Strong Team • SMART Care

Hospital Authority Annual Plan
2008 - 2009

醫院管理局
HOSPITAL
AUTHORITY

TABLE OF CONTENTS

ABBREVIATION LIST

A&E	Accident and Emergency
AH	Allied Health
AP	Annual Plan
BDO	Bed Day Occupied
CA	Cancer
CCDS	Comprehensive Child Development Service
CE	Chief Executive (of Hospital Authority)
CHP	Centre for Health Protection
CIST	Critical Incident Support Team
CM	Chinese Medicine
CMS	Clinical Management System
COC/CC	Co-ordinating Committee / Central Committee
CSSA	Comprehensive Social Security Assistance
CT	Computed Tomography
DH	Department of Health
DP	Day-patient
eKG	electronic Knowledge Gateway
EN	Enrolled Nurse
ENT	Ear, Nose, and Throat
EP	Entitled Person
ePR	electronic Patient Record
ERP	Enterprise Resource Planning
FHB	Food and Health Bureau
GOPC	General Out-Patient Clinic
HA	Hospital Authority
HAHO	Hospital Authority Head Office
HD	Haemodialysis
HDU	High Dependency Unit
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
ICU	Intensive Care Unit
IP	In-patient
IT/IS	Information Technology / Information System
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KPI	Key Performance Indicator
KWC	Kowloon West Cluster
MICC	Major Incident Control Centre
NGO	Non-Government Organization
NICU	Neonatal Intensive Care Unit
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
OP	Out-Patient
O&T	Orthopaedic and Traumatology
OSH	Occupational Safety and Health
PCHC	Primary & Community Health Centre
PCR	Polymerase Chain Reaction
PICU	Paediatric Intensive Care Unit
PPI	Public Private Interface
PPP	Public Private Partnership

RN	Registered Nurse
SARS	Severe Acute Respiratory Syndrome
SOPC	Specialist Out-Patient Clinic

Hospitals and Institutions

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

Corporate Vision

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

PART A   INTRODUCTION

1. ABOUT HOSPITAL AUTHORITY

The Hospital Authority (HA) is a statutory body established in December 1990 under the Hospital Authority Ordinance to manage all public hospitals in Hong Kong. Our service was extended to include general outpatient clinics in 2003 when their management was transferred from the Department of Health to HA. The hospitals/institutions are organized into seven clusters according to geographical locations (Appendix 1). We currently manage 41 public hospitals/institutions, 48 specialist outpatient clinics (SOPCs) and 74 general outpatient clinics (GOPCs) (Appendix 2).

HA is independent of, but accountable to, the HKSAR Government through the Secretary for Food and Health. We are tasked with delivering a comprehensive range of preventive, curative and rehabilitative medical services to ensure access of every citizen to affordable health care through our network of healthcare facilities.

Mission

HA upholds the Government's policy to safeguard and promote the general health of the community and to ensure the provision of affordable medical and health services for the people of Hong Kong so that no one should be prevented, through lack of means, from obtaining adequate medical attention. We are committed in our mission:

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

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

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

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

- To collaborate with other agencies and bodies in the healthcare and related fields both locally and overseas to provide the greatest benefit to the local community.

Staff Strength

Our staff strength is 53,934 full-time equivalents, around 70% of whom are providing direct patient care (Figure 1).

Figure 1. Staff Strength

Total Staff Strength (Full Time Equivalent) as at 31 December 2007			
Direct Patient Care	Medical	5,076	9.41 %
	Nursing	19,353	35.88 %
	Allied Health	5,038	9.34 %
	Care-related Support	7,520	13.94 %
	Subtotal	36,987	68.57 %
Indirect Patient Care	Management/ Other Professionals	1,147	2.13 %
	Non Care-related Support	15,800	29.30 %
	Subtotal	16,947	31.43 %
	Total	53,934	100 %

PART A   INTRODUCTION

Workload

As at 31 December 2007, we provide a total of 27,784 hospital beds, representing around 4.0 public hospital beds per 1,000 population. Our services have been heavily utilized. In 2007/08, we have provided approximately –

- 1.2 million in-patient / day-patient discharge episodes;
- 7.4 million patient days (including both in-patient and day-patient);
- 2.1 million Accident and Emergency (A&E) attendances;
- 7.9 million SOPC attendances;
- 4.8 million GOPC attendances; and
- 1.6 million community outreach visits, which include outreach medical, nursing and allied health services to support our discharged patients, in particular geriatric and psychiatric patients for rehabilitation in the community.

A comparison of our workload between 2006/07 and 2007/08 is shown in Figure 2.

Figure 2. Comparison of workload between 2006/07 and 2007/08

(million)	IP & DP Discharge Episodes	Patient Days (IP BDO + DP Discharges)	A&E Attendances	SOP Attendances (Clinical & AH)	GOP Attendances	Community Outreach Visits
06/07	1,155,224	7,416,089	2,052,774	7,784,159	4,842,247	1,633,288
07/08*	1,185,700	7,415,600	2,138,000	7,938,000	4,838,000	1,584,200

* Projected figures
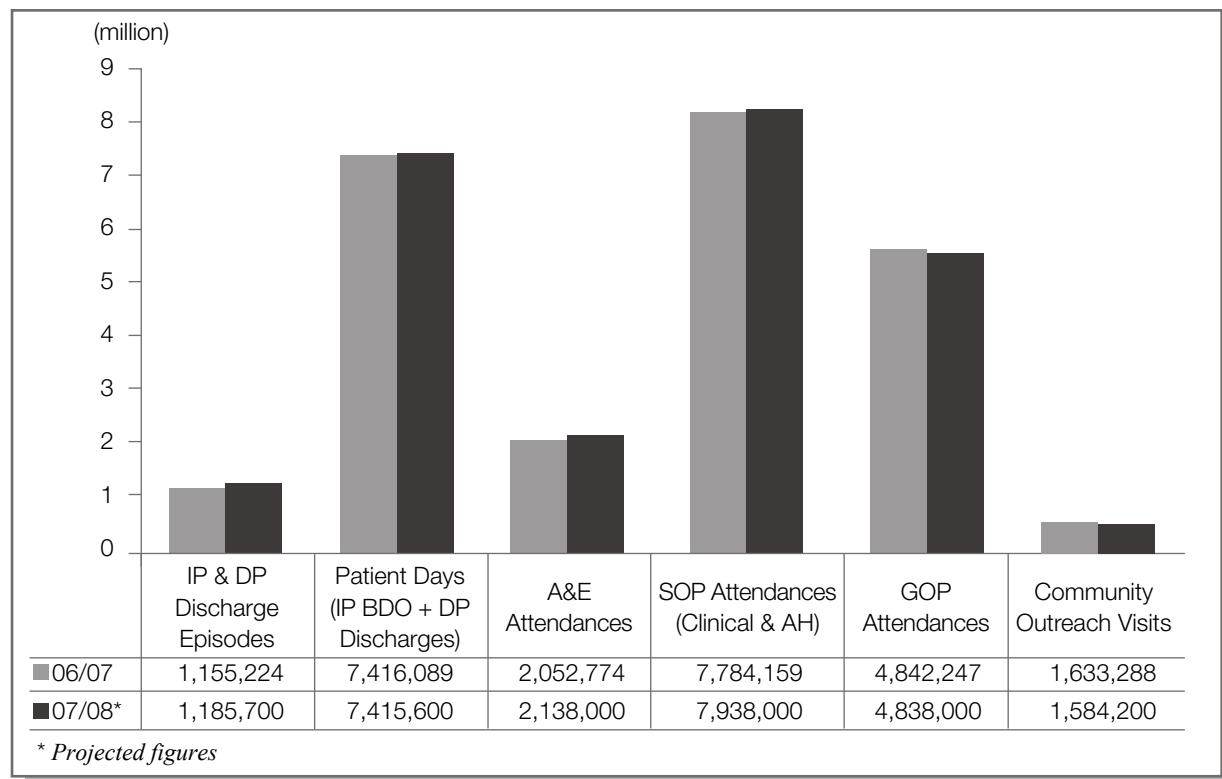
2. ABOUT ANNUAL PLAN 2008/09

HA Annual Plan communicates internally and externally our major goals and targets for the coming year. We have generally achieved our Programme Targets for last year. In 2008/09, we will continue with the 5 Key Objectives established in last year's Annual Plan.

Annual Plan 2008/09 (AP 08/09) sets out 22 Strategic Priorities with around 170 corresponding Programme Targets that reflect the work we are doing to meet the Key Objectives in response to the challenges facing HA. Around 80 of the Programme Targets are initiated by the HA Head Office while the remaining are launched by the hospital clusters.

The majority of the programmes listed are new initiatives, while a number are ongoing programmes or a continuation of last year's initiatives. New initiatives are highlighted with the symbol [Y] in Part B of the Annual Plan for easy reference. Programmes that are included in the Annual Plan as part of the centrally driven Flagship Projects are also highlighted. Flagship Projects are initiatives that aim at bringing longer term strategic changes and are coordinated at the Directors' level. The symbol ⛵ is used to highlight Flagship Projects.

At a Glance: Key Objectives and Strategic Priorities

Key Objective 1: Implement Planned Responses to Rising Service Demand

1.1	Modest increase in service capacity to meet growing demand in the highest priority areas
1.2	Promote timely intervention
1.3	Build up services to prevent avoidable hospitalization
1.4	Enhance primary health care and promote family doctor-based services [Y]
1.5	Develop alternative models of public-private-partnership (PPP) [Y]
1.6	Improve coordinated planning of service, facility and workforce

Key Objective 2: Improve Continuously Service Quality and Safety

2.1	Ensure emergency preparedness
2.2	Strengthen risk management
2.3	Enhance quality and incentive systems

Key Objective 3: Keep Modernizing HA

3.1	Review new technologies, service techniques and pharmaceuticals and introduce those with proven cost-benefit
3.2	Update medical equipment and capital facilities through additional investment
3.3	Continue to invest in IT services that can support quality decision-making by clinicians
3.4	Support the development of a HK-wide patient electronic health record [Y]
3.5	Enhance corporate management systems together with the introduction of the new Enterprise Resource Planning (ERP) System

PART A   INTRODUCTION

Key Objective 4: Build People First Culture

4.1   Address unacceptable workload pressure areas
4.2   Enhance professional competencies and build up effective management and leadership
4.3   Improve the career prospects of staff
4.4   Nurture a caring culture in work place

Key Objective 5: Maintain Financial Sustainability

5.1   Support Government deliberations on healthcare reform, review strategies on healthcare financing
5.2   Ensure forward budget planning so that HA's resource needs are well understood
5.3   Explore a new funding allocation model that has incentives for productivity and quality
5.4   Enhance management accountability for best use of resources

About "Strong Team • SMART Care"

The main theme for AP 08/09 is "Sustainable Workforce for High Quality Service". A major focus of our work in 2008/09 is to re-engage our workforce and build a strong and sustainable team of healthcare staff. As a continuation of our last year's theme of "Beyond Hospital – keeping people healthy and out of hospital", in building a Strong Team, we aim to provide to our patients SMART Care that is:

- **S**pecific – in addressing the needs of individual patients;
- **M**easurable – according to key performance indicators;
- **A**ccessible – to patients at the right place right time;
- **R**elevant – where right care is provided to the right patient; and
- **T**imely – where waiting time is acceptable.

3. PLANNING FRAMEWORK AND PROCESS

The planning process for HA Annual Plan provides us with a structured mechanism to translate our corporate vision and mission into strategies and targets, in line with the Government's health policy directions and within budget constraints. It also serves to align the work plans and priorities between corporate HA and hospital clusters.

Planning Framework

As in previous years, the planning framework for AP 08/09 is made up of three levels under HA's mission and vision, comprising key objectives, strategic priorities, and programme targets (Figure 3).

Figure 3. The Planning Framework

Key Objectives

Key objectives represent a high level direction upon which HA priority areas are established and programmes developed to meet our corporate vision and mission. They may span a time horizon of 3-5 years.

Strategic Priorities

Key objectives are translated into specific strategic priorities and programme targets at the Head Office and Clusters level. Strategic priorities cover a time horizon of 2-3 years. They help to focus resources into strategic areas that achieve the key objectives, taking into consideration our funding position, community expectations, Government's policy directions, and the challenges in the external and internal environment.

PART A INTRODUCTION

Programme Targets

Programme targets are specific tasks that will be carried out in the coming year under the respective strategic priorities, thus breaking a priority into manageable steps.

Planning Process

The annual planning process is broadly participative with extensive input from frontline staff, Government policy directives and the community to reflect different perspectives of health service priorities.

For the annual plan this year, we have adopted a top-led, bottom-driven interactive process of planning:

(a)   Senior executives held a two-day session in late March 2007 to brainstorm on the strategic issues of HA. This was followed by the HA Board Workshop held in August 2007 to identify key challenges and strategic directions.

(b)   At the frontline level, clinicians and other healthcare professionals were engaged through the Clinical Co-ordinating Committees (COC) and Central Committees (CC) to come up with innovative clinical programmes. These programmes were presented in the Strategic Plan Sharing Forum held on 21 June 2007.

(c)   Programmes presented at the Strategic Plan Sharing Forum were evaluated and prioritised by the Medical Policy Group on the basis of HA priority, evidence on efficacy and safety, clinical and overall impact, and extent of achievability. High priority programmes were then selected for funding considerations through the annual Resource Allocation Exercise (RAE).

(d)   RAE programmes and other core service programmes initiated by the Head Office and Hospital Clusters are incorporated in the Annual Plan as strategic priorities and programme targets to be achieved.

4. STRATEGIC OUTLOOK

This chapter describes the key challenges facing HA, our strategic directions in addressing these challenges, and the policy context for the development of our annual plan.

Key Challenges

Through the annual planning forums, HA leadership has identified three key challenges: (a) service, (b) people, and (c) money, which are broad descriptions that encompass a number of specific issues. The main issues regarding service are accessibility and quality of care, while staff morale is the main concern about people; and money relates to the long-term sustainability of our service. With continued financial support from the Government, the strategic decision is for us to focus on addressing the three strategic issues of access, quality and morale, which are referred to simply as the TRIO.

Presented in Figure 4 is schematic illustration of the TRIO, together with a summary of the changes that should be brought to the system and management to address the issues. The TRIO issues are further elaborated in the ensuing paragraphs.

Figure 4. Changes to system and management to address the TRIO issues

Access
• Measuring and prioritising systems

• Divert demand to private sector
• Reduce avoidable hospitalisation

• Best & fairest use of resources

• Leadership
• Service reconfiguration
• Clinical innovation

Quality
• Open disclosure of incidents
• Learning from incident reporting

Morale
• Flexible employment
• Management capacity
• Culture
• Career progression

• Doctors' workload
• Nurses' workload
• Senior staff rotations
• Senior staff ratios
• Staff training

PART A   INTRODUCTION

Access

The capacity of our services is overstretched as demand continues to increase. It has been necessary for us to prioritise services for the urgent cases, which contributes to the long waiting time for some of our services, such as for new cases at SOPCs (Figure 5).

Figure 5. Median Waiting Time for New Cases at SOPCs (2000-2007)
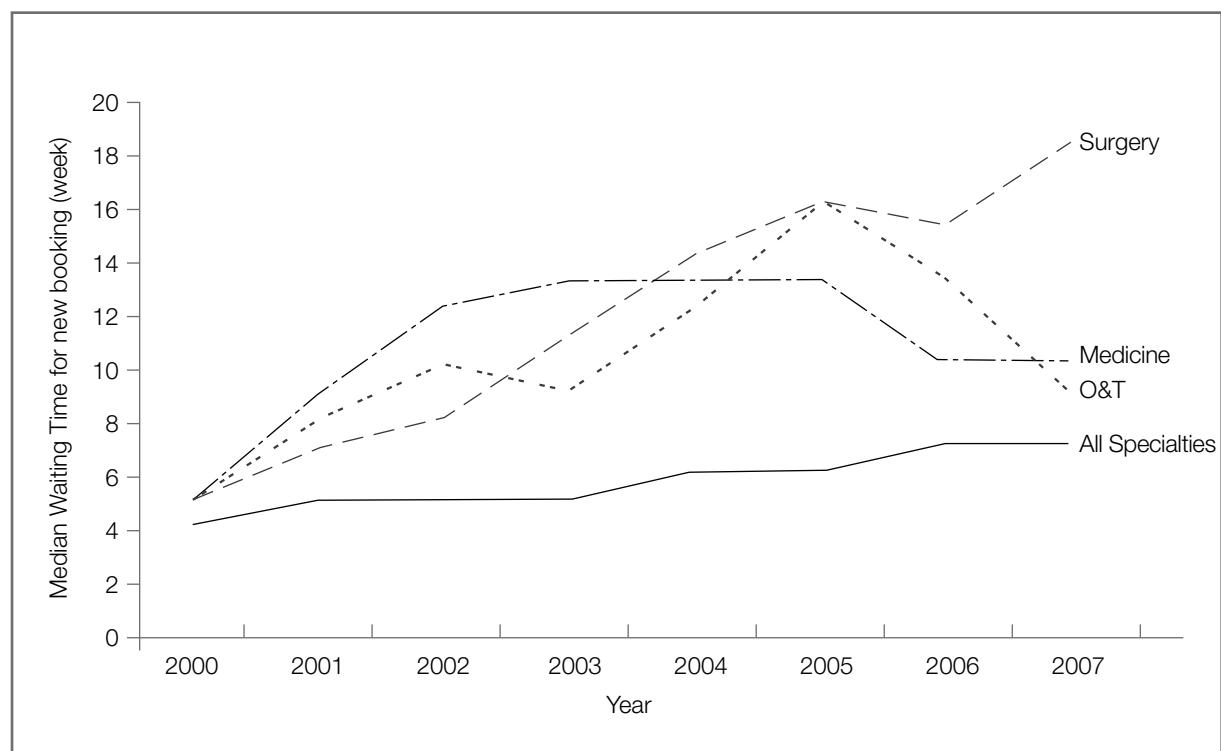
A review of our external and internal environment shows that the situation may get worse as we continue to face growing demands arising from the following factors:

- An ageing and growing population
- Increase in the prevalence of cancer and other chronic diseases that are mostly lifestyle and age related, in addition to rising incidence of acute illnesses (Figure 6)
- Mental illness, especially depression, is on the rise owing to the urban and fast pace environment of Hong Kong, as with the global trend projected by the World Health Organisation
- Our neonatal and obstetric services continue to be in great demand

In addition to dealing with rising demand on our core services, we have to be vigilant in our preparedness for new and emerging infectious diseases such as SARS and Avian influenza. A fundamental strategy to mitigate the situation is to re-position our priorities and services to keep people healthy and out of hospital, as well as to increase our capacity to cope with contingencies and rising demand.

Figure 6. Distribution of bed days consumption in HA hospitals in 2006

Schizophrenia
699,185 (9.4%)

Malignant neoplasms
581,046 (7.8%)

Cerebrovascular disease
409,675 (5.5%)

Lower respiratory infection
382,764 (5.2%)

Accidental fall
293,304 (4.0%)

Mental retardation
216,062 (2.9%)

Chronic obstructive pulmonary disease
215,661 (2.9%)

Disease of urinary system (infection & stone)
195,224 (2.6%)

Chronic renal failure
131,371 (1.8%)

Ischaemic heart disease
128,688 (1.7%)

Others
4,169,444 (56.2%)

CA Lung — 107,971 (18.6%)
CA Colon & Rectum — 94,779 (16.3%)
Leukaemia — 36,258 (6.2%)
CA Female breast — 35,482 (6.1%)
CA Liver — 34,246 (5.9%)
Others — 272,310 (46.9%)

Quality

The worldwide quality movement emphasises open accountability and a continuous learning culture. HA has embraced this direction with new reporting and open disclosure systems. New programmes and initiatives are needed in response to analysis of medical incidents, so that learning is translated into action.

