diagnostic cardiac procedures.*
- *Follow-up work on the report of Surgical Service Review* — *2Q01*
- *Review the existing organisation and provision of trauma service in HA and formulate recommendations on short, median and long term improvement plans* — *2Q01*
- *Formulate development strategy & service plan for clinical toxicology service in HA* — *1Q02*
- *Review HA's response to radiation incidents with reference to hospital networking* — *1Q02*
- *Enhance control of TB in HA hospitals by:* — *2Q01*
  - *i. reviewing isolation facility requirements for management of pulmonary TB cases; and*
  - *ii. enhancing management of multi-drug resistant TB cases at 2 designated hospitals.*

6.4.2 Infrastructure

6.4.2.1 The Issue

To support the highly complex and sophisticated distribution network and millions of transactions operating on 24-hour basis, 365 days a year, HA's infrastructural investment in its supporting services requires careful planning and execution. Major infrastructural investments are in business support services, information technology/ information systems (IT/IS) and capital works.

Careful planning & execution required to support the highly complex & sophisticated distribution network

6.4.2.2 Business Support Services

Major programmes for the coming year include the enhancement of materials management and food service, rationalisation of laundry service, the development of in-house biomedical engineering service and the upgrading of hospital logistics.

a. Supply Chain Management and Food Service

Similar to clinical service development, the organisation of business support services takes the full advantage of consolidation and integration of services and automation to achieve economy of scale. Such development has contributed significantly to the Enhanced Productivity Programme (EPP). While the development of laundry service has been covered in detail under EPP in Section 6.2, initiatives for materials management and food service are as follows:

- Materials management: HA purchases over 20,000 items of medical products (excluding drugs) from around 3,000 suppliers each year. Working towards 'Supply Chain Management', process costs and inventories can be reduced using appropriate logistics made possible by the availability of information systems.

Work towards Supply Chain Management

- Food service: To achieve economy of scale, HA plans to establish a central food production unit (CPU) to provide patient food service for its hospitals. A feasibility study will be conducted.

Conduct feasibility study for CPU

Targets:

- *Facilitate the implementation of supply chain management:* *1Q02*
  - *i. Develop an enhanced (web) maintenance module of Asset Management System (AMS) and implementation in all hospitals;*
  - *ii. Implement Materials Management Inventory Control System (ICS) in remaining 10 hospitals; and*
  - *iii. Streamline the internal ordering process by rolling out e-purchase requisition to 2 hospitals.*
- *Conduct project feasibility study of Central Food Production Unit* *3Q01*

b. Biomedical Engineering Services

Develop in-house biomedical engineering services

Another major initiative under business support services is the development of in-house biomedical engineering services to improve risk management and quality standards of biomedical equipment in HA hospitals. Previously, such services for Schedule I hospitals were provided by the Electrical & Mechanical Services Department (EMSD) while schedule II hospitals had to cater for their own service requirement. With the establishment of EMSD Trading Fund, HA looks forward to generate substantial savings through taking over part of the services from EMSD by developing its in-house biomedical engineering team. Such team will also extend coverage to Schedule II hospitals to improve the service standard.

Targets:

- *Establish the hospital-based Service Level Agreement for the planning & management of the Electrical & Mechanical Services Trading Fund (EMSTF) in the major acute hospitals & to monitor the performance of EMSTF* — *2Q01*
- *Establish an in-house Biomedical Engineering team to:* — *4Q01*
  i. *Set up an Equipment Safety Hazard Alert System;*
  ii. *Standardise specification for 50 types of equipment; and*
  iii. *Conduct quality assurance checks for high risk equipment in Schedule II hospitals.*

c. Hospital Logistics

The following programmes will be implemented to improve hospital logistics in support of the delivery of clinical services:

- Study on technological options in the future development of telecom and paging systems of hospitals
- Enhance the Non-Emergency Ambulance Transfer Service (NEATS) to facilitate easy access of the frail elderly patients living in the community to hospital services
- Implement a special 2-year minor works programme to enhance repairs and maintenance of hospitals
- Improve hospital facilities to enhance occupational safety and health

Improve hospital logistics regarding:

Telecom & paging systems

NEATS

Minor works programme

Occupational safety & health

Targets:

- *Conduct consultancy review of telecom & paging systems in HA hospitals* — *3Q01*
- *Enhance Non-Emergency Ambulance Transfer Service (NEATS) for patient care by acquiring 2 additional vehicles and replacing 5 vehicles* — *1Q02*
- *Introduce a patient transport service to facilitate easy access by frail elderly patients living in the community to receive out-patient service in the hospitals and clinics* — *1Q02*
- *Implement a special 2-year minor works programme to enhance the repairs and maintenance of the hospitals* — *1Q02*

- *Improve patient safety and reduce staff injury by providing 400 numbers of adjustable hospital beds* — *4Q01*
- *Reduce occupational hazard to staff in high risk work places by providing 160 fume hoods for chemical safety* — *4Q01*

6.4.2.3 Information Technology/Information Services (IT/IS)

a. Clinical Systems

Accelerate rollout of CMS & ePR

Clinical systems currently take up approximately 80% of HA's investment in IT/IS. It is anticipated that this percentage will increase over the next few years upon complete rollout of the Clinical Management System (CMS) to all hospitals, the development of electronic Patient Record (ePR) and other clinical systems. Development next year will focus on:

- Accelerated rollout of essential clinical systems which will support the collection and delivery of clinical data for the ePR;
- Review of the system architecture of the CMS and ePR to ensure future responsiveness and resilience; and
- Assessment of new technologies for application (e.g. imaging, Picture Archiving and Communication System (PACS), Extensible Markup Language (XML)/ Electronic Data Interchange (EDI) and mobile computing, etc).

Targets:

- *Develop, implement and upgrade required corporate information systems and equipment of 5 hospital extension blocks (TMH, QMH, CMC, KWH, YCH)* — *1Q02*
- *Implement the Outpatient Appointment System to the Allied Health Departments to facilitate the booking & scheduling of patient appointments* — *1Q02*

- *Facilitate the documentation and communication of patient information and treatment process:* — *1Q02*
  i. *Expedite the implementation of Clinical Management System for the remaining 17 non-acute hospitals;*
  ii. *Complete the implementation of the Clinical Management System (Out-patient) in the remaining specialty units of 5 major acute hospitals; and*
  iii. *Complete the implementation of the integrated version of the Psychiatric Clinical Information System & Clinical Management System in all psychiatric units in 12 hospitals.*
- *Develop and expand the functionality of Clinical Management System (Phase II and ePR) to enhance the documentation and communication of patient outcomes, the streamlining of various clinical care processes, the evaluation of clinical care, as well as the provision of decision support to clinicians on drug prescribing* — *1Q02*
- *Implement Laboratory Information System (LIS) and Radiology Information System (RIS) in YCH and RH to enhance the provision of timely laboratory results and radiological reports to clinicians* — *1Q02*

b. Non-clinical Systems

Next year's focus will be on the enhanced use of IT for knowledge management and communication as follows:

Support EBM

Facilitate education & communication

- Support for evidence-based medicine (EBM) and knowledge management;
- Use of internet technology to facilitate education for professionals and patients; and
- Enhance communication internally among clinicians and externally with the private sector.

Targets for the above are included under Section 6.5.2 on Quality of Care while information systems are also developed to provide better support to hospital supporting services.

Targets:

- *Implement Dietetic and Catering Management System (DCMS) to 6 hospitals (QEH, CMC, SH, QMH, GH & TWH) to facilitate therapeutic, diet management, streamline the catering services operations & develop an inter-hospital patients diet information exchange* — *1Q02*

c. Infrastructure Systems

Improve IT/IS efficiencies

Underpinning the effective delivery of IT/IS services is the infrastructure of staff, network, data processing capacity, data centres and help desk. In this age of mobile computing where users demand to have information available anywhere, anytime and from any source, the capabilities of HA's IT infrastructure assumes growing importance. Main focus will be on:

- Improving IT/IS operational efficiencies; and
- Enhancing internal customers' (users') satisfaction in IT service quality and performance.

