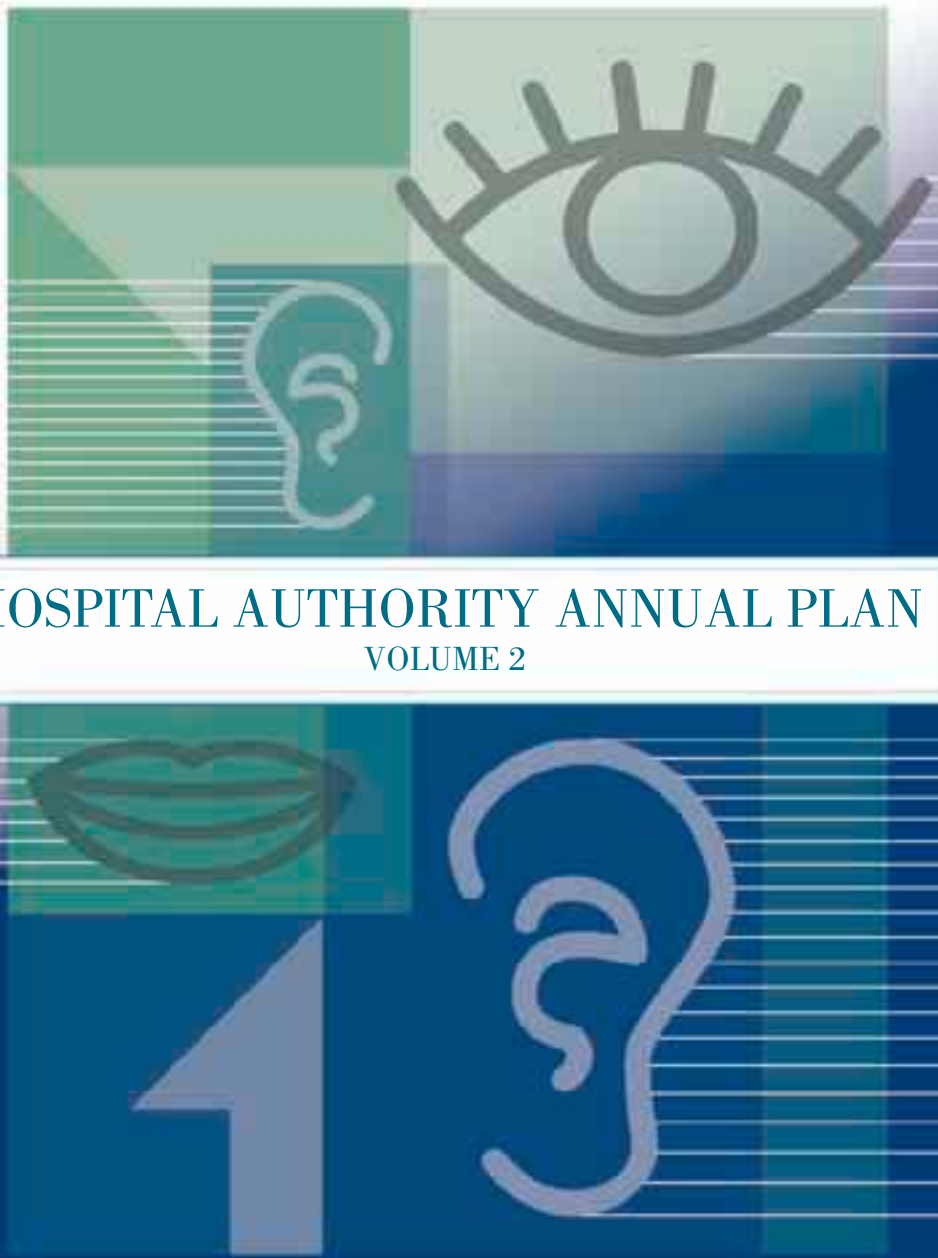
2001 - 2002

Endeavouring Towards Reform



HOSPITAL AUTHORITY ANNUAL PLAN

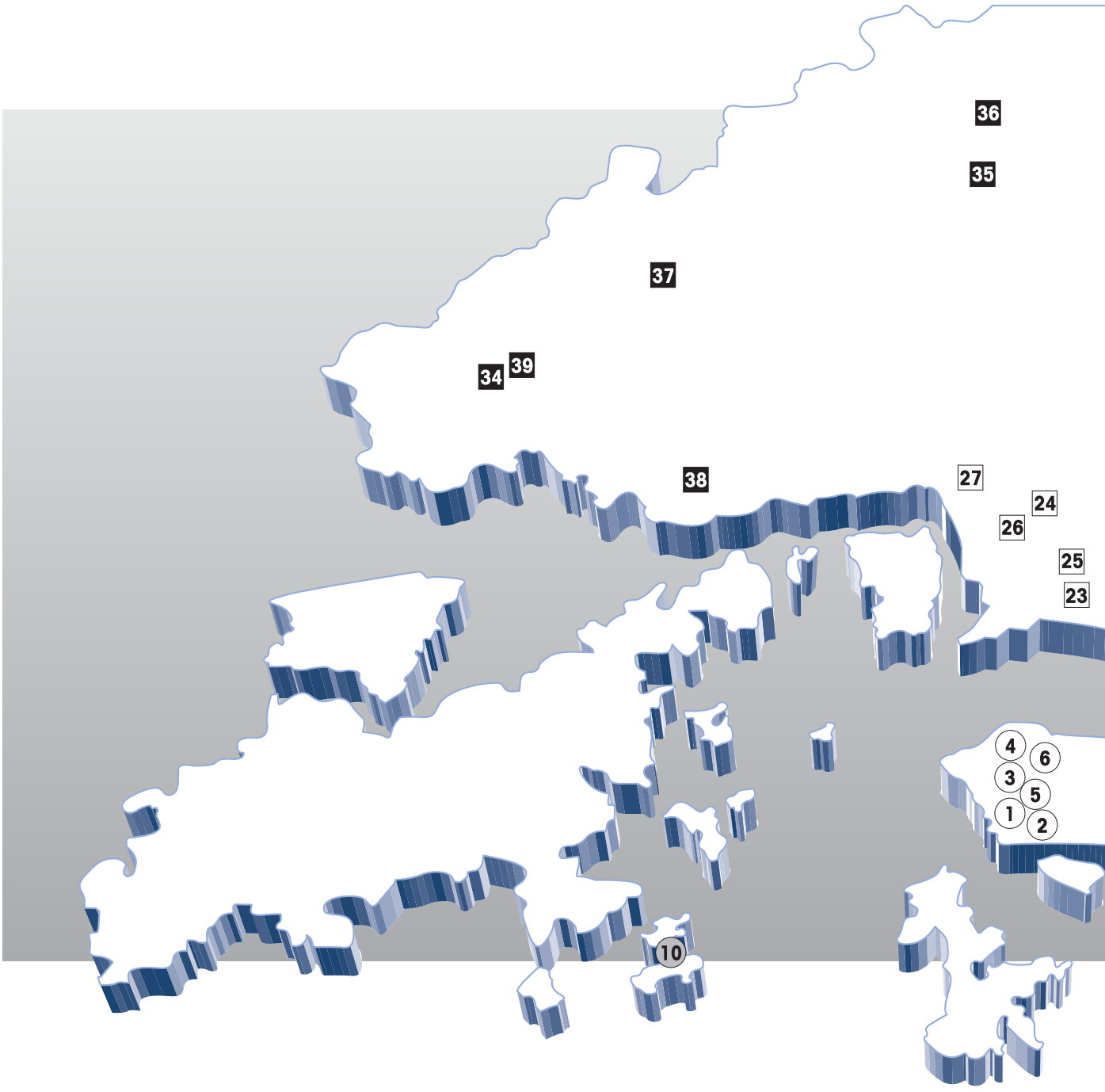
VOLUME 2

醫院管理局
HOSPITAL AUTHORITY

HOSPITAL AUTHORITY

ANNUAL PLAN 2001-2002

VOLUME 2



Hong Kong West

1. Duchess of Kent Children's Hospital at Sandy Bay
2. MacLehose Medical Rehabilitation Centre
3. Queen Mary Hospital
4. Tsan Yuk Hospital
5. Tung Wah Group of Hospitals Fung Yiu King Hospital
6. Tung Wah Hospital

✢ under same management

Hong Kong East

7. Cheshire Home, Chung Hom Kok
8. Pamela Youde Nethersole Eastern Hospital
9. Ruttonjee Hospital
10. St John Hospital
11. Tang Shiu Kin Hospital
12. Tung Wah Eastern Hospital
13. Wong Chuk Hang Hospital

✻ under same management
❖ under same management

Kowloon Central

14. Hong Kong Buddhist Hospital
15. Kowloon Hospital
16. Queen Elizabeth Hospital

Kowloon West

17. Kwong Wah Hospital
18. Our Lady of Maryknoll Hospital
19. Tung Wah Group of Hospitals Wong Tai Sin Hospital

Kowloon East

20. Haven of Hope Hospital
21. Tseung Kwan O Hospital
22. United Christian Hospital

New Territories South

- 23 Caritas Medical Centre
- # 24 Kwai Chung Hospital
- # 25 Lai Chi Kok Hospital
- 26 Princess Margaret Hospital
- 27 Yan Chai Hospital

under same management

New Territories East

- 28 Alice Ho Miu Ling Nethersole Hospital
- 29 Bradbury Hospice
- 30 Cheshire Home, Shatin
- 31 Prince of Wales Hospital
- 32 Shatin Hospital
- 33 Tai Po Hospital

New Territories North

- 34 Castle Peak Hospital
- ☆ 35 Fanling Hospital
- ☆ 36 North District Hospital
- 37 Pok Oi Hospital
- 38 Siu Lam Hospital
- 39 Tuen Mun Hospital

☆ under same management

Other Hospitals and Institutions

- ◆ 40 Grantham Hospital
- 41 Hong Kong Red Cross Blood Transfusion Service
- 42 Hong Kong Eye Hospital
- ◆ 43 Nam Long Hospital
- 44 Rehabaid Centre

◆ under same management

Introduction

The Head Office is responsible for the Hospital Authority's corporate services, management, planning and development functions. It is functionally organised into divisions of Corporate Affairs, Corporate Development & Information Services, Finance, Hospital Planning and Development, Medical Services Development, Operations & Business Support Services, Operations & Human Resources, and Operations & Public Affairs. In addition, there are a number of centralised service units to support hospital operations of which the budget is held centrally. The main objective of establishing these centralised service units in the Head Office is to achieve economies of scale and to develop expertise.

Section 1 Overview

1.1 Head Office Planning Process

The Head Office Annual Plan is an integral component of the Authority's Annual Plan. It follows the same process as adopted for the Authority's Annual Plan and involves scanning the environment to evaluate the challenges that the Head Office and the organisation face. The planning process focuses on developing an effective plan to address operational needs and deploying resources to achieving various corporate and hospital initiatives. For the period from 2000/2001 to 2002/2003, the Head Office's emphasis will be placed on six strategic priority areas:

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

Further, the Head Office will continue to focus on the following strategic roles:

- Setting strategic direction, roles and policies;
- Formulating service development plans, initiatives and targets;
- Enhancing the system's capability and provision of expertise;
- Serving as a change agent, including co-ordinating and facilitating the implementation of corporate objective and initiatives; and
- Monitoring and evaluating the performance improvement in the Authority.

The 2001/2002 Head Office Annual Plan represents a critical review of the core services, activities and manpower plan of each division in the six strategic priority areas. The Head Office has identified considerable initiatives to re-engineer processes and reduce costs. In addition, each division has proposed programmes to assist hospitals to address issues related to the six priority areas with specific reference to inputs from the clusters and the Clinical Specialty Co-ordinating Committees (COC).

The Head Office's planned activities for 2001/2002 have taken due consideration on cost and possible impact on hospitals and the Hospital Authority as a whole.

1.2 Corporate Governance and Management

The Hospital Authority Board has ultimate responsibility for the performance of the Head Office and all individual hospitals. The corporate governance for public hospitals services, however, is ever evolving. Because of rapid and uncertain changes in healthcare and its environment, public hospital governance and management are particularly demanding. The size of the Authority and the diversity of its hospital backgrounds present added complexity and ongoing new challenges to sustaining effective governance. The work of the Authority Board members in a huge and complex organisation, therefore, needs to focus on issues of strategic importance and planning, while authorities and responsibilities are delegated to the executives for implementation.

The governance practices of the Authority have three key emphases: strong committee involvement; clear line of accountability between governance and management; and effective performance monitoring system. On an ongoing basis, the Head Office will support the Authority Board in strengthening the effectiveness of corporate governance at both the corporate and hospital levels.

To demonstrate accountability of the Board and the management, in addition to publicising the Hospital Authority Annual Plan 2001/2002 and the Annual Plan of Head Office 2001/2002, the following key initiatives, targets and activities planned for the financial year are also presented in the Controlling Officer's Report of the Secretary for Health and Welfare on Hospital Authority:

- Open 569 new beds and 40 day places making a total of 29,022 beds and 1,206 day places towards the end of the financial year.*
- Target of median actual waiting time for first appointment at all specialist clinics – 5 weeks or below.
- Target of average queuing time for consultation at specialist clinics – 60 minutes or below.
- Target of waiting time for major elective surgery in General Surgery, Orthopaedics and Obstetrics and Gynecology – 4 months or below.

- Target waiting time for patients attending Accident & Emergency (A&E) Department:
  - Category I (Critical) 100% Zero waiting time
  - Category II (Emergency) 95% Below 15 minutes
  - Category III (Urgent) 90% Below 30 minutes
  - Category IV (Semi-urgent) 90% Below 90 minutes
  - Category V (Non-urgent) 90% Below 180 minutes
- Train an additional 106 family medicine physicians to strengthen 'gate-keeping' functions.
- Achieve 2% savings under the Enhanced Productivity Programme by deploying existing staff to open new hospital beds and services.
- Employ additional personal care and ward supporting staff to assist the doctors, nurses and other health care professionals in patient care.
- Introduce family medicine practice in general out-patient services by implementing a pilot scheme in five general out-patient clinics.
- Strengthen community psychiatric service, including increasing the number of community psychiatric teams from five to eight.
- Assess 1,400 persons aged under 25 to identify those suffering from psychotic problems for early treatment.
- Provide new psychiatric drugs to an additional 2,500 patients to improve the quality of life of the mentally ill.
- Extend the existing coverage of the community Geriatric Assessment Teams in the provision of geriatric care to the elderly in private residential care home to about 70%.**
- Implement a pilot scheme on Patient Transport Service to facilitate frail elderly patients living in the community to receive out-patient services.
- Increase visits to and contacts with discharged patients through additional outreach community workers.
- Implement a special two-year minor works programme to enhance the repairs and maintenance of public hospitals.
- Facilitate 200 nurses to attend degree conversion courses to enhance quality patient care.***

* the target is set to include 4 additional beds.

** the target is set at a higher level of 80%.

*** the target is set to include an additional 150 nurses.

1.3 Head Office Functions

The strategic roles of the Head Office are discharged via the following major functions of the Head Office:

1.3.1 Business Support Services

The Business Support Services Division is responsible for the planning and strategic development for support services of hospitals including procurement, laundries, linen supplies management, transport services, food services, and medical physics and bio-medical engineering service.

1.3.2 Corporate Affairs

The Corporate Affairs Division is responsible for the administrative supporting services of the Authority Head Office, secretariat service to the Authority Board and various committees of the Authority, and overall co-ordination and management of public and walk-in complaints of the Authority.

1.3.3 Corporate Development

The Corporate Development Division is responsible for the development of long-term resource allocation strategies, provision of resource management advisory services, advising on healthcare financing and corporate infra-structural issues, and, undertaking value for money studies to promote cost effective service delivery.

1.3.4 Finance

The Finance Division is responsible for formulating financial strategies and setting financial and accounting policies and regulations for consistent application by hospitals . It is also responsible for assessing resource requirements of the Hospital Authority services, reporting to the Government on financial matters, and ensuring efficient and effective management and allocation of resources to hospitals. In order to achieve the benefit of economies of scale and effectiveness, treasury, payroll, payment, provident fund and the management of financial systems are centrally performed by the Finance.

1.3.5 Hospital Planning and Development

The Hospital Planning and Development Division is responsible for providing professional services in the planning of hospital services, the development and maintenance of built-facilities and the management of health information and statistics for the Hospital Authority.

1.3.6 Human Resources

The Human Resources Division is responsible for steering and collaborating with hospital management to implement good people management practice in support of corporate development and service delivery. It develops human resources strategies, establishes policies and systems to facilitate effective management. It monitors staff sentiment, promotes internal communication and affiliation as well as staff health and wellness. In line with the strategic direction of the Authority and professional development, it fosters manpower planning and continuous training and development for staff.

1.3.7 Information Technology

The IT/IS Services Division is responsible for the delivery and maintenance of all corporate IT/IS within the framework established by the Hospital Authority Information Technology Strategic Plan (1999-2002). IT/IS is utilised to manage resources, support operations, integrate activities and enable new opportunities for HA.

1.3.8 Internal Audit

The Internal Audit function provides a key independent assurance service to support both Hospital Authority governance and management. To ensure its independence, this function reports directly to the Chief Executive and to the HA Board Audit Committee.

1.3.9 Medical Services and Development

The Medical Services Development Division is responsible for planning and preparation of the HA Annual Plan document, medical services development including the integration of the community based rehabilitation and long term care, and development of pluralistic primary care system incorporating specialist training in Family Medicine. To enhance clinical effectiveness, it develops infra-structure for clinical service database and knowledge management. It develops evidence based medical practice and plans the development of the Authority's practice guidelines and evidence-based guidelines compliance audit.

1.3.10 Operations

The roles of the three Operations Divisions include provision of directions and strategies on planning and implementation of new services, coordination of hospital services, development of hospital clustering and networking of services.

1.3.11 Public Affairs

The Public Affairs Division shoulders the day to day liaison with the mass media, the Councilors, patients, and the public. Communication initiatives will continue to be designed to enhance organisational responsiveness and to orientate the public and patients towards self responsibilities in health.

1.4 Head Office Budget

a. Core Head Office Functions

The budget for the core Head Office functions is $365.1 millions. These core functions include cluster hospital management, hospital planning and development, professional service planning and development, corporate development, corporate affairs, internal audit, legal services, and core financial and human resource services.

b. Head Office Centralised and Agency Services

A budget of $2,493.0 million is held centrally to fund the operating expenditure of centralised service units and agency services which support the operations of the hospitals. This budget is earmarked for:

- providing hospital capital works planning and development, facilities maintenance and improvement, and electrical and mechanical equipment maintenance.
- operating the linen production and laundry services, and providing business support services management that includes transport management, food services management, medical physics and bio-medical engineering services, occupational safety and health advisory services, procurement services, and quarters management services.
- operating pharmacy support services that include setting standards and policies for drug procurement, providing professional and clinical service development; monitoring quality and safety programmes on medication use process, and monitoring budget of renal drugs.
- operating centralised agency services in hospital clusters management, human resources support, public relations support, and legal advisory services.

- providing professional training for clinical staff and healthcare managers, vocational training for frontline staff, maintenance of the central pool of professional staff such as medical intern, executive partners, and nurses under training, and operating the central library services.
- providing the corporate information technology policies, strategies, infrastructure (network and data centres) standards and information systems development, maintenance and support to hospitals for both clinical and business support systems.

Section 2 Corporate Priority Areas

2.1 Access and Volume

Appropriate access to service and good volume management have always been the major indicators of a good healthcare system. In the coming year, the Authority Head Office will focus on the following strategies:

a. Ensure the successful opening of planned new beds and facilities;

b. Improve service coverage by eliminating geographical discrepancies, extending service hours and extent of coverage;

c. Introduce proven new technology to our hospital system;

d. Segregate patients with less urgent conditions from urgent A&E attendance for care by primary care professionals; and

e. Develop contingency management and inter-specialty referral guidelines to manage fluctuating volume demand.

The above strategies will be achieved through the following initiatives:

Targets:	*Completion Date*
(1) Ensure the successful opening of a total of 573 beds and 40 day places in UCH, KH Rehabilitation Building, PMH Lai King Building, TPH, TKOH and TMH.	*1Q02*
(2) Provide complete geographic coverage for community psychiatric service by increasing the number of Community Psychiatric Teams from 5 to 8.	*1Q02*
(3) Increase coverage of Community Geriatric Assessment Teams to licensed private residential care homes to 80%.	*1Q02*
(4) Commission Positron Emission Tomorgraphy service in HA and develop a service networking plan and a charging policy for the service.	*1Q02*
(5) Pilot projects in A&E Department to segregate urgent and non-urgent attendance, with the latter to be dealt with by primary care professionals.	*1Q02*
(6) Manage service volume in respect of emergency admission management by: i. Enhancing arrangement for direct admission of patients with specific medical condition from the A&E Department to cluster hospitals; and ii. Establishing contingency bed management measures for acute medical admissions during cold winter months.	*3Q01*
(7) Manage service volume in general internal medicine by training 20 community-based physicians and formulating guidelines for new case and inter-subspecialty referral.	*3Q01*

2.2 Enhanced Productivity Programme

Leveraging on the Authority's past experience of generating productivity gains of over 11% between 1993/1994 and 1997/1998, the Authority Head Office will work out methodologies and provide tools to generate further organisation-wide savings of 5% of its baseline budget in the 3 financial years starting 2000/2001. For 2001/2002, the Authority's target is to achieve 2% productivity savings and the following key approaches will be adopted:

a. Rationalisation of service capacity;

b. Outsourcing the Authority's non-core services;

c. Centralisation of services to achieve economies of scale;

d. Implementation of 'Invest to Save' programme to provide hospitals with 'seed money' to start projects with long term saving potentials; and

e. Implementation of Government's voluntary retirement scheme to enhance the realisation of savings.

To facilitate the implementation of the above strategies, the Authority Head Office will undertake the following roles to ensure that:

a. the corroborative policies on managing surplus staff and readjustment of budgets and cost centres are in place;

b. the experience gained in individual units within the Authority will be disseminated throughout the system; and

c. the progress of the various Enhanced Productivity Programme (EPP) initiatives in the system is monitored.

Another key role of the Authority Head Office executives is to ensure that under no circumstance should the quality of clinical care be compromised in all stages of the Enhanced Productivity Programme implementation.

The Authority Head Office will implement the following EPP initiatives in the coming year:

Targets:	*Completion Date*
(1) Redeploy staff from within the Authority to meet service needs for new beds and new services.	*4Q01*
(2) Facilitate the implementation of Voluntary Retirement Scheme to enhance the realisation of savings.	*3Q01*

(3) 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*

(4) Continue administrative downsizing in the Authority Head Office, and hospital management especially along the direction of further clustering to achieve 20% reduction in head count during the EPP period. *1Q02*

(5) Coordinate lighting retrofit programme for energy conservation in a further 9 hospitals. *1Q02*

(6) Outsource maintenance service for low risk biomedical equipment. *2Q01*

(7) Re-engineer the processes in financial function including financial reporting, billing and collection for Community Nursing Service/Community Psychiatric Nursing Service, streamlining the process of Comprehensive Social Security Assistance Scheme (CSSA) checking, and enhancement of the treasury management. *4Q01*

(8) Conduct an internal audit of the achievement of selected EPP initiatives to assure that they are being effectively monitored and planned savings are achieved. *1Q02*

(9) Review and appraise "Invest to save" projects as proposed by hospitals during the year. *1Q02*

(10) Integrate financial management functions to achieve efficiency in various hospital groups. *1Q02*

(11) Facilitate sharing of knowledge and experience of hospitals in achieving EPP. *1Q02*

2.3 Financing and Resource Allocation System

In addition to discharging the function of advising the Government on the resource requirements in meeting the needs of public hospital services as prescribed in the Hospital Authority Ordinance, the Authority Head Office will:

a. Support the Government's consultation on health care reform and promote public discussion on health care reform and financing;

b. Set up mechanism and develop strategies for the implementation of population based funding model;

c. Set up mechanism and strategies for enhancing income base of hospitals;

d. Manage resources available efficiently and effectively to yield the greatest health benefit; and

e. Enhance the internal resource allocation system to ensure equity and improve allocative efficiency.

The Authority Head Office will also provide support to hospitals to ensure proper resource management at local units while maintaining a perspective for the global needs and objectives. The above roles and functions will be achieved through the following targets:

Targets:	*Completion Date*
(1) Provide support to the Government on healthcare reform including supporting the consultation forums within the Authority and for public, and the review of the existing fee structure in public hospitals.	*4Q01*
(2) Review the Government's consultation document on healthcare reform and formulate the Authority's response, taking into account views and comments from relevant internal and external parties.	*2Q01*
(3) Review and monitor performance indicators as agreed between the Authority and the Government on the implementation of population-based funding in 2001/02.	*1Q02*
(4) Develop long-term resource allocation formula based on population-based funding to encourage efficient use of resources in the cluster, and reflect tertiary services in designated centres.	*4Q01*
(5) Review private ward charges and make recommendation for changes in such fees in order to properly reflect actual costs of services provided to private patients.	*4Q01*

(6) Set up a mechanism for assessing the fee charging policy to support the introduction of expensive and new medical technology, and to accommodate patients' choice. *1Q02*

(7) Develop mechanism for implementing income budget of the hospitals. *2Q01*

(8) Develop strategies to enhance the non-medical fee income base of the hospitals. *3Q01*

2.4 Distribution Network and Infrastructure

Over the years, the Authority Head Office has developed a comprehensive distribution network by continuous review and improvement on the organisation and delivery of clinical services. Both the distribution networks and infrastructure systems will be continuously upgraded and re-configured in order to adapt to the ever-changing dynamic health care environment. Besides continuing its efforts to consolidate and rationalise services through explicit cluster-based service networking and designation of specialised service centres, the Head Office will undertake the following new strategic initiatives:

a. Development of a pluralistic primary care system and promote public understanding;

b. Development of integrated and multi-disciplinary community-based care;

c. Enhancement of collaboration with different healthcare sectors in the community;

d. Improvement of collaboration with other primary providers in disease prevention and health promotion initiatives;

e. Development of IT systems in clinical areas and to leverage the use of technology to streamline business support processes for cost efficiencies purposes;

f. Improvement of facilities infrastructure for enhancing the distribution and rationalisation of hospital services; and

g. Conducting a review on the effectiveness and cost-benefits of the pilot cluster management structure with a view to formulating roll out plans to other hospital clusters.

The new strategic initiatives will be achieved through the following targets:

Targets:	*Completion Date*
(1) 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 the Department of Health.	*1Q02*
(2) Train at least 106 specialists towards developing a pluralistic primary care service model.	*1Q02*
(3) Set up a collaborative model to deliver community outreach services provided by Community Nursing Service and Community Geriatric Assessment Teams in all clusters.	*1Q02*
(4) Strengthen existing 11 hospice home care teams to liaise with health care professionals at general hospitals and to empower carers at nursing homes in caring for dying.	*1Q02*
(5) Strengthen Community Nursing Service support to selected clinical specialties through enhancement of training.	*4Q01*
(6) Provide multi-disciplinary community service to 350 frail elders living at own homes.	*1Q02*
(7) Enhance ambulatory service in internal medicine by: a. Increasing medical day cases by 5%; and b. Enhancing ambulatory care for patients requiring: i. Gastrointestinal endoscopic procedures; ii. Chemotherapy; iii. Haemological investigations; iv. Diabetic stabilisation; and v. Diagnostic cardiac procedures.	*1Q02*
(8) Work with public and private sector specialists, with the aim of defining areas of closer collaboration between specialists of private and public care.	*3Q01*

(9) Conduct a review on the effectiveness and cost-benefits of the pilot cluster management structure with a view to formulating roll-out plans to other hospital clusters. *1Q02*

(10) Review the existing organisation and provision of trauma service in the Authority and formulate recommendations on short, median and long-term improvement plans. *2Q01*

(11) Formulate development strategy and service plan for clinical toxicology service in the Authority. *1Q02*

(12) Conduct project feasibility study of Central Food Production Unit. *3Q01*

(13) 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.

(14) Conduct consultancy review of telecom and paging systems in the hospitals of the Authority. *3Q01*

(15) 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*

(16) Expand the use of the Executive Information System by incorporation and enhancement of data from 3 operational systems. (including OPAS(AH), PHS & AE/OP registration). *1Q02*

(17) Study, acquire and implement automation tools for the Production Management and Change Control Management for mission-critical clinical system. *1Q02*

(18) Adopt the load test and functional test using the selected testing software for 2 mission-critical clinical systems to improve the quality of software testing. *1Q02*

(19) Enhance data centres operating environment for mission critical clinical applications. *1Q02*

(20) Commence the upgrading of the laboratory information system in QMH from Delphic to ECPAth to standardise the laboratory software and reduce maintenance costs. *1Q02*

(21) Develop an intranet version of maintenance module of Asset Management System and implement to all hospitals so that ward staff can order maintenance services for ward equipment. *1Q02*

(22) Remodel TYH into an ambulatory care centre after relocating inpatient obstetrics and neonatal services from TYH to QMH. *1Q02*

(23) Commence the project of the relocation of TSK A&E Department to RH. *2Q01*

(24) Coordinate and manage the demolition works for the redevelopment and expansion of Pok Oi Hospital. *3Q01*

(25) Complete a post-occupancy evaluation of North District Hospital. *1Q02*

(26) Review the engineering standards for isolation and infection control facilities. *1Q02*

2.5 Quality of Care

Building on the foundations laid and leveraging on the momentum generated from past years' development in evidence-based healthcare, the Authority Head Office will continue to equip frontline clinicians with critical appraisal skills and the use of the best evidence in clinical decision making. The Authority Head Office will continue to provide leadership and develop clinical governance to focus efforts on improving the core business of the Authority. In the coming year, the strategies will be focused on:

a. Improve access through electronic means to evidence based clinical knowledge and practice;

b. Develop the Authority's practice standards using international benchmark and criteria;

c. Introduce risk management for new procedures;

d. Improve complaint-handling system;

e. Promote health education and self responsibilities in health for patients, carers, and public; and

f. Develop volunteers as health carers.

The above strategies will be achieved through the following targets:

Targets:	*Completion Date*
(1) 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 and lymphoma	*4Q01*
vi. Management of acute epiglottitis	*1Q02*
vii. Management of victims of sexual assault in A&E Departments	*1Q02*
viii. Management of Viral Croup and Kawasaki Disease	*1Q02*
ix. Specialty nursing service in continence, rehabilitation, Orthopaedic and Traumatology, and 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 and Orthotics, diabetic footcare in Podiatry, and diabetic mellitus and hyperlipidermia in Dietetics	*1Q02*
xiii. Pharmaceutical service delivery	*1Q02*
xiv. Upper gastrointestinal bleeding	*3Q01*
(2) Implement and monitor the HA Mechanism for the Safe Introduction of New Procedures (HAMSINP), and review its effectiveness.	*1Q02*

(3) Research into and improve upon the Authority's complaints system by making reference to the complaints systems of overseas countries. *2Q01*

(4) Review the handling of public complaints within the Authority in relation to the development of a new Complaints Office in the Department of Health as recommended in the Government's consultation document on healthcare reform. *3Q01*

(5) Implement procedures to ensure that new psychiatric drugs which improve the quality of life of the mentally ill are provided to an additional 2,500 patients. *1Q02*

(6) Examine the feasibility and outcome of a model for early detection and treatment for 1,400 young people with severe mental illness. *1Q02*

(7) Explore option for introduction of Nucleic Acid Testing in donated blood. *1Q02*

(8) Develop and enhance the functions of the pharmacy systems to support automated dispensing and revamp the DRUGS database to support the CMS function of providing decisions support to the clinicians on drug prescription. *1Q02*

(9) Conduct an internal audit on the management and control of hospital acquired infection. *3Q01*

(10) Organise training workshops and programmes at HeaIth InfoWorld, and through publications for patients, carers, volunteers and public to enhance public awareness in health issues. *1Q02*

2.6 Human Resource Capabilities and Management

To harness the contribution and development of staff to face health care challenges and facilitate service enhancement, the Authority Head Office will focus on the following strategies in the coming year:

a. Steer and collaborate with hospital management, clinical leaders and hospital human resources management teams to foster good people management practice;

b. Develop human resource policies and programmes to enable organisation development and change in the mode of service delivery;

c. Provide continuous training and education to sustain the professional and vocational competence of staff;

d. Develop staff morale, health and wellness in workplace as well as communication to support staff in the change process; and

e. Develop community relations and media relations skills of staff to face the challenges in the dynamic community and environment.

Key objectives will centre around the four major roles of human resources management i.e. strategic partner to facilitate operations, change agent to implement improvement initiatives, staff advocate to foster staff commitment and wellness as well as specialist in enhancing the human resources function across hospitals. The targets that will achieve the above strategic areas are as follows:

Targets:	*Completion Date*
(1) Conduct grade review to maximise human resources and enhance service outcome for pharmacy, nursing and general support services grades.	*1Q02*
(2) Implement mechanism to roll out core competency based staff development review.	*1Q02*
(3) Develop manpower benchmark indicators for administrative and support staff groups across hospitals.	*1Q02*
(4) Employ 1900 workers to help alleviate workload to front line health care professionals in support of the Government's initiatives for Wider Economic Participation Programme.	*1Q02*
(5) Develop strategy and implement programmes to promote staff health at work.	*1Q02*
(6) 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*
(7) 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*

(8) Develop e-HR as a modern HR tool and streamline personnel services administration. *1Q02*

(9) Conduct review on Human Resources management functions in the Authority. *1Q02*

(10) Review internal communication strategy and develop communication capability of line managers to enhance collaboration. *4Q01*

(11) Steer staff development directions and organise training programmes to enhance the competence of clinical, administrative and supporting staff in support of service directions. *1Q02*

(12) Conduct training workshops and seminars in community relations and media relations for various staff groups. *1Q02*

(13) Review remuneration system for executives to facilitate job changes in relation to organisational development. *3Q01*

Background

The Hong Kong East Cluster covers the districts of Eastern, Wanchai, and Islands excluding North Lantau. Comprising the following six hospitals, the Cluster serves a geographical population of about 900,350, of whom 11.8% are aged 65 and over 65 according to the 1999 population estimate.

- Cheshire Home, Chung Hom Kok
- Pamela Youde Nethersole Eastern Hospital
- Ruttonjee & Tang Shiu Kin Hospitals
- St John Hospital
- Tung Wah Eastern Hospital
- Wong Chuk Hang Hospital

The Cluster seeks to identify and meet the healthcare needs of the community through the provision of a comprehensive range of acute, psychiatric, extended, rehabilitative, ambulatory and community healthcare services. As at 31 December 2000, the Cluster has a total of 3258 beds, with 48.1% of the bed designated for acute care, 33.1% for extended and rehabilitative care and 18.7% for mental healthcare.

The Cluster runs two Geriatric Day Hospitals at Pamela Youde Nethersole Eastern Hospital and Ruttonjee & Tang Shiu Kin Hospitals, one Rehabilitation Day Hospital and Integrated Community Rehabilitation Centre in Tung Wah Eastern Hospital, Psychiatric Day Hospitals at Pamela Youde Nethersole Eastern Hospital as well as a Dementia Day Care Centre at Wong Chuk Hang Hospital.

Specialist outpatient services are currently provided at Pamela Youde Nethersole Eastern Hospital, Tang Chi Ngong Specialist Clinic, Tung Wah Eastern Hospital, and St John Hospital. The Cluster population is served by a comprehensive range of community-based services, including the Community-based Geriatric Assessment Team of Ruttonjee & Tang Shiu Kin Hospitals, Community-based Psycho-geriatric Team, Community Psychiatric Team and Community Nursing Service of Pamela Youde Nethersole Eastern Hospital.

The Cluster has established a tertiary Ophthalmology Service Centre at Tung Wah Eastern Hospital to cater for the service need of the population not only in Hong Kong East region but also the whole of the Hong Kong Island.

Priority Areas

1. Access and Volume

a. Maintain the median waiting time for specialist outpatient first attendance to within 5 weeks through enhanced throughput of integrated clinics, roll-out of share care programmes, and increase of new case quota.

b. Enhance community-based integrated healthcare service by expanding the role of Community Nursing Service to provide home follow-up for high risk elderly patients, and establishing a Mobile Rehabilitation Unit.