Other than introducing new technology to keep up with the rapid development in the medical field and the expectation of the community, it is also important for us to replace obsolete or expired medical equipment so as to avoid compromising the quality of patient care as a result of service disruption or prolonged waiting due to frequent equipment breakdown.

Morale

Staff morale, work hours, recruitment and retention are critical issues affecting our service. The morale of staff remains an issue because of the increasing workload and continuously long working hours. 18% of our doctors are working more than 65 hours a week (Figure 7). Staff turnover has increased, with the turnover rate of doctors at over 6%, and nurses at more than 4% in 2007 (Figure 8).

Strategic measures are required to re-engage our workforce, through reform in remuneration package, career progression and doctors' work hours.

PART A   INTRODUCTION

Figure 7. Weekly Work Hours of HA Doctors

About 18% of HA doctors worked for more than 65 hours in a week on average

Source: Doctors' Work Hours Survey (Sep 2006)
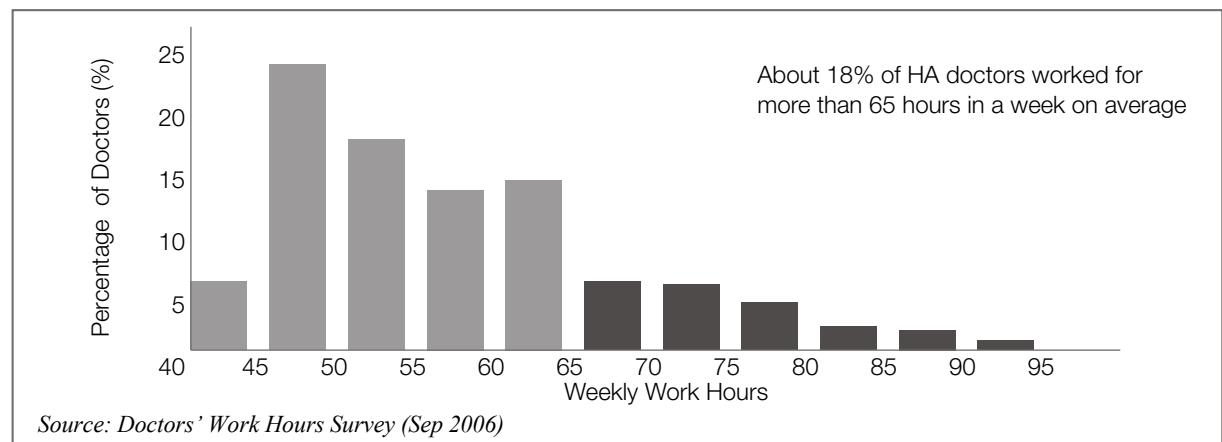
Figure 8. Turnover Rate of HA Doctors and Nurses (2000/01 – 2007/08)

* Annualized figure based on Apr–Dec 07 data
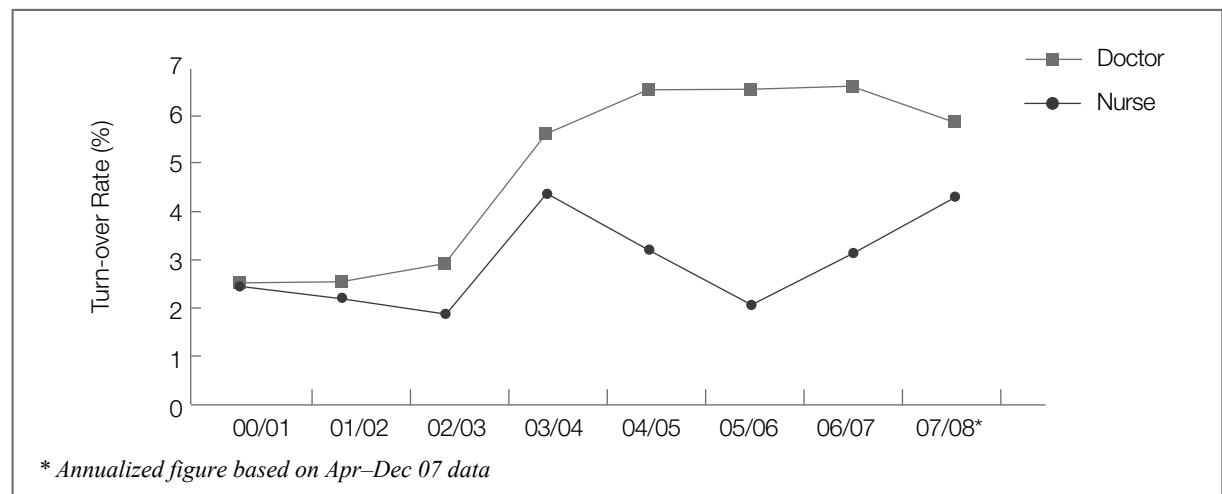
PART A   INTRODUCTION

Strategic Directions – Flagship Projects

HA leadership has identified a number of strategic directions for addressing the TRIO issues. These directions are translated into six Flagship Projects for the coming 2 to 3 years. Flagship Projects are initiatives that require high level coordination and are oriented towards bringing longer term strategic changes to tackle the fundamental issues in addressing key challenges. They are an important component of HA's service development process, the objective of which is to build up core services through Research and Development (R&D) and Flagship initiatives so that SMART care is practised with less need for Fire-fighting activities. In time to come, some Flagship initiatives may develop into core services of HA.

Each Flagship Project is overseen by a Director and involves a number of strategies and initiatives, but not all are reflected in AP 08/09 since some of them involve policy changes that require in-depth study and deliberations.

At a Glance: Flagship Projects and their Key Strategies

(a)   Service Access and Quality
- To establish improved systems for managing the waiting list and waiting time of elective surgeries and SOP first attendance
- To develop clinical indicators for quality improvement
- To establish a structured mechanism for collecting patient feedback

(b)   Developing a HA People Strategy
- To refine career progression model and enhance training opportunity
- To cut down on doctors' working hours through work reform
- To develop new ward workload standards for nursing and supporting staff

(c)   Keeping People Healthy and out of Hospital
- To enhance primary and secondary prevention in collaboration with our community partners, such as fall prevention programme, and disease management programme for patients with diabetes and high blood pressure
- To prevent avoidable hospitalization through proactive identification of high risk patients
- To develop integrated discharge support programme for elderly patients

(d)   Sustainable Revenue Base
- To establish a funding and service agreement with Government
- To develop a new internal resource allocation model to provide incentive for efficiency and quality
- To develop our purchasing capacity for private sector services to provide new choices for patients

(e)   Clinical Management System (CMS) III and e-Health
- To develop Phase III Clinical Management System (CMS III) in HA
- To develop Electronic Health Record to facilitate shared patient care between HA and private health care providers

(f)   Redefining HA's Corporate Vision

PART A   INTRODUCTION

Policy Context

The Government's direction, as set forth by the Secretary for Food and Health in the Health and Medical Development Advisory Committee (HMDAC) report, "Building a Healthy Tomorrow"[1] in 2005, is for HA to focus on four priority areas:

      (a)   Acute and emergency care;

      (b)   Services for the low income group and the underprivileged;

      (c)   Illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment; and

      (d)   Training of healthcare professionals.

The Chief Executive of HKSAR has also indicated in his Policy Address 2007/08 that the focus of the impending healthcare reform will be to –

      (a)   Enhance primary healthcare and promote family doctor-based services;

      (b)   Encourage healthy public-private competition and purchasing of private healthcare services;

      (c)   Explore alternative models of public-private partnership and develop medical centres of excellence in paediatrics and neuroscience;

      (d)   Develop a HK-wide, patient-oriented e-health record; and

      (e)   Implement healthcare financing to support healthcare reform and ensure sustainability of the healthcare system.

---

[1] *Health and Medical Development Advisory Committee. Building a Healthy Tomorrow – Discussion Paper on the Future Service Delivery Model for our Health Care System, July 2005.*

5. BUDGET ALLOCATION

Government Subvention

For the fiscal year of 2008/09 there is an increase of 2.6% in the budget allocated to HA. The total and recurrent subventions indicated by the Government for 2008/09 are respectively $30,462 million and $29,760 million, compared to the revised estimates of $29,677 million and $28,997 respectively for the previous year (Figure 9). In fact, there has been a continuous rise in Government subvention over the past few years (Figure 10).

Figure 9. Government Subvention for 2007/08 and 2008/09

	2007/08	2008/09
Operating Account	$Mn	$Mn
Recurrent Subvention	28,996.7	29,760.1
Increase in Recurrent Subvention		763.4 (2.6%)
Capital Account		
Equipment and Information Systems Block Vote	678.0	699.0
Information Systems for Chinese Medicine	2.5	3.1
Capital Accounts	680.5	702.1
Increase in Capital Account		21.6 (3.2%)
Total Subvention	29,677.2	30,462.2
Increase in Total Subvention		785.0 (2.6%)

Figure 10. Government Subvention for 2004/05 through 2008/09
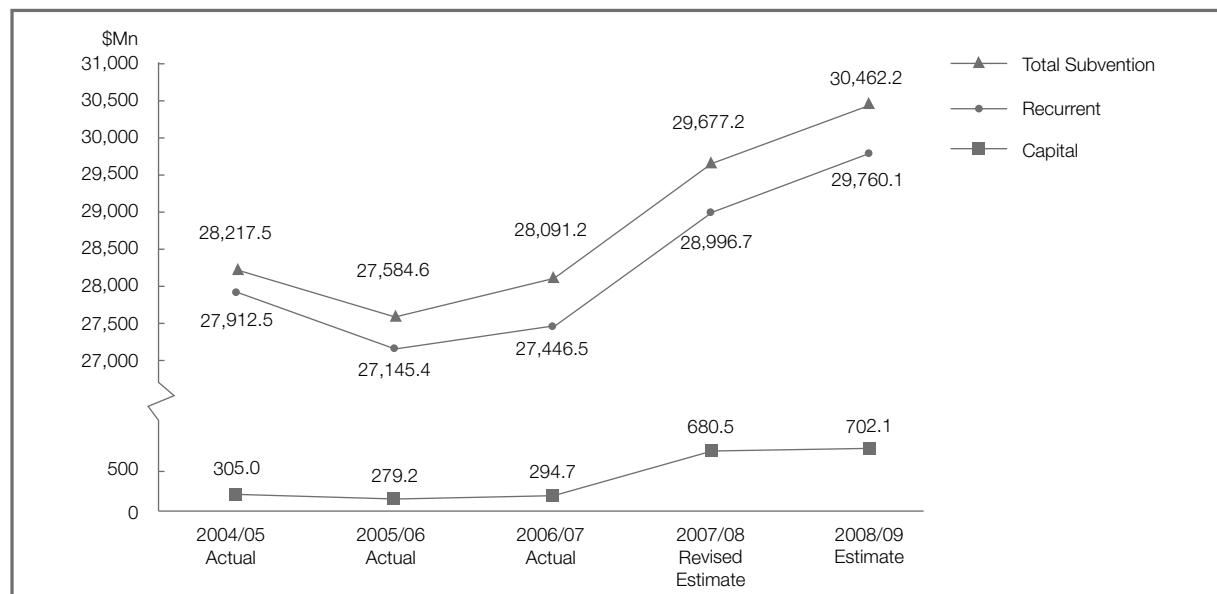
PART A   INTRODUCTION

Funding Allocation

The subvention of $30,462 million includes:

(a)   Additional funding for meeting HA's requirements arising from population growth and demographic changes, technology advancement as well as recurrent consequences for new hospital projects;

(b)   Additional designated funding for the following new and improved services:
- Enhance health care services in New Territories West Cluster through phased opening of the redeveloped Pok Oi Hospital and Rehabilitation Block of Tuen Mun Hospital
- Improve services in Kowloon East Cluster through expansion of Tseung Kwan O Hospital Ambulatory Surgery Centre, enhancement of breast cancer services at United Christian Hospital, and establishment of an integrated one-stop ambulatory otorhinolaryngology centre
- Build up surge capacity for neonatal intensive care services
- Enhance services for life-threatening diseases, including additional provision for haemodialysis, enhanced provision of new cancer drugs to improve cancer services, and development and expansion of molecular diagnosis for emerging infectious diseases and haematologic malignancy
- Strengthen mental health programmes such as enhancing post-discharge community support to frequent re-admitters and psychiatric consultation liaison service at A&E departments in public hospitals
- Respond to the surging HIV epidemic by expanding the capacity of inpatient service for HIV patients
- Launch a pilot scheme for accreditation in public hospitals to improve patient safety
- Extend the psychogeriatric outreach programme to residential care homes for the elderly to enhance the quality of life of elders who require psychogeriatric inputs
- Extend and improve the Comprehensive Child Development Service

(c)   Funding for setting up additional Chinese Medicine clinics;

(d) $699 million for purchasing and replacing equipment and vehicles, and for developing information technology; and

(e)   Funding medical coverage for the 2008 Beijing Olympic and Paralympic Equestrian Events in Hong Kong.

Additional Government Funding

The Government will provide an additional $400 million for our capital improvement works.

Separately, the Government has announced an injection of $1 billion into the Samaritan Fund to enable more new medicines to be included on the subsidy list of the Fund to relieve the burden on patients with financial difficulties.

Looking Ahead

The Government has announced its commitment to set aside $50 billion from fiscal reserves for the healthcare reform. As a major provider of health care services in Hong Kong, we will be constructive in working with Government on healthcare financing reform.

We will explore alternative models of Public-Private Partnership including the purchasing of private health care services.

We are committed to using public resources in a most efficient manner and will continue to adopt stringent controls to manage our spending level, including the exploration of various initiatives on service rationalisation. We will also explore other means of increasing revenue sources, including strengthening our effort to collect fees.

PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

1. Key Objective: Implement Planned Responses to Rising Service Demand

What has been done?

Examples of achieved key targets of Annual Plan 2007/08:

- Completed new Rehabilitation Block at TMH and opened 252 beds
- Implemented the community mental health intervention program in all clusters
- Arranged no less than 30 additional haemodialysis capacity in HA and conducted a pilot on Home Haemodialysis program
- Opened obstetric beds in UCH, QEH and PMH to increase delivery capacity by 2000
- Rolled out Comprehensive Child Development Service in Yuen Long, Tung Chung and Kwun Tong
- Set up Emergency Medicine (EM) wards in PMH, PYNEH, RH, PWH & POH to ensure prompt and appropriate attention for patients attending A&E Department
- Enhanced hospital discharge planning for elderly patients with frequent hospital admissions and comorbidities; and carer training in collaboration with Non-government Organisations to reduce emergency admissions
- Implemented High Admission Risk Reduction Program for Elderly (HARRPE) in the community in the Hong Kong East and Kowloon Central Clusters
- Developed health workforce projection model to identify gaps and make recommendations
- Enhanced Antenatal Booking System to ensure priority booking for entitled person (EP) mothers and to facilitate service monitoring and demand projection
- Commissioned 2 new Chinese Medicine clinics
- Cleared the existing backlog and reduced the operation waiting time for benign prostatic hypertrophy with acute retention to less than 8 weeks
- Extended Linac machine time in PWH and QEH to reduce the waiting time for radiotherapy
- Strengthened the oncology service in PMH to provide more radiotherapy and specialist outpatient sessions for cancer patients

What are our strategic priorities in 2008/09?

1.1   Modest increase in service capacity to meet growing demand in the highest priority areas
1.2   Promote timely intervention
1.3   Build up services to prevent avoidable hospitalization
1.4   Enhance primary health care and promote family doctor-based services
1.5   Develop alternative models of public-private-partnership (PPP)
1.6   Improve coordinated planning of service, facility and workforce

PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

1.1 Modest increase in service capacity to meet growing demand in the highest priority areas

What do we want to achieve and how?

- Enhance the capacity of obstetric and NICU services by adding 14 NICU beds, providing additional nurses and supporting staff to cover service gap, and providing additional equipment to support surge capacity
- Increase the capacity of hospitals, with a particular focus on hospitals in NTWC and KEC, which have a rapidly growing population. For example, to open additional beds in POH of NTWC, and increase the capacity of the Ambulatory Surgery Centre of TKOH
- Increase haemodialysis (HD) capacity by adding 20 HD places to provide a total of 694 HD places, and by adding 7 Nocturnal Home HD places at 2 pilot sites in PMH and QEH
- Enhance HIV/AIDS services to meet anticipated increase in disease burden. Mechanisms to do so include scaling up HIV laboratory diagnostic testing, enhancing clinical management and information system, and supporting the drug cost for projected new caseload
- Continue to provide more patient choices through the expansion of Chinese Medicine (CM) services in response to public demand
- Review the safety net of Samaritan Fund to cover more self-financed drug items that are expensive but clinically proven to be of significant benefits to patients. This is achieved with a new funding of $1 billion to the Samaritan Fund until 2011/12

What are our programme targets?

- Build up surge capacity to cope with the increase in demand for obstetric and NICU services by 1Q09
- Enhance surgical services at POH with an addition of 34 beds and one operating theatre to serve an additional 1,800 patients per year by 4Q08 Y
- Consolidate the service of TKOH Ambulatory Surgery Centre to provide 900 day surgeries per annum by 2Q08 Y
- Increase haemodialysis facilities to cope with the increasing demand of patients with end-stage renal disease by 1Q09
- Scale up the HIV/AIDS service capacity based in QEH, including laboratory support, clinical management and information system by 1Q09 Y
- Set up 3 more CM clinics in KCC, KWC and NTEC in 2008/09, adding up to a total of 14 CM clinics operated under a tripartite collaboration model with NGOs and universities in different districts by 1Q09
- Expand the coverage of new medicines in the subsidy list of Samaritan Fund by 1Q09 Y

Figure 11. Trend of Annual HIV/AIDS Cases in Hong Kong (1997-2007)

Source: Department of Health
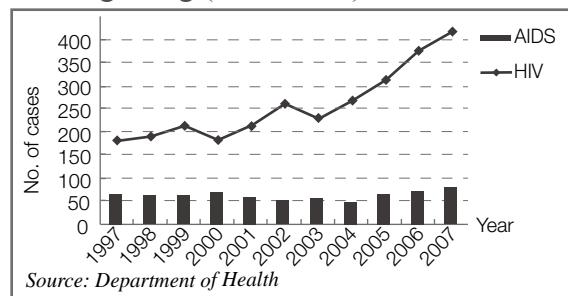
PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

1.2   Promote timely intervention

What do we want to achieve and how?

- Improve the management of waiting lists, i.e. prioritize by urgency, for elective surgery and SOPCs, such that the burden of suffering is equitably distributed and the risk of negative outcomes associated with waiting is minimized. This is achieved through the following mechanisms:

  (a) Develop a waiting time / waiting list information management system using indicators with common data definition to benchmark the performance across HA;

  (b) Explore the dynamics of demand, activity, capacity and system constraints so as to identify bottlenecks in service provision; and

  (c) Put forth reasonable waiting times (by conditions and procedures), taking into account available resources and competing needs of other patients.

- Enhance the "timeliness of treatment" of all malignant conditions managed in HA by establishing a real-time information monitoring mechanism to track time to first intervention (by surrogate indicators) of malignant conditions. The monitoring system will serve as a vigilance tool to alert for investigation and audit of outliers, and to identify bottlenecks through tracing patients' journey

- Enhance postoperative management of breast cancer patients through an audit programme using HA's clinical practice guideline on patient care following breast conservative surgery

What are our programme targets?