Targets:

- *Complete implementation of system tools to automate the management of workstations installed at hospitals in relation to software distribution, problem resolution and inventory management* — *1Q02*
- *Establish network infrastructure for KH redevelopment phase 1, CPH redevelopment phase II, RH/TSK and UCH Block H* — *1Q02*
- *Enable users to achieve the benefits of using the Electronic Data Interchange (EDI) Engine, by developing and piloting:* — *1Q02*
  i. *EDI Interface for e-Procurement with vendors for the HAHO; and*
  ii. *The Hong Kong Patient Master Index (HKPMI) interface with patient monitoring systems for 2 hospitals.*
- *Replace Mainframe & Unix storage disks with advanced disk storage servers to achieve better performance at less cost per unit* — *1Q02*
- *Implement Phase I improvement of the HA Network Strategy 2001 – 2003 in 2 acute hospitals & 10 non-acute hospitals* — *1Q02*

- *Enhance the availability & resilience of the mission-critical clinical systems operation in the mid-range (UNIX) computing environment* — *1Q02*
- *Implement HA IT Call Centre to support both clinical & non-clinical applications in providing:* — *1Q02*
  - *i. integrated problem management system;*
  - *ii. advanced technology for call routing & caller identification; and*
  - *iii. problem detection and remote monitoring.*
- *Engage overseas expert to review future development of electronic Patient Record (ePR) and of Picture Archiving & Communication System (PACS) in HA* — *1Q02*
- *Pilot the introduction of mobile computing:* — *1Q02*
  - *i. For selected clinical functions for inpatients in selected units of 1 hospital; and*
  - *ii. For remote access in Community-based Nursing Service.*
- *Assist Health & Welfare Bureau in the preparation of the Project Definition Study for the Hong Kong Health Information Infrastructure* — *1Q02*

6.4.2.4 Capital Works

HA is planning and constructing new facilities to meet the increasing healthcare needs arising from an aging and enlarging population. The planning of new facilities will cater for improvements and trends for modern healthcare delivery. These include the shift from inpatient to ambulatory and community care, with focus on customer needs, and the requirements for technologically advanced diagnostic, treatment and supporting facilities. To improve the quality of service, HA's existing facilities are being systematically upgraded and redeveloped and a number of improvement works are in the pipeline for implementation in 2001/2002.

Plan, construct and redevelop facilities to cater for modern healthcare delivery

Upgrade existing facilities to improve quality of care

Targets:

- *Remodel TYH into an ambulatory care centre after relocating inpatient obstetrics and neonatal services from TYH to QMH* — *1Q02*
- *Complete the improvement of hospital facilities at MMRC, CPH, PWH, CMC, and KH:*
  - *i. Complete the refurbishment of MMRC;* — *3Q01*
  - *ii. Complete stage I of CPH redevelopment Phase II;* — *3Q01*
  - *iii. Complete the construction of the Trauma & Emergency Centre at Accident & Emergency Department of PWH;* — *1Q02*
  - *iv. Complete the superstructure of the redevelopment of CMC phase I; and* — *1Q02*
  - *v. Complete the superstructure of the refurbishment & redevelopment of KH phase I.* — *1Q02*

6.5 Quality of Care

6.5.1 The Issue

Provide necessary systems & tools to facilitate the delivery of quality care

How to ensure and continually improve the quality of care has always been a concern of HA. Care quality involves two aspects: hardware and software. Hardware covers the systems and tools that facilitate healthcare professionals to deliver quality service. Software involves the upgrading of human capital asset in respect of the expertise and skills required in the delivery of quality service. While the latter will be covered under the next section on 'Human Resource Capabilities and Management', this section will focus on the hardware part.

6.5.2 2001/2002 Programme Initiatives

Major programmes include direct patient care improvement programmes in Mental Health and Pharmacy services, enhancement of evidence-based medical practice, implementation of HA's Mechanism for the Safe Introduction of New Procedures (HAMSINP), clinical audits, as well as improvement to the complaints management system.

a. Improvements in Mental Health and Pharmacy Services

Over the years HA has accorded priority over mental health services in realisation of the significant morbidity and even mortality associated with mental health problems in the community. The coming year will see another boost in this direction through improvement programmes in:

- Expansion of Community Psychiatric Teams (CPT) from 5 to 8 to achieve territory-wide coverage (refer to section 6.1.2.1.b);
- Improved provision of new generation psychiatric drugs; and
- Early detection and treatment of young persons with psychiatric illness through collaboration with education and welfare agencies.

Improve Mental Health Services through:

- *Expansion of CPTs to achieve territory-wide coverage*
- *Improved provision of new generation psychiatric drugs*
- *Early detection & treatment of young persons with psychiatric illness*

Emphasis this year is also put on enhancing the effectiveness of the care process on the use of drugs from the doctors' prescribing to the patients' taking the medicine correctly:

- Enhance automated decision support to clinicians in drug prescribing;
- Set up satellite pharmacies in hospitals for efficient support to inpatient needs in wards;
- Extend on-site pharmacy service hours to 24 hours coverage; and
- Following successful pilot schemes, roll out Drug Compliance Clinics to enhance patient safety, treatment. efficiency, and reduce drug wastage.

Improve pharmacy services through:

- *Enhancing automated decision support in drug prescribing*
- *Setting up satellite pharmacies*
- *Extending on-site pharmacy service hours*
- *Rolling out Drug Compliance Clinics*

Targets:

- *Provide new psychiatric drugs to 2,500 suitable patients to improve the quality of life of the mentally ill* — *1Q02*
- *Examine the feasibility and outcome of a model for early detection and treatment for 1,400 young people with severe mental illness* — *1Q02*
- *Develop and enhance the functions of the pharmacy systems to support automated dispensing and the roll-out of Clinical Management System (CMS) to the 17 non-acute hospitals, as well as revamp the DRUGS database to support the CMS function of providing decisions support to the clinicians on drug prescribing* — *1Q02*
- *Set up satellite pharmacy in 2 acute general hospitals* — *1Q02*
- *Provide round-the-clock pharmacy service at 3 acute general hospitals* — *1Q02*
- *Improve patient compliance & enhance their drug knowledge by providing in-depth counselling & follow-up service to medical patients in 4 specialist clinics* — *4Q01*

b. Evidence-based Medical Practice

Enhance evidence-based medical practice through:

Building on the foundations laid and the momentum generated from past years' development in evidence-based healthcare, HA will continue to equip our frontline clinicians with critical appraisal skills and the use of best evidence in clinical decision making. We will also continue the development of practice guidelines with the intention to link them to clinical audit activities on a system-wide basis. This will be supported by increased access to the HA Library Information System (HALIS) and the electronic Knowledge Gateway (eKG) for individual specialties. Electronic journal collection as well as selected database for secondary knowledge will be further developed in the automated library system. While encouraging multi-variate models and approaches in guideline development by colleagues in different disciplines and specialties, it is considered opportune to use international benchmark and criteria for the development of evidence-based guidelines to be endorsed by HA as practice standards.

Equipping frontline with critical appraisal skills & use of best evidence in clinical decision making

Developing practice guidelines to link to clinical audit activities

Increasing access to HALIS & eKG

Developing electronic journal collection & database for secondary knowledge

Targets:

- *Knowledge Management*
  - *i. Upgrade hardware and data infrastructure to improve access;* — *1Q02*
  - *ii. Implement e-Knowledge Gateway for eight specialties; and* — *2Q01*
  - *iii. Extend e-journal access to all HA hospitals.* — *1Q02*
- *Install additional workstations, data ports & peripheral equipment and necessary software at hospital wards to facilitate access to HALIS, email, internet, other non-clinical applications and to enhance staff communication* — *1Q02*
- *Facilitate effective information access for HA staff by enhancing & expanding the HA Intranet and to provide access to more health information for the public through the HA Internet Website* — *1Q02*
- *Conduct project definition studies for clinical systems and functions:* — *1Q02*
  - *i. Trauma Registry System;*
  - *ii. Blood Transfusion Networking System;*
  - *iii. Interface of Community-based Nursing Service with Clinical Management System ;*
  - *iv. Operating Theatre Management System; and*
  - *v. Antibiotic Resistance Surveillance System.*
- *Develop a web application for clinicians to obtain information on the ingredients, dosage range & possible toxicology of Traditional Chinese Medicine* — *1Q02*
- *Clinical Effectiveness*
  - *i Conduct 9 Critical Appraisal Skills Workshops, 2 Meta-Analysis Workshops and 2 Health Technology Assessment Courses & symposium; and* — *1Q02*
  - *ii Coordinate a multicentred clinical trial to assess effectiveness of Low Molecular Weight Heparin in local Chinese Stroke patients.* — *4Q01*

- *Develop and promulgate guidelines on:*

i.	*Care for Leukemia, Diabetic Mellitus, and Chronic Obstructive Pulmonary Disease patients;*	*2Q01*
ii.	*Point-of-Care Pathology Testing;*	*4Q01*
iii.	*Infirmary service in HA;*	*3Q01*
iv.	*Radiosurgery treatment for common brain tumors;*	*4Q01*
v.	*Treatment protocols in Oncology for osteosarcoma & lymphoma;*	*4Q01*
vi.	*Management of acute epiglottitis;*	*1Q02*
vii.	*Management of victims of sexual assault in Accident & Emergency Departments;*	*1Q02*
viii.	*Management of Viral Croup & Kawasaki Disease;*	*1Q02*
ix.	*Specialty nursing service in continence, rehabilitation, Orthopaedic & Traumatology, Accident & Emergency;*	*1Q02*
x.	*Nursing standards in patient fall, pressure sores, and indwelling urinary catheters;*	*1Q02*
xi.	*Continence management, fall prevention, bed sore prevention and use of restraints for the Codes of Practice for Residential Homes for the Elderly;*	*3Q01*
xii.	*Spinal brace for scoliosis, foot orthotics in Prosthetics & Orthotics, diabetic footcare in Podiatry, and diabetic mellitus & hyperlipidermia in Dietetics;*	*1Q02*
xiii.	*Pharmaceutical service delivery; and*	*1Q02*
xiv.	*Upper gastrointestinal bleeding.*	*3Q01*

c. HA Mechanism for the Safe Introduction of New Procedures (HAMSINP)

With the increasing need to apply advanced technology to clinical services, HAMSINP will be implemented in the coming year to ensure that emerging technologies/ interventions are introduced to the HA system in a safe and coordinated manner.