2. Enhanced Productivity Programme

a. Maximise the efficiency gains through cluster-based rationalisation and integration in clinical, allied health and business support services.

b. Enhance the utilisation of day and ambulatory services such as day surgery, acute day rehabilitation service, community rehabilitation programme to maximise the use of hospital beds.

c. Introduce energy conservation programme and achieve further savings by exploring new initiatives such as installation of heat pump and control switch.

3. Financing and Resource Allocation System

a. Implement activity-based budgeting, specialty costing mechanism and decentralisation of budget accountability to department heads to ensure provision of cost-effective hospital services.

b. Explore opportunity for generating Alternative Sources of Income.

4. Distribution Network and Infrastructure

a. Enhance cluster-based collaboration in clinical, allied health and business support services, such as in pathology, surgery, podiatry services and radiological equipment maintenance.

b. Enhance community outreach rehabilitation programmes for geriatric, cardiac, pulmonary, stroke and neuro-surgical patients through the provision of health assessment in mobile clinics operated in coordination with non-government organisations.

5. Quality of Care

a. Develop critical pathways, clinical protocols, guidelines, and performance measurement in direct patient care for regular monitoring and audit.

b. Implement risk management framework for environmental scanning of risks.

c. Implement appropriate mechanism such as proper supervision of medical interns, and senior staff coverage after normal work hours to ensure provision of quality services.

d. Participate in the Authority's mechanism for the safe introduction of new procedures in hospitals.

6. Human Resource Capabilities and Management

a. Promote occupational health and safety in hospitals.

b. Develop initiatives to promote staff health and wellness, such as the building wellness at work training programme, and care-for-the-carers programmes.

c. Support local and overseas clinical conferences and attachment programmes to enhance professional development and staff competency.

d. Foster the culture of continuing education, professionalism, core competency for all disciplines of staff.

Programmes and Targets

		Completion Date
1.	Pilot a Cluster Management Structure with a Cluster Chief Executive to oversee the overall planning, development and organisation of hospital services in HKE cluster.	*2Q01*
2.	Enhance collaboration between the Community Nursing Service and Community Geriatric Assessment Team to facilitate efficient follow-up of discharged patients and minimise unplanned re-admission.	*3Q01*
3.	Establish tele-medicine link with Ruttonjee & Tang Shiu Kin Hospitals to further support the Accident & Emergency service of St John Hospital.	*4Q01*
4.	Rationalise the Accident & Emergency and ambulatory care services through the Tang Shiu Kin Hospital Accident & Emergency Department relocation and service remodelling project respectively.	*1Q02*
5.	Enhance clustering of clinical service provision in pathology, anesthesiology, surgery and radiology.	*4Q01*
6.	Develop strategic plans for clustering of allied health, financial, and administrative services over the next 3–5 years.	*1Q02*
7.	Review cluster-based rehabilitation service to maximise efficiency.	*1Q02*

Cheshire Home, Chung Hom Kok

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To provide home-like environment and quality extended care to patients with disabilities and chronic illnesses using a holistic and client-centred team approach and with active partnership with the community.

1.2 Hospital Role

The Home was opened in 1961 and is a member of the Cheshire Homes Far Eastern Regional Council of the Leonard Cheshire International. In view of the increasing demand for extended care, the Hong Kong Cheshire Home Foundation completed the construction of a 150-bed new building and the renovation of the 90-bed original building in November 1998.

The 90-bed original home provides services mainly for patients with physical disabilities in need of a certain level of regular nursing care and personal care that are not readily available in the community.

The 150-bed new home provides services for infirmary patients requiring long term extended care and a comprehensive range of convalescent, rehabilitation care for patients planning for discharge. While the infirmary patients are referred from the Central Infirmary Waiting List, patients requiring rehabilitation are referred from the Tung Wah Eastern Hospital.

Being a member of the Hong Kong East Cluster, the Home is well supported by other cluster hospitals in medical, allied health and business support services as well as staff training facilities through close service networking and collaboration.

1.3 Development of Hospital Governance

The Hospital Governing Committee discharges its governance functions through existing infrastructure and process. To further enhance its governance functions, the following actions have been taken:

a. Conducted a Strategy Review Workshop in February 2001 with warm participation of Hospital Governing Committee members and hospital management to review the mission and core values and address issues critical to the Home.

b. Sought input from Hospital Governing Committee members on agreed quality standards of service products and budget estimates for service delivery to be included in the hospital plan.

c. Solicited feedback from Hospital Governing Committee members on proposed new initiatives.

d. Presented regular departmental reports to the Hospital Governing Committee for monitoring of hospital performance and service quality.

Section 2 Corporate Priority Areas

2.1 Access & Volume

Optimise the utilisation of infirmary beds through referrals from Central Infirmary Waiting List, cluster hospitals including Tung Wah Eastern Hospital and social welfare officers of other hospitals and organisations.

2.2 Enhanced Productivity Programme

a. Deploy staff to appropriate posts internally.

b. Re-engineer the work process to save manpower.

c. Conduct multi-skilling training/re-training to equip existing staff members for new or additional duties.

d. Reduce accumulated leave.

e. Further implement Green Conservation Initiatives.

f. Reduce oxygen cost by using oxygen concentrator instead of wall mount oxygen.

2.3 Finance & Resource Allocation System

a. Review resource allocation and control system to ensure effective use of available resources by all departments.

b. Explore opportunity for Alternative Source of Income.

c. Review staff mix and manpower requirement for clerical and supporting services.

2.4 Distribution Network and Infrastructure

a. Facilitate smooth re-integration of patients into the community through improved discharge planning with multidisciplinary participation.

b. Enhance cluster collaboration in pharmacy, pathology and catering services through established service network with cluster hospitals.

c. Implement the following patient and staff improvement projects:

i. Re-establish horticulture facilities for residents.

ii. Install one wheelchair lift for residents with mobility problem.

iii. Install louver cover and build canopies at 3 entrances to remedy the problem of water leakage.

iv. Reconstruct garden fence to ensure resident and staff safety.

v. Install gate at carpark to enhance hospital security.

2.5 Quality of Care

a. Enhance multidisciplinary collaboration of services.

b. Reinforce nursing audits and protocols.

c. Enhance risk management and continuous quality improvement programmes.

d. Enhance physiotherapy and occupational therapy rehabilitation programme in ward areas.

e. Set up a pilot reminiscence corner.

2.6 Human Resource Capabilities and Management

a. Engage temporary staff to relieve ward duties and clerical duties (through the Initiatives for Wider Economic Participation (IWEP) programme).

b. Reinforce caring culture and team work approach amongst staff members.

c. Strengthen core competency of nursing staff and healthcare assistants.

d. Improve staff motivation through Care for the Carer Programme and Staff Opinion Survey.

Cheshire Home, Chung Hom Kok

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	26.3	34.2	37.8
Staff Oncosts	9.6	13.0	13.6
Other Charges	8.9	12.9	11.6
Total	44.8	60.1	63.0

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	256	404	440
No. of Patient Days	55,530	75,532	82,000
Inpatient Average Length of Stay (Days)	71	108	120

Pamela Youde Nethersole Eastern Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To excel in the provision of holistic patient-centreed quality healthcare through loving, dedicated and cohesive team effort.

1.2 Hospital Role

Pamela Youde Nethersole Eastern Hospital is an acute regional hospital with a total of 1835 beds. It provides a comprehensive range of in-patient and ambulatory services at secondary and tertiary level primarily to residents of the Eastern part of the Hong Kong Island. The Hospital networks with other public hospitals in the cluster, namely the Tung Wah Eastern Hospital, Ruttonjee & Tang Shiu Kin Hospitals and Wong Chuk Hang Hospital for convalescent and rehabilitation support with a total of 339 extended care beds.

The Hospital is one of the three HA hospitals that provides a comprehensive range of psychiatric services for voluntary and involuntary psychiatric patients residing on the Hong Kong Island and in the East Kowloon region. In addition, the Hospital is currently supporting a wide range of clinical, business support and allied health services for hospitals within and outside the cluster. These include Clinical Oncology (supporting Ruttonjee & Tang Shiu Kin Hospitals, United Christian Hospital and Kwong Wah Hospital), Clinical Pathology (supporting Ruttonjee & Tang Shiu Kin Hospitals for secondary and outpatient tests), Diagnostic Radiology (providing secondary diagnostic services to cluster hospitals as well as Grantham Hospital and United Christian Hospital), Magnetic Resonance Imaging (MRI) Service (supporting Alice Miu Ling Nethersole Hospital), Nuclear Medicine, Prosthetic and Orthotic, Clinical Psychology, Speech Therapy, Pharmacy, Dietetic consultation, Central Sterile Supply and Food Services.

Cluster-based service provision model has been implemented in a range of clinical specialty services to maximise service efficiency. These include Otorhinolaryngology (ENT), Anaesthesia, Orthopaedics and Traumatology, Obstetrics and Gynaecology, Paediatrics and Neurosurgery.

The Hospital is supported for Ophthalmology services by the Eye Team of Tung Wah Eastern Hospital; for prenatal diagnostic services by Tsan Yuk Hospital; for lithotripter, transplant, and tertiary pathology services by Queen Mary Hospital; hospice services by Nam Long Hospital; and cardiac surgery by Grantham Hospital.

Furthermore, the Department of Health operates a Maxillofacial Surgery and Dental Unit, Social Hygiene and Dermatology service and the Chai Wan Families Clinic at the Hospital.

1.3 Development of Hospital Governance

The Hospital Governing Committee (HGC) meets quarterly to monitor the hospital performance and set strategic direction for service development. Members are regularly updated on performance of annual plan programmes, service activities, financial and manpower position, risk management initiatives, patients' complaints and appreciations, and service quality performance.

To facilitate effective governance, department visit is arranged before meeting to enable members to have a better understanding of the service operation and direct communication with frontline staff. Members also actively participate in hospital functions and social activities.

The Hospital Governing Committee is supported by three sub-committees, namely Hospital Planning and Service Development Committee, Chaplaincy Committee and Fund Raising Committee, to enhance its governance function.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Achieve median waiting time for specialist outpatient first appointment of <5 weeks.

b. Increase the number of Integrated Clinic sessions to help relieve the caseload of follow-up patients at various Specialist Outpatient Departments.

c. Enhance the role of Community Nursing Service by empowering community nurses to engage in two-way communication with physicians through a dedicated hotline to improve the management of discharged frail elderly patients during home visits and reduce their need for Accident & Emergency attendance and unplanned readmission.

d. Define access standards for common clinical conditions for all major specialties.

2.2 Enhanced Productivity Programme

a. Continue with the target of bed reduction by 2003 set last year:

   i. Increase utilisation of the Acute Day Rehabilitation Service.

   ii. Implement multidisciplinary care plans for Childhood Asthma and Anterior Cruciate Ligament Lesions patients.

   iii. Expand the scope of Community Nursing Services and Community Psychiatric Nursing Services.

   iv. Expand the scope and volume of Day Surgery and same day admission for various surgical specialties.

   v. Develop department-specific ambulatory care facilities for various clinical departments.

   vi. Direct referral of patients by Accident & Emergency Department to ambulatory facilities to reduce hospital admissions.

   vii. Rationalise laboratory and radiological investigation requests to shorten turnaround time for inpatient investigation results.

b. Invest to Save Projects:

   i. Expand the scope of Central Food Production Unit to serve more hospitals.

   ii. Explore additional receptor sites for repair and maintenance of x-ray equipment.

c. Reduce Administrative Overheads:

   i. Contract out maintenance for lower risk medical equipment.

   ii. Implement risk assessment and other improvement measures to reduce facilities and equipment maintenance cost.

2.3 Financing & Resource Allocation System

Explore opportunities for revenue generation

a. Provide laboratory services for Non-government Organisations or private sector.

b. Support radiation safety management in private hospitals.

c. Rent out vacant quarters to operate an elderly complex.

2.4 Distribution Network and Infrastructure

a. Enhance collaboration between Surgical Departments of Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital.

b. Further enhance the Integrated Pathology Service of the cluster.

c. Develop a Paediatric Surgery service network through collaboration with Queen Mary Hospital.

d. Enhance Neurosurgical service network with Queen Mary Hospital.

e. Develop strategic cluster plans for allied health, administrative and financial services.

f. Roll out HA Library Information Service (HALIS) and e-knowledge gateway to more frontline professionals.

g. Increase intranet and internet coverage to support clinicians' access to information.

h. Commission LG4 and LG5 of the Specialist Outpatient Block following relocation of the Ambulatory Psychiatric Services.

i. Plan for a rehabilitation garden and other recreational facilities to cater for the needs of psychiatric patients.

j. Implement a comprehensive Energy Management System.

2.5 Quality of Care

a. Apply risk management framework developed by the Head Office to perform environmental scan for risks by all departments.

b. Conduct multidisciplinary clinical audit by all clinical departments to assure standard of care.

c. Participate in the mechanism for safe introduction of new procedures in hospital.

d. Develop performance measurements for regular monitoring of clinical departments.

e. Enhance the process of complaint handling and feedback to frontline staff.

f. Implement specialty specific initiatives of Specialty Services Coordinating Committees.

g. Enhance the management of trauma patients.

2.6 Human Resource Capabilities and Management

a. Provide clinical ethics training to professional staff.

b. Promote occupational health and safety in hospital.

c. Develop modular training programme to enhance the communication skill, sensitivity and risk awareness of clinical staff.

d. Develop initiatives to promote staff health and welfare.

e. Adopt core competence-based Staff Development Review for medical officers/residents.

Pamela Youde Nethersole Eastern Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	987.0	1,059.0	1,045.2
Staff Oncosts	447.5	476.5	465.3
Other Charges	279.7	272.8	283.7
Total	1,714.2	1,808.3	1,794.2

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	193,661	195,000	196,500
No. of Inpatient & Day Patient Discharges/Deaths	83,787	90,000	96,500
No. of Patient Days	545,725	550,000	560,000
Inpatient Average Length of Stay (Days)	7.2	7.0	7.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	524,247	541,900	552,000
— Allied Health Services	197,014	167,550	170,500

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	7.6 weeks	5.0 weeks*	5.0 weeks*
Specialist Outpatient Service Average Queuing Time	36.7 mins	37 mins	40 mins
Average Waiting Time for Major Elective Surgery	2.3 mths	4.4 mths	4.4 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	99.6%	95%	95%
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	80,817	88,500	92,000
Community Psychiatric Team – No. of outreach attendances	654	750	800
Psychogeriatric Team – No. of outreach attendances	1,724	1,800	1,850

* Median actual waiting time.

Ruttonjee & Tang Shiu Kin Hospitals

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To achieve excellence in holistic patient care as a district hospital in partnership with the community through highly motivated and well trained multi-disciplinary teams.

1.2 Hospital Role

The two hospitals (Ruttonjee Hospital and Tang Shiu Kin Hospital) jointly serve as a community hospital providing both acute and extended healthcare to the local population residing mainly in the Wanchai and North Point Districts. They come to adopt a new organisational name as Ruttonjee & Tang Shiu Kin Hospitals (RHTSK) in October 1999 to reflect the integration of the management and services of the two Hospitals.

On top of this role, Ruttonjee Hospital (RH) also serves as a geriatric service centre providing comprehensive services to the aged, including those residents of private nursing homes within the HKE cluster area. With its heritage from the previous Ruttonjee Sanatorium, it is also a tertiary referral centre for patients suffering from tuberculosis and other chest diseases all over the territory.

The Accident and Emergency Department of Tang Shiu Kin Hospital (TSKH) contributes towards the management of victims of civil disasters happening in Hong Kong Island as well as adjacent to the Cross Harbour Tunnel.

The Hospital has been assisting other major acute hospitals faced with overcrowding problems by directly admitting acute cases from their Accident and Emergency Departments as well as patients requiring extended care after initial stabilisation.

Strategic alliance with St John Hospital on Accident and Emergency Department and general family medicine services has been established to further enhance the quality support to St John Hospital which is currently the only hospital serving the population of Cheung Chau and other outlying islands.

1.3 Development of Hospital Governance

To sustain the continued interest and commitment of the Hospital Governing Committee members in the Hospital's development, members of the Committee are involved in various activities of the Hospital. For instance, they have been invited to join the Community Partnership Committee to provide guidance on the strategic directions for the Hospital to develop better relationship with the local community. They also provide input to the strategic and annual plans of the Hospital.

Hospital Governing Committee (HGC) members are regularly updated on service development of the Hospital, service activity levels, risk management initiatives, quality indicators, as well as complaints and appreciations. They are well briefed on the major issues faced by the Hospital as well as the development of hospital services in the cluster.

With the incumbent Chairman of the Wan Chai District Council being an HGC member, the link between the hospital governance and the District Council is greatly enhanced.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. More efficient use of hospital beds through:

   i. developing care pathways.

   ii. implementing clinical audit.

   iii. special arrangement on weekends and long holidays to ensure appropriate patient discharge.

   iv. consensus on hospital-wide overflow system.

   v. streamline the transfer of acute patients to extended care wards after stabilisation.

   vi. efficient and comprehensive pre-discharge planning.

   vii. appropriate post-discharge support through one-stop service design and telephone back up.

b. Achieve the 5-week median waiting time through:

   i. establishing fast track clinics for new cases.

   ii. increasing new case quota.

   iii. developing shared care programme with Private Sector.

c. Mobilise home follow up programme for high risk elderly patients.

d. Establish Mobile Rehabilitation Unit to enhance community rehabilitation service.

e. Provide pain control service for patients with chronic pain.

f. Introduce chest physiotherapy to enhance the physiotherapy component of the community geriatric assessment service to private old aged home.

g. Reduce waiting time for elective outpatient ultrasound cases.

2.2 Enhanced Productivity Programme

a. Integrate and/or re-engineer services.

b. Rationalise the Accident and Emgerecny and ambulatory care services through the Accident and Emgerecny service relocation project and the remodelling of Tang Shiu Kin Hospital services.

c. Clustering of pathology, anaesthesiology, surgery and radiology services with Pamela Youde Nethersole Eastern Hospital.

d. Implement ozone laundry system and other energy/utilities conservation programmes.

e. Reduce food wastage, drug wastage and oxygen consumption.

f. Retrain and redeploy surplus staff.

g. Enhance volunteer service to supplement direct patient service.

2.3 Financing and Resource Allocation System

a. Decentralise budgets and devolve accountability to department heads.

b. Monitor expenditure through regular reporting.

c. Adopt activity-based budgeting system.

d. Diversify and explore opportunity for Alternative Source of Income, e.g. renting out hospital premises to non-government organisations, maximising use of visitors' car parking facilities.

2.4 Distribution Network and Infrastructure

a. Reorganise clinical and supporting services on a cluster basis.

b. Improve liaison and collaboration with primary healthcare providers, the private health sector, non-government organisations and government agencies to reduce public's reliance on hospital services.

c. Establish One Stop Health Shop to integrate community resources.

d. Strengthen inter-hospital support for podiatry service among cluster hospitals.

e. Implement Laboratory Information System and Radiology Information System to facilitate efficient transfer and retrieval of information.

f. Establish the hospital data centre to improve hospital data management.

2.5 Quality of Care

a. Conduct Continuous Quality Improvement programmes in clinical/para-clinical, allied health and supporting services.

b. Conduct regular clinical audits on drug administration, injection and infusion, blood transfusion and other clinical practices.

c. Facilitate senior staff coverage after normal work hours.

d. Implement appropriate mechanism to ensure proper supervision of medical interns.

e. Implement risk management activities and regular review of patients' feedback and complaints.

f. Enhance the quality of cardiac and stroke rehabilitation services.

g. Develop and implement nursing management protocols.

h. Establish a Diabetic Mellitus Centre to enhance care for diabetic patients.

i. Provide structured asthma service.

j. Introduce e-Knowledge Gateway (e-KG) information system to facilitate evidence-based medicine practice.

k. Implement Initiatives of Wider Economic Participation programme to relieve pressure areas.

l. Enhance Palliative Care to patients living in the community.

m. Enhance clinical dietetic service to patients attending specialist outpatient clinics.

n. Reduce risk of cardiovascular disease and optimise care for cardiac patients at specialist outpatient clinics.

o. Provide multi-adjusted chair or sitting gadgets to treat sitting problems of the frail elderly.

p. Conduct talks and counselling for specialist clinic outpatients to improve drug compliance.

q. Enhance swallowing management for post-discharged patients.

r. Improve turn around time for the identification of atypical mycobacterial infection.

s. Introduce multi-disciplinary care pathway to improve care for specific patient groups.

2.6 Human Resource Capabilities and Management

a. Continuous support for staff in attending hospital wide and overseas training programmes.

b. Develop core competencies for senior management staff.

c. Formulate departmental training plans for professional staff.

d. Develop management training programme for senior clinicians and managers

e. Conduct Care-for-Carer programmes.

f. Organise task specific Complaint Management and Patient-centreed Service training programmes.

g. Review, update and streamline training policies, administrative procedures, training records and statistics.

h. Organise staff orientation programmes to reinforce the Hospital's mission and values.

i. Organise HCE Forum and Strategic Planning Workshop for senior management staff.

j. Conduct in-house 5-S (五常法) (Structurise, Systemise, Sanitise, Standardise and Self-discipline) training workshops for frontline staff.

k. Roll out the Volunteer Executive Partnership Scheme.

Ruttonjee & Tang Shiu Kin Hospitals

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	407.6	395.3	403.5
Staff Oncosts	179.7	174.3	171.1
Other Charges	92.4	89.5	90.8
Total	679.7	659.0	665.4

Actual & Projected Activities

		1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance		112,359	110,000	110,000
No. of Inpatient & Day Patient Discharges/Deaths		26,489	27,000	27,000
No. of Patient Days		206,752	201,000	201,000
Inpatient Average Length of Stay (Days)	RH	8.2	8.3	8.3
	TSK	43.3	–	–
Attendance at Specialist Outpatient Clinics				
— Clinical Services		83,612	109,200	117,940
— Allied Health Services		132,259	107,250	107,250

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	7.6 weeks	4.76 weeks*	5.0 weeks*
Specialist Outpatient Service Average Queuing Time	60 mins	31.2 mins	35 mins
Average Waiting Time for Major Elective Surgery	0.7 mths	0.4 mths	0.7 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	98.4%	98.6%	98.6%
Community Geriatric Assessment Team – No. of outreach attendances	39,894	70,000	73,000

* Median actual waiting time.

St. John Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To provide quality patient care and achieve optimal utilisation of available resources through positive consultation, cooperation and mutual respect between patients, staff and community.

1.2 Hospital Role

The Hospital is a district hospital providing general medical, geriatric, rehabilitative and day care services for local residents and visitors of Cheung Chau. It also provides a caring service for infirmary patients admitted through the Central Infirmary Waiting List for extended care.

It has 93 beds of which 79 are for inpatient and 14 for day patient. Its 24-hour Accident and Emergency service is the only emergency medical service currently provided to residents of Cheung Chau and other outlying islands. The Department of Health and the Hospital collaborate closely in the provision of ante-natal/maternal service, child health, family planning, dental services and methadone clinic services.

The Hospital is supported by hospitals in both Hong Kong East and West Clusters. Patients requiring emergent specialised treatment are transferred to Pamela Youde Nethersole Eastern Hospital by helicopter, while patients with less urgent conditions are transferred to Queen Mary Hospital and Tsan Yuk Hospital. Strategic partnership with Ruttonjee & Tang Shiu Kin Hospitals has been established to further enhance the quality of support on accident and emergency service and general clinical services to the Hospital. The Hospital is also supported by Pamela Youde Nethersole Eastern Hospital and Tung Wah Eastern Hospital for its staff training and development, specialist consultation service, laboratory and podiatry services.

1.3 Development of Hospital Governance

St John Hospital is supported by the Authority Head Office as the major monitor and advisor on its hospital service. In the absence of a Hospital Governing Committee, the hospital has been arranging regular meetings with members of the Island District Council and the local community leaders to facilitate mutual communication and solicit views on service planning and development.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Enhance existing Diabetics Service to ensure appropriate follow up care of diabetes patients for the prevention of complications.

b. Manage the median waiting time for the specialist outpatient first attendance of chest, ortho-geriatrics, geriatrics, diabetes to within 2 weeks.

c. Manage the average queuing time for all clinics of the Hospital to within 30 minutes.

d. Facilitate the delivery of urgent physiotherapy service and treatment for patients on the basis of need.

e. Roll-out the out-reach community physiotherapy services to residents of Peng Chau, Mui Wo and Tai O.

f. Enhance the role of the Community Nursing Service through home visits to discharged frail elderly patients.

g. Meet the service need of the local community for ambulatory service through the establishment of the Day Care service and the Non-Emergency Mini-Ambulance service.

2.2 Enhanced Productivity Programme

a. Reorganise the work practices and re-schedule the clinic sessions to maximise efficiency and productivity.

2.3 Financing & Resource Allocation System

a. Enhance the internal resource allocation system to ensure equity and improve allocative efficiency.

b. Develop 3-year financial projection models to facilitate better planning of hospital resources.

c. Explore the possibilities/opportunities in generating Alternative Sources of Income to support hospital activities.

d. Enhance support to the hospital management and clinical management teams to achieve better planning and decision-making.

2.4 Distribution Network & Infrastructure

a. Upgrade the IT facilities in the hospital to support the roll-out of tele-medicine link with the Accident & Emergency Service of Ruttonjee & Tang Shiu Kin Hospitals.

b. Monitor routine infrastructural maintenance to improve the hospital environment for the convenience, comfort, and safety of patients and staff.

2.5 Quality of Care

a. Conduct clinical audit to improve care quality of the Outpatient clinic, Accident & Emergency, Day Care and Community services.

b. Enhance multi-disciplinary care plans to benefit patients.

c. Promote elderly self care by conducting multidisciplinary outreach visits to patients' homes and Care & Attention Homes to reduce unnecessary outpatient attendance.

d. Improve further the quality of format, content, documentation, compilation and retrieval of patient medical records.

2.6 Human Resource Capabilities & Management

a. Conduct continuous training and development programmes to enhance clinical staff competencies.

b. Recruit a specialist in Family Medicine to introduce family medicine practice and provide primary care clinic services in the Hospital.

St. John Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	36.1	36.2	38.3
Staff Oncosts	14.6	14.6	15.2
Other Charges	5.0	4.9	4.2
Total	55.7	55.7	57.7

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	12,990	13,000	13,130
No. of Inpatient & Day Patient Discharges/Deaths	1,653	1,870	1,890
No. of Patient Days	22,929	24,430	24,670
Inpatient Average Length of Stay (Days)	11.6	13	13
Attendance at Specialist Outpatient Clinics			
— Clinical Services	1,304	1,600	1,600
— Allied Health Services	11,469	12,980	13,720

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	2.7 weeks	3.0 weeks*	3.0 weeks*
Specialist Outpatient Service Average Queuing Time	15 mins	20 mins	20 mins
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	97.7%	95%	95%
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	2,446	3,000	3,000

* Median actual waiting time.

Tung Wah Eastern Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

a. To achieve excellence in the quality of services provided and develop specialties in anticipation of the needs of the community, along the tradition and vision of Tung Wah Group of Hospitals.

b. To provide total patient care in a warm and caring environment through a team of highly motivated, well developed multidisciplinary staff.

c. To reach out to our community partners to achieve better community health.

1.2 Hospital Role

Tung Wah Eastern Hospital is a hospital with 303 beds providing sub-acute in-patient services in the clinical specialties of Medicine, Rehabilitation, Geriatrics, Ophthalmology and Orthopaedics & Traumatology primarily for patients residing in the eastern part of the Hong Kong Island.

After the re-organisation of its rehabilitative and ophthalmic services in the last three years, TWEH has been developed into a tertiary medical rehabilitation and ophthalmic centre on Hong Kong Island. The Hospital also collaborates very closely with other cluster hospitals and local community organisations in enhancing the quality of care for the community.

The Hospital runs a 24-hour Receiving Room and is the only HA hospital which provides primary & preventive health care at its general outpatient clinics for residents in the Eastern and Wanchai Districts. It maintains the tradition of Tung Wah Group of Hospitals in offering free medical consultation at its General Out-patient Clinic, Specialist Out-patient Clinics, Occupation Therapy Out-patient Clinic and Physiotherapy Out-patient Clinic as well as free medical bed services for the indigent.

The Hospital has expanded its elective medical services and established new ambulatory services to provide quality healthcare to the chronically ill. With aging population and changing service need which fueled the demand for advanced rehabilitation services, the Rehabilitation Day Hospital and Integrated Community Rehabilitation Centre, which were established in February 1999 and 2001 respectively, have been put into full operation. With these new facilities, it is envisaged that the Hospital could render more intensive inter-disciplinary training and step down care programmes to selected groups of in-patients and out-patients with good rehabilitation potential.

The Diabetic Centre of the Hospital, which is one of the three Diabetic Centres on Hong Kong Island, will be expanded with the support of TWGHs and relocated to the Nurses Quarter in mid-2001 to provide an "One-stop Comprehensive Integrated Diabetic Mellitus Care" for diabetic patients.

The Hospital has established its Family Medicine Training programme and Integrated Clinic since October 2000 to improve cost-effectiveness, service efficiency and patient access for Family Medicine and Specialist care.

The Lo Ka Chow Memorial Ophthalmic Centre is now the secondary and tertiary ophthalmic centre on Hong Kong Island and has become an academic training centre of Tung Wah Hospital, Pamela Youde Nethersole Eastern Hospital and Queen Mary Hospital.

1.3 Development of Hospital Governance

The Hospital Governing Committee (HGC) was established in 1991 to provide strategic input to the development of hospital strategic plans, annual plans and future development plans and to monitor the outcome of these plans. Performance of services, achievement of planned improvement initiatives, staffing and financial situation, complaints and letters of appreciation will be regularly reported at its bi-monthly meetings. Important issues such as policies and new procedures will be discussed in HGC meetings for decision.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Operate 144 additional ophthalmic day surgery sessions and reduce 6 inpatient beds to improve service efficiency and generate productivity savings.

b. Expand Opthalmology triage clinic to treat 800-1000 more patients per year.

c. Extend the service hour of operating theatre to cater for emergency ophthalmology cases.

d. Improve operation scheduling for ophthalmology cases with full implementation of computerised operation listing system.

e. Conduct 200 additional visual field examinations per year through job enrichment and training of Eye Care Assistant.

f. Enhance community-based integrated health care service with opening of Integrated Community Rehabilitation Centre.

2.2 Enhanced Productivity Programme

a. Review staff mix and re-deploy staff to open Integrated Community Rehabilitation Centre, roll out rehabilitation and community programmes and expand the Diabetes Mellitus Centre.

b. Redesign physical environment of medical wards and re-align service delivery to provide more space for patient activities and facilitate staff deployment to achieve manpower savings.

c. Explore the feasibility of installation of heat pump, control switch and separate meters for utilities to achieve energy savings.

d. Achieve manpower savings by implementing central cleansing for clinical areas, merging the drug procurement function of the Hospital's pharmacy with Wong Chuk Hang Hospital (WCHH) and integrating administrative services with WCHH.

2.3 Financing & Resource Allocation System

a. Review and benchmark interhospital specialty costing to facilitate management decisions.

b. Decentralise budget to facilitate financial monitoring and effective utilisation of resources and enhance accountability of clinical departments in achieving Enhanced Productivity Programme savings.

c. Formulate financial management strategies in response to resource allocation by the proposed population-based funding model.

d. Explore feasibility of developing private/revenue generating service.

2.4 Distribution Network & Infrastructure

a. Enhance outreach community rehabilitation programmes for geriatric, cardiac, pulmonary, stroke and neuro-surgical patients through the provision of health assessment in mobile clinics operated in coordination with Non-government Organisations.

b. Implement community outreaching programmes, health education programmes, home-based training and train-the-carer courses for hospital staff and staff of Non-government Organisations.

c. Network the ophthalmic service appointment systems on Hong Kong Island to facilitate direct appointment for patient convenience.

d. Implement Inventory Control System and Electronic Data Exchange System to strengthen stock control and material flow.

e. Carry out capital projects to relocate and expand the Diabetic Mellitus Centre, replace air-conditioning system of the Pharmacy, construct a roof-top garden, and install an external lift at Main Block to meet rising service demand and improve patient comfort.

2.5 Quality of Care

a. Implement research-based clinical practices and adopt relevant tools such as clinical practice guidelines, clinical audit and patient satisfaction level to assure quality of care.

b. Develop care protocols and roll-out multi-disciplinary care and quality improvement programmes for stroke, geriatric, hip fracture and other clinical specialties.

c. Develop integrated health record for ophthalmic day surgery patients to improve documentation.

d. Implement monitoring mechanism for specific general anaesthetic risks to enhance anaesthetic safety.

e. Implement the 5-S (五常法) (Structurise, Systemise, Sanitise, Standardise and Self-discipline) practice and continuous quality improvement in all service areas of the Hospital.

f. Implement standard laboratory protocol and laboratory accreditation programme to improve patient care and ensure quality standard of laboratory service.

g. Organise Environmental Protection Week to foster environmental protection culture in the workplace and achieve savings.

2.6 Human Resource Capabilities and Management

a. Conduct Hospital-wide in-house staff training on English writing skill, IT applications and Putonghua language.

b. Support local and overseas clinical conferences and attachment programmes to enhance the professional development of staff in meeting the requirement of knowledge-based and patient-centred health services.

c. Incorporate core competency training in all staff development programmes to foster the culture of continuous education and professionalism.

Tung Wah Eastern Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	166.3	160.0	172.2
Staff Oncosts	71.4	69.1	72.0
Other Charges	37.7	38.0	32.8
Total	275.4	267.1	277.0

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	6,335	7,262	6,800
No. of Patient Days	87,761	87,648	86,000
Inpatient Average Length of Stay (Days)	16.2	14.5	14.5
Attendance at Specialist Outpatient Clinics			
— Clinical Services	91,632	96,526	92,000
— Allied Health Services	62,563	64,117	62,000

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	17.2 weeks	Nil	Nil
Specialist Outpatient Service Average Queuing Time	39 mins	39 mins	40 mins
Average Waiting Time for Major Elective Surgery	2.1 mths	4 mths	4 mths

Wong Chuk Hang Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To provide an optimal level of extended care services to improve the quality of life of the elderly people and facilitate their reintegration into the community.

1.2 Hospital Role

The Hospital is a 200-bed extended care hospital providing infirmary and rehabilitation services for the chronically ill and disabled elderly people. It receives long stay patients on a referral basis, primarily from the Central Infirmary Waiting List. It also receives patients from Pamela Youde Nethersole Eastern Hospital and Tung Wah Eastern Hospital for rehabilitation with a view to returning them to the community.

The Hospital is an integral part of the Wong Chuk Hang Complex for the Elderly which serves two other institutions – a 200-bed Care and Attention Home providing residential and nursing care for elderly people in poor health and with functional disabilities; and a 170-bed Long Stay Care Home for elderly people with mental problems who require residential care and nursing attention. Both of these are operated by the Social Services Division of the Tung Wah Group of Hospitals.

The Hospital also provides the following services to the Care and Attention Home and the Long Stay Care Home:

a. Visiting doctors for the residents;
b. Short-term hospital care to sick elderlies;
c. Dispensary services;
d. Catering services for both the residents and staff; and
e. Estate management including security.

Being a member of the Hong Kong East Cluster, the Hospital builds up a very close link and service collaboration with other healthcare providers in the cluster, including networking with Ruttonjee & Tang Shiu Kin Hospitals in training and development of medical officers through structured rotation programme. Consultants of Rutonjee & Tang Shiu Kin Hospitals and Pamela Youde Nethersole Eastern Hospital are appointed honorary status to assist in the development of medical and psychiatric service since the inception and commissioning of the Hospital in 1995.

The Hospital also networks with hospitals in other clusters in the provision of clinical and allied health services, such as the pathology and mobile x-ray service by Grantham Hospital, dietetic service by Grantham Hospital and Nam Long Hospital.

Since November 2000 the Hospital has established a Dementia Day Care to improve the cognitive, physical and quality of life of demented elderlies.

