

Hospital Authority
Annual Plan 2011-2012



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health



醫院管理局
HOSPITAL
AUTHORITY

About this Document



The annual plan is an operational plan of the Hospital Authority (HA). It describes what we want to achieve over the next financial year. Outlined in the plan are our major goals and program targets, and concise description of the work plans of the head office and individual hospital clusters.

Our service targets and activity throughput are set out in the plan to facilitate the public in monitoring HA's performance. Also included is an overview of manpower estimates and budget allocation, illustrating the resources required for carrying out our work plan.



Abbreviation List

A&E	Accident and Emergency
CNS	Community Nursing Service
COPD	Chronic obstructive pulmonary disease
CT	Computed Tomography
DNA	Deoxyribonucleic acid
eHR	eHealth Record
ERP	Enterprise Resource Planning
GOP/ GOPC	General Out-Patient / General Out-Patient Clinic
HA	Hospital Authority
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
IT	Information Technology
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
MRI	Magnetic Resonance Imaging
NGO	Non-government Organization
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
O&G	Obstetrics and gynaecology
OSH	Occupational safety and health
PCI	Percutaneous Coronary Intervention
PET	Positron emission tomography
RNA	Ribonucleic acid
SOP / SOPC	Specialist Out-Patient / Specialist Out-Patient Clinic

Hospitals and Institutions

AHNH	Alice Ho Miu Ling Nethersole Hospital
BH	Hong Kong Buddhist Hospital
CMC	Caritas Medical Centre
GH	Grantham Hospital
HHH	Haven of Hope Hospital
HKEH	Hong Kong Eye Hospital
KH	Kowloon Hospital
KWH	Kwong Wah Hospital
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
RHTSK	Ruttonjee & Tang Shiu Kin Hospitals
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TPH	Tai Po Hospital
TWH	Tung Wah Hospital
UCH	United Christian Hospital
YCH	Yan Chai Hospital

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Introduction from Chief Executive

Manpower shortage is a major challenge that HA needs to address in 2011-12 while at the same time striving to meet growing healthcare needs and ensuring the quality and safety of our services.



HA is under constant pressure of meeting increasing service demand with a limited supply of healthcare professionals. The workload of our hospital staff is mounting and we are facing a high turnover of hospital doctors and nurses. We are committed to resolve the turnover and workload issues, and will address manpower concerns as a matter of priority in 2011-12.

We are very pleased that in 2011-12, the Government has given us a total additional provision of \$2.6 billion, representing a 7.6% increase as compared to 2010-11. The provision includes a capital funding of \$722 million for procuring medical equipment and developing IT system. The continuous and sterling support of the Government reflects its confidence in HA's commitment to providing quality health care services to the community.

With the additional funding, we will continue to address our manpower issues. More doctors and nurses will be recruited. In terms of staff retention, a series of measures will be put in place, which includes enhancing career prospect by adding more posts, in particular senior posts for the promotion of doctors and nurses and other healthcare staff; and according our staff with enhanced recognition for their hard work and dedication. There will also be work re-engineering to streamline work process and reduce workload, with more supporting staff recruited to relieve the workload of frontline professionals.

In addition to the above, we will be putting in more resources to improve the work environment in busy hospital wards. Training is also important for our staff. Additional funding will be allocated to implement a full spectrum of training strategies and initiatives to enhance the competency and morale of healthcare staff. Mentorship and preceptorship will be strengthened as part of our nursing training.

We will try to shorten the waiting time for new cases in SOPC with the provision of 15,000 additional attendances for first consultation appointment. We will also promote timely intervention in other high pressure areas. In particular, cataract services will be enhanced by improving HA hospitals' throughput as well as through public-private partnership (PPP) arrangement. A specialist centre will be established in Yan Chai Hospital for total joint replacement surgery, and CT and MRI services will be enhanced.

Mental health services will be strengthened through extension of the case management program, setting up of crisis intervention teams to provide support for high risk patients, and expansion of the service targets of the Early Assessment Service for Young Persons with Psychotic Disorders (EASY) program by including adults. Child and adolescent psychiatric service for autism as well as attention deficit hyperactivity disorder (ADHD) will also be enhanced.

To complement Government's healthcare reforms, we will enhance primary care and chronic disease management by expanding the Community Health Call Centre service and the multidisciplinary risk assessment and management program for diabetic and hypertensive patients; develop the

Community Health Centre model of care, and promote further the family doctor concept in our GOPC services.

The following are other key programs we will implement in 2011-12 to address growing service needs and to ensure quality and safety of our services:

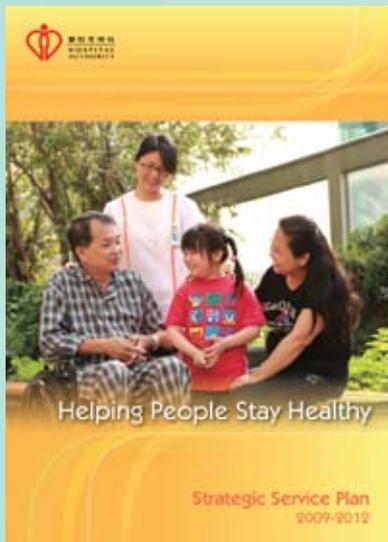
- Opening new beds in NTWC and enhancement of obstetric and neonatal services in KEC to fill service gaps
- Enhancement of provision for life-threatening diseases including haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage organ failure patients, and expansion of Cancer Case Manager Program
- Further expand the coverage of HA Drug Formulary to incorporate cancer drug capecitabine as a special drug and expand patients' access to 8 classes of drugs for diabetes mellitus, chronic obstructive pulmonary disease (COPD), psychiatric illness, cardiovascular disease, glaucoma, hepatitis, renal disease and thalassaemia major
- Enhancement of pharmacy system to strengthen drug safety by enhancing the aseptic dispensing facility and services, and modernizing the pharmaceutical supply chain processes



Dr P Y LEUNG
Chief Executive
Hospital Authority

Planning Context

This annual plan outlines the specific actions for the third and final year implementation of HA Strategic Service Plan 2009 - 2012.





In 2009 we published HA's Strategic Service Plan 2009-2012. It sets out the service directions and strategies for addressing our key challenges in terms of demand management, quality and safety, and workforce issues through achieving the following strategic intents:

Better Able to Manage Growing Demand

Better Service quality and Safer Services

Nurture a Skilled and High Performing Workforce

It is the overarching document for service planning and the blueprint for developing the priority programs of our annual plans. Annual Plan 2011-12 is the third and last annual plan to outline the actions for implementing the 3-year Strategic Service Plan.

Planning Process

Guided by the Strategic Service Plan framework, initiatives delineated in the annual plan are the results of detailed service and budget planning process throughout HA.

The annual planning process involves a broadly participative approach. Frontline clinical staff, cluster management as well as head office executives provided inputs through the following platforms:

- **Clinical Coordinating Committees (COCs) and Central Committees (CCs) Forum** held on 20 May 2010 for frontline professionals to present clinical programs that are in line with the Strategic Service Plan. The programs were coordinated by the respective subject officers in the head office; and the proposals were subsequently evaluated and prioritized by the Medical Policy Group comprising lead clinicians in June 2010 according to their clinical merits.
- **Cluster Forum** organized on 4 June 2010 for cluster management to propose initiatives that address the key pressure areas of individual clusters and which fit into the service directions of the Strategic Service Plan.

The sharing forums were interactive, with opportunities for floor members to ask questions, and presenters to make clarifications. In addition to the forums, all head office divisions were invited in May 2010 to submit corporate program proposals.

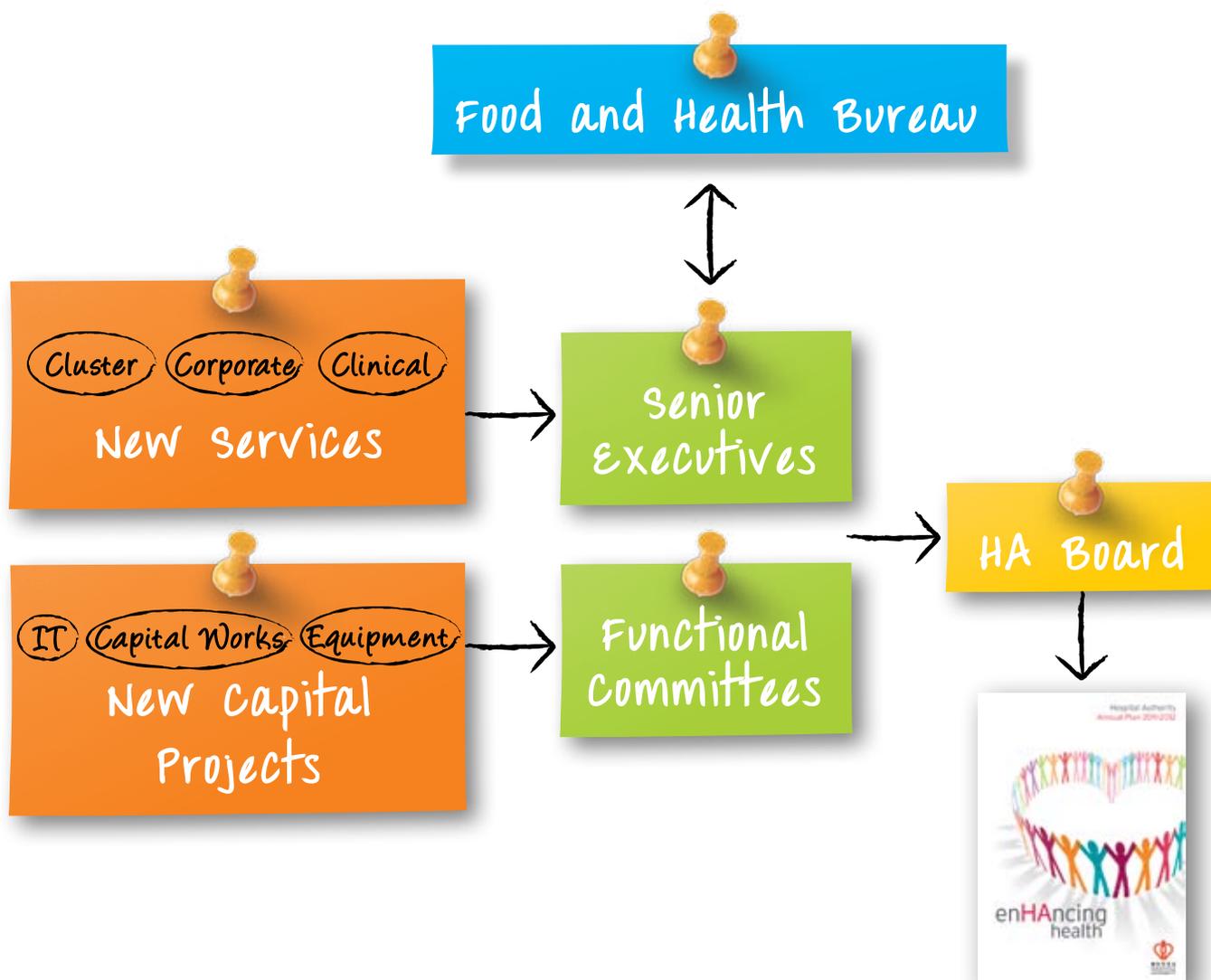
All the programs presented at the sharing forums or submitted by the head office divisions were deliberated by the Taskforce on Service and Budget Planning chaired by the Chief Executive, with reference to HA priorities and service directions, operational readiness, and the government's strategic priorities. The deliberations were endorsed at the Directors' Meeting. Suitable programs with high priority were selected for funding considerations through the Government's Resource Allocation Exercise or through internal resource allocation.

New programs that are approved for implementation, together with other core service programs of HA, are incorporated in the annual plan as program targets to be achieved. The HA Board and Committees provided input to the development of these programs in addition to having guided the Strategic Service Plan. For example,

- the clinical programs were formulated according to the developmental priorities recommended by the Medical Services Development Committee (MSDC);
- business support programs that included major equipment and capital works projects were advised by the Supporting Services Development Committee (SSDC);

- programs related to IT development were endorsed by the Information Technology Services Governing Committee (ITGC);
- staff-related initiatives were deliberated by the Human Resource Committee (HRC); and
- clusters' programs were developed under the guidance of the various Hospital Governing Committees.

The HA Board will monitor the progress of the program targets on a quarterly basis.



Annual Plan Framework

The annual plan framework consists of key objectives, service priorities and program targets.



The key objectives help illustrate how we plan to achieve corporate success. They provide the overarching directions to set our priorities. The service priorities delineate where our allocated resources are directed to, and the program targets describe our specific tasks expressed in measurable terms.



As a document outlining the priority programs for the third of the 3-year period covered by the Strategic Service Plan, the key objectives of this annual plan mirror those of past two years' annual plans, which are:

- Implement a planned response to manage growing service demand
- Improve continuously service quality and safety
- Keep modernizing HA
- Build people first culture
- Maintain financial sustainability

The diagram on the following page illustrates how the key objectives and service priorities of the annual plan are guided by the Strategic Service Plan framework.

strategic service Plan
Helping People Stay Healthy

Annual Plan 2011-12
enHancing health

Strategic Intent	Strategic Direction	Key Objectives	Service Priorities	
Better able to manage growing demand	Increase capacity	Implement a planned response to manage growing service demand	Modest increase in service capacity to meet growing demand in priority areas	
	Keep people healthy		Enhance primary care and optimize chronic disease management	
	Divert demand		Enhance ambulatory and community care to prevent avoidable hospitalization	
Better service quality and safer services	Do no harm	Improve continuously service quality and safety	Develop public-private partnership (PPP)	
	Promote patient-centred care		Strengthen safety culture and risk management	
	Continuous service improvement	Keep modernizing HA	Enhance quality systems and clinical governance	
			Reconfigure services and promote timely intervention	
Nurture a skilled and high performing workforce	Engage staff		Build people first culture	Introduce new technologies and treatment options with proven cost-benefit
				Update medical equipment & capital facilities with additional investment
	Enhance workforce capacity	Continue to develop IT programs and patient electronic health record system		
		Modernize service planning mechanisms		
		Enhance professional competencies and build up effective management and leadership		
	Improve the career prospects of staff			
	Implement systematic workforce planning and development			
	Redesign work to streamline work process and reduce workload			
	Modernize corporate management systems			

Key Objectives and Program Targets

In **enHancing health** we set out 5 Key Objectives and 19 Service Priorities with around 140 corresponding Program Targets that reflect the work we are doing in pursuit of the directions of the 3-year Strategic Service Plan.

A round 100 of the Program Targets are corporate targets which are mostly initiated and led by the Head Office while the remaining are local initiatives launched by individual Hospital Clusters to address their specific service needs and pressure areas.

Delineated in this chapter are our corporate targets. Other cluster-specific program targets are presented in the section under Cluster Plans. More than half of the programs listed here are newly included initiatives, while others are ongoing programs or a continuation of last year's initiatives. New initiatives are highlighted with the symbol  for easy reference.

Programs marked with the symbol **R** are initiatives related to healthcare reforms and are commissioned by the Government. These include measures for enhancing primary care, promoting public-private partnership in healthcare, strengthening public healthcare safety net, and facilitating electronic health record development.