Implement HAMSINP to ensure emerging technologies / intervention are introduced to the HA system in a safe & coordinated manner

Targets:

- *Implement and monitor the HA Mechanism for the Safe Introduction of New Procedures (HAMSINP), and review its effectiveness* — *1Q02*

d. Clinical Audits

Clinical audits will continue to be conducted in the coming year to assure the quality of care.

Conduct clinical audits to assure care quality

Targets:

- *Conduct audit on:*
  - *i. Utilisation of general-purpose ultrasound in non-radiology departments in 13 acute hospitals;* — *3Q01*
  - *ii. Community nursing service & Community Psychiatric Nursing Service;* — *4Q01*
  - *iii. Compliance to guideline in Prosthetics & Orthotics, Dietetics & Diagnostic Radiology;* — *1Q02*
  - *iv. Restraint of patient, naso-gastric tube feeding and wound dressing;* — *1Q02*
  - *v. Availability of diagnostic and staging information in breast cancer patients referred for adjuvant treatment;* — *1Q02*
  - *vi. Radiation shielding, patient communication and report turnaround time in Radiology; and* — *1Q02*
  - *vii. Outcome of chest pain management.* — *1Q02*

e. Complaints Management System

Improve the complaints management system

An additional source of input for maintaining the quality of care comes from the well structured complaints management system in HA. There is a two-tier complaints system – the hospitals and the Public Complaints Committee (PCC) – to manage public complaints. In the recent Consultation Document on Healthcare Reform, the Government has proposed to set up a Complaints Office under the Department of Health as a means to improve the healthcare complaints redress system in Hong Kong. In response to the proposal, the HA Board has reaffirmed that, as a responsible and responsive public organisation, HA should continue to operate a sound complaints management system to redress public grievances. To further improve public complaints handling, a number of measures will be implemented in the year ahead.

Targets:

- *Research into and improve upon HA's complaints system by making reference to the complaints systems of overseas countries, including an overseas study tour* — *2Q01*
- *Review the handling of public complaints within HA in relation to development of a new Complaints Office in the Department of Health as recommended in the Government's consultation document on healthcare reform* — *3Q01*

f. Other Improvement Initiatives

Other initiatives to improve service quality for implementation in the coming year include:

- Universal antenatal HIV/AIDS screening;
- Initiatives to improve blood safety;
- Initiatives to improve facilities for infectious disease control; and
- Benchmarking exercise to improve quality of X-ray films in HA.

Targets:

- *Enhance HIV/AIDS service by:* — *4Q01*
  i. *implementing the universal antenatal HIV/AIDS screening programme as recommended by the Advisory Council on AIDS; and*
  ii. *Catering for an anticipated increase in HIV/AIDS patients, including newly diagnosed HIV positive pregnant women and newborn via the universal ante-natal HIV screening programme.*
- *Explore options for introduction of Nucleic Acid Testing in donated blood* — *1Q02*
- *Review & establish the engineering design standards of facilities for isolation & infectious disease control* — *1Q02*
- *Enhance timely communication and knowledge acquisition on infection control – Phase I with coverage to hospitals with Accident & Emergency Department* — *4Q01*
- *Develop a framework preparing for the benchmarking exercise to improve the quality of X-ray films in HA* — *4Q01*

6.6 Human Resource Capability and Management

6.6.1 The Issue

Faced with increasing demand and patient expectation, advancing technology, changing mode of service delivery, finite resources and the Enhanced Productivity Programme, HA's workforce has made great effort to provide high quality care to the community under mounting work pressure. While initiatives have been made to enhance Human Resource system and people management practice, continued effort is essential to facilitate organisation development. In the year to come, the challenge is to harness the diverse background and capability of staff to work as caring and competent individuals as well as collaborative teams in delivering patient care.

How to harness the diverse background & capability of staff to work as competent individuals & collaborative teams to deliver quality care in an environment full of challenges

6.6.2 2001/2002 Programme Initiatives

6.6.2.1 Review manpower and reward

Apart from plans on job rotation of top executives for cross fertilisation of expertise and career development, review on grade structure and manpower will be continued to cope with changes in healthcare practices and to optimise the utilisation of human resources. Development of benchmarking information will continue to provide managers with reference information for reviewing their own manpower status in relation to service activities. Additional staff will be recruited to pressure areas in the frontline to strengthen service delivery.

Review manpower & reward through:

Reviewing remuneration for senior executives

Reviewing grade structure & manpower

Strengthening work force

Targets:

- *Review remuneration system for executives to facilitate job changes in relation to organisational development* — *3Q01*
- *Review the General Services Assistant Scheme to enhance the delivery of general support services* — *4Q01*
- *Conduct grade review for pharmacy services to enhance service provision* — *1Q02*
- *Conduct Nursing Grade Review to enhance total patient care* — *1Q02*
- *Develop manpower benchmark indicators for administrative & support staff groups across hospitals* — *1Q02*
- *Recruit at least 270 doctors, 150 allied health professionals, 140 degree nurses and 1100 graduating trainees as qualified nurses to cope with service development* — *1Q02*
- *Employ 1900 workers to help alleviate workload to front line healthcare professionals in support of the Government's Initiatives for Wider Economic Participation Programme* — *1Q02*

6.6.2.2 Staff Health and Wellness

Focus will be to promote staff health and alleviate the problem of long work hours for frontline doctors. As a caring organisation, it is always the prime concern of HA to ensure that its staff work safely and healthily. To this end, a number of programmes will be launched to promote healthy life-style, balanced work life and social well being amongst staff members. Support will be provided to staff in handling stress arising from critical incident encounters. To reduce frontline doctors' work hours, apart from recruiting more doctors to practically relief the work of the busy departments, efforts will be made to facilitate compensation for statutory holidays, better arrangement for on-call duties and provision of rest periods after excessively long hours of work.

Improve staff health & wellness through:

Promoting healthy life-style, balanced work life & social well being of staff

Alleviating the problem of long work hours for frontline doctors

Targets:

- *Develop strategy and implement programmes to promote staff health at work* — *1Q02*
- *Pilot Critical Incident Stress Support Teams in two hospitals to minimise the psychological impact of critical incident on staff* — *1Q02*
- *Implement measures to alleviate long working hours of frontline doctors by enhancing sharing and collaboration through communication, and increasing medical manpower, by recruiting at least 270 new doctors in 2001/2002* — *1Q02*

6.6.2.3 Enhanced Professional/Vocational Competence

The major emphasis will be on fostering continuous learning and improving staff training to meet service needs. The knowledge and competence of frontline staff will be enhanced to handle clinical ethical issues in clinical decision making.

a. Training

HA is committed to staff training and continuous education to ensure that knowledge, practice and skills of staff are in line with service requirement. Tailored training programmes will be organised for doctors, nurses, allied health, executives and various other staff groups. An overall plan to optimise training opportunities of medical staff across hospitals will be developed. The continuing education of nurses will be further enhanced through central co-ordination. The HA Institute of Health Care (HAIHC) will focus on fostering learning among staff for personal development and addressing corporate training priorities. It will capitalise on e-learning and collaboration with tertiary institutions to this effect.

Enhance professional & vocational competence through:

Structuring & organizing training programmes for specialists, nurses, allied health, executives & other grades of staff

Fostering learning among staff for personal development

HA will work together with the International Hospital Federation to organise the HA Annual Convention cum International Hospital Congress in 2001. The sharing of world renowned healthcare professionals and interaction with the delegates from both local and overseas will enrich the perspective of staff in managing healthcare in the new era.