1.3 Development of Hospital Governance

The Hospital has not formed its Hospital Governing Committee. The Authority Head Office is the major monitor and advisor on its hospital service.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Achieve optimal occupancy rate and length of stay through:

   i. Reviewing case-mix and hospital bed mix.

   ii. Widening sources of referral.

b. Regular review of clinical standards and service delivery models to ensure provision of high quality and efficient service.

c. Enhance discharge planning and hospital based community out-reach programme to strengthen support for discharged patients.

d. Develop ambulatory care service to avoid prolonged institutionalisation of patients.

e. Strengthen collaboration with Non-government Organisations and primary care providers to cope with the aging population.

2.2 Enhanced Productivity Programme

a. Re-engineer clinical and non-clinical service delivery to improve service efficiency without compromising quality.

b. Re-deploy surplus staff and pool workforce.

c. Promote staff re-training and development.

d. Reduce wastage in food consumption, drugs and consumables.

e. Identify long term savings through energy conservation.

2.3 Financing & Resource Allocation System

In view of the imminent population based funding, more emphasis and resources wil be put on community services.

a. Redeploy resources to extend Community Geriatric Assessment Team services to private old aged homes.

b. Establish a Dementia Day Care Centre to provide care for demented patients in a social setting under the self-care/community care concept.

c. Mobilise volunteer support to improve the patients' psychological care.

2.4 Distribution of Network & Infrastructure

a. Implement multidisciplinary community outreach and health education programmes to assist discharged patients to better re-integrate into the community and enhance their awareness of health and self-care with a view to reducing unplanned re-admission and Accident & Emergency attendance.

b. Collaborate with Non-government Organisations on Community Nursing Service support and Home Help Service and extend medical and nursing support to Yu Chun Keung Memorial Care & Attention Home.

c. Formulate cluster-based service collaboration/integration:

i. Central sterile supply service from Pamela Youde Nethersole Eastern Hospital.

ii. X-ray, laboratory and dietetic services from Grantham Hospital.

iii. Maintenance of X-ray machine from Queen Mary Hospital.

iv. Networking of supplies and procurement functions with Tung Wah Eastern Hospital.

v. Networking of drugs and medical consumables with Tung Wah Eastern Hospital.

vi. Combined HR function with Tung Wah Eastern Hospital.

vii. Rotation of staff between Wong Chuk Hang Hospital and Tung Wah Eastern Hospital.

2.5 Quality of Care

a. Develop and implement integrated multidisciplinary inter-hospital care plans and pathways for patients.

b. Develop care protocols to shorten the average length of stay and enhance community care.

c. Conduct regular hospital wide risk management and clinical audit programmes for medical, nursing and allied health disciplines to ensure professional supervision and quality standards.

d. Implement new services to meet patient needs:

i. Further develop the Dementia Day Care Centre.

ii. Conduct Continence Management Programme at Yu Chun Keung Memorial Care & Attention Home.

iii. Conduct Fall Prevention Programme at Yeung Shing Memorial Long Stay Care Home.

iv Enhance Drug Management in private old aged homes.

2.6 Human Resource Capabilities and Management

a. Roll out core competency model for various staff ranks to define performance and assessment targets.

b. Encourage continuous professional training and development.

c. Support initiatives to upgrade staff ability and competency.

d. Arrange training for primary care providers in geriatric medicine.

Wong Chuk Hang Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	49.1	48.0	46.1
Staff On-costs	20.8	20.2	19.4
Other Charges	8.8	10.5	12.3
Total	78.7	78.7	77.8

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	604	610	720
No. of Patient Days	68,090	69,350	69,350
Inpatient Average Length of Stay (Days)	58.7	87.0	70.0

Background

The Hong Kong West Cluster comprises The Duchess of Kent Children's Hospital at Sandy Bay, MacLehose Medical Rehabilitation Centre, Queen Mary Hospital, Tsan Yuk Hospital, Tung Wah Group of Hospitals Fung Yiu King Hospital and Tung Wah Hospital. Together they provide a wide range of acute, extended, ambulatory and community care services for a population of around 0.56 million in the Central, Western and Southern Districts of the Hong Kong Island. As at 31 December 2000, there are a total of 2,982 beds available, with 2,177 beds for acute care, 711 beds for convalescent, rehabilitation and infirmary care, and 94 beds for mentally-ill. Apart from a full spectrum of specialist outpatient services, the Cluster also runs a geriatric day hospital at Fung Yiu King Hospital, a day rehabilitation centre at Tung Wah Hospital and a psychogeriatric day hospital at David Trench Rehabilitation Centre.

The Hong Kong West Cluster is facing an increasing demand for ambulatory and extended care services resulting from the aging population. Adding to the increased service demand are the issues of aging facilities as well as the shift in healthcare focus from inpatient service to outpatient and community-based service. To help meet these challenges and to ensure cost-effective use of resources, the Cluster will continue to explore opportunities to enhance collaboration amongst hospitals and to remodel existing services.

Programmes and Targets

		Completion Date
1.	Remodel Tsan Yuk Hospital into an ambulatory care centre after relocating in-patient obstetrics and neonatal services from Tsan Yuk Hospital to Queen Mary Hospital.	*1Q02*
2.	Integrate Microbiology and Tuberculosis (TB) laboratory services at Queen Mary Hospital and Grantham Hospital.	*4Q01*
3.	Establish cluster-based Clinical Psychology and Audiology services.	*1Q02*
4.	Integrate rehabilitation services at The Duchess of Kent Children's Hospital at Sandy Bay, Fung Yiu King Hospital, MacLehose Medical Rehabilitation Centre, and Tung Wah Hospital.	*4Q01*
5.	Establish direct transfer arrangement for heart failure patients from Accident & Emergency Department of Queen Mary Hospital to cardiac unit of Grantham Hospital.	*3Q01*
6.	Enhance family medicine training programme by expansion of integrated clinic at Tsan Yuk Hospital.	*4Q01*

The Duchess of Kent Children's Hospital at Sandy Bay

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The Duchess of Kent Children's Hospital at Sandy Bay is committed to providing the best possible quality care to our patients, maintaining as a centre of excellence in children orthopaedics, spinal disorders, neuromuscular diseases, developmental paediatrics, paediatric habilitation and rehabilitation, as well as developing research, teaching and training, through concerted efforts of all our staff.

1.2 Hospital Role

The Duchess of Kent Children's Hospital at Sandy Bay is the only children's hospital with 130 beds in Hong Kong. The Hospital provides highly specialised orthopaedics and paediatric services for the territory-wide tertiary referrals, such as scoliosis, spinal disorders, congenital skeletal abnormalities, limb length inequalities, cerebral palsy, neuromuscular diseases, severely developmental delay, etc.

The Hospital is one of the two scoliosis centres within the Hospital Authority. The Children's Habilitation Institute is a specialised centre offering tertiary habilitative and rehabilitative services to children with orthopaedic diseases or paediatric problems. It will also be the sole neuromuscular centre within HA for providing tertiary rehabilitative services to children with progressive neuromuscular diseases. The Centre for Spinal Disorders designs and roll out chronic back pain programmes to the other rehabilitation centres, such as MacLehose Medical Rehabilitation Centre.

1.3 Development of Hospital Governance

a. Increase involvement of Hospital Governing Committee members in Hospital function with regular meeting and management reporting.

b. Invite Hospital Governing Committee members to join the Hospital Patient Complaint Group to better manage complaints.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Maintain average waiting time for specialist outpatient first attendance within 5 weeks.

b. Maintain average waiting time for major elective surgery within 2 months.

2.2 Enhanced Productivity Programme

a. Replace operating theatre steam boiler with electric boiler to achieve manpower savings.

b. Contract out day time hospital security service.

c. Implement invest-to-save scheme to reduce energy consumption.

d. Continue administrative downsizing by integration of hospital administrative services at Sandy Bay.

2.3 Financing & Resource Allocation System

a. Enhance the quality of services of Finance Management Centre and co-ordination between Finance Management Centre and Administrative Services Centre to support cluster based services.

b. Generate additional Alternative Source of Income through car park charging.

2.4 Distribution Network & Infrastructure

a. Network the central sterile supplies services to service Sandy Bay's hospitals.

b. Implement Clinical Management System.

c. Implement Inventory Control System.

d. Implement Purchase Requisition Initiation System.

e. Establish Sandy Bay Rehabilitation service co-ordinating committee.

f. Install computed radiography with digital imaging archiving system.

g. Consolidate the integration of Sandy Bay pharmacies.

h. Implement cluster plan of speech therapy services in Hong Kong West.

i. Participate in the establishment of cluster-based clinical psychology and audiology services.

j. Implement the integration of the Prosthetic & Orthotic services in Hong Kong West.

2.5 Quality of Care

a. Enhance care quality by:

i. Chronic pain management networking with other HA hospitals.

ii. Sleep apnoea programme.

iii. Pulmonary rehabilitation programme.

iv. Neurophysiology laboratory.

v. Oromotor rehabilitation.

vi. Auditory rehabilitation and Cochlear implant.

vii. Flat foot school screening.

viii. Integration of seating service.

ix. Rehabilitation programme for non-ambulatory neuromuscular patients.

x. Consultation service on gait analysis.

xi. Rehabilitation service for Juvenile Rheumatoid Arthritis patients.

b. Promote Risk Management

i. Improve hospital-wide occupational safety and health.

ii. Standardise management of wound care.

i. Practise 5-S (五常法) (Structurise, Systemise, Sanitise, Standardise and Self-discipline) programme at ward level.

iv. Set up hospital-wide risk management manual.

c. Organise smoking cessation counselling class.

d. Consolidate the tertiary ventilator rehabilitation services.

e. Promote clinical audit in Nursing and major Allied Health departments.

f. Promote and establish green management policy.

g. Enhance patient care through the introduction of contracting dietetics service from Tsan Yuk Hospital.

h. Pilot community pharmacy service at Sandy Bay.

2.6 Human Resource Capabilities and Management

a. Start inter-hospital rotation programmes for Administrative Services Centre and Finance Management Centre staff, nurses and speech therapists.

b. Introduce core competency development and assessment for Registered Nurses/Enrolled Nurses.

c. Recruit General Care Assistants from Initiatives for Wider Economic Participation Scheme to help alleviate workload of frontline healthcare professionals.

Duchess of Kent Children's Hospital at Sandy Bay

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	77.9	77.7	79.8
Staff Oncosts	32.5	32.6	31.7
Other Charges	17.4	16.6	15.0
Total	127.8	126.9	126.5

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	2,309	2,334	2,355
No. of Patient Days	34,368	34,606	34,780
Inpatient Average Length of Stay (Days)	18.4	18.7	18.7
Attendance at Specialist Outpatient Clinics			
— Clinical Services	19,675	20,479	20,580
— Allied Health Services	34,938	32,128	32,500

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	4.5 weeks	1.0 weeks*	1.0 weeks*
Specialist Outpatient Service Average Queuing Time	60 mins	<60 mins	<60 mins
Average Waiting Time for Major Elective Surgery	2.0 mths	2.0 mths	2.0 mths

* Median actual waiting time.

MacLehose Medical Rehabilitation Centre

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The MacLehose Medical Rehabilitation Centre recognises its mission of restoring to health, self-reliance and economic independence of people with physical disability arising from illness or injury.

1.2 Hospital Role

MacLehose Medical Rehabilitation Centre is a 150-bed rehabilitation centre (including 130 inpatient beds and 20 day places) providing comprehensive rehabilitation services for spinal cord impairment, brain impairment, amputee, low back pain, joint replacement and reconstruction, rheumatoid arthritis, limb trauma, spinal cord trauma and sports injury. Besides inpatient service, it also provides outpatient and daypatient rehabilitation service. It will set up an Ambulatory Rehabilitation Centre to enhance its service to all age groups.

The Centre serves mainly the Hong Kong West Cluster. Its also takes referrals from other clusters and overseas, particularly in spinal cord injury and brain impairment as it is a specialised centre in managing tetraplegics and paraplegics. The Centre provides general and specialised rehabilitation services to patients referred from Queen Mary Hospital, Tung Wah Hospital, Duchess of Kent Children's Hospital at Sandy Bay and Tung Wah Group of Hospitals Fung Yiu King Hospital. Besides taking referrals from the public sector, the Centre also admits patients referred from the private sector for rehabilitation.

To integrate and streamline rehabilitation and allied health services in the Cluster, MacLehose Medical Rehabilitation Centre will set up the main prosthetic and orthotic clinic and fabrication workshop for the Hong Kong West Cluster.

The Centre provides clinical teaching to physiotherapy, occupational therapy and clinical psychology students of the Hong Kong Polytechnic University and the University of Hong Kong. It also provides training to the rehabilitation specialists from the Tongji Medical School Hospital in Wuhan and assistance to the Sun Yat Sen University of Medical Sciences in Guangzhou in developing a 'model rehabilitation department' in the 3rd Affiliated Hospital.

1.3 Development of Hospital Governance

The Hospital Governing Committee (HGC) is fully involved in the hospital annual planning process. It also gives advice on the long term development of the Centre.

Besides the annual plan review, the Committee discharges its governance function by reviewing regular reports on workload indicators, average length of stay, occupancy rate, admission waiting time, complaints and compliments and financial status. Progress report of hospital renovation projects and information system projects, development of new services, and staff issues are also reported to the HGC. The HGC also provides support to hospital projects and clinical services.

The Chairman of the HGC participates in the Clinical Services Management Team meeting to give guidance on the research activities of the Centre. The HGC members also sit on the Project Steering Committee to monitor the renovation project. The HGC members are actively involved in the Centre's Community Partnership Programme, hosting events in collaboration with the District Council.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Set up an Ambulatory Rehabilitation Centre to shorten the length of stay and admission waiting time of inpatients.

b. Reopen inpatient bed after completion of renovation project.

c. Start Sandy Bay shuttle bus service to improve the access to MacLehose Medical Rehabilitation Centre.

2.1 Enhanced Productivity Programme

a. Integrate administration services of the three Sandy Bay Hospitals.

b. Complete the final phase of the integration of pharmacy service of the three Sandy Bay Hospitals.

c. Integrate X-Ray service of the three Sandy Bay Hospitals.

d. Share one orthopaedic Medical Officer with Fung Yiu King Hospital.

2.3 Financing and Resource Allocation System

a. Generate Alternative Source of Income from medical and non-medical services.

b. Tight control on procurement of goods and services to ensure compliance to policy and procedures.

c. Use hospital savings in developing clinical services.

2.4 Distribution Network and Infrastructure

a. Review and improve staff and patient catering services.

b. Complete the renovation project.

c. Renovate offices to meet the needs of new organisation structure after integration of clinical and administration services.

d. Convert staff quarter into Ambulatory Rehabilitation Centre.

e. Relocate the prosthetic & orthotic services from David Trench Rehabilitation Centre and Tung Wah Hospital MacLehose Medical Rehabilitation Centre and set up main fabrication workshop and clinic.

f. Complete roll out of the Clinical Management System.

g. Provide rehabilitation consultant's service to Fung Yiu King Hospital.

h. Enhance service by sharing one rehabilitation consultant with Tung Wah Hospital.

i. Enhance quality of service by receiving geriatric consultation service from Fung Yiu King Hospital.

j. Implement Green Management System.

k. Set up Research and Development Committee to promote, facilitate and coordinate research and publication.

l. Enhance coordination of administration and financial services to improve efficiency and quality.

2.5 Quality of Care

a. Refine client-centred rehabilitation protocol and develop more community-based programme.

b. Pilot Community Pharmacy with HAHO's Chief Pharmacy.

c. Introduce dietetic service for inpatients.

2.6 Human Resource Capabilities and Management

a. Set up Learning Resource Centre to promote continuous professional development of staff.

b. Rotate nurses among Sandy Bay Hospitals to share skills and expertise.

c. Rotate the radiographer staff among Sandy Bay Hospitals to learn new skills and share expertise.

d. Rotate staff in the Finance Management Centre to increase their skill and knowledge.

MacLehose Medical Rehabilitation Centre

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	47.3	45.7	49.9
Staff Oncosts	19.1	18.3	18.6
Other Charges	7.6	8.1	9.4
Total	74.0	72.0	77.9

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient and Day Patient Discharges/Deaths	686	679	686
No. of Patient Days	33,172	34,505	34,860
Inpatient Average Length of Stay (Days)	48.7	48.6	48.6
Attendance at Specialist Outpatient Clinics — Allied Health Services	2,389	1,172	1,200

Queen Mary Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

a. To provide high quality patient-centred service to the community in an effective and efficient manner by optimum utilisation of available resources, through the concerted efforts of satisfying patients' needs, facilitating staff's motivation, and inviting public participation.

b. To capitalise on the expertise that the integrated ex-government and University Units have established in an effort to provide special tertiary care to the community.

c. To provide appropriate environment, staff and facilities for the training of nurses, other allied health workers, medical and dental undergraduates and post-graduates.

d. To facilitate research in healthcare conducted by and in association with the Medical and Dental Faculties of the University of Hong Kong.

1.2 Hospital Role

Queen Mary Hospital is an acute hospital with 1,400 beds. The Hospital provides a broad spectrum of clinical and ancillary services and is also a tertiary referral centre for many specialty services. As the teaching hospital of the Medical Faculty of the University of Hong Kong, it undertakes an important teaching role for undergraduates and postgraduates in medical, dental and nursing training.

Specialist out-patient and day care services are provided in the Hospital and also at satellite institutions located in the Western district, namely, Tsan Yuk Hospital and Western Psychiatric Centre, David Trench Rehabilitation Centre.

Queen Mary Hospital is an integral member of the Hong Kong West Cluster of hospitals. Other Cluster hospitals include Duchess of Kent Children's Hospital at Sandy Bay, Fung Yiu King Hospital, MacLehose Medical Rehabilitation Centre, Tsan Yuk Hospital and Tung Wah Hospital. As the acute tertiary centre of this cluster, the Hospital provides the cluster with cutting-edge diagnostic, therapeutic and research facilities and expertise. Beyond the Hong Kong West Cluster, the Hospital has maintained long established connections with Grantham Hospital and Nam Long Hospital, facilitating exchange and teamwork in various clinical services.

The management of Tsan Yuk Hospital was amalgamated with that of Queen Mary Hospital in October, 2000 to improve the development of clinical services through service rationalisation. As a result, Tsan Yuk Hospital would be converted into an ambulatory centre providing community services upon relocation of in-patient services to Queen Mary Hospital by the end of 2001.

1.3 Development of Hospital Governance

The hospital governance function at Queen Mary Hospital has been enhanced to strengthen communication with the front-line staff through regular open staff forums. Direct communication with patient self-help groups are also arranged for the members of the Hospital Governing Committee for exchange of views in the provision of services to meeting community needs.

Members of the Hospital Governing Committee are also invited to the strategic meetings, to be members of the Planning Committee, Ethics Committee, Finance Committee, Patient & Community Relations Subcommittee, and Professional Standard Review Committee.

Monitoring of the performance of services and the achievement of planned improvement initiatives is strengthened by the reporting mechanism at the Hospital Government Committee, covering inter alia reports by the following committees:

a. Main Committees: Ethics Committee, Finance Committee, Hospital Management Committee, Hospital Medical Committee, Planning Committee, Professional Standard Review Committee, Research Committee and Risk Management Committee.

b. Risk Management: Blood Transfusion, Clinical Audit, Infection Control, Patient Safety, Technology and Therapeutics and Resuscitation.

c. Multidisciplinary Services: Cancer Centre, Transplant Centre, Diabetics Centre and Skill Development Centre.

d. Clinical Support Services: Adult Intensive Care Unit, Allied Health Services, Diagnostic Radiology, Operating Theatre, Paediatric & Neonatal Intensive Care Unit, Pathology Services and Specialist Outpatient Clinic.

e. Non-clinical Support Services: Capital Works, Equipment & Supplies Management, Facilities & Environment Management, Human Resources and Manpower Planning, Information Technology and Information System, Medical Records, Patient & Community Relations, Staff Welfare and Supporting Services.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Formulate guidelines for new specialist outpatient cases and inter-subspecialty referral.

b. Support increased demand on liver and bone marrow transplant services.

c. Organise an early intervention programme for first onset young psychotics aged 15 to 25.

d. Establish a community psychiatric team to serve high-risk patients in the community.

e. Refer stable urological patients to Integrated Clinics.

f. Introduce Intensity Modulated Radiation Therapy to treat more Nasopharyngeal Cancer patients.

g. Open 4 beds to enhance Adult Intensive Care Unit services.

h. Open 2 additional Coronary Care Unit beds to enhance acute myocardial infarction management.

i. Shorten the waiting time for new cases in Ear, Nose, Throat Specialist Clinic.

2.2 Enhanced Productivity Programme

a. Generate Savings through the civil service Voluntary Retirement Scheme.

b. Facilitate service reorganisation and staff redeployment in the integration of obstetric and neonatal services of Tsan Yuk Hospital and Queen Mary Hospital to achieve cost saving.

c. Integrate general microbiology service of Grantham Hospital with Queen Mary Hospital.

2.3 Distribution Network & Infrastructure

a. Complete refurbishment for the relocation of acute services from Tsan Yuk Hospital to Queen Mary Hospital.

b. Initiate infection control network in HKW cluster.

c. Establish cluster-based clinical psychology service.

d. Manage clinical network centred in Queen Mary Hospital to improve Paediatric Surgery Service delivery.

e. Enhance neurosurgery collaboration with Pamela Youde Nethersole Eastern Hopsital.

f. Commission New Diagnostic & Therapeutic Services.

   i. Install Computed Radiology in the Accident & Emergency Department and Neonatal/ Paediatric Intensive Care Unit.

   ii. Install new linear accelerator with Intensity Modulated Radiation Therapy facility to replace the low energy linear accelerator.

g. Accelerate Roll-Out of Clinical Management System and other systems.

   i. Install Anaesthesia Monitoring System in operating theatres.

   ii. Replace existing Laboratory Information System with ECPath System.

   iii. Implement Dietetic & Catering Management System .

   iv. Roll out Electronic Purchase Requisition System to all departments.

   v. Increase in Intranet Coverage & PC Density to Support Clinician's Access to Information.

2.4 Quality of Care

a. Develop guidelines on emergency admission management (eg. heart failure and stroke).

b. Provide universal screening for HIV for antenatal patients.

c. Introduce the technique of Intravascular Brachytherapy for Coronary re-stenosis.

d. Enhance fracture-related osteoporosis management.

e. Strengthen Community Nursing Service support to selected clinical specialties.

f. Use second generation anti-psychotic drugs, anti-depressant drugs and anti-dementia drugs more extensively to enhance the quality of life of patients.

g. Obtain laboratory accreditation with College of American Pathologist Laboratory Accreditation Programme.

2.5 Human Resource Capabilities & Management

a. Employ more doctors to alleviate the workload of frontline doctors in achieving a weekly rest day.

b. Support the programme of Wider Economic Participation to strengthen the basic clerical support and fundamental health care delivery of the frontline staff.

Queen Mary Hospital

Budget & Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	1,275.7	1,266.3	1,269.0
Staff Oncosts	557.4	565.0	543.0
Other Charges	349.7	371.7	411.0
Total	2,182.8	2,203.0	*2,223.0

* Budget excluding allocation for integration of services with Tsan Yuk Hospital in January, 2002.

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	145,071	144,803	144,000
No. of Inpatient & Day Patient Discharges/Deaths	96,762	96,809	100,800
No. of Patient Days	425,685	413,213	423,000
Inpatient Average Length of Stay (Days)	5.8	5.5	5.4
Attendance at Specialist Outpatient Clinics			
— Clinical Services	508,388	481,705	466,200
— Allied Health Services	204,436	199,364	198,000

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	8.2 weeks	5.0 weeks*	5.0 weeks*
Specialist Outpatient Service Average Queuing Time	48 mins	46 mins	46 mins
Average Waiting Time for Major Elective Surgery	Nil	2.2 mths	2.2 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	93.6%	94%	95%
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	43,282	47,412	52,400
Psychogeriatric Team – No. of outreach attendances	6,657	7,013	7,000

* Median actual waiting time.

Remark: Projections have taken into account the following:

- Outpatient and allied health services relocated to Queen Mary Hospital since May, 2000
- Planned relocation of obstetric and neonatal activities form Tsan Yuk Hospital to Queen Mary Hospital
- New clinical programmes such as integrated clinic, Community Nursing Service and psychiatric activities

Tsan Yuk Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

a. To provide quality service for pregnant women and their newborns, including prenatal diagnostic and counseling services by a team of caring staff, and in so doing, to gain the trust and respect of patients and the community.

b. To provide high standard and friendly service for women detected to have abnormalities on health screening.

c. To provide comprehensive and holistic care for stable chronic patients in a community-oriented setting.

d. To provide training and research facilities for medical students, doctors especially family medicine trainees, nurses and other professionals.

1.2 Hospital Role

Tsan Yuk Hospital is an acute hospital providing obstetric and neonatal services for booked patients and complicated/emergency patients referred from other institutions with around 70% coming from Hong Kong Island.

The Hospital provides territory-wide prenatal diagnostic and counselling services to women at risk of giving birth to babies with congenital abnormalities. The Prenatal Diagnostic & Counselling Department receives referrals for diagnosis and screening of fetal congenital abnormalities, and conducts counselling sessions for couples with complicated pregnancy.

The Hospital provides training for medical students of The University of Hong Kong, post-graduate training and research facilities for doctors and obstetric training for nursing students of Queen Mary Hospital and The University of Hong Kong. It also provides training for family medicine trainee.

The Hospital operates a specialist outpatient clinic service for obstetric patients and neonates. Its Day Centre provides walk-in consultation, healthcare services and health education activities in antenatal, postnatal and neonatal care for discharged patients. The Lady Helen WOO Women's Diagnostic and Treatment Centre of the Hospital offers high standard, centralised and comprehensive diagnostic, treatment and counselling services to women with gynaecological abnormalities detected on health screening. It accepts referrals from private health practitioners, women's health centres as well as other Specialist Outpatients Departments in HA hospitals. Its Woman and Child Health Resource Centre provides health education activities and resource material for the promotion of women and children's health.

Within the cluster, the Hospital has strong networking relationship. Queen Mary Hospital which manages the ultra-high risk pregnancies (with medical or surgical conditions) transferred from Tsan Yuk Hospital, provides surgical support to neonates and performs special biochemical laboratory tests/pathological examinations for its in-patients and outpatients. Grantham Hospital provides cardiology support to neonates of Tsan Yuk Hospital. Duchess of Kent Children's Hospital at Sandy Bay provides paediatric surgical and orthopaedic support as well as neuro-developmental assessment and rehabilitation to neonates with congenital malformation or handicap. Outside the cluster, Tsan Yuk Hospital has close liaison with Kwong Wah Hospital in the development of new technology in Prenatal Diagnostic Service.

Externally, the Hospital maintains close relationship with the Department of Health to provide shared antenatal care for low risk obstetric clients, the University of Hong Kong for advanced technology in obstetric, gynaecological and neonatal care, as well as the Ma Chung Ho Kei Foundation, District Council and Hong Kong Family Planning Association.

To enhance the quality of patient care and maximise utilisation of resources, the healthcare service delivery amongst Hong Kong West Cluster hospitals will be rationalised. Following the amalgamation of management function of Tsan Yuk Hospital with Queen Mary Hospital since October 2000, it is planned that the inpatient obstetrics, neonatal and anaesthetic services will be relocated to Queen Mary Hospital in October 2001. By then, Tsan Yuk Hospital will be redeveloped into a community centre providing outpatient/day services relating to antenatal care, prenatal diagnosis, women's health, as well as other community-based services.

1.4 Development of Hospital Governance

The Hospital Governing Committee comprises leading members of the community with representatives from various sectors who have been providing valuable input and advice to the hospital.

At the regular Hospital Governing Committee meetings, hospital progress reports are presented for monitoring of hospital performance. Important issues like annual hospital plans and future service development are raised for discussion so that policies could be formulated and decisions made. Ad-hoc meetings would be conducted when necessary. Hospital Governing Committee and members will be well informed of special issues and matters that may arouse media interest. Hospital Governing Committee members are invited to participate in major functions and events of the Hospital to demonstrate support and appreciation of the hard work and dedicated efforts of the staff.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Initiate the re-modelling of Tsan Yuk Hospital into a community centre to provide outpatient/ day service to women and elderly patients.

b. Foster collaboration with the community nursing service and community geriatric assessment team to provide outreaching community care to the elderly patients.

c. Expand family medicine training programme and collaborate with Specialist Outpatient Department of Queen Mary Hopsital and Tung Wah Hospital to reduce specialist outpatient waiting time.

2.2 Enhanced Productivity Programme

a. Relocate obstetric, paediatric and anaesthetic in-patient services to Queen Mary Hospital.

b. Amalgamate the management functions with Queen Mary Hospital to right-size administration staff.

c. Participate in the Government's Initiatives for Wider Economic Participation to alleviate the work-load of clinical staff.

d. Follow up the supporting service management and redeploy surplus staff after relocation of in-patient services.

2.3 Financing and Resource Allocation System

a. Optimise utilisation of space after relocation.

b. Explore possible Alternative Source of Income by collaborating with other community programmes.

2.4 Distribution Network & Infrastructure

a. Implement Clinical Management System at Women Diagnostic and Treatment Centre.

b. Upgrade the server to improve efficiency of communication.

c. Establish ultrasound computer management system in Prenatal Diagnostic and Counselling Department to improve workflow and patient management.

2.5 Quality of Care

a. Provide screening and early intervention programme for postnatal depression.

b. Provide universal HIV screening for pregnant women at antenatal clinic and appropriate management for infected mothers and babies.

c. Establish in-situ cover-slip method for prenatal cytogenetic diagnosis.

d. Consolidate multi-disciplinary development care programme for high risk infants.

e. Merge the premature parent support group of Queen Mary Hospital and Tsan Yuk Hospital.

f. Develop a multidisciplinary health promotion programme to improve patients' awareness of healthy life style.

2.6 Human Resource Capabilities and Management

a. Enhance professional knowledge and competence of nurses on neonatal surgical and paediatric intensive care.

b. Provide training and prepare for future development for the central pool nurses.

c. Provide training and exposure for the family medicine trainee by recruitment of trainer.

d. Manage staff under Voluntary Retirement Scheme and termination of temporary staff after relocation.

Tsan Yuk Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	130.7	117.0	90.7
Staff Oncosts	57.3	51.4	40.0
Other Charges	24.3	29.6	22.2
Total	212.3	198.0	* 152.9

* Budget after integration of services with Queen Mary Hospital in January, 2002.

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	12,685	13,000	9,000
No. of Patient Days	34,177	35,000	25,000
Inpatient Average Length of Stay (Days)	3.9	4.0	4.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	36,684	38,000	39,600
— Allied Health Services	5,582	5,500	6,500

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	2.9 weeks	2.0 weeks*	3.0 weeks*
Specialist Outpatient Service Average Queuing Time	30 mins	20 mins	25 mins

* Median actual waiting time.

Remark: The projected data has taken into consideration the relocation of Paediatric and Obstetric inpatient service, Paediatric Specialist Outpatient Department, Antenatal and Paediatric Day Centre activity to Queen Mary Hospital in end October, 2001.

Tung Wah Group of Hospitals Fung Yiu King Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

We are a group of professional, patient-centred staff, who team up with the community in providing holistic and high quality elderly and rehabilitation health services. We also carry one of the Tung Wah Group of Hospitals' missions 'to care for the elderly and to rehabilitate the disabled'.

1.2 Hospital Role

Tung Wah Group of Hospitals Fung Yiu King Hospital is a 296 bed extended care hospital specialising in geriatric service. It provides rehabilitation and convalescence to medical and orthopaedic patients. It also provides community outreach service through its Community Geriatric Assessment Team. The units in the hospital are Geriatrics and Medical Unit (80 beds), Geriatric Rehabilitation Unit (16 beds) Orth-geriatric Rehabilitation Unit (8 beds), Orthopaedics and Traumatology Unit (112 Beds), Infirmary (80 beds) and Geriatric Day Hospital (22 beds). The Hopsital also runs a Continence Clinic, an Elderly Assessment Clinic and a Geriatric Nurse Clinic.

Fung Yiu King Hospital mainly serves the Hong Kong West population. Inpatients are transferred from Queen Mary Hospital or directly admitted through the Community Geriatric Assessment Service. The 22 places Geriatric Day Hospital is the only Geriatric Day Hospital in the whole Hong Kong West Cluster. Patients come from Fung Yiu King Hopsital's discharged inpatients, Geriatrics Outpatient Clinic, Queen Mary Hospital and Geriatric Units of other hospitals. The Hospital jointly operates a Geriatrics Outpatient Clinic which is situated at Queen Mary Hospital. It also operates a Community Geriatric Assessment Service which mainly provides medical consultation at Care and Attention Homes and Private Old Aged Homes and pre-admission assessment service for Nursing Homes, Care and Attention Homes and clients on the Central Infirmary Waiting List. The Community Geriatric Assessment Team collaborates with Non-government Organisations and Community Nursing Service in providing seamless health care to high-risk elderly living in the community.

The Hospital is closely collaborating with Non-government Organisations on various health education, promotion and assessment services. It also collaborates with the Social Welfare Department the Standardised Care Need Assessment for Elderly Service and the Department of Health for its Elderly Health Centres.

The Hospital teaches nursing students and medical students of the University of Hong Kong. It also teaches gerontological courses for School of Professional and Continuing Education (SPACE) of the University of Hong Kong. Research on model of elderly health care service delivery, rehabilitation outcome and clinical profiles of elderly are conducted. It takes up training of Family Medicine physicians and Geriatric Specialists. It also participates in the teaching of the Postgraduate Diploma in Community Geriatrics.

In the area of non clinical service, the Hopsital operates the Non-emergency Ambulance Transport, the messengerial transport and typhoon transport services of the Hong Kong West Cluster.

1.3 Development of Hospital Governance

The Hospital Governing Committee (HGC) is fully involved in the hospital annual planning process and in reviewing the achievement of annual plan.

Besides the annual plan review, financial and workload indicators, mortality rate, average length of stay, occupancy rate, complaints and compliments are reported at bimonthly HGC meetings.

To support hospital governance, new developments at hospital, cluster and corporate levels are presented to the Hospital Governing Committee. Communication between the committee and staff is achieved at the annual presentation of the Staff Recognition Award at the hospital Christmas Party.

The Tung Wah Group of Hospitals Board continues to sponsor projects, donate equipment and sponsor staff training and development to support the hospital's service in elderly care and rehabilitation.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Extend Elderly Assessment Clinic and Community Geriatric Assessment Service to private old aged homes to decrease utilisation of acute hospital service.

b. Pilot telemedicine consultation in 5 Care and Attention Homes, private Old Aged Homes and Multi-services Centre for the Elderly to improve care to patients served by the Community Geriatric Assessment Team patients.

c. Train Family Medicine physicians trainees in caring for the elderly.

d. Increase Community Geriatric Assessment Service to cover 80% of private old age homes in the Hong Kong West Cluster.

e. Pilot telenursing consultation in designated Care and Attention Homes, private Old Aged Homes and discharged high-risk elderly to improve care for the frail elderly served by the Community Geriatric Assessment Team.

f. Collaborate with Home Helper Team of Non-government Organisations to develop Gerontological Nurse Clinic in Hong Kong West.

g. Provide clinical and practical skill training of nursing students of the University of Hong Kong in gerontological nursing care.

h. Provide shuttle bus service to improve the access of Sandy Bay.

2.2 Enhanced Productivity Programme

a. Integrate administration services of the 3 Sandy Bay Hospitals.

b. Complete the final phase of the integration of the pharmacy services of the 3 Sandy Bay Hospitals.

c. Integrate X Ray services of the 3 Sandy Bay Hospitals.

d. Integrate medical service with MacLehose Medical Rehabilitation Centre.

2.3 Financing and Resource Allocation System

a. Generate Alternative Source of Income from medical and non-medical services.

b. Tighten control of drug expenditure and monitor closely the polypharmacy to cope with increasing complexity and acuity of patients.