Key Objective 1: Implement a Planned Response to Manage Growing Service Demand

Our service priorities for 2011-12

- Modest increase in service capacity to meet growing demand in priority areas
- Enhance primary care and optimize chronic disease management
- Enhance ambulatory and community care to prevent avoidable hospitalization
- Develop public-private partnership (PPP)



ACTION



TARGET

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

Enhance in-patient as well as primary and community care services of NTWC	Open a new community health centre (CHC) in Tin Shui Wai North, and provide an additional total of 21 acute beds at POH and TMH by 1Q12
Fill service gaps of KEC by developing comprehensive obstetric and neonatal services in the cluster	Develop midwife ultrasound clinic, expand specialist obstetric clinic, and train up a team of neonatal doctor and nurses in KEC by 1Q12
Prepare for the opening of a new North Lantau Hospital in 2013 to enhance service capacity	 Establish a commissioning team for service and facility planning of the new North Lantau Hospital by 1Q12
Continue to strengthen cardiac care by expanding the primary / emergency primary percutaneous coronary intervention (PCI) service and adding more Cardiac Care Unit beds	Add 2 more beds in the cardiac care units in KCC and provide an additional 30 primary/ emergency PCI for indicated patients by 1Q12
Foster haemodialysis (HD) service and develop automated peritoneal dialysis (APD) for patients with end stage renal disease	Provide additional 37 hospital HD and 30 home HD places, and offer APD to 55 indicated patients by 1Q12

Key Objectives and Program Targets

ACTION

TARGET

Increase the capacity of clinical oncology service in KEC	Expand the oncology clinic and chemotherapy treatment at UCH with an additional 1,500 chemotherapy attendances by 1Q12
Expand the capacity of cataract service, which includes setting up a cataract centre at TKOH and enhancing ophthalmology services at UCH	Increase the overall cataract surgery throughputs of HA by 3,000 and put into service a new Kowloon Cataract Centre in TKOH by 1Q12
Establish a specialist centre for total joint replacement to provide integrated surgical treatment and post-operative rehabilitation	Set up a specialist centre for total joint replacement at YCH by 4Q11

Enhance primary care and optimize chronic disease management

Expand the Community Health Call Centre service to support patients with chronic illnesses and enhance the 24-hour mental health hotline of HA	 Manage 32,500 calls by 1Q12
Expand the multidisciplinary Risk Assessment and Management Program to cover both diabetic patients and hypertensive patients	 Set up multidisciplinary teams of doctors, nurses and allied health professionals to manage an additional 27,000 diabetic and/or hypertensive patients by 1Q12
Provide smoking cessation service to chronically-ill smokers using the chronic care model in primary care setting to reduce the risks of smoking related diseases and improve chronic disease management	  Provide smoking cessation service in HKEC, KEC and NTEC to 2,900 chronic disease patients of HA who are smokers by 1Q12
Enhance public primary care services by developing Community Health Centre (CHC) model of care and promoting family doctor concept of holistic healthcare in GOPC services	  Develop CHC model of care in areas with particular pressing needs for public primary care services in HA Clusters by 1Q12
Enhance Community Nursing Service (CNS) provided to discharged patients who have chronic diseases and are residing in under-privileged and deprived communities or districts	  Enhance the treatment duration of home visits provided by CNS nurses for 1,800 chronic disease patients by 1Q12

ACTION

TARGET

Conduct evaluation studies on various chronic disease management programs under the healthcare reform initiatives

Complete the studies by an integrated evaluation team with academic partners by 1Q12

Expand the Integrated Mental Health Program in primary care setting to cover more patients with common mental disorders using a multidisciplinary approach

Roll out the Integrated Mental Health Program to cater for 6,000 patients with common mental disorders by 1Q12

Enhance ambulatory and community care to prevent avoidable hospitalization

Expand the community case manager program for patients with severe mental illness, which is being piloted in Kwun Tong, Yuen Long and Kwai Tsing districts, with a view to implementing the program in all districts by 2012-13

Roll out the program to 5 more districts: Tuen Mun, Eastern, Wanchai, Shatin and Sham Shui Po; and serve 6,000 additional patients by 1Q12

Set up rapid crisis intervention teams within the community psychiatric service to provide prompt and appropriate response to crisis situations involving patients living in the community with mental illnesses



Establish a rapid crisis intervention team in each cluster and attend to a total of 1,000 mental health patients by 1Q12

Extend the Early Assessment Service for Young persons with psychotic disorders (EASY), which is currently offered to those aged 15-25, to adult patients newly diagnosed with psychosis



Provide early assessment service using the EASY model for 600 adult patients aged 26-60 presenting with first episode psychosis in 2011-12 by 1Q12

Reduce the need for hospital care of elderly people requiring psychogeriatric attention who live in residential care homes for the elderly (RCHEs) by providing them with psychogeriatric outreach services

Extend the psychogeriatric outreach service to 80 additional private RCHEs by 1Q12

Key Objectives and Program Targets

ACTION

TARGET

Reduce avoidable hospitalization of elderly patients through an integrated model of care which includes discharge planning, enhanced rehabilitation, case management, and home support services by NGOs



Set up in each cluster an integrated care platform across the acute and community care settings, and provide discharge planning for 33,000 patient episodes and 2,000 patients with case management visits by 1Q12

Pilot in major public housing estates that have a large elderly population the setting up of a Community Nursing Service (CNS) centre



Set up 4 CNS centres in four public housing estates with a total elderly population of 15,000 in HKEC, KCC, KWC and NTWC by 1Q12

Pilot in districts that have a low provision of convalescent beds a virtual ward using the hospital-at-home model of care to deliver community support and home care nursing to patients with complex conditions



Set up 3 virtual wards in KEC, KCC and KWC to provide enhanced care to 120 patients with complex conditions by 1Q12

Strengthen palliative care for patients who are living in the community with advanced cancer or end-stage organ failure

Extend palliative care service coverage to 2,000 patients by 1Q12

Develop public-private partnership (PPP)

Continue to offer patients who are on HA waiting list for cataract surgery the option of receiving the surgery in the private sector with the provision of a subsidy, subject to a co-payment



Subsidize an additional 3,000 patients on HA waiting list to undergo cataract surgery in the private sector under shared care arrangement by 1Q12

Key Objective 2: Improve Continuously Service Quality and Safety

Our service priorities for 2011-12

- Strengthen safety culture and risk management
- Enhance quality systems and clinical governance
- Reconfigure services and promote timely intervention

ACTION

TARGET

Strengthen safety culture and risk management

Enhance drug safety in aseptic dispensing service by centralizing high risk preparations such as intrathecal injections, epidural injections and biological preparations at pharmacy operated aseptic dispensing units		Upgrade some of the existing aseptic dispensing suites and expand the central pharmacy aseptic dispensing service to cover high risk preparations by 1Q12
Ensure safety and quality of pharmacy service in GOPCs by expanding pharmacist coverage at clinic pharmacies during clinic operating hours		Expand the existing pharmacist coverage in GOPC pharmacies by 1Q12
Provide clinical pharmacists at treatment sites of chemotherapy service to enhance drug safety		Extend the program, which is being piloted in KWC and NTWC, to all clusters by 1Q12
Eliminate the use of FLASH sterilization methods in surgical operations and enhance sterilization service for operating theatres to align with international standards		Implement a sterilization enhancement program for operating theatres in QMH, QEH, TMH, YCH and CMC by 1Q12
Continue to implement measures to reduce the re-use of Single Use Devices (SUD)		Phase out the re-use of 5% of class II critical (moderate to high risk) SUDs by 1Q12
Enhance the quality of blood products provided by the blood transfusion service		Increase the supply of leucofiltered red blood cells by 45,000 units by 1Q12
Strengthen patient safety culture, situational awareness, team communication and speak-up culture using Crew Resource Management (CRM) training adapted from the aviation industry		Commence a 3-year CRM training program in two acute hospitals by 1Q12

ACTION

TARGET

Foster emergency response capability of HA through enhanced coordination by head office duty officers and corporate clinical psychologists



Develop a roster system for clinical psychologists and head office duty officers in the emergency response team to coordinate and provide timely medical and psychological services to both staff and patients in need together with other specialists by 2Q11

Enhance quality systems and clinical governance

Roll out Phase 2 of the hospital accreditation program, which will cover a total of 15 HA hospitals by year 2015-16

Develop a local surveyor workforce and engage an international accrediting agent to start preparing 15 HA hospitals for consultancy survey by 1Q12

Reconfigure services and promote timely intervention

Extend the operating hours of CT and MRI services to better address the needs of elective cases



Extend the operating hours of a CT machine in KEC to serve 1,500 additional patients, and a total of 3 MRI machines in KCC, KEC and NTEC to cover 2,800 additional patients by 1Q12

Enhance the role of nurses in specialist outpatient services in NTWC to reduce patients' waiting time



Develop experienced nurses in NTWC to attend to patients in urology, rheumatology and O&G oncology by 1Q12

Develop multi-disciplinary autistic service teams to provide timely assessment and intensive intervention for children with autism spectrum disorder (ASD)



Set up multi-disciplinary autistic service teams and manage 2,000 new case assessments and 28,000 ambulatory attendances by 1Q12

Shorten the waiting time of child & adolescent psychiatric service for patients suffering from attention deficit hyperactivity disorder (ADHD) through enhanced provision of multidisciplinary care



Enhance child & adolescent psychiatric service for patients with ADHD and attend to around 1,000 cases by 1Q12

Expand the Cancer Case Manager Program to provide integrated cancer care for more patients suffering from complicated cancer

Roll out the program, which is being piloted in KWC and NTWC, to HKEC and KCC by 1Q12

Key Objective 3: Keep Modernizing HA

Our service priorities for 2011-12

- Introduce new technologies and treatment options with proven cost-benefit
- Update medical equipment and capital facilities with additional investment
- Continue to develop IT programs and patient electronic health record system
- Modernize service planning mechanisms



ACTION



TARGET

Introduce new technologies and treatment options with proven cost-benefit

Improve access to Haemopoietic Stem Cell Transplant (HSCT) for patients requiring bone marrow transplant as part of the service plan on haematology malignancy		On top of the existing HSCT centres at QMH, PWH, QEH, set up 3 satellite Autologous HSCT (Auto-HSCT) centres at TMH, PYNEH and PMH to manage 25 additional cases by 1Q12
Enhance laboratory testing for patients receiving new drug treatment for chronic hepatitis		Conduct 250 genotyping tests for hepatitis virus and 1,000 RNA tests for hepatitis C virus at PWH and QMH, and a combined total of 36,000 DNA tests for hepatitis B virus across hospital clusters by 1Q12
Expand laboratory capacity to test glycated haemoglobin (HbA1c) for the monitoring of diabetic care		Perform 12,500 additional HbA1c tests in KCC, KWC and NTEC by 1Q12
Provide universal prenatal screening for Group B Streptococcus (GBS) under the antenatal shared care program of HA and Department of Health		Commence the provision of prenatal GBS screening to eligible pregnant mothers by 1Q12
Develop a medical device register and cover the cost of selected interventional medical devices according to priority		Commence covering the cost of selected interventional medical devices such as aortic stent graft and endovascular coil by 2Q11
Widen the scope of HA Drug Formulary		Add new drug capecitabine as a special drug and expand patients' access to 8 drug classes for diabetes mellitus, chronic obstructive pulmonary disease (COPD), psychiatric illness, cardiovascular disease, glaucoma, hepatitis, renal disease and thalassaemia major by 2Q11

ACTION

TARGET

Update medical equipment and capital facilities with additional investment

Modernize the pharmaceutical supply chain process using new technology such as bar-coding and automated tracking and tracing, and process re-engineering



Pilot the new pharmaceutical supply chain process in KCC and NTEC by 1Q12

Replace aging medical equipment and engineering equipment using the Capital Block Vote (CBV)

Complete the replacement of 440 pieces of medical equipment and around 30 engineering equipment projects by 1Q12

Continue to develop IT programs and patient electronic health record system

Continue to roll out the “Filmless HA” project, which aims at achieving digital image archiving and distribution throughout HA by year 2014

Continue with the project in 7 hospitals and extend it to 5 more hospitals (BH, CMC, HKEH, KH, YCH) by 1Q12

Continue to develop Phase 3 of the Clinical Management System (CMS) in accordance with the Clinical Systems Strategy 2007-2012 of HA

Roll out revamped modules of clinical departmental systems to all clusters and pilot new functional areas such as in-consultation portal and inpatient medication order entry system by 1Q12

Sustain the implementation of the new Patient Billing System which will provide flexible billing capability for more sophisticated billing mechanisms

Prepare for Go-Live at 2 pilot hospitals by 3Q11

Provide technical support to the Food and Health Bureau for the development and implementation of the eHealth Record (eHR) program and other eHealth related initiatives



Develop core components of the eHR program and provide support service for eHealth related initiatives by 1Q12

Enhance IT support for hospital development projects



Provide more clinical workstations at newly opened units of POH, and continue to implement IT systems at the new extension blocks of PWH and TKOH by 1Q12

ACTION

TARGET

Modernize service planning mechanisms

Engage healthcare professionals, patient groups and other stakeholders in developing HA Strategic Plan 2012-2017 to address community needs and key challenges in the next five years		Formulate HA Strategic Plan 2012 - 2017 by 1Q12
Plan and commission the design and infrastructure of the Centre of Excellence in Paediatrics		Liaise with healthcare professionals and stakeholders to develop a departmental Functional Brief and Room Data Sheets by 3Q11
Develop a service plan for reconfiguring and redistributing neuroscience services in HA to facilitate a well-coordinated network with the proposed Centre of Excellence in Neuroscience		Conduct a review on role delineation of neuroscience services in HA by 1Q12
Set out a comprehensive strategy to guide the development of HA's elderly people services		Complete consultation with key stakeholders and make recommendations on the service plan by 4Q11
Review current HA services for coronary heart disease and formulate strategies for enhancing the quality and outcome of relevant services		Develop a draft of the Coronary Heart Disease Service Plan to guide HA services, by 1Q12
Review the strategies for demand and resource management and planning of non-emergency ambulance transfer service (NEATS) as well as the service's performance standards		Establish a task force and develop a long-term strategy and improvement plan for NEATS and elderly transport service by 2Q11
Strengthen disaster psychosocial services and networking with hospitals		Set up a Disaster Psychosocial Services Team (DPST) task force and review the disaster psychological services in 14 acute general hospitals by 4Q11
Formulate strategies to enhance the quality, safety and cost effectiveness of patient food service		Conduct a technical consultancy project to establish an implementation plan for the full adoption of "cook-chill cum cold-plating" technology in HKEC, HKWC & KEC by 4Q11
Review and update the service demand projection model for the spectrum of HA services in consultation with clinicians and using the latest population projection data		Produce a new set of service demand projection data to facilitate medium to longer term planning of health services, facilities and manpower by 1Q12

Key Objective 4: Build People First Culture

Our service priorities for 2011-12

- Enhance professional competencies and build up effective management and leadership
- Improve the career prospects of staff
- Implement systematic workforce planning and development
- Redesign work to streamline work process and reduce workload
- Modernize corporate management systems

ACTION

TARGET

Enhance professional competencies and build up effective management and leadership

Sponsor high calibre healthcare professionals for overseas training in service areas that are aligned with corporate development priorities		Offer corporate scholarship to 35 doctors, 50 nurses and 39 allied health professionals by 1Q12
Consolidate core competencies of newly recruited nurse graduates	 	Provide two-year preceptorship program to 1,200 newly recruited nurse graduates by 1Q12
Consolidate core competencies of newly recruited allied health professionals	 	Provide three-year structured on-the-job training to 200 newly recruited allied health staff by 1Q12
Enhance simulation training in HA to build up the competencies of healthcare professionals through a risk-free approach	 	Engage an external consultant to critically appraise the existing capability and recommend a long term roadmap for strengthening simulation training by 1Q12
Pilot a job rotation scheme with training for senior health care administrators to acquire broad-based knowledge and experience in health care management and hospital operation	 	Offer 6 senior health care administrators with job rotation and training opportunities under the pilot scheme by 1Q12
Enhance the competency of front-line staff in complaint management through mediation skills training		Conduct mediation and conflict resolution training for 250 patient relations officers, doctors and frontline managers by 1Q12
Roll out a new four-module "Management 202" training curriculum for experienced first-line managers who have been in post for 5 to 10 years		Launch a total of 45 classes of different modules for at least 300 eligible staff by 1Q12

ACTION

TARGET

Improve the career prospects of staff

Provide experienced nurses and allied health professionals with specialty and skill enhancement programs to further enhance their competencies and career progression opportunities		Provide 18 specialty programs and 130 enhancement programs for nurses; and 4 specialty programs and 55 enhancement programs for allied health professionals by 1Q12
Offer work based training for more allied health professionals to advance their competence	 	Conduct 12 advanced level allied health training programs for 5 allied health professions by 1Q12
Provide training opportunities for competent care-related Technical Service Assistants (TSAs) to advance to enrolled nurse (EN) level or senior care-related support worker (CRSW) level	 	Offer a training sponsorship program for 40 eligible TSAs to undergo two-year EN training, and another 40 to receive advanced technical/patient care training at senior CRSW level by 1Q12
Conduct a review of the General Services Assistants (GSA) / TSA Grades to establish a competitive remuneration and benefits package		Complete a review of the GSA/TSA Grades by 1Q12

Implement systematic workforce planning and development

Continue to provide RN (Registered Nurse) and EN (Enrolled Nurse) training to boost up the supply of nurses		Provide training classes for a total of 300 RN and 100 EN new students by 1Q12
Provide additional training places for RNs to receive 18-month midwifery training		Enroll 40 additional midwifery trainees to the School of Midwifery at PWH by 4Q11
Provide more RNs with the opportunity to undergo psychiatric nurse conversion course	 	Enroll 40 RNs to the 18-month psychiatric nurse conversion course by 4Q11
Offer overseas scholarship to undergraduate students to study allied health disciplines for which training is not available locally or there is an anticipated shortage of supply	 	Provide overseas scholarship for 20 undergraduates to receive training in specific allied health disciplines such as podiatry and diagnostic radiography by 1Q12

ACTION

TARGET

Redesign work to streamline work process and reduce workload

<p>Review staff mix and care process in hospital wards and modernize patient care equipment such as continuous feeding pumps, infusion pumps and transportation trolley to enable more nursing time to be spent on providing direct care to patients</p>	<p>Set up in HKEC, HKWC, KCC and KWC four pilot sites for efficiency and quality enhancement of nursing care by 1Q12</p>
<p>Reduce ward staff injury and enhance patient comfort through the use of modern equipment or tools such as electrically operated beds and pressure relieving mattresses</p>	<p>Replace 1,700 manually operated beds with electrically operated beds and pressure relieving mattresses by 1Q12</p>

Modernize corporate management systems

<p>Develop a corporate-wide staff engagement strategy for fostering a sense of belonging and pride amongst HA staff</p>	<p>Conduct a comprehensive review and identify a series of corporate-wide initiatives for enhancing staff engagement by 1Q12</p>
<p>Enhance occupational safety and health in hospitals through introducing innovative systems in the prevention of manual handling injuries, such as a “Smart Lift” policy that aims to minimize unnecessary manual handling activities related to moving and repositioning of patients</p>	<p>Develop “e-learning” modules to improve staff’s techniques and practices in manual handling; and pilot the Red Dot Mobility System in HKEC, HKWC and KWC and a “Smart Lift” policy in a number of wards by 4Q11</p>
<p>Continue to modernize Human Resource services for the convenience of staff and the promotion of environmental friendly measures</p>	<p>Roll out e-payslips by phases to all HA staff groups by 4Q11</p>

Key Objective 5: Maintain Financial Sustainability

Our service priorities for 2011-12

- Support the Government in healthcare financing reform studies
- Implement forward looking budget planning
- Refine HA internal resource allocation system

ACTION

TARGET

Support the Government in healthcare financing reform studies

Support the Government in taking forward healthcare reform initiatives proposed in its Healthcare Reform 2nd Stage Consultation Document "My Health My Choice" released in October 2010



Provide relevant expertise and technical support to the Government in its healthcare reform deliberations

Implement forward looking budget planning

Liaise with the Government to formulate a longer term funding arrangement for HA, taking into consideration growing service demand and cost pressure as well as HA's plan on continuous quality and efficiency improvement and modernization strategies



Discuss with the Government HA's financial requirements for the coming years by 1Q12

Review insurance coverage and formulate a strategy for the insurance program renewal exercise in 2011-12 to ensure that HA's major catastrophic risks are adequately covered



Renew expiring major insurance policies of HA by 3Q11

Refine HA internal resource allocation system

Carry on with the refinement of the "Pay for Performance" internal resource allocation system, with special focus on enhancing the use of casemix data to direct resources to areas of need and service delivery improvement

Continue to refine the "Pay for Performance" system to enhance resources allocation to areas of need and quality improvement by 1Q12

Service Targets and Manpower Estimates

HA provides 27,041 hospital beds and manages 7.6 million patient days a year.



