HOSPITAL AUTHORITY

annual plan
2014-15

醫院管理局
HOSPITAL
AUTHORITY

About this document

The annual plan sets out the action plan of the HA in the new financial year, including major goals, as well as work plans and programme targets of the Head Office and seven Clusters.

Our service targets and activity throughput are delineated 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.

Vision

**Healthy People
Happy Staff
Trusted by the Community**

Mission

Helping People Stay Healthy

Values

**People-centred Care
Professional Service
Committed Staff
Teamwork**

Contents

Introduction from
Chief Executive

In our fast changing social landscape, the challenges of providing affordable, high quality healthcare services become greater every year for the Hospital Authority (HA) as the major provider of public healthcare services in Hong Kong.

To appropriately allocate resources for meeting the escalating service demand and ensuring service quality and safety, we must understand the needs and concerns of stakeholders. For this, we gather information from a broad range of groups, including HA committees as well as both clinical and management staff. Patient feedback is also actively solicited in our annual planning exercise.

Overall, HA's annual planning exercise is an integrated process aligning service planning and resources allocation relating to service operation, equipment, facility improvement works, new drug requirement, IT support and manpower. An automated web-based Annual Planning System (APS) has been developed in-house to facilitate the process. Besides improving workflow efficiency and data accuracy, the APS has supported senior executives in the prioritisation process by generating quick and clear summary data and charts for a multitude of resource and manpower information.

The HA community is very appreciative of the staunch and continuing support from the Government for our work. Notably, in late 2013 the Legislative Council approved the Government's proposed lump sum grant of $13 billion for HA to carry out minor improvement works in public hospitals and clinics in the coming decade. Furthermore, the Government has, again, increased the recurrent subvention for HA in 2014-15 from $45.5 billion to $47.2 billion, representing an increase of 3.7% compared to 2013-14.

With the additional recurrent funding, we will take steps in the next 12 months to enhance our services and address areas of most pressing need. For instance, a total of 205 additional beds will be opened in 2014-15, particularly in high needs communities like Hong Kong East, Kowloon Central, New Territories East and New Territories West Clusters. This is alongside the phased introduction of services in the new North Lantau Hospital and improved facilities through the redevelopment of Yan Chai Hospital and Caritas Medical Centre.

At the same time, to address the issues of long waiting time, we will continue to enhance our service capacity and improve patients' access to accident and emergency service, general and specialist outpatient service, elective surgeries, radiological service as well as pharmacy service. Specifically, building on the experience of Buddhist Hospital and Yan Chai Hospital, the third Joint Replacement Centre will be set up in Pok Oi Hospital to alleviate the waiting time for joint replacement surgery.

Other key service improvement programmes in the coming year include widening the coverage of the HA Drug Formulary to enhance the provision of drugs to patients with psychosis, dementia and prostate cancer; and further strengthening the provision of mental health services in hospital, ambulatory and community settings. In particular, the case management programme will be extended to all districts to provide intensive community support for patients with severe mental illness.

Besides, we will continue to roll out a series of programmes to enhance the treatment of life-threatening diseases. These include the expansion of emergency Percutaneous Coronary Intervention (PCI) services to strengthen cardiac care; rolling out the 24-hour thrombolytic service to improve acute stroke management in more hospitals; enhancing haemodialysis service for patients with end-stage renal disease; and extending the cancer case management programme to all the Clusters.

Moreover, we will further collaborate with private healthcare providers in various Public-Private Partnership (PPP) programmes to share out demand and enhance patient choice. For example, a new General Outpatient Clinic PPP Programme will be introduced in Kwun Tong, Wong Tai Sin and Tuen Mun for patients with chronic hypertension to receive follow-up treatment in the private sector. Other PPP projects will also be continued for the provision of haemodialysis services for end-stage renal disease patients, radiological investigation services for selected cancer patients, and subsidised surgical operations for cataract patients.

To address the manpower shortage in public hospitals and work pressure of frontline staff, we will continue to attract, motivate and retain healthcare staff by improving their working conditions and environment, and enhancing promotion opportunities and professional training. Our plan is to recruit 350 doctors, 1 680 nurses and 530 allied health staff in 2014-15. Subject to market availability, we plan to recruit another extra 300 nurses to address winter surge demand.

Riding on the strong support of the Government and the community, the entire HA team will continue to work with dedication to provide service of excellence in our mission of Helping People Stay Healthy.

Dr P Y Leung
Chief Executive

Planning Context

This annual plan outlines the specific actions for the third year implementation of HA Strategic Plan 2012-2017.

Strategic Plan 2012-2017

Strategic Plan 2012-2017 sets out the strategies and directions for addressing our key challenges over the five-year period. It is the overarching document for service and development planning throughout HA.

Overall, the priorities of the annual planning exercise are guided by the strategic directions outlined in the HA Strategic Plan. The annual planning process channels resources to specific programmes for translating the Strategic Plan into actions.

In particular, Annual Plan 2014-15 is the action plan for carrying out the third year implementation of the five-year Strategic Plan.

Planning Process

Annual planning refers to the service and budget planning process where proposals undergo prioritisation, resource bidding and allocation, with participation from the whole HA community.

Programmes or initiatives delineated in Annual Plan 2014-15 are the syntheses of many months of detailed service and budget planning throughout HA. The annual planning process involves a broadly participative approach, where clinical specialties, hospital Clusters and Head Office Divisions converge and plan ahead for HA's service provision in the coming financial year.

Overall, the HA Board and Committees have provided input to the development of the programmes. For instance,

- The clinical programmes were formulated according to the developmental priorities recommended by the **Medical Services Development Committee (MSDC)**

- Business support programmes that included equipment and capital works projects were advised by the **Supporting Services Development Committee (SSDC)**

- Programmes related to Information Technology (IT) development were endorsed by the **Information Technology Services Governing Committee (ITGC)**

- Staff-related initiatives were deliberated by the **Human Resource Committee (HRC)**

- Clusters' programmes were developed under the guidance of the various **Hospital Governing Committees (HGCs)**

Views of patient groups were collected from regular meetings and written suggestions. Inputs from frontline clinical staff, Cluster management as well as Head Office executives were provided through the following platforms:

- **Coordinating Committees (COCs) and Central Committees (CCs) Annual Planning Forum** organised on 13 March 2013 for frontline professionals to present proposed clinical programmes. The proposals were coordinated by the respective subject officers in the Head Office.

- **Head Office Annual Planning Forum** held on 27 March 2013 at which Head Office subject officers presented programme proposals that were coordinated at the corporate level or were initiated by the Head Office.

- **Cluster Annual Planning Forum** organised on 9 May 2013 for Cluster management to propose initiatives that aimed at addressing the service needs of individual Clusters, in particular the key pressure areas.

The forums were interactive, with opportunities for floor members to ask questions, and presenters to make clarifications.

All the proposals presented at the forums were put forward for prioritisation by the Service and Budget Planning Committee (SBPC) chaired by the Chief Executive and involving all the Directors, Heads and Cluster Chief Executives as members. This was carried out with reference to HA's strategic priorities and service directions, the programmes' operational readiness, and the government's healthcare priorities. The SBPC was also advised by the following advisory platforms during the prioritisation process:

- **Medical Policy Group (MPG)** advised on the clinical merits of the clinical proposals, in terms of evidence as well as clinical impact and needs. The MPG comprised the chairmen of all the COCs.

- **Annual Plan Preparatory (APP) meeting** commented on the proposals' feasibility and readiness for implementation. Participants of the meeting were subject officers of the COC / CCs as well as Head Office chief managers and executives.

- **Drug Management Committee (DMC)** prioritised the drug components in those proposals that involved the repositioning of drugs or widening use of drugs in the HA Drug Formulary.

- **Coordinating Committees on IT Services (COC(IT))** deliberated on proposals that required information technology (IT) support.

After thorough deliberation and prioritisation process by the SBPC, the supported proposals were selected for funding considerations through the Government's Resource Allocation Exercise or by internal resource allocation. New programmes that were approved for implementation, together with other core service programmes of HA, were incorporated in the annual plan as programme targets to be achieved. These were subject to endorsement by the HA Board before finalisation of the annual plan for publication. The Board will monitor the progress of the programme targets on a quarterly basis between April 2014 and March 2015.

The overall process and governance structure of the annual planning exercise are illustrated in the diagram below.

Approval

HA Board

Prioritisation

Service and Budget Planning Committee

Advisory Platforms

Presentation

Annual Planning Forums

Deliberation

Cluster internal forums, HGC input, Board Committees

Service Management Meeting, MPG, Directors' Meeting, Board Committees

Directors' Meeting, Board Committees

Clusters

COC / CCs

Head Office
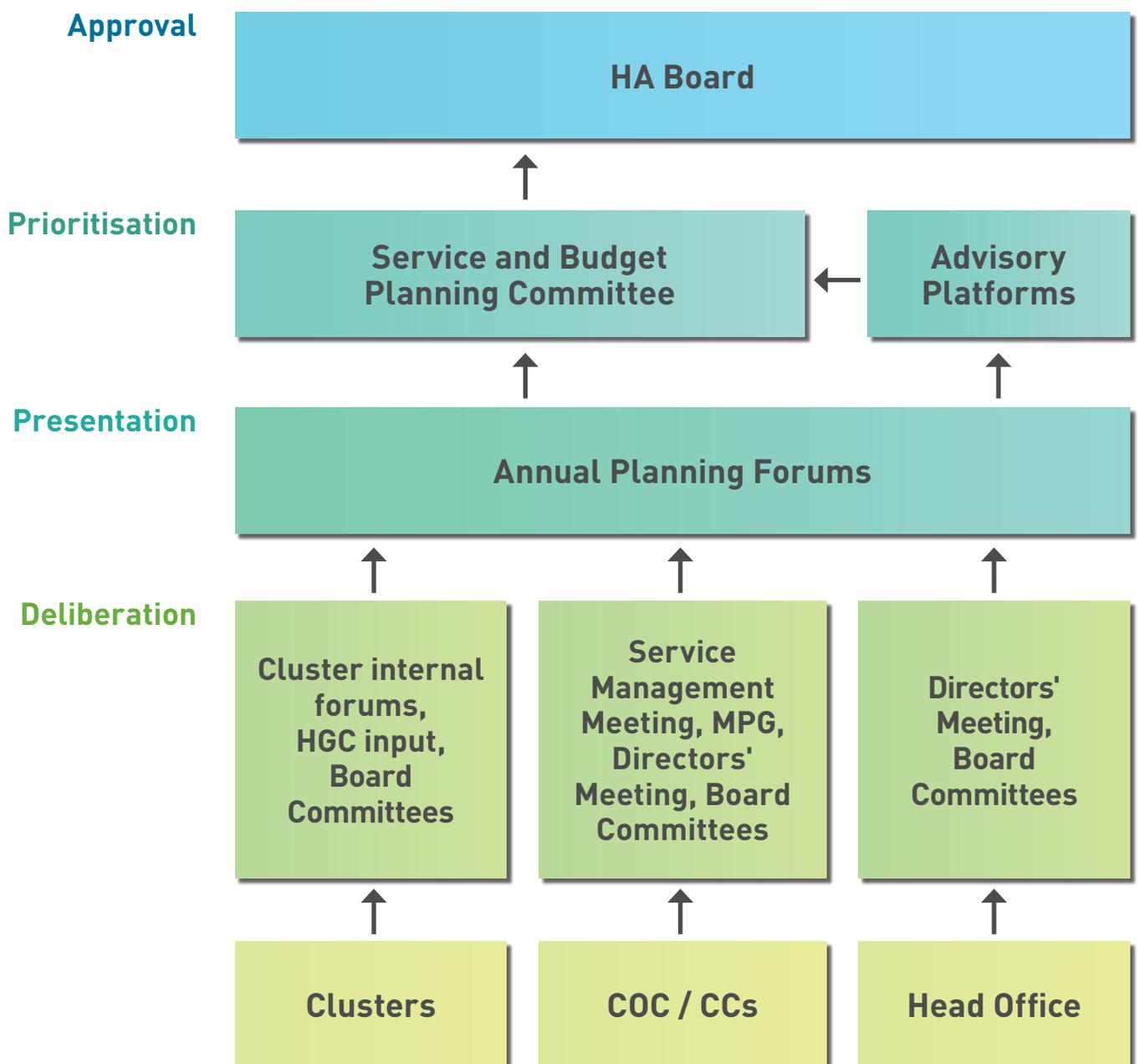
Annual Plan
Framework

The framework of Annual Plan 2014-15 comprises strategic intents and directions, strategies, programmes and committed targets.

The strategic intents, directions and strategies are as delineated in the Strategic Plan 2012-2017. The strategic intents set out what HA wants to achieve, while the strategic directions outline the broad directions for achieving the intended goals. At the same time, the strategies map out what we need to do to get to the intended goals. The specific programmes are the action plans of HA to carry out the strategies, and the targets are the measurable terms for programme monitoring and accountability reporting.

The strategic intents of Annual Plan 2014-15 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**

- **Enhance corporate governance**

Annual Plan 2014-15

Strategic Intents (What we want to achieve)	Strategic Directions (Where we are going)	Strategies (How we get there)
Allay Staff Shortage and High Turnover	Retain people	Relieve workload of clinical staff
		Improve terms and conditions of frontline staff
		Enhance training and development
		Strengthen career development and grade management
	Attract people	Increase manpower supply
	Motivate people	Promote good management and leadership
Better Manage Growing Service Demand	Increase capacity	Increase capacity in high needs communities
		Increase capacity on high demand life threatening diseases
		Increase capacity for services with pressing issues of waiting time and access
	Increase efficiency	Develop more efficient service models
	Reduce demand	Reduce unnecessary or avoidable cases
		Enhance management and secondary prevention of chronic diseases
	Share out demand	Transfer high volume low complexity cases to community partners
Ensure Service Quality and Safety	Enhance clinical risk management	Build safety culture
		Develop safer service models
	Modernise HA	Adopt modern technology and new treatment options
		Upkeep the standard of medical equipment and facilities
	Improve clinical practice	Implement continuous quality improvement systems
Enhance Partnership with Patients and Community	Engage partners in care	Involve patient groups and community partners in care delivery
	Improve patient communication	Take patient-centred approach in communication with patients and carers
Ensure Adequate Resources for Meeting Service Needs	Ensure financial sustainability	Enhance efficiency in resource utilisation and review Government funding
	Enhance key enablers	Strengthen business support services
		Foster capital works and facility improvement
		Improve IT services
Enhance Corporate Governance	Strengthen accountability and stewardship	Reinforce the governance structure and processes of the Board

Strategic Intents and Programme Targets

In Annual Plan 2014–15, we map out six Strategic Intents and 25 Strategies with around 120 corresponding Programme Targets that reflect the work we are doing to implement the five-year Strategic Plan.

Delineated in this chapter are 90 of our programme targets. Other programme targets that are specific to a certain Cluster or Head Office division are presented in the sections under Cluster Plans and Head Office Plan respectively. About one third of the programmes listed here are newly included initiatives, while others are ongoing programmes or a continuation of previous years' initiatives. Newly included initiatives are highlighted with the symbol ⓨ for easy reference.

Programmes marked with the symbol Ⓡ are initiatives related to healthcare reforms or are commissioned by the Government. These include measures for enhancing primary care, promoting Public-Private Partnership (PPP) in healthcare, strengthening public healthcare safety net, and facilitating Electronic Health Record (eHR) development.