- Develop an elective operation waiting time / waiting list information management system to identify bottlenecks in service provision by 1Q09

- Enhance the SOP referral waiting time / waiting list information management system to identify bottlenecks in service provision by 1Q09

- Explore and analyse data in various clinical databases (Clinical Management System) to monitor and report "timeliness of treatment" for malignant conditions by 4Q08

- Audit to ensure effective care for early breast cancer (breast conserving surgery and follow-up treatment) against HA's clinical practice guideline by 4Q08

Figure 12. Incidence Rate of Female Breast Cancer
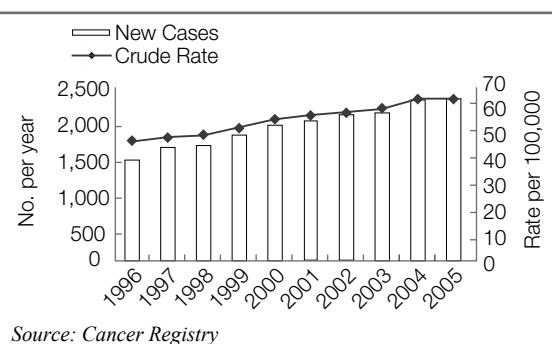
Source: Cancer Registry

1.3 Build up services to prevent avoidable hospitalization

What do we want to achieve and how?

- Enhance the provision of community psychiatric service to meet the increasing need for mental healthcare with the following initiatives:
  - (a) Enhance post discharge community support to frequently readmitted psychiatric patients through the setting up of two community psychiatric mobile support teams
  - (b) Provide Community Psychogeriatric Outreach service to private residential care homes for the elderly to assess and treat elderly residents with mental illness and to provide carer training
  - (c) Establish a team of trained psychiatric liaison nurses in A&E departments to assess patients presenting with psychiatric conditions and to provide immediate intervention and support
- Identify ways to reduce avoidable hospitalization through a 2-year collaborative study with academics from the universities. The study involves identifying key pressure areas in hospital readmissions and service delivery modes, and reviewing the role of subacute care and other cost effective care delivery models
- Reduce readmissions of elderly patients by establishing Integrated Discharge Support Program for Elderly Patients (IDSP) led by UCH and PMH and in collaboration with NGOs. IDSP involves formulating discharge care plan and providing a full range of short-term home support services
- Strengthen disease prevention by enhancing public awareness of major disease burdens in Hong Kong, through the development and launch of a patient information website that adopts a disease-based approach in presentation

What are our programme targets?

- Enhance post discharge community support to frequently readmitted psychiatric patients by 3Q08
- Provide Community Psychogeriatric Outreach service to private residential care homes for the elderly by 4Q08　　　　　Y
- Establish psychiatric consultation liaison service at A&E departments in public hospitals by 4Q08　　　　　Y
- Launch a 2-year collaborative study with university academics on the identification of ways to reduce avoidable hospitalization by 2Q08　　　　　Y ⛵
- Pilot Integrated Discharge Support Program for Elderly Patients (IDSP) in Kwun Tong and Kwai Chung Districts by 3Q08　　　Y ⛵
- Launch a disease-based patient information website by 1Q09　　　　　Y

Figure 13. Growth in Elderly Population

Source: Census & Statistic Department
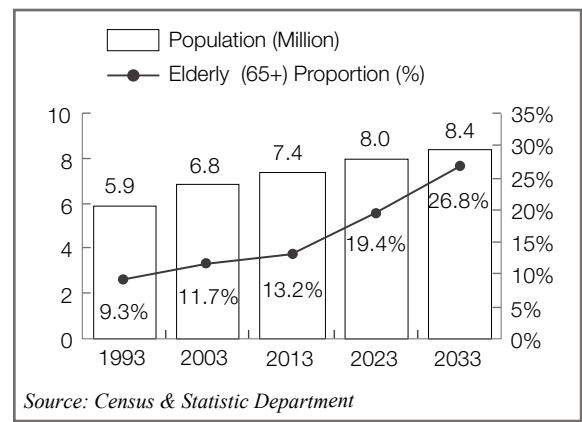
PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

1.4   Enhance primary health care and promote family doctor-based services

What do we want to achieve and how?

- Introduce nurse-led services in primary care setting by developing a collaborative model that enables nurses to work closely with doctors in primary care clinics
- Develop and assess Primary and Community Health Centre (PCHC) as an infrastructure to support innovative models of primary and community care by developing a prototype and working out a development strategy for new PCHCs
- Enhance Comprehensive Child Development Service (CCDS) in collaboration with DH's Maternal & Child Centres to ensure early identification of and timely intervention for at-risk pregnant women, young children with special need, and mothers with post-natal depression or other risk factors such as mental illness, substance abuse and domestic violence

What are our programme targets?

- Implement a collaborative primary care-based nurse clinic model in all clusters by 1Q09   ☒
- Develop prototype Primary and Community Health Centre (PCHC) and work out development strategy for new PCHCs by 1Q09   ☒
- Extend Comprehensive Child Development Service to Kwai Tsing and Tsuen Wan districts by 4Q08

Figure 14. Types of Newly Reported Child Abuse Cases

N = 675 (Jan – Sep 2007)

Source: Social Welfare Department
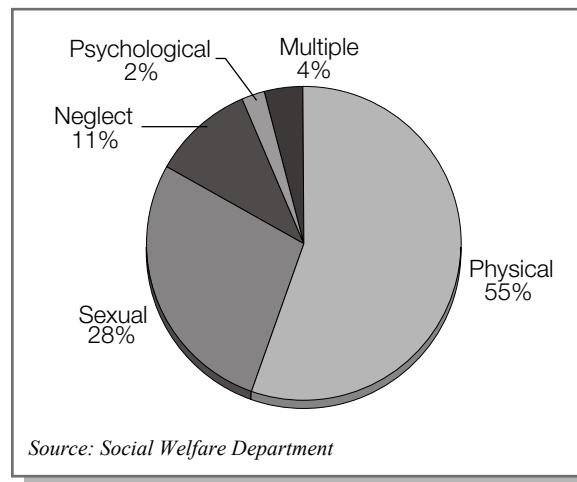
PART B KEY OBJECTIVES, STRATEGIC
PRIORITIES & PROGRAMME TARGETS

1.5 Develop alternative models of public-private-partnership (PPP)

What do we want to achieve and how?

- Adopt a PPP model for the provision of 7,200 additional cataract operations in 2 years for HA patients who have been on the waiting list for more than 2 years. Participating patients will receive a fixed subsidy for cataract surgery carried out in the private sector, subject to a co-payment except for patients on CSSA
- Explore possible PPP models for the provision of new or enhanced services, such as for the provision of enhanced GOPC service in Tin Shui Wai and the establishment of a new hospital in Tung Chung of North Lantau

What are our programme targets?

- Implement "Additional Cataract Surgeries Programme" through a PPP healthcare delivery model by 2Q08
- Explore and commence GOPC service delivery model through PPP in Tin Shui Wai North for 1,000 patients with chronic and stable medical condition by 2Q08
- Conduct consultancy study on PPP for a new hospital in Tung Chung of North Lantau by 1Q09

Figure 15. Cataract Surgeries Programme

PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

1.6   Improve coordinated planning of service, facility and workforce

What do we want to achieve and how?

- Plan for the development of Centres of Excellence in Paediatrics and Neuroscience by setting up a Special Project Team to coordinate the feasibility studies in collaboration with FHB, and by convening a HA task force to provide professional input on clinically and operationally viable options for the consideration of the Government
- Develop strategic capital works plan by translating HA's established strategic objectives into long term capital needs and through a process of taking stock of and reviewing the existing facilities
- Improve the development of day surgery units and in-patient wards by benchmarking their planning and design with the current international standards and seeking inputs from key stakeholders and endorsement from Supporting Services Development Committee (SSDC)
- Improve manpower planning by developing a manpower projection model for doctors that is specialty-specific and takes into account –
  - (a) Growth in service demand for the different specialties due to population and demographics changes that are adjusted by casemix profile; and
  - (b) Doctors' turnover pattern for different specialties
- An agency with expertise in healthcare technology assessment and management will be commissioned to review HA's medical equipment and technology

What are our programme targets?

- Coordinate policy formulation and service development for Centres of Excellence in Paediatrics and Neuroscience by 1Q09 Ⓨ
- Develop HA-wide strategic capital works plan by 1Q09 Ⓨ
- Review and update planning and design standards of day surgery units and in-patient wards by 4Q08 Ⓨ
- Develop a specialty-based doctor manpower projection model by 4Q08 Ⓨ ⛵
- Review the organization of pathology services in HA, and propose alternative models of service delivery that enhance cost-effectiveness, efficiency and quality by 1Q09

Figure 16. Manpower projection framework

Demand — Projected Total Turnover / Projected Additional Demand

Supply — New Graduates / Recruits from outside
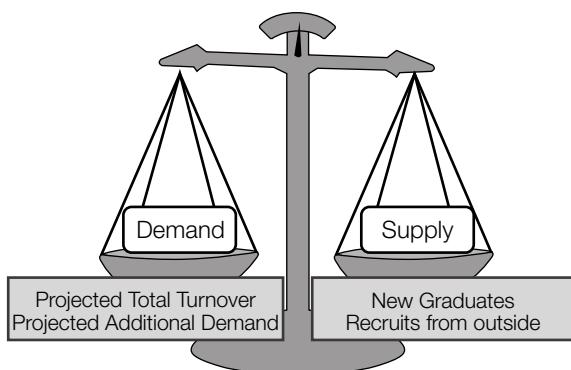
2. Key Objective: Improve Continuously Service Quality and Safety

What has been done?

Examples of achieved key targets of Annual Plan 2007/08:

- Started operation of the HA Infectious Disease Centre at PMH in phases
- Implemented Sentinel Event Reporting System
- Upgraded infection control provision for autopsy facilities in 11 public hospitals
- Developed a formal mechanism to identify and prioritise clinical/healthcare audits in HA
- Set standards for neuro-imaging for acute stroke care and audited hospital performance
- Enhanced Poison Information Service, Toxicology Reference Laboratory, and Poison Treatment Centre for the prevention and control of poisoning
- Implemented 2D barcode technology for patient identification in blood transfusion in 5 clusters
- Developed guidelines on use of antibiotics in surgical prophylaxis
- Developed strategies to reduce medication incidents associated with look-alike, sound-alike medications and high concentration intravenous medications
- Developed quality indicators for integrated care programs to enhance multidisciplinary team leadership and best practice in cancer and mental health

What are our strategic priorities in 2008/09?

2.1 Ensure emergency preparedness
2.2 Strengthen risk management
2.3 Enhance quality and incentive systems

PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

2.1   Ensure emergency preparedness

What do we want to achieve and how?

- Strengthen responsiveness to disasters by enhancing the Major Incident Control Centre (MICC) Logging System to include communication system, and by introducing a new Head Office Duty Officer team to enhance training and coordination
- Prepare for a possible influenza pandemic by stockpiling reagents for rapid antigen tests and PCR tests based on an estimated consumption level of 4 weeks, and monitored by an Inventory Control System
- Harness the support of A&E departments, three designated hospitals and relevant Divisions in the HAHO in working out the implementation and contingency plans for the provision of medical coverage for the 2008 Beijing Olympic and Paralympic Equestrian Event

What are our programme targets?

- Develop and implement a new Head Office Duty Officer team to enhance responsiveness in disasters by 1Q09
- Build up and maintain an emergency stockpile of reagents for rapid laboratory diagnosis of Human Influenza A (H5N1) infection by 2Q08
- Provide medical coverage for accredited persons in the 2008 Beijing Olympic and Paralympic Equestrian Event between Jul and Sep 2008, including the preparation and organization of contingency plans by 3Q08

2.2   Strengthen risk management

What do we want to achieve and how?

- Ensure patient safety and quality intervention by strengthening central leadership and support, monitoring sentinel events, and steering priority programmes
- Enhance system monitoring and analysis function of the "Advanced Incident Reporting Systems (AIRS)" by transferring the AIRS ownership to HAHO and developing a central database for AIRS; carry out recurrent enhancement work on the system
- Enhance patient safety by implementing the Unique Patient Identification (UPI) programme in the collection of specimens for laboratory test to ensure a correct identification of patients
- Promote a culture of rational use of antibiotics among frontline healthcare professionals by enhancing the Antibiotic Stewardship Program to optimize the selection of antibiotics (especially the broad spectrum ones); monitor the emergence and spread of antibiotic resistance in the community

What are our programme targets?

- Set up a Patient Safety and Risk Management Department under the Head Office Quality and Safety Division to oversee and coordinate risk management activities by 3Q08
- Link up 7 individual cluster-based "Advanced Incident Reporting Systems (AIRS)" into a single database to be managed centrally by 1Q09
- Pilot the application of Unique Patient Identification (UPI) Program for other tests (blood / specimens) to enhance correct patient identification in 3 major acute hospitals by 4Q08
- Enhance the Antibiotic Stewardship Program by developing relational databases on antibiotic usage and resistance to enable regular feedback of outcomes and trends to carers by 1Q09

Figure 17. Antibiotic Stewardship Program

PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

2.3   Enhance quality and incentive systems

What do we want to achieve and how?

- Enhance the quality of nursing care by conducting a review of patient assessment in nursing practice and recommending a standardised set of patient assessment items for CMSIII development; and by strengthening the nursing audit system and conducting audit in priority areas (physical restraint; pain management and last office) to recommend improvement actions
- Strengthen clinical audit by setting up a common platform to keep track of all clinical audit activities and outcomes in HA. The audit platform will also serve as a resource for experience (good practices) sharing and as a tool to gauge and monitor clinical audit activities against the agreed prioritization criteria
- Prepare HA for hospital accreditation by building designated teams in the Head Office and piloting hospitals; and by reviewing and aligning existing standards, and developing the accreditation database format
- Improve quality of primary care on a continuous basis by developing new clinically oriented key performance indicators (KPIs) for GOPC service. The KPIs will be monitored quarterly
- Strengthen management structure and governance related to clinical audit, clinical indicators, and clinical research ethics through the Flagship Sub-project "Clinical Indicators (Performance & Outcome) Programme" covering all major specialties
- Gauge patients' experiences in HA by commissioning an independent body to conduct a HA-wide Patient Satisfaction Survey on the care received, which will serve as a tool for quality improvement

What are our programme targets?

- Enhance nursing audit system and conduct audit of priority areas in nursing practice for improvement opportunities, and standardise patient assessment in nursing practice by 1Q09
- Set up a HA-wide Clinical Audit Register to keep track of clinical audit activities in HA by 4Q08
- Conduct a three-year scheme to prepare HA for hospital accreditation, through setting up designated teams in the HAHO and piloting hospitals, developing / customizing standards for accreditation, conducting surveys on local performance, and training frontline staff by 1Q09
- Develop new key performance indicators (KPIs) for the 3 commonest clinical conditions in GOPC service (Upper Respiratory Tract Infection, Diabetes Mellitus and Hypertension) by 2Q08
- Develop and maintain a Clinical Indicators (Performance & Outcome) Programme that covers all major specialties, which serves as a platform for quality indicator development, validation, data collection and analysis to reflect the quality of care in HA by 4Q08
- Commission an independent body to conduct a HA-wide Patient Satisfaction Survey on the care received by 1Q09

PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

3. Key Objective: Keep Modernizing HA

What has been done?

Examples of achieved key targets of Annual Plan 2007/08:

- Reviewed HA Drug Formulary with introduction of more drugs as standard drugs for target diseases, and enhanced the safety net provision for 4 new drugs for patients with financial difficulties
- Replaced 378 pieces of major medical equipment and 37 engineering equipment with $500M funded by Capital Block Vote
- Enhanced computerized management system of Non-Emergency Ambulance Transfer Service and merged service operations of Kowloon Clusters
- Replaced 32 Non-Emergency Ambulance Transfer Service vehicles by environmentally friendly LPG vehicles funded by Hong Kong Jockey Club Charities Trust
- Enhanced electronic patient record (ePR) Image Distribution System with resilience to improve availability of reference quality images to clinicians
- Established a clear definition of the requirements for future In-Patient Medication Order Entry system developments and addressed the feasibility in terms of technical, operational workflow, system and service management, risks and resources
- Provided the necessary IT support for the commissioning of the HA Infectious Disease Centre, redeveloped POH and TMH Rehabilitation Block
- Upgraded eKG platform to facilitate frontline clinicians to deliver evidence-based care
- Launched e-Recruitment system to all clusters to facilitate the recruitment process
- Configured and conducted final tests for the software of the Enterprise Resource Planning (ERP) Phase 1 to make sure it meets the HA requirements
- Enhanced the existing Patient Billing and Revenue Collection System (PBRC) and planned to start building the new Patient Information - Activity Billing system (PI-AB)

What are our strategic priorities in 2008/09?

3.1 Review new technologies, service techniques and pharmaceuticals and introduce those with proven cost-benefit
3.2 Update medical equipment and capital facilities through additional investment
3.3 Continue to invest in IT services that can support quality decision-making by clinicians
3.4 Support the development of a HK-wide patient electronic health record
3.5 Enhance corporate management systems together with the introduction of the new Enterprise Resource Planning (ERP) System

PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

3.1 Review new technologies, service techniques and pharmaceuticals and introduce those with proven cost-benefit

What do we want to achieve and how?

- Enhance the treatment of cancer by investigating the use of new cancer drugs (Docetaxel and Paclitaxel) in alleviating side effects and improving survival benefits for 400 breast cancer patients
- Strengthen the governance, management structure and technical support for technology management in HA covering planning, assessment and monitoring
- Commission an agency with expertise in health technology assessment and management, and international experience in advising/supporting large public healthcare services to review and advise HA on
  (a) Opportunities for further improvement in existing service provisions;
  (b) Governance and management structure required to approve, provide and monitor major/critical equipment and new technologies; and
  (c) Strategy of healthcare technology management that aligns service planning, technology assessment, forecast, and rationalization.

What are our programme targets?

- Reposition Docetaxel as special drug in HA Drug Formulary together with Paclitaxel to benefit 400 breast cancer patients by 1Q09 ⓨ
- Set up a technology management office in the HAHO to oversee healthcare technology (other than drugs) management in HA and to support technology planning, assessment and monitoring by 2Q08 ⓨ
- Commission a consultancy service to review and advise HA on healthcare technology (other than drugs) management by 2Q08 ⓨ

3.2 Update medical equipment and capital facilities through additional investment

What do we want to achieve and how?

- Complete the replacement of around 382 items of medical equipment and some 114 engineering equipment funded by the Capital Block Vote (CBV) allocation 2008/09 by coordinating and establishing a progress monitoring database and developing contingency plans

What are our programme targets?

- Replace ageing medical and engineering equipment funded by the Capital Block Vote by 1Q09

3.3 Continue to invest in IT services that can support quality decision-making by clinicians

What do we want to achieve and how?

- Improve collaboration and communication between Western and Chinese Medicine practitioners through a three-year plan for the development of the e-Knowledge Gateway (eKG) platform to support Chinese Medicine database indexing and concept-based searching, and for the building of three Chinese Medicine evidence databases on eKG

- Assure safe blood transfusion through reviewing and aligning transfusion guidelines in HA to control and promulgate it through developing a web-based guideline management platform, and monitoring near misses and adverse events relating to blood ordering and transfusion

- Introduce a comprehensive real-time CMS-based clinical outcomes monitoring mechanism for surgical operations. The IT platform (phase 1 of project) has been completed in 07/08, and will be rolled out to all clusters in 08/09. Additional staff will be recruited from the existing "Back to Work Program" to assist in this project

- Replace ageing corporate network and server equipment to reduce operation risks of IT/IS application systems in supporting healthcare operation in hospitals

- Provide the required IT systems alongside with the necessary infrastructure for the hospital extension blocks in TMH (Rehabilitation Block) and POH redevelopment project. Corporate IT systems of clinical, non-clinical and informational support will be extended to the hospital extension blocks

- Extend the accessibility of eKG to all HA staff at all hours through broadening the user base for eKG Alerts, supporting home access to eKG, and enhancing access to electronic journals

What are our programme targets?