A delivers a comprehensive range of preventive, curative and rehabilitative medical services to ensure access of every citizen to affordable healthcare. We currently manage 41 public hospitals/institutions, 48 SOPCs and 74 GOPCs. These facilities are organized into seven clusters according to geographical locations.

Service Targets

Our Service Throughputs

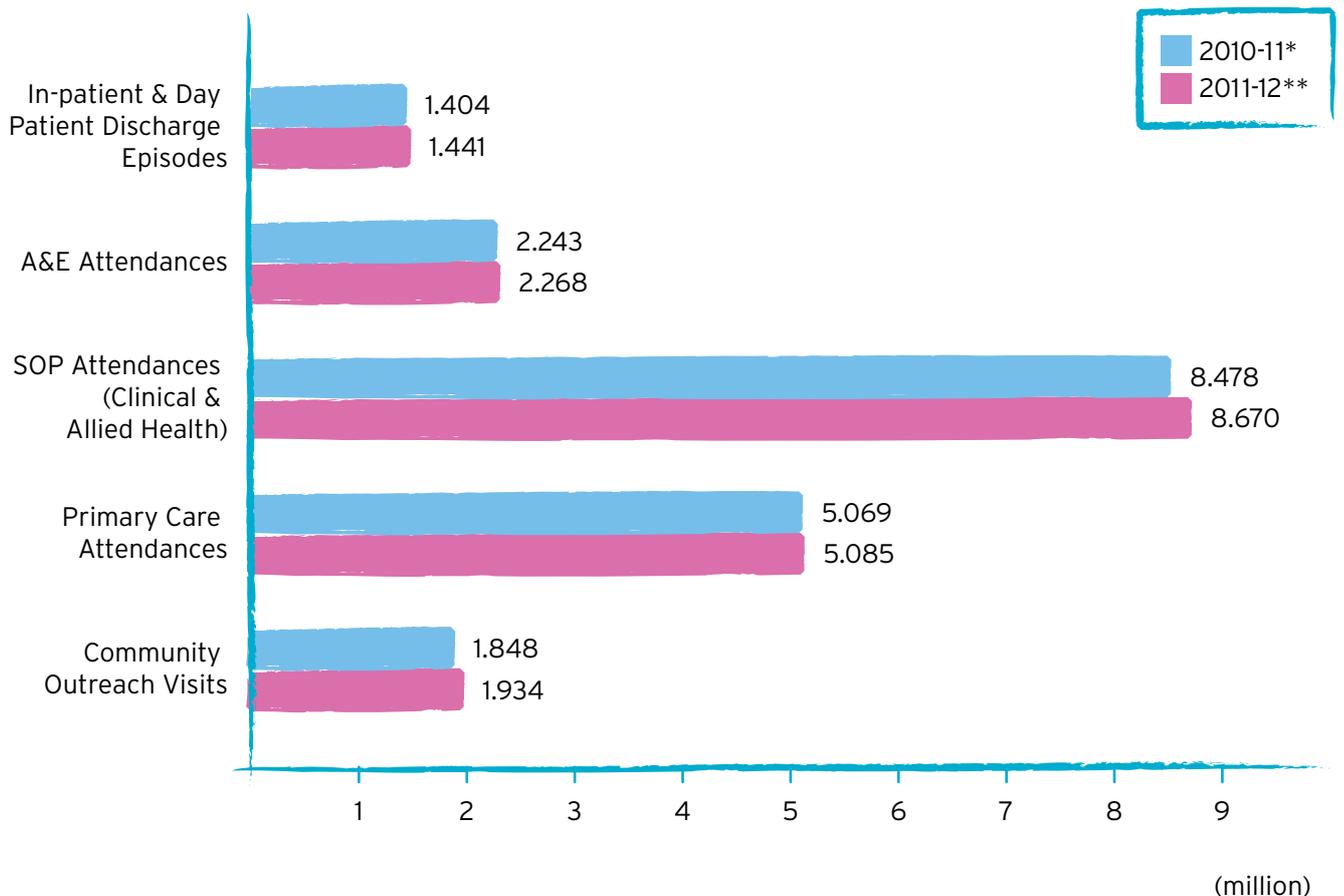
- 1.4 million in-patient/day-patient discharge episodes, serving an estimated 0.6 million Hong Kong residents
- 2.2 million A&E attendances, serving around 1.2 million people in Hong Kong
- 8.5 million SOPC attendances for some 1.7 million patients
- 5.1 million primary care attendances for approximately 1.3 million patients
- 1.8 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.

Throughput Targets for 2011-12

To meet increasing service demand arising from an ageing and growing population, we plan to increase hospital service throughput by around 2.6% in the coming year, which translates into an additional 36,900 in-patient and day patient discharge episodes. We also hope to increase the throughput for community outreach services by at least 4%, or 85,800 additional visits, to enhance community care for elderly and chronically ill patients.

A comparison of our estimated throughput in 2010-11 and activity targets for 2011-12 for the various services is shown in Figure 1. These and other key service statistics are delineated in Appendix 1, while Appendix 2 provides a breakdown of the activity throughput for the various Clusters.

Figure 1. Comparison of Service Throughput in 2010-11 and Activity Targets for 2011-12



* Estimated figures

** Activity targets (Projected figures)

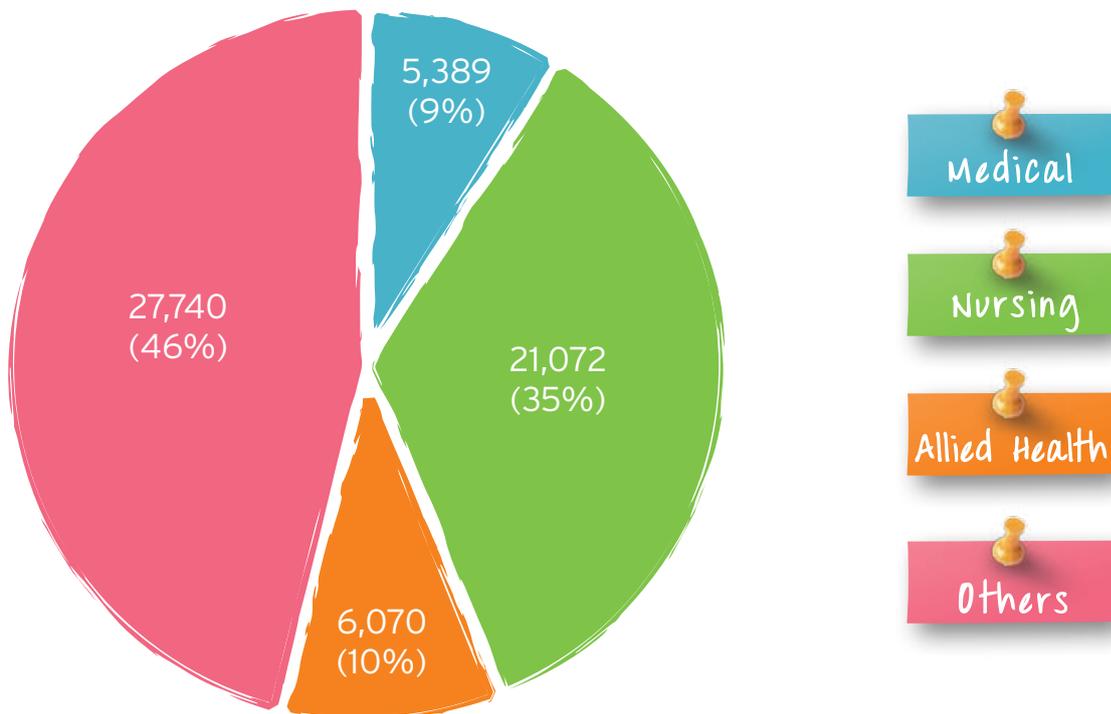
Manpower Estimates

HA's existing staff strength is 58,272 full-time equivalents. Around 70% of them are providing direct patient care, while others provide essential supporting services such as managing patient records and maintaining the proper functioning of patient amenities.

It is estimated that we need to increase our manpower by 3.1% in the coming year to implement activity growth and other new programs and service improvement initiatives.

Taking into consideration staff turnover, it is anticipated we would have to recruit around 330 doctors, 1,720 nurses and 590 allied health professionals in 2011-12. Figure 2 provides a breakdown of our estimated staff requirement for the coming year. A detailed comparison of the manpower estimates for 2010-11 and 2011-12 is provided in Appendix 1.

Figure 2. Estimated Staff Strength in 2011-12



Budget Allocation

The Government is increasing the recurrent provision for HA by \$2.74 billion in the coming year.

Government's Financial Provision for HA for 2011-12

The financial provision indicated by the Government for 2011-12 is \$36,826.8 million, representing an increase of 7.6% as compared to the Revised Estimate of \$34,210.8 million in 2010-11. Figure 3 gives a breakdown of the various

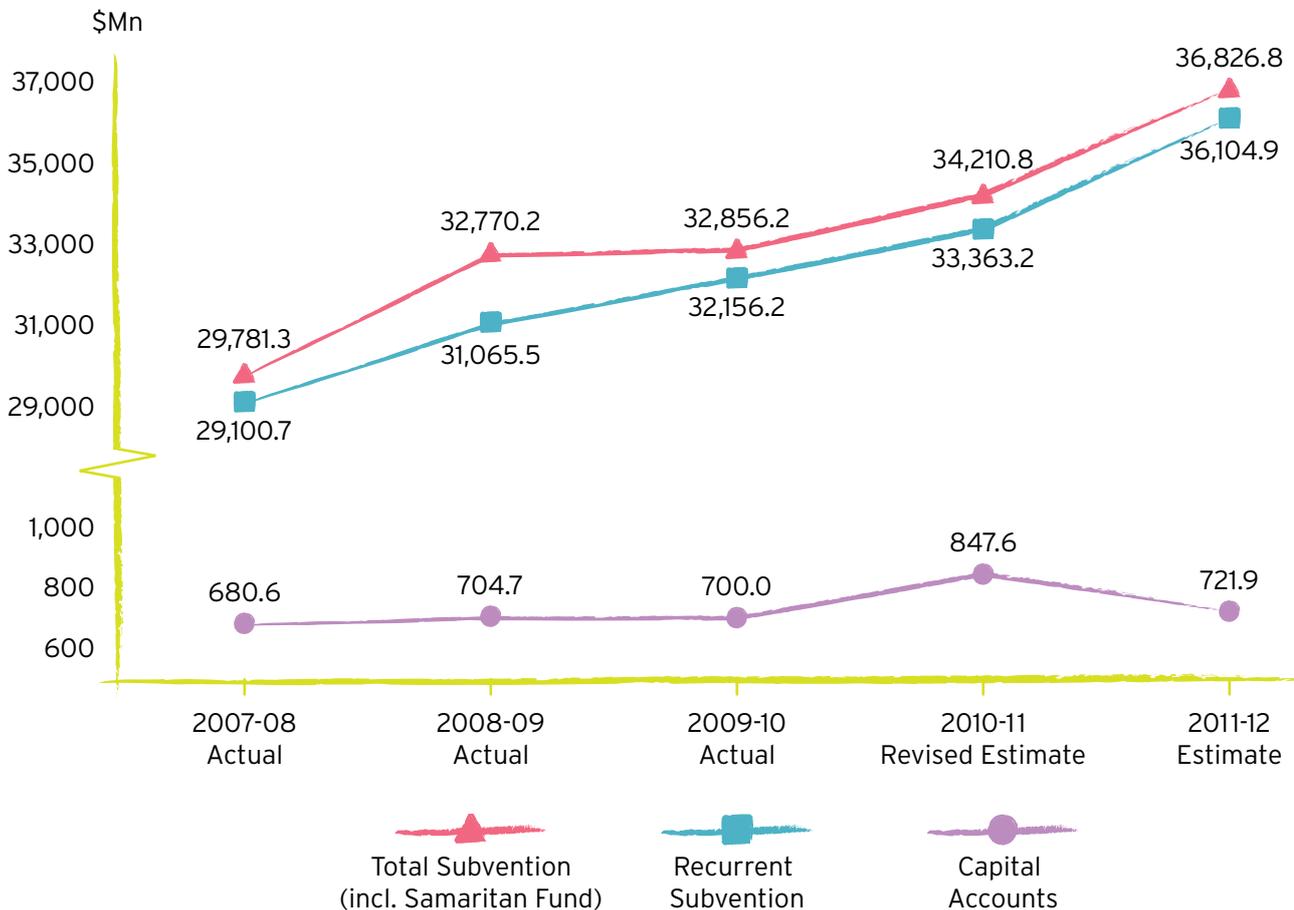
components of the provision for the two financial years.

As illustrated by Figure 4, there has been a continuous rise in the Government's financial provision to HA over the past few years.

Figure 3. Financial Provision by Government for 2010-11 and 2011-12

	2010-11 (Revised Estimate) \$Mn	2011-12 (Estimate) \$Mn
Operating Account		
Recurrent Subvention	33,363.2	36,104.9
Increase in Recurrent Subvention		2,741.7 8.2%
Capital Account		
Equipment and Information Systems	847.6	721.9
Decrease in Capital Account		(125.7) (14.8%)
Financial Provision	34,210.8	36,826.8
Increase in Financial Provision		2,616.0 7.6%

Figure 4. Financial Provision by Government for 2007-08 through 2011-12



Funding Allocation

HA will make use of the additional provision to enhance services, major initiatives of which are listed below according to funding allocation.

Operating Account

- (a) With the additional recurrent funding of \$872 million made under the third of the three-year funding arrangement with the Government, service provision in the following key priority areas will be strengthened to meet growing demand and enhance service quality:
- Opening new beds in NTWC and enhancing obstetric and neonatal services in KEC to fill service gaps
 - Enhancing community and ambulatory care to reduce avoidable hospitalization
 - Enhancing child and adolescent psychiatric service as well as services for the treatment of life-threatening diseases, including haemodialysis service, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage organ failure patients, and expansion of Cancer Case Manager Program
 - Continued implementation of the Filmless HA Projects
 - Applying modern technology to enhance laboratory services for patients with chronic hepatitis or diabetes, and also bone marrow transplant service
- Initiatives to strengthen patient safety, which include enhancing sterilization service for surgical operation, reducing the re-use of Single Use Devices and increasing the supply of leucofiltered red blood cells
 - Establishing a commissioning team to prepare for the opening of the new North Lantau Hospital in 2013
- (b) Over \$800 million additional provision for implementing a number of healthcare reform related initiatives, which include:
- enhancing chronic disease management through multidisciplinary, case management and empowerment approach in accordance with the primary care development strategy;
 - enhancing public primary care services by developing Community Health Centre (CHC) model of care and promoting family doctor concept of holistic healthcare in GOPC services;
 - expanding the coverage of the HA Drug Formulary; and
 - providing a full spectrum of training strategies and initiatives to enhance the competency and morale of healthcare staff.

Budget Allocation

(c) Around \$700 million additional provision for implementing various new and on-going initiatives, which include the following:

- Enhancement of mental health services
- Recruitment of 300 additional nurses to enhance nursing workforce
- Enhancement of pharmacy system to strengthen drug safety
- Expansion of HA's cataract service
- Enhancement of nursing care in hospital wards
- Establishment of a total joint replacement centre at YCH
- Progressive extension of the hospital accreditation scheme to another 15 hospitals by 2015-16.

Capital Account

(d) In response to the need for HA to modernize and upgrade medical equipment and technology, the Government is providing us with a significant amount of capital funding in 2011-12. This includes:

- \$500 million for the purchase and replacement of equipment, which will enable us to continue our efforts in replacing and adding mid-range medical equipment that are critical to our services, such as endoscopic equipment, laboratory analyzer or pathology equipment, physiological equipment, and ultrasound scanner;

- \$216.4 million for the development of Information Technology (IT) and Information Systems (IS); and
- \$5.5 million for the development of Healthcare Voucher System

Looking Ahead

As the Government takes forward initiatives proposed in its Healthcare Reform 2nd Stage Consultation Document "My Health My Choice", HA will provide the Government with the relevant expertise and technical support for the healthcare reform deliberations. In addition, to meet the challenge of long-term financial sustainability, we will:

- (a) liaise with the Food and Health Bureau to formulate a longer term funding arrangement from 2012-13 onwards, taking into consideration growing service demand and anticipated cost pressure as well as HA's plan on continuous quality and efficiency improvement and modernization strategies;
- (b) continue to refine the "Pay for Performance" internal resource allocation system, with special focus on enhancing the use of Casemix data to drive more effective financial resource management and service delivery improvement; and
- (c) continue to enhance the mode of operation in order to meet the challenge of addressing growing service demand with a limited supply of healthcare professionals.

Head Office Plan

This section sets out the operational plan of the HA head office for 2011-12. Highlighted here are areas of work that are led by the head office.