Allay Staff Shortage and High Turnover

Our Strategies for 2014-15

- **Relieve workload of clinical staff**
- **Improve terms and conditions of frontline staff**
- **Enhance training and development**
- **Strengthen career development and grade management**
- **Increase manpower supply**
- **Promote good management and leadership**

Relieve workload of clinical staff

Action	Target
Recruit more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals	Recruit an additional 60 patient care assistants to support allied health services by 1Q15

Improve terms and conditions of frontline staff

Action	Target
Improve the work conditions of supporting staff by reducing their conditioned hours of work to align with other HA employees	Reduce the conditioned work hours of all supporting staff to 44 hours gross per week including meal breaks and continue recruiting additional staff to replenish the manpower difference where needed by 1Q15
Improve staff's health benefit by enhancing staff access to diagnostic imaging services, including Computerised Tomography (CT), MRI and Breast Imaging	Implement a pilot programme of providing private radiological imaging services on co-payment arrangement to HA staff by 3Q14

Action	Target
Strengthen occupational hygiene service and facilitate safety management in this aspect across Clusters	Appoint an officer and set up retainer contract for timely occupational hygiene consultancy service by 2Q14
Increase transparency and fairness in the rostering of frontline doctors by enhancing the Staff Rostering System (SRS) to facilitate duty rostering and compilation of work hours statistics	Roll out the web-based Doctor Work Hour System in clinical departments by 1Q15

Enhance training and development

Action	Target
Continue to provide enhanced training for intern doctors	Coordinate and sponsor training courses in resuscitation, information technology and communication skills for all intern doctors by 1Q15
Continue to enhance clinical skill competency by sponsoring simulation training courses for clinical staff	Sponsor a total of around 100 simulation training classes for doctors in the specialties of general surgery, orthopaedics, gynaecology, urology, paediatrics and anaesthesia by 1Q15
Continue to sponsor overseas training of doctors, nurses and allied health staff for them to acquire specialised knowledge and skills in support of HA's development priorities	Offer around 180 overseas training scholarships by 1Q15
Provide training subsidy to nurses and allied health staff who participate in recognised service-related post-graduate programmes	Offer training subsidy to around 355 nurses and 235 allied health staff by 1Q15
Continue to roll out the two-year Preceptorship Scheme to enhance proficiency of fresh nurse graduates	Provide preceptorship to around 1 300 newly recruited nurse graduates by 1Q15

Action	Target
Provide more training opportunities for nurses, allied health and pharmacy professionals so as to facilitate service advancement and professional development	Provide 26 specialty training and 130 enhancement programmes for nurses, two specialty training programmes and 60 enhancement programmes for allied health professionals, as well as one specialty training programme and 11 enhancement programmes for pharmacy by 1Q15
Strengthen communication skills training for frontline professionals and supervisors to enhance service quality and operational effectiveness	Implement "Better Patient Communication" training and promote train-the-trainers approach to sustain the programme in the hospitals; and continue the "On-the-job Coaching" training to supervisors of frontline staff by 1Q15

Strengthen career development and grade management

Action	Target
Enhance promotion opportunities for frontline doctors	Provide additional 48 promotion opportunities for Residents to Associate Consultants by 1Q15
Enhance the supervision of medical social work services	Recruit five additional social work officers by 1Q15
Encourage Enrolled Nurses (EN) to upgrade their skills and competency to Registered Nurse (RN) level	Offer training sponsorship to around 100 ENs undertaking voluntary RN Conversion Programme by 1Q15
Foster staff development and succession planning through implementation of staff attachment / rotation programme	Provide 10 attachment placements and tailor-made training for Head Office and Clusters' Finance professionals by 1Q15

Increase manpower supply

Action	Target
Continue to train up more nurses in HA nursing schools	Provide training places for 300 RN and 100 EN new students by 1Q15
Continue to conduct 18-month midwifery programme to increase the supply of midwives	Conduct midwifery programme with a new intake of around 80-100 trainees by 1Q15
Strengthen the clinical professional workforce to alleviate workload pressure and meet service needs	Recruit a total of around 350 doctors, 1 680* nurses and 530 allied health professionals by 1Q15, which are inclusive of the additional manpower mentioned in the three programmes immediately following this item *Subject to market availability, HA plans to recruit another extra 300 nurses to address winter surge demand.*
Recruit more allied health professionals to cope with increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation	Recruit additional 60 allied health professionals by 1Q15
Implement ward workload standard to strengthen nursing staffing level in acute and extended care settings	Recruit 100 additional nurses to alleviate the nursing manpower shortfall in hospital wards by 1Q15
Strengthen the manpower of frontline doctors to meet service needs	Recruit around 290 additional Resident Trainees by 1Q15

Promote good management and leadership

Action	Target
Develop and coordinate corporate training programmes for senior executive and clinical leadership positions to foster good management practice and succession planning	Roll out Executive Leadership Programme for 90 candidates in the succession pool, identify appropriate overseas training programme for senior executives to widen management exposure, as well as organise and coordinate both local and overseas executive attachment programme by 1Q15
Enhance the management competences of both newly promoted and experienced first-line managers	Roll out "Management 101" and "Management 202" programmes to a new batch of 1 500 managers by 1Q15

Better Manage Growing Service Demand

Our Strategies for 2014-15

- **Increase capacity in high needs communities**
- **Increase capacity on high demand life threatening diseases**
- **Increase capacity for services with pressing issues of waiting time and access**
- **Develop more efficient service models**
- **Reduce unnecessary or avoidable cases**
- **Enhance management and secondary prevention of chronic diseases**
- **Transfer high volume low complexity cases to community partners**

Increase capacity in high needs communities

Action	Target
Strengthen the capacity of inpatient services in HKEC	Open 40 additional acute beds at PYNEH by 3Q14
Reinforce the capacity of inpatient services in KCC	Open 24 additional acute beds at QEH, including one ICU bed and four HDU beds by 1Q15
Further enhance the capacity of clinical services in KWC	Commence the operation of the new Community Health and Wellness Centre in YCH; as well as open 20 convalescent / rehabilitation beds and introduce more clinical services at the new NLTH, including rehabilitation services and ambulatory procedures by 4Q14
Provide more inpatient beds to cope with the increasing service demand in NTEC	Open 62 additional acute beds at PWH, including 12 beds in a haematology oncology ward for enhancing cancer care by 3Q14
Continue to increase the capacity of clinical services in NTWC	Open additional 14 day beds at TMH and 38 acute beds at POH by 4Q14

Increase capacity on high demand life threatening diseases

Action	Target
Continue to strengthen cardiac care by expanding the emergency Percutaneous Coronary Intervention (PCI) service and adding more Cardiac Care Unit beds	Roll out extended-hour emergency PCI service to TMH, and add two more beds in the cardiac care units at TKOH by 1Q15
Improve acute stroke management by providing 24-hour thrombolytic treatment	Implement 24-hour thrombolytic service for acute ischaemic stroke patients in QMH and UCH by 1Q15
Set up fast-track Transient Ischaemic Attack (TIA) clinics so that patients suffering from TIA could be promptly reviewed by neurologists	Roll out the TIA clinic programme to the PMH network in KWC by 1Q15
Enhance the capacity of renal replacement therapy for public patients with end-stage renal disease to improve their health outcomes	Provide hospital haemodialysis to 30 additional patients, home haemodialysis treatment to 20 additional patients, and home automated peritoneal dialysis (APD) treatment to 30 additional patients by 1Q15
Improve respiratory care through multi-disciplinary support and by concentrating expertise and care for patients on mechanical ventilation	Provide 10 designated medical beds in PYNEH, QEH, UCH, KWH and NDH for the care of patients on mechanical ventilation by 1Q15
Enhance the quality of cancer service by providing coordinated patient-centred care through the case management approach	Roll out the case management service to patients with complicated breast or colorectal cancer in HKWC, KEC, NTEC and the remaining half of KWC by 1Q15
Strengthen the clinical management of patients diagnosed with Human Immunodeficiency Virus (HIV), measures of which include offering Highly Active Antiretroviral Therapy (HAART) to eligible patients and establishing Genotyping Resistance Test (GRT) to guide antiretroviral treatment and monitor the emergence of drug resistance	Provide multi-disciplinary care for HIV new cases, offer HAART to eligible patients in QEH and PMH, and establish GRT in HA by 1Q15

Increase capacity for services with pressing issues of waiting time and access

Action	Target
Alleviate the work pressure at A&E Departments by setting up support sessions during evenings, weekends and public holidays to handle the Triage IV and V cases	Provide around 3 800 support sessions in A&E Departments by 1Q15
Improve the management of Specialist Outpatient Clinic (SOPC) waiting lists by providing additional clinic sessions	Manage a total of 4 700 new cases on SOPC waiting lists in KEC, KWC and NTWC by 1Q15
Increase the service capacity to alleviate the waiting time for joint replacement surgery	Set up the joint replacement centre in POH for performing 160 operations by 1Q15
Allay the waiting lists for surgeries by opening additional Operating Theatre (OT) sessions	Open a total of around 40 additional OT sessions per week by 1Q15
Enhance endoscopy and lung function laboratory services to improve the accessibility of diagnostic services	Provide a total of 35 additional endoscopy sessions per week in KEC and NTEC; and enhance the lung function laboratory service in QMH by 1Q15
Enhance the capacity of radiological imaging services including CT and Ultrasound services	Provide a total of 11 500 additional CT and Ultrasound examinations by 1Q15
Enhance the accessibility of pharmacy services and alleviate the long waiting time at SOPC pharmacies	Recruit a total of 24 additional dispenser grade staff for SOPC pharmacies; implement round-the-clock pharmacy services in CMC and YCH and extend the weekday pharmacy service by two hours in TWEH, TWH, GH, KH and TPH by 1Q15
Enhance surge capacity to cater for increased workload during high season of flu epidemic	Continue to provide buffer capacity in acute and convalescent wards and communicate with the public on HA's arrangements for the winter flu surge by 1Q15

Action	Target
Enhance child and adolescent psychiatric outpatient services to relieve the waiting time of patients with Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorders (ADHD)	Provide a total of 550 additional new case consultations at KCH and AHNH by 1Q15
Improve the access of target population groups to public primary care services by increasing the service capacity of GOPC	Increase the GOPC episodic quota by a total of 32 000 attendances in KEC, KWC and NTWC by 1Q15

Develop more efficient service models

Action	Target
Improve the long-term management of ventilator assisted children by centralising their care with multi-disciplinary support and specialised facilities	Open three new paediatric beds at CMC to provide centralised care for chronic ventilator assisted children by 4Q14

Reduce unnecessary or avoidable cases

Action	Target
Expand the Community Health Call Centre (CHCC) service to support more patients with chronic illnesses and severe mental illness	Manage a total of 140 000 calls in CHCC by 1Q15
Offer timely assessment and early intervention at A&E Department to patients with probable mental health problems so as to reduce unnecessary admissions	Provide psychiatric consultation liaison service in the A&E Department at NDH by 2Q14

Enhance management and secondary prevention of chronic diseases

Action	Target
Extend the community case management programme for patients with severe mental illnesses to the last three districts (Tsuen Wan including North Lantau, Yau Tsim Mong and Tai Po) so that the service is available in all 18 districts	Provide case management service to around 1 950 additional patients with severe mental illness by 1Q15
Continue to improve the care provided to psychiatric patients requiring inpatient services	Provide recovery oriented treatment programmes for psychiatric inpatients and improve the physical environment of three psychiatric inpatient wards at KH by 1Q15
Provide elderly patients with timely and appropriate treatment of eye diseases by enhancing specialist eye services for treating Age-related Macular Degeneration (AMD), diabetic retinopathy and glaucoma	Perform additional 4 650 visual field tests and 4 650 Ocular Coherence Tomography (OCT) scans for glaucoma patients, as well as a total of 160 additional vitreoretinal procedures for patients with sight-threatening diabetic retinopathy by 1Q15
Enhance geriatric day rehabilitation service to provide multi-disciplinary care for elderly patients after their acute illnesses	Open a geriatric day hospital with 20 day places at POH by 4Q14

Transfer high volume low complexity cases to community partners

Action	Target
Enhance patients with specific chronic diseases access to primary care services through purchase of service from the private sector	Launch the new GOPC PPP Programme at Kwun Tong, Wong Tai Sin and Tuen Mun districts by 2Q14
Sustain the pilot PPP programmes of purchasing cataract surgeries, Tin Shui Wai primary care service and radiological investigation service from the private sector for eligible HA patients	Benefit a total of 3 500 patients under the pilot PPP programmes by 1Q15
Continue to implement the programme of purchasing haemodialysis service from qualified service providers in the community, including private hospitals and non-governmental organisations (NGOs)	Provide haemodialysis treatment to additional 20 public patients under the PPP programme by 1Q15

Ensure Service Quality and Safety

Our Strategies for 2014-15

- **Build safety culture**
- **Develop safer service models**
- **Adopt modern technology and new treatment options**
- **Upkeep the standard of medical equipment and facilities**
- **Implement continuous quality improvement systems**

Build safety culture

Action	Target
Continue to support Crew Resources Management (CRM) for enhancing safety culture among frontline staff working in high-risk patient care environments	Roll out CRM training in all Clusters and conduct a total of around 120 CRM classes by 1Q15
Enhance critical incident psychological services for HA staff to strengthen preparedness and response for crisis intervention	Set up critical incident psychological service offices and develop outreach clinical psychology service in HKWC, KCC, NTEC and NTWC by 3Q14

Develop safer service models

Action	Target
Enhance medication safety using IT system to support clinical workflow and reduce errors in medication prescription and transcription	Set up implementation teams to support the launching of Inpatient Medication Order Entry (IPMOE) system in PWH and TKOH by 1Q15
Further improve sterilisation methods in operating theatres to align with international standards	Continue to establish the centralised Theatre Sterilisation Service Unit (TSSU) in QMH and YCH; enhance the washing facility and replace the aging equipment for operating theatres in QEH; and further roll out the surgical instrument tracking system by 1Q15
Continue to implement measures to reduce the reuse of Single Use Devices (SUD)	Phase out the reuse of selected types of class II moderate and moderate-high risk SUD according to clinical prioritisation by 1Q15
Ensure correct identification in processing anatomical pathology specimens	Implement a corporate-wide barcode-based tracking and archiving system in 14 HA hospitals with anatomical pathology laboratories by 1Q15
Strengthen pharmacy support for hospitalised children to enhance the quality and safety of medication use for paediatric patients	Implement paediatric clinical pharmacy services in DKCH, QEH, KH, CMC, YCH and AHNH by 3Q14
Promote breastfeeding of newborn babies in HA hospitals by enhancing the necessary nursing support and improving the clinical setting and physical environment	Establish breastfeeding support teams in QMH, QEH and KWH by 1Q15

Adopt modern technology and new treatment options

	Action	Target
R	Improve the quality of drugs provided to HA patients by widening the scope of HA Drug Formulary to cover more drugs which have accumulated scientific evidence on clinical efficacy	Widen the scope of HA Drug Formulary for treatment of psychosis, dementia and prostate cancer by 2Q14
Y	Introduce new technology to speed up microbiological identification for timely diagnosis and treatment	Install Matrix-Assisted Laser Desorption / Ionisation Time-of-Flight (MALDI-TOF) Mass Spectrometry in QMH, PWH, PMH and UCH by 1Q15
	Enhance the transplant services by improving laboratory and eye / tissue bank support	Enhance transplant services by preparing around 100 amniotic membranes; and provide assay guidance on immunosuppressant dosage for about 220 organ transplant recipients and engraftment analysis for around 200 stem cell transplant recipients by 1Q15
	Adopt Minimally Invasive Surgery (MIS) technique in hysterectomy surgeries for gynaecological patients who meet suitable surgical criteria	Use MIS in 70% of the hysterectomy surgeries conducted for suitable gynaecological patients by 1Q15
Y	Modernise the facilities and equipment in operating theatres to enhance the provision of MIS	Set up MIS suites in QEH and TMH by 1Q15
	Introduce the cutting-edge technology of Robotic Assisted Surgery for various surgical cases	Set up a robotic assisted laparoscopic surgery suite in QEH by 1Q15

Upkeep the standard of medical equipment

Action	Target
Continue the replacement and addition of radiological, surgical, endoscopic, laboratory, pathology and physiological equipment	Complete the replacement and acquisition of around 900 pieces of medical equipment at a total estimated cost of $700Mn under Capital Block Vote and Designated Fund by 1Q15

Implement continuous quality improvement systems

Action	Target
Improve clinical practice through the development of HA-wide Clinical Outcomes Monitoring Programme	Recruit three nurse reviewers and develop data capture template for monitoring clinical outcomes by 1Q15

Enhance Partnership with Patients and Community

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- Take patient-centred approach in communication with patients and carers
- Involve patient groups and community partners in care delivery

Take patient-centred approach in communication with patients and carers

Action	Target
Provide integrated care and enhance community support for children with special-care needs such as those with mental retardation or physical disabilities	Recruit case managers in TMH, UCH, AHNH and QMH / DKCH to support children with special-care needs by 1Q15

Involve patient groups and community partners in care delivery

Action	Target
Enhance the support for patients with chronic diseases such as diabetes mellitus and hypertension through the continuation of the Patient Empowerment Programme delivered by NGOs	Continue the Patient Empowerment Programme for around 14 000 patients by 1Q15
Foster community partnership through patient support activities and programmes involving self-help groups and Patient Resources Centres in hospitals	Set up roving exhibitions in all Clusters to promulgate community partnership involving patient groups by 1Q15
Implement a structured framework for volunteer training, taking into account the findings from Training Needs Analysis survey to strengthen the capacity of volunteers for supporting direct and indirect patient services	Implement a structured framework for volunteer training with promulgation of the framework in Clusters / hospitals by 4Q14

Ensure Adequate Resources for Meeting Service Needs

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Our Strategies for 2014-15

- Enhance efficiency in resource utilisation and review Government funding

- Strengthen business support services

- Foster capital works and facility improvement

- Improve IT services

Enhance efficiency in resource utilisation and review Government funding

Action	Target
Liaise with the Government to formulate a longer term funding arrangement for HA, with a view to devising a mechanism that provides stable funding growth to dovetail with HA's rising resource needs	Discuss with the Government HA's financial requirements for the coming years by 1Q15

Strengthen business support services

Action	Target
Expand the capacity of HA laundry services through outsourcing the Shum Wan laundry service	Extend the outsourced Shum Wan laundry service to TWH and GH by 1Q15
Enhance biomedical engineering services to support the modernisation and safety standard of medical equipment in public hospitals	Further enhance the biomedical engineering services by outsourcing the maintenance service for selective proprietary high-end ultrasound scanners by 1Q15
Continue to extend the auto-refill service for medical consumables and linen items in hospital wards	Roll out the auto-refill service to BH and HKEH in KCC; and AHNH, BBH, TPH and NDH in NTEC by 1Q15