- Set up Chinese Medicine databases platform on eKG by 1Q09

- Align transfusion standards/guidelines within HA (includes establishing a document hierarchy); develop a web-based platform to help align, control and disseminate policies, standards and guidelines; and data mining to monitor transfusion practices and blood utilization by 3Q08

- Implement the Surgical Outcome Monitoring and Improvement Program (SOMIP) in HA hospitals by 1Q09

- Continue the technology refreshment program by replacing 27% of ageing corporate network / server equipment by 1Q09

- Provide necessary IT support for the commissioning of the 2 hospital extension blocks at POH and TMH by 1Q09

- Improve access of healthcare workers to patient care knowledge by 1Q09

PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

3.4   Support the development of a HK-wide patient electronic health record

What do we want to achieve and how?

- Implement HA's Clinical System Strategy (2007 – 2012), which sets out the vision of establishing a clinical system that will comprehensively support care delivery with tools to improve quality and reduce errors, improve efficiency, and improve overall service management. This is achieved by the development of CMS Phase III, which will also contribute to the development of a future community-wide platform for the sharing of electronic health data

What are our programme targets?

- Commence the development of the next version of CMS (CMS Phase III) to realize the vision of the Clinical Systems Strategy (2007 – 2012) and support the strategic and tactical goals of HA in the coming years by 1Q09

3.5   Enhance corporate management systems together with the introduction of the new Enterprise Resource Planning system

What do we want to achieve and how?

- Implement the Enterprise Resource Planning (ERP) software in phases to replace the majority of the ageing non-clinical systems – particularly the Payroll system which is assessed as high risk if not replaced. Additionally the program will:
  (a) Help to shift the focus of staff resources away from transactional processing to advisory and decision supporting role;
  (b) Merge and streamline the existing fragmented transaction processing and control activities; and
  (c) Shift towards corporate-based practices and solutions through standardization.
- Enhance HA's corporate image and communication by improving the navigation and presentation of our Internet and Intranet websites, such as regrouping the contents and revamping the design and layouts

What are our programme targets?

- Configure and implement the software of the Enterprise Resource Planning Phase 1 and 2 to replace the current legacy Payroll and Financial systems by 4Q08
- Review and revise the Financial and Accounting Regulatory framework and Delegation of Authority to align with the control arrangements embedded in the ERP system and to refine the roles, responsibilities and accountabilities of officers at different levels by 4Q08
- Revamp HA Internet and Intranet websites to enhance corporate image and effectiveness of both internal and external communication by 2Q08
- Develop and implement Stage I of the new Patient Information - Activity and Billing System (PI-AB) by 1Q09

4. Key Objective: Build People First Culture

What has been done?

Examples of achieved key targets of Annual Plan 2007/08:

- New starting salary and other pay adjustment for various grades
- Implemented new pay scale for doctors to address inequality in pay for doctors employed post 2000
- Developed and implemented an 18-month customized Executive Leadership Program in HA for around 30 senior leaders
- Formulated and prioritised strategies on Doctor Work Reform for implementation in pilot hospital(s) / clusters
- Strengthened nursing workforce by sponsoring 150 enrolled nurses for clinical placement in Registered Nurses Conversion Program, and by awarding training subsidy to 343 nurses (Enrolled Nurse & Registered Nurse or above) to take up conversion courses in tertiary education institutions
- Conducted 2 intakes of nurses totaling 70-80 for midwifery training; organized return-to-practice training for midwives; and conducted a training course on neonatal intensive care nursing
- Commenced Higher Diploma Nursing Program as well as Enrolled Nurse (Psy) Training for Social Welfare Department in Kowloon Central Cluster and New Territories West Cluster respectively
- Implemented conversion of staff on contract terms to permanent terms
- Implemented structured training programs / interventions to relevant staff with foci identified from the needs analysis including but not limited to project management skills and competency-based interviewing skills
- Provided 33 training programmes for Allied Health staff; 30 programmes for doctors and 11 specialty courses together with 60 enhancement programmes for nurses to enhance professional competencies and facilitate specialization
- Built a professional team to lead occupational safety and health function, and developed and implemented an occupational safety and health strategic plan
- Implemented phase II of Oasis at Workplace by rolling out the program to 200 work units, and set up Oasis at Workplace in HA Building

What are our strategic priorities in 2008/09?

4.1   Address unacceptable workload pressure areas
4.2   Enhance professional competencies and build up effective management and leadership
4.3   Improve the career prospects of staff
4.4   Nurture a caring culture in work place

PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

4.1 Address unacceptable workload pressure areas

What do we want to achieve and how ?

- Continue to implement the Doctor Work Reform pilot project. Strategies include streamlining workload, re-engineering activities at night and recruiting non-medical staff with extended clinical skills to team up with frontline doctors for round-the-clock patient care. Seed money has been deployed to test out the efficacy of Emergency Medicine wards, extra weekday operating theatre sessions, 24-hour Technical Services Assistant service, and employment of part-time doctors
- Strengthen the workforce and recruit both full-time and part-time staff through enhanced remuneration packages and active recruitment drives
- Develop new ward workload standards through the development of agreed methodology for assessing workload
- Boost the supply of RNs and ENs to address the shortage of nurses in both the public and private sectors and in the elderly services provided by NGOs
- Improve nurses' quality of life at work through reducing their workload and increasing supply of equipment that eases their work

Figure 18. Overall Strategy on Doctors' Workload
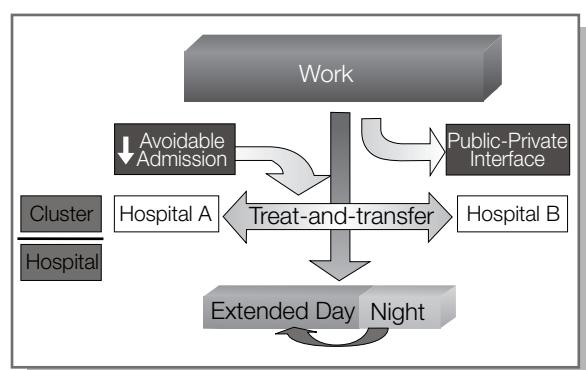
What are our programme targets?

- Continue the pilot reform programmes of Doctor Work Reform, with work process reengineering, employment of additional professionals and supporting staff, and report back to the HA Board with reform strategies fine tuned by 1Q09
- Strengthen the workforce by a net increase of 50 doctors, 120 nurses, and 70 allied health professionals through recruiting at least 330 doctors, 690 nurses and 200 allied health professionals for professional training and service needs by 1Q09
- Develop new workload standards for medical wards, surgical wards, orthopaedics and traumatology wards, emergency wards, ambulatory care units, extended care wards, community nursing services, obstetrics nursing service and specialist out-patient clinics by 1Q09
- Commence (a) Higher Diploma Nursing Programmes for RN training in KCC, KWC and NTWC with total intake of 300 students, and (b) EN Training Programmes in HKEC, HKWC, KEC, KCC, NTEC and NTWC with total intake of 390 students by 1Q09
- Reduce low complexity tasks and workload for nurses by employing extra supporting staff by 1Q09
- Improve equipment used daily by nurses by procuring extra electric beds to enhance occupational safety and health by 1Q09

4.2 Enhance professional competencies and build up effective management and leadership

What do we want to achieve and how?

- Enhance professional competencies and facilitate specialisation and career progression of allied health, medical and nursing professionals through training programmes provided by Institute of Health Care (IHC) and its member institutes: Institute of Advanced Allied Health Studies (IAAHS) and Institute of Advanced Nursing Studies (IANS)

- Equip line managers/supervisors and aspiring leaders with essential management and leadership skills and prepare them for more sophisticated managerial/supervisory functions by developing and providing modular training programs and packaged series

- Identify and develop a pool of potential successors for leadership and management positions in the Head Office and clusters through a centrally-coordinated "HA leadership pipeline - accelerated development program"

- Select up to 30 senior clinical leaders/executives for the second round of Executive Leadership Development Program to ensure a diverse pool of senior executives/healthcare leaders ready to take on key leadership positions

What are our programme targets?

- Enhance training for Allied Health Professionals by 1Q09

- Provide 35 training programmes for Allied Health professionals, 30 programmes for doctors and 12 specialty courses together with 70 enhancement programmes for nurses through the Institute of Health Care to enhance professional competencies and facilitate specialisation and career progression by 1Q09

- Strengthen management capabilities of line managers and supervisors by 1Q09

- Implement the "HA leadership pipeline - accelerated development program" by 4Q08

- Roll out the second round of Executive Leadership Program by 1Q09

4.3   Improve the career prospects of staff

What do we want to achieve and how?

- Start implementing findings of the expert group to review the current policy, procedure and practice on the appointment of senior doctors to ensure an efficient, fair and transparent mechanism
- New career model for nursing and allied health grades to facilitate professional development with the following initiatives:
    - (a) Increasing Advanced Practice Nurse posts and nurse-led clinics
    - (b) Piloting nurse consultants
    - (c) Piloting the model of performing new and enhanced roles in diagnostic ultrasound, musculoskeletal and mental health services for Diagnostic Radiographer, Physiotherapist and Occupational Therapist grades
- Facilitate staff's career planning by developing an information guide on career structure for different health care professional and staff groups
- Facilitate 150 EN to attain RN qualifications through the RN conversion course organised by The Open University of Hong Kong or other institutes recognised by the Nursing Council of Hong Kong
- Provide midwifery and PICU/ICU training for nurses, including sponsorship and implementing training relief and training supervision budget

What are our programme targets?

- Complete consultation on and begin implementing a new appointment system for senior doctors by 3Q08
- Implement new career model for nursing and allied health grades to facilitate professional development by 4Q08
- Develop career structure information guide for major staff groups (doctor, nurse and allied health) to support career planning by 1Q09
- Sponsor 150 EN for clinical placement in the RN Conversion Programme by 1Q09
- Conduct an additional midwifery training programme for 40 nurses in 4Q08
- Sponsor 60 nurses for training in PICU / ICU by 1Q09

4.4   Nurture a caring culture in work place

What do we want to achieve and how?

- Improve staff retention, reduce workplace stress and enhance morale by developing and implementing programs to reduce Injury on Duty and speed up return to work, and by developing a "well being" program to maintain and improve the physical and psycho-spiritual health of our staff
- Enhance professional development for all CIST (critical incident support team) members in psychological first aid, suicide assessment, grief support and hotline services, and to formally recognize the contribution of CIST members
- Enhance staff engagement level and improve staff morale through a Q12 survey in at least 2 clusters that involves an external consultant and one-on-one discussion with line managers
- Create a more effective and engaged workforce by attracting and retaining care-related supporting staff through a wide spectrum of development opportunities covering personal, vocational and technical training
- Develop an enhanced staff complaint and appeal procedure with staff representatives' active participation. The final mechanism will base on the recommendations made by the Workgroup on Complaints Management and staff feedback from the consultation
- Enhance care and support to HA retirees

What are our programme targets?

- Develop an integrated HA staff safety and wellness program by 4Q08 ⅄
- Enhance critical incident support teams by 1Q09
- Roll out "HA Staff Engagement Program" to at least two clusters by 1Q09 ⅄
- Develop initiatives to enhance recruitment and retention of care-related support workers by 1Q09 ⅄
- Enhance staff complaint and appeal procedures by 3Q08
- Set up an HA retirees alumni by 4Q08 ⅄

PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

5. Key Objective: Maintain Financial Sustainability

What has been done?

Examples of achieved key targets of Annual Plan 2007/08:

- Supported the Government in reviewing the medical fee structure and developing the future primary care model for Hong Kong
- Forward planned for HA's medium term financial requirement with different scenarios in the coming years, and prepared the financial requirements for discussion with Government
- Explored a new internal resource allocation model supported by benchmarking information which can provide incentives for improving productivity and quality
- Developed a framework for key performance indicators (KPI) with a balanced approach to enhance monitoring of cluster performance on quality, access and efficiency
- Formulated KPIs for benchmarking of inventory management by selected products and to monitor clusters' effort in revenue collection
- Prepared operation models to support the sales and supplies of self finance items
- Awarded bulk contracts for 21 patented pharmaceuticals to enhance supply chain efficiency
- Rolled out the enhanced Product Tracking and Tracing System in 3 cardiac catheterization laboratories and 5 orthopaedic and traumatology units of 8 hospitals
- Established a post-approval checking team to conduct checking on medical fee waiver and Samaritan Fund cases

What are our strategic priorities in 2008/09?

5.1 Support Government deliberations on healthcare reform and financing
5.2 Ensure forward budget planning so that HA's resource needs are well understood
5.3 Explore a new funding allocation model that has incentives for productivity and quality
5.4 Enhance management accountability for best use of resources

PART B KEY OBJECTIVES, STRATEGIC PRIORITIES & PROGRAMME TARGETS

5.1 Support Government deliberations on healthcare reform and financing

Figure 19. Healthcare Reform Consultation Document "Your Health Your Life"
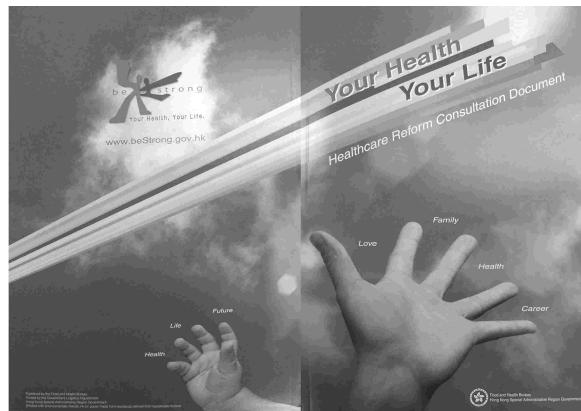
5.2 Ensure forward budget planning so that HA's resource needs are well understood

What do we want to achieve and how?

- Discuss with Government on a long term funding arrangement for public hospital services starting 09/10. Communicate to Government the demand on and cost pressure to HA and demonstrate the efficiency of HA

What are our programme targets?

- Discuss with Government on long term funding arrangement for HA by 1Q09

5.3 Explore a new funding allocation model that has incentives for productivity and quality

What do we want to achieve and how?

- Develop Casemix System for Internal Resource Allocation:
  (a) Establish a casemix office and recruit the necessary expertise
  (b) Adopt International Refined - Diagnosis Related Group (IR-DRG) as initial casemix tool for HA Acute In-patient Service

  (c) Develop casemix report for benchmarking and as a performance measure of hospital output

What are our programme targets?

- Develop Casemix System for Internal Resource Allocation by 1Q09

5.4   Enhance management accountability for best use of resources

What do we want to achieve and how?

- Improve service through enhanced performance monitoring based on cross-cluster sharing of performance information and comparison of performance
- Achieve bulk leverage and operational efficiency by transferring the procurement support for 500 drug items from hospital pharmacies to the central Pharmaceutical Supplies Services Team
- Improve inventory and product risk management by
  - (a) Implementing the barcode-enabled tracking and tracing of Percutaneous Coronary Angioplasty (PTCA) consumables in the Cardiac Catheterisation Laboratory of KWH and Orthopaedic and Traumatology (O&T) implants in five O&T units in QMH, DKH, KWH, CMC and AHNH; and
  - (b) Piloting Radio Frequency Identification (RFID) application to enhance asset management of medical devices at PWH and NDH.

What are our programme targets?

- Develop a list of clinical service key performance indictors (KPIs) for performance monitoring by 3Q08
- Continue to further centralise the procurement of drugs to achieve bulk leverage and operational efficiency by 1Q09
- Review and evaluate the costs and benefits of Product Tracking and Tracing System and identify improvement areas to expand the applications to improve inventory and product risk management by 1Q09

PART C HEAD OFFICE AND CLUSTER PLAN

1.   HEAD OFFICE

Key Facts

The HA Head Office (HAHO) was reorganized in November 2006 to facilitate collaboration among various disciplines and teams to enhance organization effectiveness. The HAHO now comprises six divisions:

- Cluster Services
- Quality & Safety
- Strategy & Planning
- Human Resources
- Finance & IT
- Corporate Services

Major Challenges

In an environment of resource constraint and expanding demand from stakeholders with different priorities, it is imperative for HAHO to demonstrate leadership in mapping out long term strategies, effective implementation of policies, monitoring of results, and control of quality. Further to the reorganization in November 2006, the structure and roles of divisions have been reviewed and strengthened to better align with corporate directives and to discharge relevant responsibilities in a more effective manner.

Major Initiatives

HA is entrusted by the Government to provide medical support for the upcoming Beijing Olympic and Paralympic Equestrian Events scheduled to take place in Hong Kong in summer 2008. The HAHO will play an overall co-ordinating role in meeting the medical needs of this unprecedented event. In addition, HAHO will implement and coordinate some 80 initiatives corresponding to the five Key Objectives and 22 Strategic Priorities of AP 08/09.

Major initiatives for 2008/09 are highlighted as follows:

- To meet rising **service demand**, HA will collaborate with other healthcare providers to strive to reduce the population's reliance on hospital services by promoting disease prevention and developing service models to manage chronic diseases and reduce avoidable hospitalization. We will formulate strategies and operation plans to address issues of service access, such as waiting time for elective surgery and specialist out-patient service, and will increase service capacity in the highest priority areas.

  - Specific measures were developed in 2007/08 to ensure priority delivery service for Eligible Person (EP) pregnant women and to manage the demand on obstetric services by Non-eligible Person (NEP) pregnant women. These measures will continue in 2008/09, complemented by the building up of surge capacity in Obstetrics and NICU and supported by additional midwifery training course and recruiting more midwives.

PART C HEAD OFFICE AND CLUSTER PLAN

- We will enhance primary healthcare by reviewing the General Out-Patient Clinic (GOPC) services and Family Medicine Training, develop key performance indicators and monitor chronic disease management, and plan for the establishment of Primary and Community Health Centres.

- In accordance with Government direction, we will set up three more Chinese Medicine (CM) clinics, adding up to a total of 14 CM clinics operated under tripartite collaboration model with non-government organizations and universities. CM Database Platform will be built to improve collaboration and communication of Western Medicine and CM practitioners.

- HA endeavours to improve continuously service **quality and safety**. Specific initiatives include:

  - Lead new programs to improve quality, including a three-year scheme to prepare HA for hospital accreditation, an HA-wide Clinical Audit Register, a Clinical Indicators (Performance & Outcome) Programme, and new key performance indicators for GOPC service.

  - Maintain close liaison with government departments and Centre for Health Protection in surveillance, disease treatment and control of major outbreak to ensure emergency preparedness.

  - Strengthen the governance of service quality at HAHO through structure reorganization to further enhance the role and functions of risk and incident management.

  - Conduct strategic assessment, planning and monitoring of healthcare technology as a key initiative to support new standards and directions of HA.

- In line with **strategic planning** –

  - We will systematically assess service gaps to meet surging demand with effective measures and optimal resources, and develop planning models for health service, facilities and workforce, harness research generated knowledge on better patient care, and synthesize relevant information to facilitate informed decision of the management.

