

Hospital Authority
Annual Report

2000 - 2001

醫院管理局年報



醫院管理局
HOSPITAL
AUTHORITY



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Membership of the Hospital Authority 醫院管理局成員

Dr LO Ka-shui, JP (Chairman)

Dr Lo succeeded Mr Woo as Chairman of the Authority on 1 October 2000.

羅嘉瑞醫生 (主席)

羅醫生於二〇〇〇年十月一日接替吳光正先生，出任醫管局主席。



Mr Peter K C WOO, GBS, JP (Chairman)

Mr Woo was appointed to the Authority since its inception. He took up chairmanship of the Authority on 1 April 1995 until he retired on 30 September 2000.

吳光正先生 (主席)

吳先生在醫院管理局成立之初，已獲委任為該局成員，並於一九九五年四月一日出任醫管局主席，截至二〇〇〇年九月三十日。



Miss Eliza CHAN, JP

Appointed on 1 December 1994, Miss Chan is a solicitor and a Senior Partner of Jewkes Chan & Partners.

陳清霞小姐

於一九九四年十二月一日獲委任為醫管局成員。陳小姐是執業律師，現為祖偉仕律師行的顧問律師。

Miss Iris CHAN

Appointed on 1 December 1995, Miss Chan is Chairman of the Alliance for Patients' Mutual Help Organisations.

陳萃菁小姐

於一九九五年十二月一日獲委任為醫管局成員。陳小姐是病人互助組織聯盟主席。

Ms Nancy CHOW Yee-wah

Appointed on 1 October 1998, Ms Chow is the General Manager of administrative services at Princess Margaret Hospital.

周綺華女士

於一九九八年十月一日獲委任為醫管局成員。周女士是瑪嘉烈醫院的行政事務經理。



Dr Margaret CHAN, JP

Dr Chan is appointed in her capacity as the Director of Health.

陳馮富珍醫生

以衛生署署長身份出任醫管局成員。

Mr CHENG Yiu-Tong, SBS, JP

Appointed on 1 April 2000, Mr Cheng is the President of The Hong Kong Federation of Trade Unions, and has extensive public service experience.

鄭耀棠先生

於2000年4月1日獲委任為醫管局成員，鄭先生是香港工會聯合會會長，有多年參與公共服務的經驗。

Prof Sydney CHUNG

Prof Chung was appointed on 1 July 1999 in his capacity as the Dean of the Faculty of Medicine of the Chinese University of Hong Kong.

鍾尚志教授

於一九九九年七月一日以香港中文大學醫學院院長身份獲委任為醫管局成員。

Mr Vincent FANG Kang

Appointed on 1 April 2000, Mr Fang is a businessman. He has been involved in the work of the Hospital Authority as a hospital governing committee member since 1996.

方剛先生

於二〇〇〇年四月一日獲委任為醫管局成員，方先生是一名商人，自一九九六年已開始參與醫管局醫院管治委員會的工作。

Dr William HO, JP

Dr Ho is a member of the Authority in his capacity as the Chief Executive of the Hospital Authority.

何兆煒醫生

何醫生以醫管局行政總裁身份出任醫管局成員。



Dr Joseph M K CHOW, JP

Appointed on 1 October 1996, Dr Chow has extensive experience in capital works management.

周明權博士

於一九九六年十月一日獲委任為醫管局成員。周先生在工務工程管理方面經驗甚豐。

Mr Michael HO Mun-ka

Appointed since 1 December 1991, Mr Ho represented the Health Services constituency in the Legislative Council for many years.

何敏嘉先生

一九九一年十二月一日已獲委任為醫管局成員。何先生曾出任立法會及前立法局衛生服務界代表多年。

Mrs Carrie LAM, JP
Mrs Lam is a member of the Authority in her capacity as representative of the Secretary for the Treasury until 28 September 2000.

林鄭月娥女士
以庫務局局長代表身份出任醫管局成員，截至二〇〇〇年九月二十八日。

Dr C H LEONG, GBS, JP
Dr Leong has been appointed as a member of the Authority since its inception. He is President of the Hong Kong Academy of Medicine.

梁智鴻醫生
在醫院管理局成立之初，已獲委任為該局成員。梁醫生是香港醫學專科學院主席。



Dr Conrad LAM Kui-shing, JP
Appointed since 1 December 1995,
Dr Lam has been a private practitioner for many years.

林鉅成醫生
於一九九五年十二月一日獲委任為醫管局成員。林醫生為一名資深的私人執業醫生。

Mr Stephen LAU Ka-men, JP
Appointed on 1 December 1997,
Mr Lau was the former Privacy Commissioner for Personal Data.

劉嘉敏先生
於一九九七年十二月一日獲委任為醫管局成員。劉先生曾任個人資料私隱專員。

Mr LEE Jark-pui, JP
Appointed on 1 December 1997,
Mr Lee has been active in public service for many years.

李澤培先生
於一九九七年十二月一日獲委任為醫管局成員。李先生積極參與公共服務多年。

The Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP

Mrs Leung was appointed since the inception of the Authority.
She has been active in public service and is a Legislative Councillor.

梁劉柔芬議員

在醫院管理局成立之初，已獲委任為該局成員。梁議員積極參與公共服務，亦為立法會議員。

Mrs Eleanor LING LEE Ching-man, SBS, JP

Appointed on 1 December 1991, Mrs Ling has been active in public service. She is Advisor of the Jardine Pacific Group.

林李靜文女士

於一九九一年十二月一日獲委任為醫管局成員。
林女士擔任多項公職，亦是怡和太平洋集團顧問。



Mr Gregory LEUNG, JP

Mr LEUNG is a member of the Authority in his capacity as Deputy Secretary for Health and Welfare.

梁永立先生

梁永立先生以衛生福利局副局長身份出任醫管局成員。

Dr Patrick LI

Appointed on 1 October 1998, Dr Li is the Chief of Service of the Department of Medicine at Queen Elizabeth Hospital.

李頌基醫生

於一九九八年十月一日獲委任為醫管局成員。李醫生是伊利沙伯醫院內科部門主管。

Mr LO Chung-hing, SBS

Appointed on 1 December 1997, Mr Lo is an experienced banker and a non-executive Director of MTR Corporation Ltd.

盧重興先生

於一九九七年十二月一日獲委任為醫管局成員。盧先生是位資深銀行家，亦是地鐵有限公司非執行董事。

Prof Grace TANG Wai-king, JP
Appointed on 1 March 1998.
Prof Tang served on the Authority Board in her capacity as the Dean of Faculty of Medicine at the University of Hong Kong until 28 February 2001.

鄧惠瓊教授

於一九九八年三月一日以香港大學醫學院院長身份獲委任為醫管局成員，截至二〇〇一年二月二十八日。

Dr Raymond WU Wai-yung, GBS, JP
Appointed on 1 April 1997, Dr Wu is a respected private medical practitioner and has extensive public service in the rehabilitation field.

鄔維庸醫生

於一九九七年四月一日獲委任為醫管局成員。鄔醫生為一位資深的私人執業醫生，在復康工作方面富有經驗。



Prof Thomas WONG Kwok-shing
Appointed on 1 December 1999,
Prof Wong is Head of the Department of Nursing and Health Sciences of the HongKong Polytechnic University and Chairman of the Hong Kong Nursing Council.

汪國成教授

於一九九九年十二月一日獲委任為醫管局成員，汪教授是香港理工大學護理及醫療科學系系主任，同時亦是香港護士管理局主席。

Mr Anthony WU Ting-yuk
Appointed on 1 December 1999,
Mr Wu is an experienced accountant and has been active in public service.

胡定旭先生

於一九九九年十二月一日獲委任為醫管局成員，胡先生是一名資深會計師，積極參與公共服務。

Mr Stanley YING, JP
Mr Ying was appointed on 29 September 2000 in his capacity as representative of the Secretary for the Treasury.

應耀康先生

於二〇〇〇年九月二十九日
以庫務局局長代表身份出任
醫管局成員。

Chairman's Foreword

I am delighted to write this foreword for the Hospital Authority Annual Report, which is my first since taking over from Mr Peter K C WOO as Chairman of the Authority in October 2000. My first year as Chairman has been an eventful and challenging one, not only for myself, but also for the Hospital Authority.

With the slowdown of our economic growth in the past few years, limited healthcare resources, escalating technology cost and ever-increasing service demand had indeed become real problems. In 2000/01, the Authority's 44 hospitals, 51 specialist outpatient clinics and 10 general outpatient clinics served around 1.1 million inpatients, 2.4 million Accident & Emergency attendees and nearly 9 million outpatients. While the Accident & Emergency attendances had stabilised during the year, the number of inpatients and outpatients increased by 5.8% and 2% respectively. Given only an approximately 2% increase in the recurrent budget to cope with such a high level of activities, the Authority's frontline staff had been working under tremendous pressure.

Recognising the need to address this problem of imbalance in supply and demand, the Government published a public consultation document on healthcare reform in December 2000, proposing a comprehensive range of short-term and long-term initiatives to protect and promote the health of the population, and ensure the long-term financial sustainability of our public healthcare system. In response to the Consultation Document, the Authority submitted its recommendations on the healthcare reform to the Government in March 2001 after extensive internal and external consultation. We emphasised that the Authority would support the Government's initiatives and continue to explore new ways of improving effectiveness and efficiency in the delivery of public hospital services. We also undertook to help the Government review the fee structure of public hospitals, develop strategies for encouraging more use of private sector services, and identify supplementary funding sources for financing public hospital services to relieve the financial burden on our healthcare system.

主席序言

自2000年10月接替吳光正先生擔任醫院管理局(醫管局)主席以來，我很高興首次為醫管局的年報撰寫序言。上任的首年，對我和醫管局來說，都是極其重要和充滿挑戰的一年。

隨着過往幾年經濟放緩，醫療資源緊絀、科技開支上升及服務需求日增，已為醫管局帶來不少實際問題。在2000/01年度，醫管局轄下有44間醫院、51間專科門診診所及十間普通科門診診所，約為110萬名住院病人、240萬名急症室求診人士及接近900萬名門診病人提供服務。年內，當急症室的求診人數漸趨穩定，住院及門診病人卻分別增加了百分之五點八及百分之二，而我們的經常預算則只有約百分之二的增長。要應付如此龐大的工作量，醫管局前線人員所承受的沉重工作壓力，可想而知。

為處理供求失衡的問題，政府在2000年12月發表了一份醫療改革公眾諮詢文件，提出一系列短期及長期的建議措施，以保障及促進市民的健康，並確保長遠而言公立醫療體系有足夠能力應付開支。醫管局經進行廣泛內部及對外諮詢後，在2001年3月就諮詢文件作出回應，向政府提交醫療改革建議，申明醫管局支持政府的措施，並會不斷探討改善公立醫院服務效能和效率的方法。我們亦承諾協助政府檢討公立醫院的收費結構，以及制訂策略鼓勵市民使用私營醫療服務，並尋找資助公立醫院服務的輔助經費來源，以紓緩醫療體系的財政負擔。

Starting 2000/01, the Authority's recurrent funding from Government would be adjusted downwards by 5% over a three-year period according to the Enhanced Productivity Programme initiated by Government. This had put the Authority and its staff under further pressure. To achieve the required productivity savings while meeting growing funding needs on the frontline, the Authority implemented a number of innovative improvement measures during the year

Through increasing service throughput, critically reviewing cross-specialty referrals and strengthening Family Medicine practices in the general outpatient and integrated clinics, efficiency of the Authority's specialist outpatient services was enhanced. Service networking plans were developed and implemented for all clinical specialties and hospital clusters to ensure adequate service coverage. The quality of care was improved through various quality assurance practices, including development of clinical guidelines and protocols, strengthening of professional accountability, clinical audit, risk management, evidence-based medicine, appropriate use of technologies and complaint management. Specific initiatives were carried out to enhance the overall efficiency of our care delivery system such as conversion of Lai Chi Kok Hospital into a long stay care facility with funding from the welfare sector, redeployment of 602 staff members for commissioning new beds and services in Tung Kwan O Hospital, Kowloon Hospital and Tai Po Hospital, integration of finance functions for hospitals in the Hong Kong West Cluster, and implementation of energy conservation programmes, etc.

根據政府的資源增值計劃，由2000/01年度開始的三年內，政府給予醫管局的經常撥款會下調百分之五，這項措施進一步加重了醫管局及其職員的壓力。為達致所需的效率增益，並應付前線單位不斷增加的財政需求，醫管局在年內推行了多項改善措施。

專科門診服務方面，我們透過增加服務流量、嚴格審核跨專科轉介，以及在普通科門診及綜合診所加強推行家庭醫學，使服務得以改善。我們亦為各臨床專科及醫院聯網制訂及推行服務網絡計劃，確保各項服務的覆蓋範圍足以應付市民的需要。此外，我們亦推行了多項質素保證措施，以改善醫護質素，包括制訂臨床指引及常規、加強專業問責、推行臨床審核、風險管理和實證醫學、適當運用科技及改進投訴管理工作。我們亦推行了特別措施，以強化公立醫療體系的整體效率，例如運用政府福利範疇的經費，把荔枝角醫院改作長期護理設施；重新調配602名職員，以應付將軍澳醫院、九龍醫院及大埔醫院新病床及新服務啟用的人手需求；整合港島西聯網醫院的財政職能；以及推行節約能源計劃等。

To ensure adequate funding for the Authority to meet rising health needs of the growing and ageing population and to encourage the development of ambulatory and community care, agreement was reached with Government to replace the existing bed-based formula with a population-based model for funding public hospital services commencing 2001/02. To dovetail with this new funding model, a population-based internal resource allocation system with corresponding reorganisation of hospital clusters would have to be developed.

Towards the end of the year the Authority decided to effect re-clustering of hospitals by implementing a clearer line of management in each cluster to enhance efficiency and promote total healthcare in the geographical population-based clusters. A pilot project to integrate the cluster management structure of Hong Kong East Cluster was implemented from 1 June 2001 onwards. Under the new structure, a Cluster Chief Executive was appointed to take charge of the overall operations of cluster hospitals and clinics to facilitate further rationalisation of services and amalgamation of hospital functions. Hospital clusters would in future be encouraged to adopt a more strategic view of health and healthcare, focusing on health promotion, disease prevention and management of service demand as well as the development of more community-based services and shared-care programmes.

Despite increasing financial and work pressure, the Authority had made considerable improvements to our public hospital system in 2000/01. The achievements were a credit to all the Authority staff who had worked tirelessly in providing quality healthcare services to the people of Hong Kong at these trying times. The Authority Board and I would like to take this opportunity to pay tribute to them.

I would also like to convey my sincere and heartfelt thanks to all members of the Authority Board for providing able leadership and expert advice on our work. I was particularly grateful to Dr E K YEOH, our Secretary for Health & Welfare, who and his colleagues in the government bureaux had given us the necessary policy guidance and sterling support throughout the year. I was also greatly indebted to my predecessors, Sir S Y CHUNG and Mr Peter WOO, who had given me advice and practical directions in my first year as Chairman.

為確保醫管局有足夠經費，以應付因人口增長及老齡化而增加的醫護需求，並促進日間及社康護理的發展，我們與政府達成了協議，由2001/02年起採用按人口計算的撥款模式，為公立醫院服務提供所需經費，取代現時以病床為本的撥款方式。為配合新的撥款模式，醫管局有需要重組各個醫院聯網，以便制訂按人口計算的內部資源分配機制。

本年度結束前，醫管局決定按地區人口重組其醫院聯網，在每個聯網實施更清晰的管理架構，以加強效率及促進全人護理。由2001年6月1日起，整合聯網管理架構的先導計劃，於港島東實施。在新的管理架構下，醫管局設立了聯網行政總監的職位，負責聯網醫院及診所的整體運作，以便進一步理順服務及整合醫院職能。日後我們會鼓勵醫院在發展醫療服務時，採納更具策略性的觀點，着重促進健康、預防疾病、管理服務需求，以及推行更多社康服務和共同護理計劃。

儘管財政及工作壓力日增，醫管局在2000/01年度，仍為香港的公立醫院體系帶來了可觀的改善。能獲取這些成績，實有賴醫管局全體員工努力不懈，在備受考驗的時刻，竭誠為香港市民提供高質素的醫療服務。醫管局各位成員和我本人，謹向他們衷心致敬。

我亦要衷心感謝醫管局各位成員的英明領導和專業意見。我特別要多謝衛生福利局局長楊永強醫生。年內，楊醫生和他在決策局工作的同事，為我們提供了所需的政策指導和支持。我亦要向醫管局前任主席鍾士元爵士及吳光正先生深切致謝。在我上任的首年，他們給我提供了寶貴的意見和切實可行的路向。

There were many others who had served the Authority in different and varied ways during the year. We were very grateful to members of the various Hospital Governing Committees and Regional Advisory Committees who had contributed their valuable time and efforts in giving advice and guidance in the management of our hospitals. The Authority would not have been as successful as a caring, competent and accountable organisation had it not been for the enthusiastic involvement and invaluable input from the community, the Legislative Council, the District Councils, and most importantly the volunteers who worked selflessly in our hospitals.

This Annual Report is the first after we enter the new millennium. Having gone through a decade of development, the Authority has laid strong foundations for an accessible, quality, equitable and affordable public hospital system in Hong Kong. With continued support and concerted efforts from all concerned, I have every confidence that the Authority will be able to cope with the daunting challenges ahead.



Dr LO Ka-shui, JP, Chairman

年內，以各種不同方式為醫管局服務的人士，多不勝數。醫院管治委員會及區域諮詢委員會的成員，經常付出寶貴的時間和努力，就公立醫院的管理提供意見和指導，我謹向他們致以深切謝意。此外，還有社區人士、立法會和區議會議員，以及在醫院忘我無私地服務的義工。沒有他們的寶貴貢獻和鼎力支持，醫管局不會成功發展成為一所關懷備至、專業實幹及開明負責的醫療服務機構。

這是醫管局踏入千禧年後的首份年報。經歷十年的發展，醫管局已奠下穩固的根基，為香港建立一個方便周到、質素優良、一視同仁及社會能夠負擔的公立醫院體系。憑藉各有關人士的支持和共同努力，我深信醫管局定能克服前面的艱辛挑戰。



醫院管理局主席 羅嘉瑞醫生

Chief Executive's Overview

Introduction

The Authority continued to operate at a very high activity level in 2000/01 despite a more stabilised rate of increase in service volume in the past two years. During the year, our public hospital system provided services to around 1,165,967 inpatients and day patients, 2,403,090 Accident & Emergency attendees, 8,170,855 specialist outpatient, 89,482 integrated clinic, and 813,710 general outpatient attendees.

To tackle the pressing challenges of maintaining and continually improving its service quality in the face of increasing financial constraints and service demand, the Authority identified six priority areas as the focus of its work at beginning of the year. These priority areas included: volume and access, Enhanced Productivity Programme, financing and resource allocation system, distribution network and infrastructure, care process and quality, as well as human resource capabilities and management.

Under the six identified priority areas, the Authority initiated 239 improvement targets during the year to enhance the effectiveness, efficiency and quality of its services. All these targets were achieved with results either in line with or exceeding the original target except for ten targets, which were partially achieved or deferred because of changed circumstances.

With the achievement of these targets, significant progress had been made in addressing the major issues facing the Authority and in improving the accessibility, effectiveness and efficiency of Hong Kong's public hospital system as summarised below.

行政總裁匯報

引言

過去兩年，雖然服務量的增幅已漸趨穩定，但2000/01年度醫管局的活動仍處於高水平。年內，公立醫院為大約116萬5,967名住院及日間病人、240萬3,090名急症室求診人士、817萬855名專科門診病人，8萬9,482名綜合診所病人，以及81萬3,710名普通科門診病人提供服務。

面對日益緊絀的財政及不斷增加的服務需求，醫管局一方面既要維持服務質素，另一方面則須持續改善服務。為應付如此艱巨的挑戰，醫管局於年初鑑別了六個優先處理範疇，作為工作重點。這六個範疇包括：服務量及服務方便程度、資源增值計劃、融資及資源分配制度、服務分布網絡及基礎設施、醫護過程及質素，以及人力資源的能力和管理。

年內，醫管局根據這六個優先處理範疇制訂了239項工作目標，以加強服務的效益、效率和質素。除其中十項因環境轉變而未能全部完成或延期實施外，所有項目均如期或超出原定目標完成。

在達致這些目標後，醫管局在處理其面對的主要問題方面，已取得重大進展，同時亦大大改善了香港公立醫院服務的方便程度、效益和效率。詳情撮述如下。

Volume and Access

The bed-opening programme for the year was completed ahead of schedule with the commissioning of 460 new hospital beds, including 358 acute beds, 68 rehabilitation beds and 34 psychiatric beds, to improve access to public hospital services. Accessibility to ambulatory and community-based services had also been enhanced through increasing the percentage of general and orthopaedic day surgeries, extending community geriatric outreach services to cover more private old aged homes, strengthening the Community Nursing Service, and organising public education programmes.

To improve patient access to specialist outpatient services, initiatives were implemented at both the corporate and hospital levels to manage service demand and throughput at the front end, and empower primary carers to perform the gate-keeping function at the back end. These improvements included increasing the efficiency of existing facilities, reviewing the across-specialty referrals, establishing triage system to accord priority appointment to patients with urgent conditions, providing the public with waiting list information to facilitate informed choices, and developing Family Medicine practices in the general outpatient and integrated clinics. With the successful implementation of various improvement measures, the Authority managed to further reduce the median waiting time for first appointment at all its specialist outpatient clinics from eight weeks to five weeks except for the specialties of Medicine, Surgery and Orthopaedics where the growth in patient numbers far exceeded increases in service throughput.

An attempt was made to address the volume issue of the Accident and Emergency service by piloting the establishment of private walk-in clinics in some major acute hospitals to offer patients with non-urgent or semi-urgent conditions a choice of treatment facilities. Accessibility to the pharmacy service was also strengthened through the implementation of the Express Dispensing System to reduce average waiting time during peak hours.

服務量及服務方便程度

年內，啟用新病床的計劃較原定時間提前完成，新開設的病床共460張，包括358張急症病床、68張康復病床及34張精神科病床，有助改善公立醫院服務的方便程度。此外，透過增加普通科及矯形外科日間手術的百分比、向更多私營護理院提供社區老人科外展服務、加強社康護理服務，以及舉辦健康教育活動，日間及社康服務的方便程度亦得以加強。

為改善病人使用專科門診服務的方便程度，醫管局一方面在整體及醫院層面推行措施，以管理服務需求及流量，另一方面則致力加強基層醫療服務提供者的能力，為公立醫院服務充當守門人。這些改善措施包括：提高現有設施的效率、檢討跨專科的轉介個案、設立分流制度使病情緊急的病人可優先獲得診治、向公眾提供輪候時間的資料以便他們作出選擇，以及在普通科門診及綜合診所發展家庭醫學。隨着各項改善措施成功推行，醫管局各專科門診診所的首次求診輪候時間中位數，已進一步由八星期縮減至五星期，惟內科、外科及矯形外科病人數量的增幅，遠超服務量的增長，故尚未能達到目標。

醫管局亦致力處理急症室的病人數量問題，並在一些大型急症醫院試行設立毋須預約的私家診所，讓非緊急或半緊急的病人有所選擇。我們亦實施了快速配藥系統，縮減繁忙時間的平均輪候時間，從而提高藥房服務的方便程度。

Enhanced Productivity Programme

Under the Enhanced Productivity Programme, the recurrent funding from Government to the Authority would be adjusted downwards by a total of 5% in the three financial years starting 2000/01. This requirement had imposed great pressure on the Authority's financial position because it was on top of the over 11% productivity savings already achieved and in spite of the huge increase in service volume in recent years. To meet this challenge, the Authority had adopted the following strategies to achieve savings in 2000/01.

Personal emolument expenditure was prudently controlled through strict adherence to the manpower plans of individual hospitals, filling vacancies by staff redeployment as far as possible, and redeploying surplus staff to new hospitals and areas of need. Savings were also generated from rationalisation of clinical and non-clinical services among clusters and hospitals, continued downsizing of the Head Office, consolidation of administrative functions, reform in business support services, contracting out of non-core services, and the launching of "Invest-to-Save" programmes such as energy conservation and automation of work processes.

Financing and Resource Allocation System

To address the healthcare financing issues amid increasing service demand and budget constraints, the Authority had strived to assist Government in the consultation and implementation of the healthcare reform externally, and to develop an equitable resource allocation system for effective and efficient use of resources internally.

資源增值計劃

按照政府的資源增值計劃，由2000/01年度開始的三個財政年度，政府給予醫管局的經常撥款會下調百分之五。這計劃是在醫管局已取得超過百分之十一的生產力盈餘，以及近年來服務量大幅增加的情況下進行，故對醫管局的財政形成了沉重壓力。為應付這項挑戰，醫管局在2000/01年採取了下列策略，以達到資源增值的目標。

我們嚴格遵守個別醫院的人手計劃、盡量調配現有職員填補職位空缺，以及重新調配超額員工到新醫院及有需要的範疇，謹慎地控制個人薪酬開支。其他達致資源增值的措施包括：理順聯網及醫院之間的臨床及非臨床服務、繼續精簡總辦事處的行政管理架構、整固行政職能、改革業務拓展及支援服務、外判非核心服務，以及推行「節省資源投資計劃」，例如節約能源及實施工序自動化。

融資及資源分配制度

面對服務需求日增及經費緊絀，在處理醫療融資問題方面，醫管局對外會協助政府就醫療改革進行諮詢及推行改善措施，對內則會制訂一個公平公正的資源分配機制，務求資源的運用兼具效益與效率。

Responding to the Government's Consultation Document titled "Lifelong Investment in Health" released in December 2000, the Authority embarked on an extensive exercise to discuss the reform proposals with its Board members, members of the Hospital Governing Committees, Regional Advisory Committees, staff groups as well as the key stakeholders in the community. Based on the views collected, a paper detailing the Authority's response to the proposals was prepared and submitted to Government at the end of March 2001. Preparatory work had also been done to conduct, on behalf of Government, a consultancy study on public hospital fees structure and its impact on service utilisation and affordability.

In parallel, the Authority had proposed to Government a population-based model for funding its services. Unlike the bed-based funding mechanism, the proposed model had the merit of securing a more stable level of funding geared to population changes and was more conducive to the current development towards ambulatory and community care. With acceptance of the proposal by Government, the new funding mechanism had been applied to formulate the Authority's recurrent budget for 2001/02.

To dovetail with the new population-based funding model, the Authority had started to develop a population/capitation-based internal resource allocation system to rationalise the distribution of resources and to provide incentives for effective management of service demand as well as the development of more ambulatory or community-based services. To support this initiative, the scope of specialty costing was expanded to all hospitals to generate benchmarking information for cluster-based resource allocation. The application of Patient Related Group information in hospitals was also enhanced through the development of an on-the-web system and a master list to generate costing information on service complexity and intensity.

政府在2000年12月發表了一份名為「你我齊參與，健康伴我行」的諮詢文件。醫管局就文件建議的改革措施，與其成員、各醫院管治委員會及區域諮詢委員會委員、各職員組別，以及社區的主要服務參與者進行了廣泛討論，然後根據所收集的意見，制備了一份詳盡的回應文件，並於2001年3月底提交政府。此外，醫管局亦已展開籌備工作，準備代表政府進行一項顧問研究，探討公立醫院的收費結構及其對服務使用和負擔能力的影響。

與此同時，醫管局亦向政府建議按人口計算撥款，為公立醫院服務提供經費。建議模式有別於按病床計算的撥款機制，好處是與人口變動掛鉤，從而可提供較穩定的經費，並且更符合現今發展日間及社康護理服務的趨勢。建議獲政府同意後，新撥款機制已用於制訂醫管局2001/02年度的經常預算。

為配合新的撥款模式，醫管局已着手制訂按人口計算的內部資源分配機制，以便理順資源的調配，並鼓勵醫院有效管理服務需求及發展更多日間或社康服務。為支援這項工作，專科成本計算的應用範圍已擴展至所有醫院，以利收集按聯網分配資源的基準資料。透過發展網上系統及編訂總目，各醫院亦加強了病例組別資料的應用，從而發展有關服務複雜及密集程度的成本計算資料。

Distribution Network and Infrastructure

During the year, the Authority continued to enhance its service distribution system to provide continuity of care to patients cost-effectively through judicious planning and coordination of services provision. Initiatives in this area included horizontal service networking and vertical hospital clustering in the delivery of clinical care as well as service reorganisation of non-clinical services.

To ensure adequate service coverage for individual hospital clusters, the Authority had set up local and territory-wide networking systems to provide comprehensive/complementary secondary services and highly specialised services respectively. By end of 2000/01, the service networking plans and designation of specialised service centres for all key clinical specialties were considered and endorsed by the Medical Services Development Committee with details for each specialty promulgated to hospitals. Hospital clustering reorganisation initiatives were also implemented to strengthen local service networks for the provision of a comprehensive range of secondary health care services to patients. These initiatives included the formulation of long-term cluster-based service development plans, the merging of psychiatric clusters with general hospital clusters, and the conversion of Lai Chi Kok Hospital into a psychiatric long stay care facility.