Foster capital works and facility improvement

Action	Target
Coordinate the preparatory works to facilitate decanting activities for the UCH expansion project which will be completed in 2021	Enhance the UCH planning team to facilitate smooth transition of service during the decanting period by 1Q15
Support the service and facility planning for the KCH redevelopment project	Set up a planning team to coordinate the overall planning, decanting and commissioning works of the KCH redevelopment project by 2Q14

Improve IT services

Action	Target
Continue to roll out the Clinical Management System (CMS) III in accordance with the Clinical Systems Strategy 2012-2017 of HA	Continue to roll out the revamped modules of CMS and other clinical systems including Patient Administration System, Laboratory Information System, Radiology Information System, Pharmacy Management System and Inpatient Medication Order Entry System (IPMOE); as well as develop the Phase Two project including new clinical functions and new database platform by 1Q15
Provide IT service to support hospital development projects	Continue the setup of infrastructure and implement information systems in new hospital blocks including NLTH, new Community Health and Wellness Centre in YCH, and CMC ambulatory and rehabilitation block by 1Q15
Continue to enhance the quality assurance and risk management process of IT systems	Continue the review of control process and formulate mechanism for enhancing the quality assurance in IT system development by 1Q15
Implement IT technology refreshment to support hospital services	Continue to replace ageing corporate IT network, server, PC workstations, related equipment and obsolete application software by 1Q15
Implement the Reporting and Business Intelligence project and Asset Management System	Implement the pilot phase of Reporting and Business Intelligence project for HR manpower and patient billing data; and continue the development and final preparations for the implementation of the Enterprise Resources Planning (ERP) Asset Management System for IT assets by 4Q14
Enhance HA's clinical IT systems to support the implementation of eHR in Hong Kong	Continue to provide system enhancement of HA's clinical systems to cater for the launch of the territory-wide eHR project by 1Q15

Enhance Corporate Governance

Our Strategies for 2014-15

- Reinforce the governance structure and processes of the Board

Reinforce the governance structure and processes of the Board

Action	Target
Enhance corporate governance at the Board level and ensure sustained compliance and vigilance by providing detailed and transparent overall reference guidance on corporate governance matters	Finalise and promulgate the new Corporate Governance Code by 2Q14
Enhance corporate governance at Cluster / hospital level by coordinating and monitoring the implementation of the recommendations of the Phase Two Corporate Governance Review	Finalise and promulgate the revised Manual on Operation of Hospital Governing Committees by 3Q14

Service Targets and Resource Estimates

HA provides 27 440 hospital beds and manages 7.9 million patient days a year.

HA delivers a comprehensive range of preventive, curative and rehabilitative medical services to ensure access of every citizen to affordable healthcare. We currently manage 42 public hospitals / institutions, 48 SOPCs and 73 GOPCs. These facilities are organised into seven Clusters according to geographical locations.

Service Targets

Our Service Throughputs

1 500 000

1.5 million inpatient / day patient discharge episodes, serving an estimated 0.7 million Hong Kong residents

2 200 000

2.2 million A&E attendances, serving around 1.2 million people in Hong Kong

9 100 000

9.1 million SOPC attendances for some 1.8 million patients

5 900 000

5.9 million primary care attendances for approximately 1.4 million patients

2 000 000

2.0 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 2014-15

To meet escalating service demand arising from an ageing and growing population, we plan to increase hospital service throughput by around 0.9% in the coming year, which translates into an additional 13 800 inpatient and day patient discharge episodes. We also hope to increase the throughput for primary care services by 1.4%, with an increase of 80 100 attendances to enhance medical care and disease management for elderly and chronic disease patients.

A comparison of our estimated throughput in 2013-14 and activity targets for 2014-15 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 2013-14 and Activity Targets for 2014-15
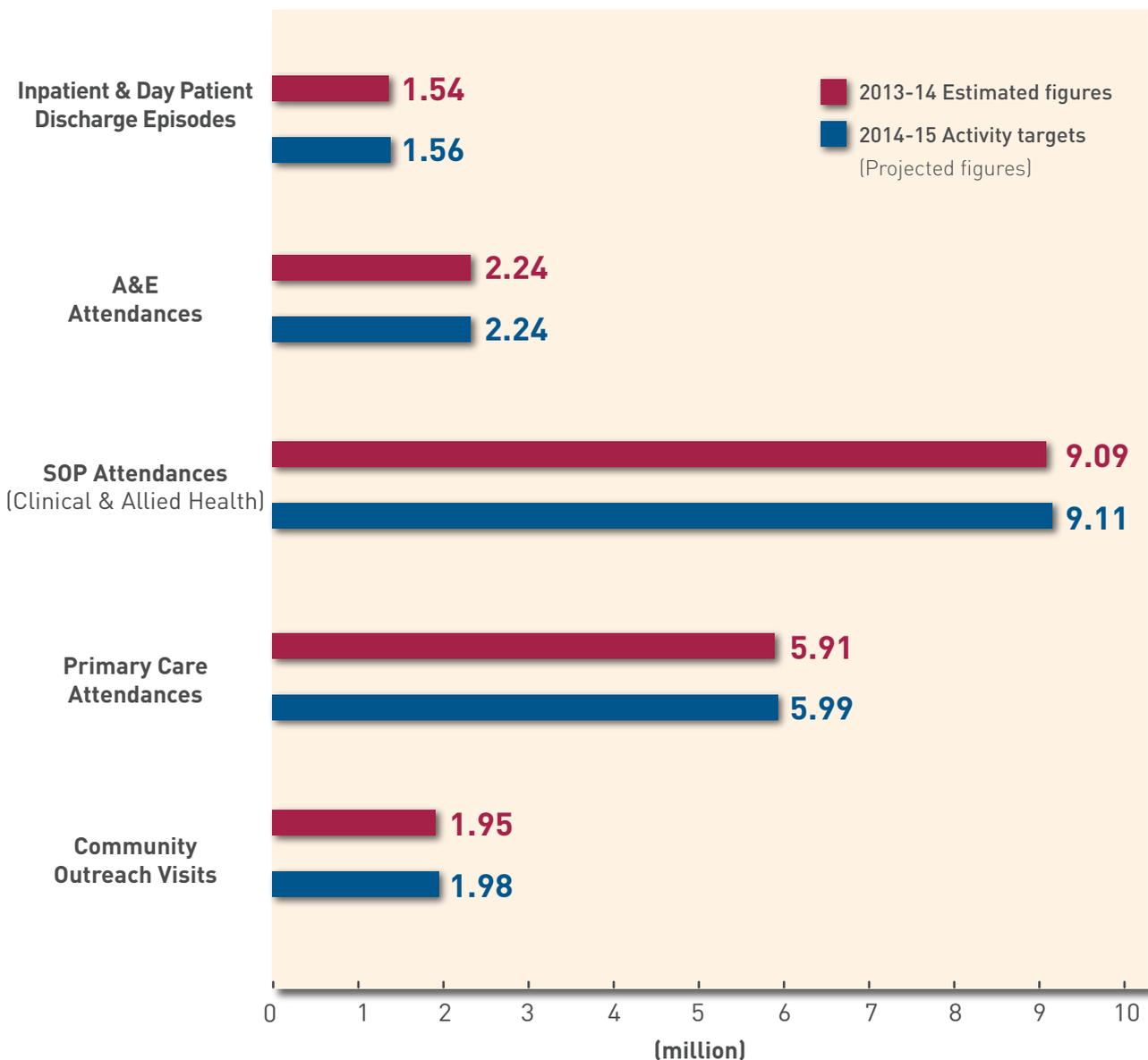
Manpower Estimates

HA's existing staff strength is more than 67 000 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 workforce by 2.5% in the coming year. The manpower increase, which is expected for all staff groups, is intended for delivering new service programmes, service enhancements and quality improvement measures. At the same time, new recruits are also needed to replace staff members who have left from resignation or retirement.

The planned recruitment level for healthcare professionals in 2014-15 will be around 350 doctors, 1 680 nurses and 530 allied health professionals. Subject to market availability, HA plans to recruit another extra 300 nurses to address winter surge demand. Figure 2 provides a breakdown of our estimated staff strength for the coming year. A detailed comparison of the manpower estimates for 2013-14 and 2014-15 is provided in Appendix 1.

Figure 2: Estimated Staff Strength in 2014-15

34% Nursing 23 415

47% Others 32 309

10% Allied health 6 936

9% Medical 5 839
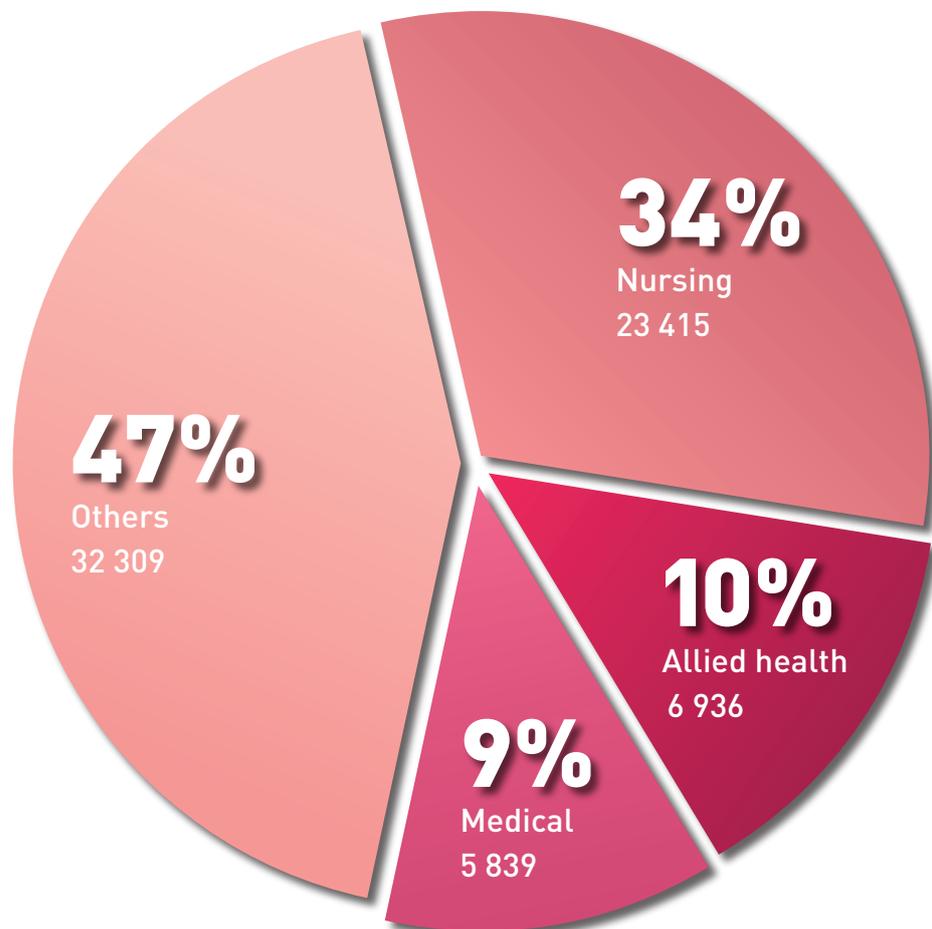
Budget Allocation

The Government is increasing the provision for HA by $1.79 billion in the coming year.

Government's Financial Provision for HA for 2014-15

The financial provision indicated by the Government for 2014-15 is $47,973.0 million, representing an increase of 3.9% as compared to the Revised Estimate of $46,180.0 million in 2013-14. Figure 3 gives a breakdown of the various components of the provision for the two financial years.

Figure 3: Financial Provision by Government for 2013-14 and 2014-15

	2013-14 (Revised) $Mn	2014-15 (Estimate) $Mn
Operating Account		
Recurrent Subvention	45,534.2	47,206.8
Increase in Recurrent Subvention		*1,672.6*
		3.7%
Capital Account		
Equipment and Information Systems	645.8	766.2
Increase in Capital Account		*120.4*
		18.6%
Financial Provision	46,180.0	47,973.0
Increase in Financial Provision		*1,793.0*
		3.9%

Overall, as illustrated by Figure 4, the Government has consistently increased its financial provision to HA over the past few years.

Figure 4: Financial Provision by the Government for 2010-11 through 2014-15

$Mn

	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Revised Estimate	2014-15 Estimate
Total Subvention (excl. Samaritan Fund)	34,364.9	38,629.4	42,886.9	46,180.0	47,973.0
Recurrent Subvention	33,517.5	37,910.0	42,129.6	45,534.2	47,206.8
Capital Accounts	847.5	719.4	757.3	645.8	766.2

52,886.9 ▲ (incl. Samaritan Fund)

▲ Total Subvention (excl. Samaritan Fund)   ■ Recurrent Subvention   ● Capital Accounts

Funding Allocation

HA will continue to meet the healthcare needs of the population by making use of the additional provision to enhance priority services and improve the quality of care. The major initiatives are listed below.

Operating Account

(a) With an additional recurrent funding of $1,200 million, service provision will be strengthened in the following key areas to meet growing demand and enhance service quality:

- supporting the service commissioning of the CMC Phase Two Redevelopment and YCH Redevelopment projects as well as launching more clinical services at the new NLTH, which include opening 20 convalescent / rehabilitation beds

- strengthening the service and capital planning of future hospital redevelopment projects and enhance the support for managing different aspects of capital works

- opening a total of around 160 additional acute beds to meet high service demand in PYNEH, QEH, PWH, TMH and POH, as well as decongesting the overcrowded wards in acute hospitals through redistribution of beds and provision of extra manpower

- providing an additional total of 24 acute beds to reinforce the treatment of patients with life-threatening conditions, including three ICU beds and four HDU beds for enhancing critical care in QEH and UCH, two Cardiac Care Unit (CCU) beds at TKOH to strengthen care for heart disease patients, 12 beds in haematology oncology ward at PWH for improving cancer care, and three beds to provide centralised care for chronic ventilator assisted children at CMC

- increasing drug supply to meet the growing service demand

- supporting technology advancement and new treatment options for microbiological, gynaecological and surgical services

- phasing out the re-use of selected types of Class II moderate and moderate-high risk Single Use Devices (SUD) and further improving the sterilisation services for operating theatres

- enhancing clinical risk management through proactive identification, evaluation and reduction of risks factors that could give rise to medical incidents

- strengthening business support services to provide better back-up for the growing and advancing healthcare services

(b) $902 million additional provision for various initiatives, such as:

- Improving waiting time management

  > alleviating the access block at A&E Department by setting up support sessions to handle Triage IV and V cases

  > providing additional sessions to manage new cases on the SOPC waiting lists

  > setting up the third Joint Replacement Centre

  > opening additional operating theatre sessions

  > providing additional endoscopy sessions

  > enhancing radiology services

  > providing round-the-clock pharmacy services in CMC and YCH, and extending pharmacy service hours in TWEH, TWH, GH, KH and TPH

- enhancing mental health services by improving both community and hospital-based mental health services

- increasing GOPC episodic quota in KEC, KWC and NTWC

- providing system maintenance, IT operations, engagement, participation, standards, programme and business support services to the Government's eHealth Record (eHR) Sharing System and implementing the publicity, promotional and enrolment activities for the eHR Programme

Capital Account

(c) The Government's capital funding provision to HA for modernising and upgrading medical equipment and technology is $766.2 million for 2014-15, representing an increase of 18.6% as compared to the 2013-14 Revised Estimate of $654.8 million in this respect. The provision includes:

- $580 million for the procurement of equipment, which will enable us to continue replacing and adding medical equipment critical to our services, such as radiological, surgical, laboratory and physiological equipment

- $186.2 million for the development of information technology and systems

Looking Ahead

As with other public healthcare providers around the world, HA needs to strive for meeting the ever-rising service demand with limited resources. In order to cope with the challenges, it is of paramount importance for HA to maintain long-term financial stability by reaching a viable and sustainable funding arrangement with the Government. With the availability of a stable financing source, HA will be able to continue providing quality and modernised healthcare services to meet the healthcare needs of an ageing and growing population in Hong Kong.

Head Office Plan

This section sets out the work plans of the HA Head Office for 2014-15

There are four parts in this Head Office Plan. The first part contains a general summary of major initiatives that are spearheaded or coordinated by Head Office executives.
The other parts cover three specific areas of work led by Head Office that are the key enablers of HA services, which include business support services, capital works, and Information Technology (IT) services.