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here are three parts to the Head Office Plan. The first part contains a general summary of major initiatives that are spearheaded or coordinated by head office executives. The second and third parts cover two specific areas of work led by the head office that are key enablers of HA services: capital works and information technology (IT) services. This is a new feature. It is for the first time that our annual plan document is featuring a specific coverage of capital works and IT services, which both hold significant budgets in carrying out their functions.



Head Office Plan Components

- Head Office (HAHO)
- Capital Works
- Information Technology Services

Head Office (HAHO)

The HA Head Office (HAHO) is organized into six divisions, namely:

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

Major Challenges

The HA community is under constant pressure to meet increasing demand for public healthcare services but also faces a territory-wide shortage of healthcare professionals. The workload of our hospitals is growing and the turnover rates of our hospital doctors and nurses are high. It is imperative for HAHO to demonstrate leadership in taking steps to resolve the turnover and workload issues of frontline staff while at the same time implementing measures to address the growing medical needs of Hong Kong population, and ensuring the quality and safety of our healthcare services.

Major Initiatives

Various divisions of HAHO will provide leadership for some 100 corporate targets corresponding to the five Key Objectives of Annual Plan 2011-12. These targets are already outlined in the earlier chapter on Key Objectives and Program Targets, key examples of which are highlighted below.

- To develop a **people-oriented culture**, we will improve staff's working condition and career prospects, and modernize corporate management. Programs include:
 - Recruit more supporting staff and modernize patient care equipment in hospital wards to enable more professional time to be spent on direct patient care.
 - Strengthen training and career development opportunities for professional and supporting staff, including overseas scholarships for frontline professionals.
 - Enhance occupational safety and health in hospitals.
 - Conduct a comprehensive review of staff engagement strategies.
- To meet rising **service demand**, we will increase service capacity in priority areas; enhance primary care and chronic disease management; strengthen ambulatory and community-based services to prevent avoidable hospitalization; and develop public-private partnership (PPP). Major initiatives include:
 - Continue to enhance the capacity of haemodialysis service and cataract surgery by increasing HA's service throughput and through PPP arrangement.

- Expand the Community Health Call Centre service to support patients with chronic illnesses and enhance the 24-hour mental health hotline of HA.
 - Enhance community mental health services, including community case management and rapid crisis intervention services, early intervention program for patients with psychosis, and psychogeriatric outreach services.
- HA endeavours to improve continuously service **quality and safety**, and will implement measures to strengthen safety culture and risk management; enhance quality systems and clinical governance; and reconfigure services. Actions include:
 - Continue to improve drug safety, which includes expanding pharmacist coverage at GOPC pharmacies and enhancing the aseptic dispensing service.
 - Enhance the sterilization service for operating theatres.
 - Develop multidisciplinary autistic service teams and enhance child & adolescent psychiatric services.
- We will **keep modernizing HA** to introduce new technologies and treatment options; update medical equipment and capital facilities; develop IT programs; and improve our service planning. Specific initiatives include:
 - Wider provision of Haemopoietic Stem Cell Transplant (HSCT) and enhanced laboratory testing for patients with chronic hepatitis or diabetes.
 - Widen the HA Drug Formulary to incorporate cancer drug capecitabine as a special drug and expand patients' access to 8 classes of drugs.
 - Plan and commission the design and infrastructure of the Centre of Excellence in Paediatrics.
- HA will continue to adopt strategies and systems to **maintain financial sustainability**. In particular, we will continue to refine the "Pay for Performance" internal resource allocation system to drive more effective financial resource management and service delivery improvement. Discussions will be held with the Food and Health Bureau on formulating a longer term funding arrangement for HA from 2012-13 onwards, taking into consideration growing service demand and manpower requirement as well as service improvement factors.

Capital Works

Capital works in HA are coordinated by the Capital Planning Department (CPD), which is one of the departments under the Strategy & Planning Division of the HA Head Office. To manage the different aspects of capital works, CPD is organized into the following four sections:

- Planning & Development
- Capital Projects
- Building Works
- Engineering & Projects

CPD is responsible for the planning, development and maintenance of quality healthcare facilities through multi-disciplinary professional teamwork. Its functions are as follows:

- To plan and develop safe and efficient facilities, with designs that are flexible, environmentally friendly and conducive to optimal care delivery.
- To plan, organize and manage resources to ensure that major capital projects are completed on schedule and within budget.
- To provide and maintain quality facilities and infrastructure to facilitate the delivery of patient-centred health care services to the community.
- To ensure the provision of safe, reliable, practical, cost-effective, quality and modern healthcare engineering facilities and infrastructure in a timely manner.

Major Challenges

HA has one of the largest and most complex building stocks in Hong Kong, comprising a total of over 2,500,000 m² floor space in around 300 buildings. There will be a number of opportunities and challenges in 2011-12 for CPD in managing resources to renew, upgrade and maintain these facilities. To meet the growing medical needs of the community, a total of 24 major capital works projects, which amount to a total project cost in the order of \$80 billion, have been initiated and are at various stages of planning and development. Out of these, 6 projects involving a budget of \$8.6 billion have been approved by the Government, while the other 18 projects are currently under review. In addition, around 1,100 minor works projects will be undertaken for improvement and maintenance of existing premises, with a total annual expenditure of \$700 million.

The construction industry is currently experiencing a high volume of major infrastructure development. The strong demand for labour and materials is expected to escalate tender prices for construction works. The risks of construction safety and integrity being compromised will likely increase with an inflated building industry. In addition, the increasing need for new minor works projects to be undertaken to support growing medical services may come at the expense of regular maintenance of existing facilities.

Major Initiatives in 2011-12

To ensure that our healthcare facilities are able to meet the demands of service provision in line with key corporate objectives, CPD will undertake the following major initiatives in 2011-12:

- Increase service capacity by completing the construction of a public primary care clinic in Tin Shui Wai North, and commencing the main building works for the redevelopment of YCH.
- Keep modernizing HA by completing the construction works for the relocation of Siu Lam Hospital to Block B of Castle Peak Hospital, commencing superstructure works for Phase 2 redevelopment of CMC, and improving provisions for barrier-free access in HA facilities.
- Improve continuously service quality and safety by strategically reviewing the procurement of minor works through the term contracting arrangement. We will also promote safety culture for all HA staff involved in building construction, and implement measures to mitigate the risks of construction-induced vibration affecting sensitive medical equipment.

Capital Works Targets

• Commence superstructure works for Phase 2 redevelopment of Caritas Medical Centre	3Q11
• Commence the main building works for the redevelopment of Yan Chai Hospital	3Q11
• Complete construction works for the relocation of Siu Lam Hospital to Block B of Castle Peak Hospital	3Q11
• Complete construction of a public primary care clinic in Tin Shui Wai North	4Q11
• Conduct strategic review of HA Term Contract for Minor Works	4Q11
• Heighten safety awareness in HA staff involved in building construction by commissioning enhanced training programs	1Q12
• Improve provisions for barrier free access in HA acute hospitals	1Q12
• Implement measures to mitigate the risks of construction-induced vibration affecting sensitive medical equipment	1Q12

Information Technology Services

HA is generally recognized as a leading and innovative user of Information Technology (IT) in the healthcare industry. In HA, investment in IT is driven by clinical services delivery and business support requirements and is aligned with and prioritized during the corporate strategic planning and annual operational planning cycles.

The HA Information Technology Services (HAITS) is responsible for the management, maintenance and development of HA's investment in IT and plays multiple roles. The key roles are as follows:

- **Establishment of IT Framework** - particularly the corporate directions for IT development, including the IT policy, standards and strategy. HAITS also leads the process of ensuring information security and privacy through a systematic approach to prevention, compliance and enforcement.
- **Internal Service Provider** - HAITS provides within HA a range of services for the support, maintenance and development of IT systems including IT Infrastructure; Clinical and Non-Clinical IT Systems; and Informational and Collaborative IT Systems.
- **Agency Service Provider** - HAITS also acts as a technical agent for the Government in support of the eHealth agenda. It has been appointed by the Government to provide technical support for developing the necessary standards, solutions and infrastructure for the eHealth Record (eHR) Initiative.

The services of HAITS are governed by the Information Technology Governing Committee (ITGC) of HA. Programs related to IT development are endorsed by the Committee before implementation. There are also targets for each of the development initiative, with assigned key performance indicators where relevant, which are routinely and regularly monitored, including quarterly progress reporting to the ITGC.

Major Challenges

IT is a fast changing industry, with increasing opportunity to leverage the technology for better cost-effectiveness and enabling new business models and process automation which would not be possible before. Organizational reliance on IT and the complexity of managing the investment is increasing. The provision of IT services in HA is therefore facing a number of challenges which are summarized below:

- (a) Managing the inherent risks of leveraging IT
- (b) Coping with rising demand for IT, particularly given the technology advancements in electronic mobile devices; connectivity and the convergence of IT with telecommunications and medical devices
- (c) Taking effective measures to safeguard data security and privacy
- (d) Developing Health Informatics/IT capacity and skills in Hong Kong

HAITS is striving to meet increasing demand for IT services arising from the enhancement and quality improvement of healthcare services in HA. Many of our projects, particularly major on-going projects such as the development of Phase 3 Clinical Management System (CMS) and eHR, are extremely complex and demanding in terms of financial and human resources, skill requirement, and project management.

Major Initiatives in 2011-12

HAITS has responsibility for a number of initiatives in 2011-12, including support for the service plans of both internal and external stakeholders. Majority of them are multi-year on-going projects, and the major initiatives are as follows:

Internal Service Provider

- Continue the development of Phase 3 CMS and enhance IT support for hospital development projects
- Continue the technical support to the "Filmless HA" project, and building the technology infrastructure for the radiological image sharing program
- Develop electronic online system for the eligibility checking of Hong Kong Identity Card holders for subsidized medical services
- Continue with the implementation of the new Patient Billing System to enable HA to meet future business strategies through more sophisticated billing mechanisms
- Conduct system enhancement for the modernization of pharmaceutical product procurement services
- Provide IT support for the implementation of the Community Health Call Centre program
- Strengthen personal data privacy and security, and compliance monitoring

Agency Service Provider

- Continue the provision of technical agency services to the eHR program and other eHealth related initiatives led by the Government
- Continue to provide IT support to the Government-led Health Care Voucher Scheme and Vaccination Scheme

HAITS Targets

Implement a Planned Response to Manage Growing Service Demand	
<p>IT Support for Primary and Community Care Services</p> <ul style="list-style-type: none"> • Provide IT support to configure telephone system for the development of Community Health Call Centre 	1Q12
Keep Modernizing HA	
<p>Development of Phase 3 Clinical Management System (CMS)</p> <ul style="list-style-type: none"> • Continue the revamp of existing clinical systems including CMS, Patient Administration System, Laboratory Information System, and Pharmacy Management System • Continue to develop Inpatient Medication Order Entry System and perform a shadow test in a pilot hospital • Continue development of new clinical documentation forms and clinical functions • Continue to install lossless image servers in 3 more hospitals • Continue technology refreshment for at least 2,000 clinical workstations 	1Q12
<p>Filmless HA Project</p> <ul style="list-style-type: none"> • Continue to install image viewing facilities in 7 major HA hospitals and commence installation in 4 additional hospitals 	1Q12
<p>Hong Kong Identify Card Holders Eligibility Checking Project</p> <ul style="list-style-type: none"> • Commence development of the relevant IT system to facilitate the checking of eligibility of non-permanent Hong Kong Identity Card holders for subsidized public healthcare services 	1Q12
<p>Patient Billing System</p> <ul style="list-style-type: none"> • Complete full testing and user acceptance of the new integrated system • Implement new solutions at 2 Pilot Clusters and commence rollout to the remaining Clusters 	3Q11 1Q12
<p>Hospital Development Projects</p> <ul style="list-style-type: none"> • Plan and upgrade information systems and infrastructure in various locations including TKOH new extension block and relocation of Siu Lam Hospital to Castle Peak Hospital Block B 	1Q12
<p>Modernization of Pharmacy Service</p> <ul style="list-style-type: none"> • Complete Go-Live of bar code solution and ERP functionality Go-Live for 2 Pilot Clusters as part of IT support for pharmaceutical product procurement enhancement initiatives 	1Q12

Improve Continuously Service Quality and Safety	
<p>Patient Safety and Risk Management</p> <ul style="list-style-type: none"> Continue to revamp the Advanced Incident Reporting System and install a central server platform to support efficient operation of the system 	1Q12
<p>Personal Data Privacy and Security</p> <ul style="list-style-type: none"> Implement security enhancement measures, and strengthen monitoring and compliance in information security 	1Q12
<p>Quality and Standard Improvement</p> <ul style="list-style-type: none"> Extend the integrated platform for the hospital accreditation program, which provides centralized platform for quality initiatives from which hospitals/clusters can draw for progress monitoring and sharing of information with relevant stakeholders 	1Q12
HAITS Agency Services	
<p>eHealth Record Program (eHR)</p> <ul style="list-style-type: none"> Continue the development of core sharing infrastructure for eHR, CMS extension modules for private hospitals and clinics, and the piloting of standards and interfacing 	1Q12
<p>Health Care Voucher Scheme and Vaccination Scheme</p> <ul style="list-style-type: none"> Continue the IT support for the Government's Health Care Voucher and Vaccination schemes 	1Q12

Cluster Plans

This section contains an overview of the work plans of the seven Hospital Clusters for 2011-12.

The front page of each cluster plan contains a map showing the distribution of hospitals and general outpatient clinics in the cluster. Hospitals with A&E service are marked with the symbol  for easy identification. Together with the cluster map is a table indicating the population distribution of the cluster's catchment area and the proportion of elderly people in the population.

Sequence of the Plans

- Hong Kong East Cluster (HKEC)
- Hong Kong West Cluster (HKWC)
- Kowloon Central Cluster (KCC)
- Kowloon East Cluster (KEC)
- Kowloon West Cluster (KWC)
- New Territories East Cluster (NTEC)
- New Territories West Cluster (NTWC)

Hong Kong East Cluster (HKEC)



Hospital

- | | |
|--|-----------------------------|
| ① Pamela Youde Nethersole Eastern Hospital | ④ St. John Hospital |
| ② Ruttonjee & Tang Shiu Kin Hospitals | ⑤ Tung Wah Eastern Hospital |
| ③ Cheshire Home, Chung Hom Kok | ⑥ Wong Chuk Hang Hospital |

General Outpatient Clinic

- | | |
|-----------------------------|-----------------------------------|
| ① Anne Black Health Centre | ⑦ Sai Wan Ho Health Centre |
| ② Chai Wan Health Centre | ⑧ Shau Kei Wan Jockey Club Clinic |
| ③ North Lamma Clinic | ⑨ Sok Kwu Wan Clinic |
| ④ St. John Hospital | ⑩ Stanley Public Dispensary |
| ⑤ Tung Wah Eastern Hospital | ⑪ Violet Peel GOP Clinic |
| ⑥ Peng Chau Clinic | ⑫ Wan Tsui Government Clinic |

Demographic Characteristics

Year 2009	Eastern	Wan Chai	Islands*	HKEC Catchment	Hong Kong Overall
Population	592,600	161,100	151,700	824,100	7,001,600
Proportion of population age ≥ 65	14.9%	14.9%	8.9%	14.7%	12.8%
Year 2019					
Projected population	596,200	171,000	181,700	848,400	7,658,500
Proportion of population age ≥ 65	22.0%	22.4%	13.1%	21.7%	17.4%

* Figures include North Lantau population which is not under the catchment of HKEC

The catchment area of HKEC covers Eastern, Wanchai and Islands (apart from North Lantau) areas, with an estimated population of 0.8 million which accounts for around 12% of the Hong Kong population. More than 70% of the catchment population resides in the Eastern district.

Major Challenges

HKEC is serving a population with 14.7% (compared to Hong Kong average of 12.6%) being elders aged 65 and above. By 2016, the proportion of elders in the Cluster's catchment areas will be the highest in Hong Kong (18.4% compared to 15.2% Hong Kong average). A major challenge faced by the cluster is to cope within its capacity constraints in facilities and manpower with the expanding volume and complexities of illness typical of the elderly.

HKEC is grateful to corporate's support for building a new Ambulatory Care Centre at PYNEH as a long-term solution to current constraints in physical space and bed provision (and consequently manpower). In the meantime, to meet the pressing service needs, HKEC is making concerted effort to maximise space utilization and manage demand for beds.

Maintaining a stable and happy workforce continues to be another serious challenge faced by the cluster. Since 2008, resignation rates of HKEC's medical, nursing and supporting (care related) staff have been higher than HA average for three consecutive years. Persistently high workload from high patient turnover as a result of bed constraints has imposed considerable pressure on staff. Staff health and happiness remain high on the cluster's agenda, with strategies to improve staff retention and maintain service sustainability.

HKEC shall continue to foster a strong patient safety culture and improve service quality, so as to mitigate the risks associated with continuing high staff turnover.