The cluster-based concept was further employed to reorganise the service distribution system in non-clinical areas to achieve economies of scale, efficiency and flexibility. In 2000/01, service networking in non-clinical areas mainly focused on business support services, including rationalisation of laundry services, development of central food production units, and implementation of clustering arrangements for radiological equipment maintenance, medical physics service as well as supply chain management.

服務分布網絡及基礎設施

年內，醫管局透過審慎規劃及服務協調，繼續加強其服務分布系統，務求以符合成本效益的方式，為病人提供連貫的醫護服務。有關措施包括建立橫向的服務網絡及縱向的醫院聯網，以提供臨床服務，並在非臨床服務範疇，進行重組工作。

為確保每個醫院聯網都有足夠的服務覆蓋範圍，醫管局設立了地區性及全港性的網絡系統，分別提供綜合和相輔相成的中層醫療服務及尖端的專科服務。在2000/01年底，醫療服務發展委員會已審議及通過各主要臨床專科的服務網絡計劃及指定專科服務中心，並向各醫院頒布了每個專科的有關詳情。我們亦推行了重組醫院聯網的措施，以加強地區服務網絡，為病人提供完備的中層醫療服務。這些措施包括制訂長遠的聯網服務發展計劃、整合精神科及普通科醫院聯網，以及將荔枝角醫院改作一所精神科長期護理院。

非臨床服務方面，我們亦採用聯網的概念重組服務分布系統，以達致經濟效益、高效率及靈活運作。在2000/01年，以服務網絡模式運作的非臨床服務主要為業務拓展及支援服務，包括理順洗衣服務、發展中央食品製作組，以及就放射儀器的保養、醫學物理服務及物料連鎖管理，實施聯網安排。

Care Process and Quality

In 2000/01, the Authority focused its efforts at improving the quality of patient care on two important areas, i.e., the development of care delivery systems and the strengthening of quality assurance mechanisms.

To continually improve its care delivery systems, the Authority had initiated a number of programmes in the year to promote the development of integrated care delivery models with emphasis on multidisciplinary participation, enhanced ambulatory and community care, and close collaboration with other healthcare providers. To facilitate the introduction of Chinese medicine into the Authority's care process, a set of guidelines for good practices in conducting clinical research in Chinese medicine was developed and promulgated to hospitals.

During the year, the Authority continued to implement various initiatives to improve its quality assurance mechanisms. Guidelines and protocols were developed to ensure quality practice in the care process. Professional accountability was strengthened to ensure the provision of specialist-led services, timely senior staff coverage at all hours and proper supervision of trainees by qualified staff. Clinical audit, risk management and complaint management were enhanced to ensure proper clinical practices and reduce potential risks. Application of evidence-based medicine in clinical procedures and practices was also promoted, while new medical and information technologies were carefully assessed and judiciously harnessed to facilitate the provision of appropriate patient care.

醫護過程及質素

在2000/01年度，醫管局主要從兩個重要方面改善病人護理質素，即發展醫護服務模式及加強質素保證機制。

為不斷改善醫護服務系統，年內醫管局推行了多項計劃，促進綜合醫護服務模式的發展，注重跨專科參與、日間及社康護理，以及與其他醫護服務提供者緊密合作。為協助於醫護過程引進中醫藥，我們制訂了一套良好中醫藥臨床研究方法指引，並向醫院頒布。

年內，醫管局繼續推行各項措施，以改善其質素保證機制。我們制訂了指引及常規，確保優質的醫護工作程序，並致力加強專業問責機制，為病人提供專科醫生主導的服務、在任何時段均安排適當的高級醫療人員當值，以及由合資格人員督導受訓醫生的工作。此外，我們亦加強了臨床審核、風險管理及投訴管理，以確保臨床程序的適切性，減少潛在風險。我們亦在臨床程序及實務中大力促進實證醫療的應用，同時小心謹慎地評估新的醫療及資訊科技，加以運用，為病人提供適當的護理。

Human Resource Capabilities and Management

To meet challenges in the current and future environment, the Authority had launched a number of improvement programmes in 2000/01 to strengthen its human resource capabilities and management. These included review of the Clinical Management Teams, implementation of the staff grade review, professional manpower planning and enhancement of staff competence.

To ensure proper functioning of the basic operating units in public hospitals, a model was developed to review complexity and performance of the Clinical Management Teams. The model included criteria such as effectiveness of the planning process and internal communication as well as capabilities and accountabilities of clinical managers.

In view of the growing need for specialist level quality care, the Authority conducted a thorough review on the staffing structure of medical doctors in the year to further develop the concept of professional accountability. Coupled with the external challenges of resource constraints and the need to absorb more new doctors for specialist training, a new medical staff grade structure was implemented in June 2000. At the same time, substantial work was done to find ways to alleviate junior doctors' work hours. An in-depth follow-up audit on doctors' work hours documented the improvements made and formulated recommendations for further work in the coming years. With pressure areas identified in the audit, additional staff were deployed to relieve the workload of frontline doctors. Grade reviews were also started for some allied health and supporting staff to identify areas for improvement.

To plan future services provision in line with the trend of clinical specialisation and sub-specialisation and health needs of the community, the Authority completed a review on the professional manpower requirement for each clinical specialty during the year

During the year, the Authority had spared no efforts to enhance

人力資源的能力及管理

為應付現今及未來環境的挑戰，醫管局在2000/01年度推行了多項改善計劃，以加強人力資源的能力及管理，包括評估臨床管理小組的發展、實施職系檢討、進行專業人手規劃及加強職員的才能。

為確保公立醫院的基本運作單位能發揮適當功能，我們制訂了一系列標準，以評估臨床管理小組的複雜程度及工作表現，如規劃過程的成效、內部溝通，以及臨床管理人員的能力與接受問責程度。

鑑於優質專科服務的需求日增，年內醫管局就醫生的職系架構進行了全面檢討，以進一步發展專業問責的概念。這方面的需求，加上資源緊絀及必須吸納更多接受專科培訓的新醫生，醫管局於2000年6月實施了新的醫生職系架構。同時，我們亦進行了大量工作，尋求縮減初級醫生工時的辦法。我們就醫生的工時進行詳細深入的跟進審核，記錄所作的改善，並提出建議，以便在未來數年繼續有關工作。在審核的過程中，我們鑑別了工作壓力沉重的範疇，並增撥人手以紓緩前線醫生的工作量。我們亦已為部分專職醫療及支援人員進行了職系檢討，尋求改善之道。

年內，醫管局為每個臨床專科完成了專業人手需求檢討，以便規劃未來的服務，配合臨床工作專科化和分科化的趨勢，並滿足市民的醫護需要。

competence of its professional staff through the development of core competencies for staff of various disciplines and provision of continuous staff training and development. In addition to the core competency sets adopted for doctors, registered nurses and enrolled nurses in the previous year, core competencies were developed for another six professional staff groups this year. Exceeding relevant annual plan targets, in-service professional training was provided to over 4,200 doctors, 3,900 allied health staff and 15,000 nurses in the year to enhance professional competency. In line with the latest corporate strategies, the training programmes for 2000/01 had placed emphasis on retraining and equipping in-service staff with appropriate vocational skills to facilitate the processes of reengineering and staff redeployment. Another training strategy of the year was to provide staff with learning opportunities through the use of computer and web-based technologies.

Conclusion

The Authority had made considerable progress towards the achievement of its corporate vision in 2000/01 by effectively and efficiently tackling the major issues and pressing challenges under the six priority work areas identified at the beginning of the year. This could not have been possible without the dedication, commitment and best efforts of our staff. We were also greatly indebted to the invaluable contribution, support and leadership of the Chairman, members of the Hospital Authority Board and the Secretary for Health & Welfare. The progress achieved, would position us better to face future challenges in developing a community-focused, patient-centred and knowledge-based integrated healthcare service to meet community expectations.

醫管局在過去一年繼續不遺餘力地加強專業人員的才能，包括為不同專業範疇的職員制訂核心才能，以及為他們提供持續培訓與發展。除了年前為醫生、註冊護士及登記護士制訂的核心才能外，年內另為六個專業職員組別制訂了核心才能。我們亦為超過4,200名醫生、3,900名專職醫療人員及15,000名護士提供了在職專業培訓，以加強他們的專業才能，成績超越了周年工作計劃所訂目標。為配合最新的機構策略，2000/01年度培訓計劃的重點，是為在職人員提供再培訓，確保他們具備適當的職業技能，以協助工序重整及重新調配職員的工作。年內，另一項培訓策略，是透過電腦及網上科技的應用，為職員提供學習進修機會。

結論

醫管局根據年初所鑑辨的六個優先處理範疇，於2000/01年度有效地應付了各項重大問題及迫切的挑戰，在達致整體目標方面取得可觀的進展，這實有賴醫管局全體職員的熱誠投入、積極進取及努力不懈，才能取得如此佳績。此外，我們亦要衷心感謝醫管局主席、各位成員及衛生福利局局長的寶貴貢獻、支持和領導。我們取得的進展，將有助鞏固本身的實力，面對未來的挑戰，致力發展一個以社區、病人及知識為本的綜合醫療體系，迎合香港市民的期望。



ROLE OF THE HOSPITAL AUTHORITY

Under the Hospital Authority Ordinance, the Hospital Authority has responsibility for:

- Advising the Government on the needs of the public for hospital services and of the resources required to meet those needs
- Managing and developing the public hospital system
- Recommending to the Secretary for Health and Welfare appropriate policies on fees for the use of hospital services by the public
- Establishing public hospitals
- Promoting, assisting and taking part in education and training of persons involved in hospital services or related services

To ensure that these roles are carried out effectively, the Hospital Authority Board discharges its duties through five committees, namely, the Finance Committee, the Human Resources Committee, the Medical Services Development Committee, the Public Complaints Committee and the Audit Committee (Appendix 2).

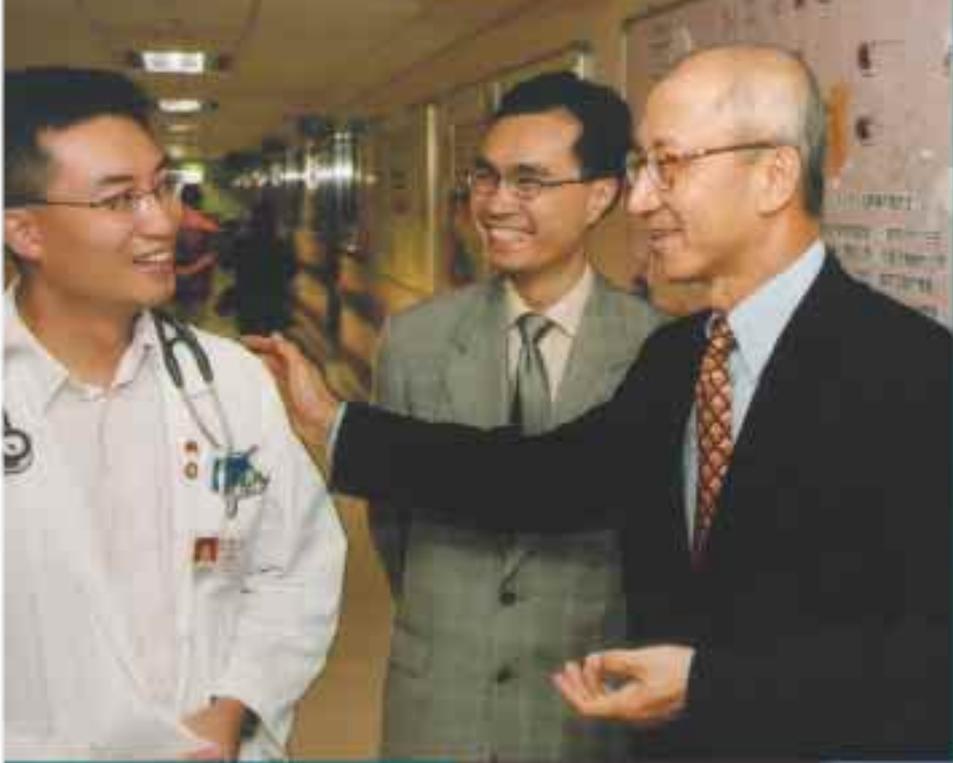
醫院管理局的任務

根據醫院管理局條例，醫院管理局負責：

- 就公眾對醫院服務的需求及應付該等需求所需的資源，向政府提供意見
- 管理及發展公立醫院系統
- 就公眾使用醫院服務須付的費用，向衛生福利局局長建議恰當的政策
- 設立公立醫院
- 促進、協助及參與培育提供醫院或有關服務的人士

為求有效地執行這些任務，醫管局大會透過轄下五個委員會履行其職責，即財務委員會、人力資源委員會、醫療服務發展委員會、公眾投訴委員會及審計委員會(見附錄二)。







MISSION STATEMENT

In keeping with its role, the Mission of the Hospital Authority is:

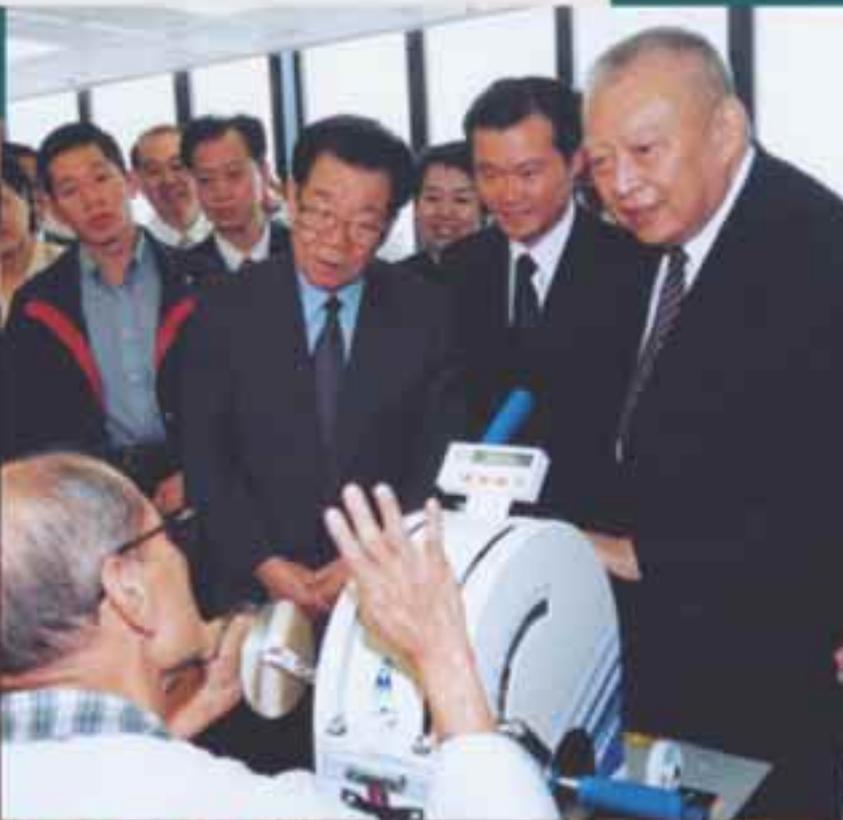
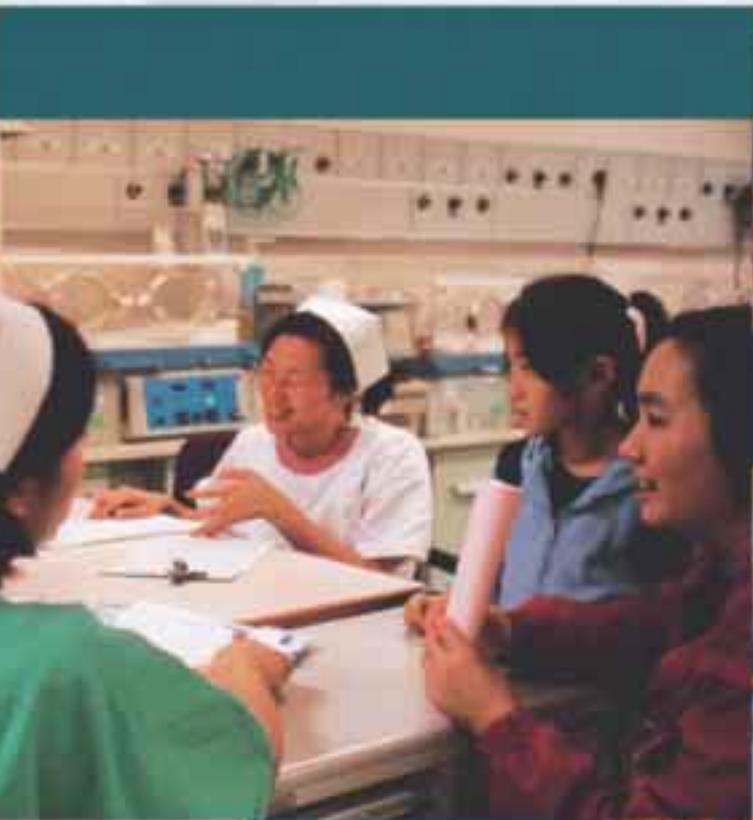
- to meet the different needs of patients for public hospital services, and to improve the hospital environment for the benefit of patients;
- to serve the public with care, dedication and efficiency, and to encourage community participation in the system, resulting in better care and more direct accountability to the public;
- to provide rewarding, fair and challenging employment to all its staff, in an environment conducive to attracting, motivating and retaining well-qualified staff;
- to advise the Government of the needs of the community for public hospital services and of the resources required to meet these needs, in order to provide adequate, efficient, effective and value for money public hospital services of the highest standards recognised internationally within the resources obtainable; and
- to collaborate with other agencies and bodies in the healthcare and related fields both locally and overseas to provide the greatest benefit to the local community.

宗旨

醫管局訂立了下述的宗旨，以落實其任務：

- 因應病人的不同需要而提供適當的公立醫院服務，並改善醫院環境，使病人得益；
- 以關懷及竭誠精神，有效率地為市民服務，並鼓勵社區參與，務求提供更佳的醫療服務及更直接向公眾負責；
- 為員工提供合理薪酬、公平待遇及高挑戰性的工作環境，以吸引、激勵及挽留高質素的員工；
- 就公眾對公立醫院服務的需求及應付該等需求所需的資源，向政府提供意見，務求以可得的資源，提供充足、有成果、有效率、物有所值及具高度國際水準的公立醫院服務；及
- 與海外及本地其他醫療護理服務機構及有關團體攜手合作，造福本港市民。







CORPORATE VISION AND STRATEGIES

To realise its mission, the Hospital Authority has developed the following Corporate Vision:

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

The Authority aims to achieve this corporate vision by adopting the following five Corporate Strategies:

- Developing Outcome-focused Healthcare to maximise health benefits and meet community expectations
- Creating Seamless Healthcare by restructuring and reorganising medical services in collaboration with other providers and carers in the community
- Involving the Community as Partners in Health in the decision-making and caring process
- Cultivating Organisation Transformation and Development through a multi-disciplinary team approach to holistic patient care and continuous quality improvement
- Promoting Corporate Infrastructure Development and Innovation to support service improvement

整體目標及策略

醫管局訂定了下列的整體發展目標，以實現其宗旨：

「醫管局致力與社區內其他醫護服務提供者攜手合作，建立一個連貫的醫療護理環境，以發揮最佳的醫療護理效果，並迎合社區的需求及期望。」

醫管局透過下列五項整體策略，達致上述的整體目標：

- 發展以成效為本的醫療護理，以發揮最大的醫護效益，並迎合社區的期望
- 與社區內其他醫護服務提供者及照顧者攜手重組醫療服務，以建立連貫的醫療護理
- 在決策及護理過程中與社區攜手合作促進健康
- 透過多部門專科合作的形式進行全人護理及持續質素改善，謀求組織架構上的蛻變及發展
- 促進整體基礎設施的發展及創新，以支援改善服務的措施







ENVIRONMENTAL POLICY STATEMENT

The Authority is committed to achieving the best practicable environmental standards and practices throughout its operations to ensure environmental protection and minimise adverse impact on the environment. Pursuant to this commitment, the following principles have been adopted.

COMPLIANCE

We will comply with all relevant environmental protection ordinances.

ENERGY AND UTILITIES MANAGEMENT

We will work towards reducing consumption of energy and other utilities in our day-to-day operations.

POLLUTION PREVENTION

We will avoid and control environmental pollution by reducing the amount of waste arising from our day-to-day working practices.

MINIMISATION OF CONSUMPTION

We will reduce, reuse and recycle materials to minimise consumption.

STAFF AWARENESS AND COMMITMENT

- We will inform our staff to promote awareness of the environmental impact of their work.
- We will encourage our staff to shoulder and share personal responsibility for good housekeeping, waste reduction and conservation.
- We will encourage our staff to serve as role model by their actions to promote environmental protection.

PURCHASING AND CONTRACTING

We will encourage our suppliers and contractors to adopt similar standards and a comprehensive approach to environmental responsibility in the provision of their services.

MANAGEMENT

We will ensure that our individual service units will develop and maintain specific environmental policies, where appropriate, and establish procedures to monitor environmental performance and report to the Authority Board.





環保政策宣言

醫管局承諾在運作上貫徹最可行的環保標準和守則，以奉行環保及減少對環境造成不良影響。根據這項承諾，醫管局會恪守以下原則。

遵守法例

我們會遵守各項有關環境保護的條例。

能源及設施管理

我們會致力在日常運作中減少耗用能源及其他設施。

防止污染

我們會致力在日常運作中減少廢物，避免造成及控制環境污染。

減少耗用

我們會實行物盡其用、廢物利用及循環再用，盡量減少物料的耗用。

職員意識及承擔

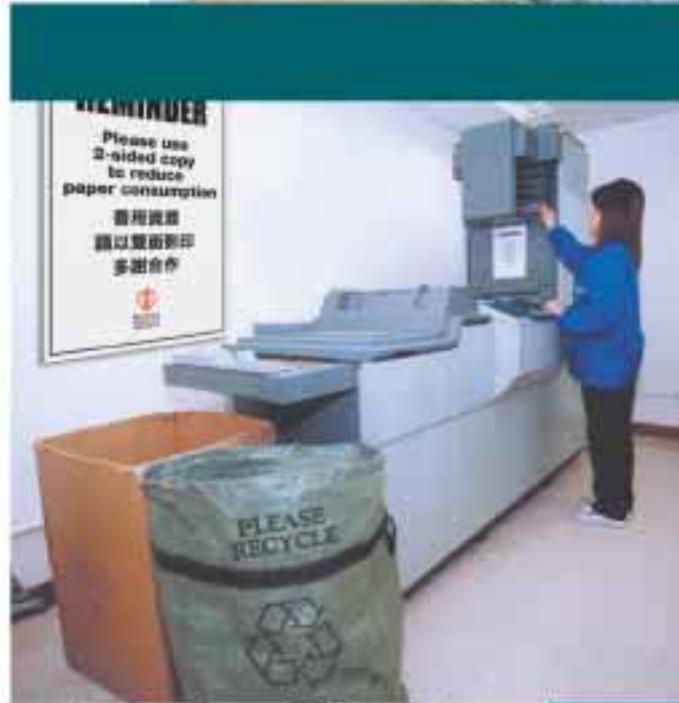
- 我們會提醒職員，加強他們的意識，使其知道本身的工作對環境的影響；
- 我們會鼓勵職員肩負及承擔個人責任，實行良好的管理措施、減少廢物及節約資源；以及
- 我們會鼓勵職員身體力行，以身作則，促進環保。

採購及承辦

我們會鼓勵供應商及承辦商在提供服務時，採用類似標準，全面落實保護環境的責任。

管理

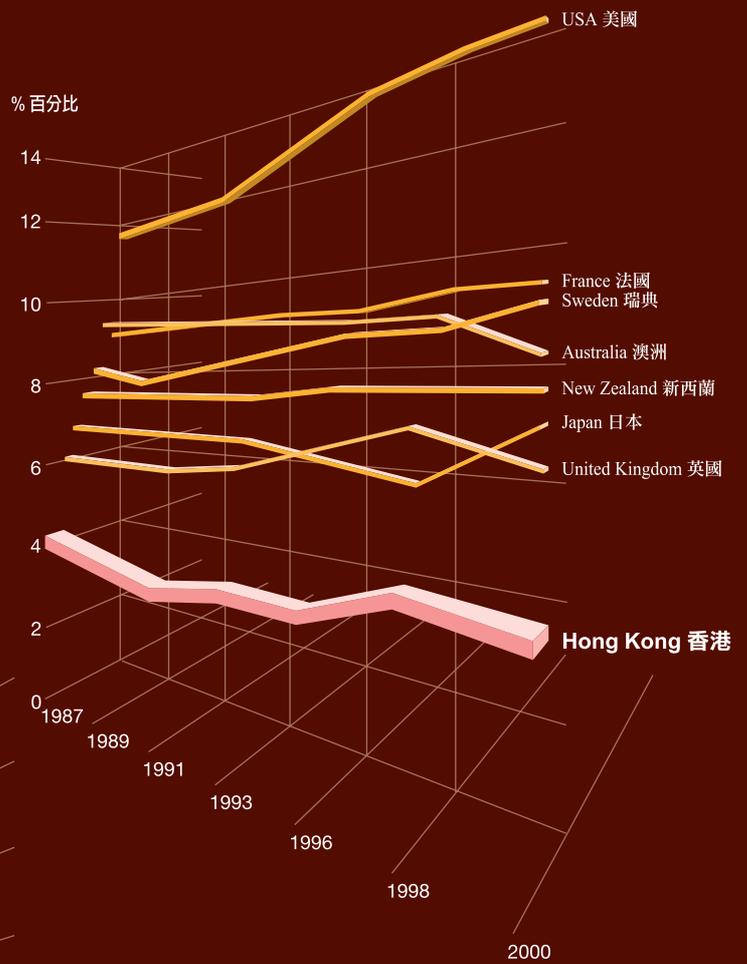
我們會確保個別服務組別會按情況制訂及採用特定的環保政策，並設定程序監察環保成效，以便向醫管局大會匯報。



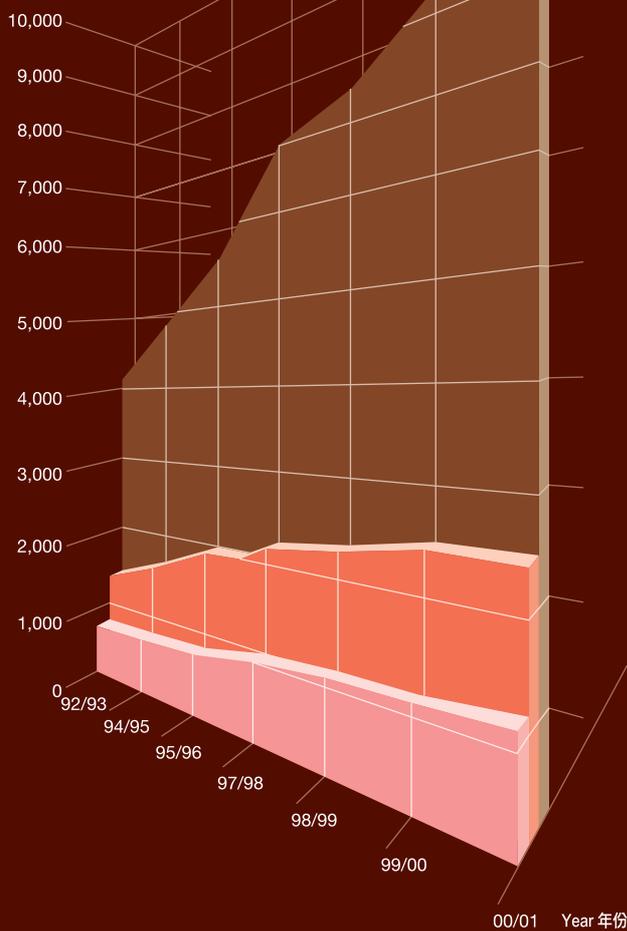


Health Service Expenditure as Percentage of GDP

醫療服務開支佔本地生產總值百分比



Patients 人次 (*000)



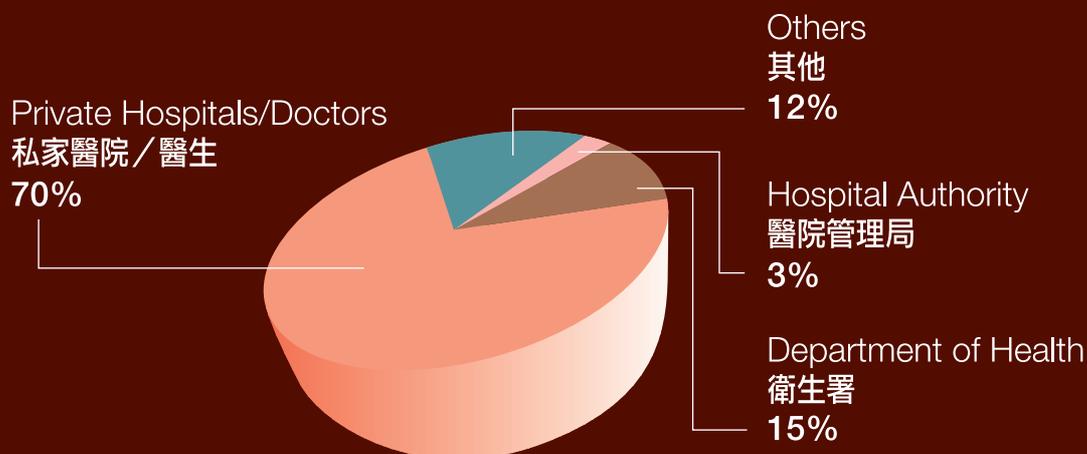
Hospital Authority Services

醫院管理局服務人次

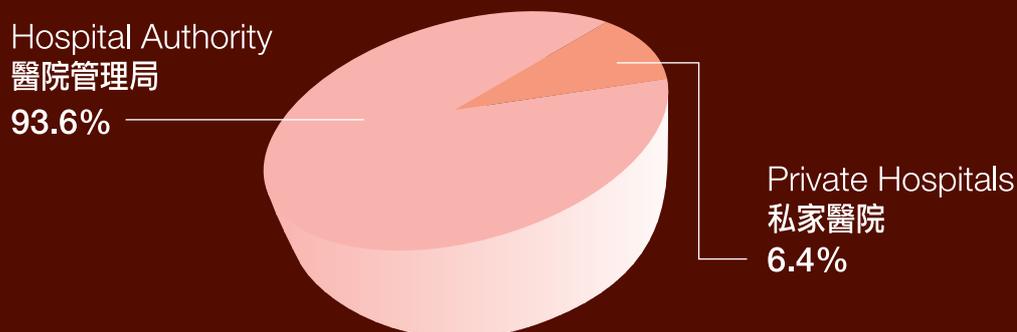
-  Outpatient Attendances
門診服務
-  Accident & Emergency Attendances
急症服務
-  Inpatients
住院服務



Primary Care 基層醫療



Secondary and Tertiary Care 中層及第三層醫療



Extended and Long Term Care 延續及長期護理服務





十年建樹 挑戰不斷

醫管局接管公營醫院服務至今十年，期間致力改善服務質素，成績有目共睹。當中涉及的公營開支僅佔本地生產總值2.6%，遠少於美國的14%及英國的6.9%。然而，期間市民對公立醫院的服務需求亦大幅上升，住院病人數目、專科門診及急症室就診人次分別增加6.5%、7.4%及7.2%。由於一般就診者只需每日支付港幣68元的低廉住院費，醫管局正面對兼顧質與量的嚴峻考驗。

M eeting the Quality Health Care Challenge

For a decade, the Hospital Authority has successfully transformed the quality of health care offered by all the public hospitals under its management. This remarkable change has absorbed a mere 2.6% of Hong Kong's GDP - an amazing feat when compared to the United Kingdom's 6.9%, or the United States' 14%.