Head Office Plan Components

- **Head Office (HAHO)**

- **Business Support Services**

- **Capital Works**

- **Information Technology Services**

Head Office (HAHO)

The HA Head Office (HAHO) is now organised into the following seven divisions:

- Cluster Services
- Corporate Services
- Finance
- Human Resources

- Information Technology
- Quality and Safety
- Strategy and Planning

Major Challenges

In common with many other public healthcare providers, the major challenges of HA are brought about by the increase in service demand as a result of rapidly ageing population, growing prevalence of chronic diseases and ever-advancing medical technology. In addition, HA is facing a continual manpower shortage of clinical professionals, in particular medical doctors. It is a great challenge for HAHO to take the lead in ensuring that our services are enhanced in terms of both quality and quantity so as to meet the growing and changing healthcare needs of the community. The responsibility is also for HAHO to safeguard that resources made available to HA are managed in a prudent, transparent and cost-effective manner.

Major Initiatives

In keeping with tradition, HAHO is organising the annual HA Convention to provide a platform for different disciplines of healthcare staff and executives, as well as local and overseas experts to share their knowledge and experience on clinical advances and approaches to modern healthcare service. This is a signature event of the HA community, and 4 500 participants attended the event in 2013. The upcoming 20th HA Convention will be held on 7 and 8 May 2014.

Various divisions of HAHO will provide leadership for some 89 programme targets corresponding to the six strategic intents of Annual Plan 2014-15. Most of these targets are already outlined in the earlier chapter on **Strategic Intents and Programme Targets**. Main examples are highlighted below.

To allay staff shortage and high turnover, we will implement measures to strengthen career development, improve terms and conditions of frontline staff, and relieve the workload of clinical staff:

> Continue to enhance promotion opportunities for frontline doctors by providing more Associate Consultant positions

> Increase transparency and fairness in the rostering of frontline doctors by enhancing the Staff Rostering System (SRS) to facilitate duty rostering and compilation of work hours statistics

> Improve the work conditions of supporting staff by reducing their conditioned work hours to 44 hours gross per week to align with other HA employees

> Improve staff's health benefit by implementing a pilot programme of providing private radiological imaging services to staff on a co-payment arrangement

> Recruit more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals

To better manage growing service demand, we will increase capacity in priority areas including high demand life threatening diseases and services with pressing issues of waiting time and access, as well as develop more efficient service model:

> Further expand the emergency Percutaneous Coronary Intervention (PCI) service to strengthen cardiac care and roll out the 24-hour thrombolytic service for acute ischaemic stroke patients

> Expand the Community Health Call Centre (CHCC) service to support more patients with chronic diseases or severe mental illness

> Extend the community case management programme for patients with severe mental illness to three districts so that the service is available in all 18 districts

> Enhance access to primary care services by increasing the GOPC episodic quota and launching the new GOPC PPP Programme in three districts

> Implement round-the-clock pharmacy services in acute hospitals and extended-hour pharmacy services in non-acute hospitals by phases

To ensure service quality and safety, we will implement measures to build safety culture, develop safer service models, and adopt modern technology and new treatment options:

> Foster critical incident psychosocial services for HA staff to strengthen preparedness and response for crisis intervention

> Phase out the re-use of selected types of Class II moderate and moderate-high risk Single Use Devices (SUD) according to clinical prioritisation

> Further improve sterilisation methods in operating theatres to align with international standards

> Implement a corporate-wide barcode-based tracking and archiving system in hospitals with anatomical pathology laboratories

> Widen the scope of HA Drug Formulary for the treatment of prostate cancer, dementia and psychosis

There are also continued efforts **to enhance partnership with patients and community**, which include the following:

> Implement a pilot programme of Integrated Care and Community Support for Children with Special-care Needs such as those with mental retardation or physical disabilities

> Enhance collaboration with patient self-help groups to support patients with chronic diseases

> Continue to implement the Patient Empowerment Programme for patients with chronic diseases in collaboration with non-governmental organisations (NGOs)

We will **ensure adequate resources for meeting service needs** by enhancing efficiency in resource utilisation and liaising with the Government to formulate a longer term funding arrangement. At the same time, we are reinforcing the key enablers of HA services, including business support services, capital works and IT services, action plans of which are outlined in the ensuing sections.

In addition, we will **enhance corporate governance** by finalising and promulgating the new Corporate Governance Code, as well as the revised Manual on Operation of Hospital Governing Committees.

Business Support Services

Business Support Services Department (BSSD) is a multi-skilled team within the Cluster Services Division of the Head Office. Core functions and leadership of BSSD encompass a wide portfolio of non-clinical support activities and operational systems integral to the smooth running of hospitals and clinics. These functions include:

- Hospital support services – including patient food, patient transport, laundry, security, waste management, etc.

- Procurement, logistics and supply management

- Equipment management and maintenance

- Biomedical engineering services

Major Challenges

As at July 2013 the total asset of medical equipment items in HA is valued at around $9,550 million. Of these, around 38% are major equipment items with unit cost over $1 million, while 35% are minor equipment items with unit cost between $0.15 million and $1 million per piece / unit. With additional funding support from the Government since 2007-08, HA has allocated a total of some $3,543 million for the systematic replacement of aged medical equipment and the acquisition of new / additional medical equipment to support the safety standard and modernisation of medical equipment in public hospitals. This invariably involves additional demand for procurement service, as well as the prioritisation of a large number of medical equipment proposals, which is carried out in close liaison with the Central Technology Office (CTO) to enhance equipment planning and technology alignment.

In order to cater for the increased service demand as a result of growing public expectation and patient load, there is a need to further enhance support services. These include rolling out the auto-refill services for medical consumables and linen items in hospitals, with a view to minimising the time and effort of clinical staff to be spent on non-clinical duties, and to better control and monitor ward stock in support of clinical activities.

Besides, biomedical engineering services will also need to be strengthened to support the maintenance and modernisation of a growing inventory of medical equipment.

Major Initiatives in 2014-15

The major initiatives for 2014-15 are as follows:

- Continue the replacement and addition of medical equipment critical to clinical services, including radiological equipment, surgical equipment, endoscopic equipment, laboratory analyser or pathology equipment, and physiological equipment. This involves a total of some 700 pieces of medical equipment, and the total cost is estimated to be around $700 million

- Continue to extend the auto-refill service for medical consumables and linen items in hospital wards

- Expand the service of the outsourced Shum Wan Laundry

- Enhance biomedical engineering services to support the modernisation and safety standard of medical equipment in public hospitals

BSSD Targets

Complete the replacement / acquisition of around 700 pieces of medical equipment	**1Q15**
Enhance the biomedical engineering service by an addition of four Biomedical Engineers and three Electrical Technicians	**1Q15**
Roll out the auto-refill service to BH and HKEH in KCC; and AHNH, BBH, NDH and TPH in NTEC	**1Q15**
Extend the outsourced laundry service to TWH and GH	**1Q15**

Capital Works

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

- Planning and Development
- Building Works
- Administration and Operation

- Capital Projects
- Engineering

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, organise 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 2 600 000 m^2 floor space in around 300 buildings. There will be a number of opportunities and challenges in 2014-15 for CPD in managing resources to renew, upgrade and maintain these facilities.

To meet the growing medical needs of the community, a total of 21 major capital works projects, which amount to a total project cost in the order of $95 billion, have been initiated and are at various stages of planning and development. Out of these, seven projects involving a budget of $23.2 billion have been approved by the Government, while six projects are given approval to progress to the next stage and the other eight projects are under review. In addition, around 1 400 minor works projects will need to be carried out for the improvement and maintenance of existing premises, with a total annual expenditure of $750 million.

In view of the fact that major infrastructure projects in Hong Kong continue to dominate the construction industry, it is inevitable that there will be further escalations in the tender prices of HA's capital works projects in the coming year.

Major Initiatives in 2014-15

As one of the key enablers of clinical services, CPD will undertake the following major initiatives in 2014-15 to ensure that our healthcare facilities are able to meet the demands of quality service provision:

- Increase the capacity for service expansion by constructing the new Tin Shui Wai Hospital (TSWH), Hong Kong Children's Hospital, and the re-provisioning of Yaumatei Specialist Clinic at QEH.

- Keep modernising HA's facilities by carrying out preparatory works for the expansion of UCH, and the redevelopment of KWH and QMH.

- Make buildings safer by commencing the major refurbishment works for BH and completing the ward renovation works for KCH.

- Make buildings more accessible by completing the implementation of Barrier Free Access to 16 acute hospitals and all GOPCs.

Capital Works Targets

Commence decanting works for the redevelopment of KWH	2Q14
Commence decanting works for the redevelopment of QMH, phase one	2Q14
Commence major refurbishment of BH	3Q14
Complete foundation works for the establishment of Hong Kong Children's Hospital	4Q14
Complete substructure works for TSWH	4Q14
Complete substructure works for the re-provisioning of Yaumatei Specialist Clinic at QEH	4Q14
Complete implementation of Barrier Free Access to 16 acute hospitals and all GOPCs	4Q14
Complete decanting works for the expansion of UCH	1Q15
Complete ward renovation in KCH	1Q15
Complete main works for the redevelopment of YCH	1Q15

Information Technology Services

Information Technology (IT) is essential for enabling a high level of responsiveness to the ever increasing demand on public healthcare services and associated challenges.

IT solutions in HA are provided by the Information Technology Division (ITD) and are adopted as a strategic investment for HA to improve its overall level of efficiency, effectiveness and quality in the delivery of day-to-day healthcare services. In this regard, HA is recognised as a leading and innovative user of IT in the healthcare industry and investment in IT is carefully prioritised during the corporate strategic planning and annual planning cycles to ensure optimal outcomes are achieved in alignment with clinical and business needs.

ITD continues to support and enhance clinical systems and business supporting systems in HA and is beginning to explore and leverage emerging technologies such as mobility. In response to the growing complexity and demand for healthcare services, ITD will be working more closely with the business leads to develop strategies to ensure the opportunities presented by new technology can be leveraged.

Overall, ITD is responsible for the management, development, maintenance and operation of HA's investments in IT and performs multiple roles, including:

- **Management and Development of the IT Framework** – ITD supports the corporate direction in IT development, including the IT strategy, policy, standards and processes. ITD also ensures that a risk-based approach to information security and privacy is undertaken through the systematic adoption of controls to prevent adverse events, ensure compliance and to maintain consistent enforcement actions, all of which maintain the goal of protecting HA information assets and patient data.

- **Internal Service Provider** – ITD maintains a multi-disciplinary team of experienced specialists with in-depth knowledge for providing a range of services for the development, support, and maintenance of IT systems, including Health Informatics; Clinical and Business Supporting IT Systems; Informational and Collaborative IT Systems; data security and privacy; and data centre and IT infrastructure. ITD continues to evolve IT systems and a key area for this evolution is to continue engaging frontline support to ensure any applied system changes are effectively and transparently integrated as part of frontline workflow.

- **Agency Service Provider** – ITD also acts as a technical agent for the Government in support of various Government-led initiatives. In particular, ITD has been appointed by the Government to provide technical support for developing the necessary standards, solutions and infrastructure for the eHR programme.

A robust governance structure is in place to ensure that IT investment is prioritised and aligned with clinical and business needs. The services of ITD are governed by the HA Board through the Information Technology Services Governing Committee (ITGC) and is supported by the IT Technical Advisory Sub-Committee for advice on information technology and infrastructure directions. Programmes related to IT development are prioritised according to their business needs by the Coordinating Committee in IT (COC(IT)), and endorsed by the ITGC before implementation. Programme targets with key performance indicators for major development initiatives are reported for progress monitoring together with regular progress updates to the ITGC.

Major Challenges

The corporate priorities of improving service quality through better coordinated care and of reducing avoidable medical errors are driving increased investments in IT enabled solutions. With the significant increase in reliance on IT and the complexity of managing the IT investments, ITD faces a number of key challenges as follows:

(1) Ensuring system code is error- and vulnerability free and high in functional quality

(2) Maintaining system availability and performance levels to ensure timely access to information

(3) Improving the effectiveness of controls to safeguard the security and privacy of HA's sensitive information assets, including patient data

(4) Facilitating the preparation of HA's Strategy for IT to provide the future roadmap for maximising the use of technology to enable service improvements to manage rising internal and external demands for IT services

(5) Ensuring sustainability of project management capabilities to facilitate the effective use of resources for the delivery of projects in accordance with requirements provided by stakeholders

(6) Sustaining an IT-capable workforce to meet dynamic and evolving service requirements

(7) Ensuring the IT enterprise architecture provides a robust and scalable framework for supporting HA's systems and services, with appropriate quality assurance and taking into consideration technology obsolescence

(8) Managing the adoption of innovative technologies and devices to cater for the transformation of manual workflow processes to online IT systems

With the increase in complexity of the IT enabled solutions and integration with other systems and medical equipment to meet business needs, and reliance on these solutions in their daily operations, there are major challenges in ensuring the quality and reliability of these solutions. Ensuring sensitive information remains protected and accurate at all times and that this information continues to be available in a timely manner are critical requirements for delivering effective healthcare services. The rapid development of mobile technology and devices has generated significant expectation from frontline users. It is important to keep updating these technologies and evaluate their adoption in the HA environment within the available resources, and manage the expectations from the frontline users.

Major Initiatives in 2014-15

HA ITD has responsibility for a number of initiatives in 2014-15, including support for the service plans of both internal and external stakeholders. The majority of these are multi-year projects and the key initiatives are highlighted below:

Internal Service Provider

(1) Continue the roll out of Clinical Management System III for its enhanced support of patient care delivery process and its support of Closed Loop Inpatient Medication for two hospitals (PWH and TKOH); and continue the Phase Two project development of new clinical functions and new database platform

(2) Provide IT service to support service operation for the opening of new hospitals and hospital blocks

(3) Continue to enhance the quality assurance and risk management process of IT systems

(4) Continue to enhance the clinical systems to cater for the launch of the territory-wide eHR project

(5) Implement the Pilot Phase of the Reporting and Business Intelligence project for manpower and patient billing data

(6) Continue the development and final preparations for the implementation of the Enterprise Resources Planning (ERP) Asset Management Systems for IT assets

(7) Replace ageing corporate IT equipment and obsolete application software to reduce the operational risks of IT systems in supporting hospital services

Agency Service Provider

(1) Continue the provision of technical agency services to the eHR programme, and support other eHealth related initiatives led by the Government

(2) Provide IT support for the development of system interfaces with Government's Communicable Disease Information System

(3) Continue to provide IT support for the implementation of new version of Laboratory Information System for the Department of Health's Clinical Pathology Laboratory Centre

ITD Targets

Internal Service Provider

Development of Clinical Management System (CMS) III	1Q15

- Continue the roll out of the revamped clinical systems including CMS, Patient Administration System, Laboratory Information System, Radiology Information System and Pharmacy Management System

- Continue to develop Inpatient Medication Order Entry System, conduct its roll out in two hospitals (PWH and TKOH) and commence its preparation work for three other hospitals

- Continue its Phase Two project including the development of new clinical functions (e.g. nursing application, clinical imaging, allied health application, clinical workflow) and preparation work of new database platform

New Hospital / Hospital Block Projects	1Q15

- Continue to implement information systems in new hospital blocks including NLTH, new Community Health and Wellness Center in YCH and CMC new ambulatory and rehabilitation block

Quality Assurance and Risk Management	1Q15

- Continue to review the control process and formulate mechanism for enhancing the quality assurance in IT system development

Enhancement of Clinical Systems for eHR Project	1Q15

- Continue to provide system enhancement of HA's clinical systems to cater for the launch of the territory-wide eHR project

Business Intelligence and Asset Management System	4Q14

- Implement the Pilot Phase of the Reporting and Business Intelligence project for manpower and patient billing data

- Continue the development and final preparations for the implementation of the ERP Asset Management System for IT assets (go live in April 2015)

IT Technology Refreshment	1Q15

- Continue to replace ageing corporate IT network, server, PC workstations, related equipment and obsolete application software in HA

Agency Service Provider

eHR Programme	1Q15

- Complete the development and commence implementation for the Stage One of eHR Sharing System

Health Care Voucher Scheme and Vaccination Scheme	1Q15

- Continue to provide IT support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes

Communicable Disease Information System for Department of Health	1Q15

- Continue to provide IT support for the development of system interfaces with the Department of Health's Communicable Disease Information System

Laboratory Information System for Department of Health	1Q15

- Continue to provide IT support for the implementation of new version of Laboratory Information System

Cluster Plans

# This section contains an overview of the work plans of the **seven Clusters** for 2014-15.

The front page of each Cluster Plan contains a map showing the distribution of hospitals, Specialist Outpatient Clinics (SOPC) and General Outpatient Clinics (GOPC) in the cluster. Hospitals with A&E service are marked with the symbol ✚ for easy identification. Following the cluster map are the summary of healthcare facilities available and a table showing the distribution of patients served in 2012-13 by district of residence in the cluster. Major challenges faced by the cluster, as well as the key initiatives and targets in 2014-15 are also included in the following respective cluster plans.