Organising the HA Convention cum International Hospital Congress 2001

Targets:

- *Enhance the professional competence of Allied Health staff through the development of core competency and competency based training programmes* — *4Q01*
- *Formulate an overall plan on doctors specialist training in HA* — *1Q02*
- *Facilitate 200 registered nurses and 150 enrolled nurses to attend tertiary education conversion courses* — *1Q02*
- *Develop and conduct post-basic & competence enhancement courses for 8,500 nurses* — *1Q02*
- *Enhance competence and knowledge of psychiatric nurses to support community outreaching services* — *1Q02*
- *Conduct Training programme on psychological skills enhancement for 1000 clinical staff to improve psychological care of patients* — *1Q02*

• *Organise vocational training to upgrade patient support skills for 1,500 frontline supporting staff*	*1Q02*
• *Enhance professional competency of finance staff and HR personnel through staff improvement / development programmes*	*1Q02*
• *Conduct internal communication skills training to enhance team collaboration and people management capability*	*1Q02*
• *Organise team development programmes and implement job rotation for executive development*	*1Q02*
• *Develop e-learning programmes as a training tool to enhance staff's skills/competencies*	*1Q02*
• *Organise the HA Annual Convention cum International Hospital Congress 2001 in collaboration with the International Hospital Federation to enhance hospital and healthcare management capabilities*	*2Q01*

b. Enhancing Frontline's Knowledge and Competence in Handling Clinical Ethical Issues in Clinical Decision Making

Scientific breakthroughs and technological advances have given rise to new diagnostic and treatment methods for diseases which hitherto were unamenable to medical intervention. Yet, there are also new ethical issues associated with the delivery of care, particularly in the care of dying patients. Workshops and seminars will be organized to develop the organisation's expertise in handling clinical ethical issues. At the same time, an operational guideline will be formulated to help frontline staff address the ethical issues involved in the care of the terminally ill.

Enhance frontline's knowledge & competence in handling ethical issues in making clinical decisions by:

Organising workshops & seminars

Providing operational guideline to help frontline staff address issues involved in the care of the terminally ill

Targets:

- *Facilitate promulgation and operational implementation of the revised Professional Code and Conduct issued by the Medical Council on 'Care of the terminally ill ' (Section 26)* — *1Q02*
- *Clinical Ethics:*
  - *i. Organise 4 workshops to raise awareness and understanding of healthcare professionals on clinical ethical issues; and* — *1Q02*
  - *ii. Sponsor staff and members of Ethics Committee to attend a structured course on Clinical Ethics in UK.* — *1Q02*
- *Organise 5 seminars/workshops for frontline staff to enhance awareness & understanding on care for the dying & bereavement* — *1Q02*

6.6.2.4 Strengthen Human Resource Management

Human resources functions will be re-examined to facilitate good people-management practice and empower frontline staff to deliver quality care to patients. A review will be conducted on the human resources management function in HA to identify the strengths and weaknesses of the current organisation and make recommendations as appropriate for improvement in this function. The competency of HR personnel to act as strategic partners to line managers in handling people management issues will be enhanced. Core competence will be incorporated in Staff Development Review for various staff groups to enhance performance management and staff development.

Strengthen human resource management through:

Reviewing HR management function of HA

Enhancing HR personnel to work as strategic partners to line managers

Targets:

- *Conduct review on HR management function in HA* — *1Q02*
- *Roll out core competency based Staff Development Review* — *1Q02*

7. BUDGET ALLOCATION FOR 2001/2002

7.1 Funding from Government

HA's recurrent expenditure budget for 2001/2002: $28,510M

The adoption of a new funding formula based on population and demographic changes in 2001/2002 is one of the targets of the 2000 Policy Address. Basing on the population-based funding formula and new programmes supported through the Government's Resource Allocation Exercise, the recurrent funding provided by Government to HA for 2001/2002 net of income is $28,510M. The total expenditure budget is $29,462M. The funding is net of the 2% savings of $571M for Enhanced Productivity Programme (EPP) and price reduction adjustment of the other charges. An additional funding for salary creep adjustment of $112M has also been provided by the Government to HA for 2001/2002. In addition, the Government will provide HA with $380M for information technology development and the purchase of additional replacement equipment and vehicles.

7.2 Resource Allocation for Existing Services and New Projects

Major funding will be used to maintain existing services

Most of the funding allocated by the Government is to maintain existing level, scope and volume of services currently provided by HA's hospitals and institutions. In 2001/2002, hospitals are expected to use 99% of their resource allocation baseline to fund existing services.

HA plans to open 569 new beds in Tseung Kwan O Hospital, Kowloon Hospital, Tai Po Hospital, Princess Margaret Hospital Lai King Building and United Christian Hospital and some newly refurbished/redeveloped facilities, namely redevelopment of the Caritas Medical Centre, Kowloon Hospital – Phase I redevelopment and Refurbishment to MacLehose Medical Rehabilitation Centre. In addition, HA will also open 40 psychiatric day places.

Resources will also be chanalled for initiatives to further improve patient safety and convenience, the use of information technology for knowledge management/ communication, and community support.

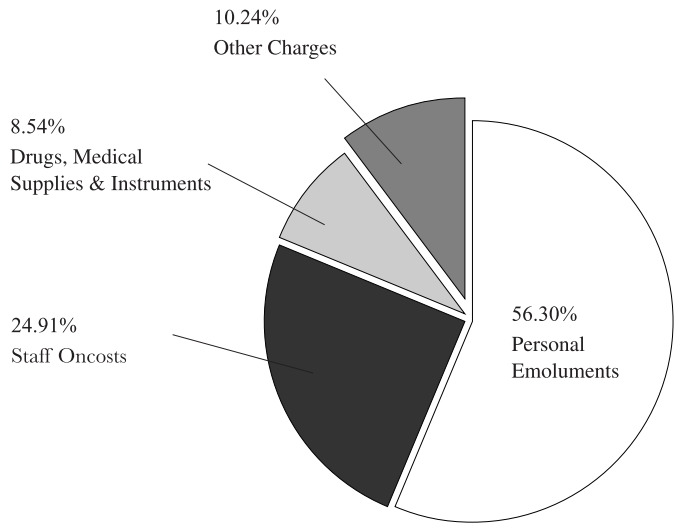
HA is also given new monies to extend the outreach service for the mentally ill, enhance psychiatric services, extend the function of the community geriatric assessment teams, and introduce family medicine practice in five general outpatient clinics.

As pledged under the Policy Address 2000, HA will participate in the Government's initiatives for Wider Economic Participation with the objective to meet community needs for healthcare.

7.3 Budget Breakdown

A breakdown on the Authority's budget for 2001/2002 is show in the pie chart below:

HA EXPENDITURE BUDGET BREAKDOWN
2001/2002
Total: HK$29,462 Million



7.4 Financial Projection 2001/2002

The following table outlines the financial projection of the total recurrent expenditure net of income for the Authority for 2001/2002 and the projected spending pattern of the Authority net of income from Government for 2001/2002:

	Budget Allocation for 2001/2002
	Budget
	$M
Expenditure	
Personal Emoluments	16,588
Staff Oncost	7,340
Sub-total	23,928
Drugs, Medical Supplies & Instruments	2,517
Other Charges	3,017
Sub-total	5,534
Total Recurrent Expenditure	29,462
Income	
Patient	749
Others	203
Sub-total	952
Recurrent Expenditure Net of Income	28,510

8. IMPLEMENTATION AND MONITORING OF ANNUAL PLAN

HA Annual Plan documents the planned activities for the HA Head Office and hospitals/institutions for the coming year. In order to achieve specific targets, Specialty Services Coordinating Committees, clusters, individual hospitals have formulated their work plan for the year. Other than the targets stated in this volume, targets to be implemented by clusters and hospitals are contained in Volume 2 of this document.

Targets for clusters & hospitals contained in Vol. 2

Monitoring of the achievements of annual plan targets is a management process involving the HA Board, the Hospital Governing Committees (HGCs) and executives at all levels of management. To further enhance the Board and HA management accountability on the performance of HA, a set of indicators as listed in Appendix 5 will be used.