Major Initiatives in 2011-12

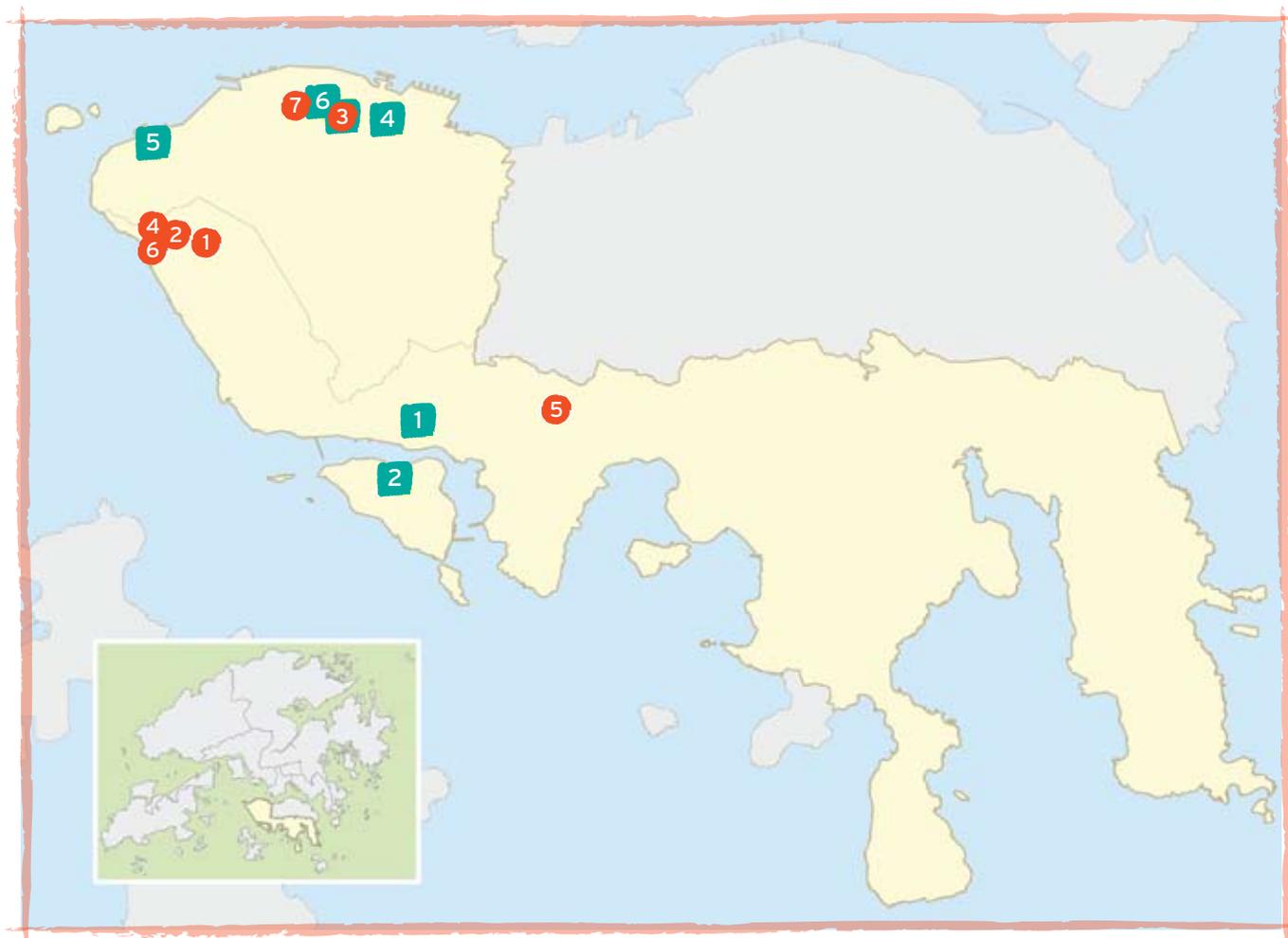
Aligned with the five corporate key objectives, our major initiatives for 2011-12 are as follows:

- Increase service capacity of areas with high demand pressure: renal, intensive care, psychiatric and PET/CT services.
- Enhance cross-specialties collaboration to cope with increasing incidence of stroke and to reduce stroke mortality and related disability.
- Improve access to Autologous Haemopoietic Stem Cell Transplant (Auto-HSCT) for patients requiring bone marrow transplant.
- Continue to promote coordinated care across the healthcare service continuum to reduce hospital admissions and length of stay. This includes reducing avoidable hospitalization of elderly patients through an integrated model of care from the acute to community setting.
- Deliver integrated cancer care by case managers to better coordinate disease management and treatment process for patients suffering from complicated cancer.
- Reduce the risks of smoking-related diseases and improve chronic disease management to reduce the demand for hospital services from chronically-ill smokers.
- Continue to explore efficient and modern care practices through patient flow projects to further meet escalating demand.
- Provide clinical pharmacists at treatment sites of chemotherapy service to enhance quality control and drug safety.
- Maintain a strong and healthy workforce and tackle manpower shortage through safer working environment with upgrading of facilities/equipment, and cultivating an awareness of occupational safety and health (OSH).
- Continue to invest in human capital by launching staff development programs, nurturing leaders and promoting a learning and caring culture.

HKEC Targets

Implement a Planned Response to Manage Growing Service Demand	
<ul style="list-style-type: none"> Enhance intensive care unit (ICU) service with 2 additional ICU beds in PYNEH 	4Q11
<ul style="list-style-type: none"> Enhance psychiatric service by: (i) delivering Community Case Manager Program for patients with severe mental illness; (ii) setting up a rapid crisis intervention team to respond to crisis situations involving patients with mental illness; (iii) extending the Easy Assessment Service for Young persons with psychotic disorders (EASY) to new adult patients with psychosis; (iv) extending the psychogeriatric outreach service to additional residential care homes for the elderly; and (v) providing Integrated Mental Health Program in primary care setting to patients with common mental disorders 	1Q12
<ul style="list-style-type: none"> Enhance renal service by providing hospital haemodialysis to 4 additional patients and offering automated peritoneal dialysis to 7 patients with indications 	1Q12
<ul style="list-style-type: none"> Enhance acute stroke management in the cluster through: (i) development of new protocols and stroke nurse service in PYNEH for acute stroke management; and (ii) extension of intravenous recombinant tissue plasminogen activator (rtPA) thrombolytic treatment to 90% of indicated patients fulfilling the treatment criteria in RHTSK 	1Q12
<ul style="list-style-type: none"> Provide smoking cessation service to 850 chronically-ill smokers using the chronic care model in primary care setting 	1Q12
<ul style="list-style-type: none"> Provide an integrated model of care for high-risk elderly patients 	1Q12
Improve Continuously Service Quality and Safety	
<ul style="list-style-type: none"> Implement a clinical pharmacist program in chemotherapy service 	3Q11
<ul style="list-style-type: none"> Phase out the re-use of 5% of class II critical (moderate to high risk) Single Use Devices 	2Q11
<ul style="list-style-type: none"> Provide integrated cancer care with case managers for 230 patients with breast cancer and 220 patients with colorectal cancer 	1Q12
Keep Modernizing HA	
<ul style="list-style-type: none"> Commence PET/CT service at PYNEH 	1Q12
<ul style="list-style-type: none"> Set up a satellite Autologous Haemopoietic Stem Cell Transplant (Auto-HSCT) centre at PYNEH 	3Q11
<ul style="list-style-type: none"> Enhance laboratory service for the treatment of chronic hepatitis by providing 4,400 hepatitis B virus DNA tests 	1Q12
Build People First Culture	
<ul style="list-style-type: none"> Implement integrated OSH awareness and improvement program 	1Q12
<ul style="list-style-type: none"> Implement management and communication training programs for senior executives, managers, frontline staff and designated departments 	1Q12
<ul style="list-style-type: none"> Provide Lean Management Training to senior nurses to improve patient flow and work processes and enhance patient safety 	1Q12

Hong Kong West Cluster (HKWC)



Hospital

- | | |
|---|---|
| ① Queen Mary Hospital  | ⑤ Grantham Hospital |
| ② TWGHs - Fung Yiu King Hospital | ⑥ MacLehose Medical Rehabilitation Centre |
| ③ Tung Wah Hospital | ⑦ Tsan Yuk Hospital |
| ④ The Duchess of Kent Children's Hospital at Sandy Bay | |

General Outpatient Clinic

- | | |
|-----------------------------------|---|
| ① Aberdeen Jockey Club GOP Clinic | ④ Central District Health Centre GOP Clinic |
| ② Ap Lei Chau GOP Clinic | ⑤ Kennedy Town Jockey Club GOP Clinic |
| ③ Tung Wah Hospital | ⑥ Sai Ying Pun Jockey Club GOP Clinic |

Demographic Characteristics

Year 2009	Central and Western	Southern	HKWC Catchment	Hong Kong Overall
Population	259,700	279,600	539,300	7,001,600
Proportion of population age ≥ 65	12.9%	13.7%	13.3%	12.8%
Year 2019				
Projected population	273,900	275,100	549,000	7,658,500
Proportion of population age ≥ 65	20.5%	19.2%	19.9%	17.4%

The main catchment area of HKWC covers Central, Western and Southern Districts of the Hong Kong Island with a population of around 0.54 million, though the Cluster's tertiary and quaternary services serve the whole population of Hong Kong.

Major Challenges

2011-12 will be another year of new opportunities and challenges. The pressing issues include ageing facilities, difficulties in securing adequate supply of health care professionals, increasing demand for service and space, and rising service cost.

Major Initiatives in 2011-12

To meet the challenges, HKWC will continue to maximize its partnership with Li Ka Shing Faculty of Medicine of The University of Hong Kong and focus on operation efficiency and effectiveness through service rationalization, community engagement, facilities modernization and valuing our staff, with full commitment to providing an integrated and high quality healthcare service.

In line with corporate strategic directions, HKWC's major initiatives for 2011-12 are as follows:

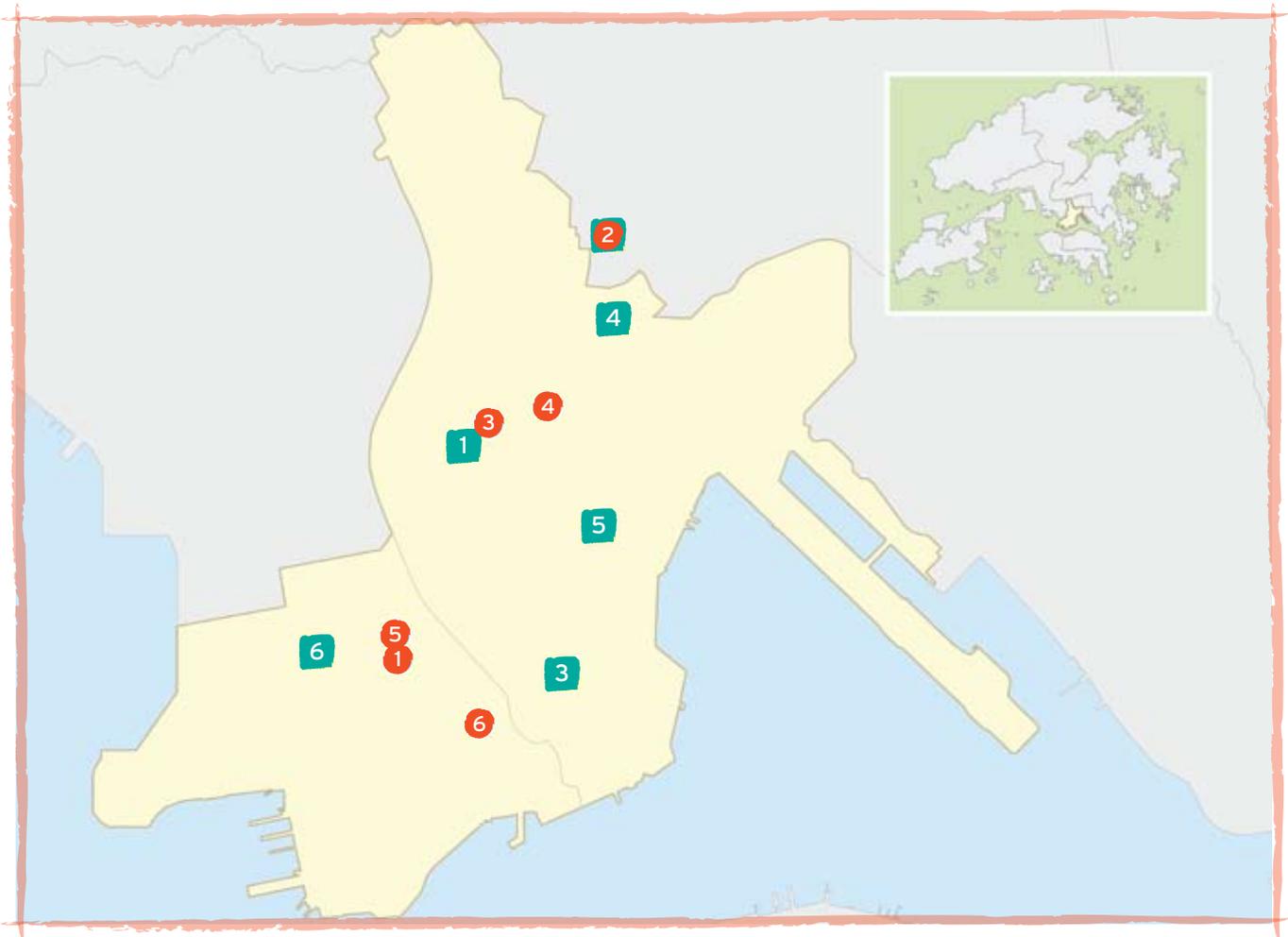
- Manage growing service demand in priority areas by further improving transplant service, strengthening Neonatal Intensive Care service and enhancing renal service and treatment of patients with common mental disorders.
- Improve service quality and safety continuously by further strengthening acute stroke care, establishing a ventilator ward, establishing the use of nursing care plan, and preparing for hospital accreditation in TWH.
- Enhance ambulatory and community care to prevent avoidable hospitalization by strengthening palliative care service, enhancing support to high risk elderly patients, extending psychogeriatric outreach service, and setting up a rapid crisis intervention team in the community psychiatric service.
- Strengthen safety culture and risk management by developing a credentialing system and eliminating the use of FLASH sterilization methods in surgical operations.
- Reconfigure services and promote timely intervention by enhancing child and adolescent psychiatric service for attention deficit hyperactivity disorder and setting up multi-disciplinary service for children with autism spectrum disorder.
- Keep modernizing our services by strengthening cluster management structure and implementing the "Filmless HA" project, and working with HA Head Office and the Government's Architectural Services Department on building a new Accident & Emergency, Trauma & Heart Centre in QMH.
- Reinforce "People First Culture" through improving staff facilities and amenities, promoting staff health and wellness, staff communication and recognition, improving occupational safety and health, and introducing various initiatives to reduce frontline colleagues' work pressure.

HKWC Targets

Implement a Planned Response to Manage Growing Service Demand	
<ul style="list-style-type: none"> • Improve transplant service by providing protected operation time for emergency liver and renal transplant service, and setting up a viral culture and serology test service 	4Q11
<ul style="list-style-type: none"> • Strengthen Neonatal Intensive Care service by enhancing nursing supervisory ratio, recruiting additional support workers and replacing worn-out medical equipments 	3Q11
<ul style="list-style-type: none"> • Extend palliative care service to 120 patients with end-stage organ failure in the community through multidisciplinary team approach 	1Q12
<ul style="list-style-type: none"> • Increase haemodialysis (HD) service for patients with end-stage renal disease by expanding hospital HD to 4 and home HD to 7 additional patients 	1Q12
<ul style="list-style-type: none"> • Reduce avoidable hospitalization of high risk elderly patients by providing needs assessment and discharge planning for 670 patient episodes and case management for 135 patients 	1Q12
<ul style="list-style-type: none"> • Set up a rapid crisis intervention team to provide 750 attendances in the community psychiatric service to respond to crisis situations involving patients with mental illness in the community 	1Q12
<ul style="list-style-type: none"> • Provide integrated mental health program to patients with common mental disorders through 2,490 GOP attendances, and extend psychogeriatric outreach services to private old age home residents with 1,600 additional outreach visits 	1Q12
<ul style="list-style-type: none"> • Set up an Integrated Chinese and Western Medicine Clinic in TWH for treating patients with constipation, with one session per week as pilot implementation 	2Q11
Improve Continuously Service Quality and Safety	
<ul style="list-style-type: none"> • Develop a credentialing system with a minimum of 10 high risk / high volume procedures to ensure the proficiency of clinicians performing these procedures 	3Q11
<ul style="list-style-type: none"> • Strengthen acute stroke care to provide 24-hour service to patients requiring thrombolytic treatment by adding 2 more beds in Acute Stroke Unit in QMH 	4Q11
<ul style="list-style-type: none"> • Establish a 4-bed ventilator ward in Department of Medicine in QMH to provide better care to patients and lessen the pressure of managing ventilated patients in general ward 	4Q11
<ul style="list-style-type: none"> • Implement updated disinfection and sterilization policy and methods for operating theatres, such as eliminating flash sterilization in surgical operations to enhance patient safety 	2Q11

<ul style="list-style-type: none"> Implement measures to enhance the safety of procedural sedation administered outside operation theatre by the Department of Anaesthesia 	3Q11
<ul style="list-style-type: none"> Set up multidisciplinary autistic service team to provide timely assessment for early diagnosis and intensive intervention to 400 children with autism spectrum disorder per annum 	1Q12
<ul style="list-style-type: none"> Enhance child and adolescent psychiatric service for patients with attention deficit hyperactivity disorder by attending to 300 new cases through multidisciplinary care per annum 	1Q12
<ul style="list-style-type: none"> Establish the use of nursing care plan to facilitate care assessment, delivery, evaluation and discharge planning across all clinical specialties 	4Q11
<ul style="list-style-type: none"> Prepare for hospital accreditation in TWH in 2012 	1Q12
<ul style="list-style-type: none"> Relocate David Trench Rehabilitation Centre to a new site in High Street and providing better environment and facilities for patients and staff 	2Q11
Keep Modernizing HA	
<ul style="list-style-type: none"> Strengthen the management of hospitals in HKWC by implementing the revised structure in line with HA direction 	3Q11
<ul style="list-style-type: none"> Embark on the 2nd year implementation of the "Filmless HA" project in QMH to achieve full digital imaging 	1Q12
Build People First Culture	
<ul style="list-style-type: none"> Pilot a mentorship program for newly recruited patient support staff to enhance retention 	3Q11
<ul style="list-style-type: none"> Set up a mechanism to engage nurses alumni of QMH to foster affiliation and return to nursing 	4Q11
<ul style="list-style-type: none"> Conduct a health survey of staff to identify hazards at work place 	4Q11
<ul style="list-style-type: none"> Improve staff facilities and amenities to provide a supportive environment to staff members and upkeep the Happy Staff initiative 	1Q12
<ul style="list-style-type: none"> Organize "Certificate Course on Mortuary Service" in GH to enhance the competence of mortuary and supporting staff in HKWC 	3Q11

Kowloon Central Cluster (KCC)



Hospital

- ① Queen Elizabeth Hospital 
- ② Hong Kong Buddhist Hospital
- ③ Kowloon Hospital
- ④ Hong Kong Eye Hospital
- ⑤ Hong Kong Red Cross Blood Transfusion Service
- ⑥ Rehabaid Centre

General Outpatient Clinic

- ① Central Kowloon Health Centre
- ② Hong Kong Buddhist Hospital
- ③ Hung Hom Clinic
- ④ Lee Kee Memorial Dispensary
- ⑤ Shun Tak Fraternal Association Leung Kau Kui Clinic
- ⑥ Yau Ma Tei Jockey Club Clinic

Demographic Characteristics

Year 2009	Yau Tsim Mong*	Kowloon City	KCC Catchment	Hong Kong Overall
Population	301,800	369,400	488,700	7,001,600
Proportion of population age ≥ 65	13.6%	15.2%	14.8%	12.8%
Year 2019				
Projected population	353,600	442,400	586,800	7,658,500
Proportion of population age ≥ 65	19.8%	19.3%	19.4%	17.4%

* Figures include Mongkok population which is not under the catchment of KCC

The catchment area of KCC covers Yau Ma Tei, Tsim Sha Tsui and Kowloon City districts with a total population of close to 0.5 million.