In terms of service volume, demand for public hospital services has grown significantly - at a compound annual growth rate of 6.5% for inpatient admissions, 7.4% for specialist outpatient attendances, and 7.2% for accident and emergency attendances.

Trends like these underline the daunting challenge the Authority must constantly face - how to ensure a quality response to fast rising service demands when daily inpatient charges are set to remain so low - currently just HK\$68 a day.

Priority Areas of Work

To tackle the pressing challenges of maintaining and continually improving its service quality in the face of increasing financial constraints and service demand, the Hospital Authority had identified the following six priority areas as the focus of its work in 2000/01:

- Volume and Access
- Enhanced Productivity Programme
- Financing and Resource Allocation System
- Distribution Network and Infrastructure
- Care Process and Quality
- Human Resource Capabilities and Quality

Volume and Access

Faced with the rapidly increasing service demand that outstripped growth in supply, the Authority adopted a multi-pronged approach at both the corporate and hospital levels to address the issue of volume and access during the year

Corporate Initiatives

At the front end, efforts were made to manage demand and increase throughput of the specialist outpatient service. A triage system with specific categorisation criteria for each clinical specialty was set up to accord priority appointment to patients with urgent and emergency conditions. The Outpatient Appointment System was enhanced to provide Authority-wide waiting list information to enable the public to make informed choice and to reduce multiple booking. Specialist allied health services were strengthened through the implementation of an upgraded version of the Outpatient Appointment System to the allied health departments of 16 hospitals and clinics. Through various improvement measures such as increasing the efficiency of existing facilities and critically reviewing the cross-specialty referrals, the Authority managed to further reduce the average (median) waiting time for first appointment at all specialist outpatient clinics from eight weeks to five weeks except for the specialties of Medicine, Surgery and Orthopaedics. The average waiting time of these three specialties in 2000/01 were seven, eight and seven weeks respectively because the growth in the number of patients far exceeded increases in their service throughput.

優先工作範疇

面對日益緊絀的財政及不斷增加的服務需求，醫管局一方面既要維持服務質素，另一方面則須持續改善服務。為應付如此艱巨的挑戰，醫管局鑑別了六個優先處理範疇，作為2000/01年度的工作重點：

- 服務量及服務方便程度
- 資源增值計劃
- 融資及資源分配制度
- 服務分布網絡及基礎設施
- 醫護過程及質素
- 人力資源的能力及管理

服務量及服務方便程度

面對服務需求急劇上升，大大超越供應的增長，年內醫管局從多方面着手，在整體及醫院層面處理服務量及服務方便程度的問題。

整體措施

在前線方面，我們透過增加專科門診的服務流量，致力管理服務需求。每個臨床專科均設立了分流制度，並制訂具體的分類準則，使病情危急或緊急的病人可優先獲得診治。我們亦加強了門診預約系統，提供各專科門診診療所的輪候時間，方便市民作出選擇，並減少重複預約的情況。我們同時在16間醫院及診所的專職醫療部推行改良的門診預約系統，進一步加強專職醫療服務。此外，透過各項改善措施，如提高現有設施的效率、嚴格審核專科轉介等，醫管局各專科門診診所的首次求診平均輪候時間中位數，已由八星期縮減至五星期。惟內科、外科及矯形外科，因病人量的增長遠超其服務量，故尚未能達致目標。在2000/01年度，這三個專科的平均輪候時間分別為七星期、八星期及七星期。

At the back end, the Authority had implemented a number of measures to relieve pressure of the specialist outpatient clinics through better management of the referred patients with stabilised conditions and strengthening of Family Medicine practices in its general outpatient and integrated clinics. During the year, all integrated clinics were equipped with the Clinical Management System and computerised patient records to enhance their services. The hospital-based training programme on Family Medicine had been revamped in collaboration with relevant Clinical Specialty Services Coordinating Committees to meet both the training and service needs in a better way. More training opportunities were provided to the Family Medicine trainees by piloting a trainee exchange programme with the Department of Health commencing July 2000. Family physicians in training were deployed to handle non-urgent attendances at Accident & Emergency Departments to relieve their heavy workload during public holidays.

Hospital Initiatives

Under the coordination of a special task force set up in 1998, hospitals with long waiting time at specialist outpatient clinics had implemented the following innovative programmes to improve the access standards of their specialist outpatient service:

- Increasing clinic sessions to increase service throughput
- Establishing integrated clinics and step down clinics to manage patients with simple or stable conditions after treatment at specialist outpatient clinics
- Setting up fast track clinics, by-procedures clinics, rapid sequence clinics and direct access surgery to provide early diagnosis and treatment
- Setting up screening clinics to facilitate early discharge of new cases not requiring continued specialist care
- Establishing review clinics to discharge old cases
- Formulating guidelines and protocols to guide follow-up action and discharge
- Providing waiting time information at other clinics to facilitate diversion of patients to clinics with shorter waiting time

醫管局亦推行了多項後援措施，以紓緩專科門診診所的壓力，其中包括加強管理病情穩定下來的轉介病人，以及在普通科門診及綜合診所積極推行家庭醫學。年內，所有綜合診所均已實施臨床管理系統及電腦化病人紀錄，以改善服務。各醫院亦與有關的專科統籌委員會合作，修訂其家庭醫學培訓計劃，以便更有效地滿足培訓及服務兩方面的需求。自2000年7月起，我們與衛生署試辦家庭醫學受訓醫生交換計劃，為受訓醫生提供更多培訓機會。這些受訓醫生會被調派到急症室診治非緊急的求診病人，以紓緩公眾假期急症室的沉重工作量。

醫院措施

醫管局在1998年成立特別工作小組，統籌各醫院改善專科門診輪候時間的工作。在小組的領導下，各醫院推行了以下措施，改善專科門診服務的方便程度：

- 增加診症節數以提高服務流量
- 設立綜合診所及輔助專科診所，治理經專科門診治療後病情轉趨簡單或穩定的病人
- 設立快速輪候專科診所、固定程序診所、精簡程序診所及毋須轉介的外科服務，及早為病人提供診斷和治療
- 設立評估診所，以便及早遣離毋需繼續接受專科護理的新症病人
- 設立覆檢診所，遣離舊症病人
- 制訂指引及常規，指導醫療人員如何跟進及遣離病人
- 提供其他診所的輪候時間資料，以便病人可轉往輪候時間較短的診所

Coping with the Public and Private Sector Imbalance

Like other communities, we in Hong Kong are learning rapidly how best to cope with an aging population, keep pace with fast changing technologies, combat the worldwide resurgence in infectious diseases, and shoulder a growing mental health load.

Hong Kong, however, presents its own unique challenge - the severe imbalance between the public and private health sectors. While the private sector takes around 80% of market share in general outpatient services, it provides only 6% of hospital care; the balance of 94% falls to the public hospitals. Since these hospitals offer 97% subsidised care, it is not surprising that they are always stretched to capacity - and sometimes beyond.

公營失衡 癥結待解決

與其他地方的醫療機構一樣，醫管局須面對不斷老化的人口、科技發展、傳染病再度猖獗及精神病患者日增的問題，而公營及私營醫療服務失衡，更是醫管局須應付的獨特挑戰。當中的問題癥結，是私營門診服務現時的市場佔有率達80%，但私家醫院服務則僅佔6%。現時全港94%的醫院服務都由公立醫院提供，政府整體補貼額高達97%，龐大的服務量，令公立醫院不勝負荷。



- Providing hotline enquiry service to give discharged patients access to urgent ward follow-up or outpatient appointments, in place of follow-up appointments at specialist outpatient clinics
- Developing protocols with private practitioners to ensure appropriate referral of patients to the Authority's specialist outpatient clinics
- Developing shared care programmes with the primary care sector to facilitate referring out of patients after treatment
- 提供熱線查詢服務，讓已遣離的病人在緊急時可到病房覆診或預約門診，而無需由專科門診診所繼續跟進個案
- 與私家醫生共同制訂常規，確保適當地轉介病人到醫管局的專科門診診所
- 與基層醫護服務提供者發展共同護理計劃，以便將完成治療的病人轉返

Other Strategies

Apart from managing the specialist outpatient service waiting time, the Authority also achieved the target of shortening the average queuing time at specialist outpatient clinics to less than 60 minutes. The average waiting time for major non-urgent operations in Otorhinolaryngology, Gynaecology, Surgery and Orthopaedics & Traumatology was also reduced to four months, achieving the access standard targeted for the year. To improve access to its pharmacy service, the Authority implemented the Express Dispensing System in the pharmacies of four major acute hospitals during the year to reduce the average waiting time at peak hours. To address rising demand for Accident & Emergency service, the Authority collaborated with the Hong Kong Medical Association to pilot two private walk-in clinics in the vicinity of the Accident & Emergency Departments of Queen Mary Hospital and Tuen Mun Hospital with a view to diverting patients with non-urgent or semi-urgent conditions to private service providers. Unfortunately, the scheme had not been very successful largely because of the price difference, and was suspended after the trial period. Public education efforts were initiated to arouse the public's awareness of the need to utilise Accident and Emergency service properly, and of the alternative health care services available in the community, especially during long holidays.

其他策略

除改善專科門診的首次求診輪候時間外，醫管局亦把專科門診的平均等候時間縮減至不超過60分鐘，而耳鼻喉科、婦科、外科與矯形及創傷科等非緊急大型手術的平均輪候時間亦減至四個月，達到了年初所訂的方便程度標準。為改善藥房服務的方便程度，年內醫管局在四間大型急症醫院實施了快速配藥系統，以縮短繁忙時間的平均輪候時間。為處理急症室不斷增加的需求，醫管局亦與香港醫學會合作，在瑪麗醫院及屯門醫院的急症室隔鄰試辦毋須預約的私家診所，以便非緊急或半緊急的病人可轉往這些私家診所求診。然而，由於收費上的差距，試驗計劃的反應並不理想，已在試驗期過後停辦。醫管局透過公眾教育工作，推廣不應濫用急症室服務的訊息，並說明於長假期內，可供市民選擇的其他醫療服務。



因應環境變遷 撥款採新模式

醫管局自成立伊始，政府一直都是按病床數目向本局提供經常撥款。二〇〇〇 / 二〇〇一年度，醫管局與政府協議實施一個新的撥款模式，藉以推廣日間及社康護理服務，為配合這個新的撥款模式，我們已開始制定按人口計算的撥款機制，鼓勵醫院及聯網加強對醫護服務的策劃調控，使更能針對服務需求，並有助促進預防疾病及加強社康護理。

Better Ways of Funding Health Care

The Government has traditionally funded services in public hospitals on the basis of the number of beds provided by each hospital. In 2000/01, the Hospital Authority and the Government agreed on a new population-based funding model that would promote the provision of ambulatory and community care. To dovetail with this new model, the Authority has begun to study the feasibility of a population-based system for internal resource allocation. This system would encourage hospitals to adopt a more strategic view of health and healthcare, focusing on the management of service demand and the prevention of disease as well as on community care.

Enhanced Productivity Programme

Under the Enhanced Productivity Programme initiated by the Government, the Authority's recurrent funding would be adjusted downwards by a total of 5% in the three financial years starting 2000/01. This was on top of the over 11% productivity savings already achieved by the Authority and in spite of the huge increase in service volume in recent years.

To achieve the Enhanced Productivity Programme targets, the Authority had started to implement initiatives for productivity gains actively last year, achieving savings of around \$224 million in 1999/2000. The savings were ploughed back to hospitals for improving the effectiveness and efficiency of clinical services to meet the rising service demand. The Authority had also set aside 1% of its baseline budget as "seed money" for "Invest-to-Save" programmes with a view to yielding long-term real money savings.

Approaches in Achieving Productivity Savings

The Authority adopted the following approaches in 2000/01 to achieve productivity savings:

- Drawing up manpower plan for each hospital to meet the required savings
- Redeploying surplus staff to new hospitals and areas of need
- Filling vacancies mostly by staff redeployment with external recruitment limited to the intake of professional staff identified for service improvement and training
- Rationalising or centralising services among clusters or hospitals to achieve economies of scale and quality improvement
- Continuing to downsize the Head Office in view of the gradual maturation of managerial functions of individual hospitals
- Consolidating managerial functions of hospitals to reduce administrative overhead

In addition to generating the required savings through prudent control over personal emolument expenditure and services rationalisation, the Authority had also initiated a number of administrative measures to achieve productivity savings. These included energy conservation, reengineering or automation of work processes, contracting out of non-core services, reform in business support services, and consolidation of administrative functions.

Enhanced Productivity Programme Initiatives

資源增值計劃

按照政府的資源增值計劃，由2000/01年度開始的三個財政年度，醫管局所獲的經常撥款會下調5%。這計劃是在醫管局已取得超過11%的生產力盈餘，以及近年來服務量大幅增加的情況下進行。

為達致資源增值計劃的目標，醫管局由去年開始已積極推行提高生產力的措施，並在1999/2000年度節省了約2億2,400萬元。節省所得的資源已重投到醫院的工作上，以改善臨床服務的效益和效率，配合不斷增加的服務需求。醫管局亦預留基線預算的1%作為「種子基金」，以便推行「節省資源投資計劃」，務求達致長遠的實質金錢節省。

資源增值的方法

醫管局在2000/01年採取下列方法，以達到資源增值的目標：

- 各醫院制訂人手計劃，以達致所需節省
- 重新調配超額員工到新醫院及有需要的範疇工作
- 盡量調配現有職員填補職位空缺，在有需要改善服務或提供更多培訓機會時，才會向外招聘專業人員
- 理順或整合聯網和醫院之間的服務，以達致經濟效益及改善質素
- 因應醫院管理職能漸趨成熟，繼續精簡總辦事處的行政管理架構
- 整固醫院的管理職能，減省固定的行政開支

除透過審慎控制個人薪酬開支及理順服務以達致所需節省外，醫管局亦推行了多項行政措施以提高生產力。這包括節約能源、重整工序或實施自動化系統、外判非核心服務、改革業務拓展支援服務，以及整固行政職能。

During the year, the Authority successfully implemented the following specific initiatives to yield recurrent savings and improve overall system efficiency and financial sustainability:

- 602 staff members were redeployed from within the Authority for commissioning 460 new beds and services in Tseung Kwan O Hospital, Kowloon Hospital and Tai Po Hospital.
- The Term Maintenance Contract arrangement was extended to cover all minor capital works projects in Schedule II (ex-subsided) hospitals to increase efficiency.
- A pilot financial management centre was set up at Sandy Bay to integrate the finance functions of Duchess of Kent Children's Hospital, Fung Yiu King Hospital and MacLehose Medical Rehabilitation Centre.
- The Authority's receipt and dispatch services were contracted out to the Hongkong Post commencing November 2000.
- Lighting facilities were retrofitted for energy conservation in Prince of Wales Hospital, Queen Elizabeth Hospital (Phase I), United Christian Hospital, Yan Chai Hospital, Hong Kong Eye Hospital, and Hong Kong Red Cross Blood Transfusion Service.
- Retrofitting of the air-conditioning and heating system was completed at Kwong Wah Hospital with the installation of heat pump to save energy.
- The Patient Billing/Revenue Collection System was developed and implemented in all outpatient facilities with Outpatient Appointment System workstations.
- The Staff Rostering System Version 2.0 was rolled out to four additional hospitals to facilitate better coordination in staff deployment.
- The ozone laundry system was implemented in Alice Ho Miu Ling Nethersole Hospital, United Christian Hospital, Ruttonjee Hospital and Butterfly Beach Laundry to achieve cost savings.

資源增值的措施

年內醫管局成功推行下列具體措施，以節省經費，改善效率及確保財政的持續能力：

- 重新調配局內602名職員，應付將軍澳醫院、九龍醫院及大埔醫院開設460張新病床及服務的人手需求。
- 為附表II(前補助)醫院的小型基本工程計劃，實施定期保養合約安排，以提高效率。
- 在大口環設立財政管理先導中心，整合根德公爵夫人兒童醫院、馮堯敬醫院及麥理浩復康院的財政職能。
- 自2000年11月起外判醫管局的收發服務予郵政署。
- 為威爾斯親王醫院、伊利沙伯醫院(第1期)、基督教聯合醫院、仁濟醫院、香港眼科醫院及香港紅十字會輸血服務中心置換照明設備，以節省能源。
- 於廣華醫院安裝熱泵及完成置換空調與發熱系統，以節省能源。
- 在設有門診預約系統的診所，發展及推行病人帳務 / 收費系統。
- 在另外四間醫院實施職員輪值系統(2.0版)，加強協調職員的調配。
- 於雅麗氏何妙齡那打素醫院、基督教聯合醫院、律敦治醫院及蝴蝶灣洗衣房實施臭氧洗衣系統，以節省開支。

Financing and Resource Allocation System

To address the healthcare financing issues amid increasing service demand and budget constraints, the Authority strove to assist Government in the consultation and implementation of the healthcare reform externally, and to develop an equitable resource allocation system for effective and efficient use of resources internally.

Funding for the Authority

Support was provided to Government throughout the year on the formulation of proposals for the Consultation Document on Healthcare Reform. Financial analyses and studies were also carried out to support the development of viable financing options. Upon the Government's publication of the consultation document titled "Lifelong Investment in Health" in December 2000, the Authority embarked on an extensive exercise to discuss the reform proposals among its Board members, members of the Hospital Governing Committees, Regional Advisory Committees, staff groups as well as the key stakeholders in the community. Open forums, community focus group and community panel discussions, involving hospital users, their families, patient group members, opinion leaders, district councillors, and academics, were organized to collect views on the healthcare reform proposals and the Authority's annual plan targets. Based on the views collected, a formal paper detailing the Authority's response to the proposals was prepared and submitted to Government before the public consultation deadline in March 2001. Preparatory work had also been done to conduct, on behalf of Government, a consultancy study on public hospital fees structure and its impact on service utilisation and affordability.

To secure a more stable level of funding and to promote the development of ambulatory and community care, the Authority submitted a proposal during the year to Government on the replacement of the bed-based formula with a population-based model for funding public hospital services. With acceptance of the proposal by Government, the new funding mechanism had been applied to formulate the Authority's recurrent budget for 2001/02.

融資及資源分配制度

面對服務需求日增及經費緊絀，在處理醫療融資問題方面，醫管局對外會協助政府就醫療改革進行諮詢及推行改善措施，對內則會制訂一個公平公正的資源分配機制，務求資源的運用兼具效益與效率。

政府撥款

年內，醫管局協助政府擬定醫療改革諮詢文件中的各項建議，並進行財政分析研究，支援制訂可行融資方案的工作。當政府於2000年12月以「你我齊參與·健康伴我行」為題發表公眾諮詢文件後，醫管局就文件建議的改革措施，與其成員、各醫院管治委員會及區域諮詢委員會委員、各職員組別，以及社區的主要服務參與者進行了廣泛討論。此外，醫管局並舉辦公開論壇，或與社區關注組及委員會等舉行研討會，邀請醫院服務使用者及其家人、病人組織成員、社會意見領袖、區議員及學者等共同參與，就醫療改革建議及醫管局的工作計劃目標，廣徵意見。其後，醫管局根據所收集的意見，制備了一份詳盡的回應文件，並於2001年3月公眾諮詢期屆滿前提交政府。此外，醫管局亦已展開籌備工作，準備代表政府進行一項顧問研究，探討公立醫院的收費結構及其對服務使用和負擔能力的影響。

為爭取較穩定的撥款及促進日間和社康護理的發展，醫管局於年內向政府提交建議，提出按人口取代按病床的模式計算公立醫院服務的撥款。政府接納有關建議，並已採用新的撥款模式制訂醫管局2001至02年度的經常預算。

Internal Resource Allocation

To dovetail with the new population-based funding model, the Authority had started to develop a population/capitation-based internal resource allocation system to rationalise the distribution of resources, and to encourage hospitals and clusters to adopt a more strategic view of health and healthcare, focusing on management of service demand, prevention as well as ambulatory/community care. The proposed directions for developing a geographical population based model taking into account the latest developments in cluster management, patient utilisation pattern and Government funding formula were discussed and endorsed by the Authority Board in March 2001.

To pave the way for future development of the capitation-based resource allocation model, the Authority had initiated a number of measures to expand the use of specialty costing and Patient Related Group data among its hospitals. The scope of specialty costing was extended to cover all hospitals with benchmarking information refined to guide cluster-based resource allocation. The application of Patient Related Group information in hospitals was enhanced through the development of an on-the-web system to facilitate its use among clinicians. A master list of Patient Related Groups had also been developed to cover major expensive diagnostic groups, including key procedures associated with the designation of tertiary service centres.

內部資源分配

為配合新的撥款模式，醫管局已着手制訂按人口計算的內部資源分配機制，以便理順資源的調配，並鼓勵醫院及聯網採取更具策略性的醫護服務觀點，注重處理服務需求、預防疾病及發展日間/社康護理。醫管局大會已於2001年3月討論及通過發展有關資源分配制度的建議路向，以地域人口為基礎，並顧及聯網管理、服務使用模式和政府撥款計算方法的最新發展。

為發展按人口計算的內部資源分配模式，醫管局已推行多項措施，在各醫院更廣泛使用專科成本計算和病例組別資料。專科成本計算的範疇已擴展至所有醫院，我們並已修訂基準資料，指導按聯網分配資源的工作。此外，我們亦發展網站系統，方便臨床醫生使用病例組別資訊，另亦制訂了病例組別總目，範圍涵蓋主要的昂貴診斷程序，包括與指定專科服務中心有關的程序。

Distribution Network and Infrastructure

In 2000/01, significant progress had been made in enhancing the Authority's service distribution system to provide continuity of care to patients cost-effectively, including horizontal service networking and vertical hospital clustering in the delivery of clinical care as well as service reorganisation in non-clinical areas. New facilities were also planned and constructed to strengthen the Authority's infrastructure to meet increasing healthcare needs arising from ageing and growing population.

Service networking

To ensure adequate service coverage for individual hospital clusters, the Authority had built up both territory-wide and local service networks to tackle the issue of service gaps. While highly specialised clinical services requiring advanced technological support were provided through designated specialised service centres, comprehensive secondary services were provided through local service networks which complemented each other in their service profiles.

By end of 2000/01, the service networking plans and designation of specialised service centres for all key clinical specialties were considered and endorsed by the Medical Services Development Committee of the Authority Board. Details of service networking for each specialty had been promulgated to hospitals. Development of service networks for individual clinical specialties continued during the year as outlined below.

Accident & Emergency

The staff capability of the Accident & Emergency Service and other clinical services of St John Hospital was enhanced through a staff rotation programme with Ruttonjee & Tang Shiu Kin Hospitals. Twenty-four hour Accident & Emergency Service was commissioned in the new Tsung Kwan O Hospital in July 2000. Service networking as defined in the Authority's contingency plan for civil disasters had been realigned upon closure of the Accident & Emergency Service at Pok Oi Hospital and opening of Tsung Kwan O Hospital.

服務分布網絡及基礎設施

2000至01年度，醫管局在加強其服務分布系統方面取得重大進展，務求以具成本效益的方式，為病人提供連貫的護理，包括臨床範圍的橫向專科服務網絡和縱向的醫院聯網，以及非臨床範圍的服務重組。醫管局亦繼續規劃及興建新設施，以改善其基礎設施，應付由於人口老化和增長所引致不斷增加的醫護服務需求。

服務網絡

為確保每個醫院聯網都有足夠的覆蓋範圍，醫管局建立了全港及地區性的網絡系統。需要先進科技支援的高度專門化臨床服務由指定的專科服務中心提供，而地區性的服務網絡則提供綜合的中層醫護服務，以作配合。

2000至01年度結束時，醫管局大會轄下的醫療服務發展委員會已審議及通過各主要臨床專科的服務網絡計劃和指定專科服務中心，並向各醫院頒布了每個專科的有關詳情。年內，各臨床專科服務網絡的發展如下。

急症科

長洲醫院與律敦治及鄧肇堅醫院合辦職員輪換計劃，藉此加強其職員的專業才能，為居民提供急症室及其他臨床服務。新啟用的將軍澳醫院已於2000年7月提供二十四小時急症室服務。在將軍澳醫院啟用及博愛醫院急症室關閉後，已按醫管局的災難應變計劃重整急症服務網絡。



未來發展 社區為本

政府的諮詢文件《你我齊參與健康伴我行》建議發展以社區為本的一體化醫護服務網絡。醫管局響應此項政策，並已積極制定策略，開展社區為本的一體化醫護服務模式，當中特別強調基層及家庭醫學和社康護理，冀能因時制宜，盡量以日間護理及門診服務適當地替代住院治療。

Grounding Health Care Firmly in the Community

Lifelong Investment in Health - the Government's consultation document on healthcare reform - presents the case for a community-based integrated health care services network. Along similar lines, the Hospital Authority has actively started to develop a community-based health care model which will emphasise the development and enhancement of primary and family medicine practices as well as the provision of community-based services. The key objective of the model is to replace inpatient treatment by ambulatory and outpatient services where appropriate.

Anaesthesiology

The Anaesthesiology services of Pamela Youde Nethersole Eastern Hospital and Ruttonjee & Tang Shiu Kin Hospitals were integrated to manage rising service demand on a cluster basis.

Medicine

Networking arrangements for the eleven sub-specialties of Internal Medicine were reviewed and redefined to address service gaps and duplications. The Medical Services Development Committee had endorsed the revised arrangements.

Neurosurgery

Specific action plans were formulated to consolidate neurosurgical services into four collaborative centers with milestones set for the next two to three years. Each collaborative center was drawing up logistic details according to corporate directions and local situations.

Obstetrics & Gynaecology

Obstetric services were consolidated to be clusterbased with the provision of all deliveries at one centre in each hospital cluster. Plans were developed to establish tertiary urogynaecology services at Prince of Wales Hospital and Queen Elizabeth Hospital.