Achievement of annual plan targets will be monitored by the HA Board, HGCs and management

9. Summary of Key Initiatives and Targets for 2001/2002

6.1 Access & Volume

Improving Overall Capacity for Better Service	Target Date
• *Open 139 additional acute general beds in UCH and TKOH to improve the distribution of public hospital services.*	3Q01
• *Open 392 rehabilitation/infirmary beds in KH Rehabilitation Building and PMH Lai King Building*	4Q01
• *Open 34 psychiatric beds in TPH*	4Q01
• *Open 4 intensive care beds in TKOH*	3Q01
• *Open 4 intensive care beds in TMH*	1Q02
• *Commission 40 psychiatric day hospital places at UCH*	3Q01
• *Commission the TMH Ambulatory Care Centre*	3Q01
• *Install one Magnetic Resonance Imaging (MRI) scanner in UCH and realign the cluster-based MRI service network*	1Q02
• *Commission Positron Emission Tomography (PET) service in HA:* *i. Install a PET scanner in QEH;* *ii. Develop a service networking plan; and* *iii. Develop a charging policy for the service.*	1Q02

Improving Service Coverage to Optimise Access	
• *Provide complete geographic coverage for community psychiatric service by increasing the number of Community Psychiatric Teams from 5 to 8*	1Q02
• *Enhance coverage to the gynaecology service at TKOH & NDH by strengthening the networking arrangement*	3Q01
• *Extend the service hours of Magnetic Resonance Imaging (MRI) service in TMH to provide additional sessions to patients in NTN cluster*	4Q01
• *Extend the service hours of haemodialysis service in ANHN to meet service demand in NTE cluster*	3Q01
• *Increase coverage of Community Geriatric Assessment Teams to licensed private residential care homes to 80%*	1Q02
• *Enhance the outreach service of SLH to severe mentally handicapped persons in the community or in other institutions*	4Q01

Volume Management

- *Manage service volume in respect of emergency admission management by:* 3Q01
  i. *enhancing arrangement for direct admission of patients with specific medical conditions from the Accident & Emergency Department to cluster hospitals; and*
  ii. *establishing contingency bed management measures for acute medical admissions during cold winter months.*
- *Pilot projects in Accident & Emergency Department to segregate urgent & non-urgent attendance, with the latter to be dealt with by primary care professionals* 1Q02
- *Increase output of integrated clinics by 60% to cover 250,000 consultations through provision of additional staff and setting up of Clinical Management System (CMS) and Outpatient Appointment System (OPAS)* 4Q01
- *Manage service volume in general internal medicine by:* 3Q01
  i. *training 20 community-based physicians; and*
  ii. *formulating guidelines for new case and inter-subspecialty referral.*

6.2 EPP

- *Redeploy staff from within HA to meet service needs for 610 new beds and day places* 4Q01
- *Facilitate the implementation of voluntary retirement scheme to enhance the realisation of real dollar savings from hospitals' Enhanced Productivity Programme (EPP)* 3Q01
- *Generate savings through conversion of LCKH into Long Stay Care Home and running the service with new allocation from welfare sector as requested by Social Welfare Department* 3Q01
- *Continue administrative downsizing in Head Office and hospital management especially along the direction of further clustering to achieve 20% reduction in headcount during the Enhanced Productivity Programme period* 1Q02
- *Integrate financial management to achieve efficiency in various hospital groups* 1Q02
- *Complete lighting retrofit for energy conservation in a further 9 hospitals (PWH Phase II, QEH Phase II, SH, TPH, TMH, PMH, CPH, RH & NDH)* 1Q02
- *Relocate YCH Laundary equipment to TMH Laundary as replacement for the existing worn-out tunnel washer* 1Q02
- *Decommission hospital-based laundry in GH* 4Q01
- *Implement Linen Cart Exchange and Central Sluicing Systems in HHH* 1Q02
- *Outsource maintenance service for low risk biomedical equipment* 2Q01
- *Outsource domestic, security, carpark control, gardening, laundry, pest control, in part or in full in the following hospitals (PMH, PMH Lai King Building, TKOH, AHNH, NDH, UCH)* 1Q02

- *Consolidate payroll & collection service (HO)* 2Q01
- *Develop waiver database of Comprehensive Social Security Assistance (CSSA) Scheme to save manpower in manual processing* 4Q01
- *Roll out automatic dispatching system to PWH & KWH* 1Q02

6.3 Financing & Resource Allocation System

External

- *Provide support to the Government on healthcare reform including supporting the consultation forums within HA & for the public* 4Q01
- *Review the Government's consultation document on healthcare reform, and formulate HA's response, taking into account views and comments from relevant internal and external parties* 2Q01
- *Manage on behalf of the Health & Welfare Bureau, the project of healthcare financing study on fees & utilisation of services, & complete the review of the existing fee structure in public hospitals.* 1Q02
- *Set up a fee charging policy to support the introduction of expensive & new medical technology and to accommodate patients' choice through a review on the mechanism for introducing Privately Purchased Medical Items.* 1Q02
- *Review private ward charges and make recommendation for changes in such fees in order to properly reflect actual cost of service provided to private patients* 4Q01

Internal

- *Review & monitor performance indicators as agreed between HA & the Government on the implementation of population-based funding in 2001/02* 1Q02
- *Develop long term resource allocation formula based on population-based funding to encourage efficient use of resources in the cluster, & reflect tertiary services in designated centres* 4Q01
- *Refine costing information as benchmarking information by cluster with emphasis on headcount-based information* 1Q02
- *Develop strategies to enhance the non-medical fee income base of the hospitals* 3Q01
- *Develop a mechanism for implementing income budget of the hospitals* 2Q01
- *Set up mechanisms to improve the cashflow spending of the Capital Works Reserve Fund Block Vote for hospital improvement on transfer of the budget from the Architectural Services Department* 1Q02

6.4 Distribution Network & Infrastructue

Service Organisation and Delivery

Strategic Directions:

Development of a Pluralistic Primary Care System

- *Support Secretary for Health & Welfare's initiative in the introduction of Family Medicine practice in general out-patient service by implementing a pilot scheme in 5 out-patient clinics currently run by Department of Health.* 1Q02
- *Establish IT infrastructure and introduce the necessary information systems in the 5 general outpatient clinics to facilitate the practice of Family Medicine and communication of health information with the hospital specialties* 1Q02
- *Recruit up to a total of 20 part-time Family Medicine specialists from the private sector to meet the training needs of the community-based Family Medicine trainees.* 3Q01
- *Improve hospital-based Family Medicine training in Ophthalmology, Ear, Nose, Throat (ENT) and Dermatology by centralising in the form of regional and grouped attachment to selected training centres* 3Q01
- *Train at least 106 specialists towards developing a pluralistic primary care service model* 1Q02

Development of Integrated, Multidisciplinary Community-based Care

- *Strengthen existing 11 home care teams to liaise with healthcare professionals at general hospitals and to empower carers at nursing home in caring for dying* 1Q02
- *Set up a collaborative model to deliver community outreach services provided by Community Nursing Service and Community Geriatric Assessment Teams in all clusters* 1Q02
- *Strengthen Community Nursing Service support to selected clinical specialties through enhancement of training* 4Q01
- *Improve the provision of telephone consultation for post-discharge patient support to reduce readmission rate in 3 hospitals* 1Q02
- *Develop Hospital Based Community Allied Health Service in 5 hospitals to facilitate timely and safe discharge* 1Q02
- *Provide multi-disciplinary community service to 350 frail elders living at own homes* 1Q02

Establishment of Stronger Collaboration with Other Sectors in the Community

- *Work with public & private sector specialists, with the aim of defining areas of closer collaboration between specialists of private & public care* — 3Q01

Collaboration in Health Promotion Initiatives

- *Promote no-smoking policy:* — 1Q02
  i. Identify smoking population by documentation of smoking habits in medical records;
  ii. Organise anti-smoking campaign in support of World No-Smoking Day; and
  iii. Conduct smoking-cessation classes in 4 hospitals.
- *Support Government's anti-smoking initiative by ensuring tobacco-free environment in hospitals* — 2Q01
- *Empower staff through enhanced knowledge and competency to provide tobacco dependency treatment in selected hospitals* — 2Q01

Service Networks

Cluster-based Service

- *Pilot a Cluster Management Structure with a Cluster Chief Executive to oversee the overall planning, development and operations of hospital services in HKE* — 2Q01
- *Rationalise psychiatric in-patient services by rightsizing of beds in KCH and CPH and re-directing resources towards community care.* — 1Q02
- *Establish multidisciplinary teams on pain management in 4 referral centres (QMH, QEH, UCH & PWH) and strengthen the networking of chronic pain service between hospitals of different clusters* — 1Q02
- *Review & rationalise Community-based Nursing Service centres based on a cluster model concept* — 4Q01
- *Establish cluster-based Allied Health services in HKW cluster:* — 1Q02
  i. Audiology service; and
  ii. Clinical psychology service.