  - Strategic objectives of HA will be translated into long term capital needs through establishing continuous benchmark with the best in the field of facility planning and design. At HAHO, meticulous efforts will be spent to ensure major capital projects are on schedule and within budget, to ensure timely implementation of minor works with optimal utilisation of budgets, and to control construction-related risks, enhance energy efficiency and reduce whole-life costs.

PART C HEAD OFFICE AND CLUSTER PLAN

- Enhancing **corporate governance** is a critical success factor to lead the organization forward in this fast changing environment with burgeoning issues. We will continue to implement major corporate services initiatives, including

    - Providing the HA Board with professional and high quality support to perform its vital role of reviewing strategic issues, formulating long term strategies and directions, and monitoring the performance of the organization.

    - Improve public perception of HA as a quality-driven and accountable organization through enhanced communication with internal and external stakeholders in order to strengthen relations with Government, staff, media and community partners as well as to enhance crisis management.

    - Ensure professional and effective support on legal, financial and building management matters in HAHO.

- HA is committed to developing a **people-oriented strategy**, focusing on measures that address unacceptable workload pressure areas, enhance professional competencies, improve career prospects and nurture a caring culture at the workplace.

    - A mechanism will be introduced to ensure an efficient, fair and transparent process of appointing senior doctors.

    - Competency based career paths will be developed for care-related support workers with development opportunities covering personal, vocational and technical training. We shall also create a core workforce of care-related support workers by offering permanent employment to eligible staff.

    - Initiatives aiming at reducing stress at work, enhancing staff morale and improving staff retention will be implemented, including enhanced psychological support to staff during critical incidents and integrated staff safety and wellness programs. Staff feedback will be actively solicited through various channels.

- HA will continue to adopt **strategic financial management** approach. We are committed to forward planning by incorporating the known demand and cost pressure areas, developing planning parameters to explore a new hospital service and programme funding allocation model that has incentives to improve productivity and quality. Key performance indicators will be introduced to monitor the performance of clusters in efficient use of resources, complemented by benchmarking information to promote best practice. Through robust corporate stewardship and strategic financial planning and operations, HA supports the Government in examining long term healthcare financing options.

- We will continue to enhance HA's **information technology** as it plays a pivotal role in facilitating clinical decision making at the frontline and enhancing inter-sectoral communication, which eventually contributes to our organization objectives of improving service access and quality and reducing avoidable hospitalization.

PART C HEAD OFFICE AND CLUSTER PLAN

Targets

Implement Planned Responses to Rising Service Demand

Modest increase in service capacity to meet growing demand in the highest priority areas

- *Build up surge capacity to cope with the increase in demand for obstetric and NICU services*　　1Q09

- *Increase haemodialysis facilities to cope with the increasing demand of patients with end-stage renal disease*　　1Q09

- *Set up 3 more CM clinics in KCC, KWC and NTEC in 2008/09, adding up a total of 14 CM clinics operated under a tripartite collaboration model with NGOs and universities in different districts*　　1Q09

- *Enhance surgical services at POH with an addition of 34 beds and one operating theatre to serve an additional 1,800 patients per year*　　4Q08

- *Consolidate the service of TKOH Ambulatory Surgery Centre to provide 900 day surgeries per annum*　　2Q08

- *Expand the coverage of new medicines in the subsidy list of Samaritan Fund*　　1Q09

Promote timely intervention

- *Develop an elective operation waiting time / waiting list information management system to identify bottlenecks in service provision*　　1Q09

- *Enhance the SOP referral waiting time / waiting list information management system to identify bottlenecks in service provision*　　1Q09

- *Explore and analyse data in various clinical databases (Clinical Management System) to monitor and report "timeliness of treatment" for malignant conditions*　　4Q08

- *Audit to ensure effective care for early breast cancer (breast conserving surgery and follow-up treatment) against HA's clinical practice guideline*　　4Q08

PART C HEAD OFFICE AND CLUSTER PLAN

Build up services to prevent avoidable hospitalization

- *Enhance post discharge community support to frequently readmitted psychiatric patients* 3Q08

- *Provide Community Psychogeriatric Outreach service to private residential care homes for the elderly* 4Q08

- *Establish Psychiatric consultation liaison service at A&E departments in public hospitals* 4Q08

- *Launch a 2-year collaborative study with university academics on the identification of ways to reduce avoidable hospitalization* 2Q08

- *Pilot Integrated Discharge Support Programme for Elderly Patients (IDSP) in Kwun Tong and Kwai Chung districts* 3Q08

- *Launch a disease-based patient information website* 1Q09

Enhance primary healthcare and promote family doctor-based services

- *Implement a collaborative primary care-based nurse clinic model in all clusters* 1Q09

- *Develop prototype Primary and Community Health Centre (PCHC) and work out development strategy for new PCHCs* 1Q09

- *Extend Comprehensive Child Development Service to Kwai Tsing and Tsuen Wan districts* 4Q08

Develop alternative models of public-private partnership (PPP)

- *Implement "Additional Cataract Surgeries Programme" through a PPP healthcare delivery model* 2Q08

- *Explore and commence GOPC service delivery model through PPP in Tin Shui Wai North for 1,000 patients with chronic and stable medical condition* 2Q08

- *Conduct consultancy study on PPP for a new hospital in Tung Chung of North Lantau* 1Q09

PART C HEAD OFFICE AND CLUSTER PLAN

Improve coordinated planning of service, facility and workforce

- *Coordinate policy formulation and service development for Centres of Excellence in Paediatrics and Neuroscience* 1Q09

- *Develop HA-wide strategic capital works plan* 1Q09

- *Review and update planning and design standards of day surgery units and in-patients wards* 4Q08

- *Develop a specialty-based doctor manpower projection model* 4Q08

- *Review the organization of pathology services in HA, and propose alternative models of service delivery that enhance cost-effectiveness, efficiency and quality* 1Q09

Improve Continuously Service Quality and Safety

Ensure emergency preparedness

- *Scale up the HIV/AIDS service capacity based in QEH, including laboratory support, clinical management and information system* 1Q09

- *Develop and implement a new Head Office Duty Officer team to enhance responsiveness in disasters* 1Q09

- *Build up and maintain an emergency stockpile of reagents for rapid laboratory diagnosis of Human Influenza A (H5N1) infection* 2Q08

- *Provide medical coverage for accredited persons in the 2008 Olympic and Paralympics Equestrian Events between Jul and Sep 2008, including the preparation and organization of contingency plans* 3Q08

Strengthen risk management

- *Set up a Patient Safety and Risk Management Department under the Head Office Quality and Safety Division to oversee and coordinate risk management activities* 3Q08

- *Link up 7 individual cluster-based "Advanced Incident Reporting Systems (AIRS)" into a single database to be managed centrally* 1Q09

- *Pilot the application of Unique Patient Identification (UPI) Program for other tests (blood / specimen) to enhance correct patient identification in 3 major acute hospitals*   4Q08

- *Enhance the Antibiotic Stewardship Program by developing relational databases on antibiotic usage and resistance to enable regular feedback of outcomes and trends to carers*   1Q09

Enhance quality and incentive system

- *Enhance nursing audit system and conduct audit of priority areas in nursing practice for improvement opportunities, and standardise patient assessment in nursing practice*   1Q09

- *Set up a HA-wide Clinical Audit Register to keep track of clinical audit activities in HA*   4Q08

- *Conduct a three-year scheme to prepare HA for hospital accreditation, through setting up designated teams in the HAHO and piloting hospitals, developing / customizing standards for accreditation, conducting surveys on local performance, and training frontline staff*   1Q09

- *Develop new key performance indicators (KPIs) for the 3 commonest clinical conditions in GOPC service (Upper Respiratory Tract Infection, Diabetes Mellitus and Hypertension)*   2Q08

- *Develop and maintain a Clinical Indicators (Performance and Outcome) Programme that covers all major specialties, which serves as a platform for quality indicator development, validation, data collection and analysis to reflect quality of care in HA*   4Q08

- *Commission an independent body to conduct a HA-wide Patient Satisfaction Survey on the care received*   1Q09

Keep Modernising HA

Review new technologies, service techniques and pharmaceuticals and introduce those with proven cost-benefit

- *Reposition Docetaxel as special drug in HA Drug Formulary together with Paclitaxel to benefit 400 breast cancer patients*   1Q09

- *Set up a technology management office in the HAHO to oversee healthcare technology (other than drugs) management in HA and to support technology planning, assessment and monitoring*   2Q08

PART C HEAD OFFICE AND CLUSTER PLAN

- *Commission a consultancy service to review and advise HA on healthcare technology (other than drugs) management* 2Q08

- *Organize HA Board Workshop to align strategic directions of HA with changes in the macro-environment* 3Q08

- *Publish HA Annual Report to enhance and demonstrate public accountability of HA* 4Q08

Update medical equipment and capital facilities through additional investment

- *Replace ageing medical and engineering equipment funded by the Capital Block Vote* 1Q09

Continue to invest in IT services that can support quality decision-making by clinicians

- *Set up Chinese Medicine databases platform on eKG* 1Q09

- *Align transfusion standards/guidelines within HA (includes establishing a document hierarchy); develop a web-based platform to help align, control and disseminate policies, standards and guidelines; and data mining to monitor transfusion practices and blood utilization* 3Q08

- *Implement the Surgical Outcome Monitoring and Improvement Program (SOMIP) in HA hospitals* 1Q09

- *Continue the technology refreshment program by replacing 27% of ageing corporate network / server equipment* 1Q09

- *Provide necessary IT support for the commissioning of the 2 hospital extension blocks at POH and TMH* 1Q09

- *Improve access of healthcare workers to patient care knowledge* 1Q09

Support the development of a HK-wide patient electronic health record

- *Commence the development of the next version of CMS (CMS Phase III) to realize the vision of the Clinical Systems Strategy (2007-2012) and support the strategic and tactical goals of HA in the coming years* 1Q09

PART C HEAD OFFICE AND CLUSTER PLAN

Enhance corporate management systems together with the introduction of the new Enterprise Resource Planning System

- *Configure and implement the software of the Enterprise Resource Planning Phase 1 and 2 to replace the current Payroll and Financial systems* — 4Q08

- *Review and revise the Financial and Accounting Regulatory framework and Delegation of Authority to align with the control arrangements embedded in the ERP system and to refine the roles, responsibilities and accountabilities of officers at different levels* — 4Q08

- *Develop and implement Stage 1 of the new Patient Information-Activity Billing System (PI-AB)* — 1Q09

- *Revamp HA Internet and Intranet websites to enhance corporate image and effectiveness of both internal and external communication* — 2Q08

Build People First Culture

Address unacceptable workload pressure areas

- *Continue the pilot reform programmes of Doctor Work Reform with work process reengineering, employment of additional professionals and supporting staff, and report back to the HA Board with reform strategies fine tuned* — 1Q09

- *Strengthen the workforce by a net increase of 50 doctors, 120 nurses, and 70 allied health professionals through recruiting at least 330 doctors, 690 nurses and 200 allied health professionals for professional training and service needs* — 1Q09

- *Develop new workload standards for medical wards, surgical wards, orthopaedics and traumatology wards, emergency wards, ambulatory care units, extended care wards, community nursing services, obstetrics nursing service and specialist out-patient clinics* — 1Q09

- *Commence (a) Higher Diploma Nursing Programme for RN training in KCC, KWC and NTWC with total intake of 300 students, and (b) EN training in HKEC, HKWC, KEC, KCC, NTEC and NTWC with total intake of 390 students* — 1Q09

- *Reduce low complexity tasks and workload for nurses by employing extra supporting staff* — 1Q09

- *Improve equipment used daily by nurses by procuring extra electric beds to enhance occupational safety and health* — 1Q09

PART C HEAD OFFICE AND CLUSTER PLAN

Enhance professional competencies and build up effective management and leadership

- *Enhance training for Allied Health Professionals*   1Q09

- *Strengthen management capabilities of line managers and supervisors*   1Q09

- *Implement the "HA leadership pipeline - accelerated development program"*   4Q08

- *Provide 35 training programmes for Allied Health professionals, 30 programmes for*   1Q09
  doctors and 12 specialty courses together with 70 enhancement programmes for
  nurses through the Institute of Health Care to enhance professional competencies
  and facilitate specialization and career progression

- *Roll out the second round of Executive Leadership Program*   1Q09

- *Organize the 15th HA Convention in May 2008 to provide a platform of exchange for*   2Q08
  prominent local and overseas healthcare professional on topical healthcare issues
  with staff participation

Improve the career prospects of staff

- *Complete consultation on and begin implementing a new appointment system*   3Q08
  for senior doctors

- *Implement new career model for nursing and allied health grades to facilitate*   4Q08
  professional development

- *Develop career structure information guide for major staff groups (doctor, nurse and allied*   1Q09
  health) to support career planning

- *Sponsor 150 EN for clinical placement in the RN Conversion Programme*   1Q09

- *Conduct an additional midwifery training programme for 40 nurses*   4Q08

- *Sponsor 60 nurses for training in PICU / ICU*   1Q09

Nurture a caring culture in the work place

- *Develop an integrated HA staff safety and wellness programme*   4Q08

PART C HEAD OFFICE AND CLUSTER PLAN

- *Enhance critical incident support teams*   *1Q09*

- *Roll out "HA Staff Engagement Programme" to at least two clusters*   *1Q09*

- *Develop initiatives to enhance recruitment and retention of care-related support workers*   *1Q09*

- *Enhance staff complaint and appeal procedures*   *3Q08*

- *Set up an HA retirees alumni*   *4Q08*

Maintain Financial Sustainability

Support Government deliberations on healthcare reform and financing

Ensure forward budget planning so that HA's resource needs are well understood

- *Discuss with Government on long term funding arrangement for HA*   *1Q09*

Explore a new funding allocation model that has incentives for productivity and quality

- *Develop Casemix System for Internal Resource Allocation*   *1Q09*

Enhance management accountability for best use of resources

- *Develop a list of clinical service key performance indicators (KPIs) for performance monitoring*   *3Q08*

- *Continue to further centralise the procurement of drugs to achieve bulk leverage and operational efficiency*   *1Q09*

- *Review and evaluate the costs and benefits of Product Tracking and Tracing System and identify improvement areas to expand the applications to improve inventory and product risk management*   *1Q09*

PART C HEAD OFFICE AND CLUSTER PLAN

2.   Hong Kong East Cluster

Key Facts

- Catchment area covers Eastern and Wanchai Districts of Hong Kong Island, and the outlying Islands (excluding North Lantau), with an estimated population of 0.80 million.

- There are six hospitals in the Cluster:

  - Pamela Youde Nethersole Eastern Hospital (PYNEH) - An acute regional hospital providing a full range of specialist services.

  - Ruttonjee & Tang Shiu Kin Hospitals (RHTSK) - A district general hospital providing accident and emergency and a selected range of specialist services, including Internal Medicine, Respiratory Medicine, Geriatrics and Surgery.

  - Tung Wah Eastern Hospital (TWEH) - A community hospital providing primary services and a selected range of specialist services, including Internal Medicine, Ophthalmology, Rehabilitation and Convalescent Care.

  - Wong Chuk Hang Hospital (WCHH) and Cheshire Home (Chung Hom Kok) (CCH) - Both provide infirmary services to patients requiring long-term care.

  - St. John Hospital (SJH) - Provides primary and emergency services.

- The Cluster manages 10 General Out-patient Clinics (GOPCs), including 4 in suburb and outlying islands. Primary and secondary prevention is supported by the Hong Kong Tuberculosis, Chest & Heart Diseases Association through health education programmes.

- As at 31 December 2007, the Cluster operates a total of 3,015 beds, with 1,819 for acute, convalescent and rehabilitation care, 627 for infirmary care, 446 for the mentally ill and 123 day beds.

Major Challenges

The Cluster is serving a catchment area with a larger than average proportion of elderly population of about 15%. Rising service demand and high staff turnover are major challenges facing the Cluster, and imminent demand pressure is apparent in renal replacement service.

In 2007/08, the Cluster had exceptionally high turnover of nursing and care-related supporting staff, in particular Registered Nurses and General Service Assistants. Despite various efforts to address nursing staff morale and retention, a number of vacancies remain unfilled, which may be attributed to heavy workload and better prospects in the vibrant private sector over the year.

The Cluster has utilized various ways and means to achieve a balanced budget despite the challenges of

higher proportion of elderly among its population, and the fact that both PYNEH and RHTSK, its two acute hospitals, will have been in service for over 15 years in 2008/09. There is a pressing need for equipment replacement/upgrade to minimize potential risks and to maintain operational efficiency.

Major Initiatives

Key strengths of the Cluster are consistently low mortality rate and low average in-patient length of stay compared to the HA average. To meet future challenges in line with the five corporate key objectives, the Cluster will strive to maintain these critical success factors and implement the following major initiatives in 2008/09:

- Full utilization of the current 16 haemodialysis (HD) stations.

- Continue to help relieve pressure on and workload of nurses. Pharmacy services and logistics support will be enhanced in the wards to enable nurses and care-related staff to focus on direct patient care.

- Create senior posts to improve senior-to-junior ratios and career prospects for medical and nursing staff. New service programs will also be commenced to facilitate the career progression of allied health staff.

- Continue to pilot Doctor Work Reform projects to achieve "65-hour or less" work-week for Surgical stream and Department of Paediatrics & Adolescent Medicine in PYNEH. Extended Day Operation Theatre will be piloted to reduce night time surgery by opening two extra operation sessions on weekdays.

- Continue to advocate patient and staff safety through quality improvement and risk management. A credentialing framework and scope of practice system with inputs from clinical departments and Cluster Human Resource will be established to ensure professional competency in clinical practice.

- Enhance organization efficiency and maintain system/financial sustainability, including continuous efforts to explore opportunities for generating non-government revenue.

- Take the opportunity of the 15th Anniversary of PYNEH in 2008 to further strengthen networking with community partners for enhanced mutual understanding and collaboration.

- Open more choices and access to patients in the face of increasing service demand. The Cluster will build on the success of share care programs and continue to be innovative in developing more public-private partnership models.

PART C HEAD OFFICE AND CLUSTER PLAN

Targets

Implement Planned Responses to Rising Service Demand

- *Increase HD capacity to accommodate additional chronic dialysis patients plus additional acute HD sessions* 1Q09

- *Provide 24-hour pharmacy service to A&E patients in PYNEH* 3Q08

- *Build up surge capacity for Obstetrics and Neonatal Intensive Care Unit (NICU) services through (i) replacement and addition of Obstetrics equipment (ii) extra midwifery training (iii) increase in neonatal beds* 3Q08

- *Extend psychogeriatric outreach to selected private old age homes* 3Q08

Improve Continuously Service Quality and Safety

- *To reinforce identity verification through (i) conducting a Correct Identification Campaign (ii) standardizing body release process in line with HA guidelines (iii) implementing new 2D barcode Unique Patient Identification (UPI) system for blood transfusion* 1Q09

- *To establish a credentialing framework and scope of practice system in clinical departments* 1Q09

Keep Modernizing HA

- *Ensure timely replacement and upgrade of laboratory automation system and digital mammographic system* 1Q09

Build People First Culture

- *Enhance support in wards to improve patient care delivery through (i) strengthening of care-related, clerical and other general support staffing (ii) engaging contractor to provide auto-refill service for general hospital supplies in wards (iii) implementing various business support initiatives in wards* 2Q08

- *Create senior and higher rank nursing and allied health posts for the development of service delivery model/standard in prioritized area of the Cluster, to improve career prospect and to support new service programs* 3Q08

PART C HEAD OFFICE AND CLUSTER PLAN

- *Pilot Extended Day Operating Theatre to reduce night time surgery*   *3Q08*

- *Pilot Doctor Work Reform for Surgical stream in PYNEH to reduce doctors' work hours*   *3Q08*
  to 65 or less per week

Maintain Financial Sustainability

- *Commence private in-patient and out-patient services to provide more choices*   *1Q09*
  for patients and to enhance system sustainability

- *Explore new opportunities to generate non-government revenue*   *4Q08*

PART C HEAD OFFICE AND CLUSTER PLAN

3. Hong Kong West Cluster

Key Facts

- Main catchment area covers Central, Western and Southern Districts of the Hong Kong Island with a population of around 0.53 million, though the Cluster's tertiary and quaternary services serve the whole population of Hong Kong.