2.4 Distribution Network and Infrastructure

a. Enhance networking of Community Geriatric Assessment Service and Community Nursing Service with other cluster hospitals and primary care physicians in the delivery of community aged care services in Hong Kong West.

b. Implement Clinical Management System to increase efficiency and quality of care.

c. Provide geriatric consultation services to MacLehose Medical Rehabilitation Centre.

d. Joint recruitment of volunteer programme for Fung Yiu King Hospital and Duchess of Kent Children's Hospital.

e. Implement Inventory Control System.

f. Implement Purchase Requisition Initiation System.

g. Implement Green Management System.

h. Enhance coordination of administration and financial services to improve efficiency and quality.

2.5 Quality of Care

a. Conduct clinical audit on hospital readmission, defaulter of Geriatric Day Hospital and appropriate use of specialist care to elderly in private old aged homes.

b. Conduct nursing audit on use of physical restraint and naso-gastric tube feeding.

c. Implement ward-based Continence Rehabilitation Programme.

d. Implement ward-based Feeding Enhancement Programme.

e. Pilot Community Pharmacy Project.

f. Pilot Nutrition Service in private old aged homes.

g. Provide computerised assistive device loan service.

h. Integrate rehabilitation service (physiotherapy and occupational therapy) in Geriatric Day Hospital.

2.6 Human Resource Capabilities and Management

a. Rotate nurses among the 3 Sandy Bay Hospitals to share skills and expertise.

b. Train artisan to be multi-skill to improve maintenance of hospital buildings.

c. Provide English writing course to unit heads and professional staff.

d. Promote staff rotation in Finance Management Centre to increase their skill and knowledge.

Tung Wah Group of Hospitals Fung Yiu King Hospital

Budget & Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	68.7	68.3	72.0
Staff Oncosts	26.8	27.0	26.7
Other Charges	14.7	14.7	14.1
Total	110.2	110.0	112.8

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	2,869	2,874	2,800
No. of Patient Days	88,489	89,784	89,000
Inpatient Average Length of Stay (Days)	28.2	28.9	29
Attendance at Specialist Outpatient Clinics — Allied Health Services	287	246	240

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Community Geriatric Assessment Team – No. of outreach attendances	13,431	22,196	18,000

Tung Wah Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of Tung Wah Hospital is:

a. To enhance specialty care service leading to consistent and high-quality healthcare to the community through continuous improvement in medical, nursing and supportive care services.

b. To be a responsible and responsive hospital service provider through the promotion of efficiency, cost effectiveness, staff dedication and community participation.

c. To collaborate with other healthcare providers, social service agencies and cluster partners in maximising the hospital benefits to the local community.

d. To maintain and sustain Tung Wah's tradition of providing medical attention to those in need so that no one should be denied from obtaining adequate medical attention due to lack of means.

1.2 Hospital Role

Tung Wah Hospital is a community-based hospital with 707 beds including 27 day beds (10 in the Day Surgery Centre and 17 in the Renal Unit) and 26 day places (20 in the Day Rehabilitation Centre and 6 in the Cardiac Rehabilitation and Prevention Centre) as at 31, March, 2001. The Hospital serves mainly residents in the Mid-levels, Central, Sheung Wan, Sai Ying Pun, Shek Tong Tsui, Kennedy Town and Mount Davis area.

The Hospital provide services mainly by its Department of Surgery and Department of Medicine. The clinical team mix of Surgical Department follows that of Queen Mary Hospital (QMH) and are divided into Hepatobiliary, upper GI/Oesophagus, Colorectal, Breast, Endocrine, Urology, General Surgery, Plastic/Head and Neck, Vascular, Neurosurgery, Ear, Nose, Throat and Ophthalmology. The Medical Department provides general medicine services and subspecialty services at secondary level in Cardiology, Gastroenterology, Nephrology, Neurology and Rehabilitation Medicine.

As an integral member of the Hong Kong West Cluster of hospitals, Tung Wah Hospital works closely with Queen Mary Hospital. To provide efficient convalescent support to Queen Mary Hopsital, the arrangement of automatic or direct clinical transfer of patients from Queen Mary Hospital to Tung Wah Hopsital has been streamlined.

To cope with ageing population, shift in disease patterns towards chronic diseases and changing community needs, the Hospital had undergone service re-organisation to develop rehabilitative services and to take on the strategic role of a community-based hospital with focus on essential ambulatory sub-specialty developments in the past few years. With effect from mid-2001, the Hospital will also add on new service including the Geriatric Urology Centre, a Breast Centre and an Ambulatory Diagnostic Centre on C5 Centenary Building. Upon reorganisation, Pharmacy, Radiology, Pathology, Medical Social Services, Physiotherapy, Occupational Therapy, Speech Therapy, Clinical Psychology, Dietetics Services, Podiatry and Chaplaincy Services wil be enhanced to match with its new role and expanded service.

The Hospital plays an active role in both undergraduate and postgraduate education for medical and dental students/graduates.

1.3 Development of Hospital Governance

a. The Hospital Governing Committee (HGC) of Tung Wah Hospital oversees the management of Tung Wah Hospital.
b. The HGC actively participates in the hospital planning process and setting future direction.
c. The Committee receives regular comprehensive management and financial reports and monitors the achievements of Hospital Annual Plan and policies.
d. Apart from participation in hospital functions and visits, the Committee constantly monitors and reviews specific and risk management issues in various task-oriented committees/sub-committees meetings.
e. Members of the Committee maintain good communication with the front-line staff through regular consultation committee meetings, direct communication with patient self-help groups Centre and review of complaints and appeals.
f. To support hospital governance, the Group Internal Audit assists the hospital and its senior management to fulfil its internal management control responsibilities in a cost-effective manner.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Enhance arrangement of automatic or direct clinical transfer of patients from Queen Mary Hospital.

b. Maintain waiting time for its Specialist Outpatient first attendance to 5 weeks.

c. Set up a referral triage centre for Ear, Nose, Throat Clinic to assess appropriateness of referrals and reduce waiting time.

d. Convert a surgical ward into three sub-specialty Day Centres, namely Geriatric Urology Centre, the Breast Centre and Ambulatory Diagnostic Centre to promote direct access surgery.

e. Plan introduction of Family Medicine clinic to provide primary and continuing outpatient care.

f. Reduce response time of doctor's referral for Occupational Therapy Service.

g. Develop a hospital webpage to provide an alternative access to hospital information by the public.

2.2 Enhanced Productivity Programme

a. Streamline management and supervisory structure in the Operating Theatre and Day Surgery.

b. Rationalise Receiving Room service.

c. Restructure support services jobs with staff retraining and redeployment necessary.

d. Restructure work-flow of the Occupational Therapy Department and Renal Ward to increase operational efficiency.

e. Monitor and Control the use of drugs to ensure cost-effective therapy.

f. Implement water and energy conservation measures.

2.3 Financing & Resource Allocation system

a. Decentralise budget for medical instruments and consumables to encourage effective resources management at the department level.

b. Centralise budget for personal emoluments and general supplies to generate savings.

c. Explore Alternative Sources of Income by reviewing Privately Purchased Medical Items.

2.4 Distribution Network & Infrastructure

a. Integrate rehabilitation services with Fung Yiu King Hospital and MacLehose Medical Rehabilitation Centre to establish close service networking.

b. Integrate Cluster Clinical Psychology Service to restructure fragmented service areas and ensure efficient service delivery.

c. Establish Cluster-based Audiology Service with Queen Mary Hospital and Duchess of Kent Children's Hospital at Sandy Bay to streamline referral of patients requiring specialised audiological service.

d. Implement IT/IS initiatives to assist the delivery of quality service:

   i. Roll out the Clinical Management System to Day and Outpatient Department.

   ii. Roll out Computerised Automatic Refill System to other wards.

   iii. Rolled out auto-refill system of instrument stock and bulky general items stock to all wards.

e. Implement major capital projects to improve infrastructure facilities and building services:

   i. Add one Passenger Lift and Replace 2 Passenger & 1 Service Lifts for Centenary Building.

   ii. Renovate Lift Lobbies for Centenary Building.

   iii. Install Air-conditioning System for Surgical Wards at Centenary Building.

   iv. Implement alteration Work to the Waiting Areas of X-ray Department.

v. Start re-roofing Work on the Roof of Low Block, Centenary Building.

vi. Replace Acoustic Panel of Chiller Plants on the Roof of Low Block, Centenary Building.

2.5 Quality of Care

a. Continue to conduct Patient Satisfaction Survey.

b. Promote Evidence-Based Practice by:

i. Epidemiological study on groin hernia.

ii. Randomised study on groin hernia repair.

iii. Randomised study on day case ureteroscopic surgery.

iv. Further study on day case transuretural prostatic surgery.

v. Audit on the use of Advanced Breast Biopsy Instrument.

vi. Prospective study on the treatment of hormonal resistant prostate cancer.

c. Promote compliance to recommendations of Drug Administration Procedure Report to ensure patients' safety.

d. Extend the "Elderly Seating adaptation Programme" to Surgical, Chronic and Infirmary wards to minimise the re-admission rate by training patients with proper positioning in daily activities.

e. Conduct Clinical Audits on: discharge summaries, Radiation Safety, Indwelling Urinary Catheter Care, Pressure Ulcer, Fall Prevention, Waste Management, Universal Precautions, Cardiopulmonary Resuscitation.

f. Implement the "Type and Screen" method for routine pre-transfusion compatibility testing to reduce blood wastage.

g. Review manual on resuscitation, day surgery, ward and operating theatre.

h. Conduct reviews on routine vital signs observation, intake and output charting, disinfectant policy, nursing standard.

i. Organise health talks to enhance public health awareness by Patient Resource Centre.

j. Organise psycho-educational classes for stroke rehabilitation patients.

k. Organise various psychotherapeutic group for carers/relatives of palliative care, renal and cardiac patients.

l. Set up hotline services at Outpatient Department to answer patients' inquiry.

m. Replace heavy and coarse wool blankets with light and wash-durable quilted blankets for patients.

2.6 Human Resource Capabilities & Management

a. Conduct communication and counselling skills training to staff.

b. Develop continuous learning environment and education system for nurses and support workers.

c. Enhance training to supporting staff.

d. Conduct training and development programmes to enhance supervisory and managerial skills of supervisors.

e. Review workload of frontline healthcare professionals to address pressure areas.

f. Enhance internal communication mechanism through staff forum and briefing sessions.

g. Review and enhance Occupational Safety and risk management systems.

i. Organise campaigns to honour and recognise contribution of staff and teams.

Tung Wah Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	238.3	231.0	233.8
Staff Oncosts	100.1	99.8	94.0
Other Charges	65.1	56.4	54.3
Total	403.5	387.2	382.1

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	21,740	20,304	21,000
No. of Patient Days	187,271	175,779	180,000
Inpatient Average Length of Stay (Days)	18.4	18.5	18.5
Attendance at Specialist Outpatient Clinics			
— Clinical Services	48,985	45,844	48,000
— Allied Health Services	20,813	11,693	11,000

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	8.7 weeks	5.0 weeks*	5.0 weeks*
Specialist Outpatient Service Average Queuing Time	48 mins	52.5 mins	55 mins
Average Waiting Time for Major Elective Surgery	4.4 mths	3.0 mths	3.0 mths
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	7,684	Nil	Nil

* Median actual waiting time.

Background

The Kowloon East cluster comprises Haven of Hope Hospital, Tseung Kwan O Hospital and United Christian Hospital. It serves a population of 0.87 million, covering the districts of Kwun Tong and part of Sai Kung. The cluster is facing the increasing service demand for beds and medical services due to the growing population in Tseung Kwan O as well as the aging population in Kwun Tong. It is projected that by the year of 2006, 14.7% of the cluster population will be aged 65 or above, as against the territory average of 11.2%.

The cluster provides a wide range of acute, extended, ambulatory and community care services. As at 31 January 2001, there was a total of 1,999 beds, comprising 1,493 acute beds, 476 convalescent/ rehabilitation and infirmary beds, and 30 mentally ill beds. Besides inpatient facilities, specialist outpatient services are provided in all the 3 hospitals. Geriatric day hospital service is provided at Yung Fung Shee Memorial Centre.

The 3 hospitals in the cluster have complementary roles in the provision of services. United Christian Hospital and Tseung Kwan O Hospital provide 24-hour emergency services and acute services. Haven of Hope Hospital provides rehabilitation and extended services support, and specialises in Medical and Geriatric Convalescent and Rehabilitative Services, Palliative and Hospice Care, Pulmonary and Infirmary Services. In view of the great demand on convalescent inpatient bed support, cluster hospitals also collaborate with the Kowloon Hospital in expanding convalescent support to the cluster with the opening of new beds in the Kowloon Hospital Rehabilitation building.

To cope with the growing population and the changing needs of the community efficiently and effectively, the cluster will strengthen the inpatient service by opening 91 additional acute general beds in United Christian Hospital and 52 additional beds (including 4 intensive care beds and 48 acute general beds) in Tseung Kwan O Hospital. It will also commission 40 psychiatric day hospital places in United Christian Hospital. To optimise use of resources and avoid duplication, a cluster-based approach will be taken in planning different specialty services. The cluster will also continue to work in close collaboration with other health care providers, through direct referral network with General Practitioners and enhanced service support to Private Old Aged Homes, to promote seamless healthcare across organisation boundaries.

Programmes and Targets

		Completion Date
1.	Open 91 additional acute general beds in United Christian Hospital and 52 additional beds (including 4 intensive care beds and 48 acute general beds) in Tseung Kwan O Hospital to increase inpatient service provision in Kwun Tong and Tseung Kwan O area.	*3Q 01*
2.	Commission 40 psychiatric day hospital places at United Christian Hospital to enhance community psychiatric service in the Kowloon East cluster.	*3Q 01*
3.	Establish 8 outreach clinics at Private Residential Care Homes and one additional outreach medical clinic for subvented Care and Attention Homes to enhance Community Geriatric Assessment Team/service support for the community in Tseung Kwan O/Sai Kung region.	*2Q 01*
4.	Install Clinical Management System in Haven of Hope Hospital to facilitate efficient and accurate clinical information flow among cluster hospitals for better patient care.	*4Q 01*
5.	Establish clinical practice guidelines and flow-charts to improve the management of patients with common conditions in infirmary service.	*1Q 02*
6.	Install and commence Magnetic Resonance Imaging service in United Christian Hospital.	*1Q 02*

Haven of Hope Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To provide holistic and quality health care service based on the love of Christ, professional excellence and progressive attitudes through which to witness the Christian Gospel; and solemnly care and respect every individuals' life, helping patients and their families to face diseases, suffering and even death with dignity and peace.

1.2 Hospital Role

Haven of Hope Hospital is a 437-bed rehabilitation oriented hospital situated at Tseung Kwan O, providing Pulmonary Medicine, Geriatric Assessment and Rehabilitation, Palliative Care and Infirmary Care services. As a member of the Kowloon East Cluster, there is a very close collaboration between Haven of Hope Hospital and the other two acute hospitals in the cluster namely United Christian Hospital and Tseung Kwan O Hospital in alleviating the demand of acute beds, especially for patients requiring multiple acute admissions.

1.3 Development of Hospital Governance

The Hospital Governing Committee actively participates in policy formulation and performance monitoring of its hospital services. Reports are sent to its Hospital Governing Committee members on a monthly basis and meetings are held regularly to monitor hospital performance, risk management and to discuss policy issues. To enhance the effectiveness of the Committee, presentations and visits are arranged regularly to enrich and update members' understanding on various aspects of hospital services.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Enhance palliative home care service in Tseung Kwan O.

b. Extend Community Geriatric Assessment Service to more private old aged home residents.

c. Strengthen tuberculosis service in Kowloon East Cluster.

d. Enhance infirmary care through streamlined admission of referred pulmonary and palliative care patients.

2.2 Enhanced Productivity Programme

a. Re-deploy surplus staff to clinical area upon suspension of enrolled nurse training programme.

b. Replace electronic ballast for all fluorescent lamps and install water saving devices at all water taps and showers to achieve savings.

c. Critically review hospital's staff mix and skill mix upon staff wastage.

2.3 Financing & Resources Allocation System

a. Explore potential areas for cost reduction.

b. Control cost and monitor expenditure through regular reporting.

2.4 Distribution Network & Infrastructure

a. Expand the scope of community nursing service in Tseung Kwan O and Sai Kung area.

b. Flexible utilisation of convalescent/rehabilitation beds to support United Christian Hospital and Tseung Kwan O Hospital.

c. Implement Clinical Management System to facilitate efficient and accurate clinical information flow among Kowloon East Cluster.

d. Establish network with Haven of Hope Christian Service's long term care institutes for sharing of clinical experience, protocols and guidelines.

e. Enhance support to discharged patients by further developing community involvement and volunteer service.

f. Implement auto-refill system for medical consumables and linen cart exchange system in wards.

g. Continue to participate in the "Healthy City – Tseung Kwan O" movement.

2.5 Quality of Care

a. Enhance psycho-social spiritual care to patients and their family members.

b. Develop care pathways for selected high volume/risk disease type and procedures.

c. Conduct clinical audits in selected clinical practices.

d. Establish recognised environmental management system in the hospital.

e. Implement central sluicing for foul linen.

2.6 Human Resource Capabilities & Management

a. Strengthen manpower support in hospital computer systems and networks.

b. Promote health at work by continuing the Healthy Hospital development.

c. Implement 5S (五常法) (Structurise, Systemise, Sanitise, Standardise and Self-discipline) concept in workplace.

d. Support nursing staff to update professional knowledge and development.

e. Recruit staff from the Initiatives for Wider Economic Participation to relieve work pressure areas.

Haven of Hope Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	153.2	154.2	160.6
Staff Oncosts	61.5	61.8	61.9
Other Charges	41.6	36.4	36.5
Total	256.3	252.4	259.0

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	6,144	6,294	5,940
No. of Patient Days	147,288	146,100	138,000
Inpatient Average Length of Stay (Days)	21.1	21	21
Attendance at Specialist Outpatient Clinics			
— Clinical Services	7,783	6,852	6,650
— Allied Health Services	11,369	3,942	4,060

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	0.5 weeks	0.5 weeks*	0.5 week*
Specialist Outpatient Service Average Queuing Time	20.2 mins	21 mins	<=30 mins
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	22,814	29,474	30,000
Community Geriatric Assessment Team – No. of outreach attendances	1,327	2,000	2,000

* Median actual waiting time.

Tseung Kwan O Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

"To provide patient care and service good enough for our own parents without the need for special arrangements".

1.2 Hospital Role

The new Tseung Kwan O Hospital is a general acute hospital with a designed capacity of 458 inpatient beds serving the growing population in Tseung Kwan O and Sai Kung areas.

The Hospital started its service by phases in December 1999. At present, 358 inpatient beds including intensive care beds and 30 day beds have been put into use. The Hospital provides a 24-hours accident and emergency and a comprehensive range of inpatient, outpatient, and ambulatory services at secondary level in the clinical specialties of Medicine, Surgery, Paediatrics, Orthopaedics and Traumatology and Gynaecology. The clinical departments are well supported by Anaesthesia, Clinical Pathology and Radiology departments. The Hospital also provides outpatient services for Ear, Nose, Throat and Eye.

The Hospital clusters with United Christian Hospital and Haven of Hope Hospital to provide continuous care to the local community. In line with the worldwide trend towards ambulatory care which is particularly suited for the relatively young population of Tseung Kwan O, the Hospital's ambulatory care service will play an important role in turning the Hospital into a community hospital within the region.

The Hospital will further strengthen its services when it opens 52 additional beds in mid 2001.

1.3 Development of Hospital Governance

Preparation is underway for the establishment of its Hospital Governing Committee. HA Head Office will work closely with the Hospital in defining the future role and structure of the Hospital Governance Body to ensure the provision of optimal support and monitoring of the new hospital in its governance functions.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Commission 48 acute inpatient beds and 4 Intensive Care Unit beds to meet the growing needs of the Tseung Kwan O community.

b. Provide additional specialist outpatient quotas to cater for the increasing community demand.

c. Provide 24 hour Accident & Emergency service to relieve the workload of the nearby Accident & Emergency Department of United Christian Hospital.

d. Set up Integrated Clinics in Tseung Kwan O Hospital to relieve the high demand in the Specialist Outpatient Clinics.

e. Reduce waiting time at Integrated Rehabilitation Department by combined appointment booking to improve efficiency.

2.2 Enhanced Productivity Programme

a. Contract out security, domestic, transportation, car park and staff canteen services.

b. Enhance role of support workers in rehabilitation services.

c. Reduce accumulated annual leave in all departments by better planning and work schedule monitoring.

d. Implement energy conservation measures to save utility cost.

e. Set up a flat organisation structure to minimise managerial ranks in clinical service.

2.3 Financing & Resource Allocation System

a. Instill cost awareness in clinical departments.

b. Assist department in the optimal utilisation of resources.

2.4 Distribution Network &Infrastructure

a. Continue to participate in the "Cook-Chill" receptor programme of Pamela Youde Nethersole Eastern Hospital.

b. Collaborate with United Christian Hospital and Haven of Hope Hospital in Kowloon East cluster and Pamela Youde Nethersole Eastern Hospital in the Hong Kong East cluster for Laboratory Services.

c. Network with clinics of the Haven of Hope Christian Service for seamless healthcare delivery.

d. Network with United Christian Hospital for the provision of Ear, Nose, Throat services.

e. Network with United Christian Hospital for the provision of Eye service and Hong Kong Eye Hospital for orthoptist service.

f. Network with United Christian Hospital for the provision of inpatient Psychiatric support.

g. Network with Queen Elizabeth Hospital for Neurosurgical and Trauma service.

h. Partner with the community stakeholders to promote self-care awareness and primary care.

2.5 Quality of Care

a. Establish a safety committee to look into the occupational health and safety of staff.

b. Conduct Clinical Audit activities in clinical departments.

c. Provide senior coverage to improve clinical supervision and accountability in all departments.

d. Establish a Hospital Library with electronic Knowledge Gateway to support and improve staff training.

e. Establish a Training & Development infrastructure to support staff training needs.

f. Enhance radiologist support to clinicians by providing home access to hospital images during off hours.

g. Establish a Health Resource Centre to enhance community participation and promote health education.

2.6 Human Resource Capabilities and Management

a. Organise care for the staff programmes to address staff sentiment and improve communication with staff.

b. Promote multi-skilling of staff to improve service efficiency.

c. Support the Initiatives for Wider Economic Participation programme to relieve the work load of front line workers in specific areas.

d. Inculcate a continuous learning atmosphere and environment.

Tseung Kwan O Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	5.7	210.6	283.6
Staff Oncosts	2.9	98.4	116.7
Other Charges	16.2	84.2	89.1
Total	24.8	393.3	489.4

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance		52,500	110,000
No. of Inpatient & Day Patient Discharges/Deaths		10,500	23,000
No. of Patient Days		42,500	110,000
Inpatient Average Length of Stay (Days)		4.6	4.8
Attendance at Specialist Outpatient Clinics			
— Clinical Services	2,071	35,000	55,000
— Allied Health Services	–	17,000	26,000

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time	13.1 weeks	8.0 weeks*	5.0 weeks*
Specialist Outpatient Service Average Queuing Time		45 mins	45 mins
Average Waiting Time for Major Elective Surgery		1.5 mths	1.5 mths
Accident & Emergency Triage 1 (0 min)		100%	100%
Accident & Emergency Triage 2 (15 mins or less)		95%	95%

* Median actual waiting time.

United Christian Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

United Christian Hospital is dedicated to serve the community through the application of Christian Faith and the teachings of Jesus to love and care for the sick, and to promote community participation in attaining a state of physical, mental and social well-being of the individuals in the community.

The goals of the hospital are:

a. to provide comprehensive quality healthcare for the community through provision of medical, nursing and supportive care.

b. to promote community and participation among hospital staff, hospital and community.

c. to disseminate knowledge of health, promote healthy life style and to inculcate in each person a responsibility for one's own health.

d. to pursue advancement of medical and healthcare through training and exchange of knowledge with local and overseas professional organisations.

e. to be a responsible and responsive hospital through promoting dedication, competency and efficiency among staff and the appropriate use of resources.

1.2 Hospital Role

The Hospital is one of the two acute hospitals in East Kowloon. Together with Tseung Kwan O Hospital, it covers a service area of East Kowloon, Tseung Kwan O and part of Sai Kung. The Hospital provides comprehensive acute hospital service, specialist outpatient service, ambulatory and outreach geriatrics and psychiatry services in selected areas.

1.3 Development of Hospital Governance

The Hospital was under the United Christian Medical Service Board before the taking over by the HA. On formation of the Hospital Governing Committee (HGC), members of the United Christian Medical Service Board were appointed as HGC members, while HA appointed additional HGC members.

The senior management reports regularly to the HGC and seeks advice from HGC regarding the hospital plans and performances. HGC members are invited to join our strategic planning workshop. Hospital visits, presentations, and meetings with Chiefs of Service are arranged for HGC members to understand better the hospital services.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Open 91 additional hospital beds to reduce overcrowding.

b. Commission 40 additional psychiatry day hospital places.

c. Start community psychiatry service.

d. Strengthen surgical service to reduce specialist outpatient service and elective surgery waiting time.

e. Enhance renal service for additional dialysis patients.

f. Establish a 3 bed Paediatric High Dependency Unit.

g. Commence Magnetic Resonance Imaging (MRI) service.

h. Operate additional nurse run clinics.

i. Enhance hospice service.

2.2 Enhanced Productivity Programmes

a. Implement Energy Conservation initiatives.

b. Contract out cleansing service.

c. Provide in-house maintenance of automatic transportation despatch system.

2.3 Financing & Resource Allocation System

a. Explore medium and long term development options for quarters blocks.

2.4 Distribution Network & Infrastructure

a. Enhance coordinated pathology service in Kowloon East cluster.

b. Collaborate with Tseung Kwan O Hospital in Eye & Ear, Nose, Throat service.

c. Collaborate with Kowloon Hospital Rehabilitation Building for convalescent service.

d. Provide nurses training for cluster.

e. Develop Webmail and Departmental webpages for staff.

f. Convert Nursing School Site into administration office and training centre.

2.5 Quality of Care

a. Extend pharmacy hours for Accident & Emergency Department.

b. Centralise preparation of cytotoxic drugs by pharmacy.

2.6 Human Resource Capabilities & Management

a. Redeploy Nurse Educators to service posts.

b. Support Initiatives of Wider Economic Participation project to enhance quality of service and relieve work pressure areas.

c. Complete construction of library block and open new library.

United Christian Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	874.3	933.8	1,005.9
Staff Oncosts	387.6	414.3	429.6
Other Charges	274.5	292.4	297.6
Total	1,536.4	1,640.5	1,733.1

Actual and Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	278,027	251,600	254,100
No. of Inpatient & Day Patient Discharges/Deaths	78,544	81,200	83,600
No. of Patient Days	374,158	384,000	395,000
Inpatient Average Length of Stay (Days)	5.3	5.4	5.4
Attendance at Specialist Outpatient Clinics			
— Clinical Services	381,425	419,240	431,000
— Allied Health Services	208,340	223,081	228,000

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time	18 weeks	5.0 weeks*	5.0 weeks*
Specialist Outpatient Service Average Queuing Time	32.8 mins	35.1 mins	35 mins
Average Waiting Time for Major Elective Surgery	3.5 mths	3.2 mths	3 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	86.9%	95%	95%
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	94,909	111,040	112,040
Psychogeriatric Team – No. of outreach attendances	2,332	2,620	2,620
Community Geriatric Assessment Team – No. of outreach attendances	15,941	21,400	22,000

* Median actual waiting time.

Background

The Kowloon Central Cluster comprises 3 institutions which serves Yau Ma Tei, Tsim Sha Tsui, Mongkok and Kowloon City districts. It serves a population of 0.55 million of whom 12.7% are aged over 65 at end-March, 2000. Because of its geographic accessibility and comprehensive service, it also provides services to patients from other clusters. According to the HA survey in 1999, its effective population is 0.92 million.

The Queen Elizabeth Hospital is an acute general hospital providing 24-hour Accident & Emergency service and a comprehensive range of hospital services. The Kowloon Hospital and Buddhist Hospital provide general medicine, psychiatry, respiratory medicine, rehabilitation and extended care service for the cluster.

As at 31 March, 2000, 3323 beds are available in the Kowloon Central cluster, comprising 2219 acute, 151 psychiatric and 953 extended care and rehabilitative beds. With the opening of Kowloon Hospital Rehabilitation Building in 2000/2001, 68 beds have been commissioned to provide convalescent support to the Kowloon East cluster. There will be further cooperation between the two clusters in extended care service for inpatients from United Christian Hospital and Tseung Kwan O Hospital.

To manage service volume, the cluster will further develop Family Medicine clinics to interface with various specialist services to provide continuous care for patients with chronic but stable conditions and extend its out-reaching service to private old aged homes. In caring for the terminally ill, there will be enhanced liaison between hospice home care team and cluster hospitals to promote inter-disciplinary collaboration. To streamline service within cluster, there is plan to relocate the eye service at Buddhist Hospital to Hong Kong Eye Hospital. To enhance staff competency, a cluster-based training programme for medical specialist trainees will be organised.

Programmes and Targets

		Completion Date
1.	Commission 136 infirmary beds at Kowloon Hospital Rehabilitation Building to support extended care service of Kowloon East cluster.	*4Q01*
2.	Increase Community Geriatric Assessment Team coverage to private residential care homes from 50% to 70% to contribute to the corporate target of 80%.	*1Q02*
3.	Improve care for terminally ill patients through enhanced liaision and support by an outreaching hospice team to cluster hospitals and carers of nursing homes.	*1Q02*
4.	Relocate Buddhist Hospital's eye service to Hong Kong Eye Hospital.	*3Q01*
5.	Set up Family Medicine clinics at Buddhist Hospital to provide follow up care for chronic patients.	*3Q01*
6.	Formulate a cluster-based training programme for medical specialist and Family Medicine trainees.	*3Q01*
7.	Roll out Clinical Management System at Buddhist Hospital & Kowloon Hospital to facilitate seamless care within the cluster.	*4Q01*

Hong Kong Buddhist Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The Hong Kong Buddhist Hospital has a mission to develop into a community hospital that provides quality primary and secondary care with choices of services to meet the need of the community.

The Hong Kong Buddhist Hospital is situated at Lok Fu in close proximity to the Lok Fu MTR station. Being a sub-acute and extended care hospital, the Hospital provides care to patients admitted through its outpatient department or transferred from other hospitals.

1.2 Hospital Role

The Hospital, which forms the Kowloon Central Cluster with the Queen Elizabeth Hospital and Kowloon Hospital, provides both general and specialist services in medicine, surgery, gynaecology, otorhinolaryngology and hospice. It is also recognised as a training centre for Family Medicine. The Hospital has a total of 356 beds providing both acute and convalescent services. It is equipped with an operating theatre with three major and one minor suites; a Day Surgery Centre with 12 beds; a High Dependency Unit with 2 beds; and comprehensive allied health services including diagnostic radiology, laboratory, physiotherapy and occupational therapy.

The Hospital recognises the importance of "Community as Partner". Programmes are organised by the hospital to promote community health and to improve better linkage between the Community and the Hospital. The Hospital will further develop its Family Medicine Service to interface with other medical specialties in health promotion and caring for patient with chronic diseases. The Hospital's devoted volunteers continue to provide voluntary services which are welcomed by the community.

1.3 Development of Hospital Governance

The Hospital was founded by the Hong Kong Buddhist Association. In December, 1991, the Hospital joined the Hospital Authority. A Hospital Governing Committee was then set up. The Committee performs governance role in the formulation of policy and strategy, endorsement of the Hospital Annual Plan and monitoring of hospital performance.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Set up a Family Medicine Clinic to provide training to Family Medicine trainees and care for patients with chronic diseases.

b. Shorten specialist outpatient clinic waiting time through increase in clinic sessions, adjustment of work pattern and flexible scheduling.

c. Receive new cases from Queen Elizabeth Hospital to help shorten waiting time.

d. Provide convalescent and rehabilitation support to United Christian Hospital.

2.2 Enhanced Productivity Programme

a. Review and reengineer work processes to achieve savings in human resources through re-engineering.

b. Achieve savings through energy conservation and control of drug budget.

2.3 Financing & Resource Allocation System

a. Conduct regular review on specialty costing, expenditure and resource utilisation to ensure cost-effective delivery of service.

b. Regular review of hospital formulary and elimination of polypharmacy to ensure cost-effective use of drug budget.

2.4 Distribution Network & Infrastructure

a. Implement Clinical Management System to facilitate continuous care of patient transferred in from cluster hospitals.

b. Purchase Computerised Tomography scanning service from Princess Margaret Hospital.

c. Arrange cluster-based training programme for specialist and Family Medicine trainees.

d. Streamline service with relocation of eye service to Hong Kong Eye Hospital.

2.5 Care Process and Quality

a. Replace a Radiographic Fluoroscopic machine.

b. Optimise utilisation of convalescent beds through improved communication with cluster hospitals and adoption of flexible overflow system.

c. Ensure quality care process by regular monitoring:

   i. Occupational Safety and Health.
   ii. Security.
   iii. Patient Care delivery.
   iv. Quality Assurance.
   v. Risk Management.

d. Continue the two-tier professional accountability system in the delivery of clinical care.

e. Promote Ambulatory Care through Day Patient Service and Home Care Service.

f. Enhance liaison of Hospice home care team with wards and nursing homes to promote and empower clinicians and carers in palliative care.

2.6 Human Resource Capabilities & Management

a. Organise training and development programmes to update staff knowledge on quality care delivery.

b. Regular communication with staff to promote the caring culture.

Hong Kong Buddhist Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	108.0	108.9	112.6
Staff Oncosts	44.8	45.7	44.3
Other Charges	26.0	22.9	25.3
Total	178.8	177.6	182.2

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	8,859	8,800	8,500
No. of Patient Days	102,752	98,000	99,000
Inpatient Average Length of Stay (Days)	15.4	15.2	18.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	32,219	31,600	32,000
— Allied Health Services	5,392	5,170	5,300

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	8.7 weeks	4.1 weeks*	4.0 weeks*
Specialist Outpatient Service Average Queuing Time	40.2 mins	41.2 mins	42 mins
Average Waiting Time for Major Elective Surgery	0.9 mths	0.7 mths	0.9 mths

* Median actual waiting time.

Kowloon Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

We are committed to serve and to provide high touch quality care to our patients.

1.2 Hospital Role

Kowloon Hospital provides inpatient, daypatient, outpatient, outreach and community services. It provides acute convalescent, rehabilitation and infirmary support to hospitals of the Kowloon Central and Kowloon East Cluster, specialised rehabilitation support to patients in other clusters and psychiatric support to Kowloon Central and West Clusters.

In line with HA's direction towards cluster-based service provision, the Hospital's role in psychiatric support would have to be further enhanced. The Hospital plans to provide additional psychiatric beds in 2002 upon the completion of its Phase I Refurbishment and Redevelopment Plan. It is also planning for the reprovisioning of the psychiatric outpatient clinic in Yaumatei Polyclinic and supporting inpatient facilities in its Phase II Refurbishment and Redevelopment Plan.

The Hospital continues to maintain a specialist respiratory team which collaborates with the Queen Elizabeth Hospital to provide a cluster-based respiratory service.

The aging population, increasing number of old aged homes and the shift in disease patterns towards chronic diseases have led to a high demand for rehabilitation services, long stay care and outreach services. The completion of the Kowloon Hospital Rehabilitation Building enables Kowloon Hospital to help in coping with this demand. With new town development and increasing population in the Kowloon East Cluster, the role of Kowloon Hospital in providing convalescent and rehabilitation services to the cluster will be enhanced.

The Hospital will enhance its collaboration with non-government organisations to develop community resources in setting up an expanded outreach and community team.

1.3 Development of Hospital Governance

The Hospital Governing Committee is involved in hospital planning and monitoring of hospital services via its two subcommittees, namely, the Hospital Planning and Services Development Sub-committee and the Community Relations Sub-committee. The major roles of the Hospital Governing Committee are to:

a. Involve in hospital policy making, annual planning and future development and re-development plan of Kowloon Hospital.

b. Participate in community relations and health promotion activities.

c. Ensure optimal utilisation of hospital resources.

d. Process staff appeals to ensure equity and fairness.

e. Review public complaints.