Major Challenges

KCC is serving an increasing proportion of elderly patients. For instance in QEH, 51.8% of the bed-days in 2009-10 were occupied by patients aged 65 or above as compared to 46.8% ten years ago. At the Cluster level, 56.7% of the bed-days in 2009-10 were occupied by elderly patients who made up 14.8% of our catchment population.

To meet the challenge of providing safe and quality care in the face of rising service demand and expectation, our main focus is on providing the right care for the right patient at the right time in the right place. Building on our Cluster core values of RESPECT (Respect, Empathy, Sharing, Professionalism, Efficiency, Creativity, Trust), we have earmarked three consecutive years from 2008 to 2010 as

Years of Safety, with a specific theme each year, namely (i) patient safety, (ii) staff safety and (iii) service quality. We have also initiated a number of staff development programs, in addition to the retention and training programs, to manage staff shortages due to wastage and other factors. QEH has been granted a four-year full accreditation by the Australian Council on Healthcare Standards (ACHS) in late October 2010. QEH is also the Grand Award Winner of the Year in the Asia Pacific Business Excellence Standard (APBEST) Awards and was at the same time accorded the honour of BEST Hospital in Asia-Pacific and other individual awards. The successful completion of these two external assessments has given us even greater impetus in striving for continuous improvement and development.

Major Initiatives in 2011-12

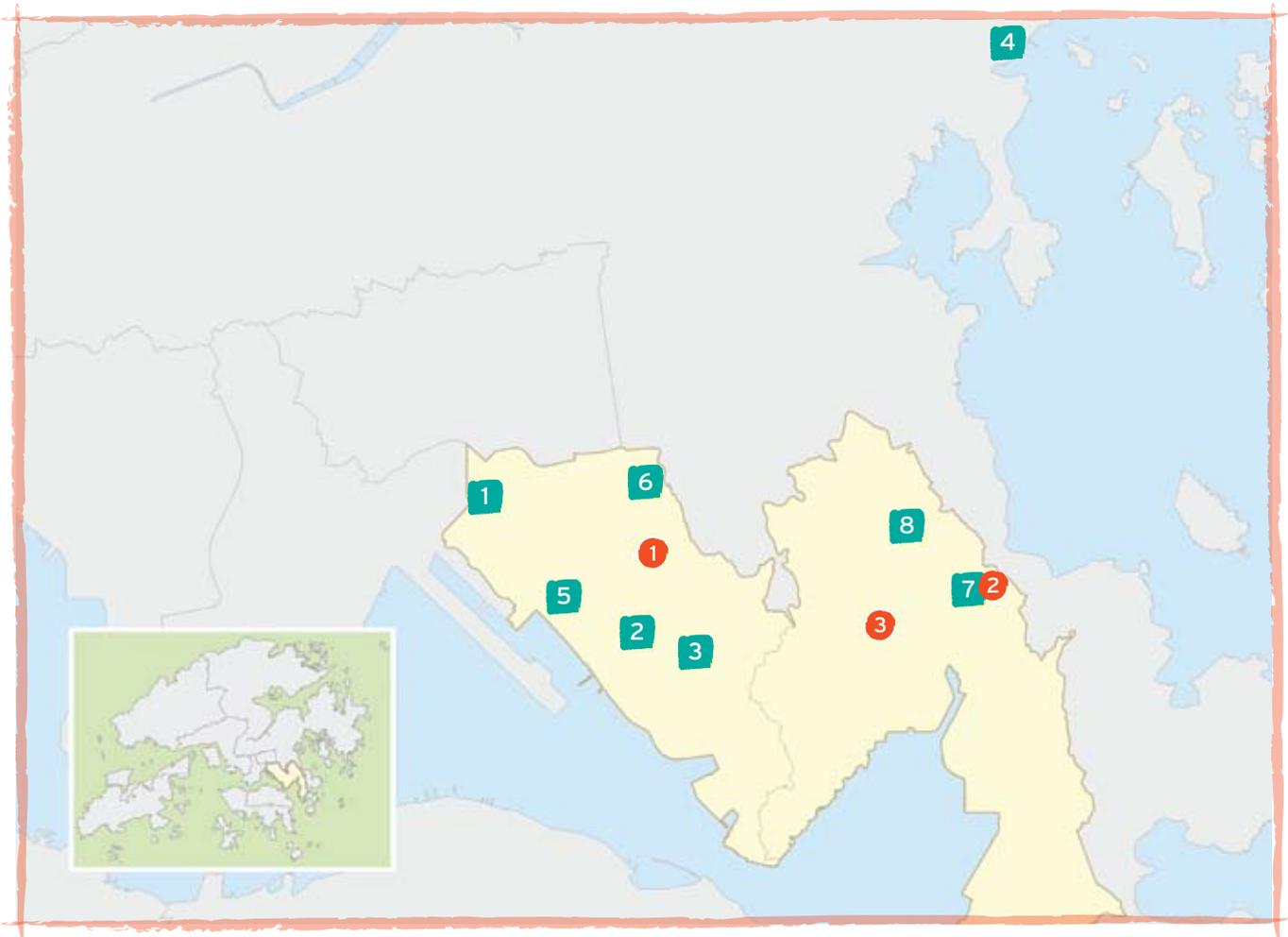
KCC has formulated a wide range of initiatives according to the five corporate key objectives to develop a safe, quality and patient-centred healthcare service. The major initiatives are as follows:

- To manage growing service demand, we will enhance cardiac services by extending the hours of emergency/ primary Percutaneous Coronary Interventions (PCI) service and increasing the number of elective open heart operations. A new donor centre will be set up in New Territories West Region to increase the capacity of blood collection for our Blood Transfusion Service. An integrated chronic obstructive pulmonary disease (COPD) management program will also be introduced to provide cluster-based respiratory care and patient empowerment support.
- To enhance service quality and safety, the Eye Bank of HKEH will provide more good quality pre-cut corneas for Descemet's Stripping Automated Endothelial Keratoplasty (DSAEK), which enables faster visual rehabilitation and fewer complications. Rheumatology nursing service is to be enhanced for the provision of early and focused treatment, which will include empowering patients to administer self-injection, and enhanced monitoring and drug adherence for tight control of early arthritis. Moreover, we will further develop molecular pathology, in particular in the field of molecular cytogenetics for inborn errors of metabolism (IEM).
- To keep modernizing HA, a new Simulation & Skill Training Centre will be set up with state-of-the-art simulation software for healthcare staff to build up their competence and confidence before managing real life complex cases and situations. Trans-catheter aortic valve implantation (TAVI) will be introduced in QEH to treat patients with symptomatic severe aortic stenosis who are not suitable for open heart surgery to improve quality of life and survival of patients. Materno-fetal medicine will be developed in QEH to provide services including multiple pregnancy clinic and 3D/4D obstetric ultrasound examinations for assessment of fetal abnormality.
- To build people first culture, a video on KCC's Mission, Vision & Value will be produced. A new telephone service centre will be set up in the Ambulatory Care Centre of QEH to provide timely and coordinated enquiry service which will help improve client satisfaction.
- To maintain financial sustainability, we will facilitate completeness and accuracy of clinical coding through the promulgation of grouping standards and a hospital-wide road show on the importance of accurate clinical coding.

KCC Targets

Implement a Planned Response to Manage Growing Service Demand	
<ul style="list-style-type: none"> Strengthen cardiac care services through extending the service hours of emergency / primary PCI service by 4 hours to provide additional 30 PCI, and by opening 2 more beds in the cardiac care unit of QEH 	1Q12
<ul style="list-style-type: none"> Introduce integrated COPD management program to 300 inpatients in QEH, with follow up attendances at COPD Review Clinics for post-discharge care; and standardize cluster-based COPD treatment protocol to facilitate inter-hospital referral and management of patients between QEH and KH 	1Q12
<ul style="list-style-type: none"> Establish a new blood donor centre in the New Territories West Region to increase collection of 5,000 units of whole blood 	1Q12
Improve Continuously Service Quality and Safety	
<ul style="list-style-type: none"> Roll out early recruitment of patients with rheumatoid arthritis and monitor protocol-based management with 1,000 attendances at nurse clinics in QEH 	1Q12
<ul style="list-style-type: none"> Provide specialized molecular diagnostic investigations in QEH on disease of Inborn Error Metabolism (IEM), including mucopolysaccharidosis and citrin deficiency 	4Q11
<ul style="list-style-type: none"> Increase collection of additional 25 good grading pre-cut corneas for Descemet's Stripping Automated Endothelial Keratoplasty (DSAEK) cornea transplant in HKEH 	1Q12
Keep Modernizing HA	
<ul style="list-style-type: none"> Develop Materno-fetal Medicine in QEH, providing 600 prenatal ultrasound examinations and 100 Day Ward attendances at the one-stop-service Multiple Pregnancy Clinic 	1Q12
<ul style="list-style-type: none"> Establish a Simulation & Skill Training Centre in QEH to enhance the skills, teamwork and communication of healthcare personnel 	3Q11
<ul style="list-style-type: none"> Perform the new minimally invasive Trans-catheter Aortic Valve Implantation (TAVI) procedure in QEH for 5 patients who have symptomatic severe aortic stenosis where the risks of open surgery are very high 	1Q12
Build People First Culture	
<ul style="list-style-type: none"> Produce a video to promote KCC's Mission, Vision & Value 	4Q11
<ul style="list-style-type: none"> Establish a telephone service centre in the Ambulatory Care Centre of QEH to provide timely and coordinated patient enquiry service for the booking and changing of appointment 	2Q11
Maintain Financial Sustainability	
<ul style="list-style-type: none"> Facilitate completeness and accuracy of clinical coding through education and promulgation of grouping standards in QEH 	1Q12

Kowloon East Cluster (KEC)



Hospital

- ① United Christian Hospital 
- ② Tseung Kwan O Hospital 
- ③ Haven of Hope Hospital

General Outpatient Clinic

- ① Kowloon Bay Health Centre GOP Clinic
- ② Kwun Tong Jockey Club Health Centre GOP Clinic
- ③ Lam Tin Polyclinic GOP Clinic
- ④ Mona Fong GOP Clinic
- ⑤ Ngau Tau Kok Jockey Club GOP Clinic
- ⑥ Shun Lee GOP Clinic
- ⑦ Tseung Kwan O (Po Ning Road) GOP Clinic
- ⑧ Tseung Kwan O Jockey Club GOP Clinic

Demographic Characteristics

Year 2009	Kwun Tong	Tseung Kwan O	KEC Catchment	Hong Kong Overall
Population	598,600	355,400	954,000	7,001,600
Proportion of population age ≥ 65	16.3%	8.5%	13.4%	12.8%
Year 2019				
Projected population	666,900	430,100	1,097,000	7,658,500
Proportion of population age ≥ 65	17.6%	11.9%	15.4%	17.4%

The catchment area of KEC covers Kwun Tong and Tseung Kwan O districts with a total population of around 0.95 million.

Major Challenges

KEC is serving a growing population with rising demand on the full spectrum of public healthcare services ranging from primary care in community to tertiary care in hospital. Limited by bed capacity and physical space constraints, the cluster is boosting the service volume through enhanced productivity. The cluster is now achieving the highest new case ratio in specialist outpatient service and the lowest average length of stay for acute and convalescent patients in HA.

In 2011-12, the cluster continues to face the challenges of escalating service demand with high complexities of illness from a growing elderly population. At the same time, KEC still relies heavily on other clusters especially for inpatient rehabilitation and convalescent services. The cluster will strive to maximize operation efficiency and effectiveness through service rationalization and prioritization. Looking forward, we expect the completion of TKOH New Ambulatory Block and related medical facilities in 2012 will further enhance the medical service provision in KEC. Meanwhile, we are working closely with corporate HA to plan for the expansion project of UCH and the redevelopment project in HHH.

Major Initiatives in 2011-12

KEC will implement the following major initiatives in 2011-12 in line with corporate strategic directions:

- Increase service capacity in priority areas by performing additional cataract surgeries, enhancing clinical oncology service, and building up a professional team for the provision of comprehensive obstetric and neonatal services in KEC.
- Enhance primary care and optimize chronic disease management by developing community health centre to provide an integrated range of services and expanding the multidisciplinary risk assessment and management program to cover both diabetic patients and hypertensive patients.
- Enhance ambulatory and community care to prevent avoidable hospitalization by adopting an integrated model of care for high risk elders, strengthening community psychiatric support and enhancing the assessment and treatment of patients with psychotic disorder.
- Strengthen safety culture and quality system by engaging colleagues in the hospital accreditation program and implementing a series of initiatives to enhance drug safety.
- Build people first culture through promoting staff health and wellness, enhancing career progression for nurses, and strengthening the occupational medicine clinic services.

KEC Targets

Implement a Planned Response to Manage Growing Service Demand

• Set up a new cataract centre at TKOH to provide additional 2,500 cataract surgeries and 7,500 SOPC attendances	1Q12
• Build up the expertise and capacity in stages for the provision of comprehensive obstetric and neonatal services in KEC	1Q12
• Expand the clinical oncology clinic and chemotherapy treatment at UCH to provide additional 750 chemotherapy day attendances and 750 chemotherapy SOPC attendances	1Q12
• Provide an integrated model of care for 430 elderly patients which includes discharge planning, enhanced rehabilitation, case management, and home support services	1Q12
• Provide early assessment service to 75 new adult patients with psychosis	1Q12
• Set up rapid crisis intervention teams and attend to 125 mental health patients who experience crisis situations in the community	1Q12
• Set up a virtual ward using the hospital-at-home model of care to deliver community support and home care nursing to patients with complex conditions	4Q11

<ul style="list-style-type: none"> • Develop community health centre in Kwun Tong district to enhance primary care services 	1Q12
<ul style="list-style-type: none"> • Provide smoking counselling and cessation service for 850 chronically-ill smokers using the chronic care model in primary care setting 	1Q12
Improve Continuously Service Quality and Safety	
<ul style="list-style-type: none"> • Implement for the first year the hospital accreditation program in KEC 	4Q11
<ul style="list-style-type: none"> • Upgrade the existing aseptic dispensing facility and enhance the aseptic dispensing service 	1Q12
<ul style="list-style-type: none"> • Extend the operating hours of CT and MRI services from 40 hours per week to 60 in order to increase the service capacity for elective cases 	4Q11
<ul style="list-style-type: none"> • Set up multidisciplinary autistic service team to provide timely assessment and intensive intervention for 400 child cases 	1Q12
Keep Modernizing HA	
<ul style="list-style-type: none"> • Enhance laboratory testing for patients receiving new drug treatment for chronic hepatitis by providing 4,400 DNA tests for hepatitis B virus 	1Q12
Build People First Culture	
<ul style="list-style-type: none"> • Enhance the career progression of nurses by developing at least 3 additional nursing consultants (NCs) to serve as trainers and mentors for specialty training 	4Q11
<ul style="list-style-type: none"> • Improve staff wellness through structured health awareness programs and comprehensive workplace related training 	2Q11
<ul style="list-style-type: none"> • Strengthen the occupational medicine clinic services for early intervention and intensive treatment of staff who sustained injury on duty or with work related disability 	2Q11

Kowloon West Cluster (KWC)



Hospital

- | | | |
|------------------------------|---|----------------------------------|
| 1 Princess Margaret Hospital | + | 5 Our Lady of Maryknoll Hospital |
| 2 Caritas Medical Centre | + | 6 TWGHs Wong Tai Sin Hospital |
| 3 Kwong Wah Hospital | + | 7 Kwai Chung Hospital |
| 4 Yan Chai Hospital | + | |

General Outpatient Clinic

- | | |
|---|--|
| 1 Tsing Yi Cheung Hong GOP Clinic | 13 Nam Shan GOP Clinic |
| 2 Caritas Medical Centre | 14 North Kwai Chung GOP Clinic |
| 3 Kwong Wah Hospital | 15 Robert Black GOP Clinic |
| 4 Yan Chai Hospital | 16 Shek Kip Mei GOP Clinic |
| 5 Our Lady of Maryknoll Hospital | 17 South Kwai Chung Jockey Club GOP Clinic |
| 6 Cheung Sha Wan Jockey Club GOP Clinic | 18 Tai O Jockey Club GOP Clinic |
| 7 East Kowloon GOP Clinic | 19 Tsing Yi Town GOP Clinic |
| 8 Ha Kwai Chung GOP Clinic | 20 Tung Chung GOP Clinic |
| 9 Lady Trench GOP Clinic | 21 Wang Tau Hom Jockey Club GOP Clinic |
| 10 Li Po Chun GOP Clinic | 22 West Kowloon GOP Clinic |
| 11 Mrs Wu York Yu GOP Clinic | 23 Wu York Yu GOP Clinic |
| 12 Mui Wo GOP Clinic | |

Demographic Characteristics

Year 2009	Wong Tai Sin	Yau Tsim Mong*	Sham Shui Po	Kwai Tsing	Tsuen Wan	North Lantau	KWC Catchment	Hong Kong Overall
Population	420,500	301,800	373,500	516,900	296,200	81,300	1,870,900	7,001,600
Proportion of population age ≥ 65	17.7%	13.6%	16.6%	13.9%	12.1%	6.3%	14.7%	12.8%
Year 2019								
Projected population	416,900	353,600	442,900	491,900	301,300	100,500	1,962,700	7,658,500
Proportion of population age ≥ 65	19.5%	19.8%	18.8%	18.4%	17.7%	9.8%	18.3%	17.4%

* Figures include Yau Tsim population which is not under the catchment of KWC

The catchment area of KWC covers the districts of Wong Tai Sin, Mong Kok, Sham Shui Po, Kwai Tsing, Tsuen Wan and North Lantau. This is the largest Cluster in HA, with an estimated population of nearly 1.9 million, representing 27% of the overall Hong Kong population.