Ophthalmology

Inpatient services were rationalised through relocating ophthalmic services of Kwong Wah Hospital and Kowloon Hospital to Hong Kong Eye Hospital and integrating the latter's three surgical teams.

麻醉科

東區尤德夫人那打素醫院與律敦治及鄧肇堅醫院的麻醉科服務經已合併，以聯網形式應付不斷增加的服務需求。

內科

醫管局已檢討及重新界定內科十一個附屬專科的網絡安排，以解決服務不足及重複的問題。醫療服務發展委員會亦已通過有關的修訂。

腦外科

醫管局已制訂具體計劃，將腦外科服務整固為四個協作中心，並已釐定未來兩、三年的工作進程。各協作中心正按照整體路向和地區情況制訂運作細節。

婦產科

以聯網為本的產科服務已整固完成，每個醫院聯網均由一個中心提供所有分娩服務。我們亦已制訂計劃，在威爾斯親王醫院及伊利沙伯醫院開辦第三層婦科泌尿科服務。

眼科

廣華醫院及九龍醫院的眼科服務已遷往香港眼科醫院，而眼科醫院的三個外科小組亦已合併，以理順住院服務。

Orthopaedics & Traumatology

Service networking had been developed for the sub-specialties of musculo-skeletal tumor, spinal rehabilitation and scoliosis surgery. While Kowloon Hospital, MacLehose Medical Rehabilitation Centre and Tai Po Hospital were designated as tertiary centres for spinal cord rehabilitation, specialised service centres for musculo-skeletal tumor would be developed at Prince of Wales Hospital, Queen Elizabeth Hospital and Queen Mary Hospital. As regards scoliosis surgery, tertiary services were provided at Duchess of Kent Children's Hospital, Queen Mary Hospital and Prince of Wales Hospital.

Otorhinolaryngology

While maintaining one clinic session to cater for the need of elderly patients in Wan Chai District, the small-scale Ear Nose & Throat service at Tang Chi Ngong Specialist Clinic was relocated to Pamela Youde Nethersole Eastern Hospital to maximise efficiency.

Paediatrics

To improve service network of the New Territories South Cluster, the paediatric teams of Princess Margaret Hospital and Yan Chai Hospital were integrated in July 2000. The inpatient and outpatient neonatal services in Our Lady of Maryknoll Hospital had also been relocated to Kwong Wah Hospital to rationalise paediatric services for the Kowloon West Cluster.

矯形及創傷外科

已完成發展肌骨骼腫瘤、脊柱復康及脊柱側凸三個附屬專科的服務網絡。九龍醫院、麥理浩復康院及大埔醫院被指定為脊髓復康的第三層醫護中心，而威爾斯親王醫院、伊利沙伯醫院及瑪麗醫院將會發展成為肌骨骼腫瘤的專科服務中心。至於脊柱側凸外科的第三層服務，則由根德公爵夫人兒童醫院、瑪麗醫院及威爾斯親王醫院負責提供。

耳鼻喉科

鄧志昂專科診療所的小規模耳鼻喉科服務已遷往東區尤德夫人那打素醫院，以提高效率，但仍保留一節診症時間，以應付灣仔區年老病人的需要。

兒科

為改善新界南醫院聯網的服務網絡，瑪嘉烈醫院及仁濟醫院的兒科小組已於2000年7月合併。聖母醫院的住院及門診初生嬰兒服務亦已遷往廣華醫院，藉此理順九龍西聯網的兒科服務。

Pathology

To strengthen technological support to the Pathology service, the Laboratory Information System was extended from Pamela Youde Nethersole Eastern Hospital to Tung Wah Eastern Hospital and from Queen Mary Hospital to Tung Wah Hospital. Preparatory works were carried out to implement the system in Ruttonjee Hospital and Yan Chai Hospital. The Clinical Management System had also been rolled out to Tung Wah Hospital. The impact of laboratory automation on effectiveness and efficiency of the Pathology service was evaluated and ways for improvement were identified.

To rationalise service networking, clusterbased laboratory service was developed in the Hong Kong East, Hong Kong West and New Territories South Clusters with amalgamation of laboratories between individual hospitals.

Psychiatry

To improve the hospital environment, two wards comprising 80 beds for psycho-geriatric and mentally handicapped patients in Castle Peak Hospital were converted into informal ward settings. To right size its major psychiatric hospitals, the Authority closed 50 beds each in Castle Peak Hospital and Kwai Chung Hospital during the year in association with strengthening of the community-based model of care. Planning was also underway to relocate a total of 105 psychiatric beds from Kwai Chung Hospital to the new facilities in Kowloon Hospital.

Radiology

Cluster-based Magnetic Resonance Imaging service was established in Pamela Youde Nethersole Eastern Hospital in mid 2000. Besides providing services to the Hong Kong East Cluster the hospital would also accept referrals from Alice Ho Miu Ling Nethersole Hospital for Magnetic Resonance Imaging examinations until more imaging sessions were available in the New Territories East Cluster in 2001.

病理學

為加強病理學服務的科技支援，化驗室資訊系統已由東區尤德夫人那打素醫院擴展至東華東院及由瑪麗醫院擴展至東華醫院。律敦治醫院及仁濟醫院亦已著手推行這個系統。臨床管理系統則已推展至東華醫院。年內，醫管局完成評核化驗室自動化對病理學服務效益和效率的影響，並已找到一些改善方法。

為理順服務網絡，港島東、港島西及新界南聯網已實施以聯網為本的化驗室服務，而個別醫院的化驗室則已合併。

精神科

為改善醫院環境，青山醫院兩個老人精神科及弱智病人病房共80張病床已改為非正式病房設計。年內，為使大型精神科醫院達致適當規模，醫管局在加強以社區為本的護理模式後，於青山醫院及葵涌醫院各關閉50張病床。葵涌醫院亦計劃將105張精神科病床遷往九龍醫院的新大樓。

放射學

2000年年中，東區尤德夫人那打素醫院開設以聯網為本的磁力共振顯像檢查服務，除為港島東聯網提供服務外，亦為雅麗氏何妙齡那打素醫院轉介的病人進行這項檢查，直至新界東聯網於2001年提供較多的顯像檢查節數為止。

Surgery

An International Expert Panel was commissioned to conduct a thorough review of the Authority's surgical services with a view to rationalising service networking arrangements. Final report of the Surgical Service Review had been promulgated with concrete plans formulated to convert its recommendations into specific actions in mid 2001.

Hospital Clustering

Hospital clustering was further developed to improve patients' access to a comprehensive range of secondary healthcare services organised on the basis of a clear delineation of roles among individual hospitals within the same cluster. During the year, the following major clustering reorganisation initiatives were implemented to streamline services provision in the eight hospital clusters:

- Long-term redevelopment plans for hospitals in the Hong Kong West Cluster, including Tsan Yuk Hospital and Grantham Hospital, were formulated to guide the short, medium and long-term services provision in the cluster
- Feasibility studies for converting Lai Chi Kok Hospital and Fanling Hospital into long stay care or care & attention homes were completed. The Authority Board had subsequently approved the proposal of setting up a subsidiary company to manage the 400 long stay care home places in Lai Chi Kok Hospital with funding from the welfare sector. It was also decided to retain Fanling Hospital for providing and enhancing convalescent support to the New Territories North Cluster
- Clustering of the Authority's psychiatric services were merged with the general hospital clusters to improve services organisation.
- A strategic review of the overall clustering arrangement in Kowloon was conducted to guide the long-term planning of services provision in the region.
- Planning for the Phase II redevelopment of Kowloon Hospital and relocation of Yaumatei Specialist Outpatient Clinic was completed.

外科

醫管局於年內委託一個國際專家小組，深入檢討其外科服務，以理順服務網絡安排。外科服務檢討的最後報告經已發表，醫管局亦已制訂具體計劃，於2001年年中將有關建議付諸實行。

醫院聯網

醫管局進一步發展醫院聯網，明確界定同一聯網內各醫院的角色，藉以策劃完備的中層醫護服務，方便病人使用各項服務。年內，已推行下列主要的重組聯網措施，以精簡八個醫院聯網的服務：

- 制訂港島西聯網醫院(包括贊育醫院及葛量洪醫院)長遠的重建計劃，以指導聯網短、中、長期的服務發展。
- 完成荔枝角醫院及粉嶺醫院改為長期護理院或護理安老院的可行性研究。醫管局大會其後已批准設立附屬公司，管理荔枝角醫院400個長期住院護理名額，並由社會福利署撥款資助。醫管局亦已決定保留粉嶺醫院，為新界北聯網提供及加強復康支援。
- 整合醫管局的精神科服務網絡與普通科醫院聯網，以改善服務策劃。
- 進行九龍區聯網安排的策略檢討，以指導區內公立醫院服務的長期規劃工作。
- 完成規劃九龍醫院第二期重建及油麻地專科門診診療所遷址工程。



Cluster Management Maximises Health Benefits

Our internal reforms have clearly defined the roles and clinical linkages of different hospitals in the various geographical clusters so as to avoid duplication and ensure continuity of care. Most recently, the existing eight hospital clusters are undergoing further amalgamation to form mega-clusters to support community-focused integrated healthcare services and to facilitate public-private interface and collaboration.

Following the same principles, we are also actively increasing our collaboration with the Department of Health, the Social Welfare Department, non-governmental organisations, private medical practitioners and private homes for the elderly.



聯網管理概念 連貫醫護服務

醫管局內部改革從未間斷。我們已確立地區聯網內各醫院的角色及臨床聯繫，於避免服務重疊之餘，亦提供連貫的醫護服務。最新發展是將現有的八個醫院聯網進一步綜合為幾個較大的聯網，以支援社區為本的綜合醫護服務，並有助於公私營醫護服務的銜接與合作。我們預期往後會與衛生署、社會福利署、非政府機構、私家醫生及私營安老院有更密切的合作。

Service Networking in Non-clinical Areas

During the year, reorganisation in the Authority's service distribution system also took place in non-clinical areas, focusing mainly on business support services including laundry service, food service, medical physics service and supplies management. The cluster-based concept was employed in these reorganisation programmes to achieve economies of scale, efficiency and flexibility.

To rationalise its laundry services, the Authority decommissioned the hospital-based laundries in Our Lady of Maryknoll Hospital, Queen Elizabeth Hospital and Yn Chai Hospital, and rolled out the Linen Cart Exchange System and the Central Sluicing System to seven more public hospitals in 2000/01.

As a strategy for food service reform, the Authority continued the development of Central Food Production Units and food receptor hospitals during the year with the establishment of four more receptor hospitals. The Central Plating System and Central Dishwashing System were also implemented in Kwai Chung Hospital, Nam Long Hospital, Prince of Wales Hospital, Tseung Kwan O Hospital and Wong Tai Sin Hospital to improve efficiency of the food service.

To implement the cluster concept in the provision of radiological equipment maintenance and medical physics services, Pamela Youde Nethersole Eastern Hospital and Queen Mary Hospital were designated to coordinate the required services for the Hong Kong East and Hong Kong West Clusters respectively.

The Electronic Data Interchange (EDI) for EDI vendors and the Purchase Requisition Initiation System were rolled out to all hospitals, while the Materials Management Inventory Control System were implemented in 16 hospitals to enhance supply chain management of the Authority. The supplies logistics management in the New Territories North Cluster was contracted out in November 2000 to tap the expertise of the private sector in procurement and materials management.

非臨床服務網絡

年內，醫管局亦重整非臨床服務的分布網絡，而重點是發展以聯網為本的業務拓展及支援服務，包括洗衣服務、膳食服務、醫學物理學服務及物料供應管理。我們運用聯網概念重組各項服務，以達致經濟效益、效率及靈活運作。

2000至01年度，為理順洗衣服務，醫管局關閉了聖母醫院、伊利沙伯醫院及仁濟醫院的洗衣房，並將被服手推車交收系統及中央洗滌系統推展至另外七間公立醫院。

為貫徹膳食服務的改革策略，醫管局於年內繼續發展中央食品製作組，並增加了四間接受中央膳食供應的醫院。中央上碟系統及中央洗碟系統亦在葵涌醫院、南朗醫院、威爾斯親王醫院、將軍澳醫院及黃大仙醫院推行，以提高膳食服務的效率。

醫管局在放射學儀器保養及醫學物理學服務範疇推行聯網概念，設定由東區尤德夫人那打素醫院及瑪麗醫院分別負責統籌港島東及港島西聯網所需的服務。

銷售商電子數據聯通及申請採購系統已推展至所有醫院，而物料管理存貨控制系統已在16間醫院推行，以加強物料供應管理工作。新界北聯網的物流管理於2000年11月外判，以便採納私營機構的採購及物料管理專長。

New and Redevelopment Projects

The Authority continued to develop its corporate infrastructure in the year to facilitate effective delivery of quality patient care. Apart from the planning of new facilities to cater for improvements and trends for modern healthcare delivery, existing facilities were being systematically upgraded and redeveloped to improve service quality.

The bed-opening programme for 2000/01 was completed ahead of schedule with the commissioning of 460 new hospital beds in the fourth quarter of 2000, including 358 acute beds in Tseung Kwan O Hospital, 68 rehabilitation beds in Kowloon Hospital and 34 psychiatric beds in Tai Po Hospital. Construction of Lai King Hospital and the Palliative Care/Hospice Ward of Tuen Mun Hospital, and relocation of the Tuen Mun Polyclinic were also successfully completed during the year.

新計劃及重建計劃

年內，醫管局繼續發展整體基礎設施，以便有效地提供優質病人護理。除規劃新設施以改善服務及體現現代醫療服務趨勢外，亦有系統地加強及重建現有設施，以改善服務質素。

我們提前完成了2000至01年度的啟用病床計劃，於2000年第四季開設了460張新醫院病床，包括將軍澳醫院的358張急症病床、九龍醫院的68張復康病床及大埔醫院的34張精神科病床。荔景醫院及屯門醫院紓緩護理 / 善終病房的興建工程，以及屯門分科診療所的遷址工程，亦已於年內順利完成。

Care Process and Quality

In 2000/01, the Authority focused its efforts at improving the quality of patient care on two broad areas, namely, the development of care delivery systems and the strengthening of quality assurance mechanisms.

Care Delivery Systems

To continually improve its care delivery systems, the Authority had initiated a number of programmes in the year to promote the development of an integrated care delivery model, to enhance ambulatory and community care, and to formulate guidelines on conducting research in Chinese medicine.

A collaborative programme was implemented with the Maternal & Child Health Centres of the Department of Health to provide antenatal service for the diagnosis of Thalassaemia commencing the second quarter of 2000. A piloted allied health collaborative service model for management of patients with low back pain by multidisciplinary teams was also developed in Duchess of Kent Children's Hospital and Queen Mary Hospital.

Significant progress had been made in the enhancement of ambulatory and community care during the year. Figures derived from hospital statistics indicated that there were 9.7% and 1.2% increase in general day surgery and orthopaedic day surgery respectively. Community geriatric outreach service to private old aged homes was extended from last year's 50% to 72% coverage by end of 2000. A piloted outreach hospice care service to private nursing homes was implemented in Caritas Medical Centre, resulting in a longer stay of patients in the community. Community Nursing Service was enhanced to provide post-discharge support to patients through evening coverage, telephone consultation and home visits.

醫護過程及質素

2000至01年度，醫管局主要在兩大範疇改善病人護理質素，即發展醫護服務模式及加強質素保證機制。

醫護服務系統

為不斷改善醫護服務系統，年內醫管局推行了多項計劃，促進綜合醫護服務模式的發展，加強日間及社康護理，以及制訂中醫藥研究指引。

醫管局與衛生署的母嬰健康院推行合作計劃，由2000年第二季開始提供診斷地中海貧血症的產前服務。根德公爵夫人兒童醫院及瑪麗醫院亦制訂了專職醫療合作服務的先導模式，由跨專科小組負責治理患有下背痛的病人。

年內，我們在加強日間及社康護理方面取得重大進展。醫院統計數字顯示，普通科日間外科及矯形日間外科的手術分別增加了9.7%及1.2%。為私營安老院提供的社區老人科外展服務，覆蓋率由去年的50%擴展至72%。明愛醫院推行私營護理院外展善終服務先導計劃，使病人有較長時間留在社區。社康護理服務亦已加強，通過夜間服務、電話諮詢及家訪，為病人出院後提供支援。



倡導健康生活 全民身體力行

健康資訊天地植根社群，與社區攜手促進健康，是醫管局推廣社區健康的機構，它匯聚社區各方資源，善用公營及私營機構所貢獻的資源與影響力，舉辦多項強調參與和互動的健康教育計劃，鼓勵市民身體力行，營造一個健康的生活環境。參加活動的人士來自各階層，而所有活動均以促進市民關注健康、倡導保持健康人人有責及終身健康為目的。此外，健康資訊天地透過各項健康活動進行系統化研究和調查，蒐集資料協助制定政策，以期為促進市民健康帶來新啟發。



H ealthy Living for all

The Hospital Authority is emerging as a powerful advocate for healthy living. Through programmes spearheaded by its executive arm for health promotion - Health InfoWorld - it leverages public and private sector community resources in order to engage the community in practice that promote healthy living.

While these programmes are carefully designed to appeal to people from different walks of life, they all shared one central mission - to promote health awareness, to advocate individual responsibility for health, and to inspire lifelong commitment to health. Each programme is meticulously planned, implemented and evaluated for effectiveness. The ultimate objective is to point the way to an informed health policy that will help improve the overall health of Hong Kong people.

Community care was also strengthened through public education, better interface with other service providers and enhanced training for carers. The Health InfoWorld, as an executive arm of the Hospital Authority in community health promotion, had spearheaded a series of joint programmes with partners in the community. These programmes, though targeted at different walks of life, all shared one mission to promote health awareness, advocate individual responsibility for health and inspire lifelong commitment to health. Leveraged on community financial and professional resources from the public and private healthcare, commercial and industrial sectors as well as the media, health programmes organised by the InfoWorld emphasised a high level of public participation, involvement and interaction, with the ultimate objective of creating an environment conducive to health.

In September 2000, the Health InfoWorld and Li Ka Shing Foundation jointly launched a five-year territory-wide outreach programme entitled “Better Health for a Better Hong Kong” to advocate among the public the three pillars of health, i.e., mental wellness, balanced diet and regular exercise. Supported by major local trade unions, the programme aimed to conduct health tests and structured health education programmes for over 40,000 people in five years, giving professional advice to the public on healthy living through the outreach programmes and multi-media channels. To facilitate formulation of an informed policy for improving the health status of our population, structured research and needs evaluation surveys would also be conducted to study the lifestyle and identify risk factors among participants of the programmes.

During the year, the Health InfoWorld continued to organise its “Heart Health at Work Programme” to advocate a health conscious lifestyle among the working class, especially those with sedentary lifestyle. In its second year of operation, the programme received support from Hong Kong General Chamber of Commerce in enrolment coordination and attracted over 1,500 participants from 18 local company and corporation groups.

The in-house care empowerment programmes and activities

社康護理工作亦透過公眾教育、改善與其他服務提供者的聯繫及為照顧者提供的培訓而得以加強。健康資訊天地植根社群，是醫院管理局推廣社區健康的機構，透過與社區夥伴攜手合作，為各階層市民舉辦多項活動，促進市民關注健康，倡導保持健康人人有責及終身健康的訊息。健康資訊天地匯聚社區各方資源，善用公營及私營醫療機構、工商界及傳媒方面所貢獻的資源與影響力，舉辦多項強調參與和互動的健康教育計劃，為市民營造一個健康的生活環境。

2000年9月，健康資訊天地及李嘉誠基金會合辦「健康創繁榮」大型健康推廣計劃，為期五年，向廣大市民推廣健康生活三大支柱——「時時開心、日日運動、三餐均衡」。計劃得到各主要工會團體支持，其目標是在五年內為超過40,000人作健康檢查及推行有系統的健康教育活動，並透過外展計劃及多媒體推廣，向公眾提供健康生活之道的專業意見。此外，為蒐集資料以制定促進市民健康的政策，計劃亦會進行系統研究和調查，探討參與活動人士的生活習慣，以鑑辨有礙健康生活的危險因素。

年內，健康資訊天地繼續推行為上班人士，尤其是為經常從事案頭工作的人士而設的「開『心』上班族」心臟健康推廣活動。踏入第二年，活動得到香港總商會協助聯繫推廣，吸引到來自18間工商機構的員工參與，參加人數超過1,500人。

jointly organised by Health InfoWorld with patient groups and patient resource centres of hospitals continued to receive enthusiastic support from the community. Over 50,000 people visited the InfoWorld and took part in health promotion activities in the past year. To further enhance the Authority's patient education efforts, the InfoWorld joined hands with the Clinical Coordinating Committees to review contents of a series of patient education materials for disseminating up-to-date health information to the public.

To commemorate the International Year of Volunteers, some 9,000 volunteers of the Authority were commended for their selfless dedication at the corporate function "Volunteers' Recognition Day" and a series of hospital volunteer recognition programmes. Special tribute was paid to these valuable partners of the Authority for their contributions to direct patient care and health promotion activities.

In collaboration with the Department of Education, a three-year series of health and civic education television programme was produced and broadcast to primary and secondary students. Princess Margaret Hospital piloted a community care development programme jointly with various government and voluntary organisations in the New Territories South Region to promote the concept of home safety, occupational safety and elderly health. A Dietetic Information Centre was set up on the Authority's web site to disseminate useful information to the public on relevant health promotion and dietetic topics. A training programme on nutrition and dietetics was organised for some 1,200 nurses and carers working in elderly homes to familiarise them with common nutrition issues such as tube feeding techniques. Training on outreach psychiatric work was provided to 100 nurses in collaboration with the University of Hong Kong School of Professional & Continuing Education to enhance community psychiatric service.

In the light of growing interest among clinicians in Chinese medicine, a set of guidelines for good practices in conducting clinical research in Chinese medicine was developed and promulgated to hospitals in the first quarter of 2001. A research project to study the effects of Chinese herbs on radiation mucositis in Nasopharyngeal Carcinoma was conducted using a scientific evidence-based approach.

健康資訊天地與病人組織和各醫院的病人資源中心合辦的增能學習班計劃，繼續得到社區人士熱烈支持。過去一年，共有50,000多人造訪健康資訊天地，並參與其各項健康教育活動。為進一步加強醫管局的病人教育工作，健康資訊天地與各專科統籌委員會攜手合作，重訂一系列的病人教育資料，為公眾發放最新的健康資訊。

為紀念「國際義工年」，醫管局及轄下醫院分別舉辦了「義工嘉許日」及連串的醫院義工嘉許活動，公開表揚了約9,000名義工的無私奉獻。醫管局這些健康夥伴，對直接病人護理和促進社區健康方面，均作出了寶貴的貢獻。

醫管局亦聯同教育署製作了一系列為期三年的健康及公民教育電視節目，向中小學生播放。瑪嘉烈醫院與新界南區多個政府及志願團體合辦社康護理發展先導計劃，推廣家居安全、職業安全及老人健康的概念。醫管局網站設立了一個營養膳食資訊中心，向公眾發布有關健康教育及營養膳食的資訊。我們亦為在安老院工作的大約1,200名護士及照顧者舉辦關於營養膳食的培訓計劃，讓他們熟習老年人常見的營養問題，例如喉管餵食技巧等。此外，又與香港大學專業進修學院合作，為100名護士提供外展精神科培訓，以加強社區精神科服務。

鑑於臨床醫生對中醫藥興趣日濃，醫管局制訂了一套中醫藥臨床研究的良好做法指引，並於2001年第一季向各醫院頒布。目前我們正以科學實證的方法，進行一項中草藥對鼻咽癌放射性黏膜炎治療成效的研究。

Quality Assuring Mechanisms

Initiatives to improve quality practice during the year included the development of guidelines and protocols, strengthening of professional accountability, enhancement of governance, clinical audit, risk management, evidence-based medicine, appropriate use of technologies and complaint management.

Guidelines and Protocols

The Authority had placed emphasis on the establishment of clinical pathways for treatment of different diseases as a means to assuring the quality of patient care. In 2000/01, clinical guidelines for the following specific disease conditions or clinical services were formulated and promulgated to healthcare professionals through the Authority's Library Information System Web Site and Intranet Home Page:

- management of breast, colon, rectum, liver, nasopharyngeal, lung and cervical cancers
- management of gastrointestinal bleeding, pleural tapping and biopsy procedures
- management of gastroenteritis in children and rapid sequence induction in Accident & Emergency Departments
- mouth care in hospice patients
- anaesthesiology practice on pre-operative investigations
- specialty nursing services in mental health, critical care, obstetric care, diabetic care, pulmonary care and community nursing service
- management of pressure ulcer

質素保證機制

年內，改善質素的措施包括制訂指引及常規、加強專業問責程度、強化管治工作、臨床審核、風險管理、實證醫療、適當使用科技及投訴管理。

指引及常規

醫管局致力設定醫療程序，治理不同疾病，以確保病人護理質素。2000至01年度，我們制訂了以下具體病情或臨床服務的臨床指引，並通過醫管局圖書館資訊系統網站及內聯網網頁向醫療專業人員頒布：

- 治理乳癌、結腸癌、直腸癌、肝癌、鼻咽癌、肺癌及子宮頸癌
- 治理胃腸出血、胸膜穿刺及活組織檢查程序
- 急症室治理兒童胃腸炎及快速程序導引
- 善終病人的口部護理
- 手術前檢查的麻醉法
- 心理健康、深切護理、產科護理、糖尿病護理、胸肺護理及社康護理服務的專科護理工作
- 治理褥瘡

Professional Accountability

The Authority continued to strengthen its specialist-led professional accountability structure through the development of process indicators for major clinical specialties to guide the provision of specialist-led clinical services with timely senior staff coverage and proper supervision of trainees. Internal audits were conducted in selected clinical specialties, including Internal Medicine, Obstetrics & Gynaecology, and Surgery, to ensure compliance with relevant process indicators. An interhospital peer review had also been conducted to assess performance in emergency, comprehensive and specialised neurosurgical services.

Governance

The governance roles of the Hospital Governing Committees were strengthened to monitor performance of individual hospitals. The internal audit reporting structure had also been reorganised to enhance accountability to the Authority's Audit Committee.

Clinical Audit

Clinical audit, as an important tool for assuring the quality of patient care, had been widely accepted by professionals of various disciplines in the Authority. During the year, HA-wide clinical audit programmes were conducted on Endoscopic Retrograde Cholangio Pancreatogram, invasive Electro-physiological studies procedures, use of erythropoietin in chronic renal failure, prevention of falls, use of physical restraints and management of pressure sore. Apart from the regular activities of doctors in clinical departments, clinical audit programmes had also been carried out by the nursing and allied health professions on a number of specific clinical procedures. These included establishing benchmarks for nursing services in the administration of medicine, intravenous injection and prevention of fall, developing physiotherapy guidelines for management of Low Back Pain and Chronic Obstructive Pulmonary Disease, and formulating occupational therapy guidelines for geriatric and psychiatric patients.

專業問責程度

醫管局繼續為主要臨床專科制訂程序指標，引領專科臨床服務的發展，並安排資深醫生為初級及受訓人員提供及時和適當的督導，從而加強專科醫生主導的專業問責架構。我們已為一些臨床專科，包括內科、婦產科及外科，進行內部審核，以確保有關程序指標已獲切實執行。此外，亦在醫院之間進行了一項同儕檢討，以評核緊急、綜合性及專門化腦外科服務的表現。

管治

醫管局已加強醫院管治委員會的管治角色，以監察個別醫院的工作表現，並重整內部審核匯報架構，以提高對醫管局審計委員會的問責程度。

臨床審核

臨床審核是確保病人護理質素的重要工具，並已廣為局內各專業人員接受。年內，我們進行了多項臨床審核工作，包括下列臨床程序：內窺鏡下逆行胰膽管造影、介入性電生理檢查程序、使用紅細胞生成素治療慢性腎衰竭、預防摔跤、使用肢體約束及褥瘡治理。除臨床醫生的定期審核活動外，護理及專職醫療人員亦進行多項具體臨床程序審核計劃，包括訂立服用藥物、靜脈注射及預防摔跤等護理服務基準，發展治理下背痛及慢性阻塞性肺病的物理治療指引，以及制訂老年及精神科病人的職業治療指引。



Vigorous Professional Development

Throughout its ten-year history, the Hospital Authority has insisted vigorously on the development of core competencies for its health care professionals and other staff. Training and development have lately found a fresh new channel in the Electronic Knowledge Gateway (eKG). This gateway gives frontline professional staff in various specialties swift access to clinical practice guidelines and research evidence of clinical effectiveness.

We have emphasised retraining and equipped in-service staff with appropriate vocational skills. This in turn has allowed us to reengineer and to redeploy staff to meet the rapidly evolving needs of the community and the Authority itself.