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
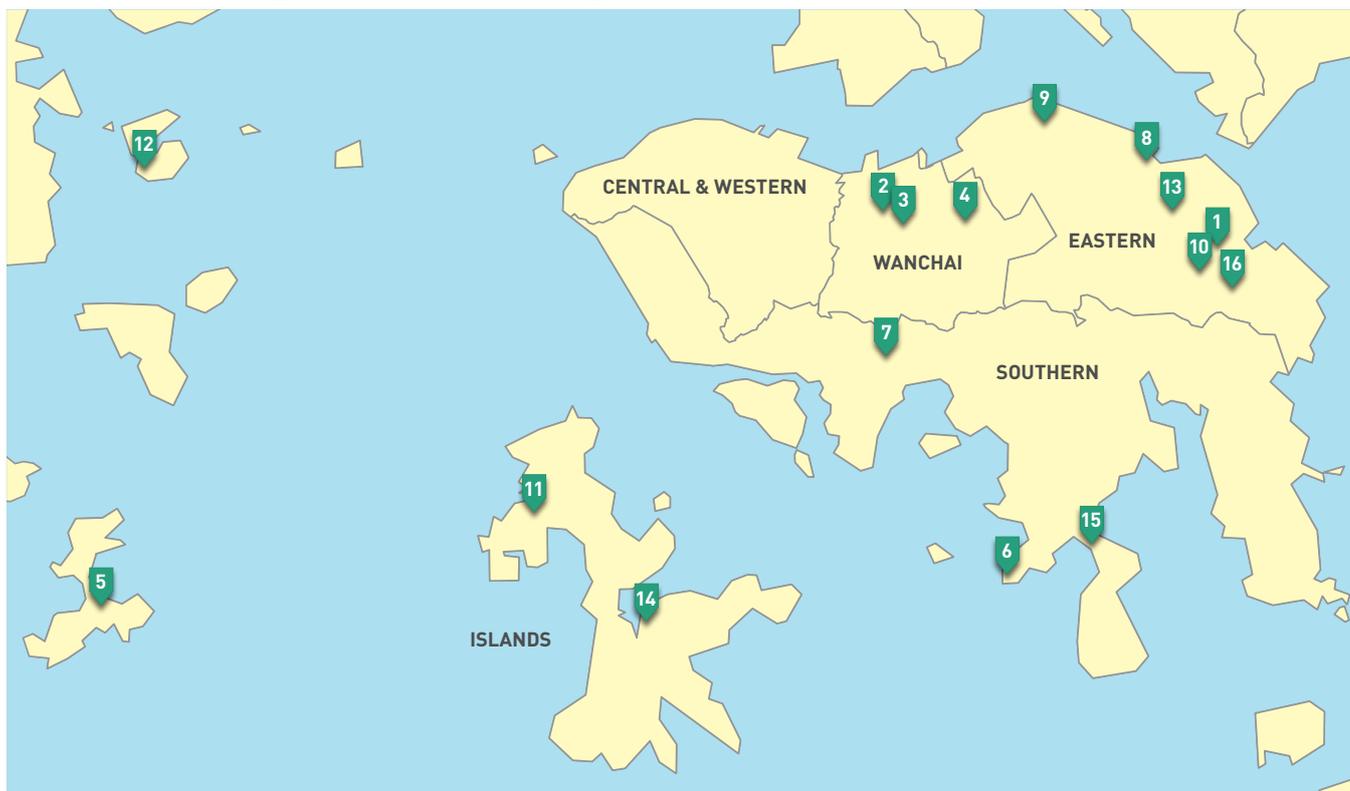
Name of Institution	Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1 Pamela Youde Nethersole Eastern Hospital ✚	✓	✓	
2 Ruttonjee Hospital ✚	✓	✓	
3 Tang Shiu Kin Hospital / Tang Shiu Kin Hospital Community Ambulatory Care Centre / Violet Peel General Outpatient Clinic	✓	✓	✓
4 Tung Wah Eastern Hospital	✓	✓	✓
5 St. John Hospital ✚	✓	✓	✓
6 Cheshire Home (Chung Hom Kok)	✓	✓	
7 Wong Chuk Hang Hospital	✓		
8 Sai Wan Ho General Outpatient Clinic		✓	✓
9 Anne Black General Outpatient Clinic			✓
10 Chai Wan General Outpatient Clinic			✓
11 North Lamma General Outpatient Clinic			✓
12 Peng Chau General Outpatient Clinic			✓
13 Shau Kei Wan Jockey Club General Outpatient Clinic			✓
14 Sok Kwu Wan General Outpatient Clinic			✓
15 Stanley General Outpatient Clinic			✓
16 Wan Tsui General Outpatient Clinic			✓

Healthcare Facilities

There are seven hospitals / institutions in the HKEC, providing a total of 3 031 beds as at March 2013. Of these, 2 004 were for acute, convalescent and rehabilitation care, 627 for infirmary care and 400 for psychiatric care. There are also seven SOPCs and 12 GOPCs in the Cluster.

Actual Patients Served

In 2012-13, the number of patients who had utilised HKEC's service was 388 500. Around 76% of the patients were from the Eastern, Wanchai and Islands districts.

Number and percentage distribution of patients ever utilised HKEC services in 2012-13 according to district of residence

District of residence	Eastern	Wanchai	Islands	Southern	Others*	HKEC Total
No. of patients ('000)	232.3	43.3	19.8	23.0	70.1	388.5
Distribution#	60%	11%	5%	6%	18%	100%

* Include those patients with address outside Hong Kong or unknown
\# Sum of percentages may not equal to 100% due to rounding

Major Challenges

HKEC has been serving a population with a higher-than-average population of elders aged 65 and above. It is projected that the proportion of elders in the Eastern and Wan Chai districts will remain higher than Hong Kong overall. The increasing volume and complexity of illness involving the elderly in the context of limited physical space and manpower shortage has imposed considerable pressure on staff. Since 2008, the attrition rate of HKEC's manpower has been higher than the HA average in general. The resultant younger workforce from replacement also loads senior staff with a greater role in training and mentorship on top of their routine work. While addressing the pressing need to identify new spaces for a viable bed opening plan to cope with the increasing service demand, HKEC is striving towards a healthy workforce to ensure service sustainability.

HKEC shall continue to manage demand growth in pressure areas, ensure quality and safety, and cultivate a cohesive and harmonious workplace to enhance staff retention.
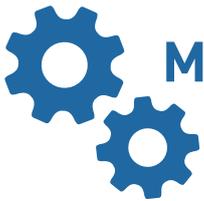
Major Initiatives in 2014-15

To align with the corporate objectives, HKEC's major initiatives for 2014-15 are as follows:

- Recruit additional nurses and frontline allied health staff to cope with increased service demand and additional supporting staff to relieve the workload of professionals;

- Address inpatient service needs by opening additional acute medical beds, carrying out renovation for Emergency Medicine Ward, and designating medical beds for the care of patients on mechanical ventilation;

- Enhance service accessibility through additional support sessions for Triage IV and V cases in Accident & Emergency (A&E) departments, additional operating theatre sessions to shorten patients' waiting time for surgeries, extended pharmacy operating hours, and renovation for Combined Endoscopy Unit to increase service capacity;

- Enhance treatment of life-threatening diseases by providing extra hospital haemodialysis places and adding quotas of home automated peritoneal dialysis treatment;

- Continue to enhance mental health service by providing recovery oriented treatment programmes and improving the physical setting of psychiatric admission wards;

- Continue to minimise patients' trauma and risk of complication from traditional hysterectomy surgeries by adopting Minimally Invasive Surgery (MIS) technique;

- Ensure the safe use of sterilised medical equipment by rolling out surgical instrument tracking system and further phasing-out the re-use of Single Use Devices (SUD);

- Ensure correct identification of anatomical pathology specimens by implementing barcode-based tracking and archiving system in anatomical pathology laboratories; and

- Combat winter surge by following HA's response plan, emphasising optimisation of internal capacity through temporary deployment of extra beds, augmentation of manpower by recruiting additional manpower through appropriate use of Special Honorarium Scheme and overtime allowance. At the same time, strategies to reduce unnecessary admissions or re-admissions will continue, which include strengthening support to the community and engaging community partners to promote health alertness and to mobilise preventive measures.

HKEC Targets

Allay Staff Shortage and High Turnover	
• Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards	1Q15
• Recruit more allied health professionals to cope with increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q15
• Recruit more patient care assistants to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q15
Better Manage Growing Service Demand	
• Open 40 additional acute medical beds in PYNEH	3Q14
• Alleviate the access block at A&E departments by providing support sessions to handle the Triage IV and V cases	1Q15
• Allay the waiting lists for surgeries by opening five additional operating theatre sessions per week in PYNEH	4Q14
• Enhance the accessibility of pharmacy services by extending the weekday pharmacy service by two hours in TWEH and recruiting additional dispenser grade staff for SOPC pharmacies in the Cluster	3Q14
• Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis treatment to 10 more patients and home automated peritoneal dialysis treatment to three more patients	1Q15
• Designate two medical beds in PYNEH with multi-disciplinary support for the care of patients on mechanical ventilation	2Q14
• Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric wards	1Q15

Ensure Service Quality and Safety	
• Implement a barcode-based tracking and archiving system in anatomical pathology laboratories to ensure correct identification of anatomical pathology specimens	1Q15
• Roll out the surgical instrument tracking system to TWEH for supporting the improvement of sterilisation service for operating theatres	1Q15
• Phase out the re-use of selected types of class II moderate and moderate-high risk Single Use Device (SUD) according to clinical prioritisation	1Q15
• Use Minimally Invasive Surgery (MIS) technique in 70% of the hysterectomy surgeries for suitable gynaecological patients	1Q15
Ensure Adequate Resources for Meeting Service Needs	
• Upgrade the facilities of the combined endoscopy unit at PYNEH	1Q15
• Carry out site renovation and preparatory works for setting up an Emergency Medicine Ward in RH	1Q15

Hong Kong West Cluster

Name of Institution	Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1 Queen Mary Hospital ✚	✓	✓	
2 Tung Wah Hospital	✓	✓	✓
3 Grantham Hospital	✓	✓	
4 Duchess of Kent Children's Hospital	✓	✓	
5 Tsan Yuk Hospital	✓	✓	
6 Fung Yiu King Hospital	✓	✓	
7 Maclehose Medical Rehabilitation Centre	✓	✓	
8 David Trench Rehabilitation Centre		✓	
9 Aberdeen Jockey Club General Outpatient Clinic			✓
10 Ap Lei Chau General Outpatient Clinic			✓
11 Central District Health Centre General Outpatient Clinic			✓
12 Kennedy Town Jockey Club General Outpatient Clinic			✓
13 Sai Ying Pun Jockey Club General Outpatient Clinic			✓
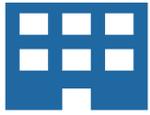
Healthcare Facilities

There are seven hospitals / institutions in the HKWC, providing a total of 3 135 beds as at March 2013. Of these, 2 853 were for acute, convalescent and rehabilitation care, 200 for infirmary care and 82 for psychiatric care. There are also eight SOPCs and six GOPCs in the Cluster.

Actual Patients Served

In 2012-13, the number of patients who had utilised HKWC's service was 306 000. Around 60% were from the Southern and Central & Western districts.

Number and percentage distribution of patients ever utilised HKWC services in 2012-13 according to district of residence

District of residence	Southern	Central & Western	Eastern	Wanchai	Others*	HKWC Total
No. of patients ('000)	105.7	78.5	28.4	10.4	83.0	306.0
Distribution#	35%	26%	9%	3%	27%	100%

∗ Include those patients with address outside Hong Kong or unknown
Sum of percentages may not equal to 100% due to rounding

Major Challenges

Ageing Population, Ageing Facilities - The elderly population in the Southern and Central & Western districts are at a higher percentage compared to the whole territory. The demographic shift implies demand for increasing service capacity, which is however met with space limitations and dispersed facilities in the aged and outdated HKWC hospital buildings.

Expectations for Sufficiency and Accessibility - 60% of the users of HKWC hospital services are from the Southern and Central & Western districts, and they expect the long-serving and trusted HKWC services to be sufficient and accessible for their care. But the expectations for extensive, state-of-the-art services cannot be met without coordinated care, skilful hands and apt technologies.

Diverse Roles and Partnership - HKWC hospitals are characterised by a diverse spectrum of parent organisations making indispensable contributions and carrying with them many historical, cultural and traditional differences. Meanwhile, the Cluster's unique association with the Li Ka Shing Faculty of Medicine of the University of Hong Kong has generated opportunities. Academia footprints are ubiquitous in each and every hospital in HKWC, and HA staff members in these hospitals are likewise conversant with the trinity roles of service, education and research. The increased number of medical students as hospital citizens will nevertheless entail even more space and better facilities. With greater linkage and integration of all the players, we shall further strengthen our services that are well aligned, better coordinated and conducive to achieving excellent clinical outcomes for our patients.

Major Initiatives in 2014-15

HKWC's major initiatives for 2014-15 are as follows to align with the corporate objectives:

- Allay staff shortage by recruiting additional nurses and allied health professionals, as well as patient care assistants to relieve the workload of clinical staff

- Increase service capacity for high demand life threatening diseases, including end-stage kidney disease, cancer, stroke and blood diseases, by enhancing technologies, care coordination, transplantation and long-term ventilator care

- Increase surgical capacity for eye procedures and orthopaedic surgery by increasing the capacity of operating theatre services

- Improve management of chronic diseases by enhancing endoscopy, Computerised Tomography (CT), lung function laboratory, and rheumatology services

- Develop safer service models by further rolling out the surgical instrument tracking system, phasing out the re-use of Single Use Device (SUD), and strengthening specimen tracking system for anatomical pathology laboratory service

- Increase the capacity for service with growing demand by enhancing geriatric services

- Adopt modern technology in the provision of transplant-related laboratory support and other surgical technique

- Provide integrated care and enhance community support for children with special-care needs with case management model

- Improve inter-hospital clinical operation by enhancing Cluster's transportation service

HKWC Targets

Allay Staff Shortage and High Turnover	
• Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards	2Q14
• Recruit additional allied health professionals to cope with increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q15
• Recruit additional patient care assistants to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q15

Better Manage Growing Service Demand	
• Increase surgical capacity by opening 10 additional operating theatre sessions per week in DKCH for orthopaedic surgery	4Q14
• Further enhance and consolidate the specialist eye services by relocating the eye services from QMH to GH, and setting up three operating theatres in GH for eye procedures	1Q15
• Reinforce endoscopy service in QMH by strengthening the nursing support for on-call and emergency endoscopy cases	1Q15
• Expand the capacity of CT services in QMH and provide an additional 3 000 examinations per year	1Q15
• Enhance the lung function laboratory service in QMH to provide 150 additional tests	1Q15
• Decongesting QMH medical wards through diverting geriatric patients to FYKH and GH	4Q14
• Enhance the accessibility of pharmacy services by extending the weekday pharmacy service by two hours in TWH and GH; and recruiting additional dispenser grade staff for SOPC pharmacies in the Cluster	1Q15
• Enhance transplant services in QMH through strengthening the adult ICU care of potential organ donors, improving the pre-phase service for liver transplant patients and enhancing day care service for Haemopoietic Stem Cell Transplant (HSCT) patients	1Q15

• Improve acute stroke management by implementing 24-hour thrombolytic service for acute ischaemic stroke patients in QMH	1Q15
• Increase the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis treatment to two more patients, home haemodialysis treatment to six more patients and home automated peritoneal dialysis treatment to three more patients	1Q15
• Provide four designated beds to support the care of ventilator dependent neuro-spinal patients in MMRC	4Q14
• Provide case management service to patients with complicated breast and colorectal cancer; and enhance care coordination of orthopaedic tumor services	1Q15
• Strengthen mental health services by providing recovery oriented treatment programmes for patients in the psychiatric wards	1Q15
• Strengthen the nurse-led clinic in QMH for improving the care of rheumatology patients through effective case triaging	1Q15
Ensure Service Quality and Safety	
• Enhance the quality and safety of medication use for paediatric patients by rolling out the paediatric clinical pharmacy services to DKCH	3Q14
• Install MALDI-TOF Mass Spectrometry in QMH to speed up microbiological identification for timely diagnosis and treatment	1Q15
• Implement a barcode-based tracking and archiving system in anatomical pathology laboratories to ensure correct identification of anatomical pathology specimens	1Q15
• Roll out the surgical instrument tracking system to TWH for supporting the improvement of sterilisation service for operating theatres	1Q15
• Phase out the re-use of selected types of class II moderate and moderate-high risk Single Use Device (SUD) according to clinical prioritisation	1Q15

• Adopt Minimally Invasive Surgery (MIS) technique in 70% of the hysterectomy surgeries for suitable gynaecological patients	1Q15
• Establish breastfeeding support teams in QMH to promote breastfeeding of newborn babies	1Q15
• Improve laboratory support for transplant services by providing assay for guidance on immunosuppressant dosage for about 220 organ transplant recipients and engraftment analysis for around 200 stem cell transplant recipients	1Q15
Enhance Partnership with Patients and Community	
• Recruit case manager in QMH / DKCH for the provision of integrated care and enhance community support for children with special-care needs such as those with mental retardation or physical disabilities	1Q15
Ensure Adequate Resources for Meeting Service Needs	
• Extend the outsourced Shum Wan laundry service to TWH and GH	1Q15
• Enhance Cluster's transportation service to ensure better support for inter-hospital clinical operation	1Q15

Kowloon Central Cluster

Name of Institution		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Queen Elizabeth Hospital ✚	✓	✓	
2	Kowloon Hospital	✓	✓	
3	Hong Kong Buddhist Hospital	✓	✓	✓
4	Hong Kong Eye Hospital	✓	✓	
5	Rehabaid Centre	✓	✓	
6	Hong Kong Red Cross Blood Transfusion Service	✓		
7	Central Kowloon Health Centre		✓	✓
8 & 9	Yau Ma Tei Jockey Club General Outpatient Clinic / Yaumatei Specialist Clinic Extension		✓	✓
10	Hung Hom Clinic			✓
11	Lee Kee Memorial Dispensary			✓
12	Shun Tak Fraternal Association Leung Kau Kui Clinic			✓
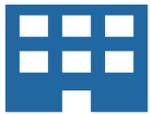
Healthcare Facilities

There are six hospitals / institutions in the KCC, providing a total of 3 547 beds as at March 2013. Of these, 3 004 were for acute, convalescent and rehabilitation care, 118 for infirmary care and 425 for psychiatric care. There are also seven SOPCs and six GOPCs in the Cluster.