Others Service Rationalisation Programmes for Clusters

- *Formulate a service networking plan for optimal utilisation of cardiac catheterisation laboratory facilities, and conduct clinical audit on Percutaneous Transluminal Coronary Angioplasty (PTCA) and other cardiac interventional procedures* — 4Q01

- *Implement action plan for consolidation of neurosurgical service into 4 collaborative centres* 1Q02
- *Set up referral network for neuro-rehabilitation* 3Q01
- *Develop a territory-wide service collaboration plan for Prosthetics & Orthrotics* 4Q01
- *Rationalise ophthalmology services in NTS cluster* 3Q01
- *Integrate Microbiology and TB laboratory services at QMH & GH* 4Q01
- *Integrate rehabilitation services at FYKH, MMRC, TWH & DKCH* 4Q01
- *Establish tele-medicine link with RHTSK to further support the Accident & Emergency service in SJH* 4Q01

Designation of Specialised Service Centres

- *Designate specialised paediatric services for the following, to provide territory-wide coverage:* 1Q02
  - *i. Bone Marrow Transplant at 2 centres;*
  - *ii. Complex Cardiac Cases at 1 centre; and*
  - *iii. Infectious Disease at 1 centre.*

Other Improvement Initiatives to Service Delivery

- *Enhance ambulatory service in internal medicine by:* 1Q02
  - *i. increasing medical day cases by 5%; and*
  - *ii. enhancing ambulatory care for patients requiring:*
    - *Gastrointestinal (GI) endoscopic procedures;*
    - *Chemotherapy;*
    - *Haemological investigations;*
    - *Diabetic stabilisation; and*
    - *Diagnostic cardiac procedures.*
- *Follow-up work on the report of Surgical Service Review* 2Q01
- *Review the existing organisation and provision of trauma service in HA and formulate recommendations on short, median and long term improvement plans* 2Q01
- *Formulate development strategy & service plan for clinical toxicology service in HA* 1Q02
- *Review HA's response to radiation incidents with reference to hospital networking* 1Q02
- *Enhance control of TB in HA hospitals by:* 2Q01
  - *i. Reviewing isolation facility requirements for management of pulmonary TB cases; and*
  - *ii. Enhancing management of multi-drug resistant TB cases at 2 designated hospitals.*

Infrastructure

Supply Chain Management & Food Service

- *Facilitate the implementation of supply chain management:* 1Q02
  i. *Develop an enhanced (web) maintenance module of Asset Management System (AMS) and implementation in all hospitals;*
  ii. *Implement Materials Management Inventory Control System (ICS) in remaining 10 hospitals; and*
  iii. *Streamline the internal ordering process by rolling out e-purchase requisition to 2 hospitals.*
- *Conduct project feasibility study of Central Food Production Unit* 3Q01

Biomedical Engineering Services

- *Establish the hospital-based Service Level Agreement for the planning & management of the Electrical & Mechanical Services Trading Fund (EMSTF) in the major acute hospitals & to monitor the performance of EMSTF* 2Q01
- *Establish an in-house Biomedical Engineering team to:* 4Q01
  i. *Set up an Equipment Safety Hazard Alert System;*
  ii. *Standardise specification for 50 types of equipment; and*
  iii. *Conduct quality assurance checks for high risk equipment in Schedule II hospitals.*

Hospital Logistics

- *Conduct consultancy review of telecom & paging systems in HA hospitals* 3Q01
- *Enhance Non-emergency Ambulance Transfer Service (NEATS) for patient care by acquiring 2 additional vehicles and replacing 5 vehicles* 1Q02
- *Introduce a patient transport service to facilitate easy access by frail elderly patients living in the community to receive out-patient service in the hospitals and clinics* 1Q02
- *Implement a special 2-year minor works programme to enhance the repairs and maintenance of the hospitals* 1Q02
- *Improve patient safety and reduce staff injury by providing 400 numbers of adjustable hospital beds* 4Q01
- *Reduce occupational hazard to staff in high risk work places by providing 160 fume hoods for chemical safety* 4Q01

Information Technology/Information Service (IT/IS)

Clinical Systems

- *Develop, implement and upgrade required corporate information systems and equipment of 5 hospital extension blocks (TMH, QMH, CMC, KWH, YCH)* 1Q02
- *Implement the Outpatient Appointment System to the Allied Health Departments to facilitate the booking & scheduling of patient appointments* 1Q02
- *Facilitate the documentation and communication of patient information and treatment process:* 1Q02
  - *i. Expedite the implementation of Clinical Management System for the remaining 17 non-acute hospitals;*
  - *ii. Complete the implementation of the Clinical Management System (Out-patient) in the remaining specialty units of 5 major acute hospitals; and*
  - *iii. Complete the implementation of the integrated version of the Psychiatric Clinical Information System & Clinical Management System in all psychiatric units in 12 hospitals.*
- *Develop and expand the functionality of Clinical Management System (Phase II and ePR) to enhance the documentation and communication of patient outcomes, the streamlining of various clinical care processes, the evaluation of clinical care, as well as the provision of decision support to clinicians on drug prescribing* 1Q02
- *Implement Laboratory Information System (LIS) and Radiology Information System (RIS) in YCH and RH to enhance the provision of timely laboratory results and radiological reports to clinicians* 1Q02

Non-clinical Systems

- *Implement Dietetic and Catering Management System (DCMS) to 6 hospitals (QEH, CMC, SH, QMH, GH & TWH) to facilitate therapeutic, diet management, streamline the catering services operations & develop an inter-hospital patients diet information exchange* 1Q02

Infrastructure Systems

- *Complete implementation of system tools to automate the management of workstations installed at hospitals in relation to software distribution, problem resolution and inventory management* — 1Q02
- *Establish network infrastructure for KH redevelopment phase I, CPH redevelopment phase II, RH/TSK and UCH Block H* — 1Q02
- *Enable users to achieve the benefits of using the Electronic Data Interchange (EDI) Engine, by developing and piloting:* — 1Q02
  i. *EDI Interface for e-Procurement with vendors for the HAHO; and*
  ii. *The Hong Kong Patient Master Index (HKPMI) interface with patient monitoring systems for 2 hospitals.*
- *Replace Mainframe & Unix storage disks with advanced disk storage servers to achieve better performance at less cost per unit* — 1Q02
- *Implement Phase I improvement of the HA Network Strategy 2001 – 2003 in 2 acute hospitals & 10 non-acute hospitals* — 1Q02
- *Enhance the availability & resilience of the mission-critical clinical systems operation in the mid-range (UNIX) computing environment* — 1Q02
- *Implement HA IT Call Centre to support both clinical & non-clinical applications in providing:* — 1Q02
  i. *Integrated problem management system;*
  ii. *Advanced technology for call routing & caller identification; and*
  iii. *Problem detection and remote monitoring.*
- *Engage overseas expert to review future development of electronic Patient Record (ePR) and of Picture Archiving & Communication System (PACS) in HA* — 1Q02
- *Pilot the introduction of mobile computing:* — 1Q02
  i. *For selected clinical functions for inpatients in selected units of 1 hospital; and*
  ii. *For remote access in Community-based Nursing Service.*
- *Assist Health & Welfare Bureau in the preparation of the Project Definition Study for the Hong Kong Health Information Infrastructure* — 1Q02

Capital Works

- *Remodel TYH into an ambulatory care centre after relocating inpatient obstetrics and neonatal services from TYH to QMH* 1Q02
- *Complete the improvement of hospital facilities at MMRC, CPH, PWH, CMC, and KH:*
  - *i. Complete the refurbishment of MMRC;* 3Q01
  - *ii. Complete stage I of CPH redevelopment Phase II;* 3Q01
  - *iii. Complete the construction of the Trauma & Emergency Centre at Accident & Emergency Department of PWH;* 1Q02
  - *iv. Complete the superstructure of the redevelopment of CMC phase I; and* 1Q02
  - *v. Complete the superstructure of the refurbishment & redevelopment of KH phase I.* 1Q02

6.5 Quality of Care

Improvements in Mental Health & Pharmacy Services

- *Provide new psychiatric drugs to 2,500 suitable patients to improve the quality of life of the mentally ill.* 1Q02
- *Examine the feasibility and outcome of a model for early detection and treatment for 1,400 young people with severe mental illness.* 1Q02
- *Develop and enhance the functions of the pharmacy systems to support automated dispensing and the roll-out of Clinical Management System (CMS) to the 17 non-acute hospitals, as well as revamp the DRUGS database to support the Clinical Management System (CMS) function of providing decisions support to the clinicians on drug prescribing* 1Q02
- *Set up satellite pharmacy in 2 acute general hospitals* 1Q02
- *Provide round-the-clock pharmacy service at 3 acute general hospitals* 1Q02
- *Improve patient compliance & enhance their drug knowledge by providing in-depth counselling & follow-up service to medical patients in 4 specialist clinics* 4Q01