Major Challenges

KWC has a population that is slightly poorer and older than the Hong Kong average and the demand for a comprehensive public healthcare service is high. Therefore, our main challenge continues to be providing safe and quality care in the face of rising service demand and expectation. On one hand we need to improve our service capacity and accessibility. At the same time, we need to maintain a robust triage mechanism to ensure that patients with pressing needs are attended to in a timely manner.

Major Initiatives in 2011-12

Enhancing primary and community care services, expanding service capacity to fill service gaps, cross discipline/sector collaborations, launching quality improvement programs and maintaining a competent staff force are our main strategies. Major initiatives are as follows:

- To manage growing service demand, KWC will establish a joint replacement centre in YCH, and expand Ear, Nose and Throat services to shorten waiting time. A commissioning team for the new North Lantau Hospital will be set up to prepare for the commencement of services in 2013.

Cluster Plans

- Cross-specialty programs will continue to be rolled out to enhance interface with secondary specialist services. A comprehensive range of mental health programs will also be launched to cater for the needs of different age group patients.
- A cross-sector multidisciplinary integrated care model will be introduced for high-risk elders to lessen their dependency on inpatient beds and to better support their care in the community. In addition, the Community Geriatrics Assessment Service will provide full coverage to residential care homes for the elderly in Wong Tai Sin District.
- The Cluster will continue to monitor and review clinical risks, and will critically rethink and redesign our healthcare delivery process to mitigate risks in order to improve patient safety. Three of the KWC hospitals (PMH, YCH and OLMH) will participate in Phase 2 of the hospital accreditation program following the successful accreditation of CMC last year.
- New technologies and treatment options with proven cost-benefit will be introduced in KWC. These include Autologous Haemopoietic Stem Cell Transplant (Auto-HSCT) and enhanced laboratory support for the management of chronic hepatitis and diabetes. The "Filmless HA" project will be further rolled out, and it is anticipated that all KWC hospitals will achieve full digital imaging by year 2014.
- Maintaining a team of dedicated and highly skilled workforce is always at the top of our priority. A series of programs will be implemented to enhance professional competencies and improve the career prospects of various grades of staff.

KWC Targets

Implement a Planned Response to Manage Growing Service Demand

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|--|------|
| • Set up the North Lantau Hospital Commissioning Team to prepare for the commencement of services in 2013 | 1Q12 |
| • Set up the joint replacement centre in YCH to provide integrated surgical treatment and post-operative rehabilitation program | 4Q11 |
| • Enhance renal service by providing additional 10 hospital haemodialysis (HD) and 10 home HD places, and 15 automated peritoneal dialysis (APD) quota | 1Q12 |
| • Provide an integrated model of care for elderly patients which include discharge planning, case management, enhanced rehabilitation and CNS support | 1Q12 |
| • Community Geriatrics Assessment Team to provide full coverage to residential care homes for the elderly in Wong Tai Sin District | 1Q12 |
| • Expand mental health services with the following deliverables: <ul style="list-style-type: none"> ➢ Additional 10,800 visits under the Community Case Manager Program for patients with severe mental illness ➢ Setting up a rapid crisis intervention team to respond to crisis situations involving patients with mental illness in the community ➢ Provide early assessment service to new adult patients with psychosis | 1Q12 |

- Additional 10,290 GOP attendances for patients with common mental disorders under the Integrated Mental Health Program
- Additional 2,400 visits provided by the Psychogeriatric Outreach Team to elderly patients living in residential care homes for the elderly
- Enhance child & adolescent psychiatric services with additional 1,600 SOP attendances and 4,000 allied health outpatient attendances

Improve Continuously Service Quality and Safety

- | | |
|--|------|
| • Strengthen pharmacy service by extending the pharmacy service hours to 11:00 pm in YCH and CMC, and expanding pharmacist coverage at GOPC pharmacies | 1Q12 |
| • Phase out the re-use of 5% of Class II Critical (moderate to high risk) Single Use Devices | 1Q12 |
| • Extend the hospital accreditation program to PMH, YCH and OLMH | 1Q12 |

Keep Modernizing HA

- | | |
|--|------|
| • Set up a satellite Autologous Haemopoietic Stem Cell Transplant (Auto - HSCT) centre at PMH and manage 5 Auto-HSCT cases | 1Q12 |
| • Enhance laboratory services for the treatment of chronic hepatitis and diabetes, providing 8,300 DNA tests for hepatitis B virus and 2,500 to 5,000 glycated haemoglobin (HbA1c) tests | 1Q12 |
| • Implement the "Filmless HA" project by phases at CMC, KWH and YCH | 1Q12 |

Build People First Culture

- | | |
|---|------|
| <ul style="list-style-type: none"> • Enhance the career progression of nurses and allied health staff with the following measures: <ul style="list-style-type: none"> ➤ additional Nurse Consultant and Advanced Practice Nurse upgraded posts ➤ preceptorship program and training & mentorship program for nurses ➤ 3-year structured on-the-job training for newly recruited allied health staff ➤ 9 training programs for allied health staff at entry rank in 5 specialties, and 2 training programs for experienced allied health professionals in 2 specialties ➤ training relief to facilitate release of staff to attend local/overseas training • Strengthen simulation training on patient assessment and management of medical emergencies for 800 newly graduated nurses and 200 experienced nurses working in intensive care unit (ICU), A&E, and isolations wards of HA hospitals • Enroll 100 new students to the Higher Diploma in Nursing program at CMC | 1Q12 |
|---|------|

Maintain Financial Sustainability

- | | |
|---|------|
| • Explore and implement strategies to reduce dependency on inpatient care | 1Q12 |
|---|------|

New Territories East Cluster (NTEC)



Hospital

- | | |
|---|-------------------------|
| ① Prince of Wales Hospital | ④ Cheshire Home, Shatin |
| ② Alice Ho Miu Ling Nethersole Hospital | ⑤ Shatin Hospital |
| ③ North District Hospital | ⑥ Tai Po Hospital |
| | ⑦ Bradbury Hospice |

General Outpatient Clinic

- | | |
|-------------------------------------|---|
| ① Fanling Family Medicine Centre | ⑦ Shek Wu Hui Jockey Club GOP Clinic |
| ② Ho Tung Dispensary | ⑧ Ta Kwu Ling GOP Clinic |
| ③ Lek Yuen GOP Clinic | ⑨ Tai Po Jockey Club GOP Clinic |
| ④ Ma On Shan Family Medicine Centre | ⑩ Wong Siu Ching Family Medicine Centre |
| ⑤ Sha Tau Kok GOP Clinic | ⑪ Yuen Chau Kok GOP Clinic |
| ⑥ Shatin (Tai Wai) GOP Clinic | |

Demographic Characteristics

Year 2009	Sha Tin	Tai Po	North	Sai Kung*	NTEC Catchment	Hong Kong Overall
Population	612,600	292,300	305,000	421,100	1,275,600	7,001,600
Proportion of population age ≥ 65	11.0%	9.9%	10.2%	8.6%	10.5%	12.8%
Year 2019						
Projected population	686,000	320,500	340,500	504,200	1,421,100	7,658,500
Proportion of population age ≥ 65	16.6%	16.2%	15.1%	12.2%	16.0%	17.4%

* Figures include Tseung Kwan O population which is not under the catchment of NTEC

The catchment area of NTEC covers Sha Tin, Tai Po, North District and part of the Sai Kung districts, with a total population of close to 1.3 million.

Major Challenges

The opening of the PWH Extension Block in November 2010 has brought about significant improvement to the emergency care services in the hospital. Delay in emergency admissions due to unavailability of inpatient beds largely disappeared during the winter surge and influenza epidemic in early 2011. Treatment capacity for cancer patients was much improved with targeted additional operating theatre sessions, expanded capacity for chemotherapy, and commissioning of the 5th Linear Accelerator in PWH.

The Respiratory Collaborative Care Team in NDH proved to be very successful in improving care and support for chronic obstructive pulmonary disease (COPD) patients in the community.

In 2011-12, the Cluster will focus on addressing 3 main challenges: (i) managing the growing demand for hospital services, with strategies to reduce avoidable hospitalization and promoting primary and community care; (ii) ensuring patient safety and quality of care, with strategies to ensure medication safety and achieving quality systems for accreditation; and (iii) ensuring a stable workforce, with strategies to reduce staff turnover and cultivating a harmonious workplace.

Major Initiatives in 2011-12

To address the challenges, NTEC will focus on the following 5 key strategies:

(a) Enhance primary care and strengthen support for chronic disease and elderly patients

The facilities of GOPCs will be improved to provide multidisciplinary primary care services including nurse and allied health programs as well as patient empowerment and health education programs. Smoking cessation service will be enhanced for chronic disease patients who are smokers based on a chronic care model. An integrated care support program will be implemented for high risk elderly patients, with enhanced Community Nursing Service (CNS) support and case management.

(b) Enhance ambulatory and community care to prevent avoidable hospitalization for patients with mental illnesses

The Cluster will launch the Community Case Manager Program for persons with severe mental illness, and set up rapid crisis intervention teams under the Community Psychiatric Service. The Early Assessment Service for Young Persons with Psychotic Disorders (EASY) will be extended to adult patients newly diagnosed with psychosis, and the Psychogeriatric Outreach Service will be extended to cover more residential care homes for the elderly. We will also expand the Child Psychiatric Service to meet the needs of patients with attention deficit hyperactivity disorder (ADHD) and those with autism spectrum disorders (ASD).

(c) Increase operating theatre capacity for target disease groups to meet growing demand

The Cluster plans to open additional operating theatres and add extra operating theatre sessions at PWH to shorten the waiting time for elective operations for target disease groups, such as head and neck surgery, cancer surgery, cardiac surgery, and eye surgery. We will also enhance post-operative support for complex surgeries through augmentation of nursing support and improved provision of High Dependency Unit (HDU) facilities at PWH.

(d) Strengthen quality system and risk management to ensure patient safety

In the coming year, four of the seven hospitals in the Cluster will participate in the hospital accreditation program and go through the preparatory process. Moreover, the Cluster will further enhance patient safety with focus on medication safety through staff engagement, promotion of patient safety culture, and implementation of risk reduction programs.

(e) Enhance staff retention and cultivate a harmonious workplace to promote a stable workforce

The Cluster will provide better career development opportunities through enhanced training and advancement prospect for doctors, nurses and other professional staff. The "One-staff-one-plan" training program, which has been organized for nurses and allied health staff, will be extended to doctors. There will also be enhanced training programs for nurses and overseas training opportunities.

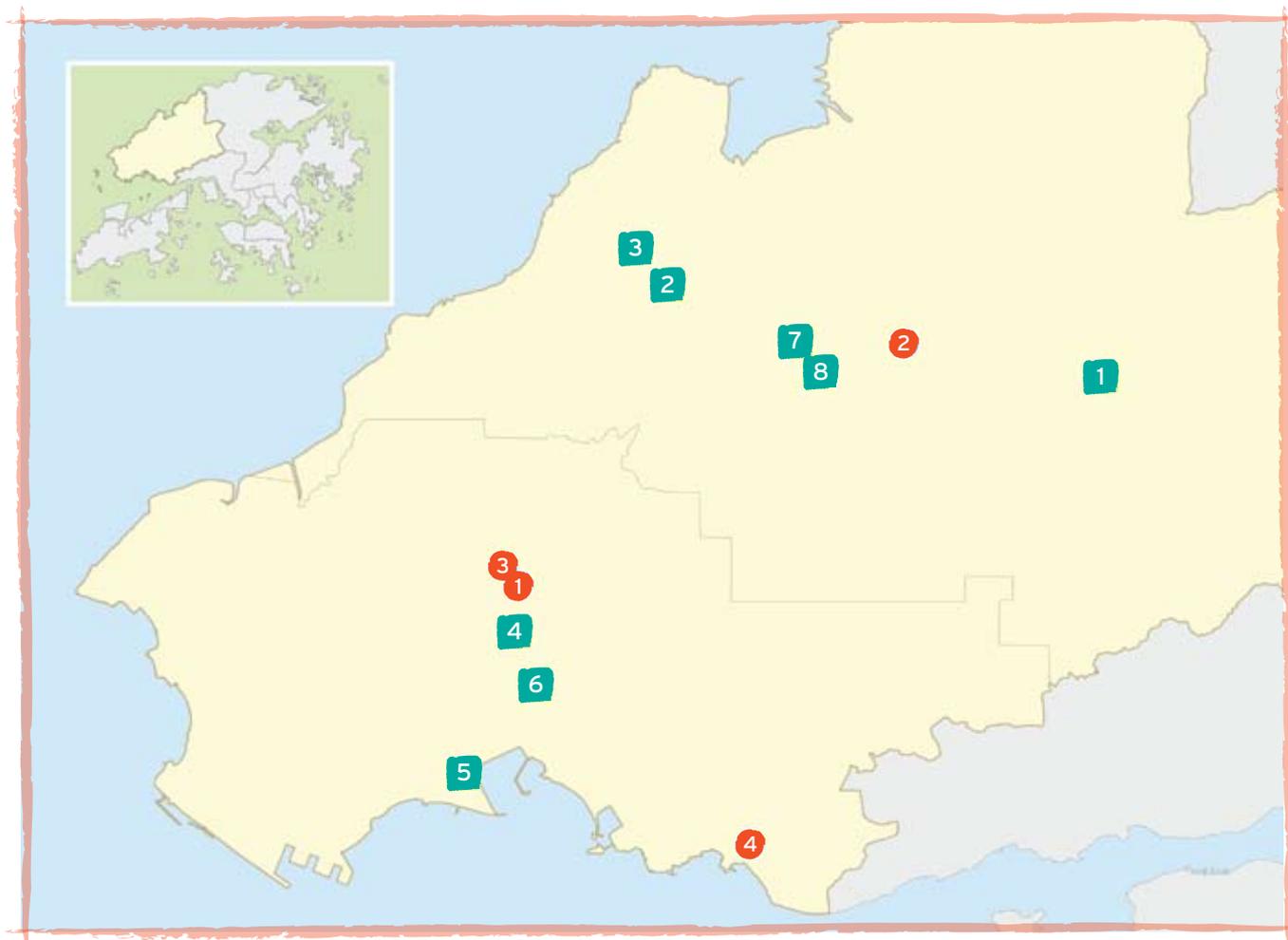
NTEC Targets

Implement a Planned Response to Manage Growing Service Demand	
<ul style="list-style-type: none"> Open a new operating theatre in PWH and provide additional operating theatre sessions for target disease groups 	3Q11
<ul style="list-style-type: none"> Enhance post-operative support with 2 additional High Dependency Unit beds in PWH for complex surgeries 	3Q11
<ul style="list-style-type: none"> Enhance renal service by establishing haemodialysis (HD) service in NDH with 3 HD stations, nocturnal home HD training centre at AHNH to serve 10 patients, as well as enhancing automated peritoneal dialysis (APD) for 12 renal failure patients and providing hospital chronic HD service to 10 additional patients in NTEC 	1Q12
<ul style="list-style-type: none"> Enhance mental health services by (i) launching the Community Case Manager Program in Shatin district for 1,450 persons with severe mental illness; (ii) setting up rapid crisis intervention teams; (iii) extending the Early Assessment Service for Young Persons with psychotic disorders (EASY) to 120 adult patients; and (iv) extending the Psychogeriatric Outreach Service to cover 11 more residential care homes for the elderly 	1Q12
<ul style="list-style-type: none"> Improve facilities of GOPCs to strengthen the management of patients with chronic diseases, and deliver smoking cessation services to 1,275 chronically ill smokers 	1Q12
<ul style="list-style-type: none"> Set up 15 comfort beds in hospital wards and a palliative day care centre at NDH 	1Q12
Improve Continuously Service Quality and Safety	
<ul style="list-style-type: none"> Improve pharmacy service by (i) enhancing the aseptic dispensing service to include additional high risk medications and common drug infusions for paediatrics; (ii) expanding pharmacist coverage at GOPC pharmacies; and (iii) providing clinical pharmacists at treatment site of chemotherapy service 	4Q11
<ul style="list-style-type: none"> Extend the service hours of pharmacies to 11 pm at AHNH and NDH for A&E patients and urgent inpatients 	4Q11
<ul style="list-style-type: none"> Prepare 4 hospitals in NTEC for the hospital accreditation program 	1Q12
<ul style="list-style-type: none"> Promote patient safety culture and implement risk reduction programs with a focus on medication safety 	1Q12
<ul style="list-style-type: none"> Set up a day activity ward for psychiatric inpatients in TPH 	1Q12
<ul style="list-style-type: none"> Commence 24-hour thrombolytic therapy service for acute ischemic stroke patients at PWH to reduce stroke disability and complication 	1Q12
<ul style="list-style-type: none"> Extend the operating hours of MRI service to provide 550 additional examinations at NDH 	1Q12