The Committee monitors hospital service by receiving regular reports for its subcommittees, conducting site-visits and participating in the Committee of Inquiry, senior staff recruitment panel, Hospital Consultative Committee meetings and community relations activities.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Improve the turn-around time of laboratory test result reporting to facilitate prompt diagnosis.

b. Enhance Community Geriatric Assessment Service to cover additional private old aged homes to cope with growing demand on community service.

c. Operate additional 136 infirmary beds in the Kowloon Hospital Rehabilitation Building to support extended care service of the Kowloon East cluster.

d. Increase Video Fluoroscopic Swallow Study booking by 20% to meet service demand.

e. Increase outpatient and inpatient quota of the Prosthetic Rehabilitation service to meet demand.

f. Develop service to meet increased demand from symptomatic obstructive sleep apnoea patient.

g. Provide palliative care for terminally ill patients with chronic chest disease.

2.2 Enhanced Productivity Programme

a. Reengineer workflow in departments to achieve savings.

2.3 Financing & Resource Allocation System

a. Improve the ward environment and patient access by relocating two infirmary wards, a male psychogeriatric ward and the psychogeriatric day hospital to the Kowloon Hospital Rehabilitation Building.

b. Prioritise resources to improve facility management and maintenance of old buildings and control termite infestation.

c. Enhance patient transportation within the Hospital and cluster hospitals.

d. Implement Phase II central procurement to achieve efficient utilisation of resources.

2.4 Distribution Network and Infrastructure

a. Implement the Clinical Management System in all wards of Kowloon Hospital to ensure continuity of patient care.

b. Link registration systems between the Kowloon Hospital Rehabilitation Building and West Wing X-ray Department.

c. Operate 8 interim spinal beds in the Kowloon Hospital Rehabilitation Building to prepare for the opening of the Spinal Rehabilitation Unit at the Phase I new building.

d. Commission the Phase I new building to prepare for its opening in 2002/2003.

2.5 Quality of Care

a. Improve care of psychiatric patients by use of new psychiatric drugs.

b. Conduct clinical audit to monitor quality of chest radiography reporting.

c. Develop clinical guidelines for major prosthetic and orthotic treatment.

2.6 Human Resource Capabilities and Management

a. Manage surplus staff arising from reorganised workflow and downsizing of nursing school.

b. Conduct training and development to enhance staff competencies.

c. Provide assessment and training on Occupational Safety and Health for staff.

Kowloon Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $M)*
Personal Emolument	354.5	377.9	403.8
Staff Oncosts	144.5	154.5	156.6
Other Charges	56.5	70.4	83.2
Total	555.5	602.8	643.6

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	14,957	14,500	14,800 #
No. of Patient Days	272,064	270,000	290,000 #
Inpatient Average Length of Stay (Days)	18.5	24	30
Attendance at Specialist Outpatient Clinics			
— Clinical Services	59,680	59,000	59,500
— Allied Health Services	125,064	110,000	105,000

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	4.2 weeks	2.0 weeks*	2.0 weeks*
Specialist Outpatient Service Average Queuing Time	29 mins	45 mins	45 mins
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	38,123	34,800	35,000
Community Psychiatric Team – No. of outreach attendances	785	900	1,050
Psychogeriatric Team – No. of outreach attendances	4,252	3,800	3,900
Community Geriatric Assessment Team – No. of outreach attendances	13,392	19,000	19,000

* Median actual waiting time.

136 new infirmary beds opened in Kowloon Hospital Rehabilitation Building included.

Queen Elizabeth Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The Hospital has revised its Mission Statement in 2000 as follows:

a. To provide patients with quality hospital care delivered by a team of competent professional staff using advanced facilities and technologies.

b. To educate and train health professionals who care for patients, their families and the community, and who strive for professional and team development.

c. To establish partnerships with like-minded community organisations to achieve a healthy, progressive and productive community.

d. To promote health and a healthy lifestyle; and advocate a compassionate community and a caring family culture for the Hong Kong community.

The Hospital has adopted the following corporate core values as guiding principles for its strategies and planning:

a. Patient-oriented.

b. Resources conscious.

c. Sharing and caring.

d. Continuous improvement.

1.2 Hospital Role

Queen Elizabeth Hospital is the largest institution of the Hospital Authority in terms of service capacity, facilities, expertise and resources. It is the only acute hospital in the Central Kowloon Cluster, supported by Kowloon Hospital and Hong Kong Buddhist Hospital for mental health services and convalescent/rehabilitation/hospice care. Realising its tertiary role for the whole of Hong Kong, the Hospital has been accepting all referrals from the community as well as overseas, and investing in appropriate technologies and facilities. Queen Elizabeth Hospital has also established professional relationships with the two university hospitals, Grantham Hospital and other hospitals of the Authority to form a network for tertiary referrals.

1.3 Development of Hospital Governance

The Hospital Governing Committee has earned great respect from hospital staff and the general public through its wisdom and integrity. The four standing committees of the Hospital Governing Committee: Finance, Planning, Standards and Quality, Patient and Community Relations Committees, and the Hospital Governing Committee together shape the hospital's direction, external and internal policies, and monitor the implementation and performance of hospital strategies and plans. The Committee also provides backup for hospital management in handling sensitive, complex and controversial issues relating to staff disciplinary decisions and patient complaints. Through the strong commitment, professionalism and integrity of individual members of the Committee, and the leadership of the two chairmen for the past seven years, the Hospital Governing Committee is now an important factor in Queen Elizabeth Hospital's values and culture.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Triage emergency and non-emergency patients to optimise care for patients with life threatening conditions, catastrophic conditions and patients who cannot afford private care.

b. Streamline referral systems to enhance public-private interface and referral systems.

c. Introduce specific services for specific target patient groups.

d. Improve the referral/transfer system within and between cluster.

2.2 Enhanced Productivity Programme

a. Re-engineer patient services process in Ambulatory Care Centre.

b. Implement energy saving initiatives.

c. Reduce wastage of food, paper and consumables.

d. Ensure prudent and efficient procurement of equipment.

2.3 Financing and Resource Allocation System

a. Introduce new services based on prudent and proactive investment principles of resource allocation, cost-recovery and cost-analysis.

b. Adopt a lifetime maintenance and utilisation concept in equipment procurement to ensure user ownership and accountability.

c. Adopt diversified leasing and partnership contract for major equipment acquisition.

2.4 Distribution Network Infrastructure

a. Adopt the "cluster paradigm" for future planning and strategy.

b. Implement initiatives to assist other cluster and neighbouring institutions in clinical and supporting services.

2.5 Quality of Care

a. Establish a high security ward at Block A Lower Ground for patients with emotionally unstable or violent condition or high security risks.

b. Open A11 Infection Control Ward for patients with active Tuberculosis.

c. Open R10 Paediatric Oncology Ward.

d. Open H9 Adolescent Ward.

e. Develop a centralised chemotherapy service in R2 Ward.

f. Provide pharmacy and dispensary services at R Block Oncology Clinic.

g. Redevelop Electro-Diagnostic Unit and Sleep Laboratory.

h. Introduce Positron Emission Tomorgraphy service through donation (HAHO project).

i. Plan and initiate Picture Archiving & Communication System through Hong Kong Jockey Club donation.

2.6 Human Resource Capabilities and Management

a. Implement training and development programme to ensure development and maintenance of competent staff.

b. Redeploy and retrain surplus staff to prepare for cluster transformation.

c. Establish the following task groups to meet multiple challenges:

   i. Service reorganisation/developments: Neuro-Science Collaboration, Cardiac Services, Respiratory Medicine/Thoracic Surgery Collaboration, Geriatric Service, Cancer Services, Haematology & Medical Oncology, New Technology and Techniques Development, Collaborate Development with Private Doctors and Service.

   ii. Supporting service: Pharmacy Services, Catering Service, Patient Convenience Comfort.

   iii. Corporate Service: QE 'Shops' Business Option, Date & Research, Healthcare Financing, QEH impact analysis.

   iv. Community Services Projects.

Queen Elizabeth Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $M)*
Personal Emolument	1,565.8	1,504.3	1,531.2
Staff Oncosts	718.3	696.2	689.8
Other Charges	425.6	441.9	410.0
Total	2,709.7	2,642.4	2,631.0

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	226,345	229,500	231,800
No. of Inpatient & Day Patient Discharges/Deaths	127,069	137,680	137,680
No. of Patient Days	583,197	599,290	599,290
Inpatient Average Length of Stay (Days)	5.9	5.8	5.8
Attendance at Specialist Outpatient Clinics			
— Clinical Services	670,740	657,760	659,800
— Allied Health Services	222,736	188,220	188,220

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	9.1 weeks	5.0 weeks*	5.0 weeks*
Specialist Outpatient Service Average Queuing Time	55 mins	55 mins	55 mins
Average Waiting Time for Major Elective Surgery	1.5 mths	1.5 mths	1.5 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	90%	96.0%	95%
Community Geriatric Assessment Team – No. of outreach attendances	7,654	13,000	14,300

* Median actual waiting time.

Background

The Kowloon West cluster covers the Mong Kok and Wong Tai Sin districts with a total population of around 0.62 million. It is projected that by 2006, 13.2% of the cluster's population will be aged 65 or above, as against the tertiary average of 11.2%.

The cluster is served by Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital. These three hospitals together provide a wide range of acute, extended, ambulatory and community care services. As at 31 March 2000, there were a total of 2,692 beds available, comprising 1,674 acute care and 1,018 extended care beds.

Both Kwong Wah Hospital and Our Lady of Maryknoll Hospital provide outpatient services. Rising patient volume has remained a challenge for medical and surgical specialities. The corporate median actual waiting time target of 5 weeks will continue to be worked on through enhancing throughput in integrated clinics, shared care programmes, streamlining inter-speciality referrals and direct access to endoscopic and minor procedural sessions. The cluster runs 2 Geriatric Day Hospitals. The Kwong Wah Hospital also operates the Pamela Youde Polyclinic Renal Dialysis Centre.

Cluster collaboration has worked well in this cluster with clearly defined roles in the three hospitals. Better co-ordinated care to patients will be enhanced through formulating cluster-based clinical protocols in the management of Stroke, Hip Fracture and Chronic Obstructive Pulmonary Diseases. To ensure service quality, clinical audits on these disease modalities will be conducted. Emphasis will also be put on patient transfer risk management.

With integration of Obstetrics & Gynaecology service between Kwong Wah Hospital and Our Lady of Maryknoll Hospital, the cluster will explore further opportunities for service rationalisation to assure quality of care.

Programmes and Targets

	Completion Date
1. Integrate hospital governance and management between Kwong Wah Hospital and Wong Tai Sin Hospital.	*2Q01*
2. Enhance cluster collaboration on both surgical and paediatrics services to assure care standard.	*1Q02*
3. Plan for the development of facilities to cater for the rehabilitation service in Kowloon.	*2Q01*

Kwong Wah Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of Kwong Wah Hospital is to develop into "the most preferred hospital". In line with the Hospital Authority's vision of creating seamless health care, and in pursuit of the spirit and tradition of Tung Wah Group of Hospitals (TWGHs) "to heal the sick and relieve the distressed", the Hospital will:

a. Endeavour to further develop Kwong Wah Hospital as a major acute hospital with its own characteristics in the Hong Kong healthcare system, to provide a comprehensive range of multi-specialty services of the highest possible standard, effectively and efficiently within available resources.

b. Maintain the Tung Wah spirit and tradition in providing patient centred, quality services to the community, and continue to collaborate with TWGHs to develop healthcare services consistent with its mission and strategy.

c. Provide a safe and comfortable environment for patients and staff.

d. Provide a challenging, rewarding, harmonious and warm working environment with good training and career development opportunities.

e. Collaborate with the community and other health care providers in achieving a seamless health care system for the maximal health benefit of the community.

1.2 Hospital Role

Kwong Wah Hospital is a 1,428-bed general hospital providing a full range of acute care services. It also operates Ngau Tau Kok Geriatric Day Hospital and Pamela Youde Polyclinic Renal Dialysis Centre. It belongs to Kowloon (West) cluster which includes Our Lady of Maryknoll Hospital and Wong Tai Sin Hospital. Together the three hospitals provide a comprehensive range of secondary care and some tertiary care services.

Kwong Wah Hospital's main role is to provide acute, ambulatory and community care, mainly to the community of Kowloon West covering the geographical districts of Yaumatei, Mongkok, Wong Tai Sin and Shamshuipo, followed by other districts in Kowloon (Tsimshatsui, Kowloon City, Kwun Tong).

The Hospital has established a new Health Promotion Centre in September 2000 to strengthen support for patient self-help groups and enhance relationship with community partners.

Besides patient services, Kwong Wah Hospital serves as the training centre for undergraduate training for students of medicine and allied health from University of Hong Kong, Chinese University of Hong Kong, and Hong Kong Polytechnic University, as well as accredited specialist training centre for the Academy of Medicine in all major specialties and Family Medicine.

Within the Kowloon West cluster, the Hospital works in close collaboration with other hospitals and community agencies to provide vertical and horizontal integration of care to maximise the efficiency of resource utilisation, ensure continuity, and enhance the effectiveness of care. The objective is to provide accessible, comprehensive, high quality services to the local community.

As the only acute hospital in the Kowloon West Cluster, Kwong Wah Hospital provides either service coverage or expert professional services to Wong Tai Sin Hospital and Our Lady of Maryknoll Hospital, in both clinical and non-clinical areas. It also collaborates with the community in providing seamless healthcare through Community Nursing Service and Community Geriatric Assessment Team (CGAT). In addition, the Hospital collaborates with the TWGHs through its Well Women Clinics and Community Home Care Team.

1.3 Development of Hospital Governance

The hospital governing function has been enhanced since 2000/2001 through regular reporting of each clinical service line to the Hospital Governing Committee (HGC) to facilitate members' input and monitoring of hospital performance as a key vehicle to ensure public accountability. In 2000/2001, the hospital has improved the format and content of the management report to enhance its accountability to HGC. Progress of Annual Plan was reviewed by HGC on a quarterly basis.

Governance of Kowloon West cluster hospitals will turn a new page in 2001 with amalgamation of the management and governing functions of Kwong Wah Hospital and Wong Tai Sin Hospital. The two hospitals have established a close relationship for a long period of time through their parent body –TWGHs. Merging of the two Hospital Governing Committees will enhance the monitoring and governance of the hospitals through better reflecting local community needs. Furthermore, it will facilitate the hospitals in optimising resource utilisation, targeting at increasing the cost effectiveness and quality of service.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Develop effective mechanism to triage patient referral to Specialist Outpatient Department based on clinical need.

b. Improve access and manage volume by increasing throughput, expanding Integrated Clinic, strengthening shared care programmes, enhancing cluster collaboration, improving quality of inter-specialty referrals, appropriate discharge of follow-up patients, and improving partnership with referring doctors in the private sector.

2.2 Enhanced Productivity Programme

a. Implement initiatives on energy conservation, job and workflow review, redesign and re-engineering.

b. Implement environmental protection initiatives to achieve savings.

c. Integrate management with Wong Tai Sin Hospital to achieve quality gain and better resource management in clinical and non-clinical services.

d. Review need for inpatient facilities vis-a-vis ambulatory and community care.

e. Identify opportunities of revenue generation in line with corporate policies.

2.3 Financing and Resource Allocation System

a. Assess impact of possible new Government policies on fees and charges, and prepare infrastructure for changes.

b. Support Head Office's development of resource allocation models.

c. Streamline reimbursement procedures of travelling expenses of community nurses.

2.4 Distribution Network and Infrastructure

a. Implement recommendations of the Medical Services Development Committee on service networking.

b. Merging with Wong Tai Sin Hospital to enhance collaboration and integration of both clinical and non-clinical services.

c. Promote ambulatory care through enhanced day surgery service and day rehabilitation for chronically ill cardiac patients.

d. Collaborate with Our Lady of Maryknoll Hospital to partially integrate Community Nursing Service and Community Geriatric Assessment Team for better coverage to private elderly homes within its catchment area.

e. Strengthen relationship with community partners through direct service, training for healthcare workers, health education and volunteer programmes.

f. Implement Clinical Management System – Outpatient module and Outpatient Appointment System in all Allied Health Departments.

g. Improve internal communication through enhancing IT-enabled systems e.g. hospital homepage and intranet, automation of procurement and leave enquiry processes, etc.

2.5 Quality of Care

a. Enhance risk management, professional supervision and refine quality standards in various clinical and non-clinical areas through clinical audit and guidelines.

b. Implement safe introduction of new procedures and ensure proper handling of complaint and medico-legal cases.

c. Continue to cultivate the culture of continuous quality improvement.

d. Establish policy groups on community care and partnership, equipment, Information Technology/Information Systems, Human Resources, Business Support Services, Finance to facilitate discussion and informed decision-making.

2.6 Human Resource Capabilities and Management

a. Implement initiatives on "care for carers", particularly on critical review of relieving work pressure through enhanced internal communication and input from frontline staff.

b. Improve internal communication mechanism to enhance intra-departmental and intra-hospital communication.

c. Promote training and development on management transformation to empower managers, build teamwork and cultivate clinical service driven and customer-focused culture.

d. Strengthen clinical management team in planning process and mechanism.

e. Develop knowledge and understanding about Chinese Medicine.

Kwong Wah Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	895.7	905.5	900.1
Staff Oncosts	396.1	404.0	386.2
Other Charges	172.6	175.0	178.3
Total	1,464.4	1,484.5	1,464.6

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	251,568	238,080	240,461
No. of Inpatient & Day Patient Discharges/Deaths	88,173	88,442	88,442
No. of Patient Days	403,585	407,209	407,209
Inpatient Average Length of Stay (Days)	5.4	5.5	5.5
Attendance at Specialist Outpatient Clinics			
— Clinical Services	332,594	343,632	350,504
— Allied Health Services	147,872	135,241	137,946

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	10.1 weeks	5.0 weeks*	5.0 weeks*
Specialist Outpatient Service Average Queuing Time	42 mins	42 mins	42 mins
Average Waiting Time for Major Elective Surgery	2.8 mths	2.7 mths	2.7 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	97.3%	98%	98%
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	32,062	34,716	35,410
Community Geriatric Assessment Team – No. of outreach attendances	13,337	23,392	25,731

* Median actual waiting time.

Our Lady of Maryknoll Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

a. Mission

As a catholic hospital, the Hospital is committed to provide holistic care to patients, particularly those who are needy, and to health promotion in the community.

This mission is carried out as an expression of the ministry of Jesus Christ with a concern and deep respect for the dignity of each person.

b. Objectives

- To be a community hospital
- To maintain the Maryknoll Spirit and tradition in providing patient centred, quality service to the community.
- To provide a safe and comfortable environment for patient and staff.
- To provide a harmonious, rewarding and warm working environment for our staff.
- To collaborate with the community and other healthcare providers in achieving a seamless healthcare system.

1.2 Hospital Role

Our Lady of Maryknoll Hospital serves as a community hospital with 258 beds to the local population of Wong Tai Sin district. It belongs to Kowloon West Cluster which includes Kwong Wah Hospital and Wong Tai Sin Hospital.

The main role of Our Lady of Maryknoll Hospital is to provide a range of both acute and ambulatory service to the catchment area. Its clinical specialties include Medicine & Geriatrics, Surgery, Paediatrics, Gynaecology, Hospice, Anaethesia, Pathology and Radiology. Beside these services, it provides the Specialist Outpatient services which include Otorhinolaryngology (ENT), Opthalmology and Orthopaedics. Its Allied Health services include Physiotherapy, Occupational Therapy, Medical Social Services, Dietetics and Pharmacy.

The Hospital provides hospice services which include inpatient, outpatient, home care and bereavement. It has been accepting referrals from Kwong Wah Hospital, Wong Tai Sin Hospital and Queen Elizabeth Hospital for home care service. It also provides General Outpatient Clinic services which is extended to Sundays, Public Holidays and after regular office hours, Integrated Clinics, HA Staff Clinic, Day Surgery Unit and Endoscopic service.

On community care, Our Lady of Maryknoll Hospital provides Community Nursing Service for discharged patients of the hospital, provides screening services to patients of Wong Tai Sin Hospital and geriatric assessment to residents of the private old aged homes. The Hospital also collaborates with local community groups and Wong Tai Sin District Council in providing health checks, health talks and exhibition to the residents of Wong Tai Sin and the Elderly Centres. Its volunteer service, which is an integral part of the hospital, continues to be delivered by a group of dedicated volunteers.

Our Lady of Maryknoll Hospital has been assisting other major hospitals by directly admitting acute cases from their Accident & Emergency Departments as well as patients requiring extended care after initial stabilisation when these hospitals are faced with over crowding in their wards.

Besides patient services, Our Lady of Maryknoll Hospital is accredited as a community-based and hospital-based specialist training centre for Family Physicians.

As one of the hospitals in the Kowloon West Cluster, some of its services, such as Radiology, Pathology, Orthopaedics and Gynaecology are purchased from Kwong Wah Hospital. It also collaborates with Kwong Wah Hospital for the management of some medical, geriatrics and surgical patients. With Wong Tai Sin Hospital, the Hospital provides service coverage on Radiology, and Emergency Laboratory investigations and Blood Bank service. It also provides Outpatient consultation rooms to run chest clinics by Wong Tai Sin Hospital.

To maximise use of resources, the Hospital works in close collaboration with Caritas Medical Centre for Anaesthetic service and United Christian Hospital for Laundry services.

1.3 Development of Hospital Governance

The Hospital was under the Our Lady of Maryknoll Hospital Board of Governors before the take over by the Hospital Authority. On formation, the Hospital Governing Committee assumes its governance functions by involving, endorsing and monitoring the Hospital Annual Plan and performance of the Hospital.

The Senior Management staff attends the Hospital Governing Committee meetings, reports the progress of the Hospital Annual Plan, and seeks advice from Hospital Governing Committee regarding the hospital plan and performance. Members of the Committee are invited to join the strategic planning workshops, annual planning workshops, hospital visits, presentation, so that members can be familiar with hospital activities.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Enhance existing diabetic services by commissioning the Centre for Diabetic Education and Management.

b. Review and adjust distribution of beds within the hospital to optimise bed use.

c. Control and monitor specialist outpatient median waiting time for first appointment to within five weeks.

d. Enhance integrated Community Nursing Service/Community Geriatric Assessment Service care delivery in licensed private old aged homes.

e. Continue liaison with local General Practitioners to establish direct access for some services to reduce unnecessary attendance in specialist outpatient clinics.

2.2 Enhanced Productivity Programmes

a. Redeploy staff to meet service needs in diabetic care.

b. Realign sewing room function.

c. Reengineer gardening service.

d. Generate savings through energy conservation and new car park management.

2.3 Finance & Resource Allocation System

a. Convert vacated labour ward into patient reception and waiting areas for Day Surgery patients.

b. Rearrange baseline budget allocation to departments.

c. Establish Finance Office and Community Nursing Service systems to streamline fee collection.

2.4 Distribution Network and Infrastructure

a. Further collaborate with Kwong Wah Hospital for non-urgent pathology service.

b. Collaborate with Kwong Wah Hospital for Paediatrics and Surgery services.

c. Roll-out Clinical Management System and provide intranet coverage for all departments.

d. Continue to provide radiology, blood bank and emergency laboratory service to Wong Tai Sin Hospital.

e. Continue to collaborate with Kwong Wah Hospital for radiology, pathology, orthopaedics and Neurology service.

f. Continue to assist other major hospitals to relieve overcrowding by directly admitting acute cases from Accident and Emergency Departments as well as patients requiring extended care after initial stabilisation.

2.5 Quality of Care

a. Improve clients' comfort in hospice care by redecorating a room as family room.

b. Enhance home care service and establish linkage with private old aged homes to facilitate patients' stay in the community.

c. Improve care for patients by promoting stoma care, wound care and incontinence care management.

d. Conduct clinical audit on clinical procedures, protocols, clinical management to ensure quality of service.

e. Set up a compliance clinic and pharmacist on-site coverage during the opening hours of Pharmacy to improve medication safety and patients' compliance.

f. Roll out hospital-wide integrated documentation for inpatients.

g. Conduct regular fire drills, use of fire fighting equipment, and communication drill to improve hospital safety.

2.6 Human Resource Capabilities and Management

a. Install spot cooling to relieve generated heat and improve occupational health and safety for kitchen staff.

b. Improve Doctors' work hours by providing compensatory rest days.

c. Enhance staff competence and learning opportunity by rolling out hospital-wide Education Unit System.

d. Participate in initiatives for Wider Economic Participation to relieve duties of frontline staff.

e. Enhance Family Medicine training by recruiting part-time trainer for community-based training.

Our Lady Maryknoll Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	165.7	163.2	165.5
Staff On costs	69.1	69.9	68.3
Other Charges	29.6	37.9	30.1
Total	264.4	271.0	263.9

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	9,253	9,230	9,250
No. of Patient Days	55,129	59,900	60,500
Inpatient Average Length of Stay (Days)	6.7	7.7	7.7
Attendance at Specialist Outpatient Clinics			
— Clinical Services	55,305	55,000	56,000
— Allied Health Services	23,076	22,645	22,783

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	8.9 weeks	5.0 weeks*	5.0 weeks*
Specialist Outpatient Service Average Queuing Time	35 mins	60 mins	60 mins
Average Waiting Time for Major Elective Surgery	1.0 mths	1.0 mths	1.0 mths
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	30,234	40,000	43,000

* Median actual waiting time.

Tung Wah Group of Hospital Wong Tai Sin Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

a. To uphold the spirit of Tung Wah Group of Hospitals in serving the community and to fulfill the mission of Hospital Authority.

b. To pursue excellence in the management of tuberculosis and chest diseases, rehabilitation and infirmary care.

c. To deliver quality and patient-centred services in collaboration with the community.

d. To develop and nurture strong and dedicated teams.

1.2 Hospital Role

Throughout the years, the Hospital has maintained Tung Wah Group of Hospitals' effort and traditional values to cater for the needs of the compromised – the elderly and chronically-ill.

The Hospital has taken up a more proactive role as a supporting institution for Tuberculosis (TB) & Chest service, extended care and rehabilitation to meet the shifting demand of an aging population and changing disease pattern. Its TB & Chest Unit is one of the five in Hong Kong devoted to the treatment of patients suffering from complicated tuberculosis and other subacute and chronic lung diseases not manageable under an outpatient system. The Unit also serves as a support unit to acute hospitals of the same cluster and areas with insufficient back-up chest service. The Hospital currently provides inpatient consultation sessions to Kwong Wah Hospital & Our Lady of Maryknoll Hospital and Specialist Out-patient Clinics for respiratory patients at the new Outpatient Block of Our Lady of Maryknoll Hospital. It will take over all referred subacute respiratory patients not requiring intensive medical care.

To improve respiratory care for needy patients, the Hospital has set up a four-bedded high dependency care unit with bedside monitoring systems for patients on ventilators. The Hospital is also equipped with a Central Diagnostic Unit which includes a properly ventilated bronchoscope room for management of patient with infectious diseases and performance of lung function tests to guide surgical intervention decisions.

The Hospital has started sleep studies since 1997 for the diagnosis and treatment of sleep apnoea. Cases are referred through the sleep clinic in Prince of Wales Hospital with a long waiting list. Its Department of Rehabilitation and Extended Care provides a wide range of services from convalescent care to active rehabilitation, infirmary care and hospice care. A transdisciplinary approach is adopted in designing case management programmes and discharge plans for rehabilitating patients. This year, the community outreach component will be emphasised to ensure early and effective reintegration into community.

The Hospital also provides ambulatory service in its 30-place Geriatric Day Hospital. Its Department of Rehabilitation and Extended Care admits patients from medical, geriatric, surgical, neurosurgical and orthopaedic specialties of Kwong Wah Hospital. To provide maximum support to Kwong Wah Hospital, all patients on the referral list are admitted on the same day to both units of the hospital with complete transfer of medical records and investigatory reports for all patients. The Hospital is connected to the Laboratory Information Network of Kwong Wah Hospital to retrieve laboratory results immediately. There is close collaboration with cluster hospitals to enhance continuity of service coverage and encourage expertise and resources sharing.

1.3 Development of Hospital Governance

The Hospital Governing Committee (HGC) met bimonthly to discuss on hospital management issues. The Committee also provides input and endorses the hospital annual plan. The progress of the hospital annual plan targets would be reported regularly to HGC.

The HGC also provides input on hospital policies, developmental issues, complaints and staff termination cases. Decisions made by the Committee would be carried out by the Hospital Chief Executive.

For more efficient communication with HGC members, a form had been designed to timely alert members on serious hospital incidents.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Streamline the clinical support to Kwong Wah Hospital to ensure timely and appropriate care for patients transferred from Kwong Wah Hospital.

b. Review the service delivery models to enable the provision of high quality and efficient clinical care through integrated rehabilitation programmes, enhanced infirmary and end-stage organ failure care.

c. Consolidate the care partnership and discharge planning by multidisciplinary team to promote patient and carer involvement in the healthcare process and facilitate earlier discharges.

d. Develop day rehabilitation centre and ambulatory care ward to further reduce demand of hospital beds.

e. Rationalise service through horizontal integration of central diagnostic studies for chronic chest and sleep apnoea problems.

2.2 Enhanced Productivity Programmes

a. Reengineer clinical and non-clinical services to maintain service with manpower savings.

b. Pool work force to improve efficiency.

c. Identify long-term savings initiatives on cook-chilled meals and energy conservation programmes.

d. Set up Medical Assessment Ward and Respiratory Ambulatory Ward to integrate clinical departments and streamline operational procedures.

e. Explore centralisation of sleep studies to attain higher overall efficiency.

f. Explore collaboration with cluster hospitals to achieve economy of scale, cost-effectiveness and quality improvement in procurement & supplies, professional dietetic service.

2.3 Financing & Resource Allocation System

a. Control expenditure with planned budget allocation and monitor spending pattern.

b. Encourage participation of all budget holders to control budgetary expenditure.

c. Explore external sources of funding to support improvement initiatives.

d. Explore integration of financial management, facilities management and business support service in the areas of procurement & supplies, maintenance works to ensure optimal utilisation of resources.

2.4 Quality of Care

a. Develop day rehabilitation centre and ambulatory respiratory ward.

b. Pilot home care pulmonary rehabilitation programme for patients with Chronic Obstructive Pulmonary Disease.

c. Launch smoking cessation clinic.

d. Enhance care of Chronic Obstructive Pulmonary Disease through clinical audit activities.

e. Conduct research to support evidence-based practice.

f. Benchmark nursing performance on patient fall and pressure sore management.

g. Extend hospice and palliative care to end-stage organ failure patients.

h. Redefine infirmary skill mix and commission nursing-led care model.

i. Consolidate risk management of essential plants and medical equipment.

2.5 Human Resource Capabilities and Management

a. Use core competency model as basis to define performance targets and assessment parameters.

b. Arrange rotational training for professional staff to enable completion of basic or higher specialist training.

c. Coorganise training programmes with the cluster hospitals, Institute of Healthcare and Institute of Advanced Nursing Studies to improve clinical and management knowledge and skills of staff.

d. Acquire IT facilities to make e-knowledge accessible to all staff.

Tung Wah Group of Hospitals Wong Tai Sin Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	177.9	179.5	178.3
Staff Oncosts	71.5	72.7	68.9
Other Charges	31.3	31.2	32.9
Total	280.7	283.4	280.1

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	7,912	7,757	7,834
No. of Patient Days	261,489	231,213	246,351
Inpatient Average Length of Stay (Days)	40.2	37.6	36.7
Attendance at Specialist Outpatient Clinics — Allied Health Services	6,525	1,535	1,529

Background

The New Territories East Cluster covers the districts of Shatin, Tai Po, and part of Sai Kung. Based on the population projection by the Hong Kong Government, the Cluster has a population of 1.06 million in year 2000. The Cluster is served by a network of hospitals comprising Alice Ho Miu Ling Nethersole Hospital, Bradbury Hospice, Cheshire Home, Shatin, Prince of Wales Hospital, Shatin Hospital and Tai Po Hospital. These hospitals provide a comprehensive range of services encompassing acute secondary and tertiary care, extended care with active rehabilitation, ambulatory care with day hospitals and community care with outreach services.

The issues faced by the Cluster include meeting increased service demands resulting from a growing and aging population, improving access to services, achieving enhanced productivity programmes and assuring quality of clinical care. To help meet these challenges, the Cluster will focus on facilitating integration of service provision and strengthening co-operation amongst hospitals. In addition, networking arrangement will be further enhanced and family medicine training consolidated to achieve greater efficiency in delivering services. Ambulatory and community care will also be emphasised.

Programmes and Targets

		Completion Date
1.	Establish the Nethersole Stroke Network with 24-hour telephone contact service by community nurses to improve care to stroke patients in AHNH.	*2Q01*
2.	Establish urodynamic investigation facilities in Shatin Hospital to enhance continence care.	*2Q01*
3.	Implement a cluster-based training rotation programme for physician trainees involving Prince of Wales Hospital, Alice Ho Miu Ling Nethersole Hospital, Shatin Hospital and Tai Po Hospital.	*3Q01*
4.	Expand the capacity of family medicine based integrated clinics in Alice Ho Miu Ling Nethersole Hospital and Prince of Wales Hospital.	*3Q01*
5.	Strengthen orthopaedic rehabilitation services in New Territories East through designation of Tai Po Hospital as spinal cord rehabilitation centre.	*4Q01*
6.	Commission satellite gymnasium to enhance rehabilitative care to patients in Cheshire Home, Shatin.	*4Q01*
7.	Complete a review of internal medicine services integration in the New Territories East Cluster.	*1Q02*
8.	Commission 20 beds in Cheshire Home, Shatin through conversion of 4 chalets to cater for the young severely disabled patients.	*1Q02*

Alice Ho Miu Ling Nethersole Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the hospital is to bring life to mankind in its fullness through enhancement of wellness of the total person and compassionate care of the sick. The goals of the hospital are to provide quality hospital service to meet the needs and in the interest of the clients; build a caring, dedicated, frugal and efficient health care team and establish a healthy community where everybody takes up personal health responsibility and a health-promoting environment is created.

1.2 Hospital Role

Alice Ho Miu Ling Nethersole Hospital is an acute district general hospital with a comprehensive range of secondary care services, serving principally Tai Po residents. Services provided include General Medicine, General Surgery, Paediatrics, Orthopaedic & Traumatology, Otorhinolaryngology (ENT), Ophthalmology, Gynaecology, Oral-maxillofacial Surgery, Psychiatry, and a 24-hour Accident and Emergency service.

1.3 Development of Hospital Governance

The Hospital Governing Committee is involved in formulating annual plans and strategic direction of the Hospital. The Committee receives regular financial and management reports including the hospital bulletin and "Hospital Chief Executive's message". Hospital Governing Committee members are involved in hospital functions and department visits to maintain good communication with staff. They also participate in Weekend Workshops and Strategic Planning Retreats, as well as seminars organised by the Authority Head Office.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Expand Renal Dialysis Service.

b. Expand family medicine based Integrated Clinics.

c. Expand Psychiatry Clinics.

d. Increase same day admission for elective surgery patients.

e. Manage service demand through empowerment of staff and partnership with patients.

2.2 Enhanced Productivity Programme

a. Merge Central Sterile Supplies Department with Theatre Sterile Supplies Department.

b. Implement Invest to Save projects:

   i. Implement ozone laundry service.

   ii. Enhance functionality of ticketing machine to interface with Outpatient Administration System.

c. Re-engineer work processes to achieve efficiency:

   i. Centralise counter service at Specialist Outpatient Departments.

   ii. Introduce "Controlled Activity Period" principle to match workload demand with manpower supply.

   iii. Perform selected send-out laboratory test in-house for demand beyond break-even point.

c. Enhance staff skill-mix to increase productivity:

   i. Train radiographers on ultrasonography.

   ii. Train gynaecology nurses to perform simple gynaecology procedures.

2.3 Financing and Resource Allocation System

a. Participate in specialty costing exercise to ensure service efficiency.

b. Introduce overflow patient bed-day charges in specialty cost calculation.

c. Decentralise budget on drug and pathology laboratory test to department on trial basis.