與時並進 尋求實證

自成立以來，醫管局一直致力發揮專業、醫護人員及職員的才能。為加強醫護專業人員的業內知識和技術，醫管局積極發展「醫啟知」-電子知識通道，以便醫護人員藉此通道掌握各專科的臨床工作指引及臨床效益實證，與時並進。我們透過再培訓提升在職人員的職業技能，並緊隨本身及社會環境的改變，重整工序及重新調配人手，順時演進。

Risk Management

Over the years, hospitals in the Authority had established mechanisms to coordinate risk management, including identification, prioritisation and mitigation of significant risks. In 2000/01, a contingency plan for coordinating the Authority's response to incidents involving chemical and radiation hazards was developed and promulgated to hospitals through staff training workshops.

Evidence-based Medicine

To enhance clinicians' capability of delivering quality patient care, the Authority had started to promote the application of evidence-based medicine to clinical practices several years ago. During the year, electronic forums for the EVIDENCE bulletin were successfully implemented to facilitate discussions on the use of best evidence in public hospitals. The Electronic Knowledge Gateway (eKG) was piloted to 120 editorial panel members of the bulletin with resource page developed for Internal Medicine, Obstetrics & Gynaecology, Paediatrics and Surgery. Access points to the Authority's Library Information System were increased from 300 to 1,300 to promote the use of information available in the eKG. Critical appraisal workshops for Anaesthesia, Medicine, Nursing, Obstetrics & Gynaecology, Paediatrics and Pharmacy were conducted to develop evidence-based medicine skills among the specialist trainees. Evidence-based practices in wound management, catheter management, prevention of fall and post-natal depression were implemented in the Kowloon Cluster hospitals.

風險管理

年來，醫管局各醫院已建立機制，統籌風險管理工作，包括鑑辨、排列及減低各類重大風險。2000至01年度，醫管局完成制訂應變計劃，以統籌化學品及輻射危險事故的應變措施，並透過職員培訓向醫院頒布。

實證醫療

為改善臨床醫生提供優質病人護理的能力，醫管局數年前已開始推廣實證醫療的應用。年內，我們成功舉辦「實證」電子論壇，在各公立醫院發起使用最佳證據的討論。電子知識通道的發展亦接近完成，由《實證》的120名編輯委員試用，並已開拓內科、婦產科、兒科及外科的資訊網頁。圖書館資訊系統的使用點已由300個增至1,300個，方便職員使用電子知識通道的資訊。為加強專科培訓醫生的實證醫療技巧，我們舉辦了麻醉科、內科、護理、婦產科、兒科及藥劑學的文獻批判工作坊，而有關傷口處理、導管處理、預防摔跤及產後抑鬱的實證醫療工作亦已在九龍區各聯網醫院推行。

資訊科技支援 提升醫護效益

醫管局成立之初，已銳意於各公立醫院引進先進資訊科技系統。十年以來，我們已建立了有關病人、職員、財務及資產的主要數據庫。現時並沒有直接支援醫護工作的臨床管理系統，透過覆蓋全港的資訊科技網絡，將轄下44間醫院及診所聯繫起來，方便特許的使用者分享資訊，以提升服務及機構效率。際此電子醫療新年代，我們亦緊貼資訊科技系統的最新發展，加以善用，來配合落實醫管局的服務宗旨和目標。

Solid IT Backing

Since it began work, the Hospital Authority has consistently spearheaded the use of information technology (IT) in Hong Kong's public hospitals.

- There are corporate databases for patients, staff, finance and assets.
- The clinical management system directly supports health care delivery.
- A territory-wide IT network links all our 44 hospitals and clinics, allowing information to be shared by authorised users to enhance service delivery and improve organisational effectiveness.

The modern e-health concept we have devised is driving the introduction of further advanced IT and information systems in our public hospitals. It is ensuring that the latest strategic resources can always be called on to support our mission and objectives.

Appropriate Use of Technologies

One of the Authority's work priorities in the year was the employment of appropriate medical and information technologies to improve the process of care. On medical technology, a mechanism for safe introduction of new procedures was developed and implemented in all public hospitals. The effectiveness of two chemotherapy agents had also been evaluated to improve efficacy of cancer treatment. As regards information technology, apart from further development of the Clinical Management System and Electronic Patient Record System, efforts had been made to share information and knowledge through the Intranet. In 2000/01, the following specific initiatives were successfully implemented to strengthen the Authority's information technology systems:

- The Neuro Navigation System was upgraded to install an image server in five major acute hospitals.
- The Clinical Management System was rolled out to Shatin Hospital and Tai Po Hospital.
- The Radiology Information System was rolled out to Kwong Wah Hospital and Yan Chai Hospital.
- The Laboratory Information System was upgraded in Prince of Wales Hospital and Queen Elizabeth Hospital.
- The Critical Results Alert System was rolled out to Caritas Medical Centre, Pamela Youde Nethersole Eastern Hospital and Tuen Mun Hospital.
- The Psychiatric Clinical Information System was implemented in Castle Peak Hospital and Kwai Chung Hospital.
- The Clinical Management System (Outpatient) was implemented in the remaining units of the specialist outpatient clinics of five hospitals.
- A piloted Electronic Data Interchange engine was installed in Prince of Wales Hospital to enhance interface between its Clinical Management System, Laboratory Order Entry System and Laboratory Information System.
- The Project Definition Study for the Electronic Patient Record was completed.
- A website on the Intranet was developed to share information on pharmacy and drug related issues among medical, nursing and allied health professionals.
- Pharmacy data was extracted to the Corporate Data Services Database to facilitate development of the Pharmacy Management Decision Support System.

適當使用科技

年內，醫管局的首要工作之一，是使用適當醫療及資訊科技，改善醫護過程。在醫療科技方面，我們制訂了安全引進新程序的機制，並在所有公立醫院實施。此外，亦已評核兩種化學治療劑的效能，以提高癌症治療的效益。資訊科技方面，除了進一步發展臨床管理系統及病人電子紀錄系統外，我們亦致力透過內聯網分享資訊及知識。2000至01年度，醫管局順利推行以下具體措施，藉此加強其資訊科技系統：

- 在五間大型急症醫院裝置影像伺服器，以提升神經導向系統。
- 推展臨床管理系統至沙田醫院及大埔醫院。
- 推展放射學資訊系統至廣華醫院及仁濟醫院。
- 加強威爾斯親王醫院及伊利沙伯醫院的化驗室資訊系統。
- 推展重要結果提示系統至明愛醫院、東區尤德夫人那打素醫院及屯門醫院。
- 在青山醫院及葵涌醫院推行精神科臨床資訊系統。
- 推展五間醫院專科門診診療所的臨床管理系統(門診版)至所有臨床單位。
- 在威爾斯親王醫院裝設先導的電子數據聯通儀器，以加強臨床管理系統、化驗室指令輸入系統及化驗室資訊系統之間的聯繫。
- 完成電子病歷紀錄計劃的定義研究。
- 在內聯網發展網站，方便醫療、護理及專職醫療人員分享與藥房及藥物有關的資訊。
- 將藥房數據摘要上載醫管局的數據庫，以便發展有關藥房管理的決策支援系統。

Complaint Management

A number of initiatives were implemented to further improve the work of the Public Complaints Committee, including enhancing complaint investigations by conducting site visits, obtaining expert opinion on individual cases, and strengthening accountability of the Hospital Chief Executives in the investigation process. To increase the Committee's transparency and accountability to the public, regular media briefings were held to report work progress. During the year a total of 1,679 complaints and 27,046 appreciation were received by the Authority, all of them had been studied carefully to generate opportunities for service improvement.

Communication with the public

The general public was kept informed of the quality assurance mechanisms to promote appropriate understanding and expectation of its healthcare services via the media. In 2000/01, 120 press conferences, media briefings and press interviews were organised, and 153 press releases issued. As an important tool to convey information of the Authority, 323 special features and contributed articles were arranged during the year in addition to the handling of 3,500 media enquiries and related activities.

投訴管理

年內，醫管局推行多項措施，進一步改善公眾投訴委員會的工作，包括到醫院實地視察，諮詢專家對個別案例的意見，以及加強醫院行政總監在調查投訴過程中的問責程度。為提高透明度及公眾的問責程度，委員會定期召開傳媒簡報會，報導其工作進度。年內，醫管局共收到市民1,679次投訴及27,046次讚揚。醫管局對當中所提的意見詳加研究，以期進一步改善服務。

公眾溝通

年內醫管局繼續透過傳媒推廣其服務質素保證機制，適切地促進市民對醫療服務的了解及期望。醫管局於2000/01年度舉行了120次記者招待會、傳媒簡報會及傳媒訪問，並發佈了153則新聞公報。此外，並處理了3,500次傳媒查詢和其他有關工作，以及發表了323篇專題文章或特稿，向公眾傳遞醫管局的訊息。



結伴社區 推廣健康

醫管局能夠發展成為一所關懷備至、專業實幹和開明負責的機構，實有賴各界的寶貴貢獻與支持。病人組織、醫管局各委員會、政府各級議會、非政府機構、社區領袖及竭誠服務的義工，都是我們珍惜的醫護夥伴。往後我們將因應最新發展，繼續鞏固醫管局與社區的關係，並把握醫療改革帶來的契機，配合社區為本的方向，開拓新的服務領域及社康工作，進一步推廣健康及病人教育活動。

Partnering with the Community for Better Health

Our work has also been founded on generous and sustained input from our health partners from all sectors and levels of the community. They include patient groups, members of the Authority's boards and committees, Government councils, non-governmental organisations, community leaders and our volunteers. Their unfailing support inspires us to seek to become even more caring, competent and accountable.

With health care reforms regularly opening up exciting new service opportunities, we shall continue to strengthen the Authority's relationship with these and similar valued partners for better health, developing fresh territory and new agendas for community care, health promotion and patient health education.

Human Resource Capabilities and Management

The Authority conducted thorough reviews on its existing staffing structure and system with a view to strengthening staff competence to meet the challenges in the current healthcare environment. Priorities of work during the year focused on developing a model to assess the complexity and performance of Clinical Management Teams, conducting grade review for different disciplines of staff, identifying professional manpower requirements, and enhancing professional competence.

Review of Clinical Management Teams

In recognition of the need to provide better support to the Clinical Management Teams, the Authority developed a model to assess the complexity and performance of these basic operating units to guide their future development. The Clinical Management Teams would be evaluated according to their effectiveness in planning clinical services, managerial capabilities and accountabilities of their clinical managers, and internal communication.

Staff Grade Review

To ensure that its staffing structure would be versatile enough to face rapid changes in modern healthcare practices, the Authority completed a number of reviews on the grade structures for medical doctors, supporting staff, Medical Laboratory Technologists/Technicians and Diagnostic Radiographers to identify ways for improvement. The essence of the medical grade review was to further develop the professional accountability concept and reengineer service delivery to a specialist-led system in line with the gradual increase in the proportion of qualified specialists in the workforce. This would ensure that clinicians with requisite capability and experience were delegated appropriate clinical care activities according to their competence with the work of junior clinical staff properly supervised by qualified senior clinicians. The grade review also took into account the need to absorb more doctors into training and to create more specialist positions in future, while tackling the challenges of a low staff turnover and inevitable resource constraints.

In connection with the medical grade review, a follow-up audit

人力資源的能力及管理

醫管局不斷深入檢討其職員編制架構和制度，以提高職員的能力，應付目前醫療環境的挑戰。年內的首要工作，包括制訂評估臨床管理小組複雜程度及工作表現的模式，進行不同專業職系的檢討，鑑辨專業人手的需要，以及加強專業才能。

檢討臨床管理小組

鑑於有需要為臨床管理小組提供更佳支援，醫管局已制訂模式，評估這些基本運作單位的複雜程度及工作表現，以指導它們未來的發展。我們會在規劃臨床服務的效益、臨床管理人員的管理能力和問責程度、以及內部溝通等方面，評核臨床管理小組的工作。

職系檢討

為確保職員編制架構可靈活配合現代醫療工作的迅速轉變，醫管局為醫生、支援人員、醫務化驗師/化驗員及放射診斷技師等職系進行了深入檢討，以尋求改善措施。醫療職系檢討的重點是進一步發展專業問責概念，因應合資格專科醫生逐步增加而重整服務，確立一個以專科醫生為主導的醫療制度，使臨床醫護工作的分配，可按醫療人員的能力與經驗進行，而初級醫生亦可得到資深醫生的適當督導。有關的職系檢討亦有助醫管局在職員流失率偏低及資源緊絀的挑戰下，吸納更多醫生接受專科培訓和開設更多專科醫生職位。

on the junior doctors' work hours was conducted during the year to find out to what extent improvement initiatives concerning call frequency, post-call half-day rest after excessive work and compensatory day off for statutory holidays were being implemented in various hospital departments. Pressure areas were identified and additional staff deployed to relieve the heavy workload of frontline doctors.

Professional Manpower Planning

To plan future services provision in line with the trend of clinical specialisation and sub-specialisation and health needs of the community, the Authority completed a review on the professional manpower requirement for each clinical specialty in the year. Recommendations on the ratio between trainees and specialists had also been formulated for each specialty to guide the annual intake of Residents in future.

Enhancement of Professional Competence

During the year, the Authority continued to enhance professional competence through the development of core competencies for staff of various disciplines and provision of continuous staff training and development.

Development of core competency was part and parcel of the grade review, which described and delineated the roles and responsibilities of different levels of staff within the same discipline for recruitment and performance evaluation purposes. In 2000/01, core competency sets were developed for six staff groups, including Advance Practice Nurses, Diagnostic Radiographers, Prosthetists/ Orthotists, Medical Laboratory Technicians/ Technologists, finance staff and information technology professionals. The core competency sets previously developed for medical doctors, registered nurses and enrolled nurses were incorporated into the Staff Development Review and piloted in a number of hospitals.

年內，醫管局亦進行了一項與醫療職系檢討有關的審計，以跟進初級醫生的工作時間問題，確定各醫院部門就候命頻率、候命當值長時間工作後的休假，以及法定假期補假等改善措施的實施情況，並增派人手到工作壓力較大的單位，紓緩前線醫生的沉重工作量。

專業人手規劃

年內，醫管局為每個臨床專科完成了專業人手需求檢討，以便規劃未來的服務，配合臨床工作專科化及分科化的趨勢，並滿足市民的醫護需要。醫管局同時制訂了個別專科受訓人員與專科醫生的建議比例，以協助釐定將來每年錄取駐院醫生的人數。

加強專業才能

年內，醫管局繼續為各門專業制訂職員的核心才能，並提供持續的培訓與發展機會，從而加強職員的專業才能。

制訂核心才能是職系檢討的重要一環。核心才能闡明及界定同一專業內各級職員的角色和職責，以便招聘職員及評核他們的工作表現。2000至01年度，醫管局制訂了六個職員組別的核心才能，包括資深護士、放射診斷技師、義肢矯形師、醫務化驗員 / 化驗師、財務職員及資訊科技專業人員。年前為醫生、註冊護士及登記護士制訂的核心才能則已納入職員發展檢討之中，在多間醫院試行。



Pursuit of Excellence

A decade of development has laid solid foundations for an affordable, accessible, quality public hospital system in Hong Kong. The reforms the Hospital Authority has effected are being well sustained, and a patient-centred culture is driving all our services. We will continue to optimise existing resources to adapt to change, cope with the aging population, deal with shifting patterns of morbidity and mortality, and address the increasing complexity and choices in healthcare.

Through the dedication and commitment of our frontline staff and the contributions of our community health partners, we will continue to pursue excellence for the benefit of the people of Hong Kong.



繼往開來 鞏固根基

經過十年發展，醫管局已紮好根基，成功發展了一套服務便捷、質素優良及普遍市民皆負擔得來的公立醫院制度。我們尽心尽力保持服務質素，堅守以病人為中心的文化。我們會善用現有資源，根據人口老化、發病及死亡率等模式的改變，順時演進，妥善處理醫療工作日趨複雜及選擇日增等課題。在本局同人及社康夥伴共同努力下，我們務求精益求精，更好服務香港市民。



To promote continuous clinical learning and development, in-service professional training was provided to over 4,200 doctors, 3,900 allied health staff and 15,000 nurses in the year. Training programmes had also been conducted for professional line managers and Human Resources managers to enhance their human resources and people management capabilities. Apart from improving staff's capabilities in patient-centred care and managerial skills, the training programmes for 2000/01 had placed much emphasis on retraining and equipping staff with appropriate vocational skills to facilitate the processes of reengineering and staff redeployment. The vocational retraining programmes organised were well received at both the corporate and hospital levels. Another training strategy of the year was to provide staff with learning opportunities in the use of computer and web-based technologies. To implement this strategy, an intranet-based training and development centre was established for the Authority's Institute of Health Care and Institute of Advanced Nursing Studies. On the training of nurses, in addition to sponsoring 280 nurses to attend degree conversion courses, a continuing nursing education system was developed for implementation in all public hospitals to enhance nursing professional standard.

年內，為促進持續的臨床學習與發展，醫管局為超過4,200名醫生、3,900名專職醫療人員及15,000名護士提供在職專業培訓，並為專業管理人員及人力資源管理人員舉辦培訓計劃，以加強他們的人力資源及人事管理能力。除改善職員的專業及管理才能外，2000至01年度的培訓計劃亦非常注重再培訓工作，促使職員具備適當的職業技能，以利重整工序及重新調配職員。年內，在整體及醫院兩個層面舉辦的再培訓計劃，均有良好反應。我們的另一項培訓策略是為職員提供學習電腦及網站科技的機會。為推行這項策略，醫管局的醫護進修學院及護理深造學院設立了一個以內聯網為基礎的培訓發展中心。在護士培訓方面，除贊助280名護士修讀學位轉讀課程外，亦建立了持續護理教育的制度，在所有公立醫院推行，以提高護理專業標準。

HONG KONG WEST 香港西

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

HONG KONG EAST 香港東

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

KOWLOON CENTRAL 九龍中

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

KOWLOON WEST 九龍西

- 22 Kwong Wah Hospital 廣華醫院
- 23 Our Lady of Maryknoll Hospital 聖母醫院
- 24 Tung Wah Group of Hospitals - Wong Tai Sin Hospital 東華三院黃大仙醫院

KOWLOON EAST 九龍東

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

NEW TERRITORIES SOUTH 新界南

- 28 Caritas Medical Centre 明愛醫院
- 29 Lai Chi Kok Hospital 荔枝角醫院
- 30 Kwai Chung Hospital 葵涌醫院
- 31 Princess Margaret Hospital 瑪嘉烈醫院
- 32 Yan Chai Hospital 仁濟醫院

NEW TERRITORIES EAST 新界東

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

NEW TERRITORIES NORTH 新界北

- 39 Fanling Hospital 粉嶺醫院
- 40 North District Hospital 北區醫院
- 41 Castle Peak Hospital 青山醫院
- 42 Pok Oi Hospital 博愛醫院
- 43 Siu Lam Hospital 小欖醫院
- 44 Tuen Mun Hospital 屯門醫院

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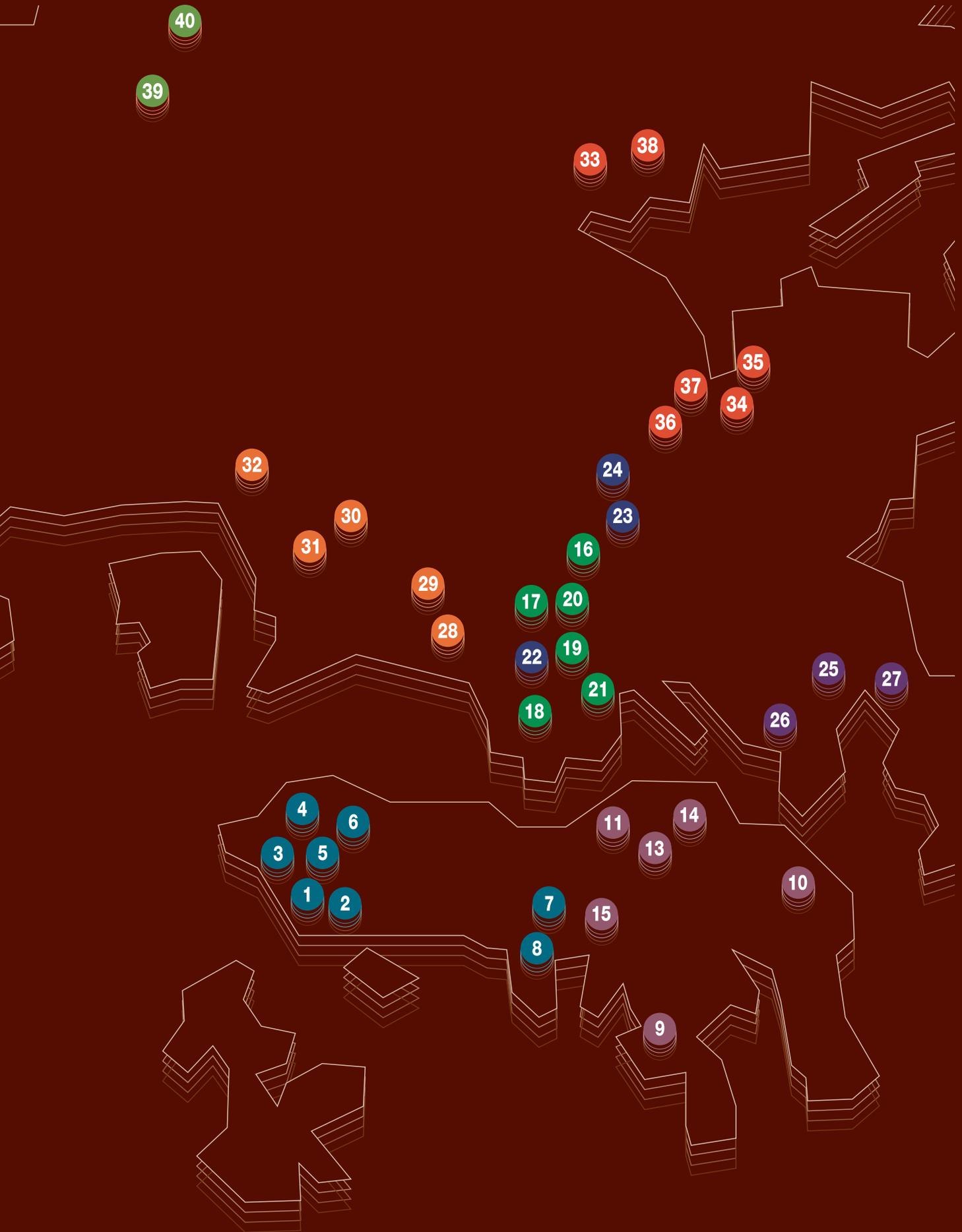
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Distribution of Public Hospitals and Institutions 公立醫院及醫療機構的分布圖



Hospital and Institution Highlights

Major initiatives undertaken by hospitals and institutions for service improvement during 2000/2001

Alice Ho Miu Ling Nethersole Hospital

- Opened the newly renovated and expanded Ear, Nose & Throat Clinic
- Commissioned the home-based rehabilitation services
- Piloted the “Home Care Team” Service by remodelling the former “Home Help Team”
- Launched the Health Promoting Schools Project in Tai Po District
- Commenced the Oral-maxillofacial Surgery Service
- Piloted the “Chaplain Clinic” for outpatients

Bradbury Hospice

- Implemented the Electronic Medical Record System
- Introduced complementary therapies to appropriate patients
- Promoted partnership with private old-age homes
- Launched the Bradbury Hospice Internet Home Page

醫院及醫療機構簡介

2000至01年度各醫院及醫療機構改善服務的主要措施

雅麗氏何妙齡那打素醫院

- 啟用新裝修及擴大規模的耳鼻喉科門診部
- 開展家居復康服務
- 試行「家居復康服務」模式，代替傳統的「家居助理服務」
- 在大埔區推行倡健學校計劃
- 啟用口腔頷面外科服務
- 開展「院牧門診」先導服務

白普理寧養中心

- 推行電子醫療紀錄系統
- 為合適的病人施行輔助治療
- 加強與私營安老院的合作夥伴關係
- 啟用白普理寧養中心互聯網網頁

Caritas Medical Centre

- Implemented 24-hour core laboratory service for all sections of the Clinical Pathology Laboratory
- Reduced the waiting lists for elective surgery in the clinical specialty of Ophthalmology & Orthopaedics
- Extended outreach services to private old-age homes through the Community Geriatric Assessment and Hospice Home Care Teams
- Provided pre-discharge and post-discharge physiotherapy, occupational therapy, dietetic and medical social work services to patients residing in the old-age homes
- Obtained the ISO 9002 recognition for operating theatre services
- Developed clinical pathways for the cerebrovascular disease, chronic obstructive airway disease, fractured femur and acute myocardial infarction
- Further developed family medicine services and training through operation of the integrated clinic and liaison with the Department of Health

Castle Peak Hospital

- Enhanced community psychiatric services
- Reduced the need for inpatient beds through enhancement of rehabilitation and community support
- Increased psychiatric outpatient services in North District Hospital
- Managed the planning and commissioning of the hospital's Phase II Stage 1 Redevelopment
- Further developed community mental health education programmes

明愛醫院

- 病理學部全面推行24小時綜合緊急化驗服務
- 大幅縮短眼科及矯形外科的非緊急手術病人輪候名單
- 藉社區老人評估及家居寧養小組，將外展服務擴展至私營安老院
- 為安老院病人提供出院前後的物理治療、職業治療、營養輔導及醫務社會工作服務
- 手術室服務取得ISO 9002品質認可證書
- 制訂腦血管疾病、慢性支氣管疾病、髖關節骨折及急性心肌梗塞的臨床治療流程
- 藉綜合診療所的運作及與衛生署合作，進一步發展家庭醫學服務及培訓

青山醫院

- 加強社區精神科服務
- 加強復康及社區支援，從而減少對住院病床的需求
- 擴展北區醫院的精神科門診服務
- 規劃及籌備醫院第二期第一階段的重建計劃
- 進一步發展社區精神健康教育活動

Cheshire Home, Chung Hom Kok

- Implemented risk management initiatives to enhance treatment protocols
- Enhanced Continuous Quality Improvement Programmes to improve service quality
- Reinforced support for relatives and carers and stepped up self-care training for residents
- Organised in-house training for staff members to enhance their productivity and sense of belonging to the hospital

Cheshire Home, Shatin

- Commissioned ten new infirmary beds in the severely disabled wards
- Launched a day rehabilitation service for discharged patients
- Introduced a volunteer-led pilot programme on “community living” for discharged patients

Duchess of Kent Children’s Hospital at Sandy Bay

- Opened the new Flat Foot School Clinic
- Developed new Ventilator Care Rehabilitation Programme for both inpatients and outpatients
- Integrated the Finance Office, Human Resources Department, and Procurement & Supplies Department with Fung Yu King Hospital and MacLehose Medical Rehabilitation Centre to achieve productivity savings
- Established cluster-based Speech Therapy Service
- Integrated the X-ray and Pharmacy services with Fung Yu King Hospital and MacLehose Medical Rehabilitation Centre
- Integrated messenger transport services with other hospitals in the Hong Kong West Cluster

春磡角慈氏護養院

- 推行風險管理措施，以加強治理常規
- 加強持續質素改善計劃，以提高服務質素
- 強化對親屬及照顧者的協助，以及加強院友的自我照顧訓練
- 為職員舉辦內部培訓，以提高生產力及加強他們對醫院的歸屬感

沙田慈氏護養院

- 於嚴重弱能病房啟用十張新療養病床
- 為出院病人推行日間復康服務
- 為出院病人推行由義工帶領的「社區生活訓練」先導計劃

大口環根德公爵夫人兒童醫院

- 開設扁平足學校診療所
- 為住院及門診病人制訂新的氧氣呼吸護理復康計劃
- 財務部、人力資源部、採購及物料供應部與馮堯敬醫院及麥理浩復康院合併，以節省資源
- 開設聯網言語治療服務
- 與馮堯敬醫院及麥理浩復康院合併X光及藥房服務
- 與港島西聯網其他醫院合併信差運送服務

Grantham Hospital

- Provided training for community nurses to enhance medical care for chronic obstructive pulmonary disease patients
- Performed seven heart transplantation operations
- Restructured the quality programme for Percutaneous Transluminal Coronary Angioplasty patients to enhance their behavioural change for self-management and to reduce risk factors of coronary heart diseases
- Implemented patient education on use of wafarin to reduce complications and hospitalisation
- Performed the first implantation of ventricular assist device in Hong Kong
- Implemented programmes on 5S practice, occupational safety, and health and risk management
- Conducted the “Better Patient Partnership Workshop” for a total of 320 staff members

Haven of Hope Hospital

- Developed disease management protocol for stroke to enhance continuity of care with Tseung Kwan O Hospital
- Piloted an integrated medical care model and developed shared clinical protocols with the nursing home run by Haven of Hope Christian Service
- Piloted an extended care community nursing service model in Tseung Kwan O and Sai Kung District
- Established an internal computer network to facilitate information flow
- Developed Healthy Hospital Programme to promote the health and well-being of staff in the work environment