Cluster Plans

Keep Modernizing HA	
<ul style="list-style-type: none"> • Enhance laboratory service to provide 110,000 tests for the treatment of diabetes and 5,700 tests for chronic hepatitis, and provide universal prenatal screening for Group B Streptococcus (GBS) 	1Q12
<ul style="list-style-type: none"> • Pilot the new pharmaceutical supply chain process using new technology 	1Q12
<ul style="list-style-type: none"> • Fully implement filmless radiology in PWH to include operating theatres and GOPCs 	1Q12
<ul style="list-style-type: none"> • Enhance child & adolescent psychiatric service to provide a total of 3,400 clinical attendances and 6,000 allied health attendances for children with attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders (ASD) 	1Q12
Build People First Culture	
<ul style="list-style-type: none"> • Enhance professional development and competencies of medical staff through the introduction of a “One-doctor-one-plan Training Program” 	3Q11
<ul style="list-style-type: none"> • Launch enhanced training programs for 70 nursing leaders, with special programs on conflict management and coaching 	4Q11
<ul style="list-style-type: none"> • Explore overseas training opportunities and enhance professional training for medical, nursing and allied health staff 	4Q11
<ul style="list-style-type: none"> • Foster career advancement opportunities for staff retention 	1Q12

New Territories West Cluster (NTWC)



Hospital

- ① Tuen Mun Hospital 
- ② Pok Oi Hospital 
- ③ Castle Peak Hospital
- ④ Siu Lam Hospital

General Outpatient Clinic

- ① Kam Tin Clinic
- ② Tin Shui Wai Health Centre
- ③ Tin Shui Wai North GOP Clinic
- ④ Tuen Mun Clinic
- ⑤ Tuen Mun Wu Hong Clinic
- ⑥ Yan Oi GOP Clinic
- ⑦ Yuen Long Jockey Club Health Centre
- ⑧ Madam Yung Fung Shee Health Centre

Demographic Characteristics

Year 2009	Tuen Mun	Yuen Long	NTWC Catchment	Hong Kong Overall
Population	497,700	551,300	1,049,000	7,001,600
Proportion of population age ≥ 65	8.8%	8.9%	8.9%	12.8%
Year 2019				
Projected population	530,800	662,900	1,193,700	7,658,500
Proportion of population age ≥ 65	15.6%	12.9%	14.1%	17.4%

The catchment area of NTWC covers Tuen Mun and Yuen Long districts with a total population of 1 million.

Major Challenges

The twin demographic challenges of population growth and population ageing, the influx of low-income families coupled with a growing number of elderly homes and long stay care homes in the region, and the pressure arising from shortage of workforce continue to be the most pressing issues facing NTWC in 2011-12. The Cluster will continue to weigh up priorities and reorganize resources with full commitment to providing quality services and addressing the healthcare needs of our catchment population.

Major Initiatives in 2011-12

In line with corporate strategic directions, NTWC will implement the following major initiatives:

- To respond to growing service demand by providing 21 additional acute beds at TMH and POH, commissioning new public primary care services in Tin Shui Wai North, strengthening palliative care for terminally ill patients, and expansion of community psychiatric services.
- To improve service quality and safety by enhancing ambulatory services in urology, rheumatology and O&G oncology, setting up multidisciplinary teams to provide timely assessment and intensive intervention for children with autism spectrum disorder, and implementing a sterilization enhancement program for operating theatres at TMH to enhance the safety of surgical operations.
- To modernize hospital service provision by setting up a satellite Autologous Haemopoietic Stem Cell Transplant (Auto-HSCT) centre at TMH, and enhancing laboratory service for the treatment of chronic hepatitis patients.
- To reinforce people first culture by providing Registered Nursing (RN) training at our TMH nursing school, implementing preceptorship program for new graduate nurses, and organizing training programs for entry rank as well as experienced allied health professionals.

NTWC Targets

Implement a Planned Response to Manage Growing Service Demand	
<ul style="list-style-type: none"> Enhance acute inpatient services by opening an additional 13 hospital beds at POH, providing 280 discharge episodes 	1Q12
<ul style="list-style-type: none"> Augment oncology services by opening an additional 8 hospital beds at TMH, providing 220 discharge episodes 	1Q12
<ul style="list-style-type: none"> Commission new public primary care services in Tin Shui Wai North by opening 2 consultation rooms 	1Q12
<ul style="list-style-type: none"> Strengthen palliative care for terminally ill patients by adopting end-of-life care pathways, providing 700 SOPC attendances, 240 allied health outpatient attendances, and 100 hospice home visits 	1Q12
<ul style="list-style-type: none"> Increase the capacity of emergency operating theatres at TMH by adding 10 sessions per week 	1Q12
<ul style="list-style-type: none"> Expand the community case manager program for patients with severe mental illness and provide an additional 14,400 psychiatric outreach attendances 	1Q12
<ul style="list-style-type: none"> Set up a rapid crisis intervention team to respond to crisis situations involving patients with mental illness in the community and manage 1,500 psychiatric outreach attendances 	1Q12
<ul style="list-style-type: none"> Extend the Early Assessment Service for Young persons with psychotic disorders (EASY) to adult patients newly diagnosed with psychosis, providing 360 additional SOPC attendances 	1Q12
<ul style="list-style-type: none"> Extend the psychogeriatric outreach service to additional private residential care homes for the elderly and provide 1,600 additional psychogeriatric outreach attendances 	1Q12
<ul style="list-style-type: none"> Expand the capacity of cataract service to provide 90 additional discharge episodes and 270 additional SOPC attendances 	1Q12
Improve Continuously Service Quality and Safety	
<ul style="list-style-type: none"> Enhance ambulatory services in urology, rheumatology and O&G oncology by providing 5,076 additional attendances 	1Q12
<ul style="list-style-type: none"> Set up multidisciplinary autistic service teams and provide 1,236 SOPC attendances and 3,446 allied health outpatient attendances 	1Q12
<ul style="list-style-type: none"> Enhance safety of surgical operations by implementing a sterilization enhancement program for operating theatres at TMH 	1Q12
<ul style="list-style-type: none"> Enhance pharmacy service in GOPCs by expanding pharmacist coverage during clinic operating hours 	1Q12
<ul style="list-style-type: none"> Enhance aseptic dispensing service by upgrading the existing facility 	1Q12

Cluster Plans

Keep Modernizing HA

- | | |
|---|------|
| <ul style="list-style-type: none"> • Improve bone marrow transplant service by setting up a satellite Autologous Haemopoietic Stem Cell Transplant (Auto-HSCT) centre at TMH with a service capacity of 10 cases | 1Q12 |
| <ul style="list-style-type: none"> • Enhance laboratory testing for patients receiving new drug treatment for chronic hepatitis by conducting 4,400 DNA tests for hepatitis B virus | 1Q12 |

Build People First Culture

- | | |
|---|------|
| <ul style="list-style-type: none"> • Provide Registered Nurse (RN) training at TMH nursing school for 100 new students | 1Q12 |
| <ul style="list-style-type: none"> • Implement the two-year preceptorship program for new graduate nurses to sharpen their practical nursing skills | 1Q12 |
| <ul style="list-style-type: none"> • Provide midwifery training for 7 additional trainees | 1Q12 |
| <ul style="list-style-type: none"> • Provide 13 general nurses with an 18-month conversion course in psychiatric nursing | 1Q12 |
| <ul style="list-style-type: none"> • Provide a structured training and development program to newly recruited allied health staff including medical laboratory technicians, diagnostic radiographers, physiotherapists, occupational therapists and prosthetist-orthotists | 1Q12 |

Appendixes

Appendix 1 – Key Service Statistics

Targets and Indicators	Actual for 2009-10	Estimate for 2010-11	Target for 2011-12
I. Access to services			
Inpatient services			
no. of hospital beds			
general (acute and convalescent)	20 516	20 733	20 754
infirmary	2 041	2 041	2 041
mentally ill	3 607	3 607	3 607
mentally handicapped	660	660	660
Total	26 824	27 041	27 062
Ambulatory & outreach services			
accident & emergency (A&E) services			
percentage of A&E patients within target waiting time			
triage I (critical cases - 0 minutes) (%)	100	100	100
triage II (emergency cases - 15 minutes) (%)	98	95	95
triage III (urgent cases - 30 minutes) (%)	90	90	90
specialist outpatient services			
median waiting time for first appointment at specialist clinics			
first priority patients	< 1 week	2 weeks	2 weeks
second priority patients	5 weeks	8 weeks	8 weeks
rehabilitation & geriatric services			
no. of community nurses	388	388	398
no. of geriatric day places	619	619	619
psychiatric services			
no. of community psychiatric nurses	146	145	152
no. of psychiatric day places	889	889	889
II. Delivery of services			
Inpatient services			
no. of discharge episodes			
general (acute and convalescent)	928 609	949 400	958 500
infirmary	3 340	3 400	3 400
mentally ill	16 018	16 300	16 300
mentally handicapped	347	360	360
Overall	948 314	969 460	978 560
no. of patient days			
general (acute and convalescent)	5 314 224	5 388 000	5 396 000
infirmary	520 405	526 000	526 000
mentally ill	1 010 256	995 000	995 000
mentally handicapped	221 649	228 000	228 000
Overall	7 066 534	7 137 000	7 145 000

Targets and Indicators	Actual for 2009-10	Estimate for 2010-11	Target for 2011-12
bed occupancy rate (%)			
general (acute and convalescent)	82	83	83
infirmary	90	90	90
mentally ill	77	76	76
mentally handicapped	92	95	95
Overall	82	83	83
average length of stay (days) ^{Note 1}			
general (acute and convalescent)	5.8	5.7	5.6
infirmary	135	144	144
mentally ill	74	71	71
mentally handicapped	838	895	895
Overall	7.7	7.6	7.5
Ambulatory & outreach services			
day inpatient services			
no. of discharge episodes	416 885	434 600	462 400
A&E services			
no. of attendances	2 214 422	2 243 000	2 268 000
no. of attendances per 1 000 population	316	316	317
no. of first attendances for			
triage I	19 457	19 700	20 000
triage II	33 153	32 900	33 400
triage III	621 006	632 800	639 900
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	644 576	642 000	657 000
no. of specialist outpatient (clinical) follow-up attendances	5 747 834	5 776 000	5 906 000
total no. of specialist outpatient (clinical) attendances	6 392 410	6 418 000	6 563 000
primary care services			
no. of general outpatient attendances	4 700 543	4 801 000	4 817 000
no. of family medicine specialist clinic attendances	272 146	267 600	267 600
total no. of primary care attendances	4 972 689	5 068 600	5 084 600
rehabilitation & palliative care services			
no. of rehabilitation day and palliative care day attendances	81 532	82 900	86 500
no. of home visits by community nurses	823 907	827 000	834 000
no. of allied health (community) attendances	27 816	28 000	28 700
no. of allied health (outpatient) attendances	2 024 568	2 060 000	2 107 000
geriatric services			
no. of outreach attendances	626 287	626 500	632 000
no. of elderly persons assessed for infirmary care service	1 417	1 420	1 420
no. of day attendances	133 992	134 900	138 400
no. of Visiting Medical Officer attendances	114 876	115 700	117 600
psychiatric services			
no. of outreach attendances	135 927	168 000	226 600
no. of day attendances	211 675	213 100	213 600
no. of psychogeriatric outreach attendances	83 003	83 000	95 100

Targets and Indicators	Actual for 2009-10	Estimate for 2010-11	Target for 2011-12
III. Quality of services			
no. of hospital deaths per 1 000 population ^{Note 2}	3.6	3.6	3.6
unplanned readmission rate within 28 days for general inpatients (%)	11.0	11.2	11.2
IV. Cost of services			
Cost distribution			
cost distribution by service types (%)			
inpatient	57.2	57.1	56.1
ambulatory & outreach	42.8	42.9	43.9
cost by service types per 1 000 population (\$m)			
inpatient	2.9	3.0	3.1
ambulatory & outreach	2.2	2.2	2.4
cost of services for persons aged 65 or above			
share of cost of services (%)	44.9	45.2	45.2
cost of services per 1 000 population (\$m)	18.1	18.3	19.4
Unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	18 920	19 100	19 730
infirmary	175 290	178 020	182 370
mentally ill	112 420	113 370	116 300
mentally handicapped	682 100	691 030	706 370
cost per patient day (\$)			
general (acute and convalescent)	3 590	3 660	3 830
infirmary	1 130	1 150	1 180
mentally ill	1 780	1 860	1 910
mentally handicapped	1 070	1 090	1 120
ambulatory & outreach services			
cost per A&E attendance (\$)	800	800	830
cost per specialist outpatient attendance (\$)	880	900	950
cost per general outpatient attendance (\$)	290	300	310
cost per family medicine specialist clinic attendance (\$)	820	870	910
cost per outreach visit by community nurse (\$)	320	330	340
cost per psychiatric outreach attendance (\$)	1 100	1 180	1 380
cost per geriatric day attendance (\$)	1 510	1 560	1 600
Waivers ^{Note 3}			
percentage of Comprehensive Social Security Assistance (CSSA) waiver	19.6	19.6	19.6
percentage of non-CSSA waiver	3.8	3.8	3.8

Targets and Indicators	Actual for 2009-10	Estimate for 2010-11	Target for 2011-12
V. Manpower (no. of full time equivalent staff as at 31 March)			
Medical			
Doctor	4 995	5 028	5 103
no. of specialists	2 621	2 625	2 648
no. of trainees/non-specialists	2 374	2 403	2 455
Intern	277	296	280
Dentist	6	6	6
Medical total	5 278	5 330	5 389
Nursing			
Qualified staff	19 370	19 704	20 572
Trainee	496	500	500
Nursing total	19 866	20 204	21 072
Allied health			
	5 448	5 633	6 070
Others			
	27 121	27 281	27 740
Total	57 713	58 448	60 271

Note 1: Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged/treated.

Note 2: Refers to the standardised mortality rate covering inpatient and day patient 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 2 – Service Targets by Cluster

Service Delivery Targets for 2011-12	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Inpatient services							
no. of discharge episodes							
general (acute and convalescent)	104 070	101 900	128 090	111 120	240 520	151 830	120 970
infirmatory	1 790	120	270	160	650	370	40
mentally ill	2 020	800	2 620	590	3 560	3 960	2 750
mentally handicapped	–	–	–	–	150	–	210
no. of patient days							
general (acute and convalescent)	533 400	615 600	831 900	571 900	1 289 300	925 200	628 700
infirmatory	170 700	56 300	34 700	37 300	92 200	103 700	31 100
mentally ill	115 100	18 900	135 900	20 300	236 200	134 300	334 300
mentally handicapped	–	–	–	–	49 200	–	178 800
Ambulatory & outreach services							
day inpatient services							
no. of discharge episodes	52 470	66 020	62 610	47 650	90 780	76 370	66 500
accident & emergency services							
no. of attendances	256 500	129 900	217 900	319 800	585 400	398 200	360 300
specialist outpatient services							
no. of specialist outpatient (clinical) attendances	758 000	747 200	986 800	690 900	1 537 200	1 001 100	841 800
primary care services							
no. of primary care attendances	529 620	312 510	459 290	755 950	1 443 800	836 160	747 270
rehabilitation & palliative care services							
no. of rehabilitation day and palliative care day attendances	43 040	26 520	3 370	3 550	2 700	5 010	2 310
no. of home visits by community nurses	103 200	58 100	65 900	156 800	245 400	123 300	81 300
no. of allied health (community) attendances	2 360	2 650	3 900	2 020	4 770	7 650	5 350
no. of allied health (outpatient) attendances	234 700	178 500	348 700	283 500	440 500	338 800	282 300
geriatric services							
no. of outreach attendances	120 610	37 300	70 200	39 380	186 460	77 590	100 460
no. of day attendances	28 910	8 220	9 710	21 240	33 470	26 060	10 790
no. of Visiting Medical Officer attendances	21 520	10 700	13 040	9 590	29 460	22 510	10 780
psychiatric services							
no. of outreach attendances	26 290	8 540	9 600	23 660	61 530	36 320	60 660
no. of day attendances	30 100	16 760	10 880	32 350	64 510	40 640	18 360
no. of psychogeriatric outreach attendances	10 850	12 610	8 210	10 250	23 100	16 860	13 220
Quality of services (General Inpatient)							
unplanned readmission rate within 28 days (%)	11.5	8.4	9.8	12.8	11.5	10.1	13.8

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We welcome your suggestions on the Hospital Authority Annual Plan.
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This Annual Plan can also be downloaded from the Hospital Authority website.