Knowledge Management

- *Knowledge Management:*
  - *i. Upgrade hardware and data infrastructure to improve access;* 1Q02
  - *ii. Implement e-Knowledge Gateway for 8 specialties; and* 2Q01
  - *iii. Extend e-journal access to all HA hospitals.* 1Q02
- *Install additional workstations, data ports & peripheral equipment and necessary software at hospital wards to facilitate access to HALIS, email, internet, other non-clinical applications and to enhance staff communication* 1Q02
- *Facilitate effective information access for HA staff by enhancing & expanding the HA Intranet and to provide access to more health information for the public through the HA Internet Website* 1Q02
- *Conduct project definition studies for clinical systems and functions:* 1Q02
  - *i. Trauma Registry System;*
  - *ii. Blood Transfusion Networking System;*
  - *iii. Interface of Community-based Nursing Service with Clinical Management System;*
  - *iv. Operating Theatre Management System; and*
  - *v. Antibiotic Resistance Surveillance System.*
- *Develop a web application for clinicians to obtain information on the ingredients, dosage range & possible toxicology of Traditional Chinese Medicine* 1Q02

Clinical Effectiveness

- *Clinical Effectiveness:*
  - *i. Conduct 9 Critical Appraisal Skills Workshops, 2 Meta-Analysis Workshops and 2 Health Technology Assessment Courses & symposium; and* 1Q02
  - *ii. Coordinate a multicentred clinical trail to assess effectiveness of Low Molecular Weight Heparin in local Chinese Stroke patients.* 4Q01

Guidelines

- *Develop and promulgate guidelines on:*
  - *i. Care for Leukemia, Diabetic Mellitus and Chronic Obstructive Pulmonary Disease patients;* 2Q01
  - *ii. Point-of-Care Pathology Testing;* 4Q01
  - *iii. Infirmary service in HA;* 3Q01
  - *iv. Radiosurgery treatment for common brain tumors;* 4Q01
  - *v. Treatment protocols in Oncology for osteosarcoma & lymphoma;* 4Q01
  - *vi. Management of acute epiglottitis;* 1Q02
  - *vii. Management of victims of sexual assault in Accident & Emergency Departments;* 1Q02
  - *viii. Management of 'Viral Croup' & 'Kawasaki Disease';* 1Q02
  - *ix. Specialty nursing service in continence, rehabilitation, Orthopaedics & Traumatology, Accident & Emergency;* 1Q02
  - *x. Nursing standards in patient fall, pressure sores and indwelling urinary catheters;* 1Q02
  - *xi. Continence management, fall prevention, bed sore prevention and use of restraints for the Codes of Practice for Residential Homes for the Elderly;* 3Q01
  - *xii. Spinal brace for scoliosis, foot orthotics in Prosthetics & Orthotics, diabetic footcare in Podiatry, and diabetic mellitus & hyperlipidermia in Dietetics;* 1Q02
  - *xiii. Pharmaceutical service delivery; and* 1Q02
  - *xiv. Upper gastrointestinal bleeding.* 3Q01

HAMSINP

- *Implement and monitor the HA Mechanism for the Safe Introduction of New Procedures (HAMSINP), and review its effectiveness* 1Q02

Clinical Audit

- *Conduct audit on:*
  - *i. Utilisation of general-purpose ultrasound in non-radiology departments in 13 acute hospitals;* 3Q01
  - *ii. Community nursing service & Community Psychiatric Nursing Service;* 4Q01
  - *iii. Compliance to guidelines in Prosthetics & Orthotics, Dietetics & Diagnostic Radiology;* 1Q02
  - *iv. Restraint of patient, naso-gastric tube feeding and wound dressing;* 1Q02

v. Availability of diagnostic and staging information in breast cancer patients referred for adjuvant treatment;	1Q02
vi. Radiation shielding, patient communication and report turnaround time in Radiology; and	1Q02
vii. Outcome of chest pain management.	1Q02

Complaints Management System

• *Research into and improve upon HA's complaints system by making reference to the complaints systems of overseas countries, including an overseas study tour*	2Q01
• *Review the handling of public complaints within HA in relation to development of a new Complaints Office in the Department of Health as recommended in the Government's consultation document on healthcare reform*	3Q01

Other Quality Improvement Initiatives

• *Enhance HIV/AIDS service by:* *i. implementing the universal antenatal HIV/AIDS screening programme as recommended by the Advisory Council on AIDS; and* *ii. Catering for an anticipated increase in HIV/AIDS patients, including newly diagnosed HIV positive pregnant women and newborn via the universal ante-natal HIV screening programme.*	4Q01
• *Explore options for introduction of Nucleic Acid Testing in donated blood*	1Q02
• *Review & establish the engineering design standards of facilities for isolation & infectious disease control*	1Q02
• *Enhance timely communication and knowledge acquisition on infection control – Phase I with coverage to hospitals with Accident & Emergency Department*	4Q01
• *Develop a framework preparing for the benchmarking exercise to improve the quality of X-ray films in HA*	4Q01

6.6 Human Resource Capabilities and Management

Review Manpower and Reward

- *Review remuneration system for executives to facilitate job changes in relation to organisational development* — 3Q01
- *Review the General Services Assistant Scheme to enhance the delivery of general support services* — 4Q01
- *Conduct grade review for pharmacy services to enhance service provision* — 1Q02
- *Conduct Nursing Grade Review to enhance total patient care* — 1Q02
- *Develop manpower benchmark indicators for administrative & support staff groups across hospitals* — 1Q02
- *Recruit at least 270 doctors, 150 allied health professionals, 140 degree nurses and 1100 graduating trainees as qualified nurses to cope with service development* — 1Q02
- *Employ 1900 workers to help alleviate workload to front line healthcare professionals in support of the Government's Initiatives for Wider Economic Participation Programme* — 1Q02

Promote Staff Health and Wellness

- *Develop strategy and implement programmes to promote staff health at work* — 1Q02
- *Pilot Critical Incident Stress Support Teams in two hospitals to minimise the psychological impact of critical incident on staff* — 1Q02
- *Implement measures to alleviate long working hours of frontline doctors by enhancing sharing and collaboration through communication, and increasing medical manpower by recruiting at least 270 new doctors in 2001/2002* — 1Q02

Enhance Professional and Vocational Competence

- *Enhance the professional competence of Allied Health staff through the development of core competency and competency based training programmes* — 4Q01
- *Formulate an overall plan on doctors specialist training in HA* — 1Q02
- *Facilitate 200 registered nurses and 150 enrolled nurses to attend tertiary education conversion courses* — 1Q02
- *Develop and conduct post-basic & competence enhancement courses for 8,500 nurses* — 1Q02
- *Enhance competence and knowledge of psychiatric nurses to support community outreaching services* — 1Q02

- *Conduct Training programme on psychological skills enhancement for 1,000 clinical staff to improve psychological care of patients* 1Q02
- *Organise vocational training to upgrade patient support skills for 1,500 frontline supporting staff* 1Q02
- *Enhance professional competency of finance staff and HR Personnel through staff improvement/development programmes* 1Q02
- *Conduct internal communication skills training to enhance team collaboration and people management capability* 1Q02
- *Organise team development programmes and implement job rotation for executive development* 1Q02
- *Develop e-learning programmes as a training tool to enhance staff's skills/competencies* 1Q02
- *Organise the HA Annual Convention cum International Hospital Congress 2001 in collaboration with the International Hospital Federation to enhance hospital and healthcare management capabilities* 2Q01

Enhancing Frontline's Knowledge & competence in Handling Clinical Ethical Issues in Clinical Decision Making

- *Facilitate promulgation and operational implementation of the revised Professional Code and Conduct issued by the Medical Council on 'Care of the terminally ill' (Section 26)* 1Q02
- *Clinical Ethics:*
  - *i. Organise 4 workshops to raise awareness and understanding of healthcare professionals on clinical ethical issues; and* 1Q02
  - *ii. Sponsor staff and members of Ethics Committee to attend a structured course on Clinical Ethics in UK.* 1Q02
- *Organise 5 seminars/workshops for frontline staff to enhance awareness & understanding on care for the dying & bereavement* 1Q02

Strengthen Human Resource Management

- *Conduct review on HR management function in HA* 1Q02
- *Roll out core competency based Staff Development Review* 1Q02

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 healthcare 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 recognised internationally within the resources obtainable; and

(e) To collaborate with other agencies and bodies in the healthcare 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 healthcare providers and carers in the community to create a seamless healthcare environment which will maximise healthcare benefits and meet community expectations.'

The above corporate vision will be accomplished through the following 5 corporate strategies:

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

(b) Create Seamless Healthcare 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.