葛量洪醫院

- 為社康護士提供培訓，以加強對慢性肺梗阻病人的醫療護理
- 進行七次心臟移植手術
- 重整接受經皮微照冠狀血管成形術病人的優質護理計劃，以促進病人行為上的改變，改善他們自我照顧的能力及減低冠心病的風險
- 教導病人使用苜丙酮香豆素，以減少併發症及入院
- 進行香港首宗心室輔助裝置植入手術
- 推行五常法、職業安全，以及健康與風險管理計劃
- 為320名職員舉辦與病人建立更佳夥伴關係的工作坊

靈實醫院

- 與將軍澳醫院制訂中風治理常規，以促進護理工作的連貫性
- 與基督教靈實協會開辦的護養院試行綜合醫護模式，並制訂共同臨床常規
- 在將軍澳及西貢區推行社康護理服務先導模式
- 建立院內的電腦網絡，促進資訊流通
- 發展康健醫院計劃，關注職員的身心健康

Hong Kong Buddhist Hospital

- Set up extended care programme for chronic obstructive pulmonary disease patients
- Installed air conditioning in the Outpatient Department
- Organised the Community Health Awareness Programme
- Provided training to staff members for the promotion of quality customer service
- Introduced appointment system for patients attending medical laboratory
- Reduced the waiting time for first appointment at the Physiotherapy Outpatient Department

Hong Kong Eye Hospital

- Established a wet-lab to provide “hands-on” training in Cataract and Vitreo-retinal Surgery
- Incorporated “Live Surgery” sessions into the Grand Round Programmes
- Conducted an audit on new cases to review the screening guidelines
- Established the Electronic Messaging System and Clinical Management System
- Organised the Certificate Programme in Ophthalmic Nursing

香港佛教醫院

- 為慢性肺梗阻病人開辦延續護理計劃
- 門診部裝設空氣調節系統
- 舉辦「社區健康齊關注」活動
- 培訓職員，以推廣優質服務態度
- 推行醫務化驗所病人預約服務
- 縮短物理治療門診部首次預約輪候時間

香港眼科醫院

- 開設手術培訓實驗室，提供白內障及玻璃體視網膜手術的實習訓練
- 於教學訓練課程中加入現場直播手術過程
- 審核新症個案，以檢討分流指引
- 設立電子郵件系統及臨床管理系統
- 開設眼科護理證書課程

Hong Kong Red Cross Blood Transfusion Service

- Passed the ISO 9002 surveillance audit and the Australian Therapeutic Goods Administration's Good Manufacturing Practices audit
- Revised the "Blood Donor Registration Form"
- Facilitated establishment of the Central Transfusion Committee
- Developed a new Blood Transfusion Service website
- Upgraded facilities including replacement of chiller plants and essential power supply, installation of fire sprinkler system, and renovation of laboratories
- Planned for implementation of the Nucleic Acid Test

Kowloon Hospital

- Opened 68 inpatient beds to provide extended care service for patients transferred from United Christian Hospital
- Relocated the two surgical extended care wards from Queen Elizabeth Hospital back to Kowloon hospital
- Enhanced the Community Geriatric Assessment Service and Community Nursing Service for old-age homes
- Coordinated planning of the Phase I Redevelopment Project
- Provided chronic obstructive pulmonary disease supporting services to old-aged homes
- Commenced the Preoperative Intervention Programme in collaboration with the Thoracic Surgery Department of Queen Elizabeth Hospital

香港紅十字會輸血服務中心

- 通過ISO 9002監督程式審核及澳洲醫療藥品管理局的優質生產標準審核
- 修訂捐血人士登記表格
- 協助設立中央輸血服務委員會
- 開設新的輸血服務中心網站
- 提升中心的設施，包括置換冷凍機及主要電力供應設備、安裝消防灑水系統及翻新化驗室
- 計劃引進核酸測試

九龍醫院

- 啟用68張住院病床，以便為基督教聯合醫院轉介的病人提供延續護理服務
- 將兩個外科延續護理病房從伊利沙伯醫院遷回院內
- 加強為安老院提供的社區老人評估服務及社康護理服務
- 統籌第一期重建工程的規劃工作
- 為安老院提供慢性肺阻塞疾病的外展支援服務
- 與伊利沙伯醫院胸肺科部合辦手術前介入計劃

Kwai Chung Hospital

- Increased the number of the cluster consultation sessions at Caritas Medical Centre and Yan Chai Hospital
- Provided proactive outreach service to identify community hidden clients
- Relocated the Ngau Tau Kok Psychiatric Day Hospital to East Kowloon Polyclinic (Stage II)
- Set up the “Motion World” for patients with learning disabilities
- Implemented the Central Plating and Dishwashing System
- Installed the Clinical Management System and Dietetic & Catering Management System in all wards
- Implemented internal repair and redecoration works in the ward block

Kwong Wah Hospital

- Commenced service of the Tung Wah Group of Hospitals Cheung Tse Kwan Memorial Vascular Centre
- Set up Health Promotion Centre
- Obtained the ISO 14001 - Environmental Management System Certificate
- Commenced service of the Paediatric Diagnostic Centre
- Commenced service of the New Day Surgery Centre at Tung Wah Group of Hospitals Tsui Tsin Tong Outpatient Building
- Commenced service of the Mr & Mrs Lai Kwok Wah Urology Centre

葵涌醫院

- 增加明愛醫院及仁濟醫院的聯網診症節數
- 提供外展服務，主動為社區內有需要的人士服務
- 安排牛頭角精神科日間醫院遷往東九龍分科診療所(第二期)
- 設立「動感世界」，為學習有障礙的人士服務
- 推行中央上碟及洗碟制度
- 在所有病房設立臨床管理系統及營養與膳食管理系統
- 在病房大樓進行內部裝修及翻新工程

廣華醫院

- 啟用東華三院張慈君紀念血管病診斷中心
- 設立健康促進中心
- 取得ISO 14001 環境管理系統證書
- 開設兒科綜合診斷中心
- 啟用位於徐展堂門診大樓的新日間外科手術中心
- 啟用黎國榮伉儷泌尿科診療中心

Lai Chi Kok Hospital

- Integrated the management of Lai Chi Kok Hospital and Kwai Chung Hospital
- Converted the hospital to provide long stay care services

MacLehose Medical Rehabilitation Centre

- Implemented a major refurbishment project to meet present-day requirements and to improve patient comfort
- Merged management of the Centre with Fung Yu King Hospital
- Integrated the Finance Department, Human Resources Department and Procurement & Supplies Department with Duchess of Kent Children's Hospital and Fung Yu King Hospital to achieve productivity savings
- Integrated the X-ray and Pharmacy services with Duchess of Kent Children's Hospital and Fung Yu King Hospital
- Integrated the Speech Therapy and Podiatry services with other hospitals of the Hong Kong West Cluster.

Nam Long Hospital

- Further developed community hospice services to meet the needs of patients in the home environment
- Conducted benchmarking exercise to differentiate various types of inpatient and community hospice services to facilitate the development of more cost-effective service models
- Developed clinical protocols for all service types and for different patient categories to improve quality of care and facilitate patient transfer
- Performed clinical audits on the care process to improve service quality

荔枝角醫院

- 整合荔枝角醫院及葵涌醫院的管理系統
- 將醫院改為提供長期護理服務

麥理浩復康院

- 進行大型翻新工程，以切合現今的需要及使病人更為舒適
- 整合復康院與馮堯敬醫院的管理工作
- 財務部、人力資源部、採購及物料供應部與根德公爵夫人兒童醫院和馮堯敬醫院的相關部門合併，以節省資源
- X光及藥房服務與根德公爵夫人兒童醫院及馮堯敬醫院合併
- 言語治療及足科服務與港島西聯網其他醫院合併

南朗醫院

- 進一步發展社區善終服務，在家居環境中為病人提供適切的服務
- 制訂基準，區分各種住院及社區善終服務，以便建立更具成本效益的服務模式
- 制訂各種服務及各類病人的臨床常規，以提高護理質素及方便轉院安排
- 在護理過程中進行臨床審核，以提高服務質素

North District Hospital and Fanling Hospital

- Integrated the clinical and management services of the two hospitals
- Scheduled two additional Ear, Nose & Throat specialist outpatient sessions per week to reduce the waiting time for first appointment
- Provided paediatric neurology outreach service to special childcare centres
- Set up the Orthopaedics & Traumatology Outreach Clinic
- Installed the Express Dispensing System in Outpatient Pharmacy
- Provided Activity of Daily Living (ADL) Assisted Device Loan Bank Service for inpatients

Our Lady of Maryknoll Hospital

- Extended the Community Geriatric Service to five private nursing homes
- Broadened the scope of direct access to some allied health services
- Implemented the pilot programme for day beds in the Paediatric Ward
- Decommissioned the in-house laundry service to United Christian Hospital
- Set up a Memory Clinic for geriatric patients

北區醫院及粉嶺醫院

- 將兩院的臨床及管理服務合併
- 每星期增設耳鼻喉專科門診兩節，以縮短首次預約輪候時間
- 為特殊幼兒中心提供兒童腦科外展服務
- 設立矯形及創傷外科外展診療所
- 於專科門診藥房推行特快配藥系統
- 為住院病人提供復康輔助器具借用服務

聖母醫院

- 擴展社區老人服務至五間私營護理院
- 擴闊一些專職醫療服務的直接使用範圍
- 在兒科病房推行日間病床先導計劃
- 與基督教聯合醫院合作重整洗衣服務
- 為年長病人設立記憶診所

Pamela Youde Nethersole Eastern Hospital

- Reduced emergency admissions from Accident & Emergency Department through enhanced specialty consultation, prolonged stay in observation and direct admission to day ward facilities
- Integrated anaesthetic services with Ruttonjee & Tang Shiu Kin Hospitals and Tung Wah Eastern Hospital to maximise gain in service efficiency
- Integrated the pathology service with Tung Wah Eastern Hospital while working towards closer service collaboration with Ruttonjee & Tang Shiu Kin Hospitals
- Relocated the Otolaryngology Clinic from Tang Chi Ngong Specialist Clinic to the hospital to enhance service support for patients
- Assured the quality of care through implementation of risk management and clinical audit initiatives, evidence-based medicine practices, formulation of clinical protocols and process indicators

Pok Oi Hospital

- Developed the 24-hour Clinic and Family Medicine Clinic
- Developed community services such as organising training courses for non-government organisation carers, disseminating health information to the public through the Hospital Home Page, launching the anti-smoking campaign and providing community geriatric assessment service to old-age homes
- Implemented the Cluster Laboratory Courier Service
- Integrated patient documentation in all wards

東區尤德夫人那打素醫院

- 加強專科會診，延長觀察期及讓病人直接入住日間病房，從而減少病人經急症室緊急入院的情況
- 麻醉科服務與律敦治及鄧肇堅醫院、東華東院合併，以提高服務效率
- 病理學服務與東華東院合併，並與律敦治及鄧肇堅醫院加強合作
- 鄧志昂專科診療所的耳鼻喉服務遷至院內，以加強對病人的服務支援
- 制訂及推行風險管理和臨床審核措施、實證醫療、臨床常規及程序指標，以確保醫護質素

博愛醫院

- 設立24小時診療所及家庭醫學診療所
- 發展社區服務，例如為志願機構的照顧者舉辦培訓課程、通過醫院網頁向公眾傳達健康資訊、推行反吸煙運動，以及為安老院提供社區老人評估服務等
- 推行聯網化驗室運送服務
- 在各病房實施綜合病人紀錄系統

Princess Margaret Hospital

- Completed the construction of Lai King Building
- Coordinated planning of the Radiotherapy Block and Accident & Emergency Improvement Projects
- Integrated the paediatric, clinical dietetic, podiatry and financial management services with Yan Chai Hospital
- Piloted the New Territories South Community Care Development Programme to promote the concept of home safety, occupational safety and elderly health with a view to establishing the Kwai Tsing Safe Community
- Integrated the non-emergency ambulance transport services with Caritas Medical Centre
- Organised the hospital's 25th anniversary programmes to enhance community partnership
- Provided tele-health support for the Community Nursing Service and Community Geriatric Assessment Service

Prince of Wales Hospital

- Established a family medicine training centre
- Consolidated and strengthened the integrated clinic service to relieve workload of specialist outpatient clinics
- Initiated clustering of clinical services in Medicine, Orthopaedics & Traumatology, Obstetrics & Gynaecology and Surgery
- Implemented hospital-wide risk management programmes on safe drug administration and clinical incident reporting
- Organised training programmes on complaint management and professional caring attitude
- Established the Rehab Shop for patient convenience and quality improvement
- Completed construction of the Jockey Club Fauma & Emergency Centre

瑪嘉烈醫院

- 完成荔景大樓興建工程
- 統籌放射治療大樓及急症室改善工程的規劃工作
- 兒科、臨床營養部、足病診療部及財務科與仁濟醫院相關部門合併
- 推行新界南社康護理發展先導計劃，於葵青區推廣家居安全、職業安全及老人健康
- 與明愛醫院合併非緊急救護運送服務
- 舉辦醫院二十五周年紀念活動，加強與社區的合作夥伴關係
- 為社康護理服務及社區老人評估服務提供遙距支援

威爾斯親王醫院

- 開設家庭醫學培訓中心
- 整固及加強綜合診療所服務，以紓緩專科門診診療所的工作量
- 建立內科、矯形及創傷外科、婦產科及外科的臨床服務網絡
- 就安全用藥及臨床事故報告，在全院推行風險管理計劃
- 舉辦有關投訴管理及專業關顧的培訓課程
- 設立復康店，以方便病人及改善服務質素
- 完成賽馬會創傷及急症中心的興建工程

Queen Elizabeth Hospital

- Opened the new Operation Theatre Block in August 2000 to enhance patient services
- Organised the Fourth Work-smart Campaign to encourage staff to streamline work flow
- Organised the Seventh Annual Convention with the theme of “Care - Our Business”
- Launched the Hospital Internet Website to provide the latest health information to the public
- Integrated clinical services including Neuro-science Service and Respiratory Medicine/Thoracic Surgery to improve quality of patient care

Queen Mary Hospital

- Relocated Sai Ying Pun Specialist Clinic to Block S of the hospital
- Referred more cases to the Integrated Clinic and maximised triage service in Ophthalmology to improve access and manage patient volume
- Strengthened community nursing service, psychiatric rehabilitation and roving hospice service
- Retrained and redeployed staff in association with the Enhanced Productivity Programme, phased closing of the Nursing School and planned relocation of Tsan Yuk Hospital's acute care service
- Implemented the Clinical Management System including the Medication Order Entry System in specialist outpatient clinics, the Picture Archiving Communication System for ultrasonography, and the Anaesthesia Monitoring System
- Formalised the “Standard Operation Procedures” of the Research Ethics Subcommittee
- Identified plans for the development of the Hospital Master Development Plan in order to cope with the changing demand for service and rapid development in healthcare
- Piloted a private walk-in clinic to relieve workload of the Accident & Emergency Department

伊利沙伯醫院

- 於2000年8月啟用新手術室大樓，以加強臨床服務
- 舉辦第四屆「精益工作」運動，鼓勵職員精簡工作流程
- 舉辦第七屆醫院研討大會，主題是「視病猶親、專業精神」
- 啟用醫院互聯網網站，為市民提供最新健康資訊
- 合併臨床服務，包括腦內外科、呼吸內科及胸肺外科服務，以提高護理質素

瑪麗醫院

- 調遷西營盤專科診療所至醫院S座
- 轉介更多病人至綜合診療所，並加強眼科分流服務，以改善專科門診服務的方便程度及妥善處理病人數目的增加
- 加強社康護理服務、精神復康及外展善終服務
- 配合資源增值計劃重新訓練及調配職員，分期關閉護士學校及計劃搬遷贊育醫院的急症護理服務
- 推行臨床管理系統，包括專科門診診療所藥物指令輸入系統、超聲波圖像存檔傳訊系統及麻醉監察系統
- 正式制訂「研究倫理小組委員會」的標準手術程序
- 確立制訂醫院發展總綱的各項計劃，以應付服務需求的轉變及醫護服務的快速發展
- 試辦無須預約的私家診療所，以舒緩急症室的工作量

Rehabaid Centre

- Developed a tool for measuring the sexual satisfaction of patients with sexual dysfunction in Hong Kong and participated in the Radio Television Hong Kong's video programme on sex education
- Launched occupational safety and health on-site consultation service to help identify risks and develop risk control measures for organisations within the Authority
- Expanded scope of the specialty service for children with Developmental Coordination Disorder
- Developed a computer-based power wheelchair assessment system to assess the cognitive and sensory motor functions of wheelchair users with severe physical disabilities
- Upgraded the information technology system to enhance operational efficiency and service quality

Ruttonjee & Tang Shiu Kin Hospitals

- Enhanced service quality through measures such as development of care pathways and streamlining of transfer arrangement of acute patients to extended care wards after stabilisation
- Developed fast track clinics for new cases
- Planned shared care programmes with the private sector
- Established integrated medical clinic to handle referrals from specialist outpatient clinics
- Conducted clinical audits on drug administration, intravenous injection and infusion, blood transfusion and clinical practices

復康專科及資源中心

- 研製工具，以量度性功能障礙病人性生活的滿意程度，並參與香港電台「性本善」節目的製作
- 推行有關職業安全與健康的實地諮詢服務，協助醫管局轄下機構鑑定風險及制訂風險管制措施
- 擴展為患有學習及動作協調障礙兒童而設的專科服務
- 發展電腦化電動輪椅評估系統，以評估嚴重弱能輪椅使用者的思維及感官動作功能
- 提升資訊科技系統，以促進運作效率及服務質素

律敦治及鄧肇堅醫院

- 推行措施以提高服務質素，例如制訂醫護程序及精簡急症病人在病情穩定後轉往延續護理病房的安排
- 發展快速診斷新症的診療所
- 與私營機構規劃共同護理計劃
- 設立綜合內科診療所，處理由專科門診診療所轉介的病人
- 就用藥、靜脈注射、輸血及臨床慣例，進行臨床審核

Shatin Hospital

- Extended telemedicine service of the Community Geriatric Assessment Team to six additional care and attention homes to facilitate the provision of a cost-effective outreach service
- Regrouped all infirmary beds into two paired wards on the same floor to provide quality care in a more client-focused manner
- Implemented psycho-education programmes to 37 family carers to increase their knowledge of psychosis
- Installed patient ceiling hoist system in the Physiotherapy Department, Radiology Department and all general wards to facilitate no-manual lifting of patients

Siu Lam Hospital

- Implemented the linen cart exchange system to improve efficiency of laundry and linen services
- Implemented the central plating and dishwashing system to improve food services
- Enhanced the use of hydrotherapy for treating severely mental handicapped patients
- Commenced the fall prevention programme to enhance quality of care
- Implemented energy conservation programmes and green initiatives to achieve productivity savings

沙田醫院

- 擴展社區老人評估小組的遠距服務至另外六間護理安老院，以便提供具成本效益的外展服務
- 重組所有療養病床，在同一樓層安排一組兩個病房，以便更集中照顧病人及提供優質護理
- 為37名家庭照顧者推行心理教育計劃，以加強他們對精神病的知識
- 在物理治療部、放射學部及所有普通科病房裝設天花板起重器，毋需使用人手提舉病人

小欖醫院

- 推行被服手推車交收系統，以提高洗衣及被服服務的效率
- 推行中央上碟及洗碟系統，以改良膳食服務
- 加強使用水療法治理嚴重弱智病人
- 展開預防摔跤計劃，以提高護理質素
- 推行節約能源計劃及環保措施，以節省資源

St John Hospital

- Enhanced provision of the non-emergency mini-ambulance service for the disabled and the elderly with chronic diseases
- Enhanced community care through increasing community nursing service sessions to Care & Attention Homes in Cheung Chau and rolling out ambulatory home services such as the monthly Home Visit Programme
- Decommissioned the pathology laboratory and obtained the required service from Ruttonjee & Tang Shiu Kin Hospitals
- Established strategic partnership with Ruttonjee & Tang Shiu Kin Hospitals on Accident & Emergency and general clinical services to further improve service capability and specialist input

Tai Po Hospital

- Commenced operation of the New Territories East Psychiatric Observation Unit, starting to admit patients under the Mental Health Ordinance
- Established a 16-bed isolation ward to provide support to cluster hospitals for treating patients with air borne infectious diseases
- Launched the respite programme for frail elderly people in collaboration with the Salvation Army
- Extended rehabilitation support to North District Hospital and commissioned 34 additional psychiatric beds
- Obtained accreditation as a training hospital in relevant disciplines from Hong Kong College of Psychiatrists, Hong Kong College of Physicians and Nursing Council
- Implemented the Clinical Management System, Clinical Management System (Rehabilitation Outcome) and Local Medical Record Tracing System to enhance patient services

長洲醫院

- 加強為弱能及患慢性疾病的老人提供小型非緊急救護運送服務
- 增加對長洲護理安老院提供的社康護理服務節數，並展開日間家居服務，例如每月家訪計劃等，以加強社康護理
- 停用病理學化驗室，並從律敦治醫院及鄧肇堅醫院獲取所需服務
- 與律敦治及鄧肇堅醫院建立急症室及普通科臨床服務的策略性夥伴關係，進一步拓展服務能力及專科服務

大埔醫院

- 新界東精神科觀察治療中心投入服務，為精神健康條例所界定的病人提供住院服務
- 設立有16張病床的隔離病房，為聯網內各醫院提供支援，治理所患疾病可經空氣傳播的病人
- 與救世軍合作，為體弱老人提供暫時住院服務
- 加強對北區醫院的復康支援，並增設34張精神科病床
- 取得香港精神科醫學院、香港內科醫學會及香港護士管理局的認可，成為有關專科的培訓醫院
- 推行臨床管理系統、臨床管理系統(復康成效)及自行發展的醫療紀錄追索系統，以加強臨床服務

Tsan Yuk Hospital

- Commenced the integrated clinic service and family medicine training
- Screened all postnatal patients for early detection of postnatal depression
- Improved infection control, organised training on new equipment/technologies, and conducted regular audits on newborn resuscitation in the Neonatal Intensive Care Unit
- Developed protocol for subluxation of pubic symphysis
- Developed clinical guidelines for treating major haemorrhage in obstetric patients
- Conducted evaluation of the in-situ cover slip method for prenatal diagnosis

Tseung Kwan O Hospital

- Commissioned 354 general beds and four intensive care beds
- Commenced 24-hour Accident & Emergency Service
- Established Operational & Management Committees to ensure effective management of services and systems
- Set up the Department of Integrated Rehabilitation Services to provide comprehensive and integrated rehabilitation services
- Conducted orientation programme for all new staff
- Enhanced community partnership with healthcare organisations and general practitioners in Tseung Kwan O District
- Implemented risk management plans and occupational safety and health awareness programmes

贊育醫院

- 啟用綜合診療所及展開家庭醫學培訓
- 為所有產後病人驗診，以便及早察知產後抑鬱症
- 改善感染控制，舉辦新儀器/科技培訓，以及定期審核初生嬰兒深切治療部搶救初生嬰兒的工作
- 制訂恥骨聯合不全脫位的治理常規
- 制訂治理產科病人大量出血的臨床指引
- 評核產前診斷的原位蓋片方法

將軍澳醫院

- 啟用354張普通科病床及四張深切治療病床
- 開展24小時急症室服務
- 成立運作及管理委員會，以確保有效管理各種服務及系統
- 設立綜合復康部，以提供完備的綜合復康服務
- 為所有新職員舉辦入職培訓計劃
- 與區內醫療機構及私人執業醫生發展社區夥伴關係
- 推行風險管理及關注職業安全健康計劃

Tuen Mun Hospital

- Converted a clinical oncology ward into medical ward to meet the needs of patients
- Opened a new medical ward, a short-stay ward for surgery, a lactation clinic, a palliative care cum hospice ward and a hospice garden to enhance clinical services
- Planned and monitored progress of the project for relocating Tuen Mun Polyclinic to the hospital's new ambulatory care centre
- Piloted a private walk-in clinic to relieve workload of the Accident & Emergency Department
- Implemented stroke management protocol for early computerised tomography in the Accident & Emergency Department for targeted patients
- Extended the epidural analgesic service and acute pain service to elective cases of all surgical wards
- Commenced the one-stop multidisciplinary Cerebral Palsy Clinic
- Commenced the early support discharge community physiotherapy service for Tuen Mun and Yuen Long districts
- Piloted third-party logistics for the New Territories North Cluster
- Took up management of the centralised laundry services in Butterfly Bay Laundry

Tung Wah Eastern Hospital

- Strengthened the ambulatory eye service through establishment of a day surgery centre
- Established an integrated rehabilitation centre to provide intensive rehabilitation training and assessment
- Expanded service scope of the Diabetes Mellitus Centre to meet the needs of patients
- Implemented community outreach and health education programmes to help discharged patients reintegrate into society and minimise unplanned readmission and Accident & Emergency attendance
- Installed the Baker Cell Automatic Dispensing System to increase accuracy and efficiency of drug dispensing and to shorten the waiting time

屯門醫院

- 將一個臨床腫瘤科病房改為內科病房，以切合病人需要
- 啟用新內科病房、外科短期病房、哺乳診療所、舒緩護理暨寧養病房、以及寧養花園，以加強臨床服務
- 規劃及監察調遷屯門分科診療所至醫院新日間護理中心計劃的進度
- 試辦無須預約的私家診療所，以舒緩急症室的工作量
- 推行中風治理常規，以便及早為急症室的有關病人進行電腦掃描檢查
- 將硬膜外麻醉服務及急性痛症服務擴展至所有外科病房的非急症病人
- 啟用一站式大腦癱瘓綜合診療所
- 展開社區物理治療服務，為屯門及元朗區出院的病人盡早提供支援
- 為新界北聯網試行外判醫院後勤服務
- 接管蝴蝶灣洗衣房的中央洗衣服務

東華東院

- 設立日間外科中心，以加強日間眼科服務
- 設立綜合復康中心，以提供深切復康訓練及評估
- 擴展糖尿病中心服務範圍，以切合病人需要
- 推行社區外展及健康教育計劃，協助出院病人重新融入社會，及盡量減少突然再入院及往急症室求診的病人數目
- 安裝貝克氏自動配藥系統，使配藥更為準確及更有效率，並縮短輪候時間

TGWH Fung Yiu King Hospital

- Integrated the Finance Department, Human Resources Department and Procurement & Supplies Department with Duchess of Kent Children's Hospital and MacLehose Medical Rehabilitation Centre to achieve productivity savings
- Integrated the X-ray and Pharmacy Service with Duchess of Kent Children's Hospital and MacLehose Medical Rehabilitation Centre
- Integrated the Speech Therapy and Podiatry services with other hospitals in the Hong Kong West Cluster
- Took over the management of non-emergency ambulance transfer services for the Hong Kong West Cluster
- Integrated the messenger service with other hospitals in the Hong Kong West Cluster
- Obtained accreditation as a hospital-based family medicine training centre and community-based geriatric services training centre from relevant Colleges

TGWH Wong Tai Sin Hospital

- Developed critical clinical pathways for all rehabilitation programmes to ensure appropriate management of patients
- Implemented post-discharge case management for stroke patients to reduce the readmission rate and to ensure successful maintenance of their health after discharge
- Established a chronic obstructive pulmonary disease clinic and a smoking cessation clinic to provide comprehensive care and outpatient pulmonary rehabilitation to patients

東華三院馮堯敬醫院

- 財務部、人力資源部、採購及物料供應部與根德公爵夫人兒童醫院及麥理浩復康院有關部門合併，以節省資源
- X光及藥房服務與根德公爵夫人兒童醫院及麥理浩復康院合併
- 言語治療及足科服務與港島西聯網其他醫院合併
- 接管港島西聯網的非緊急救護運送服務
- 信差服務與港島西聯網其他醫院合併
- 獲有關院校評定為醫院家庭醫學培訓中心及社區老人服務培訓中心

東華三院黃大仙醫院

- 制訂所有復康計劃的重要臨床途程，以確保病人獲得適當治理
- 推行中風病人出院後的個案跟進工作，以減低再入院率及保持病人出院後的健康
- 開設慢性肺梗阻疾病診療所及戒煙診療所，為病人提供全面護理及肺復康門診服務

Tung Wah Hospital

- Improved the quality of care and patients' physical comfort by renovating five medical wards
- Enhanced the community reintegration programme for rehabilitation patients through proactive multidisciplinary discharge planning and providing community support to carers/patients
- Shortened the waiting time and enhanced diagnostic accuracy of ultrasound examinations by installation of a new colour doppler ultrasonic equipment
- Introduced a computerised gait analysis system to provide objective and scientific measurement of gait cycle to facilitate formulation of rehabilitation and training programmes for patients with cerebrovascular disease and walking gait disorder
- Implemented enhanced productivity programmes including integration of the pathology service with Queen Mary Hospital and implementation of central supporting services as well as water and energy conservation programmes