2.4 Distribution Network and Infrastructure

a. Strengthen clinical services networking with cluster hospitals on spinal rehabilitation, psychiatry, medicine and intensive care.

b. Strengthen Orthopaedics and Medical Day Rehabilitation Services to relieve demand on hospital bed.

c. Develop community re-integration programme for discharged patients.

d. Develop Rehabilitation web-site.

e. Set up Nethersole Stroke Network with 24-hour telephone contact service by community nurses.

f. Roll out Health Promoting School Programme.

2.5 Quality of Care

a. Set up multi-disciplinary Sleep Diagnostic Unit.

b. Set up Drug Compliance Clinic.

c. Set up more Nurse Specialist Clinic in Cardiology.

d. Revise Hospital Policy and Procedures Manual.

e. Implement Hospital-wide Risk Management Strategy.

2.6 Human Resource Capabilities and Management

a. Conduct three levels modular training programmes for nurses and health care assistants.

b. Implement Core-competency based Staff Development Review for resident doctors

c. Implement job enrichment initiatives including rotation between clinical departments.

d. Develop strategies to achieve "Quality with Life".

Alice Ho Miu Ling Nethersole Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	423.9	436.2	444.3
Staff Oncosts	192.5	201.7	190.6
Other Charges	128.4	127.9	128.1
Total	744.8	765.8	763.0

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	138,605	139,400	140,800
No. of Inpatient & Day Patient Discharges/Deaths	41,417	45,100	45,700
No. of Patient Days	162,890	167,600	169,700
Inpatient Average Length of Stay (Days)	4.7	4.8	4.8
Attendance at Specialist Outpatient Clinics			
— Clinical Services	160,441	189,100	192,800
— Allied Health Services	86,689	90,100	91,900

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	8.0 weeks	4.0 weeks*	4.0 weeks*
Specialist Outpatient Service Average Queuing Time	Nil	33.2 mins	33.2 mins
Average Waiting Time for Major Elective Surgery	Nil	1.5 mths	1.5 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	98.1%	98.3%	98.3%
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	12,887	16,700	17,000

* Median actual waiting time.

Bradbury Hospice

Section 1 Hospital Mission

1.1 Hospital Mission Statement

Bradbury Hospice is a leading centre in Hong Kong specialising in palliative care. It seeks to maintain and improve the quality of life of terminally ill patients and their family members, enabling them to be content, worry-free and being in control, realise peace, comfort and growth in a sense of fulfilment.

Bradbury Hospice engages the public and providers to integrate the palliative approach in the care of patients. It also contributes as an internationally recognised centre of education and research. Its staff emphasise quality and innovative practices in order to be a model of others.

Bradbury Hospice values the contribution and innovativeness of its team members, including volunteers. It offers staff and other team members an open, supportive and caring environment. It also provides education and development opportunities to continuously enhance their professional knowledge and skills.

1.2 Hospital Role

Bradbury Hospice mainly serves patients referred from hospitals in the New Territories East Cluster. It also receives referred patients from other hospitals but residing in this geographic region or patients outside the cluster, especially those requiring specialised hospice care. Its Home Care Service serves patients discharged from the Hospice Units in Shatin Hospital, Tai Po Hospital and other patients from the whole territory, except Hong Kong Island.

1.3 Development of Hospital Governance

Regular Hospital Governing Committee meetings are convened to discuss the hospital management report with statistics on essential services. Reports of staff opinion survey, patient and family satisfaction survey, quality audit are also discussed. Members of the Committee are involved in formulating the Hospital Plan by participating in the Hospital Planning Workshop with hospital staff.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Strengthen the outreach home care teams to support acute hospital and nursing home.

2.2 Enhanced Productivity Programme

a. Review all administrative processes to identify areas of re-engineering and improvement.

b. Generate savings from green initiatives, energy conservation, clerical staff re-deployment and office automation.

2.3 Financing & Resource Allocation System

a. Develop options to achieve cost savings and income generation.

2.4 Distribution Network & Infrastructure

a. Produce a Carers' Handbook (照顧者之心路歷程) to educate the public and encourage participation of carers in caring for the terminally ill patients.

b. Streamline the management and control of on-loan equipment by computerisation.

c. Enhanced collaboration with Shatin Hospital and Alice Ho Miu Ling Nethersole Hospital pharmacy to implement the home patient pharmacy support service.

d. Further develop the Electronic Medical Record system.

e. Achieve a target of 20% Old Age Home's caregivers within the cluster via the skill transfer programme.

f. Produce health and public education video tape.

g. Strengthen Bradbury Hospice's Volunteer programme.

h. Conduct roving exhibitions to promote Hospice Image in Community.

i. Streamline administrative procedure through process review and re-engineering.

2.5 Quality of Care

a. Pilot "Primary Nursing Care" to improve inpatient service care delivery.

b. Use open bar facilities to provide more varieties of quality snack/light meal for both patients and visitors.

c. Conduct clinical audits to ensure evidence-based practice.

d. Develop a home-based hospice home care service by phases to enhance service flexibility and reduce unnecessary travelling time.

e. Facilitate research and development initiatives.

f. Provide an individualised Hospice Day Care Service.

g. Promote Bereavement Drop-in Model by sharing experience with other hospice units.

h. Organise anticipatory grief support groups/programme for patient's children in summer holiday/school holiday.

i. Organise carer support group in day hospice to strengthen psychosocial support to home care patients and their families.

j. Develop bereavement volunteer service.

k. Promote Psychological approach to pain relief.

l. Implement music therapy to reduce anxiety of hospice patient.

m. Conduct health promotion for the seriously ill.

n. Set up an information corner for patients, relative and lay visitors.

o. Conduct management audit to improve work efficiency.

p. Achieve ISO certification to assure provision of quality service.

2.6 Human Resource Capabilities & Management

a. Enhance nurses' skills to take up 20% of inpatient bereavement follow-up service.

b. Involve nurses of the Inpatient Unit to provide bereavement follow-up service.

c. Enhance nurses' competence by providing training on Traditional Chinese Medicine.

d. Provide e-mail account to all staff to enhance intra-department communication through Intranet.

Bradbury Hospice

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projectet Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	22.8	22.6	23.6
Staff Oncosts	9.3	9.3	9.6
Other Charges	3.7	3.6	4.0
Total	35.8	35.5	37.2

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	648	680	680
No. of Patient Days	7,726	7,650	7,650
Inpatient Average Length of Stay (Days)	12.4	12.4	12
Attendance at Specialist Outpatient Clinics			
— Clinical Services	419	400	440
— Allied Health Services	1,709	1,800	2,000

Cheshire Home, Shatin

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the Home is to provide care and support for people with disabilities to restore their health and function to optimal levels such that they may lead an active and dignified life and where possible, to enhance and sustain their re-integration into the society.

1.2 Hospital Role

Cheshire Home, Shatin is an extended care institution providing multi-disciplinary extended care and rehabilitation service for people with temporary or permanent physical disabilities. Its facilities include a 150 bedded convalescent unit in support of Prince of Wales Hospital, an 86 bedded chalet area for ambulatory disabled clients, and a 60 bedded infirmary unit for patients with severe disabilities. It provides a range of services which extend from convalescent to special rehabilitation and infirmary services and include halfway house service, day rehabilitation service, respite service and outreach service to meet the varying needs of its clients.

1.3 Development of Hospital Governance

The Hospital Governing Committee was established in 1993/94. The Committee meets on a regular basis to receive hospital management reports and is involved in the hospital's annual planing process. Members are proactive in participating in committee work and interacting with staff members and patients directly.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Establish mechanism to improve bed utilisation to cope with potential surge in demand for convalescent beds.

b. Facilitate direct admission of selected patients from the Convalescent to the Disabled Unit.

c. Use the newly opened day rehabilitation unit to increase turn over of patients.

d. Provide rehabilitation activities outside office hours of therapists under supervision by nurses.

e. Collaborate with outside agencies on discharge plans.

f. Plans to convert four chalets into beds for severely disabled youths.

2.2 Enhanced Productivity Programme

a. Review or change staff mix on natural staff turnover.

b. Introduce parking fee for visitors.

c. Contract out laundry service to commercial laundry.

2.3 Financing & Resource Allocation System

a. Outsource non-clinical services and reengineer work process to ensure cost efficiency.

b. Implement measures to contain expenditure on food, utilities, laundry and facilities maintenance.

c. Control staff expenditure by strict adherence to the manpower plan.

2.4 Distribution Network & Infrastructure

a. Enhance Allied Health service networking with other hospitals to achieve service amalgamation, staff training rotation and pooling.

b. Formulate common clinical protocols for certain patient types.

c. Provide a range of "Through-train" service to cater for the different needs of patients at different stages of rehabilitation.

d. Install Clinical Management System to facilitate information flow with Prince of Wales Hospital.

e. Transfer selected patients from the Convalescent Unit to the Disabled Unit to enhance continuity of care.

2.5 Quality of Care

a. Introduce "pre-discharge planning", "case management", "named-nurse" and "post-discharge support" programmes to improve patient care process.

b. Conduct clinical audit and risk management programmes.

2.6 Human resource capabilities and management

a. Implement a multi-skilled staff development strategy to enhance staff competency.

b. Empower managerial and supervisory staff to assume broadened portfolio to improve productivity and job satisfaction.

c. Provide central business support services to reduce administrative tasks for professional staff.

Cheshire Home, Shatin

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	54.7	53.5	53.7
Staff Oncosts	21.0	20.4	20.1
Other Charges	9.6	9.3	9.5
Total	85.3	83.1	83.3

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	2,927	3,000	3,000
No. of Patient Days	93,246	93,200	93,200
Inpatient Average Length of Stay (Days)	29.4	28	28
Attendance at Specialist Outpatient Clinics — Allied Health Services	805	900	900

Prince of Wales Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the hospital is to provide the highest quality service in total patient care, education of healthcare personnel, and research, in partnership with the Medical Faculty of the Chinese University of Hong Kong, other healthcare institutions or organisations and the community. Our slogan is "we care, we serve".

1.2 Hospital Role

Prince of Wales Hospital is a 1,364 bed major acute general hospital providing a full range of acute secondary and tertiary services primarily to patients of Shatin, Ma On Shan and Tai Po of the New Territories East region. It also receives patients from other clusters throughout the territory. It provides a wide range of specialised referral services which include Cardiothoracic Surgery, Paediatric Surgery, Neuro-surgery, Assisted Reproductive Technology, Renal Centre, Organ Transplant, Scoliosis, Burns, Trauma and Cancer. It is the teaching hospital for the Medical Faculty of the Chinese University of Hong Kong providing comprehensive education and performing innovative and effective research. It also offers general nursing and midwifery training.

The Hospital is supported by Shatin Hospital, Cheshire Home, Shatin and Tai Po Hospital for convalescent and rehabilitation care. It has also formed a close service liaison and integration on secondary services with Alice Ho Miu Ling Nethersole Hospital in Medicine, Surgery, Orthopaedics, Paediatrics, Gynaecology, Otorhinolaryngology (ENT), Ophthalmology and Clinical Oncology. The Hospital also works closely with United Christian Hospital and North District Hospital which are outside the New Territories East cluster.

1.1.1 Development of Hospital Governance

The Hospital Governing Committee of Prince of Wales Hospital has a well-established role. The Committee concentrates its activity on monitoring hospital performance, and setting strategic direction for service development.

Strong community liaison has been developed through the Committee with the Shatin District Council. The Hospital is working with the Council in promoting patient care and volunteer services.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Extend family medicine clinics for stable patients with chronic diseases.

b. Establish a family medicine training centre.

c. Promote community and volunteer involvement.

d. Establish a centralised phlebotomy team.

e. Deploy resources flexibility to cope with emergency inpatient demands.

f. Enhance Chemotherapy Day Service.

2.2 Enhanced Productivity Programme

a. Complete centralised procurement to improve efficiency.

b. Implement energy conservation to achieve cost savings.

c. Consolidate pathology system towards automation.

d. De-nurse Central Sterile Supplies Department and Theatre Sterile Supplies Unit.

e. Improve efficiency in scheduling and dispatching portering service through automation.

2.3 Financing & Resource Allocation System

a. Ensure accurate input of hospital activity data.

b. Participate in specialty costing exercise to ensure service efficiency.

c. Develop a financial clustering tool in collaboration with the Head Office.

2.4 Distribution Network & Infrastructure

a. Enhance networking of clinical services.

b. Establish service network in Pharmacy, Allied Health and Nursing services with nearby hospitals.

c. Implement Radiodiagnostic/Laboratory request and ordering system.

2.5 Quality of Care

a. Set up Patient Information system using web-based technology.

b. Promulgate and enforce the Hospital's "No Smoking" policy.

c. Enhance Security Services at Hospital.

d. Implement Occupational Safety and Health measures.

e. Implement hospital-wide risk management initiatives.

f. Fully implement an electronic incident notification system.

g. Conduct regular clinical audits.

h. Operationalise treatment protocols.

i. Commission the Trauma and Emergency Centre to improve trauma and resuscitation care.

j. Implement a Chest Pain Management Strategy to enhance acute coronary disease care.

2.6 Human Resource Capabilities and Management

a. Implement staff communication using web-based technology.

b. Support implementation of the electronic library system in clinical areas for health professionals.

c. Organise and conduct complaint management seminars.

Prince of Wales Hospital

Budget Expenditures

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	1,245.6	1,246.6	1,210.2
Staff Oncosts	549.4	551.6	516.8
Other Charges	405.3	422.4	344.7
Total	2,200.3	2,220.6	2,071.7

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	192,382	191,531	197,277
No. of Inpatient & Day Patient Discharges/Deaths	95,224	101,425	104,700
No. of Patient Days	424,165	439,163	452,254
Inpatient Average Length of Stay (Days)	5.7	5.4	5.4
Attendance at Specialist Outpatient Clinics			
— Clinical Services	605,339	615,048	624,913
— Allied Health Services	214,140	200,001	221,808

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	10.2 weeks	5.0 weeks*	5.0 weeks*
Specialist Outpatient Service Average Queuing Time	70 mins	54 mins	60 mins
Average Waiting Time for Major Elective Surgery	3.6 mths	3.6 mths	3.6 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	99.8 %	100 %	100 %

* Median actual waiting time.

Shatin Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the hospital is "Providing quality service to improve the quality of life of our clients", reflecting Hospital Authority's core value of "Quality Patient-centred Care Through Teamwork".

1.2 Hospital Role

Shatin Hospital is a 640-bedded rehabilitation hospital providing medical and geriatric, psychogeriatric, subacute and long-stay psychiatric, sleep assessment, orthopaedic rehabilitation, hospice and infirmary services. It also runs a geriatric and a psychiatric day hospital with a total of 85 places. In addition, it provides community outreach services for geriatric, psychogeriatric and psychiatric patients.

Due to its geographical location, the Hospital is one of the principal hospitals providing rehabilitation support to patients from the Prince of Wales Hospital. The patients come mainly from the specialties of Medicine, Clinical Oncology, Orthopaedics & Traumatology and Psychiatry. The aim of the rehabilitation programme is to facilitate early reintegration of patients back into the community.

Shatin Hospital also works in close collaboration with other hospitals in New Territories East cluster, viz. Bradbury Hospice and Cheshire Home, and with voluntary agencies. Volunteer workers from these agencies have provided valuable assistance and support to patients.

1.3 Development of Hospital Governance

The Hospital Governing Committee consists of leaders of the community, member of the local district council, and representatives of the general public. The committee holds regular meetings to monitor hospital performance, lay down policies and set strategic directions. Active participation of its members helps to assure the governance function of the hospital.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Enhance the services of the Community Psychiatric Team on new case assessment, outreach visits and public education.

b. Enhance the Community Geriatric Assessment Team through partnership with Non-government Organisations to provide outreach service to frail elderly living at home.

c. Provide outpatient occupational therapy service for psychiatric patients of Prince of Wales Hospital to improve care through early intervention.

2.2 Enhanced Productivity Programme

a. Convert a long-stay inpatient psycho-geriatric ward into a day unit to enhance psycho-geriatric outreach service.

b. Collaborate with other Cluster Hospitals in nursing, finance management and pharmaceutical services.

c. Reengineer and amalgamate the services of the Medical Records Office with the Telephone Exchange.

d. Split the duration of medications for discharged patients to prevent wastage and ensure drug compliance.

e. Centralise the Pharmacy's dressings and medical consumables management function with the hospital's Supplies Department.

f. Implement the Automatic Carparking System.

2.3 Financing and Resource Allocation System

a. Organise and conduct clinical education blocks to under-graduate physiotherapy and occupational therapy students from the Hong Kong Polytechnic University.

b. Obtain funding from the Pneumoconiosis Compensation Fund Board to provide outreach and ambulatory services to pneumoconiosis patients.

2.4 Distribution Network and Infrastructure

a. Establish a Health Resource Centre for patients and volunteers.

b. Install a Dietetic and Catering Management System (DCMS) to facilitate comprehensive system maintenance and operation of the food receptor service.

c. Provide objective assessment and adaptive methods to redesign life-style of cardiac patients through the Active Re-organisation of Lifestyle Training (HEART) programme.

d. Enhance the patients' Aids Loan Service in the Occupational Therapy Department with grants from the Lions Club of HK Pacific.

e. Provide clinical attachment placement of nurse learners from various universities and higher institutions.

2.5 Quality of Care

a. Provide bedside drug counselling for pre-discharge patients.

b. Establish a quick screening method for malnutrition.

c. Set up a Continence Clinic to conduct urodynamic investigations for urinary incontinence patients.

d. Introduce psycho-education programmes for carers of psychiatric patients.

e. Benchmark with other hospitals on nursing performance outcomes.

f. Prepare the hospital to be accredited by the Nursing Council for psychiatric and psycho-geriatric training and placement.

2.6 Human Resource Capabilities and Management

a. Recruit General Care Assistants through Initiatives of Wider Economic Participation to strengthen hospitals support service.

b. Employ venepuncturist to assist clinical staff in non-skilled work.

c. Arrange training and development programme to prepare nurses for mandatory continuous nursing education.

d. Introduce a staff rotation scheme between the geriatric nurses of Shatin Hospital and Prince of Wales Hospital to facilitate the standardisation of performance measures.

e. Streamline and integrate the multi-skilled nursing manpower of the Community Geriatric Outreach Team with the Community-Based Nursing service.

f. Recruit Nurse Specialists in geriatrics.

g. Enhance the communication channel with staff through regular issue of newsletter, staff focus group meetings and welfare activities.

h. Organise a hospital-based seminar on complaint management for all professional and supporting staff.

Shatin Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	216.1	221.4	227.5
Staff Oncosts	90.1	91.3	87.5
Other Charges	34.4	29.4	35.2
Total	340.6	342.1	350.2

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	5,276	5,622	5,600
No. of Patient Days	199,257	198,837	195,000
Inpatient Average Length of Stay (Days)	40.1	32.6	32.6
Attendance at Specialist Outpatient Clinics			
— Clinical Services	967	826	826
— Allied Health Services	3,135	5,145	5,145

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	2.1 weeks	1.0 weeks*	1.0 weeks*
Specialist Outpatient Service Average Queuing Time	40 mins	40 mins	40 mins
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	23,474	34,200	37,620
Community Psychiatric Team – No. of outreach attendances	422	1,090	1,150
Psychogeriatric Team – No. of outreach attendances	3,538	3,130	3,443
Community Geriatric Assessment Team – No. of outreach attendances	8,674	13,924	13,924

* Median actual waiting time.

Tai Po Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the hospital is to respect individual's dignity in providing holistic and evidence-based care to patients through a dedicated team, to value the contribution and development of staff towards establishing a caring and learning organisation, and to collaborate with community partners to achieve improvement in community health.

1.2 Hospital Role

Tai Po Hospital is a purpose-built non-acute hospital providing a full spectrum of integrated rehabilitation services to meet the need of the New Territories East Cluster for assessment, rehabilitation and extended care for the elderly and the chronically ill.

The Department of Medicine & Extended Care of the Hospital serves patients transferred from Alice Ho Miu Ling Nethersole Hospital, Prince of Wales Hospital and North District Hospital. It also provides outreach services (Community Geriatric Ambulatory Service) to both subvented and private old aged homes in Tai Po Area. Its ADAPT (Ambulatory Day Assessment and Patient Care Training Centre) provides ambulatory and outreach services to the community. The Hospital's infirmary section receives patients from the central infirmary waiting list.

The Hospital has established a specially designed 16 bed Air Borne Disease Ward to provide support to cluster hospitals for patients with air borne infectious diseases.

The Hospital's Department of Psychiatry works in partnership with Alice Ho Miu Ling Nethersole Hospital, Prince of Wales Hospital and Shatin Hospital to provide both acute and rehabilitation psychiatric service. It also provides Comprehensive Community Psychiatric Services to residents of Tai Po.

To complement the development of the psychiatric service network, the New Territories East Psychiatric Observation Unit is established in Tai Po Hospital for admission of patients under Mental Health Ordinance.

The Hospital is supported by a full spectrum of allied health and support services including occupational therapy, physiotherapy, pharmacy, diagnostic radiology, medical social services, clinical psychology, speech therapy and dietetic consultation to ensure provision of quality integrated rehabilitation and patient-centred care to patients.

The Hospital also collaborates and interfaces with other health service providers and carers in the community as well as community organisations to initiate joint programmes to promote health.

1.3 Development of Hospital Governance

The Hospital Governing Committee (HGC) was formed in February 1999. This governing structure has enhanced public participation in the operation of the hospital. Meetings are held bi-monthly where human resources, financial and operational matters are reported and discussed regularly. Progress of hospital annual targets is also monitored constantly. Delegated authority/involvement of HGC on hospital operations issues has also been formulated and endorsed by HGC members. In addition, mechanism is in place to inform HGC members of critical incidents.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Provide effective rehabilitation support to cluster hospitals and North District Hospital.

b. Expand and strengthen psychiatric services networking with other hospitals.

c. Establish the Spinal Cord Injury Centre to serve both New Territories East and New Territories North Clusters.

d. Provide additional clinical psychology outpatient sessions at Alice Ho Miu Ling Nethersole Hospital.

e. Provide support to Alice Ho Miu Ling Nethersole Hospital community dietetic service to ensure continuity of nutrition care.

2.2 Enhanced Productivity Programme

a. Extend the coverage of contracting-out domestic service.

b. Continue energy conservation programmes and install water saving valves.

c. Implement cook/chill meal service.

2.3 Financing & Resource Allocation System

a. Continuous monitoring of budget.

b. Review procedures to strengthen internal financial control.

2.4 Distribution Network & Infrastructure

a. Roll out Staff Rostering System to all wards.

b. Implement new Dietetic & Catering Management System to provide patient intake analysis and meal portion assignment.

c. Interface Outpatient Appointment System, Patient Billing & Revenue Collection System and Community Based Nursing Service Information System to enhance fees collection.

d. Implement physical facilities improvement works to enhance care to rehabilitation patients.

2.5 Quality of Care

a. Empower home carers/helpers through healthcare education.

b. Provide training on the Nutrition and Food Service Guidelines for old aged home operator.

c. Review and update clinical protocol for enhancement of patient services.

d. Conduct special care programme for young infirmary patients.

e. Introduce new anti-psychotic drug therapy to enhance the quality of life of mentally ill patients.

f. Provide step down maintenance programme for pulmonary rehabilitation patients in collaboration with Community Rehabilitation Network.

2.6 Human Resource Capabilities and Management

a. Develop manpower plan for the phasing in of new services with available resources.

b. Establish a continual nursing education system in hospital.

c. Organise Team Building Workshops to enhance team growth and multidisciplinary collaboration.

d. Expand the role of nurses in blood taking.

Tai Po Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	137.6	170.3	208.2
Staff Oncost	53.9	68.7	80.0
Other Charges	34.3	41.0	61.8
Total	225.8	280.0	350.0

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	5,348	6,114	6,533
No. of Patient Days	200,728	249,689	285,364
Inpatient Average Length of Stay (Days)	23	27	34
Attendance at Specialist Outpatient Clinics — Allied Health Services	1,509	844	980

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	678	1,200	1,700
Community Psychiatric Team	183	363	500
Community Geriatric Assessment Team – No. of Outreach Attendances	3,438	4,942	5,520

Background

The New Territories South cluster comprises five hospitals, namely Caritas Medical Centre, Kwai Chung Hospital, Lai Chi Kok Hospital, Princess Margaret Hospital and Yan Chai Hospital. The cluster serves the district of Sham Shui Po, Kwai Chung, Tsing Yi, Tsuen Wan and the Tung Chung New Town. It has a geographic population of 1.15 million with 12.0% of the residents aged 65 or above.

The total number of hospital beds available in the cluster as at 31 December 2000 is 5,715, comprising 3,153 general beds, 2,034 psychiatric beds, 300 beds for the mentally handicapped and 228 infirmary beds. The New Territories South cluster hospitals are serving a population with growing needs. It is expected that by 2003, the population will be 1.22 million of which 12.4% will be residents aged 65 or above.

To cope with the population increase and the need for extended care facilities in the cluster, Princess Margaret Hospital will commission 256 beds in Princess Margaret Hospital Lai King Building in 2Q01. Infirmary service and programme-based rehabilitation in areas of orthopaedic, medical and geriatric care will be provided in the new building.

In recent years, cluster hospitals have put in tremendous efforts to integrate various services to achieve optimal utilisation of resources, better delineation of scope of services and to provide better training opportunities for healthcare professionals. In 2001/2002, such efforts will continue with integration of financial management in Princess Margaret Hospital and Yan Chai Hospital, relocation of ophthalmology day surgery service from Yan Chai Hospital to Caritas Medical Centre, enhanced clustering of paediatric rehabilitation services, integration of pathology services in Yan Chai Hospital and Princess Margaret Hospital, development of cluster-based plans in supporting and information technology services and establishment of an integrated neurosurgery network with the New Territories North Cluster. Development of specialised service will also be planned on cluster basis, as exemplified by the establishment of the pain management clinic in Princess Margaret Hospital for patients with complex pain problems in the cluster.

Many chronic mentally ill patients in HA hospitals have been assessed to be in stable condition awaiting long stay care placement. To address this problem, the Government is planning to build Long Stay Care Homes. At the request of the Social Welfare Department, the HA is planning to provide in the interim 400 long stay care places in Lai Chi Kok Hospital, pending the commissioning of the government's purpose-built rehabilitation premises. Savings will be generated by HA in the process as there will be new subvention for managing the long stay care services. Most of the existing staff of Lai Chi Kok Hospital will be redeployed to other hospitals to augment psychiatric services or commission new services. Outreach teams of Kwai Chung Hospital will continue to serve patients in Lai Chi Kok Hospital after its conversion into a Long Stay Care Home.

Ambulatory/community care is one of the foci of service development in the cluster. Caritas Medical Centre and Princess Margaret Hospital will enhance its community geriatric assessment team coverage to private old aged homes. Kwai Chung Hospital will augment community psychiatric service and introduce screening service for patients with early psychosis in the cluster. Cluster hospitals will continue their initiatives on disease prevention and health promotion in partnership with other Government departments, Non-government organisations and community groups in the coming year.

Programmes and Targets

		Completion Date
1.	Commission Princess Margaret Hospital Lai King Building to enhance extended care services for the cluster.	*2Q01*
2.	Convert Lai Chi Kok Hospital into a Long Stay Care Home.	*3Q01*
3.	Integrate financial management of Princess Margaret Hospital and Yan Chai Hospital to achieve efficiency.	*3Q01*
4.	Relocate ophthalmology day surgery service from Yan Chai Hospital to Caritas Medical Centre.	*3Q01*
5.	Establish a pain management clinic in Princess Margaret Hospital for patients with complex chronic pain in the cluster.	*3Q01*
6.	Develop plans for cluster-based supporting and information technology services.	*1Q02*
7.	Enhance cluster collaboration in Paediatric neuro-rehabilitation at Caritas Medical Centre.	*1Q02*
8.	Establish an integrated neurosurgery network with Tuen Mun Hospital for the New Territories South and North Clusters.	*3Q01*
9.	Enhance liaison psychiatric services for the cluster.	*1Q02*
10.	Integrate pathology services of Princess Margaret Hospital and Yan Chai Hospital to improve quality of service and achieve efficiency.	*1Q02*

Caritas Medical Centre

Section 1 Hospital Mission

1.1 Hospital Mission Statement & Values

a. Mission Statement

Under the Caritas Motto 'Love in the service of Hope', Caritas Medical Centre's mission is to provide a continuum of the best possible, comprehensive healthcare for our community in a setting which recognises and supports the physical, emotional and spiritual needs of our patients and families.

b. Values of Caritas Medical Centre

Patients	—	Their well being and dignity are of paramount concern.
Staff	—	Each and every contribution to the team effort will be respected and valued.
Service	—	Each service performed will be of high standard, necessary, coordinated, cost effective and delivered with care and the understanding of the patient.
Community	—	Links with our community and other health care providers will be developed in a spirit of partnership and cooperation.

1.2 Hospital Role

Caritas Medical Centre is an acute general hospital of 1,396 beds serving mainly the population of Shamshuipo. Major clinical specialties include Accident and Emergency, Medicine and Geriatrics, Surgery, Orthopaedics, Paediatrics, Gynaecology and Ambulatory Obstetrics, Ophthalmology, Anaesthesiology, Pathology, Radiology and Allied Health Services. Through cluster collaboration, Caritas Medical Centre is a provider of ophthalmology and hospice services to other New Territories South hospitals and is a recipient of Otorhinolaryngology (ENT) and Psychiatric services from Yan Chai Hospital and Kwai Chung Hospital respectively. The hospital provides a comprehensive range of primary, secondary and selected subspecialties in a continuum of acute, extended, ambulatory, community and outreach models of care, with expertise in the areas of geriatric and orthopaedic rehabilitation, hospice care and paediatric developmental disabilities.

Caritas Medical Centre will pilot linkage between its General Outpatient Department with one of the Department of Health's general outpatient clinics in Shamshuipo, under the Family Medicine model of care.

1.3 Development of Hospital Governance

The Hospital Governing Committee (HGC) serves as an important link between the hospital, the parent body (Caritas-Hong Kong) and the community. Through input from and feedback to the members, the Hospital becomes more visibly accountable for the scope and quality of service provision. Members' input is also important in shaping long-term development.

The Hospital Governing Committee is meeting regularly to discharge its governance function. The HGC is underpinned by five subcommittees namely, Service Development, Finance, Public Relations, Development & Planning and Staff. HGC members also provide valued support to hospital staff by attending/officiating at important service events and sharing in staff activities.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Enhance Family Medicine development through support to Accident & Emergency Department, increased integrated clinic sessions, linkage with Department of Health's general outpatient clinic in Shamshuipo and initiating nurse-led telehealth services to elderly residents in Un Chau Estate.

b. Enhance community psychiatric services through improved linkage with Kwai Chung Hospital and increased budget for newer psychiatric drugs.

c. Collaborate with Caritas-Hong Kong on Enhanced Home Care Project (Social Welfare Department) to provide support for 'aging in place' to Shamshuipo elderly residents.

d. Improve outpatient services by implementing telephone booking and one-stop enquiry service.

e. Conduct systematic utilisation review of day patient management and doctor sessions in General Outpatient Department/Specialist Outpatient Department by specialty.

f. Recommend operational changes to enhance ambulatory services.

g. Conduct audit to evaluate the effectiveness of the Community Geriatric Assessment Team (CGAT) service to Old Aged Homes in Shamshuipo.

2.2 Enhanced Productivity Programme

a. Develop a cluster approach for procurement and supply chain management.

b. Contract out linen and domestic services.

c. Implement and monitor invest-to-save projects on energy and water conservation.

d. Commission Phase I redevelopment with existing resources.

e. Deploy supernumerary staff to support General Outpatient Department and triaging for Acute Pain Management.

f. Provide in-house maintenance for low risk medical equipment.

2.3 Financing and Resource Allocation System

a. Review nursing manpower need to replace student nurses with appropriate mix of Registered Nurses and Health Care Assistants.

b. Continue costing of acute/extended/outpatient/outreach services by specialty.

c. Support financial modelling on fees & charges/subsidiary company/population-based funding.

d. Provide feedback on Health Care Reform consultation document.

e. Explore opportunities for revenue generation.

2.4 Distribution Network and Infrastructure

a. Link up Caritas Medical Centre Family Medicine with Department of Health's general outpatient clinic.

b. Review outcome of Allied Health Community Project.

c. Review and develop cluster services.

d. Develop specialty services in accordance with Medical Services Development Committee recommendations in the following clinical specialties:

Surgery	—	Follow up on surgical review panel recommendations
	—	Monitor day surgery targets
Obstetrics & Gynaecology	—	Review integrated services
Paediatrics/Developmental Disabilities Unit (DDU)	—	Improve short-term rehabilitation and develop one stop service for handicapped children
	—	Explore provision of chronic respiratory beds
Medicine & Geriatrics	—	Plan further development of hospice outreach services
	—	Explore future subspecialty nursing support in Diabetes Mellitus, Respiratory, Rheumatology Care
Ophthalmology	—	Reduce waiting list for cataract surgery in cluster
Orthopaedics & Traumatic Surgery	—	Monitor day surgery targets and develop database of total joint replacement patients
Anaesthesia and Operating Theatres	—	Improve acute pain management

2.5 Quality of Care

a. Conduct audit on care pathways and clinical specialty process indicators.

b. Conduct systematic review on complaints/feedback by department.

c. Conduct experience sharing session to enhance risk management.

d. Develop care pathways for specialist care in community to enhance primary care/specialists interface.

e. Review pilot integrated inpatient assessment forms for roll out to other departments.

f. Review activity and outcome of Caritas Medical Centre sitting service to mentally handicapped children and geriatric inpatients.

g. Develop a commissioning programme to open Phase I of the hospital's new acute block.

h. Plan the hospital's Phase II capital works programme to improve the ambulatory/rehabilitation/supporting services.

2.6 Human Resource Capabilities & Management

a. Promote continuing education for all professional staff.

b. Organise workshop on acute service planning for Phase I.

c. Monitor the working hours of doctors and review intern allocation.

d. Provide staff training in IT, resuscitation, complaint management and infection control.

e. Promote senior nurse manager development.

f. Conduct orientation and training of newly employed staff.

g. Enhance staff knowledge base by the installation of over sixty additional access terminals to facilitate on-line literature search.

h. Address Occupational Safety & Health concerns by centralising cytotoxic drug preparation and conducting training on Manual Handling Skills.

Caritas Medical Centre

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	634.8	614.7	612.9
Staff On-costs	281.2	275.4	265.0
Other Charges	120.5	122.7	122.8
Total	1,036.5	1,012.7	1,000.7

Actual and Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	132,189	134,791	133,000
No. of Inpatient & Day Patient Discharges/Deaths	54,515	56,914	58,822
No. of Patient days	346,326	349,037	352,572
Inpatient Average Length of Stay (Days)	8.9	9.1	9.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	303,116	323,682	330,156
— Allied Health Services	91,160	94,839	99,005

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	5.2 weeks	4.8 weeks*	<5.0 week*
Specialist Outpatient Service Average Queuing Time	60 mins	48 mins	<60 mins
Average Waiting Time for Major Elective Surgery	1.1 mths	1 mths	<2 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	99.3%	100%	100%
No. of Community Nursing Service/ Community Psychiatric Nursing Service Home Visits	50,004	54,301	58,000
Community Geriatric Assessment Team – No of outreach attendances	14,391	26,115	27,000

* Median actual waiting time.

Kwai Chung Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

Kwai Chung Hospital exists to provide adequate, appropriate and acceptable community-oriented clinical and rehabilitation services for people disabled by serious mental health problems. It aims to develop an excellent quality service through team-work in the context of the service priorities of the Hospital Authority.

1.2 Hospital Role

In line with the HA's strategy to maximise the efficiency and effectiveness of the service distribution network by amalgamating the psychiatric and general hospital clusters, Kwai Chung Hospital forms one of the three major hospital networks in the provision of tertiary level psychiatric care covering the Kwai Tsing, Tsuen Wan, West and Central Kowloon and Tung Chung areas.

The Hospital provides acute and subacute general adult psychiatric services and specialises in child and adolescent psychiatry, psychogeriatrics, community psychiatry, consultation-liaison psychiatry, substance abuse, mental handicap services. It delivers its specialist out-patient and day-patient services in psychiatric clinics at Yaumatei, South Kwai Chung and East Kowloon.