- There are seven hospitals in the Cluster:

  - Queen Mary Hospital (QMH) – A regional acute hospital and the teaching hospital for The University of Hong Kong Li Ka Shing Faculty of Medicine. It is also a tertiary and quaternary referral centre for advanced technology services such as bone marrow transplant and liver transplant.

  - Tsan Yuk Hospital (TYH) – With its obstetric and newborn in-patient services relocated to QMH in late 2001, the hospital is currently operating as a community family health centre.

  - Duchess of Kent Children's Hospital (DKCH) – The hospital provides specialist services in paediatric orthopaedics, spinal surgery, neurology, dental surgery and developmental paediatrics. It serves child patients throughout the territory.

  - Grantham Hospital (GH) – A tertiary referral centre for the treatment of heart and lung diseases. It also provides Palliative Medical Service to cancer patients, and is the only hospital in the territory providing medical care for children with heart problems.

  - Fung Yiu King Hospital (FYKH) – An extended care hospital specializing in geriatric service. It provides rehabilitation and convalescence for medical and orthopaedic patients, as well as community outreach service through its Community Geriatric Assessment Team.

  - MacLehose Medical Rehabilitation Centre (MMRC) – Opened in 1984 by the Hong Kong Society for Rehabilitation, the centre provides comprehensive rehabilitation services.

  - Tung Wah Hospital (TWH) – The oldest hospital under the medical division of the Tung Wah Group of Hospitals. It provides acute and extended inpatient care as well as ambulatory and day surgery services. It also provides tertiary ENT and renal services.

- The Cluster also manages six satellite institutions, which are David Trench Rehabilitation Centre, the Central District Health Centre, and the General Out-patient Clinics (GOPCs) in Sai Ying Pun, Aberdeen, Ap Lei Chau and Kennedy Town.

- As at 31 December 2007, the Cluster manages a total of 3,207 beds, with 2,925 for acute, convalescent and rehabilitation care, 200 for infirmary care and 82 for the mentally ill.

Major Challenges

The Cluster will focus on improving operational efficiency and service effectiveness, sustainability and accessibility through service rationalization, reprioritization and realignment in accordance with the four priority areas set out by the Government for HA services. The Cluster will continue to reinforce "People First Culture" through promoting staff health and wellness, staff communication and recognition. Measures will be taken to improve occupational safety and health, and to help staff achieve a balanced work life. Initiatives will also be introduced where possible to reduce doctors' continuous work hour and work pressure.

Major Initiatives

Major initiatives of the Cluster in the coming year are as follows:

- Increase service capacity to meet growing demand in high priority areas by setting up a HKW cluster based Ophthalmology service. The Cluster will strengthen collaboration with the Eye Institute of The University of Hong Kong to enhance ophthalmic service volume, quality and training.

- Build up services to prevent avoidable hospitalization by expanding Day Surgery Service and setting up a multi-disciplinary Breast Care Centre in TWH, establishing Community Volunteer Network to support post-discharge chronically ill patients, providing Community Psychogeriatric Outreach Program to Residential Care Homes for the Elderly and setting up a Palliative Care Day Centre in GH.

- Optimize resources by relocating Cardiothoracic, Paediatric Cardiology and Cardiac Anaesthetic Services from GH to QMH to provide prompt and efficient multi-disciplinary care to cardiac surgical patients as well as on-site open heart support to high risk patients undergoing interventional cardiac procedures.

- Improve service quality and safety continuously by enhancing medication support to doctors and nurses and piloting "acute rehabilitation" programs with integrative rehabilitation ward/service in DKCH for patients with brain injury.

- Address unacceptable workload pressure areas by introducing Nurse Led Clinics for Diabetic Mellitus, Renal and Wound Care, setting up Ward Medication Management by Pharmacy in TWH and enhancing support staff manpower to relieve excessive workload of doctors and nurses at the frontline.

PART C HEAD OFFICE AND CLUSTER PLAN

Targets

Implement Planned Responses to Rising Service Demand

- *Set up a Palliative Care Day Centre in GH to provide holistic palliative care* — *3Q08*

- *Expand Day Surgery Service in TWH to shorten waiting time and set up a multi-disciplinary Breast Care Centre to improve service quality and outcome for breast cancer patients* — *4Q08*

- *Open 2 more Neonatal Intensive Care beds in QMH to meet territory-wide growing demand for the subspecialty service* — *4Q08*

- *Set up Traditional Chinese Medicine Inpatient Service in FYKH to offer alternative treatment choices to patients* — *4Q08*

- *Establish Community Volunteer Network to provide well coordinated community support to post-discharge chronically ill elders* — *4Q08*

- *Enhance cluster-based ophthalmology service in response to rising needs of patients requiring a full range of ophthalmic subspecialty services* — *1Q09*

- *Provide Community Psychogeriatric Outreach Programme to Residential Care Homes for the Elderly to reduce avoidable hospitalization* — *1Q09*

Improve Continuously Service Quality and Safety

- *Relocate Cardiothoracic, Paediatric Cardiology and Cardiac Anaesthetic Services from GH to QMH to optimize resources and provide prompt and efficient multi-disciplinary care to cardiac surgical patients* — *3Q08*

- *Establish an Acute Stroke Unit with upgraded facilities in QMH to provide prompt and efficient care to acute stroke patients* — *3Q08*

- *Enhance medication support to doctors and nurses by implementing centralized reconstitution of biological substances for chemotherapy in HKWC, and Medication Reconciliation Service in FYKH and GH for all discharged patients with chronic diseases and drug compliance problem* — *3Q08*

- *Pilot "acute rehabilitation" programs with integrative rehabilitative ward / service in DKCH   1Q09
  for patients with brain injury and other neurological disorders*

Keep Modernizing HA

- *Complete major refurbishment of the Haemodialysis Center, Renal Ward and   2Q08
  Day Care Center in TWH to enhance the quality of care for renal patients*

- *Set up a new Specialist Out-patient Clinic in TWH to enhance patient comfort and   2Q08
  operation efficiency*

Build People First Culture

- *Pioneer "Ward Medication Management by Pharmacy" in TWH under Work Reform   3Q08
  Initiative to alleviate the excessive workload of nurses and to reduce risk in medication
  management*

- *Introduce Nurse Led Clinics for Diabetic Mellitus, Renal and Wound Care, and enhance   1Q09
  supporting staff manpower to relieve excessive workload of doctors and nurses at the
  frontline*

PART C HEAD OFFICE AND CLUSTER PLAN

4.   Kowloon Central Cluster

Key Facts

- Catchment area covers Yau Ma Tei, Tsim Sha Tsui and Kowloon City districts with a total population of 0.5 million.

- There are six hospitals / institutions in the Cluster:

  - Queen Elizabeth Hospital (QEH) - A major acute regional hospital providing 24-hour comprehensive services.

  - Kowloon Hospital (KH) - A multi-specialty hospital providing acute and extended care services in psychiatry, rehabilitation, respiratory medicine, as well as convalescent care and community outreach services.

  - Buddhist Hospital (BH) - A community hospital with general and extended care services.

  - Hong Kong Eye Hospital (HKE) - A specialised Ophthalmic Centre.

  - Hong Kong Red Cross Blood Transfusion Service - An institution providing blood and blood products to all hospitals in Hong Kong.

  - Rehabaid Centre - An institution providing specialised community-based rehabilitation services.

- The Cluster is supported by six General Out-patient Clinics, of which one is located inside BH.

- As at 31 December 2007, the Cluster manages a total of 3,565 beds with 3,002 for acute, convalescent and rehabilitation care, 118 for infirmary care and 445 for the mentally ill.

Major Challenges

A major challenge for KCC in the coming year would be the provision of safe and quality services with finite resources in the face of rising service demands and expectations. The Cluster is also serving an increasing proportion of elderly patients. In QEH, 50.1% of the bed-days in 2006/07 were occupied by those aged 65 or above as compared to 38.6% in 1996/97. At the Cluster level, 57.7% of the bed-days in 2006/07 were occupied by elderly patients who made up 14.8% of the Cluster's patients.

To meet the challenges, the main focus of KCC is on providing right care for the right patient at the right

place. The Cluster launched the new Cluster Vision, Mission and Values in October 2007, and the Vision reads "To pursue excellence in health services – in life we share, in health we care and in excellence we fare".

KCC's emphasis is on the RESPECT values (Respect, Empathy, Sharing, Professionalism, Efficiency, Creativity, Trust), and our mission statements are:-

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

Major Initiatives

KCC has formulated a wide range of new initiatives according to the five corporate key objectives for implementation in 2008/09 to develop a safe, quality, patient-centred and community-focused healthcare service. The major initiatives are as follows:

- To implement planned responses to rising service demand, intensive care service would be enhanced by opening 2 additional High Dependency Unit beds in QEH, and 3 additional Neonatal Intensive Care beds. The surging HIV epidemic would be managed by a comprehensive approach addressing prevention, expanded testing and clinical care.

- To improve continuously service quality and safety, pharmacy services would be enhanced with the extension of opening hours to 24 hours 7 days and the centralization of cytotoxic drug reconstitution. Acute stroke service would be enhanced by providing 24 hours emergency intravenous thrombolytic therapy for acute ischaemic stroke patients.

- To keep modernizing HA, a new IT system to support Blood Transfusion Service operations in donor recruitment, blood collection, processing, testing, product management and distribution would be implemented. A Haematopoietic Stem Cells (HSC) Collection Centre would be developed for the collection of HSC by apheresis from matched unrelated adult donors identified through Hong Kong Bone Marrow Donor Registry.

- To build people first culture, work pressure of doctors would be relieved as a result of the Doctor Work Reform project. Inter-departmental patient flow and door-to-door delivery services would be enhanced through the implementation of automatic dispatch system to alleviate non-clinical duties of ward staff.

- To maintain financial sustainability, a cluster-based cost centre budget model would be worked out and adopted for enhanced budget planning and control.

PART C HEAD OFFICE AND CLUSTER PLAN

Targets

Implement Planned Responses to Rising Service Demand

- *Enhance intensive care service by adding 2 High Dependency Unit beds in QEH* 1Q09

- *Enhance neonatal intensive care service by adding 3 NICU beds in QEH* 3Q08

- *Enhance service to elderly patients in the community by continuing Hospital Admission Risk Reduction Programme for High Risk Elderly (HARRPE) into its second year* 2Q08

- *Scale up the HIV/AIDS service capacity based in QEH, including laboratory support, clinical management and information system* 1Q09

- *Enhance patient empowerment through e-health programmes and skill-based carers' programmes* 1Q09

Improve Continuously Service Quality and Safety

- *Enhance pharmacy service by extending pharmacy opening hours to round-the-clock* 2Q08

- *Establish a Virtual "Critical & Major Incident Information Centre" via the KCC Intranet for timely retrieval, dissemination and sharing of information as well as efficient updating of Cluster / Hospital contingency plans and manuals* 4Q08

- *Ensure patient safety in cytotoxic drug administrations by centralizing cytotoxic drug reconstitution* 1Q09

- *Enhance acute stroke services by providing 24 hours emergency intravenous thrombolytic therapy for acute ischaemic stroke patients* 4Q08

Keep Modernzing HA

- *Implement a new IT system to support Blood Transfusion Service operations in donor recruitment, blood collection, processing, testing, product management and distribution* 1Q09

- *Provide Medical Support for Equestrian Games of the Olympics and Para-olympics* 3Q08

- *Develop a Haematopoietic Stem Cells (HSC) Collection Centre for the collection of HSC by apheresis from matched unrelated adult donors identified through Hong Kong Bone Marrow Donor Registry* 1Q09

PART C HEAD OFFICE AND CLUSTER PLAN

Build People First Culture

- *Relieve work pressure of doctors and support Doctors Work Reform*   *4Q08*

- *Enhance inter-departmental patient flow and door-to-door delivery service through*   *2Q08*
  implementation of automatic dispatch system

- *Enhance Occupational Medicine Care through the implementation of Occupational*   *2Q08*
  Medicine care service for KCC staff

Maintain Financial Sustainability

- *Adopt cluster-based cost centre budget for budget planning and control*   *1Q09*

PART C HEAD OFFICE AND CLUSTER PLAN

5.   Kowloon East Cluster

Key Facts

- Catchment area covers Kwun Tong and Tseung Kwan O districts with a total population of 0.98 million.

- There are three hospitals in the Cluster:

  - United Christian Hospital (UCH) – A major acute regional hospital providing secondary service for Kwun Tong district and tertiary service for the whole KEC.

  - Tseung Kwan O Hospital (TKOH) – An acute hospital providing secondary service for Tseung Kwan O district.

  - Haven of Hope Hospital (HHH) – An extended care hospital providing subacute, rehabilitation and infirmary services for the Cluster.

- The Cluster also manages 8 General Out-patient Clinics, as well as the Yung Fung Shee Memorial Centre which provides out-patient and day patient services.

- As at 31 December 2007, the Cluster manages a total of 2,235 beds, with 2,039 for acute, convalescent and rehabilitation care, 116 beds for infirmary care, and 80 for the mentally ill.

- The mission of the Cluster is "To develop a healthy community, with healthy hospitals and healthy staff, through cluster collaboration and partnership with other healthcare providers".

Major Challenges

The greatest challenge to the Cluster is to make the best use of the resources available to meet the healthcare needs of the local community. There are some pressing local issues for the Cluster:

(a)   Heavy reliance on other clusters especially for in-patient rehabilitation and convalescent services;

(b)   Capacity limitation due to physical constraints of UCH; and

(c)   Limited cancer service.

In 08/09, the Cluster will continue its strategic emphasis on ambulatory and community care and strengthen collaboration with community partners. Also, as in the past year, we will continue to enhance organization

efficiency, system modernization and sustainability, service quality and risk management. Through a series of new risk management initiatives, different mechanisms and programmes will be in place to enhance patient safety. The Cluster will also endeavor to provide a safe, harmonious and happy working environment for our staff.

Major Initiatives

In line with the corporate strategic directions, KEC will implement the following major initiatives in 2008/09:

- To improve population health by implementing a number of major new services programmes, including the consolidation of the service of TKOH Ambulatory Surgery Centre, full implementation of the Integrated Discharge Support Programme for Elderly in Kwun Tong, implementation of stroke care development programme, provision of psychiatric consultation liaison service at A&E Departments of KEC, setting up of Breast Centre to enhance service for breast cancer patients and establishment of Integrated Ambulatory Ear, Nose and Throat (ENT) Centre to cater for the increasing service demand of KEC, enhancing the ambulatory and community-based palliative service through the establishment of the KEC UCH Hospice Centre supported by Li Ka Shing Foundation Hospice Service Programme and enhancement of the antenatal outpatient service in TKOH.

- To improve service quality and safety by enhancing clinical supervision to junior nurses, establishment of an Oncology Clinic in KEC, provision of 24-hour pharmacy service to patients of A&E Department and emergency pharmacy service to inpatients, employing patient tracer methodology to audit patient care processes and enhancing compliance with Hospital Authority standards and guidelines on abbreviations in respect of drug ordering.

- To enhance organizational performance by implementing the new ERP system in Finance and Procurement

- Build people first culture by establishing an Occupational Medicine Care Service to enhance clinical management and early re-integration back to workplace, launching of Behaviour Based Safety Programme to improve health and safety at workplace and supporting Doctor Work Reform in addressing doctor's workload and work hours.

PART C HEAD OFFICE AND CLUSTER PLAN

Targets

Implement Planned Responses to Rising Service Demand

- *Consolidate the service of TKOH Ambulatory Surgery Centre to provide 900 day surgeries per annum* · 2Q08

- *Full implementation of the Integrated Discharge Support Programme for 3,000 high risk elderly patients per annum to enhance the quality of life and safety of discharge* · 2Q08

- *Enhance quality of patient care and reduce admissions from A&E Department to wards by 10% per annum via improved quality of A&E admission decision in TKOH* · 2Q08

- *Improve the quality of care to stroke patients through the provision of organized care with designated acute stroke beds, early Computed Tomography examination for acute stroke patients, and enhancing staff training and patient education* · 3Q08

- *Provide psychiatric consultation liaison service at A&E Departments of UCH and TKOH through establishing A&E-based psychiatric nurses to provide 320 assessments and consultations per annum and to reduce psychiatric admission by 10%* · 3Q08

- *Establish the KEC Breast Centre to provide an additional 1,800 out-patient attendances and 60 breast operations per annum* · 4Q08

- *Establish an integrated ambulatory ENT Centre by converting 20% routine ENT surgical cases to day cases and increase 10% out-patient attendances so that routine cases waiting time can be shortened by 4 months* · 4Q08

- *Enhance ambulatory and community-based palliative service through the establishment of the KEC UCH Hospice Centre supported by Li Ka Shing Foundation Hospice Service Programme to serve additional 300 cancer patients in 08/09* · 4Q08

- *Enhance antenatal out-patient service in TKOH to provide an additional 1,200 attendances per annum* · 1Q09

Improve Continuously Service Quality and Safety

- *Enhance clinical supervision to junior nurses in wards and departments by creation of an additional 34 Advanced Practice Nurse positions* · 3Q08

PART C HEAD OFFICE AND CLUSTER PLAN

- *Establish an Oncology Clinic in KEC to serve 300 cancer patients per annum*   3Q08

- *Provide 24-hour pharmacy service to patients of A&E Department and in-patients of UCH*   3Q08

- *Improve the quality and safety of patient care process by employing patient tracer methodology to audit the use of patient restrainers and at least 4 other patient care processes*   1Q09

- *Improve accuracy of drug ordering by audits and improvement plans on enhancing compliance with HA standards and guidelines on abbreviations*   1Q09

Keep Modernzing HA

- *Streamline the workflow process and enhance management reporting system upon implementation of the new ERP system in Procurement and Finance*   3Q08

Build People First Culture

- *Establish Occupational Medicine Care Service to enhance clinical management and early re-integration back to workplace for 300 staff per annum with work related injuries and illnesses*   3Q08

- *Support Doctor Work Reform in addressing doctors' workload and work hours by creating 24-hours designated phlebotomist team at UCH and TKOH and launching extended operating theatre service at UCH*   3Q08

- *Launch Behaviour Based Safety Programme at 4 work sites to address common work hazard and improving staff health and safety*   1Q09

PART C HEAD OFFICE AND CLUSTER PLAN

6.   Kowloon West Cluster

Key Facts

- Catchment area covers Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan and North Lantau, with an estimated population of 1.88 million.

- There are seven hospitals in the Cluster:

  - Caritas Medical Centre (CMC) – A general hospital providing acute, extended and hospice care services, and a Developmental Disability Unit for children.

  - Kwai Chung Hospital (KCH) – A mental health hospital with acute and outreach psychiatric care services.

  - Kwong Wah Hospital (KWH) – A major regional hospital providing a comprehensive range of acute services with a Chinese Medicine clinic.

  - Our Lady of Maryknoll Hospital (OLMH) – A community hospital providing general medical and hospice care services.

  - Princess Margaret Hospital (PMH) – A major regional hospital providing a comprehensive range of acute services. It also serves as the Cluster's Trauma Centre and Oncology Centre; and also serves as the Infectious Diseases Centre and the Toxicology Reference Laboratory of the Hospital Authority.