Actual Patients Served

In 2012-13, the number of patients who had utilised KCC's service was 473 400. Around 39% of the patients were from the Yau Tsim Mong and Kowloon City districts where the KCC healthcare facilities are predominately located. Although the remaining 62% were patients residing in other districts, 32% came from the nearby Wong Tai Sin and Kwun Tong districts.

Number and percentage distribution of patients ever utilised KCC services in 2012-13 according to district of residence

District of residence	Yau Tsim Mong	Kowloon City	Wong Tai Sin	Kwun Tong	Others*	KCC Total
No. of patients ('000)	67.0	118.9	97.2	50.4	139.9	473.4
Distribution#	14%	25%	21%	11%	30%	100%

∗ Include those patients with address outside Hong Kong or unknown
\# Sum of percentages may not equal to 100% due to rounding

Major Challenges

KCC has been providing services to Yau Ma Tei, Tsim Sha Tsui and Kowloon City districts. Due to ageing population, the Cluster faces the challenge of delivering quality services in the midst of increasing service volume and complexity and against the background of manpower shortage. The prolonged surge period also exert enormous pressure on the demand of hospital beds for over congestion, especially during winter months.

Centrally located in the densely populated Kowloon region with ease of access, KCC has been providing quality service to residents in other districts as a tertiary referral centre. The Cluster will strive to provide safe and quality medical services through hospital accreditation and wiser movement to streamline the workflows. To address staff turnover problems and improve staff morale, we will continue to uplift the professionalism through staff development and retention programmes.

QEH, the only acute hospital in KCC, has just celebrated her golden jubilee anniversary in year 2013. A series of celebration programmes has been successfully launched to enhance staff engagement and foster close partnership with the public.

Major Initiatives in 2014-15

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

- To maintain a stable workforce and allay staff shortage, additional nurses will be recruited to alleviate the nursing manpower shortfall in hospital wards and high pressure areas. Additional 100 registered nurses will be trained up in the QEH nursing school to increase the nursing manpower supply. The Cluster will also recruit more allied health professionals to manage increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation. Moreover, the number of patient care assistants will be increased to share out simple clinical tasks and relieve the clerical workload of allied health professionals.

- To better manage growing service demand, the Cluster will enhance its inpatient service capacity by opening additional 19 acute beds, one ICU bed, four surgical HDU beds and designate two medical beds for the care of patients on mechanical ventilation in QEH. For emergency and trauma care, A&E department will provide support sessions to alleviate the access block for less urgent cases. Six operating theatre sessions will also be increased to cope with the demand on emergency trauma service. To further strengthen clinical service provision, the capacity of renal replacement therapy for patients with end-stage renal disease will be enhanced. Multi-disciplinary care for additional HIV new cases will be continued and Genotyping Resistance Test (GRT) will be established in QEH. In addressing the needs of mental health patients, KH will extend its community support by providing case management service to 200 patients with severe mental illness living in Yau Tsim district. At the same time, recovery oriented treatment programmes will also be provided for patients in the psychiatric wards. The pharmacy in KH will extend its service hours on weekdays, and additional dispenser grade staff will be recruited for various SOPC pharmacies to enhance accessibility to pharmacy service.

- To ensure service quality and safety, the Department of Pathology will implement a barcode-based tracking and archiving system in anatomical pathology laboratories to ensure correct identification of anatomical pathology specimens. Paediatric clinical pharmacy services will be implemented in QEH and KH to ensure safety in medication use.

The Department of Obstetrics and Gynaecology will adopt Minimally Invasive Surgery (MIS) technique in 70% of the hysterectomy surgeries for suitable gynaecological patients. To promote breastfeeding of newborn babies, breastfeeding support teams will be established. A robotic assisted laparoscopic surgery suite and MIS suite will be set up in QEH to enhance minimally invasive operations. Moreover, sterilisation in surgical operations will be improved by enhancing the washing facility and replacing the ageing equipment in QEH; surgical instrument tracking system will also be implemented in QEH and BH. The Cluster will continue to phase out the re-use of selected types of class II moderate and moderate-high risk Single Use Device (SUD) according to clinical prioritisation.

- To ensure adequate resources for meeting service needs, BTS will enhance its Blood Bank Management Information System for daily operation. For the hospital services, auto-refill service for medical consumables and linen items will be rolled out to BH and HKEH.

- To address the winter surge demand, the Cluster will apply Special Honorarium Scheme to strengthen workforce provision for various clinical departments. Manpower from family medicine and GOPC will be seconded to A&E department for the management of Triage Categories IV & V patients. At the same time, a coordinated approach will be adopted to proactively monitor and oversee the bed supply situation across cluster hospitals in QEH, KH and BH. Collaboration with neighbouring cluster hospitals has been set up to render bed support logistics for patient management. In QEH, contingency ward and A&E temporary observation ward will be opened to cater for the influx of patients. A designated cubicle providing step-down care to medical patients will be set up to relieve the bed pressure in acute wards. In KH and BH, additional beds will be opened for admitting patients if required. In general, laboratory, radiology, pharmacy and Non-emergency Ambulance Transfer Service (NEATS) support will be enhanced to facilitate early diagnosis, transfer and discharge. As an interim measure, temporary suspension of elective surgical operation will be carried out according to clinical needs. In addition, Community Geriatric Assessment (CGAT) service will be strengthened to enhance support for elderly patients living in the Old Aged Homes.

KCC Targets

Allay Staff Shortage and High Turnover	
• Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards	1Q15
• Train up additional 100 Registered Nurses in the nursing school at QEH	3Q14
• Recruit more allied health professionals to cope with increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q15
• Recruit more patient care assistants to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q15
Better Manage Growing Service Demand	
• Open 19 additional acute beds in QEH	1Q15
• Open one ICU bed and four surgical HDU beds in QEH	1Q15
• Alleviate the access block at A&E department by providing support sessions to handle the Triage IV and V cases in QEH	1Q15
• Increase surgical capacity by adding six operating theatre sessions for emergency trauma cases	1Q15
• Enhance the accessibility of pharmacy services by extending the weekday pharmacy service by two hours in KH and recruiting additional dispenser grade staff for SOPC pharmacies in the Cluster	1Q15
• Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis, home haemodialysis and home automated peritoneal dialysis treatment to two more patients respectively	1Q15
• Designate two medical beds in QEH with multi-disciplinary support for the care of patients on mechanical ventilation	1Q15
• Provide multi-disciplinary care for additional HIV new cases and establish Genotyping Resistance Test (GRT) in QEH	1Q15

• Enhance community support for mental health patients by providing case management service to 200 patients with severe mental illness living in Yau Tsim district	1Q15	
• Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric ward	1Q15	

Ensure Service Quality and Safety

• Set up a robotic assisted laparoscopic surgery suite and Minimally Invasive Surgery (MIS) suite in QEH	1Q15
• Use MIS technique in 70% of the hysterectomy surgeries for suitable gynaecological patients	1Q15
• Improve sterilisation in surgical operations by enhancing the washing facility and replace the aging equipment of operating theatres in QEH; and implementing the surgical instrument tracking system in KCC	1Q15
• Enhance the quality and safety of medication use for paediatric patients by implementing the paediatric clinical pharmacy services at QEH and KH	3Q14
• Implement a barcode-based tracking and archiving system in anatomical pathology laboratories to ensure correct identification of anatomical pathology specimens	1Q15
• Phase out the re-use of selected types of class II moderate and moderate-high risk Single Use Device (SUD) according to clinical prioritisation	1Q15
• Establish breastfeeding support teams in QEH to promote breastfeeding of newborn babies	1Q15

Ensure Adequate Resources for Meeting Service Needs

• Roll out the auto-refill service for medical consumables and linen items to BH and HKEH	1Q15
• Enhance Blood Bank Management Information System to support the operation of BTS	1Q15

Kowloon East Cluster

Name of Institution	Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1　United Christian Hospital ✚	✓	✓	
2　Tseung Kwan O Hospital ✚	✓	✓	
3　Haven of Hope Hospital	✓	✓	
4　Yung Fung Shee Memorial Centre		✓	
5　Kowloon Bay Health Centre General Outpatient Clinic			✓
6　Kwun Tong Jockey Club Health Centre General Outpatient Clinic			✓
7　Lam Tin Polyclinic General Outpatient Clinic			✓
8　Mona Fong General Outpatient Clinic			✓
9　Ngau Tau Kok Jockey Club General Outpatient Clinic			✓
10　Shun Lee General Outpatient Clinic			✓
11　Tseung Kwan O (Po Ning Road) General Outpatient Clinic			✓
12　Tseung Kwan O Jockey Club General Outpatient Clinic			✓

Healthcare Facilities

There are three hospitals / institutions in the KEC, providing a total of 2 371 beds as at March 2013. Of these, 2 175 were for acute, convalescent and rehabilitation care, 116 for infirmary care and 80 for psychiatric care. There are also four SOPCs and eight GOPCs in the Cluster.

Actual Patients Served

In 2012-13, the number of patients who had utilised KEC's service was 469 000. Around 86% were from the Kwun Tong and Sai Kung districts.

Number and percentage distribution of patients ever utilised KEC services in 2012-13 according to district of residence

District of residence	Kwun Tong	Sai Kung	Wong Tai Sin	Others*	KEC Total
No. of patients ('000)	247.0	155.6	25.1	41.3	469
Distribution#	53%	33%	5%	9%	100%

∗ Include those patients with address outside Hong Kong or unknown
Sum of percentages may not equal to 100% due to rounding

Major Challenges

KEC is currently managing a large volume and high complexity of illness, involving a high proportion of elderly patients within its physical space constraints. In the meantime, the Cluster also faces the challenge of maintaining adequate workforce to ensure service sustainability and patient safety. In order to improve service accessibility, KEC has recorded the highest new case ratio in specialist outpatient service in HA and maintained very low average length of stay for acute and convalescent patients.

In 2014-15, the Cluster will continue to address service growth in demand pressure areas through service rationalisation and prioritisation. With upgraded facilities after the completion of all the alteration and refurbishment works in 2013, TKOH is expected to enhance its healthcare service delivery in KEC. Regarding the UCH expansion project and the associated decanting works, the hospital would continue to work closely with the Head Office's Capital Planning Department in service planning and facilities development.

Major Initiatives in 2014-15

Aligned with the corporate directions, KEC's major initiatives for 2014-15 are as follows:

- Allay staff shortage and high turnover by strengthening the nursing workforce, enhancing career progression and professional competencies, improving supports for frontline healthcare professionals.

- Better manage growing service demand by opening two ICU beds at UCH and two CCU beds at TKOH; enhancing capacity in SOP and endoscopy services; enhancing stroke management and haemodialysis services; introducing cardiac catheterisation laboratory service at TKOH; strengthening mental health services and establishing case management service to patients with complicated cancer. At the same time, enhance public primary care services by increasing episodic quotas at GOPC and developing community health centre to provide an integrated range of services.

- Ensure service quality and safety by enhancing laboratory support and specimen tracking system, facilitating the adoption of minimal invasive surgery technique in hysterectomy surgeries, further improving sterilisation methods for operating theatres and implementing a series of initiatives to enhance drug safety.

- Partner with patients and community through the provision of integrated care and enhance community support for children with special-care needs.

- Ensure adequate resources for meeting service needs by enhancing the UCH planning team to facilitate smooth transition of service during the decanting period of the UCH expansion project; and carrying out site renovation and preparatory works for setting up an Emergency Medicine Ward in TKOH. KEC will closely monitor the major capital projects including the Expansion of HHH and the UCH Expansion Project.

At the same time, to address the winter surge demand, KEC adopts a staged notification system to indicate different winter surge levels so that relevant departments would take appropriate actions based on the pre-defined winter surge response plan. Depending on the severity of the surge, the Cluster will consider suspending non-emergency operations and deploying additional acute and convalescent beds to cope with further surge in demand. In addition, there are strengthened supports like extending laboratory and radiology service hour and increasing patient transport with pledged service targets. Overall, the Cluster's winter surge management strategy is to enhance the gate keeping function and increase the service capacity through special honorarium schemes.

KEC Targets

Allay Staff Shortage and High Turnover	
• Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards	1Q15
• Recruit more allied health professionals to cope with increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q15
• Recruit more patient care assistants to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q15
Better Manage Growing Service Demand	
• Open two additional ICU beds in UCH	3Q14
• Alleviate the access block at A&E departments by providing support sessions to handle the Triage IV and V cases	1Q15
• Enhance orthopaedic SOPC service by providing additional clinic sessions for managing a total of 730 new cases on the waiting list	1Q15
• Improve access to endoscopy service by providing 10 additional endoscopy sessions per week for h (OGD) and colonoscopy	2Q14
• Alleviate the long waiting time at SOPC pharmacies by recruiting additional dispenser grade staff	3Q14
• Increase the GOPC episodic quota by 11 000 attendances for improving the access of target population groups to public primary care services	1Q15
• Enhance cardiac service in the Cluster by introducing cardiac catheterisation laboratory service and adding two CCU beds in TKOH	1Q15
• Improve acute stroke management by implementing 24-hour thrombolytic service for acute ischaemic stroke patients in UCH	1Q15
• Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis and home automated peritoneal dialysis treatment to four more patients respectively	1Q15

• Designate two medical beds in UCH with multi-disciplinary support for the care of patients on mechanical ventilation	2Q14
• Provide case management service to patients with complicated breast and colorectal cancer	1Q15
• Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric wards	1Q15
• Provide prosthetic service in the Cluster to support rehabilitation and continuity of care	1Q15
Ensure Service Quality and Safety	
• Set up implementation team to support the launching of Inpatient Medication Order Entry (IPMOE) system in TKOH	1Q15
• Implement a barcode-based tracking and archiving system in anatomical pathology laboratories to ensure correct identification of anatomical pathology specimens	1Q15
• Install MALDI-TOF Mass Spectrometry in UCH to speed up microbiological identification for timely diagnosis and treatment	1Q15
• Phase out the re-use of selected types of class II moderate and moderate-high risk Single Use Device (SUD) according to clinical prioritisation	1Q15
• Use Minimally Invasive Surgery (MIS) technique in 70% of the hysterectomy surgeries for suitable gynaecological patients	1Q15
Enhance Partnership with Patients and Community	
• Recruit case manager in UCH for the provision of integrated care and enhance community support for children with special-care needs such as those with mental retardation or physical disabilities	1Q15
Ensure Adequate Resources for Meeting Service Needs	
• Enhance the UCH planning team to facilitate smooth transition of service during the decanting period of the UCH expansion project	1Q15
• Carry out site renovation and preparatory works for setting up an Emergency Medicine Ward in TKOH	1Q15

Kowloon West Cluster

Name of Institution	Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Princess Margaret Hospital ✚ / West Kowloon Psychiatric Centre	✓	✓	
2	Kwong Wah Hospital ✚	✓	✓	✓
3	Caritas Medical Centre ✚ / Caritas Medical Centre Family Medicine Clinic	✓	✓	✓
4	Yan Chai Hospital ✚	✓	✓	✓
5	Our Lady of Maryknoll Hospital	✓	✓	✓
6	Kwai Chung Hospital	✓	✓	
7	Wong Tai Sin Hospital	✓	✓	
8	North Lantau Hospital ✚ / North Lantau Community Health Centre	✓	✓	✓
9	East Kowloon Polyclinic / East Kowloon General Outpatient Clinic		✓	✓
10	Ha Kwai Chung Outpatient Clinic / Ha Kwai Chung General Outpatient Clinic		✓	✓
11	Yaumatei Specialist Clinic Extension		✓	
12	Lady Trench General Outpatient Clinic			✓
13	Li Po Chun General Outpatient Clinic			✓

	Name of Institution	Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
14	Mrs Wu York Yu General Outpatient Clinic			✓
15	Mui Wo General Outpatient Clinic			✓
16	Nam Shan General Outpatient Clinic			✓
17	North Kwai Chung General Outpatient Clinic			✓
18	Cheung Sha Wan Jockey Club General Outpatient Clinic			✓
19	Robert Black General Outpatient Clinic			✓
20	Shek Kip Mei General Outpatient Clinic			✓
21	South Kwai Chung Jockey Club General Outpatient Clinic			✓
22	Tai O Jockey Club General Outpatient Clinic			✓
23	Tsing Yi Cheung Hong General Outpatient Clinic			✓
24	Tsing Yi Town General Outpatient Clinic			✓
25	Wang Tau Hom Jockey Club General Outpatient Clinic			✓
26	West Kowloon General Outpatient Clinic			✓
27	Wu York Yu General Outpatient Clinic			✓

Healthcare Facilities

There are eight hospitals / institutions in the KWC, providing a total of 6 587 beds as at March 2013. Of these, 5 179 were for acute, convalescent and rehabilitation care, 328 for infirmary care, 160 for mentally handicapped care and 920 for psychiatric care. There are also 11 SOPCs and 23 GOPCs in the Cluster.