United Christian Hospital

- Commissioned the new Endoscopy Centre
- Opened the Diabetes Centre
- Commenced Prosthetics & Orthotics Service
- Took over the management of Pamela Yude Polyclinic
- Enhanced cluster-based general hospital services in collaboration with Tseung Kwan O Hospital
- Enhanced convalescence and rehabilitation services in collaboration with Kowloon Hospital

東華醫院

- 翻新五個內科病房，以提高護理質素及使病人更為舒適
- 主動進行綜合出院規劃，並為照顧者 / 病人提供社區支援，以協助復康病人重新融入社區
- 安裝新的彩色多普勒超聲波儀器，以縮短超聲波檢查輪候時間及使診斷更為準確
- 引進電腦步姿分析系統，客觀及科學化地衡量步姿，以便為腦血管及步態失調病人制訂復康及訓練計劃
- 推行資源增值計劃，包括將病理學服務與瑪麗醫院合併、推行中央支援服務，以及節省用水與能源的計劃

基督教聯合醫院

- 啟用新內窺鏡診療中心
- 啟用糖尿病中心
- 開設義肢矯形服務
- 接管尤德夫人分科診療所
- 與將軍澳醫院合作，加強聯網的全科醫院服務
- 與九龍醫院合作，加強療養及復康服務

Wong Chuk Hang Hospital

- Developed a dementia day care centre to meet community needs
- Improved the effectiveness and efficiency of patient referral and community outreach programmes in collaboration with the Community Nursing Service and Home Help Service
- Enhanced the psycho-social care for patients
- Developed a nursing core competencies monitoring scheme
- Streamlined administrative and management functions with Tung Wah Eastern Hospital

Yan Chai Hospital

- Integrated the paediatric, dietetic and podiatry services with Princess Margaret Hospital
- Implemented the Dietetics & Catering Management System
- Implemented energy conservation measures for the lighting system
- Enhanced day surgery service
- Established the Core Laboratory Service
- Provided one-stop maintenance services
- Organised patient support activities
- Conducted cross department occupational safety and health audit

黃竹坑醫院

- 發展癡呆症日間護理中心，以切合社區需要
- 加強與社康護理服務及家務助理服務合作，提高轉介病人及社區外展計劃的效益和效率
- 加強照顧病人的社會心理需要
- 制訂護理核心才能監察計劃
- 與東華東院合作，精簡行政及管理職能

仁濟醫院

- 兒科、營養治療及足科服務與瑪嘉烈醫院合併
- 推行營養及膳食管理系統
- 推行照明系統節省能源措施
- 加強日間外科服務
- 設立核心化驗室
- 提供一站式維修服務
- 舉辦病人支援活動
- 進行跨部門職業安全及健康審核

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Membership of the Hospital Authority 醫院管理局成員

Chairman 主席

Mr Peter K C WOO, GBS, JP 吳光正先生 (*up to 30.9.2000*) (截至2000年9月30日)

Dr LO Ka-shui, JP 羅嘉瑞醫生 (*from 1.10.2000*) (由2000年10月1日起)

Members 成員

Miss Eliza C H CHAN, JP 陳清霞小姐

Dr Margaret CHAN, JP 陳馮富珍醫生

Director of Health 衛生署署長

Miss Iris CHAN Sui-ching 陳萃菁小姐

Mr CHENG Yiu-tong, SBS, JP 鄭耀棠先生

Dr Joseph M K CHOW, JP 周明權博士 (*up to 30.9.2000*) (截至2000年9月30日)

Ms Nancy CHOW 周綺華女士

Prof Sydney CHUNG 鍾尚志教授

Mr Vincent FANG Kang 方剛先生

Mr Michael HO Mun-ka 何敏嘉先生

Dr William HO, JP 何兆煒醫生

Chief Executive, Hospital Authority 醫院管理局行政總裁

Mrs Carrie LAM, JP 林鄭月娥女士 (*up to 28.9.2000*) (截至2000年9月28日)

(*representing Secretary for the Treasury*) (代表庫務局局長)

Dr Conrad LAM Kui-shing, JP 林鉅成醫生

Mr Stephen LAU Ka-men, JP 劉嘉敏先生

Mr LEE Jark-pui, JP 李澤培先生

Dr C H LEONG, GBS, JP 梁智鴻醫生

Mr Gregory LEUNG, JP 梁永立先生

Deputy Secretary for Health & Welfare 衛生福利局副局長

The Hon Mrs Sophie LEUNG LAU Yu-fun, SBS, JP 梁劉柔芬議員

Dr Patrick LI 李頌基醫生

Mrs Eleanor LING LEE Ching-man, SBS, JP 林李靜文女士

Mr LO Chung-hing, SBS 盧重興先生

Professor Grace TANG Wai-king, JP 鄧惠瓊教授 (*up to 28.2.2001*) (截至2001年2月28日)

Prof Thomas WONG Kwok-shing 汪國成教授

Mr Anthony WU Ting-yuk 胡定旭先生

Dr Raymond WU Wai-yung, GBS, JP 鄔維庸醫生

Mr Stanley YING, JP 應耀康先生 (*from 29.9.2000*) (由2000年9月29日起)

(*representing Secretary for the Treasury*) (代表庫務局局長)

Audit Committee 審計委員會

Chairman 主席

Dr LAU Wah-sum, GBS, JP 劉華森博士

Members 成員

Dr Joseph M K CHOW, JP 周明權博士 (*up to 30.9.2000*) (截至2000年9月30日)

Mr Vincent FANG Kang 方剛先生 (*from 17.1.2001*) (由2001年1月17日起)

The Hon Mrs Sophie LEUNG LAU Yü-fun, SBS, JP 梁劉柔芬議員

Mr Anthony WU Ting-yuk 胡定旭先生 (*from 24.10.2000*) (由2000年10月24日起)

In attendance 列席

Dr William HO, JP 何兆煒醫生

Chief Executive, Hospital Authority 醫院管理局行政總裁

Mr Gregory LEUNG, JP 梁永立先生

Deputy Secretary for Health & Welfare 衛生福利局副局長

Finance Committee 財務委員會

Chairman 主席

Dr Joseph M K CHOW, JP 周明權博士 (*up to 30.9.2000*) (截至2000年9月30日)

Mr Anthony WU Ting-yuk 胡定旭先生 (*from 24.10.2000*) (由2000年10月24日起)

Members 成員

Ms Joanna CHOI 蔡鈞嫻女士

(*representing the Deputy Secretary for Health and Welfare*) (代表衛生福利局副局長)

Mr Vincent FANG Kang 方剛先生

Mr Michael HO Mun-ka 何敏嘉先生

Dr William HO, JP 何兆煒醫生

Chief Executive, Hospital Authority 醫院管理局行政總裁

Mr LEE Jark-pui, JP 李澤培先生

The Hon Mrs Sophie LEUNG LAU Yü-fun, SBS, JP 梁劉柔芬議員

Mr LO Chung-hing, SBS 盧重興先生

Mr Stanley YING, JP 應耀康先生

(*representing Secretary for the Treasury*) (代表庫務局局長)

Co-opted Members

增選成員

Mr Michael SOMERVILLE

Mr Paul WHITMORE

Human Resources Committee 人力資源委員會

Chairman 主席

Mrs Eleanor LING LEE Ching-man, SBS, JP 林李靜文女士

Members 成員

Mr CHENG Yiu-tong, SBS, JP 鄭耀棠先生

Ms Joanna CHOI 蔡鈞嫻女士
(*representing Deputy Secretary for Health & Welfare*) (代表衛生福利局副局長)

Ms Nancy CHOW 周綺華女士

Mr Michael HO Mun-ka 何敏嘉先生

Dr William HO, JP 何兆煒醫生
Chief Executive, Hospital Authority 醫院管理局行政總裁

Dr Conrad LAM Kui-shing, JP 林鉅成醫生

Mr Stephen LAU Ka-men, JP 劉嘉敏先生

Dr Patrick LI 李頌基醫生

Prof Grace TANG Wai-king, JP 鄧惠瓊教授 (*up to 28.2.2001*) (截至2001年2月28日)

Prof Thomas WONG Kwok-shing 汪國成教授

Co-opted Members

增選成員

Mr Billy KONG 江焯開先生

Dr Kim MAK 麥建華博士

Mrs Kathryn WONG 黃區潔霜女士

Medical Services Development Committee 醫療服務發展委員會

Chairman 主席

Dr C H LEONG, GBS, JP 梁智鴻醫生

Members 成員

Miss Iris CHAN Sui-ching 陳萃菁小姐

Dr Margaret CHAN, JP 陳馮富珍醫生

Director of Health (衛生署署長)

Prof Sydney CHUNG 鍾尚志教授

Mr Michael HO Mun-ka 何敏嘉先生

Dr William HO, JP 何兆煒醫生

Chief Executive, Hospital Authority 醫院管理局行政總裁

Mrs Carrie LAM, JP 林鄭月娥女士 (*up to 28.9.2000*) (截至2000年9月28日)

(representing Secretary for the Treasury) (代表庫務局局長)

Dr Conrad LAM Kui-shing, JP 林鉅成醫生

Mr Gregory LEUNG, JP 梁永立先生

Deputy Secretary for Health & Welfare 衛生福利局副局長

The Hon Mrs Sophie LEUNG LAU Yu-fun, SBS, JP 梁劉柔芬議員

Dr Patrick LI 李頌基醫生

Prof Grace TANG Wai-king, JP 鄧惠瓊教授 (*up to 28.2.2001*) (截至2001年2月28日)

Prof Thomas WONG Kwok-shing 汪國成教授

Mr Stanley YING, JP 應耀康先生 (*from 29.9.2000*) (由2000年9月29日起)

(representing Secretary for the Treasury) (代表庫務局局長)

Planning Committee 規劃委員會*

Chairman 主席

Mr Peter K C WOO, GBS, JP 吳光正先生 (*up to 30.9.2000*) (截至2000年9月30日)

Dr LO Ka-shui, JP 羅嘉瑞醫生 (*from 1.10.2000*) (由2000年10月1日起)

Members 成員

Dr Joseph M K CHOW, JP 周明權博士 (*up to 30.9.2000*) (截至2000年9月30日)

Dr William HO, JP 何兆煒醫生

Chief Executive, Hospital Authority 醫院管理局行政總裁

Dr C H LEONG, GBS, JP 梁智鴻醫生

Mrs Eleanor LING, SBS, JP 林李靜文女士

The Hon Mrs Sophie LEUNG LAU Yu-fun, SBS, JP 梁劉柔芬議員

Mr Anthony WU Ting-yuk 胡定旭先生 (*from 24.10.2000*) (由2000年10月24日起)

* After a review exercise to improve efficiency of the committee system in the Hospital Authority, the Planning Committee was dissolved in January 2001 and its functions taken up by the Administrative & Operational Meeting.

配合醫管局的檢討，委員會已於2001年1月解散，其工作由內務會議兼理，進一步加強委員會機制的效率。

Public Complaints Committee 公眾投訴委員會

Chairman 主席

Miss Eliza C H CHAN, JP 陳清霞小姐

Members 成員

Miss Iris CHAN Sui-ching 陳萃菁小姐

Rev CHU Yiu-ming 朱耀明牧師

Mr Michael HO Kam-tat 何金達先生

Dr Joseph KWOK Kin-fun, JP 郭鍵勳博士

Dr Conrad LAM Kui-shing, JP 林鉅成醫生

Mrs Pauline NG CHOW May-lin, JP 伍周美蓮女士

Mr James YIP Shiu-kwong 葉兆光先生

Rotating member

當值成員

(a Hospital Authority member)

(一名醫管局成員)

Prof Thomas WONG Kwok-shing 汪國成教授 (6.4.2000)

The Hon Mrs Sophie LEUNG, SBS, JP 梁劉柔芬議員 (18.5.2000)

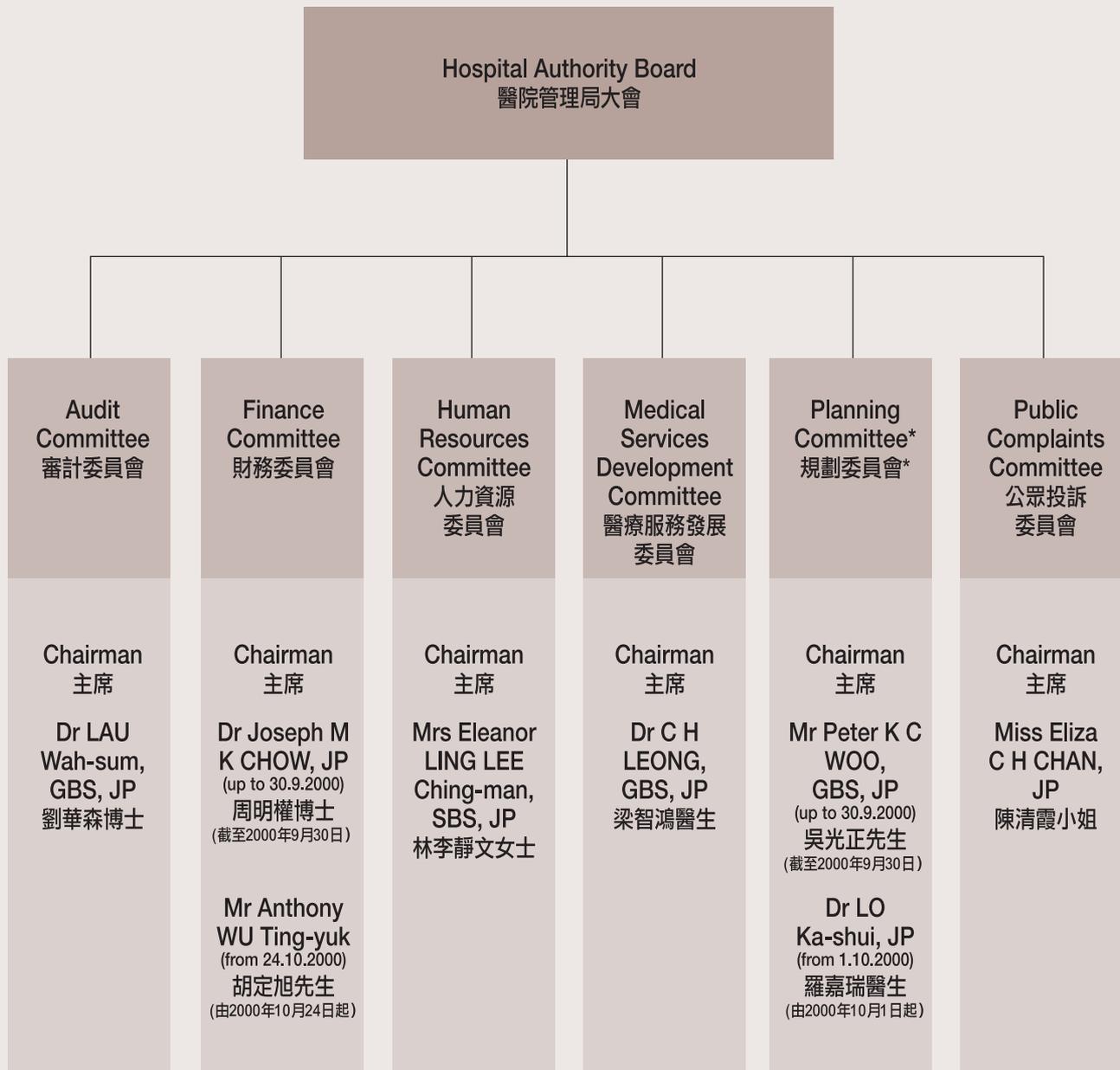
Prof Sydney CHUNG 鍾尚志教授 (29.6.2000)

Mr Gregory LEUNG, JP 梁永立先生 (19.9.2000)

Mr Vincent FANG Kang 方剛先生 (16.11.2000)

Ms Nancy CHOW 周綺華女士 (1.3.2001)

Hospital Authority Committee Structure 醫院管理局委員會架構



* dissolved in January 2001

* 規劃委員會已於2001年1月解散

Membership of the Hospital Governing Committees 醫院管治委員會成員

Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院

Chairman 主席

Mr Simon SIT Poon-ki 薛磐基先生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative
醫院管理局行政總裁或其代表

Hospital Chief Executive – Dr Raymond C I CHEN
醫院行政總監 — 陳崇一醫生

Members 成員

Dr CHENG Ngok 鄭岳醫生

Mr Roland CHOW Kun-chee 周近智先生

Mr George H C HUNG 熊翰章先生

Ms KO Siu-wah, SBS, JP 高荳華女士

Major Gideon LAM 林基甸少校

Mr LAM Sum-chee 林森池先生

Ms Elizabeth LAW 羅君美女士

Mr LEE Jark-pui, JP 李澤培先生

Mr LEUNG Wo-ping, JP 梁和平先生

Mr Eddy S H LI 李秀恒先生

Mr LI Fook-hing 李福慶先生

Mrs June LI 李余愛喜女士

Rev LI Ping-kwong 李炳光牧師

Rev SO Shing-yit 蘇成溢牧師

Prof TAM Sheung-wai, JP 譚尚渭教授

Ms WONG Pui-ha, JP 黃佩霞女士

Mr YEUNG Po-kwan, JP 楊寶坤先生

Bradbury Hospice 白普理寧養中心

Chairman 主席

Mr Raymond S K WONG 王紹強先生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative
醫院管理局行政總裁或其代表

Hospital Chief Executive – Dr Joseph LEE Man-ho
醫院行政總監 — 李文豪醫生

Members 成員

Sister Helen KENNY 祁愛蘭修女

Mr Patrick LAI Shu-ho 黎樹濠先生

Dr Anne LEE 李詠梅醫生

Ms Athena LIU Nga-chee 廖雅慈女士

Mrs Moyna LOONG WONG Lai-sang, JP 龍王麗生女士

Dr Joyce MA 馬麗莊博士

Father John RUSSELL

Mr Andrew WILLIAMSON

Mr Dominic WONG Shing-wah, JP 黃星華先生

Prof WONG Hoi Kwok, BBS, JP 王海國教授

Dr YU Wing-kwong 余榮光醫生

Caritas Medical Centre 明愛醫院

Chairman 主席

Dr Christina CHOW, JP 周寶煌醫生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative
醫院管理局行政總裁或其代表

Hospital Chief Executive – Dr Helen TINSLEY
醫院行政總監 — 丁詩妮醫生

Members 成員

Mr Stephen CHENG Po-hong, JP 鄭寶康先生

Prof Harry FANG Sin-yang, GBM, LLD, JP 方心讓教授

Mr Anthony HO Yu-wah 何耀華先生

Rev Francis LERDA, PIME 力理得神父

Mr Bernard LEUNG 梁經邦先生

Prof LEUNG Ping-chung, JP 梁秉中教授

Mr David PUN Yue-wah 潘裕華先生

Mr TAM Kwok-kiu 譚國僑先生

Mr Alexander WONG 王建明先生

Mrs Linda WONG LEUNG Kit-wah 王梁潔華女士

Mr William WONG 黃權威先生

Sister Catherine WU 吳文綿修女

Castle Peak Hospital 青山醫院

Chairman 主席

Prof John LEONG Chi-yan, JP 梁智仁教授

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive – Dr NG Hon-shing

醫院行政總監 — 吳漢城醫生

Members 成員

Mr CHAN Nei-keong, JP 陳乃強先生

Mr CHOONG Yin-lee 鍾應利先生

Dr CHOW Chun-bong 周鎮邦醫生

Mrs Paula CHOY Wng-ping, JP 蔡永平女士

Dr CHUNG See-Yuen 鍾思源醫生

Mr LEE Hung-sham 李洪森先生

Mrs Rita LIU, BBS 廖湯慧靄女士

Mr Alfred SHUM 岑鈺文先生

Cheshire Home, Chung Hom Kok 春磡角慈氏護養院

Chairman 主席

Dr Albert WONG Chi-Chiu 王志釗醫生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive – Mrs Anita CHAN NG Shuet-fun

醫院行政總監 — 陳吳雪芬女士

Members 成員

Mr Davie AU YEUNG 歐陽贊邦先生 (*up to 30.6.2000*) (截至2000年6月30日)

Mrs Shelley CHOW 周慧思女士

Mr Alan CRAWLEY 高萊先生

Ms Janice MORTON 莫珍妮女士

Mr Nicholas Frederick Francis PIRIE

Mrs Linda WONG LEUNG Kit-wah 王梁潔華女士

Mr Paul YOUNG Tze-kong, JP 楊子剛先生

Ms Catherine YEN 嚴嘉洵女士

Cheshire Home, Shatin 沙田慈氏護養院

Chairman 主席

Mr YEUNG Po-kwan, JP 楊寶坤先生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative
醫院管理局行政總裁或其代表

Hospital Chief Executive – Dr IP Wei-chung
醫院行政總監 — 葉衛忠醫生

Members 成員

Mr CHENG Kwong-woon 鄭廣桓先生

Mr Alan CRAWLEY 高萊先生

Mr KONG Wood-chiu 江活潮先生

Dr LAM Cho-yee 林祖怡醫生

Prof LAM Tai-hing 林大慶教授

Prof Edith LAU Ming-chu 劉明珠教授

Prof Arthur K C LI, GBS, JP 李國章教授

Mr Kelvin S C MAN 文世全先生

Mr POON Sun-biu 潘新標先生

Ms WAH Kit-ying 華潔瑩女士

Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院

Chairman 主席

Dr Louis HSU Che-shek 許子石醫生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive – Prof Keith LUK Dip-kei

醫院行政總監 — 陸駿教授

Members 成員

Mr Johnsmen AU 歐中民先生

Mrs Sabrina AUYANG 歐陽林麗明女士

Mr CHAN Kin-chung 陳建聰先生

Mr T T CHEUNG 張達棠先生

Ms FOK Mei-ling 霍美玲女士 (*from 24.10.2000*) (由2000年10月24日起)

Ms Maggie KOONG May-kay 孔美琪女士

Prof LAU Yu-lung 劉宇隆教授 (*from 24.10.2000*) (由2000年10月24日起)

Prof John LEONG Chi-yan, JP 梁智仁教授

Mr Herbert TSOI Hak-kong 蔡克剛先生

Mr Peter WONG Hong-yuen, GBS, JP 黃匡源先生

Dr Arthur YAU 邱明才醫生

Prof YEUNG Chap-yung 楊執庸教授 (*up to 23.10.2000*) (截至2000年10月23日)

Mr John YEUNG Hin-chung, JP 楊顯中先生

Grantham Hospital 葛量洪醫院

Chairman 主席

Mr Y L FANG, JP 彭玉陵先生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive - Dr S C LEUNG

醫院行政總監 — 梁秀芝醫生

Members 成員

Mrs Marjorie BRAY 黎敦義夫人

Prof S K LAM 林兆鑫教授

Mr Edward LAU Man-hon 劉文瀚先生

Mr Lawrence LEE 李金鴻先生

Mr Edwin LEUNG Chung-ching 梁仲清先生

Ms Elizabeth LI 李吳伊莉女士

Mr Willie LUI Pok-shek, JP 呂博碩先生 (*from 28.8.2000*) (由2000年8月28日起)

Mr MA Fung-kwok 馬逢國先生

Prof C K MOK 莫志強教授

Dr Joseph Y C FAN 潘蔭基醫生

Ms Vera RUTTONJEE-DESAI 維拉律敦治 — 荻茜小姐

Mr TSENG Cheng, JP 曾正先生

Prof John WONG 黃健靈教授

Mr James YUE 俞翊鵬先生

Haven of Hope Hospital 靈實醫院

Chairman 主席

Mr Charles C Y CHIU 趙宗義先生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative
醫院管理局行政總裁或其代表

Hospital Chief Executive – Dr Antony LEUNG Chi-tat
醫院行政總監 — 梁智達醫生

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— 盧時楨醫生 *(由2000年6月1日起)*

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– Dr Vivian WONG TAAM Chi-woon, JP (*from 1.10.2000*)

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醫院行政總監 — 鄭文容醫生

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Tung Wah Hospital 東華醫院

Chairman 主席

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醫院管理局行政總裁或其代表

Hospital Chief Executive – Dr Paul WONG *(up to 31.12.2000)*
– Dr K T TOM *(from 1.1.2001)*

醫院行政總監 — 汪偉才醫生 (截至2000年12月31日)
— 譚錦添醫生 (由2001年1月1日起)

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Mr Albert CHEUNG Chung-put, JP 張中弼先生

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醫院管理局行政總裁或其代表

Hospital Chief Executive – Dr K T TOM

醫院行政總監 — 譚錦添醫生

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Mr Ricky YEUNG Chiu-sing 楊超成先生

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醫院管理局行政總裁或其代表

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醫院行政總監 — 余詩思醫生

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醫院管理局行政總裁或其代表

Hospital Chief Executive – Dr Daisy S K DAI
醫院行政總監 — 戴兆群醫生

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Hospital Chief Executive – Dr C Y TSE
醫院行政總監 — 謝俊仁醫生

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Mr Roland CHOW Kun-chee 周近智先生

Mr Patrick LAI Shu-ho 黎樹濠先生

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Mr Ben WONG Chung-mat 王忠秣先生

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醫院管理局行政總裁或其代表

Hospital Chief Executive – Dr David CHENG
醫院行政總監 — 鄭柏榮醫生

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Mr Alfred CHAN Kwok-chiu 陳國超先生

Mr CHENG Chit-ming 鄭捷明先生

Mrs Christina CHENG SO Mei 鄭蘇薇女士

Mr FONG Yock-ye 方若愚先生

Mr HO Tak-sum 何德心先生

Mrs IP YEUNG Fuk-lan 葉楊福蘭女士

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Mr Clarence LO 羅肇麟先生

Mrs Alice MAK CHAN Siu-hing 麥陳少卿女士

Mrs Jenny NG Ming-chun 吳明珍女士

Membership of the Regional Advisory Committees 區域諮詢委員會成員

Hong Kong Regional Advisory Committee 港島區域諮詢委員會

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Director of Health or her representative

衛生署署長或其代表

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Mr Dicky YIP, JP 葉迪奇先生

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醫院管理局行政總裁或其代表

Director of Health or her representative
衛生署署長或其代表

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Mr Henry CHAN Man-yu 陳文佑先生

Mr Christopher CHAN Yu-chong 陳耀莊先生

Mr Charles C Y CHIU 趙宗義先生

Mr Stephen CHOW Chun-kay 周振基先生

Mr FUNG Kwong-chung, JP 馮光中先生

Mr IP Che-kin 葉志堅先生

Mr KWOK Bit-chun 郭必錚先生

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Mr Keith LAM Hon-keung, JP 林漢強先生

Mrs Kimberley LAM KWONG Lan-heung 林鄭蘭香女士

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Dr Michael LEE Yuk-kwan, JP 李玉堃醫生

Mr LEUNG Kam-tao 梁錦滔先生

Mr John LI Kwok-heem 李國謙先生

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Mr MAK Hoi-wah 麥海華先生

Mr William WONG Kuen-wai 黃權威先生

New Territories Regional Advisory Committee 新界區域諮詢委員會

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The Hon Mrs Sophie LEUNG LAU Yu-fun, SBS, JP 梁劉柔芬議員

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative
醫院管理局行政總裁或其代表

Director of Health or her representative
衛生署署長或其代表

Members 成員

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Mr John CHAN Cho-chak, GBS, JP 陳祖澤先生

Mr CHAN How-chi 陳孝慈先生

Mr CHAN Wai-yip 陳偉業先生

Mr Clifton CHIU Chi-cheong 趙志鎔先生

Mr Joseph CHOW Kam-siu 周錦紹先生

Mr CHOW Yick-hay 周奕希先生

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Prof Edith LAU 劉明珠教授

Mr LAU Hou-ting 劉效庭先生

Ms LEE Ying 李瑩女士

Mr LEUNG Wo-ping 梁和平先生

Mr Arthur LI Ka-tat 李家達先生

Dr Winston W C LIM 林栢柱醫生

Mrs Rita LIU, SBS 廖湯慧靄女士

Mr Tony LUK 陸嘉鑾先生

Mr Simon SIT Poon-ki 薛磐基先生

Dr H W TSUI 崔慶桓醫生 (up to 21.5.2000) (截至2000年5月21日)