By management integration with Lai Chi Kok Hospital since 1 July, 2000, the Hopsital will oversee the conversion of Lai Chi Kok Hopsital into a long stay care home in 2001.

1.3 Development of Hospital Governance

Meetings of the Hospital Governing Committees are held on a bi-monthly basis and are open to all staff. Incident reports, complaints and appreciations, service performance, initiatives in hospital annual plan, building works, financial position and donations are regularly reported to the Committee.

Other reports on risk management, audit, injury-on-duty, development of psychiatric services are also submitted to Hospital Governing Committee regularly on a half-yearly or annual basis.

Presentations of hospital services to Committee members with visits to wards and service units are arranged on a regular basis. Members of the Committee are invited to visit the hospital and participate in various hospital programmes.

The Hospital Governing Committee is supported by a Finance and Community Relations Sub-committee.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Achieved the target of <5 weeks in specialist outpatient waiting time in all cluster psychiatric clinics through:

   i. triage of referrals;

   ii. development of screening criteria;

   iii. setting up of referral guidelines;

   iv. improving efficiency; and

   v. enhancing collaboration with primary care practitioners in the private and public sector.

2.2 Enhanced Productivity Programme

a. Rightsize pharmacy and clerical/secretarial staff grades.

b. Rationalise service and implement business support services initiatives on energy saving programmes, out-sourcing and central plating and dishwashing system.

d. Redeploy resources saved from bed reduction to strengthen community and outreach services.

2.3 Financing & Resource Allocation System

a. Decentralise budget to clinical management teams/departments to ensure financial accountability.

b. Adopt resource allocation methodology based on the seed money concept.

2.4 Distribution Network and Infrastructure

a. Review and redefine psychiatric services network according to recommendation of Coordinating Committee (Psychiatry).

b. Convert Lai Chi Kok Hospital into a long stay care home.

2.5 Quality of Care

a. Develop clinical protocols and promote evidence-based medicine to improve care for the mentally ill.

b. Conduct clinical audits to monitor the implementation of risk management initiatives.

c. Conduct regular surveys on patient needs and public expectation to enhance complaint management.

2.6 Human Resource Capabilities and Management

a. Review hospital manpower plan in accordance with projected service requirement.

b. Contract out supporting services to improve cost-efficiency and conduct training on outsourcing management to monitor quality of services provided by contractors.

c. Develop core competencies for nurses and organise on-going training.

d. Inculcate the quality culture for continuous quality improvement.

e. Empower clerical and supporting grades staff to enhance service efficiency and flexibility.

Kwai Chung Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	423.3	422.0	432.0
Staff Oncosts	182.6	184.5	180.2
Other Charges	55.8	54.7	71.9
Total	661.7	661.2	684.1

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	3,902	4,200	4,240
No. of Patient Days	481,905	472,000	476,720
Inpatient Average Length of Stay (Days)	158.1	120.0	110.0
Attendance at Specialist Outpatient Clinics			
— Clinical services	141,575	147,950	149,429
— Allied Health Services	47,426	48,533	49,422

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Budget)*
Specialist Outpatient Service Average Waiting Time	8.1 weeks	3.2 weeks*	3.0 weeks*
Specialist Outpatient Service Average Queuing Time	26.3 mins	24.5 mins	24 mins
No. of Community Nursing Service/ Community Psychiatric Nursing Service Home Visits	12,503	12,600	12,726
Community Psychiatric Team – No. of outreach attendances	2,549	2,500	2,525
Psychogeriatric Team – No of outreach attendances	6,973	7,000	7,070

* Median actual waiting time.

Lai Chi Kok Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

Lai Chi Kok Hospital exists to provide quality rehabilitation care to our patients through a multidisciplinary team approach in order to reintegrate them into the community and continue to improve their quality of life.

1.2 Hospital Role

The Hospital is currently grouped under the New Territories South Cluster and its management has already been integrated with that of Kwai Chung Hospital. However, at the request of Social Welfare Department, Lai Chi Kok Hospital will be converted into a Long Stay Care Home in phases starting March 2001. After the conversion, the Hospital will provide Long Stay Care places for 400 stabilised psychiatric clients under the subvention of Social Welfare Department. In its new role, the Hospital aims to provide residential rehabilitation service to improve the quality of life of clients through a multidisciplinary approach.

1.3 Development of Hospital Governance

The management of Lai Chi Kok Hospital is integrated into Kwai Chung Hospital and the Hospital Authority Head Office is the major monitor of the hospital. After the full conversion of the Hospital into a Long Stay Care Home, Social Welfare Department will audit the performance of the new hospital activities.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Convert the hospital into a long stay care home for 400 clients.

b. Admit 400 clients or the waitlist of Long Stay Home.

2.2 Enhanced Productivity Programmes

a. Achieve staff savings by:

   i. downsizing general administrative and clerical staff grades;

   ii. service rationalisation;

   iii. implementing business support services initiatives; and

   iv. implementing energy saving programmes.

b. Redeploy surplus staff after the hospital conversion to relieve pressure areas.

2.3 Financing & Resource Allocation System

Adopt "Funding and Service Agreement " under the contractual arrangement between HA and Social Welfare Department for resource allocation.

2.4 Distribution Network and Infrastructure

a. Redefine role of Hospital in psychiatric service network in accordance with recommendations of Coordinating Committee (Psychiatry).

b. Continue provision of psychiatric patient follow-up and pharmacy services by Kwai Chung Hospital upon its conversion into a Long Stay Care Home.

2.5 Quality of Care

a. Conduct clinical audit by the Clinical Service Team to monitor the implementation of risk management initiatives.

b. Conduct regular survey and review of patient complaints to enhance complaint management.

2.6 Human Resource Capabilities and Management

a. Review manpower plan in preparation for conversion of the Hospital into a Long Say Care Home.

b. Formulate the service delivery model and staffing level of the Long Stay Care Home in Lai Chi Kok Hospital according to the quality standard services requirement stipulated by Social Welfare Department.

c. Organise on-gong training to develop core competencies for nurses.

d. Inculcate quality culture for continuous quality improvements.

e. Empower clerical and supporting staff grades to enhance efficiency and flexibility.

Lai Chi Kok Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	59.3	54.6	Nil
Staff Oncosts	23.2	21.6	Nil
Other Charges	7.0	5.4	Nil
Total	89.5	81.6	Nil *

* Lai Chi Kok Hospital will be converted into a Long Stay Care Home.

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	198	177	200
No. of Patient Days	141,067	113,010	12,000
Inpatient Average Length of Stay (Days)	1,488	2,117.8	2,117.8

Princess Margaret Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

Princess Margaret Hospital has been providing quality medical services to the general public over 20 years. The Hospital's mission is:

a. To be a forward-looking, community-oriented hospital providing caring service as well as participating in teaching and training of professionals.

b. To meet different needs of community for comprehensive and tertiary services of quality.

c. To provide opportunities for staff growth and development in a pleasant but challenging environment.

d. To search for excellence at all times while enhancing value for money management initiatives.

1.2 Hospital Role

The Hospital is an acute hospital providing a comprehensive range of secondary and tertiary inpatient services supported by specialist outpatient services and 24-hour Accident & Emergency service. The Hospital mainly serves residents in Kowloon West, Kwai Chung, Tsing Yi, Tsuen Wan and North Lantau. The Hospital is also serving as Referral Centres for Infectious Diseases, Nephrology and Urology, Burns and Plastic Surgery. It is a major receiving hospital for disasters at Chek Lap Kok Airport and is an accredited training centre for various specialty programmes.

The Hospital is also providing support to hospitals within and outside the New Territories South Cluster. It provides referral services in various clinical services such as Burns & Plastic Surgery, Neurosurgery, Breast Surgery, Urology (Extracorporal Short Wave Lithrotripsy, Paediatric Urology), Major Trauma, Paediatric Intensive Care Unit, Nephrology (Renal Transplant, Dialysis Services), Cardiac Catheterisation service, Pulmonary Tuberculosis and Infectious Diseases. The Hospital is the only hospital in the New Territories South Cluster providing inpatient obstetric service, neonatal intensive care and special care baby services

The Hospital closely collaborates with Cluster hospitals for:

i. Direct admission of Accident and Emergency patients from Yan Chai Hospital;

ii. Accepting referrals for outpatient Physiotherapy, Podiatry, Dietetic, Occupational Therapy, Prosthetics & Orthotics and Patient Retraining and Vocational Resettlement Service from cluster hospitals; and

iii. Sharing of diagnostic service support includes Radiology, Magnetic Resonance Imaging, Mammography, Computerised Tomography Scanning and various pathology investigations.

The Hospital receives Eye, Ear, Nose & Throat and Psychiatric services from Caritas Medical Centre, Yan Chai Hospital and Kwai Chung Hospital respectively.

Besides service collaboration, the Hospital arranges rotation of doctors, nurses and allied health staff for professional training with the cluster hospital. It also provides Non-emergency Ambulance Transfer Services for New Territories South and New Territories North Clusters as well as Caritas Medical Centre.

1.3 Development of Hospital Governance

The Hospital Governing Committee (HGC) discharges its governance functions by:

a. Involving in the hospital annual planning and strategic planning process.

b. Reviewing regular reports of hospital incidents, complaints/appreciation and information on special hospital management issues.

c. Participating in hospital functions and hospital visits to establish a close working relationship with hospital management and staff.

d. Opening HGC meetings to staff to enhance transparency of the work of HGC.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Open 160 rehabilitation and convalescent beds and 96 infirmary beds at Lai King Building.

b. Network with general practitioners in the development of clinical protocol and referral guidelines.

c. Achieve the targeted waiting time at Accident & Emergency Department.

d. Achieve 80% Community Geriatrics Assessment Service coverage to private old age homes in the New Territories South cluster.

e. Establish a mobile Telehealth Assessment Service in Tung Chung.

2.2 Enhanced Productivity Programme

a. Reengineer services to achieve manpower savings to staff the Lai King Building.

b. Merge the Central Sterile Supplies Department with Theatre Supplies Centre to achieve cost savings.

c. Merge the Milk Kitchen with Dietetic Department to improve efficiency.

d. Exercise tight control on the use of drugs and review existing drug formulary to reduce drug consumption.

e. Achieve savings through better resourcing.

   i. Exercise tight control on recurrent drug and pathology expenditure.

   ii. Reduce stock of expensive medical items through efficient procurement.

   iii. Identify Alternative Source of Income by establishing the Co-op Shop and Community Health Resources Centre.

   iv. Explore establishment of Renal Dialysis Self Care Centre as self-financing services.

2.3 Distribution Network & Infrastructure

a. Explore service integration with Yan Chai Hospital.

b. Integrate Neurosurgery with Tuen Mun Hospital to form the New Territories West Neurosurgical Centre.

c. Integrate Paediatric Neurology Rehabilitation service with Caritas Medical Centre.

d. Enhance Paediatric service network of New Territories South by relocating children with chronic illness from Yan Chai Hospital to Princess Margaret Hospital.

e. Collaborate with community organisations to provide enhanced home care services for elderly living in New Territories South Cluster and Tung Chung.

f. Provide virology and tuberculosis pathology service to New Territories South cluster hospitals.

g. Provide toxicology support to all public hospitals.

h. Establish networks with family physicians and Department of Health.

i. Establish a Pain Clinic for New Territories South cluster hospitals.

j. Set up the Financial Management Centre with Yan Chai Hospital.

k. Establish Cluster Information Technology Service to support Princess Margaret Hospital Lai King Building, Kwai Chung Hospital and Yan Chai Hospital.

l. Integrate Pathology service with Yan Chai Hospital.

2.4 Quality of Care

a. Set up a referral centre for Paediatric Nephrology to improve management of End Stage Renal Failure children in Hong Kong.

b. Ensure appropriate supervision of junior staff under the 2-tier accountability system.

c. Develop care protocols to promote continuity of care in hospital and community setting.

d. Conduct on-going quality improvement and audit programmes on medical records, clinical information system, hospital information systems and other management information systems.

e. Install the Neuro-navigational System to improve care for neurosurgical patient with operating microscope.

f. Enhance pharmacy service by setting up the Refill & Compliance Clinic, a satellite pharmacy and 24-hour pharmacy service.

2.5 Human Resource Capabilities & Management

a. Provide Continuing Medical Education (CME) programmes to medical staff.

b. Enhance communication among Clinical Management Teams and across different departments.

c. Establish the Care-for-Carer Club to enhance staff morale through employee participation in various activities.

d. Enhance staff performance through counselling, role modelling and feedback.

e. Enhance service efficiency through participation in the Initiatives for Wider Economic Participation Programme.

Princess Margaret Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	1,030.5	1,019.3	1,079.0
Staff Oncosts	470.2	465.9	473.1
Other Charges	228.5	239.2	261.4
Total	1,729.2	1,724.4	1,813.5

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	143,581	141,918	147,337
No. of Inpatient & Day Patient Discharges/Deaths	89,047	85,214	100,784
No. of Patient Days	430,654	420,998	487,122
Inpatient Average Length of Stay (Days)	6.1	6.3	6.3
Attendance at Specialist Outpatient Clinics			
— Clinical Service	316,810	328,719	338,000
— Allied Health Service	120,511	114,200	107,623

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	8.1 weeks	3.0 weeks*	3.0 weeks*
Specialist Outpatient Service Average Queuing Time	43 mins	44 mins	44 mins
Average Waiting Time for Major Elective Surgery	1.8 mths	1.8 mths	1.8 mths
Accident & Emergency Triage 1 (0 mins)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	89.2%	95%	95%
No. of Community Nursing Service/ Community Psychiatric Nursing Service Home Visits	64,506	66,426	66,000
Community Geriatric Assessment Team – No. of outreach attendances	17,990	23,600	25,000

* Median actual waiting time.

Yan Chai Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

We deliver quality healthcare to our community through teamwork with compassion and professionalism.

1.2 Hospital Role

Yan Chai Hospital is a community-based hospital within the New Territories South cluster providing acute general medical services primarily to the residents of Tsuen Wan and Kwai Tsing areas. The Hospital provides Accident and Emergency service to cater for all emergencies and clinical specialty services in Medical, Surgical, Orthopaedics and Traumatology, Paediatrics, Ophthalmology (Eye) and Otorhinolaryngology (ENT). Its clinical services are supported by Anaesthesiology, Pathology and blood bank, and Radiology services. Auxiliary support is provided by Departments/Units of Physiotherapy, Occupational Therapy, Speech Therapy, Audiology, Podiatry and Dietetics. With emphasis on primary, secondary and extended care services, the Hospital works in close collaboration with other hospitals in the cluster to provide a comprehensive service to the community.

1.3 Development of Hospital Governance

The Hospital Governing Committee serves as a vital link between the community and the Hospital. It enables the Hospital to be more responsive and accountable to the public. Its input is essential to define the Hospital's vision for the future. To facilitate governance by the Hospital Governing Committee, management reports on achievement status of performance indicators and quality standards are presented on quarterly basis for discussion and advice on overall strategic direction.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Maintain Specialist Outpatient Department median waiting time to 5 weeks.

b. Enhance diagnostic ultrasound service.

c. Implement Community Geriatric Assessment service.

2.2 Enhanced Productivity Programme

a. Establish a Financial Management Centre.

b. Implement Linen Cart Exchange system.

2.3 Distribution Network & Infrastructure

a. Increase e-mail account & access to HA intranet.

b. Develop e-knowledge gateway platform.

c. Implement Radiology Information System & Laboratory Information System.

d. Integrate Pathology service with Princess Margaret Hospital.

e. Rationalise convalescent bed distribution.

f. Explore further opportunities for integration of services with Princess Margaret Hospital.

2.4 Quality of Care

a. Provide bedside discharge medication counselling service.

b. Establish Joint Replacement patient self help group.

c. Conduct Paediatric asthma shared care programme.

d. Conduct Patient Satisfaction Survey.

e. Replace Intermittent Peritoneal Dialysis with Continuous Ambulatory Peritoneal Dialysis.

f. Promote Evidence Based Medicine.

2.5 Human Resource Capabilities and Management

a. Promote caring culture in Yan Chai Hospital.

b. Conduct Building Wellness at Work training for staff.

Yan Chai Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	512.6	509.1	509.5
Staff Oncosts	228.3	228.2	217.4
Other Charges	104.9	111.1	112.2
Total	845.8	848.5	839.1

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	160,969	160,000	160,000
No. of Inpatient & Day Patient Discharges/Deaths	37,143	43,000	43,000
No. of Patient Days	257,825	286,000	280,000
Inpatient Average Length of Stay (Days)	7.4	7	7
Attendance at Specialist Outpatient Clinics			
— Clinical Services	148,883	168,000	170,000
— Allied Health Services	66,799	66,133	60,959

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	10.1 weeks	5.0 weeks*	5.0 weeks*
Specialist Outpatient Service Average Queuing Time	51.1 mins	35 mins	35 mins
Average Waiting Time for Major Elective Surgery	1.5 mths	1.5 mths	3 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	94.3 %	95%	95%

* Median actual waiting time.

Background

The New Territories North Cluster comprises Castle Peak Hospital, Fanling Hospital, North District Hospital, Pok Oi Hospital, Siu Lam Hospital and Tuen Mun Hospital. These six hospitals serve the Tuen Mun, Yuen Long and North District. The cluster covers a wide geographical area, serving a rapidly growing population of about 1.2 million. The total population for the cluster is expected to increase to about 1.4 million by 2006 and to almost 2 million by 2010. A continuing issue facing the cluster is the increase in demand for hospital beds and medical facilities, particularly for rehabilitation and convalescent facilities. Additionally, several older facilities in the cluster are in need for improvement and redevelopment.

Tuen Mun Hospital and North District Hospital are acute general hospitals in the cluster and together, they provide a wide range of acute, extended, ambulatory and community services. Castle Peak Hospital provides psychiatric service for the cluster and Siu Lam Hospital cares for patients with severe mental handicap. Pok Oi Hospital has restructured its services in the past year, providing mainly rehabilitation and convalescent service as the hospital undergoes major redevelopment. As at end December 2000, there were a total of 4,807 beds available in the cluster, comprising 1,978 acute, 396 extended care and 2,433 mentally ill/mentally handicapped beds.

Reaching out into the community and developing ambulatory care are the major areas of development for the cluster in the coming years. Castle Peak Hospital has reduced inpatient beds in the past year and will continue to rationalise its in-patient facilities to re-direct its effort in community care for mental patients. Community psychiatric services will be further developed and enhanced in the cluster and a pilot programme to assess and treat young persons with severe mental illness will also be implemented in Castle Peak Hospital.

Tuen Mun Hospital will have a new Ambulatory Care Centre in the coming year. This will enable the hospital to improve the quality of its service at the specialist out-patient clinics. Both North District Hospital and Pok Oi Hospital will also enhance their community outreach services to serve the growing elderly population in the region.

Castle Peak Hospital will continue with its redevelopment programme and the entire redevelopment of the hospital is targeted for completion in 2004. The redevelopment of Pok Oi Hospital has just commenced and is on schedule for full completion in 2006. The cluster will continue to plan for redevelopment of its older facilities such as Siu Lam Hospital. There is also a need to assess the demand for rehabilitation and convalescent facilities in the cluster and to plan for major capital projects such as the Tuen Mun Rehabilitation Block and the possible expansion of North District Hospital.

Programmes and Targets

		Completion Date
1.	Relocate Tuen Mun Specialist Clinic.	*3Q01*
2.	Open 4 Intensive Care Unit beds in Tuen Mun Hospital	*1Q02*
3.	Extend the service hours of Magnetic Resonance Imaging (MRI) in Tuen Mun Hospital.	*4Q01*
4.	Extend the pharmacy hours in Tuen Mun Hospital.	*4Q01*
5.	Rightsize in-patient facilities in Castle Peak Hospital.	*1Q02*
6.	Implement early intervention programme for young persons with psychotic illness in Castle Peak Hospital.	*1Q02*
7.	Implement community psychiatric service in North District	*1Q02*
8.	Broaden the use of new psychiatric drugs for mental patients in Castle Peak Hospital and North District Hospital.	*1Q02*
9.	Implement community geriatric service in North District Hospital.	*1Q02*
10.	Enhance the outreach service of Siu Lam Hospital.	*4Q01*
11.	Enhance the coverage of Gynaecology service in North District Hospital by networking arrangement.	*3Q01*

Castle Peak Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The Hospital aims to provide treatment and rehabilitative services for psychiatric patients, serving the interests of both patients and the community at the same time. The Hospital strives to achieve the mission of providing the catchment population with a comprehensive psychiatric service, which is patient-centred, of the highest quality within the resources available, and to be achieved through multidisciplinary teamwork.

1.2 Hospital Role

Castle Peak Hospital is a psychiatric hospital admitting patients mainly in accordance with the Mental Health Ordinance, including, voluntary, involuntary and forensic admissions. It has a bed complement of 1,641, with acute, subacute and extended care beds. Comprehensive psychiatric services including inpatient, outpatient, outreach and day hospital services, sub-specialty services, and community mental health work are provided to the New Territories West and North Districts. Psychiatric support is provided to general hospital in the cluster, as well as other carer agencies of psychiatric patients. Mental health educational programmes are regularly organised as a part of preventive work. The hospital also provides recognised training for trainees in medical, nursing, and other professional fields.

1.3 Development of Hospital Governance

The Hospital Governing Committee of Castle Peak Hospital was established in 1994. The Committee meets around four times per year to oversee the management of the hospital. The Committee's role is to provide strategic directions to the management and to ensure that agreed standards of care and performance measures are achieved. It further serves as a vital link between the community and the hospital to enable the hospital to be more responsive and accountable to the public. The Committee endorses the hospital annual plan prior to its finalisation.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Implement the Early Intervention Programme for young people with psychotic illness.

b. Increase psychiatric outpatient services in North District Hospital to meet the increasing demand.

c. Enhance services provided by the Community Psychiatric Nursing Service.

d. Establish one additional ward for mental handicap patients.

e. Establish out-patient clinic for mental handicap patients.

f. Provide Child and Adolescent psychiatric out-patient service at Tuen Mun Hospital Specialist Outpatient Department.

g. Provide nurse therapist for Psychogeriatric Service.

h. Enhance sleep electroencephalography service.

i. Extend the intensive rehabilitation programme to more disabled patients.

2.2 Enhanced Productivity Programme

a. Achieve hospital Enhanced Productivity Programme savings targets.

b. Enhance hospital-wide energy conservation and environmental protection measures.

c. Develop Treatment Unit Model in psychiatric nursing practice.

d. Commission the new kitchen to implement cook chill food production, central plating and central dishwashing.

e. Implement Pilot Scheme of the Third Party Logistics in Warehouse Management.

2.3 Financing and Resource Allocation System

a. Enhance income budget management through streamlined collection and possible expansion of income base under prevailing framework.

2.4 Distribution Network and Infrastructure

a. Commission new Blocks D and F of Phase II Stage 1 Redevelopment.

b. Plan and co-ordinate for Phase II Stage 2 Redevelopment.

c. Plan and co-ordinate for the new psychiatric centre of the Pok Oi Hospital Redevelopment.

d. Set up Clinical Management System and Dietetic & Catering Management System (DCMS) to enhance information management.

e. Implement auto-refill system in the nine new wards.

f. Operate new hospital kitchen to take over Staff Canteen Service.

2.5 Quality of Care

a. Increase use of new psychotropic drugs to enhance quality care.

b. Right-size the hospital by reduction of 50 in-patient beds in 2002.

c. Implement Healthcare Assistant Scheme throughout the hospital by extending it to 13 additional wards.

d. Implement community reintegration and bridging programmes to enhance rehabilitation of patients.

e. Continue development of community mental health work, including the 3-year Defeat Depression Project and Hospital Open Day.

f. Continue Continuous Quality Improvement programme initiatives for all clinical teams and hospital units.

2.6 Human Resource Capabilities and Management

a. Enhance staff management through training, re-training, improved communication and team building to cope with the challenges ahead.

b. Promote occupational health through people management training programmes.

c. Organise at least two open forums for staff.

d. Organise 6 management forums.

Castle Peak Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	365.7	356.6	364.3
Staff Oncosts	152.6	149.3	146.4
Other Charges	49.9	54.3	63.2
Total	568.2	560.2	573.9

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	2,416	2,400	2,450
No. of Patient Days	580,143	548,653	580,000
Inpatient Average Length of Stay (Days)	262.9	232	227
Attendance at Specialist Outpatient Clinics			
— Clinical Services	54,315	61,390	65,000
— Allied Health Services	16,122	16,500	17,000

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	7.2 weeks	4 week*	5 weeks*
Specialist Outpatient Service Average Queuing Time	35 mins	35 mins	30 mins
No. of Community Nursing Service/ Community Psychiatric Nursing Service Home Visits	10,133	11,919	12,500
Community Psychiatric Team – No. of outreach attendances	2,014	4,900	5,100
Psychogeriatric Team – No. of outreach attendances	4,932	4,920	4,950

* Median actual waiting time.

North District Hospital & Fanling Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The hospital mission is "we serve, we care and we create a happy hospital". We are dedicated to provide comprehensive quality healthcare services to the community, with major focus on ambulatory care, community care and collaboration with other health care providers.

1.2 Hospital Role

North District Hospital is a secondary level acute general hospital. It provides inpatient service, 24-hour Accident and Emergency services, specialist out-patient service, day facilities and a General Outpatient Clinic located at Fanling Hospital.

The catchment areas of the Hospital cover the North district including Fanling, Sheung Shui, Sha Tau Kok and Takwuling, as well as a large portion of Yuen Long district such as Tin Shui Wai, Kam Tin, Pat Heung and Sun Tin. Its effective catchment population also covers Hong Kong citizens residing in Shenzhen and the travellers crossing the border by land daily. The number of these people has increased significantly in recent years. Because of its convenient location, the Hospital is usually the first point of contact should they be injured in accidents or suffered from illness.

The Hospital has been actively collaborating with other hospitals to provide comprehensive and quality services to the community. Networking of tertiary clinical services such as intensive care, neurosurgery, obstetrics & gynaecology, ophthalmology, otorhinolaryngology, and psychiatry; clinical support services such as community nursing, magnetic resonance imaging, pathology, prosthetic & orthotic; and supporting services like catering, laundry, and non-emergency ambulance transfer services have been set up. Its networking partners include Alice Ho Miu Ling Nethersole Hospital, Castle Peak Hospital, Pok Oi Hospital, Princess Margaret Hospital, Prince of Wales Hospital, Siu Lam Hospital, Tai Po Hospital and Tuen Mun Hospital. The Hospital is also working closely with other healthcare providers in the community to achieve seamless health care.

To strengthen its role in providing acute patient care services, the Hospital will continue to develop its ambulatory care services, community geriatric service and community psychiatric service and will seek further convalescent and rehabilitation support from Tai Po Hospital.

1.3 Development of Hospital Governance

The Hospital Governing Committee was formed in April 1999. It has contributed significantly in setting hospital strategic directions, shaping hospital vision, formulating policies and overseeing hospital management for the provision of high quality services to meet community needs. To sustain continued interest and commitment of members, the Hospital Governing Committee is regularly updated on service development, service activity levels, risk management initiatives, quality indicators, complaints and appreciation of the hospital.

The Hospital Governing Committee adopts a transparent process in its deliberations on hospital policies and management, and has opened its meetings to the hospital staff since April 2000. The Committee plans to establish subcommittees to enable members more direct and extensive involvement in the hospital development.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Relocate 34 rehabilitation beds to Tai Po Hospital.

b. Explore further convalescent and rehabilitation support from Tai Po Hospital.

c. Implement networking of intensive care service with Alice Ho Miu Ling Nethersole Hospital and Prince of Wales Hospital.

d. Implement community psychiatric service to enhance ambulatory care.

e. Commence community geriatric service to further develop ambulatory care.

f. Set up step-down clinic in Fanling Hospital General Outpatient Clinic to follow up simple urology cases and shorten specialist outpatient service waiting time.

g. Further develop day surgery to improve utilisation rate.

h. Implement pilot central registration of the specialist outpatient clinics to reduce patient queuing time.

i. Commence sale of patients' devices and consumables at the Health Resource Centre for patient convenience.

2.2 Enhanced Productivity Programme

a. Exercise tight budget control on drug consumption, medical supplies, equipment and consumables, and personal emolument.

b. Continue contracting out domestic and security services for better efficiency and long-term savings.

c. Participate in the Third Party Logistics management service.

d. Implement energy saving programme/water saving programme.

2.3 Financing & Resource Allocation System

a. Consider new Alternative Sources of Income to fund hospital services improvement.

2.4 Distribution Network & Infrastructure

a. Commence otorhinolaryngology (ENT) operation session.

b. Plan additional floor spaces at North District Hospital for provision of ambulatory services.

2.5 Quality of Care

a. Strengthen structured activities to promote development in risk management and quality assurance.

b. Implement 2-tier professional accountability structure and senior supervision in all clinical specialties.

c. Establish an Anaesthetic Skill Development Centre for patient simulation training in collaboration with the Hong Kong College of Anaesthesiologists.

d. Extend the 24-hour coverage of gynaecology service by networking arrangement.

e. Continue nursing audit on eight nursing standards.

2.6 Human Resource Capabilities and Management

a. Seek accreditation from the Central Internship Committee for internship training.

b. Seek accreditation from the Nursing Council of Hong Kong as clinical practice training centre for student nurses.

c. Launch organisation development programmes in quality assurance, care for the carers, professional accountability and ethics.

d. Enhance training of staff in patient-centred care, managerial skills, teamwork and collaborating skills, health and community orientation, evidence-based practice and clinical audit.

e. Implement structured core training programme for nursing staff of Admission Wards.

f. Organise team building workshop for all departments.

North District Hospital & Fanling Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	342.7	382.5	426.6
Staff Oncosts	150.0	166.6	189.7
Other Charges	128.1	127.9	152.7
Total	620.8	677.0	769.0

Actual & Projected Activities

	1999/2000 *(Actual)*		2000/2001 *(Projected)*	2001/2002 *(Projected)*
	NDH	FH	NDH & FH	
Total Accident & Emergency Attendance	124,980	–	133,700	138,000
No. of Inpatient & Day Patient Discharges/Deaths	26,221	573	31,000	32,000
No. of Patient Days	146,270	13,723	180,000	190,000
Inpatient Average Length of Stay (Days)	5.9	46.8	6.4	6
Attendance at Specialist Outpatient Clinics				
— Clinical Services	111,316	–	141,000	150,000
— Allied Health Services	46,888	10,230	66,000	70,000

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	14.8 weeks	5.0 weeks*	5.0 weeks*
Specialist Outpatient Service Average Queuing Time	38 mins	46 mins	45 mins
Average Waiting Time for Major Elective Surgery	2.5 mths	3.0 mths	3.0 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	94.5%	96.0%	96.0%

* Median actual waiting time.

Pok Oi Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

We Love We Care We Serve

1.2 Hospital Role

Pok Oi Hospital is a community hospital providing basic secondary inpatient care; ambulatory care and extended care complementary to New Territories North Cluster hospital (i.e. Tuen Mun Hospital, North District Hospital, Siu Lam Hospital, Castle Peak Hospital).

Pok Oi Hospital redevelopment project was supported by the Government in October 1998. The redevelopment project which is in the detailed design stage will be carried out in one phase in the original site for completion by 2006. The Hospital will continue to provide services at an appropriate level to the public during the redevelopment period. Demolition of the hospital building will commence in April 2001 for target completion in October 2001. The new hospital consists of a 13-storey building which will house one and a half levels of basement, five stories of podium floors and seven floors with three ward wings on each floor. It will accommodate 622 inpatient beds, Accident & Emergency Department, Specialist Outpatient Department, Department of Radiology, Operating Theatre suite, Clinical Laboratory, Physiotherapy, Occupational Therapy, Pharmacy, Central Sterile Supplies Department, Kitchen, Canteen and car-parking spaces. The remaining buildings of the existing Central Wing and North Wing will be demolished after construction of the new blocks.

The re-alignment of services during the redevelopment will impact on cluster services. With suspension of its accident and emergency service since May 2000, the Hospital has started a 24-hour clinic to provide service to patients suffering from acute but minor diseases. With this change, the Hospital has converted its acute beds into rehabilitation convalescent and hospice care beds to provide convalescent and rehabilitation support to the acute hospitals in the region.

1.3 Development of Hospital Governance

Hospital Governing Committee (HGC) supports and contributes to the hospital strategic/annual planning and performs a monitoring role in hospital activities. Members of HGC are accountable to different subcommittees for better monitoring of hospital programmes. Regular reports on different specialties will be presented to HGC for further discussion.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Implement a shared care programme between Internal Medicine and Family Medicine to manage specialist outpatient volume.

b. Enhance Occupational Therapy service to cater for increasing needs of Occupational Therapy for Medical (Convalescent), Geriatric and Orthopaedic patients.

c. Provide post discharge domiciliary visit and telephone support for selected patient groups to enhance outreach service.

d. Increase home care for Hospice patients.

e. Extend medical social service to cater for additional convalescent inpatients.

2.2 Enhanced Productivity Programme

a. Implement measures to reduce water consumption and utility cost.

b. Implement measures to reuse and recycle waste paper, plastic bottle and aluminum cans to conserve environment and reduce wastage.

c. Implement measures to phase out disposable items to reduce wastage.

2.3 Financing and Resource Allocation System

a. Conduct various health education programmes for revenue generation.

2.4 Distribution Network & Infrastructure

a. Implement Clinical Management System for inpatient services, specialist outpatient services and Allied Health Departments to facilitate patient data sharing, appointment booking, medication prescription etc.

b. Enhance community services through organisation of Pok Oi Hospital home page, health promotion projects, health talks at school and volunteer services.

c. Improve hospital communication and delivery channels by setting up intranet and e-mail for middle managers.

d. Implement Third Party Logistics management.

2.5 Quality of Care

a. Enhance clinical audit and Continuous Quality Improvement programmes to promote the standard of clinical services.

b. Review 24-hour clinic referral, X-ray, laboratory reports, consultation note to monitor appropriateness of patient transfer to other hospitals as a risk management measure.

c. Use Clinical Management System to enhance 24-hour clinic patient discharge information.

2.6 Human Resource Capabilities and Management

a. Enhance 24-hour clinic Medical Officers' resuscitation skills.

b. Organise training for nursing staff and Healthcare Assistants.

c. Educate and enhance staff awareness of environmental protection issues.

d. Set up mechanisms to keep in touch and care for seconded staff.

Pok Oi Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	177.8	170.5	115.6
Staff Oncosts	77.9	75.6	48.5
Other Charges	34.5	28.9	26.2
Total	290.2	275.0	190.3

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	69,949	5,811	Nil
No. of Inpatient & Day Patient Discharges/Deaths	13,246	5,528	4,800
No. of Patient Days	96,894	58,000	62,000
Inpatient Average Length of Stay (Days)	13.6	18	19
Attendance at Specialist Outpatient Clinics			
— Clinical Services	36,014	32,000	33,000
— Allied Health Services	20,709	17,000	17,000

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	5.9 weeks	1 week*	1 week*
Specialist Outpatient Service Average Queuing Time	47 mins	35 mins	35 mins
Accident & Emergency Triage 1 (0 min)	100%	Nil	Nil
Accident & Emergency Triage 2 (15 mins or less)	88.6%	Nil	Nil

* Median actual waiting time.

Siu Lam Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To provide quality and comprehensive rehabilitation care to severe grade mentally handicapped under efficient management.

To promote staff morale in areas including improvement in working environment, career development and positive team spirit.

To form partnership with government departments and the community in advocation, formulation and implementation of policies on services for the mentally handicapped.

1.2 Hospital Role

The role of the Hospital is to provide comprehensive and integrated services to 300 severe grade mentally handicapped adult patients.

The Hospital has taken up a proactive role in the delivery of services to the severely mentally handicapped patients. This includes the provision of six beds to cater for the needs of severely mentally handicapped patients requiring urgent admission; extending the outreaching service by the deployment of a Registered Nurse (Psychiatric) from central pool to provide follow-up visits to discharged patients. The Hospital plans to enhance its outreaching service to severely mentally handicapped patients in 2001/2002.