Actual Patients Served

In 2012-13, the number of patients who had utilised KWC's service was 873 800. Around 78% of the patients were from the Kwai Tsing, Sham Shui Po, Wong Tai Sin, Tsuen Wan and Yau Tsim Mong districts.

Number and percentage distribution of patients ever utilised KWC services in 2012-13 according to district of residence

| District of residence	Kwai Tsing	Sham Shui Po	Wong Tai Sin	Tsuen Wan	Yau Tsim Mong	Others*	KWC Total
No. of patients ('000)	223.9	148.5	135.6	105.1	71.7	189.1	873.8
Distribution#	26%	17%	16%	12%	8%	22%	100%

﹡ Include those patients with address outside Hong Kong or unknown
Sum of percentages may not equal to 100% due to rounding

Major Challenges

KWC, the largest Cluster in the HA, serves a population that is older and more disadvantaged compared to the Hong Kong average. Our community depends on us for accessible and comprehensive healthcare services. In 2014-15, our key challenges continue to be managing rising service demands and providing timely care to all those in need, whilst maintaining high standards in quality and safety.

Major Initiatives in 2014-15

Our objectives are to ensure an adequate and competent workforce, enhance services and capacity, improve efficiency through collaboration, and expand our programs on quality and safety. Key initiatives are as follows:

- To allay manpower shortage and improve working conditions of frontline staff, more nurses, allied health professionals and patient care assistants will be recruited. The Nursing School at CMC will train up an additional 100 registered nurses.

- Our clinical services will be augmented by planned expansion of services at the new NLTH, the operation of the new Community Health and Wellness Centre in YCH, and the new Wai Ming Block in CMC.

- To increase our capacity, KWC will open more operating theatre sessions, invest in additional paediatric beds for chronic ventilator assisted children, and provide more dialysis treatments.

- To target waiting time and improve accessibility, more resources will be injected into SOPC and GOPC, with workflow redesign to maximise efficiency. Appropriate new cases will be diverted from SOPC to Family Medicine Specialist Clinics (FMSC), and more patients with primary care needs will be managed in GOPC. There will also be an increase in the throughput of Computerised Tomography (CT) examinations, and round-the-clock pharmacy services will be extended to more cluster hospitals.

- Our mental health services will be further strengthened by community case management of patients with severe mental illness, recovery oriented treatment programs for in-patients, and expansion of child and adolescent psychiatric outpatient services.

- To manage surge in demand during the winter period, KWC will maximise space utilisation, redeploy manpower to improve in-patient flow and ease ward congestion, collaborate with our community partners to facilitate discharges, strategically prioritise our acute and elective workload, as well as expand GOPC services, in particular during public holidays.

- To demonstrate our commitment to service quality and safety, YCH and PMH will undergo Gap Analysis and Organisational-wide Survey respectively as part of the HA Hospital Accreditation scheme. KWC will continue to roll out the Inpatient Medication Order Entry (IPMOE) System and paediatric clinical pharmacy services to improve medication safety. System changes will be made to minimise specimen identification errors, and improve tracking and sterilisation of surgical equipment.

KWC Targets

Allay Staff Shortage and High Turnover	
• Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards	1Q15
• Train up additional 100 Registered Nurses in the nursing school at CMC	3Q14
• Recruit more allied health professionals to cope with increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q15
• Recruit more patient care assistants to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q15
Better Manage Growing Service Demand	
• Introduce more clinical services at the new NLTH, including ambulatory care, rehabilitation services and opening of 20 convalescent / rehabilitation beds	4Q14
• Commence the operation of the new Community Health and Wellness Centre in YCH	4Q14
• Alleviate the access block at A&E departments by providing support sessions to handle the Triage IV and V cases	1Q15
• Improve waiting time management by enhancing orthopaedic SOPC service and FMSC services for managing a total of around 4 000 additional new cases on the SOPC waiting list	1Q15
• Increase surgical capacity by opening six additional operating theatre sessions per week in PMH	4Q14

• Improve the access of radiological services by enhancing CT service in OLMH with provision of 750 additional CT examinations	1Q15
• Enhance the accessibility of pharmacy services by providing round-the-clock pharmacy services in CMC and YCH; and recruiting additional dispenser grade staff for SOPC pharmacies in the Cluster	1Q15
• Increase the GOPC episodic quota by 13 750 attendances for improving the access of target population groups to public primary care services	1Q15
• Set up Transient Ischemic Attack (TIA) clinic service in the PMH network for timely management of patients	1Q15
• Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital and home haemodialysis treatment to six more patients respectively; and home automated peritoneal dialysis treatment to seven more patients	1Q15
• Designate two medical beds in KWH with multi-disciplinary support for the care of patients on mechanical ventilation	2Q14
• Open three new paediatric beds at CMC to provide centralised care for chronic ventilator assisted children	4Q14
• Provide case management service to patients with complicated breast and colorectal cancer	1Q15
• Enhance community support for mental health patients by providing case management service to 1 150 patients with severe mental illness living in Mongkok district, Tsuen Wan district and North Lantau	1Q15
• Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric wards	1Q15
• Enhance child and adolescent psychiatric outpatient services by providing 300 additional new case consultations at KCH to relieve the waiting time of patients with Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity disorders (ADHD)	1Q15

Ensure Service Quality and Safety	
• Enhance the quality and safety of medication use for paediatric patients by rolling out the paediatric clinical pharmacy services to CMC and YCH	3Q14
• Install MALDI-TOF Mass Spectrometry in PMH to speed up microbiological identification for timely diagnosis and treatment	1Q15
• Implement a barcode-based tracking and archiving system in anatomical pathology laboratories to ensure correct identification of anatomical pathology specimens	1Q15
• Improve sterilisation in surgical operations by enhancing the service standard of Theatre Sterile Service Unit (TSSU) in YCH and implementing the surgical instrument tracking system at PMH, CMC and NLTH	1Q15
• Phase out the re-use of selected types of class II moderate and moderate-high risk Single Use Device (SUD) according to clinical prioritisation	1Q15
• Use Minimally Invasive Surgery (MIS) technique in 70% of the hysterectomy surgeries for suitable gynaecological patients	1Q15
• Establish breastfeeding support teams in KWH to promote breastfeeding of newborn babies	1Q15
Ensure Adequate Resources for Meeting Service Needs	
• Set up a planning team to coordinate the overall planning, decanting and commissioning works of the KCH redevelopment project	2Q14
• Carry out site preparation works for setting up the second cardiac catheterisation laboratory in PMH	1Q15

New Territories East Cluster

Name of Institution	Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1 Prince of Wales Hospital ✚	✓	✓	
2 North District Hospital ✚	✓	✓	
3 Alice Ho Miu Ling Nethersole Hospital ✚	✓	✓	
4 Tai Po Hospital	✓	✓	
5 Shatin Hospital	✓	✓	
6 Cheshire Home (Shatin)	✓	✓	
7 Bradbury Hospice	✓	✓	
8 Fanling Family Medicine Centre			✓
9 Lek Yuen General Outpatient Clinic			✓
10 Ma On Shan Family Medicine Centre			✓
11 Sha Tau Kok General Outpatient Clinic			✓
12 Shatin (Tai Wai) General Outpatient Clinic			✓

	Name of Institution	Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
13	Shek Wu Hui Jockey Club General Outpatient Clinic			✓
14	Ta Kwu Ling General Outpatient Clinic			✓
15	Tai Po Jockey Club General Outpatient Clinic			✓
16	Wong Siu Ching Family Medicine Centre			✓
17	Yuen Chau Kok General Outpatient Clinic			✓

Healthcare Facilities

There are seven hospitals / institutions in the NTEC, providing a total of 4 515 beds as at March 2013. Of these, 3 474 were for acute, convalescent and rehabilitation care, 517 for infirmary care and 524 for psychiatric care. There are also seven SOPCs and ten GOPCs in the Cluster.

Actual Patients Served

In 2012-13, the number of patients who had utilised NTEC's service was 588 500. Around 84% of the patients were from the Shatin, North and Tai Po districts.

Number and percentage distribution of patients ever utilised NTEC services in 2012-13 according to district of residence

District of residence	Shatin	North	Tai Po	Others*	NTEC Total
No. of patients ('000)	241.0	130.9	124.9	91.8	588.5
Distribution#	41%	22%	21%	16%	100%

＊ Include those patients with address outside Hong Kong or unknown
＃ Sum of percentages may not equal to 100% due to rounding

Major Challenges

Service demand in NTEC keeps on rising due to an ageing population as well as the growth in the population that we serve, including that of the growing cross-border population. The growing service demand is not just confined to increasing number of patients but also increasing complexity of illnesses and variety of procedures. The growth of patient size, compounded with the surge in bed demands, especially during winter season with stringent measures on enhanced surveillance to prevent emergence of influenza pandemics, poses heavy workload on frontline staff.

Meanwhile, we are facing a continual shortage of frontline doctors, in particular for A&E service at PWH. Though the bed capacity and manpower provision of doctors will be alleviated gradually, the long SOPD waiting time, access block and A&E boarding remain the major challenges of NTEC in view of large catchment area and the physical proximity to border.

In 2014-15, the Cluster will focus on addressing four major challenges:

(1) Managing the growing demand for hospital services, particularly during winter surge and influenza peak season

(2) Improving the access block and A&E boarding

(3) Ensuring a stable workforce with strategies to reduce turnover

(4) Ensuring patient safety and quality of care

Major Initiatives in 2014-15

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

- **Managing growing service demand**
  To meet the high demand of hospital service, 50 acute medical beds and a haematology oncology ward with 12 beds will be opened in PWH. Renovation and preparatory works will be carried out for opening additional wards in AHNH and NDH. Besides, psychiatric consultation liaison service will be provided in the A&E department at NDH. Additional support sessions will be provided to handle the Triage IV and V cases to alleviate the access block at A&E departments.

- **Better management of waiting time**
  The child and adolescent psychiatric outpatient service will be enhanced to relieve the waiting time of patients with Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorders (ADHD). Additional operating theatre sessions per week for colorectal cancer surgeries and surgical support of renal dialysis patients will be added in PWH. Endoscopy service will be increased by providing 25 additional endoscopy sessions. Computerised Tomography (CT) and ultrasound services at AHNH will be enhanced with provision of additional 3 000 CT and 2 250 ultrasound examinations.

- **Better management of chronic diseases**
  Two designated medical beds with multi-disciplinary support will also be set up in NDH for the care of patients on mechanical ventilation. Community support for mental health patients will be enhanced by providing case management service to 600 patients with severe mental illness residing in Tai Po district. Capacity of renal replacement therapy for patients with end-stage renal disease will be enhanced.

- **Strengthen patient safety and enhance quality of service**
  The Cluster will launch the Inpatient Medication Order Entry (IPMOE) in PWH. The accessibility of pharmacy services will be enhanced by extending the weekday pharmacy service in TPH and recruiting additional dispensers for SOPC pharmacy in the Cluster. The Cluster will use Minimally Invasive Surgery (MIS) technique in 70% of the hysterectomy surgeries for suitable gynaecological patients.

- **Enhance staff retention for a stable and reliable workforce**
  To relieve the heavy workload, the Cluster will recruit additional nurses to meet operational needs and more allied health professional to enhance support for patients requiring multi-disciplinary care and rehabilitation. More patient care assistants will be recruited to share out simple clinical tasks and relieve the clerical workload of allied health professionals.

- **Temporary measure for addressing the winter surge demand in 2014-15**
  The peak season of influenza usually falls in the winter time between January and March. The daily attendance of A&E and the number of admissions will be significantly high. Therefore, temporary measures will be stepped up to address the surge demand. Additional hospital beds will be opened in the Cluster during winter surge to increase the capacity for services with pressing issue of waiting and access. Flexible approach will also be adopted to further open extra beds for addressing the situation when required. Other temporary measures will include managing effective patient flow by increasing day services and facilitating early discharge. Staunch support from staff will be sought by engaging them in the Special Honorarium Scheme.

NTEC Targets

Allay Staff Shortage and High Turnover	
• Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards	1Q15
• Recruit more allied health professionals to cope with increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q15
• Recruit more patient care assistants to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q15
Better Manage Growing Service Demand	
• Open 50 additional acute medical beds in PWH	3Q14
• Open a haematology oncology ward with 12 beds in PWH	3Q14

• Alleviate the access block at A&E departments by providing support sessions to handle the Triage IV and V cases	1Q15
• Increase surgical capacity by opening additional three operating theatre sessions per week for colorectal cancer surgeries in PWH and NDH and one operating theatre session per week for surgical support of renal dialysis patients in AHNH	4Q14
• Improve access to radiological services by enhancing the CT and ultrasound services at AHNH with provision of additional 3 000 CT and 2 250 ultrasound examinations	1Q15
• Increase the capacity of endoscopy services by providing total 25 additional endoscopy sessions for oesophagogastroduodenoscopy (OGD) and colonoscopy	1Q15
• Enhance the accessibility of pharmacy services by extending the weekday pharmacy service by two hours in TPH and recruiting additional dispenser grade staff for SOPC pharmacies in the Cluster	1Q15
• Increase capacity of coronary artery surgery by providing 40 additional Coronary Artery Bypass Graft (CABG) surgeries	1Q15
• Enhance capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis, home haemodialysis and home automated peritoneal dialysis treatment to six more patients respectively	1Q15
• Designate two medical beds in NDH with multi-disciplinary support for the care of patients on mechanical ventilation	2Q14
• Provide case management service to patients with complicated breast and colorectal cancer	1Q15
• Enhance community support for mental health patients by providing case management service to 600 patients with severe mental illness living in Tai Po district	1Q15
• Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric wards	1Q15
• Enhance child and adolescent psychiatric outpatient services by providing 250 additional new case consultation at AHNH to relieve the waiting time of patients with Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorders (ADHD)	1Q15

• Provide psychiatric consultation liaison service in the A&E department at NDH	2Q14

Ensure Service Quality and Safety

• Set up implementation team to support the launching of Inpatient Medication Order Entry (IPMOE) system in PWH	2Q14
• Enhance the quality and safety of medication use for paediatric patients by implementing the paediatric clinical pharmacy services to AHNH	3Q14
• Implement a barcode-based tracking and archiving system in anatomical pathology laboratories to ensure correct identification of anatomical pathology specimens	1Q15
• Install MALDI-TOF Mass Spectrometry in PWH to speed up microbiological identification for timely diagnosis and treatment	1Q15
• Roll out the surgical instrument tracking system to AHNH for supporting the improvement of sterilisation in operating theatres	1Q15
• Phase out the re-use of selected types of class II moderate and moderate-high risk Single Use Device (SUD) according to clinical prioritisation	1Q15
• Use Minimally Invasive Surgery (MIS) technique in 70% of the hysterectomy surgeries for suitable gynaecological patients	1Q15
• Improve tissue bank support for transplant service by increasing harvesting of around 100 amniotic membranes	1Q15

Enhance Partnership with Patients and Community

• Recruit case manager in AHNH for the provision of integrated care and enhance community support for children with special-care needs such as those with mental retardation or physical disabilities	1Q15

Ensure Adequate Resources for Meeting Service Needs

• Roll out the auto-refill service for medical consumables and linen items to AHNH, BBH, TPH and NDH	1Q15
• Carry out site renovation and preparatory works for opening additional wards in AHNH and NDH respectively	1Q15

New Territories West Cluster

Name of Institution	Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Tuen Mun Hospital ✚	✓	✓	
2	Pok Oi Hospital ✚	✓	✓	
3	Castle Peak Hospital	✓	✓	
4	Siu Lam Hospital	✓		
5	Tuen Mun Polyclinic		✓	
6	Kam Tin Clinic			✓
7	Madam Yung Fung Shee Health Centre			✓
8	Tin Shui Wai (Tin Yip Road) Community Health Centre			✓
9	Tin Shui Wai Health Centre (Tin Shui Road)			✓
10	Tuen Mun Clinic			✓
11	Tuen Mun Wu Hong Clinic			✓
12	Yan Oi General Outpatient Clinic			✓
13	Yuen Long Jockey Club Health Centre			✓
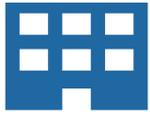
Healthcare Facilities

There are four hospitals / institutions in the NTWC, providing a total of 3 967 beds as at March 2013. Of these, 2 156 were for acute, convalescent and rehabilitation care, 135 for infirmary care, 500 for mentally handicapped care and 1 176 for psychiatric care. There are also four SOPCs and eight GOPCs in the Cluster.