  - Wong Tai Sin Hospital (WTSH) – An extended care hospital providing rehabilitation, tuberculosis and chest services.

  - Yan Chai Hospital (YCH) – A general hospital providing acute and rehabilitation services with a Chinese Medicine clinic.

- As at 31 December 2007, the Cluster manages a total of 7,000 beds, with 4,214 for acute care, 1,370 for convalescent, rehabilitation, infirmary and hospice care, 1,236 for the mentally ill and 180 for the mentally handicapped.

Major Challenges and Initiatives

The challenges ahead are many, but so are opportunities. With the concerted efforts from all KWC staff, we shall be able to turn our vision and major initiatives into a reality. Major initiatives for the coming year are as follows:

- **"Care for the Elderly"**: PMH will pilot a program to provide responsive integrated support services to the elderly discharged patients who have difficulty in taking care of themselves. A wide spectrum of caring services, which include discharge planning, transitional

PART C HEAD OFFICE AND CLUSTER PLAN

rehabilitation, home-based community care and training of carers, will be developed by the Hospital Discharge Planning Team and a Home Support Team commissioned from an NGO. The pilot scheme will help to improve the quality of life for at-risk elderly patients and reduce unplanned readmission to hospitals.

- **Strengthening of mental health service**: To enable psychiatric discharged patients to integrate into the community, a mobile support team will be established in KCH to provide active post-discharge community support to patients with a record of frequent admission. We will also enhance the psychiatric outreaching service to old-aged homes.

- **Emergency preparedness for emerging infectious diseases**: An Infectious Disease Training Centre will be set up in the Infectious Diseases Centre to train medical personnel and other healthcare professionals in managing infectious diseases. Protocols for managing outbreak in healthcare institutions will also be developed.

- **Meeting growing needs and demands for higher standards**: In 08/09, emphasis will be put on delivering comprehensive cancer services, with special focuses on the use of new cancer drugs and the development of an Integrated Palliative Care Service. We will also build up the capacity of neonatal intensive care services, replace and upgrade additional obstetric and neonatal intensive care equipment, and conduct extra midwifery training courses to meet the increasing demand for Obstetric and Neonatal care services. For patients with end stage renal disease, PMH, KWH, CMC and YCH will increase their haemodialysis capacities.

- **Participating in the planning of North Lantau Hospital**: We will assist in developing a service plan which can meet the community healthcare needs of the North Lantau district, with due consideration for the need to provide acute medical support for the Chek Lap Kok International Airport and the various tourist attractions on Lantau Island.

- **Sustainable workforce for high quality service**: We will continue to implement the Doctor Work Reform initiatives and to develop new professional roles for different ranks to improve their competency and work-life balance. An Emergency Medicine ward service model will be rolled out to YCH to reduce avoidable hospital stay and ensure safe discharge of patients. We will also implement the various corporate initiatives to enhance the career progression of staff and improve the quality of patient service by better deployment of healthcare professionals.

- **Nurturing a caring culture in work place**: KWC is moving towards a safe and healthy Cluster by rolling out a 3-year plan to improve the various safety management systems, with special emphasis on accessibility of OSH-related information, improvement of working environments, and reduction in occupational hazards for our staff.

PART C HEAD OFFICE AND CLUSTER PLAN

Targets

Implement Planned Responses to Rising Service Demand

- *Set up Emergency Medicine ward at YCH* 4Q08

- *Enhance mental health community support to the frequent re-admitters, and for the elderly at old aged homes* 3Q08

- *Pilot the Integrated Discharge Support Program for Elderly Patients* 3Q08

- *Set up a CM clinic in Sham Shui Po in collaboration with NGO and academic institution* 1Q09

- *Develop the ambulatory paediatrics and community based adolescent services at YCH* 4Q08

- *Enhance the diagnostic ultrasound service with the support of ultrasonographers* 3Q08

- *Extend Comprehensive Child Development Services in Kwai Tsing & Tsuen Wan districts* 3Q08

Improve Continuously Service Quality and Safety

- *Roll out the acute stroke care development programme* 4Q08

- *Introduce "time-out" in operating theatres* 4Q08

- *Improve the safety of high risk medication in ward* 3Q08

- *Strengthen risk management by conducting safety culture survey* 4Q08

Keep Modernizing HA

- *Explore the implementation of Radiology Image Digitalization and Distribution System at PMH* 1Q09

Build People First Culture

- *Address the workload pressure on nursing staff by:* 2Q08

– *Setting up the total solution for auto-refill of general ward supplies*

– *Enhancing the technical support in theatre sterile supplies*

Maintain Financial Sustainability

• *Outsource the advertising services at CMC and PMH*   *3Q08*

PART C HEAD OFFICE AND CLUSTER PLAN

7.   New Territories East Cluster

Key Facts

- Catchment area covers Shatin, Tai Po, North District and part of the Sai Kung districts, with a total population of 1.32 million.

- There are seven hospitals in the Cluster:
  - Prince of Wales Hospital (PWH) - A major acute regional hospital that is also the teaching hospital for the medical school of the Chinese University of Hong Kong.

  - Shatin Hospital (SH) - An extended care hospital providing convalescent, rehabilitation, and psychiatric in-patient care.

  - Cheshire Home, Shatin (SCH) - An extended care hospital providing infirmary care for the severely disabled and patients from the central infirmary waiting list.

  - Bradbury Hospice (BBH) – A specialised palliative care centre providing in-patient and community outreach hospice services.

  - Alice Ho Miu Ling Nethersole Hospital (AHNH) - An acute general hospital in Tai Po.

  - North District Hospital (NDH) - An acute general hospital in Fanling.

  - Tai Po Hospital (TPH) - An extended care hospital providing convalescent, rehabilitation and psychiatric in-patient care.

- In 2007, the Cluster managed a total of 195,232 inpatient discharges, 953,812 specialist out-patient attendances, 775,407 general out-patient attendances and 188,915 community outreach visits.

Major Challenges

The Cluster is facing 3 main challenges: (a) increased staff turnover and shortage in nursing workforce; (b) high demand pressure arising from increased population and ageing; and (c) sustaining efforts to ensure clinical care quality and patient safety. The cluster also recognizes the risk of possible outbreak of infectious diseases and will keep up-to-date its infection control policies and practices, especially on the promotion of hand hygiene.

PART C HEAD OFFICE AND CLUSTER PLAN

Major Initiatives

To address the challenges, the cluster will focus on 3 key strategies: (a) reinforcing staff engagement; (b) strengthening clinical governance; and (c) promoting patient partnership. These strategies underpin the development of the Cluster's annual plan initiatives for 2008/09, key initiatives of which are highlighted as follows:

- On **improving staff morale**, the cluster has started in 2007/08 a series of "people workshops" using a case studies approach to arouse discussions and align values of the middle managers of the nursing units in their day-to-day management and oversight of the clinical operations. In the coming year, the series of people workshops will be rolled out to engage the frontline nurses and the clinical management teams.

- On **managing clinical services demand**, the cluster will set up an Emergency Medicine ward in AHNH to strengthen the provision of emergency care and treatment for patients, to reduce the need for inter-facility transfer and to enhance the gate-keeping function. In order to rationalize the referrals from primary care to secondary care settings, the cluster will form a primary care coordinating committee with the local primary care doctors and streamline the referral protocols. There will also be expansion of the triage clinics in the GOPCs to improve the referrals to the SOPCs of the major specialties, together with the introduction of enhanced Diabetes Mellitus complications screening sessions for patients seen in the GOPCs.

- On **quality and safety**, the cluster will enhance clinical governance in the clinical departments with the setting up of clear accountability structures. A patient safety management team will be established to coordinate the execution of patient safety strategies and initiatives. The cluster also plans to review, revise and improve the key clinical processes and protocols with the introduction of the Failure Mode and Effect Analysis methodology, and will start two pilot schemes to engage the patients as partners for improving the patient care process in A&E and SOPC in PWH.

PART C HEAD OFFICE AND CLUSTER PLAN

Targets

Implement Planned Responses to Rising Service Demand

- *Set up an Emergency Medicine ward in AHNH to reduce hospital stay and inter-facility*   4Q08
  transfer of patients

- *Enhance Orthopaedics &Traumatology (O&T) rehabilitation service in TPH to relieve*   1Q09
  pressure on demand of O&T beds and shorten length of stay in acute O&T beds,
  and open one infirmary ward in SCH to accommodate patients transferred from TPH

- *Enhance the provision of psychiatric services:*
  - *Enhance post-discharge community support to psychiatric patients*   2Q08
    that require frequent re-admission
  - *Strengthen the child and adolescent psychiatric service in AHNH by -*   2Q08
    (i) increasing the number of day hospital places to 15; and
    (ii) increasing the number of SOPC sessions
  - *Strengthen the psycho-geriatric service by –*   4Q08
    (i) opening a psycho-geriatric day hospital with 20 places in NDH;
    (ii) increasing the number of SOPC sessions; and
    (iii) extending psychogeriatric outreach service to residential care homes for the elderly

- *Add 3 NICU beds in PWH to enhance the surge capacity in neonatal service*   2Q08

- *Enhance gate-keeping function of Family Medicine clinics and GOPCs by*   1Q09
  strengthening their triage function to reduce avoidable specialist referral and providing
  Diabetes Mellitus complication screening sessions

Improve Continuously Service Quality and Safety

- *Enhance pharmacy service by providing 24-hours pharmacy service in PWH*   3Q08

- *Enhance patient safety and reduce medical incidents through:*   4Q08
  (i) strengthening clinical governance with the setting up of clear accountability structure
  within the clinical departments; (ii) strengthening internal communication with the setting
  up of a dedicated website on quality and risk management; (iii) setting up a patient
  safety management team to coordinate the execution of patient safety strategies and
  initiatives; and (iv) reviewing and improving the key clinical processes and protocols
  by Failure Mode and Effect Analysis methodology

PART C HEAD OFFICE AND CLUSTER PLAN

- *Develop pilot schemes to engage patients as partners to improve the process of care in A&E and SOPCs in PWH*   *4Q08*

<u>Keep Modernizing HA</u>

- *Replace the following major medical equipment to enhance service quality and efficiency: CT Scanner for NDH, Linear Accelerator, Angiographic Fluoroscopic Unit, and Treatment Planning Computer for PWH   .*   *1Q09*

- *Increase the capacity of mortuary chambers by 40% from 203 to 282 to reduce congestion*   *1Q09*

<u>Build People First Culture</u>

- *Facilitate the retention of care-related support workers with implementation of career pathways and production of a career prospectus for support workers*   *2Q08*

- *Improve work life quality of nurses in wards by – (i) enhancing clerical support up to one clerk in every ward; (ii) strengthening cleansing, portering and other domestic services support; and (iii) replacing aged medical equipment and hospital beds*   *3Q08*

- *Complete the pilot schemes on doctor work reform with evaluation on – (i) extended operating theatre sessions in NDH; and (ii) enhanced phlebotomist support in AHNH; and introduce new schemes to rationalize on roster arrangement and reduce the average work hours of doctors towards 65 hours/week in selected specialties*   *3Q08*

- *Improve staff engagement through – (i) a series of "people workshops" extended to the frontline nurses and the clinical management teams; and (ii) introducing an objective assessment tool to monitor and promote further staff engagement*   *1Q09*

<u>Maintain Financial Sustainability</u>

- *Strengthen public-private partnership with the primary care doctors' network through – (i) setting up and running of the primary care coordinating committee; (ii) provision of a district-based doctors' list to specialists in the cluster to improve patient choice and facilitate cross-referral; and (iii) formulation of referral guidelines for cross-referrals among A&E, SOPCs and GOPCs with the primary care doctors' network*   *1Q09*

PART C HEAD OFFICE AND CLUSTER PLAN

8.   New Territories West Cluster

Key Facts

- Catchment area covers Tuen Mun and Yuen Long districts with an estimated population of 1.06 million.

- There are four hospitals in the Cluster:

  - Tuen Mun Hospital (TMH) – An acute regional general hospital providing a comprehensive range of acute, ambulatory and community services.

  - Pok Oi Hospital (POH) – The redeveloped POH re-opened acute medical service in 3Q07. The Hospital provides A&E service, a selected range of specialist services and ambulatory care services.

  - Castle Peak Hospital (CPH) – A psychiatric hospital that provides a full range of psychiatric services including the quaternary Forensic Psychiatric service.

  - Siu Lam Hospital (SLH) – A specialised facility receiving territory-wide referrals of severely mentally handicapped adult patients.

- As at 31 December 2007, the Cluster manages a total of 4,146 beds, with 1,840 for acute, convalescent and rehabilitation care, 135 for infirmary care, 1,671 for the mentally ill and 500 for the mentally handicapped.

Major Challenges

NTWC is facing the challenges of an increasing population in the catchment area, having a large number of elderly and psychiatric hostels in the region, and a rising expectation for quality service. To meet the challenges, the Cluster will further increase operational efficiency and enhance patient safety by harnessing the strengths of TMH and POH in synergy.

Major Initiatives

The Cluster's major initiatives for 08/09 are as follows:

- Following the opening of 200 beds in 07/08, the acute medical and surgical services at POH will be further enhanced in 08/09 by opening an additional 34 beds. One operating theatre will be opened to relieve the pressure on TMH.

- To address the need for GOP services in Tin Shui Wai North (TSWN), the Cluster will explore GOPC service delivery model through PPP in TSWN for patients with chronic and stable medical condition.

PART C HEAD OFFICE AND CLUSTER PLAN

- To set up a Well Elderly Clinic at POH with a donation fund. The Clinic will offer 16 total knee replacement operations and 80 cataract surgeries per year, and conduct fall assessment and preventive education programs.

- To enhance cardiac service in TMH by installing a new cardiac catheterization machine in the Cardiac Catheterization Laboratory which will be relocated adjacent to the Coronary Care Unit.

- CPH will continue to promote community service and provide intensive training for inpatients to enhance community reintegration. Specially designed community-based program will be adopted to assist the patients with intellectual disability residing in the community. Community psychiatric outreach service will be strengthened by establishing a new centre at Yuen Long.

- On improving service quality and safety, the Cluster will manage risk and maintain sustainable quality service by providing training to clinical staff and introducing advanced and cost-effective technology. A Clinical Skills Training Centre will be established. Using simulators and other equipment, doctors and nurses can acquire adequate training before performing invasive procedures on patients. Training course on clinical crisis management will also be arranged for junior doctors and nurses with focus on early identification and management of common clinical emergencies.

- The haemodialysis service will be expanded with modernized facilities. A new Renal Dialysis Centre will be set up with 24 hemodialysis stations and a day centre. An additional 500 hemodialysis sessions will be provided annually. A new transplant coordinator will be recruited to promote organ donation.

- The Cluster adopts a proactive approach to improve staff morale and retain staff by enhancing staff training and career development, and improving their working environment. The Cluster will make use of the new facilities in the TMH Rehabilitation Block to provide new overnight rooms for nurses and explore renting out the existing staff quarters for staff convenience. A 3-year development program will be worked out for the managers in the Administrative and Human Resources Departments.

PART C HEAD OFFICE AND CLUSTER PLAN

Targets

Implement Planned Responses to Rising Service Demand

- *Establish a Well Elderly Clinic in POH and offer 16 total knee replacement and*   3Q08
  80 cataract surgeries per year

- *Explore and commence GOPC service delivery model through PPP in Tin Shui Wai*   2Q08
  North for 1,000 patients with chronic and stable medical condition

- *Enhance Surgical Service at POH with an addition of 34 beds and one operating theatre*   4Q08
  to serve an additional 1,800 patients per year

- *Enhance Ambulatory and Community Psychiatric Services*
  - *add 9 consultation rooms at the SOPC*   4Q08
  - *provide 1,200 outreach attendance for patients with intellectual disabilities*   4Q08
  - *establish a new community mental health centre at Yuen Long, and provide*   1Q09
    an additional 900 community assessments and interventions
  - *provide psychogeriatric outreach service to private old age homes*   1Q09

- *Relocate the Cardiac Catheterization Laboratory in TMH and install a new cardiac*   1Q09
  catheterization machine to enhance the service capacity by 120 cases per year

Improve Continuously Service Quality and Safety

- *Organize 5 training courses on Clinical Crisis Management for over 30 doctors and*   2Q08
  15 nurses

- *Establish a Clinical Skills Training Centre with simulators and other equipment for*   4Q08
  training of over 700 doctors and nurses

- *Enhance the Integrated Palliative Care Service to increase the coverage of incurable*   4Q08
  cancer patients from the existing 67% to 80%

- *Enhance patient safety by using bar-code point-of-care scanning for patient identification*   1Q09
  in blood sampling process and recruiting a Patient Safety Officer

PART C HEAD OFFICE AND CLUSTER PLAN

Keep Modernizing HA

- *Improve the physical setting of the labour ward in TMH to enhance patient safety*   *3Q08*
  in case of obstetrics emergencies

- *Set up a new Renal Dialysis Centre with 24 hemodialysis stations and a day centre,*   *1Q09*
  providing an additional 500 hemodialysis sessions annually

- *Install a new Picture Archiving and Communication System in TMH to improve efficiency*   *1Q09*
  in image transmission and clinical data retrieval

Build People First Culture

- *Commence the Career Development Program in Administrative & Human Resource*   *2Q08*
  Department for 15 staff/managers

- *Commence the Career Development Program for Nurses by providing 50 training sessions*   *4Q08*
  and covering 30 core subjects with an estimated attendance of 1,000

APPENDIX 1 DISTRIBUTION OF PUBLIC HOSPITALS AND INSTITUTIONS
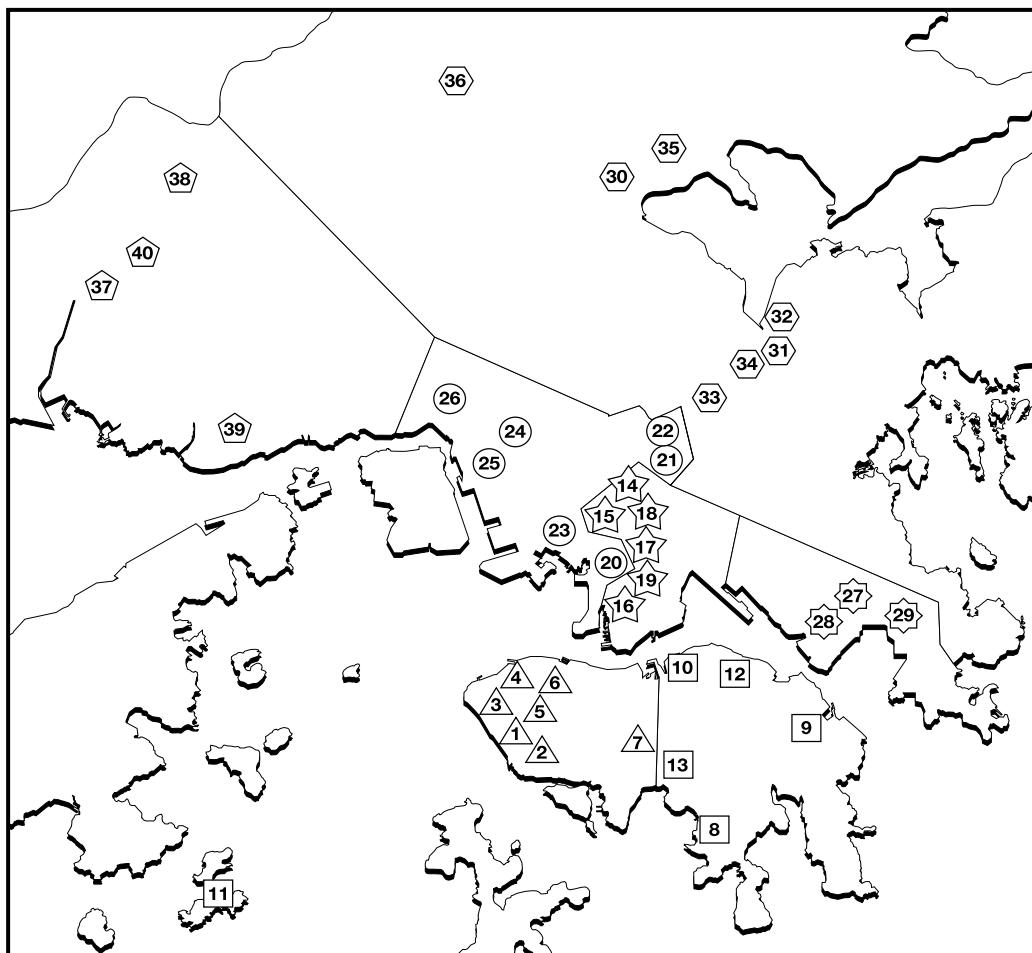
HONG KONG WEST 港島西

1 The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院
2 MacLehose Medical Rehabilitation Centre 麥理浩復康院
3 Queen Mary Hospital 瑪麗醫院
4 Tsan Yuk Hospital 贊育醫院
5 Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院
6 Tung Wah Hospital 東華醫院
7 Grantham Hospital 葛量洪醫院