Other provisions for severely mentally handicapped patients include the construction of a hydrotherapy pool, multi-sensory room, rehabilitation garden, rehabilitation bus and rehabilitation beds.

1.3 Development of Hospital Governance

There is no Hospital Governing Committee in Siu Lam Hospital. The authority to endorse the hospital's proposed annual plan rests with the Hospital Management Committee. The directions of HA Head Office are conveyed to the hospital through the Cluster Coordinator/Deputy Director (Operations & Public Affairs) for incorporation into the hospital's annual plan.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Manage 300 severely mentally handicapped patients.

b. Admit severely mentally handicapped patients through the Social Welfare Department referral system.

2.2 Enhanced Productivity Programme

a. Freeze posts from natural wastage of staff.

b. Further implement cook-chill food production scheme.

c. Conduct staff retraining and development.

d. Streamline departmental functions.

e. Use more cost-effective service without compromising quality.

f. Reduce wastage of food, drugs and consumables.

2.3 Financing and Resource Allocation System

a. Decentralise budget for Other Charges to unit level.

b. Redistribute budget to respective units.

c. Implement Enhanced Productivity Programme.

d. Monitor and control closely on expenditure.

2.4 Distribution Network & Infrastructure

2.4.1 Distribution network

a. Co-operate with Castle Peak Hospital for library service.

b. Non-emergency ambulance transport service (NEATS) provided by Princess Margaret Hospital.

c. Central sterile supplies items and Pathology Institution service provided by Tuen Mun Hospital.

d. Dietetics service provided by Castle Peak Hospital.

e. Collaborate with Castle Peak Hospital on pharmacy service.

f. Collaborate with North District Hospital on catering service.

g. Collaborate with all institutions to conduct training programmes on the care of the mentally handicapped to ensure provision of high quality services.

2.4.2 Infrastructure

a. Enhance outreach service to minimise number of patients requiring hospital inpatient care.

b. Plan for a hospital extension and redevelopment project to cater for the increasing demand for hospital care by severely mentally handicapped patients.

2.5 Quality of Care

a. Further implement auto-refill system to release nursing time for nursing research and patient care.

b. Implement linen cart exchange system to enhance quality of linen services to patients.

c. Implement Prevention of Fall, Reduction in Occurrence of Bedsores, and Prevention of Chest Infection Programmes.

d. Implement key nurse system for individualised care.

e. Organise recreational and therapeutic activities for severely mentally handicapped patients.

f. Enhance management of challenging behaviour of severely mentally handicapped patients.

g. Conduct mobility training to severely mentally handicapped patients in walking exercise.

h. Provide self-help skill and oral hygiene training for severely mentally handicapped patients.

i. Provide seating therapy for patients with physical impairment.

j. Provide hydrotherapy for severely mentally handicapped patients.

k. Arrange senior staff coverage after normal office hours.

l. Implement 2-tier professional accountability structure.

m. Set up Occupational Safety and Health Committee and Risk Management Committee.

2.6 Human Resource Capabilities and Management

a. Support staff of various grades to attend training programmes relating to the nature of their work.

Siu Lam Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	70.9	69.8	70.4
Staff Oncosts	27.1	27.0	25.9
Other Charges	9.6	8.3	8.6
Total	107.6	105.1	104.9

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	86	96	96
No. of Patient Days	106,362	106,948	106,948
Inpatient Average Length of Stay (Days)	613.97	520	520

Tuen Mun Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the Hospital is to provide comprehensive patient-centred quality healthcare within obtainable resources, treasure and honour individuals and team work, provide an environment for continuous improvement, achieve excellence, co-operate with other hospitals and develop partnership with the community.

1.2 Hospital Role

Tuen Mun Hospital is a major acute general hospital with a designed capacity of 1,671 beds serving the population of the New Territories North Region. It is the only tertiary referral centre in the cluster with a 24-hour Accident & Emergency service and comprehensive range of clinical services.

1.3 Development of Hospital Governance

The Hospital Governing Committee was established in 1993. Over the years, the Hospital Governing Committee has helped to set the strategic direction of the hospital and the formulation of policies to help the hospital achieve its mission. The Hospital Governing Committee is also actively involved in the annual planning process and in overseeing the implementation of new annual plan programmes of the hospital.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Enhance the Integrated Family Medicine Clinic practice to help shorten the waiting time of the busy specialties.

b. Open the new Ambulatory Care Centre to address the problems of the long queuing time, waiting time, and overcrowding through workplan improvement.

c. Roll out the league table for cases seen or closed to other clinical departments to help shorten the Specialist Out-patient Clinic waiting time.

d. Screen referrals to ensure better management of more urgent cases.

e. Further develop day surgery and short stay ward to ease the demand for inpatient services.

f. Strength the Accident & Emergency service to contain the impact due to the closure of the Accident & Emergency service of Pok Oi Hospital.

g. Open 4 Intensive Care Unit beds.

h. Operate more Magnetic Resonance Imaging (MRI) sessions.

i. Further develop community networking and sharing through the Community Medical Programme, shared-care programmes and disease referral plans with local general practitioners to optimise use of hospital resources.

2.2 Enhanced Productivity Programme

a. Exercise tight budget control in drug consumption and personal emolument.

b. Identify new saving opportunities by sharing experience on successful Enhanced Productivity Programme efforts.

c. Implement various Invest-to-save Projects in water and energy conservation, linen-cart exchange, automatic dispatch system, cook-chill receptor, laboratories and X-ray room service.

d. Control growth in headcount by manpower planning, redundant staff retraining, redeployment and freezing of vacancies, introduction of more honorary appointments, recruitment of more volunteers, contracting out services, employment of part-time and temporary staff, and down-sizing through natural wastage and re-organisation.

e. Implement cluster clinical pathology, food services and provision of laundry services by the Butterfly Bay Laundry.

f. Participate in Third Party Logistics for the management of stores and supplies services for the cluster hospitals.

g. Implement in-house maintenance service for low risk medical equipment.

h. Plan revenue generating Alternative Source of Income from carparking and laboratory services.

2.3 Financing & Resource Allocation System

a. Explore feasible alternatives including contracting out of the private clinic site for local general practitioners to provide choice of non-urgent consultation service for affordable accident and emergency patients.

b. Enhance the existing referral system and networking of tertiary services to minimise overlapping of cluster service provision.

2.4 Distribution Network & Infrastructure

a. Explore further cluster opportunities in the New Territories North Region for amalgamation in hospital management and governance.

b. Implement service networking and development of tertiary service centres recommended by the Medical Services Development Committee to enhance specialty service coverage and development.

c. Plan relocation of Yuen Long Yung Fung Shee Ophthalmic Clinic to the vacant site of Tuen Mun Polyclinic for further development into the Tertiary Eye Centre for both the New Territories North and New Territories South Clusters.

d. Follow-up on the Consultancy Report on Review of Surgical Services in Hospital Authority to identify improvement opportunities in the Surgery and Neurosurgery services.

e. Open the new Ambulatory Care Centre equipped with:

   i. Advanced information systems including the Diagnostic Radiology Picture Archiving and Communication System for digitised imaging of diagnostic examinations.

   ii. Pneumatic Tube Specimen Transportation System to increase the efficiency of laboratory tests and result reporting.

f. Install modern technology and communication systems including the new Call Management System Exchange (PABX), Automatic Dispatch System for portering service, and the Cyber-surveillance Security System to improve service quality and efficiency, and information accuracy for better decision making.

g. Plan for a new Rehabilitation Block at existing Nurse Quarters site to cater for rising need for rehabilitation beds in New Territories North Cluster.

2.5 Quality of Care

a. Maintain management commitment, enhance quality leadership, patient empowerment and community partnership to ensure continuous quality improvement.

b. Promote evidence-based practice and conduct clinical audit to monitor service quality.

c. Implement the mechanism for the safe introduction of new procedures.

d. Strengthen Community Nursing Service and Community Geriatrics Service to improve community based out-reach service.

2.6 Human Resource Capabilities and Management

a. Roll out the 360° review system for senior management to allied health professional staff.

b. Follow up on the findings of the staff opinion survey to improve the environment and staff satisfaction.

c. Continue the role of the cluster professional and management training centre to provide more training opportunities for trainee doctors and nurses.

d. Encourage staff to attend overseas training programme to enhance professional competence.

Tuen Mun Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	1,123.4	1,180.2	1,141.5
Staff Oncosts	508.8	536.8	496.6
Other Charges	276.5	320.1	283.5
Total	1,908.7	2,037.1	1,921.6

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Total Accident & Emergency Attendance	224,442	252,267	254,790
No. of Inpatient & Day Patient Discharges/Deaths	108,828	114,919	117,687
No. of Patient Days	551,640	550,208	567,994
Inpatient Average Length of Stay (Days)	6.0	5.6	5.6
Attendance at Specialist Outpatient Clinics			
— Clinical Services	517,165	536,362	561,884
— Allied Health Services	203,599	189,794	189,794

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	7.8 weeks	3.0 weeks*	3.0 weeks*
Specialist Outpatient Service Average Queuing Time	45.2 mins	45.2 mins	45.2 mins
Average Waiting Time for Major Elective Surgery	10 mths	18 mths	4 mths
Accident & Emergency Triage 1 (0 min)	100 %	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	99.5%	99%	99%
No. of Community Nursing Service/ Community Psychiatric Nursing Service Home Visits	70,469	81,769	94,034
Community Geriatric Assessment Team – No. of outreach Attendances	19,541	23,647	25,290

* Median actual waiting time.

Non-Cluster Hospitals

- Grantham Hospital
- Hong Kong Eye Hospital
- Nam Long Hospital

Non-Cluster Institutions

- Hong Kong Red Cross Blood Transfusion Service
- Rehabaid Centre

Grantham Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

We are committed to be and remain Hong Kong's BEST hospital for caring of patients with heart and lung diseases. We will achieve our mission through:

a. Focusing on patients and providing competent and dedicated care beyond their expectations.

b. Building an enthusiastic and effective team with shared core values.

c. Involving all levels of staff to continuously improve on all of our activities.

d. Enhancing training and continuous education for staff and professionals.

e. Undertaking innovative research projects to the benefit of the scientific and medical community.

f. Establishing partnership with the community in the prevention of heart and lung diseases.

1.2 Hospital Role

Grantham Hospital is a specialised hospital for heart and lung diseases with 579 beds. It is the major tertiary referral centre for the comprehensive management of adult and children cardiothoracic diseases in Hong Kong. The Hospital also provides extended care in its cardiothoracic infirmary beds, day care service for cardiac catheterisation and related procedures and comprehensive rehabilitation service for cardiac and chest patients in the community. Referral and admission are open to all public and private hospitals.

The Hospital provides 24-hour service for emergency cardiac catheterisation, cardiac intervention and cardiothoracic surgery for adult and paediatric patients and is a major admission centre for chest diseases engaging in postgraduate training in respiratory diseases and tuberculosis research. The Hospital has strong links with the University of Hong Kong providing training to undergraduates and postgraduates in Adult and Paediatric Cardiology, Cardiothoracic Surgery, General, Internal and Respiratory medicine, Intensive Care, Cardiac Anaesthesiology and Pathology. It also offers Post-basic education for nurses in Cardiothoracic Intensive Care Nursing, Cardiac Paediatric Intensive Care Nursing, Cardiothoracic Operating Theatre Nursing.

The Hospital closely collaborates with other hospitals on the following:

a. Achieve intra-thoracic organ transplantation and networking in thoracic surgery.

b. Provide general medical beds for Queen Mary Hospital patients.

c. Provide X-ray, Pathology, dietetic and central sterile supplies services to Nam Long Hospital and Wong Chuk Hang Hospital.

d. Form thoracic surgical network with Ruttonjee Hospital.

e. Provide comprehensive service for Chronic Obstructive Pulmonary Disease patients by networking with Queen Mary Hospital and Fung Yiu King Hospital.

f. Develop shared care with Hong Kong West Community Geriatric Assessment Service and Tung Wah Hospital rehabilitation service.

g. Establish cardiac network with Yan Chai Hospital, Caritas Medical Centre and United Christian Hospital for treatment of cardiac diseases.

h. Collaborate with Department of Oncology, Queen Mary Hospital for Intravascular Brachytherapy.

1.3 Development of Hospital Governance

a. Regular reporting and monitoring at Hospital Governing Committee meetings.

b. Regular monthly report by unit heads on annual plan achievements and progress.

c. Monitor management and clinical issues at various meetings with unit heads, ie. Hospital Management Committee, Medical Committee, Department Operations Management Committee, Allied Health Coordinating Committee.

d. Monitor and review specific and risk management issues in various task-oriented sub-committees, eg. Drugs and Therapeutic Committee, Clinical Audit Committee, Nursing Committee, Occupational Safety and Health Sub-Committee, Transfusion Committee and twice per year clinical audit presentation.

e. Departmental committees to discuss and monitor clinical and management issues.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Further develop the Cardiac Paediatric Unit with creation of one Associate Consultant post.

b. Implement plan to maximise resource utilisation through process re-engineering, reallocation of manpower and space to meet increasing demand for major elective adult cardiothoracic surgery.

c. Refer out admitted patients with no active cardiac problem.

d. Refer selected patients requiring residential placement to community family service centres to reduce medical social service work.

2.2 Enhanced Productivity Programme

a. Implement Central Dish Washing Project to save manpower.

b. Contract out laundry services and retrain laundry staff for internal and external redeployment.

c. Contract out external security patrol and carpark management.

d. Centralise the inventory control and management for Central Sterile Supplies Department and Catheterisation Laboratory to alleviate nursing staff workload.

e. Streamline and integrate the microbiology and Tuberculosis (TB) laboratory services with Queen Mary Hospital to improve efficiency.

f. Implement plans to reduce energy consumption and minimise wastage by continuously promoting staff awareness on energy conservation and environmental protection.

g. Maintain a green environment throughout hospital to help clean air and improve the health of occupants.

h. Mobilise volunteers to provide regular volunteer service to help hospital chores.

2.3 Financing and Resource Allocation System

a. Ensure continuous monitoring of budget through the implementation of web-based Financial Management and Reporting System.

b. Participate in specialty costing exercise to ensure service efficiency.

c. Continue exploring opportunities of Alternative Sources of Income.

d. Prepare staff and finance functions for decentralisation of income budget.

2.4 Distribution Network and Infrastructure

a. Establish direct transfer arrangement for heart failure patients referred from Department of Accident & Emergency, Queen Mary Hospital.

b. Network with Yan Chai Hospital, Caritas Medical Centre, United Christian Hospital for cardiac treatment.

c. Network with Department of Oncology, Queen Mary Hospital for Intravascular Brachytherapy.

d. Enhance community care programme for chronic obstructive pulmonary disease patients:

   i. Provide optimal care for patients at home by timely triaging.

   ii. Improve quality of life and maintain activity of daily living of patients.

   iii. Reduce unplanned admissions to acute medical wards.

   iv. Reinforce networking relationship with other hospitals/service providers in care delivery and staff training.

e. Enhance the role of tertiary/specialised centre for tuberculosis care:

   i. Collaborate with the Tuberculosis Service of Department of Health to better manage new cases of multidrug-resistant tuberculosis.

ii. Enhance collaboration with surgeons to manage patients with multidrug-resistant tuberculosis.

iii. Develop a Specialised Tuberculosis Laboratory to serve the Hong Kong West Cluster.

f. Collaborate with the Hong Kong Tuberculosis, Chest & Heart Diseases Association to initiate 'healthy hospital' campaign.

2.5 Quality of Care

a. Implement a structured programme to improve outpatients' dietetic counselling and reinforce nutrition education.

b. Implement nursing audit to monitor nursing standard.

c. Expand outreaching programme, establish telephone follow-up service and conduct Cardiopulmonary Resuscitation Training Programme to enhance community Care Programme for paediatric patients/parents suffering from congenital heart disease.

d. Further Implementing 5S (五常法) (Structurise, Systemise, Sanitise, Standardise and Self-discipline) to improve productivity.

2.6 Human Resource Capabilities and Management

a. Upgrade and update nurses' knowledge and skill through structured training plan for nursing staff.

b. Organise skill-mix training to enhance capacity of supporting staff and enable internal re-deployment to fill vacancies in other job areas arising from natural wastage of staff.

Grantham Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	249.5	242.9	246.6
Staff Oncosts	108.8	106.3	103.3
Other Charges	69.2	74.7	68.9
Total	427.5	423.9	418.8

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	12,890	13,500	14,200
No. of Patient Days	130,853	136,000	141,400
Inpatient Average Length of Stay (Days)	13.6	13.7	13.7
Attendance at Specialist Outpatient Clinics			
— Clinical Services	50,826	55,000	60,000
— Allied Health Services	4,404	1,980	2,000

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	3.0 weeks	1.0 weeks*	1.0 weeks*
Specialist Outpatient Service Average Queuing Time	40.5 mins	37 mins	37 mins
Average Waiting Time for Major Elective Surgery	8 mths	9 mths	4 mths

* Median actual waiting time.

Hong Kong Eye Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To provide high quality, cost effective, secondary and tertiary eye service to meet the demand and satisfy public needs for eye care in Hong Kong and be recognised as a centre of excellence.

1.2 Hospital Role

The main role of the Hospital is to provide the highest possible quality of Ophthalmic service for patients in the central Kowloon region and those requiring tertiary referral throughout the territory.

The Hospital will continue to enhance its role by identifying and delivering ophthalmic service to benefit the whole organisation.

To support nearby hospitals, the Hong Kong Eye Hospital provides stand-by eye care to the public through Accident & Emergency service of Queen Elizabeth Hospital and Kwong Wah Hospital and consultative service for patient.

Because of its integration with the Academic Department of Ophthalmology & Visual Sciences, Chinese University of Hong Kong, the Hospital can rely on the expertise available to further develop Ophthalmic subspecialty service and strengthen links with other institutions.

1.3 Development of Hospital Governance

The Hospital Governing Committee meets at least four times a year to shape hospital visions and oversee hospital management for the provision of high quality ophthalmic service, and to meet community needs.

The Hospital Governing Committee monitors and evaluates the performance of the Hospital through regular programme report from the Hospital Chief Executive, reports on finance, staffing, performance indicators, complaints and appreciations.

Members of Hospital Governing Committee are invited to meet the staff at hospital social functions to maintain good communication with staff members.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Achieve the median actual waiting time target for first appointment.

b. Set up visual rehabilitation service.

c. Formulate discharge criteria by Orthoptic Unit to discharge Orthoptic patients with stable and satisfactory condition.

d. Enhance community involvement in community services.

e. Relocate eye service in Buddhist Hospital to Hong Kong Eye Hospital to rationalise eye service.

2.2 Enhanced Productivity Programme

a. Reduce accumulated annual leave of staff.

b Implement automated Appointment Booking System for Allied Health services.

c. Re-engineer work processes:

i. Freeze vacant posts and redeploy staff for work sharing through re-engineering without compromising quality.

i. Promote the concept of handling with care on expensive instruments and consumables.

iii. Formulate a manpower plan to meet required savings.

d. Implement energy conservation to support friendly environment and reduce paper consumption.

e. Enhance communication & monitoring of cleansing service by supporting staff to enhance facility management.

2.3 Financing and Resources Allocation System

a. Allocate and identify funding from "Hong Kong Eye Hospital Development Fund" for subspecialty development to improve quality of patient care.

b. Account for the Ophthalmic service complexity as justification of high cost per bed days occupied/patient treated.

c. Set up a mechanism to check report on Radiology services provided by other hospitals.

d. Generate specialty costing data in Clinical Management System and collect Ophthalmology specialty costing results of other hospitals for management information.

e. Explore opportunities for Alternative Sources of Income to support hospital services.

f. Set up a fund for Intraocular Lens administration overhead cost.

g. Prepare for the possible changes in fees & charges policy as set in the healthcare reform consultation document.

h. Monitor the development of the proposed population-based resource allocation model.

i. Collaborate with pharmacy & drug utilisation committee to alert clinicians by providing trend and cost analysis of prescription per patient, drug budget & expenditure status per specialty.

j. Exercise tighter clinical budgetary control to contain the Other Charges budget.

2.4 Distribution Network and Infrastructure System

a. Replace outdated Laser equipment.

b. Provide email service to enhance communication and efficiency among departments.

c. Roll out Clinical Management System to out-patient service to facilitate collection of clinical and utilisation data.

2.5 Quality of Care

a. Carry out clinical audit and set up supervisory system to enhance professional accountability in Allied Health Service.

b. Produce video recording and booklets for health education and conduct health talks to enhance primary care interface.

c. Monitor the quality and complication of Opthalmic microsurgery.

2.6 Human Resource Capabilities & Management

a. Conduct 5S (五 常 法) (Structurise, Systemise, Sanitise, Standardise and Self-discipline) programme in Nursing Department for better risk management.

b. Develop core competence of staff to meet changing environment by conducting training and team building programme and instilling a proactive culture of customer service.

c. Implement Occupational Safety and Health (OSH) initiatives.

d. Participate in Initiative for Wider Economic Participation (IWEP) by engaging support staff.

e. Alleviate the workload of frontline clinical professional and Eye Bank Staff.

Hong Kong Eye Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	84.5	84.6	86.9
Staff Oncosts	41.2	40.3	40.8
Other Charges	17.7	25.0	26.1
Total	143.4	149.9	153.8

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	5,506	5,800	6,000
No. of Patient Days	8,244	8,500	9,000
Inpatient Average Length of Stay (Days)	5.8	6.0	6.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	181,896	180,000	182,000
— Allied Health Services	126,805	124,000	126,000

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Waiting Time	12.0 weeks	6.0 weeks*	6.0 weeks*
Specialist Outpatient Service Average Queuing Time	36 mins	35 mins	35 mins
Average Waiting Time for Major Elective Surgery	10 mths	11 mths	11 mths

* Median actual waiting time.

Nam Long Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

Nam Long Hospital is committed to deliver high quality medical service to cancer patients. With full dedication, the hospice care team strives to meet the physical, psychosocial and spiritual needs of patients and their families. This extends to the bereavement period.

The hospital also aims at two goals:

a. to take up a training role in hospice care and share its expertise with interested professionals and community.

b. to aim at providing a supportive and rewarding environment for its staff.

1.2 Hospital Role

Cancer patients require specialised care in different stages of their illness. Nam Long Hospital provides specialised palliative care to cancer patients in their terminal stage of illness. A multi-disciplinary team approach is adopted to provide holistic care to the patients and their families. Strong service collaboration with other centres is essential for seamless healthcare delivery.

Nam Long Hospital is a referral centre for hospice care serving the whole territory, including the private sector. The Hospital has close linkage and service networking with hospitals of the Hong Kong East and the Hong Kong West clusters providing mutual service support. The Hospital is currently providing out-reach palliative team service to the Oncology Department of the Queen Mary Hospital. The Hospital also accepts referrals for home care service from hospitals of Hong Kong. For ancillary services, Nam Long Hospital is being supported by the Grantham Hospital in pathology, X-ray and dietetic services and the supply of central sterile items.

1.3 Development of Hospital Governance

a. Regular reporting and monitoring at Hospital Governing Committee.

b. Involve Hospital Governing Committee in formulating annual plan and service strategic direction.

c. Monitor management and clinical issues with unit heads at Hospital Management Committee and Clinical Management Team Committee and Departmental Committees.

d. Monitor and review specific issues in various task-oriented sub-committees e.g. Drug Committee, Blood Transfusion Committee, Infection Control Committee, Occupational Safety and Health Sub-committee etc.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Implement direct clinical admission to improve access especially for Hong Kong West cluster hospitals.

b. Further develop community care to cater for needs of hospice patients at the home setting.

c. Conduct a benchmarking exercise with Polytechnic University to differentiate the types of services to be provided in the inpatient setting and Home Care Service to meet the needs of hospice patients in a most cost-effective service model.

2.2 Enhanced Productivity Programme

a. Re-engineer services and care processes.

b. Introduce multi-skilling in different grades of staff.

c. Benchmark service types to meet patients' needs in a cost-effective way.

2.3 Financing & Resource Allocation System

a. Implement Web-based Financial Management for continuous monitoring of budget and financial performance.

b. Continue to explore opportunities of savings in utilities, drugs and medical gases.

2.4 Distribution Network & Infrastructure

a. Continue as a referral centre of hospice care for all cluster hospitals.

b. Collaborate with the Hong Kong West Community Nursing Service to provide community hospice care.

2.5 Quality of Care

a. Practice evidence-based medicine to contribute to the advance of palliative medicine.

b. Perform clinical audits on care processes.

c. Promote patient education on death and dying.

d. Conduct nursing audit to regularly monitor nursing standards.

2.6 Human Resource Capabilities & Management

a. Upgrade and update knowledge and skill of staff through structured training plan.

b. Provide staff support through organising stress management workshops and sharing sessions and giving timely and constructive feedback.

Nam Long Hospital

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emolument	61.1	62.3	61.3
Staff Oncost	25.1	26.0	24.5
Other Charges	11.2	10.7	10.6
Total	97.4	98.9	96.4

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	1,994	1,750	1,850
No. of Patient Days	59,604	51,800	54,400
Inpatient Average Length of Stay (Days)	29.8	29.6	29.4
Attendance at Specialist Outpatient Clinics			
— Clinical Services	1,191	1,000	1,050
— Allied Health Services	2,803	3,400	3,500

Key Performance Indicators

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Specialist Outpatient Service Average Queuing Time	25 mins	25 mins	25 mins

Hong Kong Red Cross Blood Transfusion Service

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the Service is to:

a. Achieve self-sufficiency in the supply of blood and blood products in Hong Kong.

b. Recruit voluntary non-remunerated blood donors and to collect blood in accordance with the provisions laid down by the Hong Kong Red Cross.

c. Test, manufacture and distribute blood and its derivatives throughout Hong Kong in accordance with international standards and Hospital Authority policy.

d. Provide reference serology support service to hospitals in Hong Kong and to assist them in developing good transfusion practice.

e. Continuously review and improve the blood transfusion service in Hong Kong.

1.2 Hospital Role

The Hong Kong Red Cross Blood Transfusion Service (BTS) provides an integrated blood transfusion service throughout the Hong Kong SAR. It is ultimately responsible to the Government for Hong Kong's blood programme in providing a high quality service within the resources available. The key role of the Service is to recruit voluntary non-remunerated blood donors, collect donated blood, supply sufficient, fully-tested blood and blood products as well as provide a reference red cell serology service to all hospitals (both HA & private) in Hong Kong. As a branch of the China Red Cross Society since 1997, the Service has forged and maintains important links and provides training and technical advice to PRC transfusion services.

1.3 Development of Hospital Governance

a. Provide up-to-date information to facilitate the Hospital Governing Committee (HGC) in making informed decisions.

b. Organise individual and customised orientation programmes for each new Hospital Governing Committee member.

c. Encourage and facilitate members' participation in meaningful functions of the Service and activities organised by the Hospital Authority Head Office.

d. Arrange regular Hospital Governing Committee meetings.

e. Obtain HGC's endorsement of annual plan and report progress regularly.

f. Report statistics and content of complaints and appreciations for the HGC's review.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Collect 198,000 units (±2%) of blood to meet hospital demands.

b. Satisfy ≥ 95% of demands for red blood cell.

c. Satisfy ≥ 90% of demands for platelet concentrate.

d. Satisfy ≥ 98% of demands for fresh frozen plasma.

e. Supply 22,000 litres of plasma for fractionation into plasma derivatives.

f. Supply 15,000 units of leucodepleted red cells for thalasaemia patients.

g. Supply 7,000 units of fully typed blood.

h. Maintain expiry of whole blood and red cell below 1%.

i. Provide reference serology services for 330 referral cases from hospitals.

j. Plan the supply of plasma derivatives to private hospitals on a cost recovery basis.

2.2 Enhanced Productivity Programme

a. Reengineer workflow and implement automation and multi-skill staff training.

b. Implement energy conservation proposals made by the Electrical and Mechanical Services Department.

c. Merge the Reference Laboratory with Blood Grouping Laboratory.

d. Deploy clerical instead of technical staff to perform blood labeling.

e. Deploy a medical technologist to replace an executive staff in Quality Assurance Department.

f. Replace two sets of sample pipettors for sample preparation of tests and archive.

2.3 Financing and Resource Allocation System

a. Adopt the Financial Management & Reporting System to improve monitoring and control of the Service's finance and resource allocation.

b. Closely monitor the personal emolument expenditures using the new Personal Emolument Projection/Manpower Plan Model.

2.4 Distribution Network and Infrastructure

a. Introduce the use of the new International Society of Blood Transfusion 128 bar coding system.

b. Refurbish Tsuen Wan Donor Centre.

c. Install a warm back-up blood bank computer system.

d. Construct a walk-in freezer room for storing frozen plasma.

e. Replace the main electricity switchboard.

f. Redecorate the Service's Headquarters building to replace old water pipes and convert the ex-canteen into laboratory.

g. Replace the air handling units of the Service's Headquarters building.

2.5 Quality of Care

a. Maintain the ISO9002 Quality Management System.

b. Arrange for the Australian Therapeutic Goods Administration to conduct the annual Good Manufacturing Practices (GMP) audit.

c. Explore option for introduction of Nucleic Acid Testing (NAT) in donated blood.

d. Phase out the production of low volume blood unit by regular volume unit.

e. Replace 120 sets of biomixers for blood collection.

2.6 Human Resource Capabilities and Management

a. Conduct regular staff forums to enhance communication.

b. Participate in training seminars to increase skill mix of workforce.

c. Train staff for the new ISO9000: (2000 version).

d. Participate in international Blood Transfusion Forum.

Hong Kong Red Cross Blood Transfusion Service

Budget/Expenditure

	1999/2000 *(Actual $)*	**2000/2001** *(Projected Outturn $)*	**2001/2002** *(Budget $)*
Personal Emolument	88.7	87.8	87.7
Staff Oncosts	33.4	33.3	32.0
Other Charges	44.0	36.2	42.1
Total	166.1	157.4	161.8

Rehabaid Centre

Section 1 Hospital Mission

1.1 Hospital Mission Statement

We are dedicated to improving the quality of life of people with disabilities or chronic illnesses.

1.2 Hospital Role

Rehabaid is a non-cluster-based centre providing territory-wide services for both patients and healthcare providers in the Hospital Authority and those in the community. Its three major areas of service are:

a. Specialised rehabilitation.

b. Education for people with disabilities or chronic illnesses, children with special needs, carers, healthcare and social-welfare service providers.

c. Acting as a resource centre for assistive technology.

Rehabaid contributes to the goal of a seamless healthcare system by providing a holistic, one-stop community-based rehabilitation service. As a tertiary referral centre providing expert in-reaching services to hospitals, it also serves as a bridge between hospitals and the community by facilitating the re-integration of patients into society.

Rehabaid adopts a "train the trainer" approach in providing consultation on specialised rehabilitation services to facilitate patient treatment in the Authority hospitals. Its education and resource services also support staff development and patient education in the Authority hospitals and non-government organisations.

1.3 Development of Hospital Governance

a. Provide information to Hospital Governing Committee members to support informed decision making.

b. Create an environment to facilitate contribution of members to governance:

i. Supply relevant and up-to-date information to support HGC representatives' participation in Authority's Meetings.

ii. Organise customised individual orientation programmes for new Hospital Governing Committee member.

iii. Encourage members' participation in Rehabaid functions and activities organised by the Authority Head Office.

iv. Arrange formal and informal meetings between Hospital Governing Committee members and the Hospital Chief Executive to enhance communication.

Section 2 Corporate Priority Areas

2.1 Access & Volume

a. Reduce hospital attendance by:

i. Providing specialised rehabilitation services unavailable in the Authority hospitals, such as Sexual Rehabilitation Service, Driver Rehabilitation Service, Specialty Service for Children with Developmental Coordination Disorder, Computer Access and other specialty services.

ii. Providing outreaching community rehabilitation and patient education services to prevent the onset of medical conditions such as pressure sores and back pain.

iii. Accepting referrals from community healthcare and social-welfare related organisations, carers and employers to enhance community partnership in the healthcare delivery process.

b. Provide education and information services for people with disabilities, healthcare providers and the general public.

c. Ensure that 90% of first appointment for outpatients to be within 14 days.

d. Ensure that 90% of home visits are carried out within 5 weeks from the date of referrals.

2.2 Enhanced Productivity Programme

a. Conduct process re-engineering exercises to identify and minimise non-value added activities.

b. Enhance machinery productivity by means of shared facilities.

c. Increase operational efficiency by introduction of advanced information and rehabilitation technology.

d. Ensure the occupational safety and health of Authority staff through training and an on-site consultation service for safety management audit, workplace inspection, safety measures, workstation analysis, job process evaluation, and recommendation of risk control measures to reduce sick leave days, improve efficiency and increase morale.

2.3 Financing and Resource Allocation System

a. Make continuous efforts to obtain external funding to support new initiatives and pilot clinical programmes.

2.4 Distribution Network and Infrastructure

a. Continue as a tertiary referral centre providing specialised rehabilitation services.

b. Establish joint consultation clinics in collaboration with medical specialists in Authority hospitals.

c. Adopt two-way referral systems to ensure appropriate referral of patients in need.

d. Collaborate with other HA hospitals to provide holistic and continuity of care to clients through joint patient consultations and community-based rehabilitation services.

e. Collaborate with medical and healthcare professionals to support evidence-based practice.

f. Provide consultancy, educational and information services to support Community Geriatric Assessment Service, Community Nursing Service, non-government organisations, community healthcare and social-welfare related organisations the implementation of the community-oriented care model.

g. Conduct internal occupational safety and health audit exercises to ensure compliance with related ordinances and regulations.

2.5 Quality of Care

a. Conduct clinical audit to ensure quality of audit mechanisms:

b. Ensure 2-tier accountability by clinical audit, monthly staff and clinical team meetings, peer review and direct clinical observations.

c. Adopt an integrated risk management approach to identify and manage both clinical and non-clinical risks to clients, visitors and staff through:

   i. Workplace inspection and job process analysis for hazard identification.

   ii. An accident and incident reporting system for hazard identification and outcome evaluation of risk control measures.

   iii. Accident/incident investigation for development of risk control measures and prevention of further injuries/incidents.

   iv. Clinical audit and development of clinical protocols to minimise clinical risks.

   v. In-service training and refreshment courses.

   vi. Information technology security measures to minimise risks that jeopardise data security and system integrity.

   vii. An occupational safety and health orientation guideline for new staff members.

d. Ensure proper handling of complaints by designating staff to take up the role of Patient Relations Officer and Patient Advocate.

e. Collect user feedback through satisfaction questionnaires to facilitate continuous improvement and identify client needs.

f. Closely observe the 'Hospital Authority Mechanism for the Safe Introduction of New Procedures (HAMSINP)'.

2.6 Human Resource Capabilities and Management

a. Develop a learning organisation culture to enhance staff development and organisational growth through best-practice transfer exercises, regular peer reviews, in-service training, external training and overseas attachment.

b. Provide professional and quality holistic care in a caring and friendly environment with emphases on teamwork, innovation and maximum participation.

c. Implement a labour productivity measurement system to monitor workload distribution and optimise productivity of clinical staff.

d. Enhance Rehabaid as a knowledge-enabled organisation with the ultimate aim of optimising service quality and organisational growth by:

   i. Establishing a mini-library for individual clinical specialties to enrich the knowledge base of staff.

   ii. Recruiting overseas experts as honorary consultants.

   iii. Using clinical protocols and guidelines to enhance knowledge application.

   iv. Using in-service training, peer reviews and best-practice transfer exercises to facilitate mutual learning among staff.

Rehabaid Centre

Budget/Expenditure

	1999/2000 *(Actual $'M)*	2000/2001 *(Projected Outturn $'M)*	2001/2002 *(Budget $'M)*
Personal Emoluments	10.8	10.9	10.7
Staff Oncosts	4.8	4.7	4.6
Other Costs	2.1	1.5	2.2
Total	17.7	17.0	17.5

Actual & Projected Activities

	1999/2000 *(Actual)*	2000/2001 *(Projected)*	2001/2002 *(Projected)*
Attendance at Specialist Outpatient Clinics			
— Clinical Services	121	120	120
— Allied Health Services	2,868	3,000	2,400

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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