Actual Patients Served

In 2012-13, the number of patients who had utilised NTWC's service was 463 400. Around 93% of the patients were from the Yuen Long and Tuen Mun districts.

Number and percentage distribution of patients ever utilised NTWC services in 2012-13 according to district of residence

District of residence	Yuen Long	Tuen Mun	Others*	NTWC Total
No. of patients ('000)	231.3	198.0	34.1	463.4
Distribution#	50%	43%	7%	100%

∗ Include those patients with address outside Hong Kong or unknown
Sum of percentages may not equal to 100% due to rounding

Major Challenges

Major challenges faced by the NTWC include (i) escalating service demand, (ii) overcrowded ward environment, and (iii) shortage of manpower.

The significant increase in service demand in NTWC is contributed by not only a fast growing and ageing population, but also by a higher than average percentage of its population being in the low median household income category. This means that compared to other Clusters, NTWC residents are relatively more reliant on public health care services. This in turn leads to congestion and overcrowding of the wards. Key response strategies here include increasing capacity by opening new wards and putting in measures to reduce avoidable hospitalisations.

While shortage of health care manpower is a general issue for HA, NTWC has put in place a number of measures to retain, attract and motivate staff. These include improving career prospects, enhancing training opportunities, recruitment of part-time doctors, nurses and expatriate allied health professionals, as well as offering special honorarium to staff who work extra over their normal call of duty.

Major Initiatives in 2014-15

NTWC's major service initiatives for 2014-15 are as follows:

To expand inpatient and day patient service capacity in response to the growing service demand, a total of 52 beds will be opened in TMH and POH in 2014-15. On top of these, a Geriatric Day Hospital with 20 places will be opened in POH to enhance the provision of care to the growing elderly population in Yuen Long area.

On outpatient service, there are also initiatives to enhance the capacity including the provision of additional urology clinic sessions to manage new cases on the urology SOPC waiting list, as well as providing additional GOPC consultation quotas.

At the same time, services for targeted patient groups including those requiring joint replacement, renal replacement therapy and Percutaneous Coronary Intervention (PCI) will be enhanced. A Joint Replacement Centre will be established in POH to perform extra joint replacement operations. Coupled with this development, opportunity is seized to enhance POH's operating theatre capacity to support more operations. Cardiac care will also be strengthened through the provision of extended-hour emergency PCI service in TMH. Capacity of renal replacement therapy for patients with end-stage renal disease is to be enhanced through the further expansion of the home automated peritoneal dialysis treatment programme.

To improve service quality and safety, a Minimally Invasive Surgery (MIS) suite will be set up in TMH and that more MIS technique will be used on hysterectomy surgeries for suitable gynaecological patients. Apart from that, the Cluster has also taken the initiative to provide recovery oriented treatment programs for patients in the psychiatric wards of CPH.

Lastly, NTWC has put in place various recruitment and training plans for health care professionals and supporting staff to ensure the provision of an adequate workforce.

Temporary measures for addressing winter surge demand in 2014-15

To help relieve the pressure of winter surge, two temporary wards with convalescent beds will be opened in TMH and in POH. Besides, reflecting on the recommendations of the Surgical Outcomes Monitoring and Improvement Programme (SOMIP) Report, NTWC has taken the initiative to open four surgical High Dependency Unit (HDU) beds in TMH, as a first step of enhancing the peri-operative care provided to its surgical patients. Further initiatives will be in place along the recommendations of the Report in 2015-16.

NTWC Targets

Allay Staff Shortage and High Turnover	
• Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards	1Q15
• Train up additional 100 Registered Nurses in the nursing school at TMH	3Q14
• Recruit more allied health professionals to cope with increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q15
• Recruit more patient care assistants to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q15
Better Manage Growing Service Demand	
• Open 38 additional acute beds in POH and 14 day beds in TMH	4Q14
• Open a Geriatric Day Hospital with 20 day places in POH	4Q14
• Alleviate the access block at A&E departments by providing support sessions to handle the Triage IV and V cases	1Q15
• Set up a joint replacement centre in POH and perform 160 joint replacement operations	1Q15
• Increase surgical capacity by adding six operating theatre sessions in POH	1Q15
• Add a new Computerised Tomography (CT) scanner in TMH for providing 3 000 additional examinations	1Q15
• Enhance day urology service in POH by providing additional clinic sessions to manage 80 new cases on the SOPC waiting list	1Q15
• Alleviate the long waiting time at SOPC pharmacies by recruiting additional dispenser grade staff	3Q14
• Increase the GOPC episodic quota by around 7 300 attendances for improving the access of target population groups to public primary care services	1Q15
• Strengthen cardiac care by providing extended-hour emergency PCI service at TMH	1Q15

• Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing home automated peritoneal dialysis treatment to five more patients	1Q15
• Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric wards	1Q15
Ensure Service Quality and Safety	
• Implement a barcode-based tracking and archiving system in anatomical pathology laboratories to ensure correct identification of anatomical pathology specimens	1Q15
• Roll out the surgical instrument tracking system to TMH for supporting the improvement of sterilisation in operating theatres	1Q15
• Phase out the re-use of selected types of class II moderate and moderate-high risk Single Use Device (SUD) according to clinical prioritisation	1Q15
• Modernise the facilities and equipment in operating theatre by setting up a Minimally Invasive Surgery (MIS) suite in TMH	1Q15
• Use MIS technique in 70% of the hysterectomy surgeries for suitable gynaecological patients	1Q15
Enhance Partnership with Patients and Community	
• Recruit case manager in TMH for the provision of integrated care and enhance community support for children with special-care needs such as those with mental retardation or physical disabilities	1Q15
Ensure Adequate Resources for Meeting Service Needs	
• Strengthen the business and administrative support for the expansion of clinical services in POH	4Q14

Abbreviations

A&E	Accident and Emergency
CT	Computerised Tomography
eHR	Electronic Health Record
GOPC	General Outpatient Clinic
HA	Hospital Authority
HDU	High Dependency Unit
HIV	Human Immunodeficiency Virus
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
ICU	Intensive Care Unit
IT	Information Technology
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
MALDI-TOF	Matrix-Assisted Laser Desorption / Ionisation Time-of-Flight
MRI	Magnetic Resonance Imaging
NGO	Non-governmental organisation
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
PPP	Public-Private Partnership
SOPC	Specialist Outpatient Clinic

Hospitals and Institutions

AHNH	Alice Ho Miu Ling Nethersole Hospital
BBH	Bradbury Hospice
BH	Hong Kong Buddhist Hospital
BTS	Hong Kong Red Cross Blood Transfusion Service
CMC	Caritas Medical Centre
CPH	Castle Peak Hospital
DKCH	The Duchess of Kent Children's Hospital at Sandy Bay
FYKH	Fung Yiu King Hospital
GH	Grantham Hospital
HHH	Haven of Hope Hospital
HKEH	Hong Kong Eye Hospital
KCH	Kwai Chung Hospital
KH	Kowloon Hospital
KWH	Kwong Wah Hospital
MMRC	MacLehose Medical Rehabilitation Centre
NDH	North District Hospital
NLTH	North Lantau 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
RH	Ruttonjee Hospital
SLH	Siu Lam Hospital
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TPH	Tai Po Hospital
TWEH	Tung Wah Eastern Hospital
TWH	Tung Wah Hospital
UCH	United Christian Hospital
YCH	Yan Chai Hospital

Appendix 1
Key Service Statistics

Targets and Indicators	Actual for 2012-13	Estimate for 2013-14	Target for 2014-15
I. Access to services			
Inpatient services			
no. of hospital beds			
general (acute and convalescent)	20 845	21 132	21 337
infirmary	2 041	2 041	2 041
mentally ill	3 607	3 607	3 607
mentally handicapped	660	660	660
total	**27 153**	**27 440**	**27 645**
Ambulatory and outreach services			
accident and emergency (A&E) services			
percentage of A&E patients within target waiting time			
triage I (critical cases–0 minute) (%)	100	100	100
triage II (emergency cases–15 minutes) (%)	97	95	95
triage III (urgent cases–30 minutes) (%)	84	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 and geriatric services			
no. of community nurses	446	447	450
no. of geriatric day places	619	619	639
psychiatric services			
no. of community psychiatric nurses	127	131	144
no. of psychiatric day places	889	889	889
II. Delivery of services			
Inpatient services			
no. of discharge episodes			
general (acute and convalescent)	1 005 918	1 002 900	1 009 100
infirmary	3 364	3 300	3 300
mentally ill	17 155	17 000	17 000
mentally handicapped Δ	568	390	390
overall	**1 027 005**	**1 023 590**	**1 029 790**
no. of patient days			
general (acute and convalescent)	5 605 576	5 618 000	5 670 000
infirmary	504 845	510 000	511 000
mentally ill	979 880	1 000 000	1 000 000
mentally handicapped	207 909	207 000	207 000
overall	**7 298 210**	**7 335 000**	**7 388 000**

Targets and Indicators	Actual for 2012-13	Estimate for 2013-14	Target for 2014-15
bed occupancy rate (%)			
general (acute and convalescent)	85	85	85
infirmary	86	86	86
mentally ill	75	75	75
mentally handicapped	87	87	87
overall	**84**	**84**	**84**
average length of stay (days) [Note 1]			
general (acute and convalescent)	5.6	5.6	5.6
infirmary	128	128	128
mentally ill	63	63	63
mentally handicapped Δ	838	654	654
overall	**7.5**	**7.5**	**7.5**
Ambulatory and outreach services			
day inpatient services			
no. of discharge episodes	516 127	520 100	527 700
A&E services			
no. of attendances	2 253 310	2 237 000	2 237 000
no. of attendances per 1 000 population	315	311	309
no. of first attendances for			
triage I	19 593	20 400	20 400
triage II	38 832	33 400	33 400
triage III	660 086	637 000	637 000
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	682 055	689 000	691 000
no. of specialist outpatient (clinical) follow-up attendances	6 203 400	6 166 000	6 176 000
total no. of specialist outpatient (clinical) attendances	**6 885 455**	**6 855 000**	**6 867 000**
primary care services			
no. of general outpatient attendances	5 633 407	5 636 000	5 709 000
no. of family medicine specialist clinic attendances	277 897	273 300	280 400
total no. of primary care attendances	**5 911 304**	**5 909 300**	**5 989 400**
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	80 653	81 900	83 400
no. of home visits by community nurses	843 144	843 000	845 000
no. of allied health (community) attendances	31 850	30 900	30 900
no. of allied health (outpatient) attendances	2 268 187	2 235 000	2 244 000
geriatric services			
no. of outreach attendances	620 068	623 800	627 300
no. of elderly persons assessed for infirmary care service	1 723	1 550	1 550
no. of day attendances	139 585	138 200	140 000
no. of Visiting Medical Officer attendances	111 529	108 500	108 500
psychiatric services			
no. of outreach attendances	238 796	252 600	269 900
no. of day attendances	219 069	220 400	220 900
no. of psychogeriatric outreach attendances	96 437	95 900	96 800

Targets and Indicators	Actual for 2012-13	Estimate for 2013-14	Target for 2014-15
III. Quality of services			
no. of hospital deaths per 1 000 population Note 2	3.2	3.2	3.2
unplanned readmission rate within 28 days for general inpatients (%)	10.2	10.2	10.2
IV. Cost of services			
Cost distribution			
cost distribution by service types (%)			
inpatient	54.8	54.9	55.0
ambulatory and outreach	45.2	45.1	45.0
cost by service types per 1 000 population ($m)			
inpatient	3.4	3.6	3.7
ambulatory and outreach	2.8	3.0	3.0
cost of services for persons aged 65 or above			
share of cost of services (%)	45.5	46.3	46.4
cost of services per 1 000 population ($m)	20.6	21.4	21.3
Unit costs			
inpatient services			
cost per inpatient discharged ($)			
general (acute and convalescent)	21 140	22 580	23 390
infirmary	204 200	217 730	223 190
mentally ill	122 570	130 690	134 420
mentally handicapped Δ	445 090	678 110	696 060
cost per patient day ($)			
general (acute and convalescent)	4 180	4 440	4 590
infirmary	1 360	1 410	1 440
mentally ill	2 150	2 220	2 290
mentally handicapped	1 220	1 280	1 310
ambulatory and outreach services			
cost per A&E attendance ($)	935	1 010	1 040
cost per specialist outpatient attendance ($)	1 050	1 110	1 150
cost per general outpatient attendance ($)	360	385	390
cost per family medicine specialist clinic attendance ($)	975	1 050	1 080
cost per outreach visit by community nurse ($)	425	450	455
cost per psychiatric outreach attendance ($)	1 350	1 400	1 430
cost per geriatric day attendance ($)	1 730	1 810	1 920
Waivers Note 3			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%)	20.3	20.1	20.1
percentage of non-CSSA waiver(%)	4.2	4.8	4.8

Targets and Indicators	Actual for 2012-13	Estimate for 2013-14	Target for 2014-15
V. Manpower (no. of full time equivalent staff as at 31 March)			
Medical			
doctor	5 260	5 335	5 459
no. of specialists	2 940	3 070	3 208
no. of trainees / non-specialists	2 320	2 265	2 251
intern	280	325	374
dentist	6	6	6
medical total	5 546	5 666	5 839
Nursing			
qualified staff	21 379	22 435	23 015
trainee	437	427	400
nursing total	21 816	22 862	23 415
Allied health	6 302	6 650	6 936
Others	30 549	31 648	32 309
total	**64 213**	**66 826**	**68 499**

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.*

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

Δ   *For the 2012–13 Actual, the number of discharges and deaths and the average length of stay for mentally handicapped patients were significantly higher, whereas the cost per inpatient discharged for mentally handicapped patients was significantly lower, than the corresponding figure in 2013-14 Revised Estimate. This was because of the exceptionally-high volume of discharges (and hence low average unit cost) recorded in 2012–13 following the reorganisation of service in New Territories West Cluster where mentally handicapped patients were discharged from Tuen Mun Hospital and transferred to Siu Lam Hospital.*

Appendix 2 Service Targets by Cluster

Service Delivery Targets for 2014-15	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Inpatient services							
no. of discharge episodes							
general (acute and convalescent)	108 130	112 580	127 290	122 290	249 840	162 660	126 310
infirmary	1 920	100	200	160	640	270	10
mentally ill	1 850	780	3 020	670	4 040	3 880	2 760
mentally handicapped	-	-	-	-	100	-	290
no. of patient days							
general (acute and convalescent)	540 800	646 500	886 400	631 800	1 337 400	980 200	646 900
infirmary	169 900	54 200	30 900	32 700	93 100	99 500	30 700
mentally ill	111 400	20 900	136 300	22 100	268 900	131 800	308 600
mentally handicapped	-	-	-	-	31 000	-	176 000
Ambulatory and outreach services							
day inpatient services							
no. of discharge episodes	59 920	72 560	76 700	48 780	105 340	95 920	68 480
accident and emergency services							
no. of attendances	256 500	127 800	217 900	312 700	569 900	393 600	358 600
specialist outpatient services							
no. of specialist outpatient (clinical) attendances	768 100	809 500	1 018 600	749 800	1 617 900	1 045 200	857 900
primary care services							
no. of primary care attendances	619 280	395 690	554 370	956 750	1 634 780	987 630	840 900
rehabilitation and palliative care services							
no. of rehabilitation day and palliative care day attendances	36 650	25 380	3 370	3 870	5 130	6 540	2 460
no. of home visits by community nurses	102 800	57 900	67 300	158 700	249 700	127 400	81 200
no. of allied health (community) attendances	2 630	2 850	4 240	1 930	5 010	9 480	4 760
no. of allied health (outpatient) attendances	235 000	188 800	408 400	321 800	475 900	333 300	280 800
geriatric services							
no. of outreach attendances	120 690	38 050	70 940	38 110	185 730	78 330	95 450
no. of day attendances	28 890	8 030	10 130	20 190	34 160	26 310	12 290
no. of Visiting Medical Officer attendances	21 530	10 740	12 990	9 190	25 820	20 430	7 800
psychiatric services							
no. of outreach attendances	23 100	18 620	19 460	28 100	83 100	39 610	57 910
no. of day attendances	30 050	19 650	11 210	30 430	65 810	45 530	18 220
no. of psychogeriatric outreach attendances	11 090	13 460	9 100	9 940	25 500	15 240	12 470
Quality of services (General Inpatient)							
unplanned readmission rate within 28 days (%)	10.3	8.5	9.8	10.9	10.7	9.5	11.5

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