List of Public Hospitals and Institutions

(as at 31 March, 2001)

Alice Ho Miu Ling Nethersole Hospital (AHNH)
Bradbury Hospice (BBH)
Caritas Medical Centre (CMC)
Castle Peak Hospital (CPH)
Cheshire Home, Chung Home Kok (CCH)
Cheshire Home, Shatin (SCH)
Duchess of Kent Children's Hospital (DKCH)
Fanling Hospital (FH)
Grantham Hospital (GH)
Haven of Hope Hospital (HHH)
Hong Kong Buddhist Hospital (BH)
Hong Kong Eye Hospital (HKEH)
Hong Kong Red Cross Blood Transfusion Service (BTS)
Kowloon Hospital (KH)
Kwai Chung Hospital (KCH)
Kwong Wah Hospital (KWH)
Lai Chi Kok Hospital (LCKH)
MacLehose Medical Rehabilitation Centre (MMRC)
Nam Long Hospital (NLH)
North District Hospital (NDH)
Our Lady of Maryknoll Hospital (OLMH)
Pamela Youde Nethersole Eastern Hospital (PYNEH)
Pok Oi Hospital (POH)
Prince of Wales Hospital (PWH)
Princess Margaret Hospital (PMH)
Queen Elizabeth Hospital (QEH)
Queen Mary Hospital (QMH)
Rehabaid Centre (RC)
Ruttonjee Hospital (RH)
Shatin Hospital (SH)
Siu Lam Hospital (SLH)
St. John Hospital (SJH)
Tang Shiu Kin Hospital (TSKH)
Tai Po Hospital (TPH)
Tsan Yuk Hospital (TYH)
Tseung Kwan O Hospital (TKOH)
Tuen Mun Hospital (TMH)
Tung Wah Eastern Hospital (TWEH)
Tung Wah Group of Hospitals Fung Yiu King Hospital (FYKH)
Tung Wah Group of Hospitals Wong Tai Sin Hospital (WTSH)
Tung Wah Hospital (TWH)
United Christian Hospital (UCH)
Wong Chuk Hang Hospital (WCHH)
Yan Chai Hospital (YCH)

List of Specialist Outpatient Clinics

(as at 31 March, 2001)

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
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 (including South Kwai Chung Jockey Club Polyclinic)
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
Southorn Centre
Tang Chi Ngong Specialist Clinic
Tuen Mun Polyclinic
Yaumatei Jockey Club Polyclinic
Yaumatei Specialist Clinic Extension
Yuen Long Yung Fung Shee Ophthalmic Centre
Yung Fung Shee Memorial Centre

List of Hospitals with General Outpatient Service

(as at 31 March, 2001)

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

Performance Indicators for Annual Plan

	1999		
I) Health Improvement			
i) Natality			
• Life expectancy at birth (year)			
– Male	77.16		
– Female	82.35		
• Life expectancy at age 65 (year)			
– Male	16.82		
– Female	20.21		
ii) Mortality			
• Still birth rate (per 1000 births)	4.5		
• Perinatal mortality rate (per 1000 births)	5.7		
• Infant mortality rate (per 1000 live births)	3.2		
• Standardised death rate from all causes (per 1000 population aged 15-64)	1.7		
• Standardised death rate from all causes (per 1000 population aged 65 and over)	30.2		
• 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		
	2000 (Actual)	2001 (Estimate)	2002 (Plan)
II) Fair Access			
i) Access to professional services in HA (As at first of March)			
• No. of doctors per 1000 population	0.6	0.6	0.6
• No. of qualified nurses per 1000 population	2.5	2.6	2.7
• No. of allied health professionals per 1000 population	0.6	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	0.7
– Mentally handicapped	0.1	0.1	0.1
– Infirmary (per 1000 population aged 65 and over)	3.4	3.4	3.7

	1999/2000 (Actual)	2000/01 (Estimate)	2001/02 (Plan)
iii) Access to ambulatory service			
• No. of specialist outpatient doctor sessions per 100,000 population	5789	5900	5900
• No. of psychiatric day places per 100,000 population (end March)	9.4	9.3	9.7
• No. of geriatric day places per 100,000 population aged 65 and over (end March)	71.3	69.5	67.6
iv) Access to community services (as at end of March)			
• No. of nurses for Community Nursing Service per 100,000 population	4.8	4.8	5.1
• No. of nurses for Community Psychiatric Nursing Service per 100,000 population	1.2	1.2	1.3
III) Effective Delivery of Appropriate Healthcare			
• Unplanned readmission rate within 28 days			
– General	7.0%	7.2%	7.2%
– Psychiatric	2.9%	3.7%	3.7%
• Accident & Emergency admission rate (to own hospital) (as % of Accident & Emergency first attendance)	20.7%	21.8%	21.8%
• Accident & Emergency re-attendance rate (<48 hours) (as % of Accident & Emergency first attendance)	3.4%	3.5%	3.5%
IV) Efficiency			
i) Utilisation of services			
Accident and emergency			
• Accident & Emergency attendance per 1000 population	353	350	350
Inpatient services			
• Inpatient & Daypatient discharges & deaths per 1000 population	162	170	170
• Bed occupancy rate (including day patients)	86.5%	85.8%	85.8%
• Average length of stay (days) of inpatients *			
– General (including infirmary)	7.3	7.1	7.1
– Psychiatric	150.3	135.2	135.2
– Mentally handicapped	347.1	298.6	298.6
– Overall	9.7	9.3	9.3
• Day patients as % of total discharges and deaths	22.7%	23.9%	24.3%
Outpatient services			
• Specialist outpatient attendances per 1000 population (including allied health outpatient attendances)	1171	1160	1160

	1999/2000 (Actual)	2000/01 (Estimate)	2001/02 (Plan)
Community services			
• No. of home visits by community nurses (per 100,000 population)	8130	8110	8660
• No. of home visits by community psychiatric nurses (per 100,000 population)	627	660	720
• Attendances at psychiatric day hospitals (per 100,000 population)	2152	2320	2490
• Attendances at geriatric day hospitals (per 100,000 population aged 65 and over)	16062	16190	16020
• No. of outreach services attendances by Community Psychiatric Teams (per 100,000 population)	97	120	220
• No. of outreach services attendances by Psychiatric Geriatric Teams (per 100,000 population aged 65 and over)	4113	3940	3870
• No. of outreach services attendances by Community Geriatric Assessment Teams (per 100,000 population aged 65 and over)	22859	33320	35210
ii) Maximising use of resources			
Unit costs (based on total HA costs)($)			
• Cost per patient discharged	18613	18462	18320
• Cost per specialist outpatient attendance	638	636	645
• Cost per Accident & Emergency attendance	588	598	613
• Cost per Community Nursing Service visit	385	392	399
• Cost per Community Psychiatric Nursing Service visit	1145	1153	1173
• Cost per psychiatric day service attendance	854	855	865
• Cost per geriatric day service attendance	1463	1439	1451
V) Patient/ Carer Experience			
Waiting times (Targets)			
• Accident & Emergency average waiting time (minutes)			
– Triage I (resuscitation cases – 0 minute)	100%	100%	100%
– Triage II (emergency cases – <15 minutes)	94%	95%	95%
– Triage III (urgent cases – <30 minutes)	87%	90%	90%
– Triage IV (semi-urgent cases – <90 minutes)	90%	90%	90%
– Triage V (non-urgent cases – <180 minutes)	98%	90%	90%

	1999/2000 (Actual)	2000/01 (Estimate)	2001/02 (Plan)
• Average waiting time for first appointment at all specialist clinics #	9.6 weeks	5 weeks	5 weeks
• Average queuing time for consultation at specialist clinics (minutes)	<60	<60	<60
• Average waiting time for major elective surgery (months)	<5	<4	<4
Patient satisfaction			
• No. of patient appreciation per 1000 discharges and deaths	22.4	17.5	17.5
• No. of patient complaints per 1000 discharges and deaths	1.5	1.1	1.1
VI) Health Outcomes			
• Number of neo-natal deaths per 1000 live births in HA	2.1	2.0	2.0

* The sum of lengths of stay of inpatients divided by the corresponding number of inpatients discharged.

\# Figures for 1999/2000 refer to notional waiting time while figures for 2000/01 and 2001/02 refer to actual median waiting time.

Note: Population based on the "Hong Kong Population Projections 2000-2029 (1999 base)" published by Census and Statistics Department, SAR in October 2000:

Age group	**Mid 1999**	**Mid 2000**	**Mid 2001**
0 - 14	1,187,700	1,168,200	1,150,200
15 - 64	4,890,700	4,979,900	5,061,300
65+	739,400	758,700	779,900
All Age Groups @	6,817,800	6,906,700	6,991,400

@ may not add up to total due to rounding.

We welcome your suggestions on the
Hospital Authority Annual Plan.
Please forward your suggestions to:

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醫院管理局
HOSPITAL AUTHORITY

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