HONG KONG EAST 港島東

8 Cheshire Home, Chung Hom Kok 舂坎角慈氏護養院
9 Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院
10 Ruttonjee & Tang Shiu Kin Hospitals 律敦治醫院及鄧肇堅醫院
11 St. John Hospital 長洲醫院
12 Tung Wah Eastern Hospital 東華東院
13 Wong Chuk Hang Hospital 黃竹坑醫院

KOWLOON CENTRAL 九龍中

14 Hong Kong Buddhist Hospital 香港佛教醫院
15 Kowloon Hospital 九龍醫院
16 Queen Elizabeth Hospital 伊利沙伯醫院
17 Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心
18 Hong Kong Eye Hospital 香港眼科醫院
19 Rehabaid Centre 復康專科及資源中心

KOWLOON WEST 九龍西

20 Kwong Wah Hospital 廣華醫院
21 Our Lady of Maryknoll Hospital 聖母醫院
22 Tung Wah Group of Hospitals – Wong Tai Sin Hospital 東華三院黃大仙醫院
23 Caritas Medical Centre 明愛醫院
24 Kwai Chung Hospital 葵涌醫院
25 Princess Margaret Hospital 瑪嘉烈醫院
26 Yan Chai Hospital 仁濟醫院

KOWLOON EAST 九龍東

27 Haven of Hope Hospital 靈實醫院
28 United Christian Hospital 基督教聯合醫院
29 Tseung Kwan O Hospital 將軍澳醫院

NEW TERRITORIES EAST 新界東

30 Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院
31 Bradbury Hospice 白普理寧養中心
32 Cheshire Home, Shatin 沙田慈氏護養院
33 Prince of Wales Hospital 威爾斯親王醫院
34 Shatin Hospital 沙田醫院
35 Tai Po Hospital 大埔醫院
36 North District Hospital 北區醫院

NEW TERRITORIES WEST 新界西

37 Castle Peak Hospital 青山醫院
38 Pok Oi Hospital 博愛醫院
39 Siu Lam Hospital 小欖醫院
40 Tuen Mun Hospital 屯門醫院

Note: Management of Ruttonjee and Tang Shiu Kin Hospitals is combined.

APPENDIX 2 – LIST OF AMBULATORY CARE FACILITIES

Cluster	Institution / Satellite Clinic	Day Ward	Accident & Emergency	#Specialist Out-patient	*General Out-patient	Geriatric Day Hospital	Psychiatric Day Hospital
HKEC	Anne Black Health Centre				√		
	Chai Wan Health Centre				√		
	Cheshire Home (Chung Hom Kok)			√			
	North Lamma Clinic				√		
	Pamela Youde Nethersole Eastern Hospital	√	√	√		√	√
	Peng Chau Clinic				√		
	Ruttonjee & Tang Shiu Kin Hospital		√	√		√	
	Sai Wan Ho Health Centre				√		
	Shau Kei Wan JC Clinic				√		
	Sok Kwu Wan Clinic				√		
	St John Hospital	√	√	√	√		
	Stanley Public Dispensary				√		
	Tang Shiu Kin Hospital Community Ambulatory Care Centre			√			
	Tung Wah Eastern Hospital	√		√	√		
	Violet Peel Health Centre				√		
	Wan Tsui Government Clinic				√		
	Wong Chuk Hang Hospital					√	
	Subtotal	**3**	**3**	**6**	**12**	**3**	**1**
HKWC	Aberdeen JC Clinic				√		
	Ap Lei Chau Clinic				√		
	Central District Health Centre				√		
	David Trench Rehabilitation Centre			√			√
	Duchess of Kent Children's Hospital	√		√			
	Fung Yiu King Hospital			√		√	
	Grantham Hospital	√		√			
	Kennedy Town JC Clinic				√		
	MacLehose Medical Rehabilitation Centre			√			
	Queen Mary Hospital	√	√	√			√
	Sai Ying Pun JC GOP Clinic				√		
	Tsan Yuk Hospital	√		√			
	Tung Wah Hospital	√		√	√	√	
	Subtotal	**5**	**1**	**8**	**6**	**2**	**2**
KCC	Central Kowloon Health Centre			√	√		
	Hong Kong Buddhist Hospital	√		√	√		
	Hong Kong Eye Hospital	√		√			

APPENDIX 2 – LIST OF AMBULATORY CARE FACILITIES

Cluster	Institution / Satellite Clinic	Day Ward	Accident & Emergency	#Specialist Out-patient	*General Out-patient	Geriatric Day Hospital	Psychiatric Day Hospital
	Hung Hom Clinic				√		
	Kowloon Hospital			√			√
	Lee Kee Memorial Dispensary				√		
	Queen Elizabeth Hospital	√	√	√			
	Rehabaid Centre			√			
	Shun Tak Fraternal Association Leung Kau Kui Clinic				√		
	Yaumatei JC Clinic			√	√		
	Yaumatei Specialist Clinic Extension			√		√	√
	Subtotal	**3**	**1**	**8**	**6**	**1**	**2**
KEC	Haven of Hope Hospital			√		√	
	Kowloon Bay Health Centre				√		
	Kwun Tong JC Health Centre				√		
	Lam Tin Polyclinic				√		
	Mona Fong Clinic				√		
	Ngau Tau Kok JC Clinic				√		
	Shun Lee Government Clinic				√		
	Tseung Kwan O Hospital	√	√	√			
	Tseung Kwan O JC GOP Clinic				√		
	Tseung Kwan O (Po Ning Road) Health Centre				√		
	United Christian Hospital	√	√	√			√
	Yung Fung Shee Memorial Centre			√		√	√
	Subtotal	**2**	**2**	**4**	**8**	**2**	**2**
KWC	Caritas Medical Centre	√	√	√	√	√	
	Cheung Sha Wan GOP Clinic				√		
	East Kowloon GOP Clinic				√		√
	East Kowloon Polyclinic			√			
	Ha Kwai Chung Polyclinic			√	√		
	Kwai Chung Hospital			√			√
	Kwong Wah Hospital	√	√	√	√	√	
	Lady Trench GOP Clinic				√		
	Li Po Chun GOP Clinic				√		
	Mrs Wu York Yu GOP Clinic				√		
	Mui Wo GOP Clinic				√		
	Nam Shan GOP Clinic				√		

APPENDIX 2 – LIST OF AMBULATORY CARE FACILITIES

Cluster	Institution / Satellite Clinic	Day Ward	Accident & Emergency	#Specialist Out-patient	*General Out-patient	Geriatric Day Hospital	Psychiatric Day Hospital
	North Kwai Chung GOP Clinic				√		
	Our Lady of Maryknoll Hospital			√	√		
	Princess Margaret Hospital	√	√	√		√	
	Robert Black GOP Clinic				√		
	Shek Kip Mei GOP Clinic				√		
	South Kwai Chung JC GOP Clinic				√		
	Tai O JC GOP Clinic				√		
	Tsing Yi Cheung Hong GOP Clinic				√		
	Tsing Yi Town GOP Clinic				√		
	Tung Chung GOP Clinic				√		
	Wang Tau Hom JC GOP Clinic				√		
	West Kowloon GOP Clinic				√		
	West Kowloon Psychiatric Centre						√
	Wong Tai Sin Hospital			√		√	
	Wu York Yu GOP Clinic				√		
	Yan Chai Hospital	√	√	√	√		
	Subtotal	**4**	**4**	**9**	**23**	**4**	**3**
NTEC	Alice Ho Miu Ling Nethersole Hospital	√	√	√		√	√
	Bradbury Hospice			√			
	Cheshire Home (Shatin)			√			
	Fanling Family Medicine Centre				√		
	Ho Tung Dispensary				√		
	Lek Yuen Health Centre				√		
	Ma On Shan Health Centre				√		
	North District Hospital	√	√	√		√	√
	Prince of Wales Hospital	√	√	√			
	Sha Tin Clinic				√		
	Shatin Hospital			√		√	√
	Sha Tau Kok Clinic				√		
	Shek Wu Hui JC Clinic				√		
	Ta Kwu Ling Clinic				√		
	Tai Po Hospital			√			
	Tai Po JC Clinic				√		
	Wong Siu Ching Clinic				√		
	Yuen Chau Kok Clinic				√		
	Subtotal	**3**	**3**	**7**	**11**	**3**	**3**

APPENDIX 2 – LIST OF AMBULATORY CARE FACILITIES

Cluster	Institution / Satellite Clinic	Day Ward	Accident & Emergency	#Specialist Out-patient	*General Out-patient	Geriatric Day Hospital	Psychiatric Day Hospital
NTWC	Castle Peak Hospital			√			√
	Kam Tin Clinic				√		
	Pok Oi Hospital	√	√	√			
	Tin Shui Wai Health Centre				√		
	Tin Shui Wai North Health Centre				√		
	Tuen Mun Clinic				√		
	Tuen Mun Eye Centre			√			
	Tuen Mun Hospital	√	√	√		√	
	Tuen Mun Wu Hong Clinic				√		
	Yan Oi GOP Clinic			√	√		
	Yuen Long JC Health Centre				√		
	Yuen Long Madam Yung Fung Shee Health Centre			√	√		
	Subtotal	**2**	**2**	**6**	**8**	**1**	**1**
Overall total		**22**	**16**	**48**	**74**	**16**	**14**

Specialist out-patient clinics in this list include Allied Health, exclude Family Medicine Specialty Clinic
*   *General out-patient clinics in this list exclude mobile services.*
JC – Jockey Club

APPENDIX 3 – SERVICE STATISTICS OF THE CONTROLLING OFFICER'S REPORT

Targets and Indicators	Estimate for 2007/08	Target for 2008/09
I. Access to services		
In-patient services		
no. of hospital beds		
general (acute and convalescent)	20,324	20,416
infirmary	2,151	2,041
mentally ill	4,400	4,000
mentally handicapped	680	660
total	*27,555*	*27,117*
Ambulatory & outreach services		
accident and emergency (A&E) services		
% of A&E patients attended to within target waiting time		
triage I (critical cases – 0 minutes) (%)	100	100
triage II (emergency cases < 15 minutes) (%)	95	95
triage III (urgent cases < 30 minutes) (%)	90	90
specialist out-patient services		
median waiting time for first appointment		
first priority patients	2 weeks	2 weeks
second priority patients	8 weeks	8 weeks
rehabilitation & geriatric services		
no. of community nurses	390	395
no. of geriatric day places	614	634
psychiatric services		
no. of community psychiatric nurses	115	118
no. of psychiatric day places	858	858
II. Delivery of services		
In-patient services		
no. of discharge episodes		
general (acute and convalescent)	861,300	866,600
infirmary	3,800	2,700
mentally ill	15,700	15,300
mentally handicapped	300	290
overall	*881,100*	*884,890*

APPENDIX 3 – SERVICE STATISTICS OF THE CONTROLLING OFFICER'S REPORT

Targets and Indicators	Estimate for 2007/08	Target for 2008/09
no. of patient days		
general (acute and convalescent)	5,243,000	5,283,500
infirmary	552,000	530,000
mentally ill	1,083,000	1,048,000
mentally handicapped	233,000	230,000
overall	*7,111,000*	*7,091,500*
bed occupancy rate (%)		
general (acute and convalescent)	82	82
infirmary	92	92
mentally ill	72	76
mentally handicapped	94	96
overall	*81*	*82*
average length of stay (days) [Note 1]		
general (acute and convalescent)	6.1	6.1
infirmary	117	130
mentally ill	98	100
mentally handicapped	695	699
overall	*8.5*	*8.3*
Ambulatory & outreach services		
day patient		
no. of discharge episodes	304,600	314,000
accident & emergency services		
no. of attendances	2,138,000	2,149,100
no. of attendances per 1,000 population	309	310
no. of first attendances for		
triage I (critical cases)	17,500	17,500
triage II (emergency cases)	36,700	37,400
triage III (urgent cases)	579,100	578,300
out-patient services		
no. of specialist out-patient (clinical) new attendances	605,000	608,000
no. of specialist out-patient (clinical) follow-up attendances	5,581,000	5,585,000
total no. of specialist out-patient (clinical) attendances	*6,186,000*	*6,193,000*

APPENDIX 3 – SERVICE STATISTICS OF THE CONTROLLING OFFICER'S REPORT

Targets and Indicators	Estimate for 2007/08	Target for 2008/09
no. of general out-patient attendances	4,838,000	4,806,000
rehabilitation & palliative care services		
no. of rehabilitation day and palliative care day attendances	72,800	72,800
no. of home visits by community nurses	796,000	797,000
no. of allied health (community) attendances	21,200	21,200
no. of allied health (out-patient) attendances	1,752,000	1,752,000
geriatric services		
no. of outreach attendances	533,600	533,600
no. of elderly persons assessed for infirmary care service	1,600	1,600
no. of day attendances	129,000	132,900
no. of Visiting Medical Officer attendances	89,000	89,000
psychiatric services		
no. of outreach attendances	91,700	97,700
no. of day attendances	182,000	182,000
no. of psychogeriatric outreach attendances	51,100	61,100
III. Quality of services		
no. of hospital deaths per 1 000 population [Note 2]	3.7	3.7
unplanned readmission rate within 28 days		
for general in-patients (%)	9.9	9.9
IV. Cost of services		
cost distribution		
by services types (%)		
in-patient	62.0	61.8
ambulatory & outreach	38.0	38.2
by services per 1,000 population ($m)		
in-patient	2.9	2.9
ambulatory & outreach	1.8	1.8
cost of services for persons aged 65 or above		
share of cost of services (%)	45.4	45.3
cost of services per 1,000 population ($m)	17.1	17.3

APPENDIX 3 – SERVICE STATISTICS OF THE CONTROLLING OFFICER'S REPORT

Targets and Indicators	Estimate for 2007/08	Target for 2008/09
unit cost		
in-patient services		
cost per in-patient discharged ($)		
general (acute and convalescent)	19,970	20,330
infirmary	150,450	205,180
mentally ill	116,040	119,970
mentally handicapped	780,550	820,770
cost per patient day ($)		
general (acute and convalescent)	3,480	3,540
infirmary	1,040	1,050
mentally ill	1,680	1,750
mentally handicapped	1,010	1,030
ambulatory & outreach services		
cost per accident & emergency attendance ($)	730	750
cost per specialist out-patient attendance ($)	770	790
cost per general out-patient attendance ($)	270	270
cost per outreach visit by community nurse ($)	310	310
cost per psychiatric outreach attendance ($)	1,070	1,110
cost per geriatric day attendance ($)	1,440	1,450
waivers [Note 3]		
% of Comprehensive Social Security Assistance (CSSA) waiver	22.5	22.5
% of non-CSSA waiver	4.0	4.0

APPENDIX 3 – SERVICE STATISTICS OF THE CONTROLLING OFFICER'S REPORT

Targets and Indicators	Estimate for 2007/08	Target for 2008/09
V. Manpower (no. of full time equivalent staff as at 31 March)		
medical		
doctor	4,658	4,712
no. of specialists	2,399	2,425
no. of trainees/non-specialists	2,259	2,287
intern	311	293
dentist	6	6
medical total	*4,975*	*5,011*
nursing		
no. of qualified staff	18,960	19,079
no. of trainee	133	133
nursing total	*19,093*	*19,212*
allied health	5,004	5,073
others	24,211	24,557
overall total	*53,283*	*53,853*

Note 1   Derived by dividing the sum of length of stay of in-patients by the corresponding number of in-patients discharged / treated.

Note 2   Refers to the standardised mortality rate covering all deaths in Hospital Authority hospitals. It is derived by applying the age-specific mortality rate in the Hospital Authority in a particular year to a 'standard' population (which is the 2001 Hong Kong mid-year population).

Note 3   Refers to the amount waived as percentage to total charge.

APPENDIX 4 SERVICE DELIVERY TARGETS BY CLUSTER

Service Delivery Targets for 2008/09	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
In-patient services							
no. of discharge episodes							
general (acute and convalescence)	93,740	93,200	114,330	95,040	223,230	144,780	102,280
infirmary	1,640	130	170	120	150	460	30
mentally ill	1,800	1030	2,100	420	3,740	3,810	2,400
mentally handicapped	-	-	-	-	110	-	180
no. of patient days							
general (acute and convalescence)	514,400	643,800	831,100	550,000	1,301,300	911,200	531,700
infirmary	175,800	58,200	28,100	38,400	88,300	109,550	31,650
mentally ill	111,600	20,000	132,000	19,400	265,600	123,500	375,900
mentally handicapped	-	-	-	-	52,400	-	177,600
Ambulatory & outreach services							
day patient							
no. of discharge episodes	31,110	50,400	50,330	26,350	67,920	47,650	40,240
accident & emergency services							
no. of attendances	248,200	124,000	202,600	302,600	562,400	391,100	318,800
out-patient services							
no. of specialist out-patient (clinical) attendances	785,700	699,100	913,600	661,000	1,414,500	975,900	743,200
no. of general out-patient attendances	462,000	290,100	450,400	699,000	1,420,000	790,000	694,500
rehabilitation & palliative care services							
no. of home visits by community nurses	103,800	51,000	58,000	155,100	226,900	102,600	99,600
no. of allied health (community) attendances	2,160	2,080	2,860	1,490	4,620	5,400	2,590
no. of allied health (out-patient) attendances	213,900	151,900	271,600	235,400	357,000	318,200	204,000
geriatric services							
no. of outreach attendances	111,500	31,600	64,900	41,100	120,400	72,100	92,000
no. of geriatric day attendances	27,240	7,260	8,200	23,500	31,700	25,200	9,800
no. of Visiting Medical Officer attendances	14,600	4,900	8,900	7,600	26,500	17,700	8,800
psychiatric services							
no. of outreach attendances	11,290	5,430	6,190	9,120	26,790	16,280	22,600
no. of day attendances	26,450	14,370	9,810	28,390	55,280	34,470	13,230
no. of psychogeriatric outreach attendances	7,650	8,300	4,710	6,340	15,720	9,630	8,750
Quality of services (General In-patient)							
unplanned readmission rate within 28 days	10.4%	7.6%	8.8%	11.1%	10.4%	9.6%	11.4%