

### Ensure Service Quality and Safety

We will implement measures to build safety culture, develop safer service models, improve clinical practice, and adopt modern technology and new treatment options. Actions include:

- Enhance infection control and infectious disease management training for healthcare staff
- Enhance HA's preparedness in contingency and emergency responses
- Continue to implement the hospital accreditation programme in five pilot hospitals
- Widen the HA Drug Formulary to incorporate new drugs Oxaliplatin, Interferon beta and Gemcitabine as special drugs and expand patients' access to nine therapeutic groups of drugs for cancers, mental illnesses, blood disorders, transplants, anaesthesia and sedation, gastrointestinal diseases, cardiovascular diseases, renal disease, and growth hormone deficiency

### Enhance Partnership with Patients and Community

We endeavour to engage patients, volunteers and the community as our health partners. Initiatives in this respect include:

- Collaborate with NGOs to expand the patient empowerment programme for patients with chronic diseases such as diabetes mellitus, hypertension, chronic heart disease, and chronic pulmonary disease
- Launch corporate-wide events to thank volunteers for their contribution in supporting the HA patients
- Formally establish a Patient Advisory Committee under the HA management structure and organise regular meetings to seek feedback and input from patient groups on service development issues and policies
- Enhance communication with patients and carers by providing frontline staff with mediation skills training

### Ensure Adequate Resources for Meeting Service Needs

To maintain financial sustainability, we will continue to enhance efficiency in resource utilisation and liaise with the Government to formulate a longer term funding arrangement for the HA. We will also continue to provide the relevant expertise and technical support to the Government in its deliberations of healthcare financing reform.

At the same time, we are reinforcing the key enablers, including business support services, capital works and IT services to ensure their robustness in supporting our growing and advancing healthcare services.

### Budget Allocation

The Government is increasing the provision for the HA by \$2.59 billion in the coming year. The financial provision indicated by the Government for 2012-13 is around \$41.14 billion, representing an increase of 6.7% compared to 2011-12. With the additional funding, more patients will benefit from HA services. For instance, we will be able to provide additional of around

- 14 200 hospital episodes;
- 37 000 clinical specialist outpatient attendances;
- 400 000 primary care attendances; and
- 15 300 community outreach attendances.

The full version can be downloaded from Hospital Authority Website: [www.ha.org.hk](http://www.ha.org.hk)  
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Consolidating  
HealthcAre



## Introduction

The Hospital Authority (HA) delivers a comprehensive range of subsidised preventive, curative and rehabilitative services to ensure every citizen has access to affordable healthcare. The Annual Plan outlines the major programmes and activities that the HA will focus on for the next 12 months. The planning process involves extensive input from frontline staff, patient groups, Cluster management and Head Office executives, with guidance from Members of the HA Board and Committees.

## Planning Context

In 2011, we carried out a strategic planning exercise involving the whole of the HA community. The strategic intents and directions articulated in the process are crystallised in the HA Strategic Plan 2012-2017, which are shaping the annual plan programmes in the next five years. In particular, this annual plan outlines the specific programmes to be implemented in 2012-13 for translating the Strategic Plan into actions.

## About Consolidating HealthcAre

In 2012-13, the HA continues to face an acute shortage of manpower, especially of doctors. In consequence, this is going to be a year of consolidation for the HA to reinforce our workforce and focus on meeting imminent service needs. Hence, “**Consolidating HealthcAre**” is chosen as the theme for Annual Plan 2012-13.

## Strategic Intents and Programmes

In **Consolidating HealthcAre** we map out five strategic intents and 24 strategies with around 120 corresponding programme targets that reflect the work we are doing to implement the five-year Strategic Plan.

The strategic intents set out what the HA wants to achieve, and are as follows:

- Allay staff shortage and high turnover
- Better manage growing service demand
- Ensure service quality and safety
- Enhance partnership with patients and community
- Ensure adequate resources for meeting service needs

### Allay Staff Shortage and High Turnover

To address manpower issues, we are committed to reinforcing our workforce and recruiting as many suitable healthcare professionals as there are available. Yet shortfalls are anticipated in the face of limited supply of local healthcare graduates and stiff competition from the private sector. In response, we will continue to train up more nurses in our nursing schools, and offer scholarships for undergraduates to receive overseas training in allied health disciplines with inadequate or no local supply. Overall, we should be able to strengthen our nurse and allied health staffing levels in the coming year with an additional 400 nurses and 80 allied health professionals.

We will enhance staff retention as a stopgap measure to prevent further wastage of clinical staff. In this regard, we will step up measures to relieve the clinicians’ workload, improve staff’s employment conditions and career prospects, and enhance training and development. Examples include:

- Recruit more supporting staff like phlebotomists and ward clerical workers to relieve doctors and nurses from routine technical tasks and paperwork
- Create more part-time doctor posts to alleviate the workload of full-time staff
- Offer additional Associate Consultant promotion posts for frontline doctors
- Enhance the special allowance scheme to offer due recognition to doctors who take up additional workload
- Provide more overseas training opportunities and training subsidies for the career development of nurses and allied health staff

## Better Manage Growing Service Demand

To better manage growing service demand, we will increase the capacity in priority areas, and reduce demand by enhancing secondary prevention of chronic diseases and sharing out the demand with community partners. Priorities include the following:

- **High needs communities:** A total of 80 additional beds will be provided in Kowloon East Cluster and New Territories West Cluster. These include 40 new beds at Tseung Kwan O Hospital, 30 at Tuen Mun Hospital, and 10 at Pok Oi Hospital.
  - **High demand life threatening diseases:** Enhancement of services for patients with end-stage renal disease, including haemodialysis, automated peritoneal dialysis, and renal transplant services. Transient Ischaemic Attack (TIA) clinic will also be set up to improve treatment for patients suffering from TIA.
  - **Services with pressing issues of waiting time and access:** We will reinforce neonatal intensive care by opening an additional total of 11 beds at Pamela Youde Nethersole Eastern Hospital, Kwong Wah Hospital, Queen Elizabeth Hospital, Prince of Wales Hospital and Tuen Mun Hospital. The capacity of magnetic resonance imaging and computerised tomography scanning services will also be enhanced for the diagnosis of critical illnesses.
  - **Mental health:** We will extend the community case management programme for persons with severe mental illness to four more districts, including Kowloon City, Central and Western, Southern, and Islands. In addition, multidisciplinary therapeutic care will be provided to psychiatric patients in hospital admission wards.
  - **Chronic disease management:** In accordance with the primary care development strategy of the Government’s healthcare reforms, we will continue to reinforce primary care services and chronic disease management using a multidisciplinary approach. This includes providing risk assessment and management for hypertensive patients and smoking cessation services. Hydrotherapy service will also be enhanced for patients with neuro-musculoskeletal disorder such as rheumatoid arthritis and ankylosing spondylitis.
  - **Public-private partnership (PPP):** We will introduce the first phase of the pilot project on enhancing radiological investigation services for selected cancer patients through purchase of services from the private sector.
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