Mr Ben WONG Chung-mat 王忠秣先生

Mr Philip WONG Chak-piu 黃澤標先生

Mr Raymond S K WONG 王紹強先生

Mr Sam WONG Chun-sing 王振聲先生

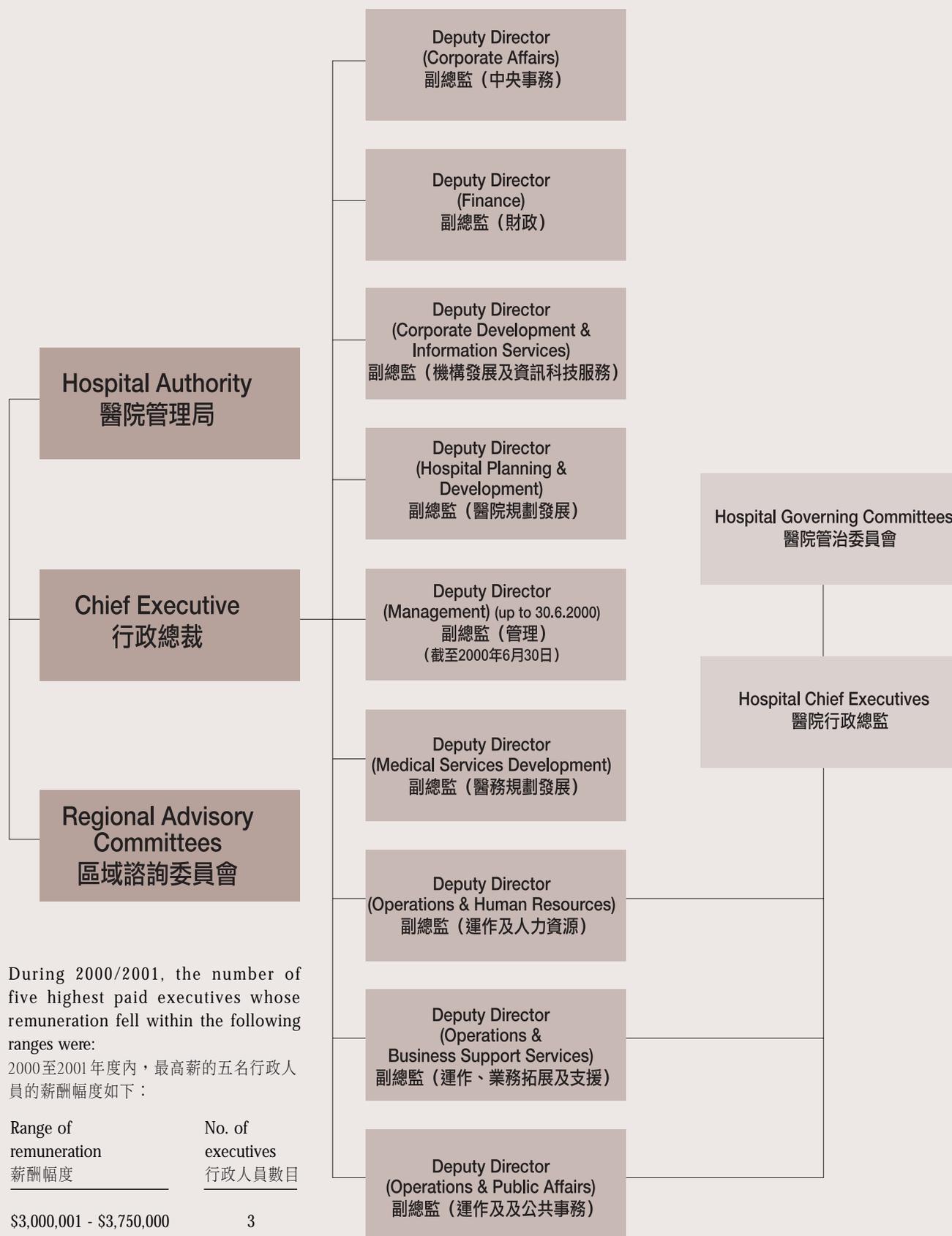
Mr WONG Yu-chung 黃耀聰先生

Mr YEUNG Po-kwan, JP 楊寶坤先生

Membership of the Board of Trustees of the Hospital Authority Provident Fund Scheme 醫院管理局公積金計劃信託委員會成員

Chairman 主席	Mr Peter K C WOO, GBS, JP 吳光正先生 (<i>up to 30.9.2000</i>) (截至2000年9月30日) Dr LO Ka-shui, JP 羅嘉瑞醫生 (<i>from 1.10.2000</i>) (由2000年10月1日起)
Members 成員	Dr William HO, JP 何兆煒醫生 Mrs Eleanor LING LEE Ching-man, SBS, JP 林李靜文女士 Mr LO Chung-hing, SBS 盧重興先生
Employee Trustee 僱員代表	Mrs Sylvia FUNG Yuk-kuen 馮玉娟女士 Mr TONG Kar-wai 湯嘉偉先生 Dr WONG Tak-cheung 黃德祥醫生
Independent Trustees 獨立信託委員	Dr E K YEOH, JP 楊永強醫生 Mr Marvin CHEUNG Kin-tung, JP 張建東先生

Organisation Structure of the Hospital Authority 醫院管理局行政架構



During 2000/2001, the number of five highest paid executives whose remuneration fell within the following ranges were:

2000至2001年度內，最高薪的五名行政人員的薪酬幅度如下：

Range of remuneration 薪酬幅度	No. of executives 行政人員數目
\$3,000,001 - \$3,750,000	3
\$3,750,001 - \$4,500,000	1
\$4,500,001 - \$5,250,000	1
	<u>5</u>

Senior Executives of the Hospital Authority Head Office 醫院管理局總辦事處高級行政人員

Post 職位	Name of Officer 任職人員	Remarks 備註
Chief Executive 行政總裁	Dr William HO, JP 何兆煒醫生	
Deputy Director (Corporate Affairs) 副總監(中央事務)	Dr Lawrence LAI, JP 賴福明醫生	
Deputy Director (Finance) 副總監(財政)	Mr Andy LEE 李兆銓先生	
Deputy Director (Corporate Development & Information Services) 副總監(機構發展及資訊科技服務)	Ms Nancy TSE 謝秀玲女士	
Deputy Director (Hospital Planning and Development) 副總監(醫院規劃發展)	Dr FUNG Hong 馮康醫生	
Deputy Director (Management) 副總監(管理)	Dr Geoffrey LIEU 廖錫堯博士	(up to 30.6.2000) (截至2000年6月30日)
Deputy Director (Medical Services Development) 副總監(醫務規劃發展)	Dr Dickson CHANG 張大成醫生	
Deputy Director (Operations & Business Support Services) 副總監(運作、業務拓展及支援)	Dr Susan CHAN, JP 陳雷素心醫生	
Deputy Director (Operations & Human Resources) 副總監(運作及人力資源)	Dr Kathleen SO, JP 蘇碧嫻醫生	
Deputy Director (Operations & Public Affairs) 副總監(運作及公共事務)	Dr KO Wing-man, JP 高永文醫生	

Number of Beds in Public Hospitals 公立醫院的病床數目

Hospitals 醫院	Number of beds (as at 31.3.2001) 病床數目 (截至2001年3月31日)
Hong Kong and Islands 港島及離島	
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	240
Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	130
Grantham Hospital 葛量洪醫院	579
MacLehose Medical Rehabilitation Centre 麥理浩復康院	130
Nam Long Hospital 南朗醫院	200
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1,733
Queen Mary Hospital 瑪麗醫院	1,439
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	687
St John Hospital 長洲醫院	93
Tsan Yuk Hospital 贊育醫院	199
Tung Wah Eastern Hospital 東華東院	303
Tung Wah Group of Hospitals Fung Yu King Hospital 東華三院馮堯敬醫院	296
Tung Wah Hospital 東華醫院	787
Wong Chuk Hang Hospital 黃竹坑醫院	200
Sub-total 小計	7,016
Population 人口*	1,514,600
Beds per '000 population 每千人病床數目	4.63
Kowloon 九龍	
Caritas Medical Centre 明愛醫院	1,392
Hong Kong Buddhist Hospital 香港佛教醫院	356
Hong Kong Eye Hospital 香港眼科醫院	64
Kowloon Hospital 九龍醫院	1,123
Kwong Wah Hospital 廣華醫院	1,425
Our Lady of Maryknoll Hospital 聖母醫院	258
Queen Elizabeth Hospital 伊利沙伯醫院	1,850
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	1,006
United Christian Hospital 基督教聯合醫院	1,174
Sub-total 小計	8,648
Population 人口*	2,155,000
Beds per '000 population 每千人病床數目	4.01

Hospitals
醫院

Number of beds (as at 31.3.2001)
病床數目 (截至2001年3月31日)

New Territories 新界

AHML Nethersole Hospital 雅麗氏何妙齡那打素醫院	492
Bradbury Hospice 白普理寧養中心	26
Castle Peak Hospital 青山醫院	1,691
Cheshire Home, Shatin 沙田慈氏護養院	296
Haven of Hope Hospital 靈實醫院	305
Kwai Chung Hospital 葵涌醫院	1,534
Lai Chi Kok Hospital 荔枝角醫院	424
North District Hospital & Fanling Hospital 北區醫院及粉嶺醫院	667
Pok Oi Hospital 博愛醫院	404
Prince of Wales Hospital 威爾斯親王醫院	1,364
Princess Margaret Hospital 瑪嘉烈醫院	1,305
Shatin Hospital 沙田醫院	640
Siu Lam Hospital 小欖醫院	300
Tai Po Hospital 大埔醫院	901
Tseung Kwan O Hospital 將軍澳醫院	358
Tuen Mun Hospital 屯門醫院	1,633
Yan Chai Hospital 仁濟醫院	873

Sub-total 小計	13,213
Population 人口*	3,380,100
Beds per '000 population 每千人病床數目	3.91

Grand Total 總計	28,877
Population 人口*#	7,057,200
Beds per '000 population 每千人病床數目	4.09

* 2000 end year population estimate (including transients) 2000年年底的人口估計(包括流動人口)

including marine population and Vietnamese migrants 包括水上人口及越南船民

^ Rehabaid Centre and Hong Kong Red Cross Blood Transfusion Service are Hospital Authority institutions with specific functions and no hospital beds 復康專科及資源中心及香港紅十字會輸血服務中心屬醫院管理局機構，各有特定職能，兩間中心均不設病床。

Public Hospital Services 公立醫院服務

	1996/97	1997/98	1998/99	1999/00	2000/01
General Inpatient Services (excluding Psychiatry and Mentally Handicapped) 普通科住院服務 (不包括精神科及弱智服務)					
(a) Number of discharges ¹ 出院人次 ¹	948,265	973,642	1,040,476	1,091,454	1,151,661
(b) Number of patient days (bed days occupied) 病人日數目 (佔用病床日)	5,574,872	5,845,142	6,265,834	6,560,035	6,638,917
(c) Average occupancy rate (%) 平均住用率 (%)	82.0	83.3	83.8	86.1	84.9
(d) Average length of stay (days) 平均住院時間 (日數)	7.4	7.3	7.3	7.3	7.1
(e) Number of Accident and Emergency attendances ² 急症室求診人次 ²	2,080,006	2,168,777	2,360,679	2,407,118	2,403,090
Outpatient Clinics (excluding Psychiatry and Mentally Handicapped) 門診診療所 (不包括精神科及弱智服務)					
(a) Number of specialist outpatient attendances ³ 專科門診求診人次	6,121,160	6,993,218	7,632,930	7,550,445	7,699,593
(b) Number of integrated outpatient attendances 綜合診所求診人次	-	-	-	25,630	89,482
(c) Number of general outpatient attendances 普通科門診求診人次	754,572	759,127	756,723	776,578	813,710
Community Nursing Services 社康護理服務					
(a) Number of patients treated 治理病人數目	28,109	31,643	34,946	40,199	45,944
(b) Number of home visits 家訪次數	383,401	439,319	478,633	554,269	633,003
Psychiatric and Mentally Handicapped Services 精神科及弱智服務					
(a) Number of discharges ¹ 出院人次 ¹	10,187	11,849	12,502	13,156	14,306
(b) Number of patient days (bed days occupied) 病人日數目 (佔用病床)	1,862,570	1,915,740	1,917,301	1,887,811	1,853,017
(c) Average occupancy rate (%) 平均住用率 (%)	89.1	90.6	89.7	86.3	83.5
(d) Average length of stay (days) 平均住院時間 (日數)	196.4	165.9	167.5	163.2	190.8
(e) Number of psychiatric specialist outpatient attendances 精神科專科門診求診人次	340,775	371,788	400,198	432,069	471,262

¹ including deaths 包括死亡人數

² including Accident and Emergency follow-up attendances 包括急症室覆診人次

³ including allied health outpatient attendances 包括專職醫療門診求診人次

Statistics on Inpatient, A&E and Specialist Outpatient Services, 2000/01

2000/01年度住院服務、急症服務及專科門診服務統計

Institution 機構	Total IP & DP Discharges and Deaths 住院及日間 病人出院及 死亡總數	Inpatient Occupancy Rate (%) 住院病人 住用率 (%)	Inpatient Average Length of Stay (days) 住院病人 平均住院時間 (日數)	Total A&E Attendances 急症室求診 總人次	Total SOP Attendances (including AH Attendances) 專科門診總人次 (包括專職醫療 門診人次)	Total Integrated Clinic Attendances 綜合診所 總求診人次
Hong Kong and Islands 港島及離島						
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	392	86.4	72.8			
Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	2,327	70.1	18.0		52,070	
Grantham Hospital 葛量洪醫院	13,529	69.7	13.8		57,375	
MacLehose Medical Rehabilitation Centre 麥理浩復康院	710	93.6	48.8		1,098	
Nam Long Hospital 南朗醫院	1,773	71.0	29.4		4,424	
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	92,757	91.0	7.0	196,595	716,800	17,295
Queen Mary Hospital 瑪麗醫院	97,255	81.5	5.5	146,759	689,314	
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	27,437	88.8	8.1	110,518	217,970	177
St John Hospital 長洲醫院	2,414	75.2	14.3	12,447	15,335	
Tsan Yuk Hospital 贊育醫院	13,353	59.2	4.0		44,132	12,982
Tung Wah Eastern Hospital 東華東院	7,271	83.2	14.1		159,426	187
TWGH Fung Yiu King Hospital 東華三院馮堯敬醫院	2,866	83.5	29.2		262	
Tung Wah Hospital 東華醫院	20,678	76.7	17.5		57,203	
Wong Chuk Hang Hospital 黃竹坑醫院	720	92.0	62.5			
Sub-total 小計	283,482	82.9	8.6	466,319	2,015,409	30,641

Institution 機構	Total IP & DP Discharges and Deaths 住院及日間 病人出院及 死亡總數	Inpatient Occupancy Rate (%) 住院病人 住用率 (%)	Inpatient Average Length of Stay (days) 住院病人平均 住院時間 (日數)	Total A&E Attendances 急症室求診 總人次	Total SOP Attendances (including AH Attendances) 專科門診總人次 (包括專職醫療 門診人次)	Total Integrated Clinic Attendances 綜合診所 總求診人次
Kowloon 九龍						
Caritas Medical Centre 明愛醫院	57,383	79.6	9.2	132,082	419,001	4,903
Hong Kong Buddhist Hospital 香港佛教醫院	8,974	84.1	14.9		37,213	
Hong Kong Eye Hospital 香港眼科醫院	6,888	31.1	6.3		345,128	
Kowloon Hospital 九龍醫院	14,198	86.8	22.8		176,709	
Kwong Wah Hospital 廣華醫院	88,853	86.0	5.4	239,431	481,544	3,805
Our Lady of Maryknoll Hospital 聖母醫院	9,237	68.0	7.6		81,857	4,010
Queen Elizabeth Hospital 伊利沙伯醫院	136,645	88.4	5.7	227,643	845,580	3,697
Rehabaid Centre 復康專科及資源中心					3,466	
TWGH Wong Tai Sin Hospital 東華三院黃大仙醫院	7,868	74.5	35.5		1,491	
United Christian Hospital 基督教聯合醫院	81,281	91.4	5.4	248,668	650,708	13,066
Sub-total 小計	411,327	84.3	7.6	847,824	3,042,697	29,481
New Territories 新界						
AHML Nethersole Hospital 雅麗氏何妙齡那打素醫院	45,837	84.8	4.8	141,034	279,351	4,865
Bradbury Hospice 白普理寧養中心	666	85.2	12.4		2,084	
Castle Peak Hospital 青山醫院	2,301	88.5	331.3		80,134	
Cheshire Home, Shatin 沙田慈氏護養院	2,644	86.7	27.8		820	
Haven of Hope Hospital 靈實醫院	6,131	91.5	20.6		11,827	
Kwai Chung Hospital 葵涌醫院	4,227	81.1	135.6		198,381	

Institution 機構	Total IP & DP Discharges and Deaths 住院及日間 病人出院及 死亡總數	Inpatient Occupancy Rate (%) 住院病人 住用率 (%)	Inpatient Average Length of Stay (days) 住院病人平均 住院時間 (日數)	Total A&E Attendances 急症室求診 總人次	Total SOP Attendances (including AH Attendances) 專科門診總人次 (包括專職醫療 門診人次)	Total Integrated Clinic Attendances 綜合診所 總求診人次
Lai Chi Kok Hospital 荔枝角醫院	451	80.8	1,696.1			
North District Hospital 北區醫院	31,208	78.3	6.5	134,528	207,537	
Pok Oi Hospital 博愛醫院	5,540	76.5	18.6	5,811	50,984	
Prince of Wales Hospital 威爾斯親王醫院	103,176	86.1	5.4	193,501	815,608	5,379
Princess Margaret Hospital 瑪嘉烈醫院	85,600	89.7	6.3	143,046	440,192	
Shatin Hospital 沙田醫院	5,734	85.7	36.1		5,711	
Siu Lam Hospital 小欖醫院	98	97.9	555.4			
Tai Po Hospital 大埔醫院	6,231	80.0	28.7		926	
Tseung Kwan O Hospital 將軍澳醫院	11,469	49.6	4.5	54,512	60,180	
Tuen Mun Hospital 屯門醫院	116,329	89.2	5.3	258,554	722,428	19,116
Yan Chai Hospital 仁濟醫院	43,516	95.2	6.6	157,961	236,586	
Sub-total 小計	471,158	85.7	12.8	1,088,947	3,112,749	29,360
Grand Total 總計	1,165,967	84.6	10.0	2,403,090	8,170,855	89,482

Notes: 1. Rehabaid Centre and Hong Kong Red Cross Blood Transfusion Service are Hospital Authority institutions with specific functions but no hospital beds.

2. Tang Shiu Kin Hospital ceased operation on 15.10.1999 with only A&E service and specialist outpatient service in operation.

3. The SOP attendances for different clinics are grouped under respective hospital management.

註：1. 復康專科及資源中心及香港紅十字會輸血服務中心屬醫院管理局機構，各有特定職能，兩間中心均不設病床。

2. 由1999年10月15日起，除急症室及專科門診服務外，鄧肇堅醫院停止提供其他醫療服務。

3. 各診所的專科門診總人次是按組別歸入所屬醫院之下。

Statistics on Community Services, 2000/01

2000/01年度社康服務統計

Institution 機構	Community Nursing Service* 社康護理服務*	Community Psychiatric Nursing Service* 精神科社康 護理服務*	Community Psychiatric Service# 社區精神科 服務#	Psychogeriatric Service# 老人精神科 服務#	Community Geriatric Assessment Service@ 社區老人 評估服務@
Hong Kong and Islands 港島及離島					
Pamela Youde Nethersole Eastem Hospital 東區尤德夫人那打素醫院	82,088	6,915	786	1,950	
Queen Mary Hospital 瑪麗醫院	45,076	2639		7,053	
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院					68,821
St John Hospital 長洲醫院	3,548				
TWGH Fung Yiu King Hospital 東華三院馮堯敬醫院					22,864
Sub-total 小計	130,712	9,554	786	9,003	91,685
Kowloon 九龍					
Caritas Medical Centre 明愛醫院	55,514				27,664
Kowloon Hospital 九龍醫院	35,772	2,679	991	3,963	20,129
Kwong Wah Hospital 廣華醫院	35,296				23,036
Our Lady of Maryknoll Hospital 聖母醫院	40,665				
Queen Elizabeth Hospital 伊利沙伯醫院					12,740
United Christian Hospital 基督教聯合醫院	106,703	6,170		2,746	21,466
Sub-total 小計	273,950	8,849	991	6,709	105,035
New Territories 新界					
AHML Nethersole Hospital 雅麗氏何妙齡那打素醫院	17,379				
Castle Peak Hospital 青山醫院		12,663	2,622	5,031	
Haven of Hope Hospital 靈實醫院	30,509				2,209

Institution 機構	Community Nursing Service* 社康護理服務*	Community Psychiatric Nursing Service* 精神科社康 護理服務*	Community Psychiatric Service# 社區精神科 服務#	Psychogeriatric Service# 老人精神科 服務#	Community Geriatric Assessment Service @ 社區老人 評估服務@
Kwai Chung Hospital 葵涌醫院		12,988	2,560	7,010	
Princess Margaret Hospital 瑪嘉烈醫院	66,416				22,589
Shatin Hospital 沙田醫院	30,615	2,959	1,307	3,420	13,906
Tai Po Hospital 大埔醫院		1,352	371		5,259
Tuen Mun Hospital 屯門醫院	83,422				23,043
Sub-total 小計	228,341	29,962	6,860	15,437	67,006
Grand Total 總計	633,003	48,365	8,637	31,173	263,726

* For Community Nursing Service and Community Psychiatric Nursing Service, the activity refers to number of home visits made.
For Community Psychiatric Service and Psychogeriatric Service, the activity refers to total number of outreach attendances and home visits.
The activity of Psychogeriatric Service also includes consultation-liaison attendances.
@ For Community Geriatric Assessment Service, the activity refers to total number of outreach attendances and assessments performed.
Note: The activity performed in different centres/teams are grouped under respective hospital management.

* 有關數字是指社康護理服務及精神科社康護理服務的家訪次數。
有關數字是指社區精神科服務及老人精神科服務的外展及家訪總數。老人精神科服務包括聯網診症次數。
@ 有關數字是指社區老人評估服務的外展及評估總數。
註：各中心及小組的數字是按組別歸入所屬醫院之下。

Public Complaints Statistics 公眾投訴統計

Public Complaints Committee

公眾投訴委員會

Nature of Cases 個案性質	Complaints received 投訴數目 (1.4.2000 - 31.3.2001)
Medical Services 醫療服務	62
Staff Attitude 職員態度	1
Administrative Procedure 行政程序	1
Others 其他	9
Total 總計	73

Hospital Complaints Statistics

醫院投訴統計

Nature of Cases 個案性質	Number 數字	Percentage 百分率
Medical Services 醫療服務	729	43%
Staff Attitude 職員態度	513	31%
Administrative Procedure 行政程序	255	15%
Others 其他	182	11%
Total 總計	1679	100%

Manpower Position of the Hospital Authority – by institution 醫院管理局人手狀況(按機構分類)

	Number of staff (as at 31.3.2001) 職員數目 (截至2001年3月31日)				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	148	486	135	546	1315
Bradbury Hospice 白普理寧養中心	2	30	3	24	59
Caritas Medical Centre 明愛醫院	192	776	169	801	1938
Castle Peak Hospital 青山醫院	47	539	51	650	1287
Cheshire Home (Chung Home Kok) 春磡角慈氏護養院	3	67	8	88	166
Cheshire Home (Shatin) 沙田慈氏護養院	2	91	12	89	194
Duchess of Kent Children's Hospital 根德公爵夫人兒童醫院	10	70	40	128	248
Grantham Hospital 葛量洪醫院	48	353	59	283	743
Haven of Hope Hospital 靈實醫院	15	248	47	287	597
Hong Kong Buddhist Hospital 香港佛教醫院	16	145	23	146	330
Hong Kong Eye Hospital 香港眼科醫院	34	71	15	111	231
Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	2	75	45	152	274
HK Tuberculosis, Chest & Heart Diseases Association 香港防癆心臟及胸病協會	0	0	0	11	11
Kowloon Hospital 九龍醫院	41	595	136	567	1339
Kwai Chung Hospital 葵涌醫院	59	635	68	615	1377
Kwong Wah Hospital 廣華醫院	286	1197	243	1116	2842
Lai Chi Kok Hospital 荔枝角醫院	3	69	4	98	174
MacLehose Medical Rehabilitation Centre 麥理浩復康院	2	35	39	82	158
Nam Long Hospital 南朗醫院	7	92	10	99	208
North District Hospital 北區醫院	115	501	91	454	1161

	Number of staff (as at 31.3.2001)				
	職員數目 (截至2001年3月31日)				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Our Lady of Maryknoll Hospital 聖母醫院	38	218	45	198	499
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	328	1245	287	1519	3379
Pok Oi Hospital 博愛醫院	42	188	48	247	525
Prince of Wales Hospital 威爾斯親王醫院	405	1522	380	1475	3782
Princess Margaret Hospital 瑪嘉烈醫院	300	1301	264	1196	3061
Queen Elizabeth Hospital 伊利沙伯醫院	461	1731	441	1706	4339
Queen Mary Hospital 瑪麗醫院	370	1532	423	1536	3861
Rehabaid Centre 復康專科及資源中心	0	0	13	13	26
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	94	404	152	598	1248
Shatin Hospital 沙田醫院	27	316	62	369	774
Siu Lam Hospital 小欖醫院	2	71	6	215	294
St. John Hospital 長洲醫院	5	42	10	75	132
Tai Po Hospital 大埔醫院	30	287	52	370	739
Tsan Yuk Hospital 贊育醫院	36	170	31	91	328
Tseung Kwan O Hospital 將軍澳醫院	102	317	91	248	758
Tuen Mun Hospital 屯門醫院	365	1482	345	1515	3707
Tung Wah Eastern Hospital 東華東院	39	203	51	256	549
Tung Wah Hospital 東華醫院	44	338	57	323	762
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	9	89	17	129	244

	Number of staff (as at 31.3.2001) 職員數目 (截至2001年3月31日)				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	29	255	39	296	619
United Christian Hospital 基督教聯合醫院	312	1228	283	1217	3040
Wong Chuk Hang Hospital 黃竹坑醫院	5	59	9	139	212
Yan Chai Hospital 仁濟醫院	138	656	128	699	1621
Total 總計	4213	19729	4432	20777	49151*

* Note : Not including 334 core staff in the Hospital Authority Head Office and 448 staff in Hospital Authority shared/agency services.

* 註：不包括醫管局總辦事處核心職員 334名及醫管局共用 / 代理服務職員 448 名。

Manpower Position of the Hospital Authority – by Staff Group

醫院管理局人手狀況 (按職員組別分類)

	1996/97	1997/98	1998/99	1999/00	2000/01
Medical 醫療					
Consultant 顧問醫生	435	466	494	496	501
Senior Medical Officer/Associate Consultant 高級醫生 / 副顧問醫生	764	791	860	873	879
Medical Officer/Resident 醫生 / 駐院醫生	1913	2030	2112	2292	2508
Intern/Extern 駐院 / 非駐院實習醫生	334	291	334	314	330
Senior Dental Officer/Dental Officer 高級牙科醫生 / 牙科醫生	3	3	4	4	4
Medical Total 醫療人員總計	3449	3581	3804	3979	4222
Nursing 護理					
Senior Nursing Officer and above 高級護士長或以上	121	117	114	111	105
Department Operations Manager 部門運作經理	181	181	191	186	177
General 普通科					
Ward Manager 病房經理	528	557	563	553	541
Nurse Specialist 專科護士	127	159	170	172	176
Nursing Officer 護士長	1756	1801	1861	1830	1779
Registered Nurse 註冊護士	7703	8041	8726	9379	10081
Student Nurse 註冊護士學生	2529	2762	2769	1855	1228
Enrolled Nurse 登記護士	2949	3098	3205	3234	3437
Pupil Nurse 登記護士學生	940	786	632	416	112
Midwife/Others 助產士 / 其他	124	109	105	95	92
Psychiatric 精神科					
Ward Manager 病房經理	107	112	113	115	110
Nurse Specialist 專科護士	11	13	14	14	14
Nursing Officer 護士長	212	214	223	218	215
Registered Nurse 註冊護士	624	627	707	787	877
Student Nurse 註冊護士學生	301	360	357	240	141
Enrolled Nurse 登記護士	636	642	652	648	645
Pupil Nurse 登記護士學生	70	35	33	27	16
Nursing Total 護理人員總計	18919	19614	20435	19880	19746
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	9	10	11	11	11
Clinical Psychologist 臨床心理學家	50	54	57	59	60
Dietitian 營養師	68	76	79	77	80
Dispenser 配藥員	661	656	660	642	640
Medical Laboratory Technician 醫務化驗員	1093	1097	1104	1092	1088

	1996/97	1997/98	1998/99	1999/00	2000/01
Mould Laboratory Technician 製模實驗室技術員	28	28	28	28	28
Optometrist 視光師	22	25	24	26	26
Orthoptist 視覺矯正師	10	10	13	12	12
Occupational Therapist 職業治療師	380	399	417	427	445
Pharmacist 藥劑師	154	162	170	170	179
Physicist 物理學家	40	39	39	38	38
Physiotherapist 物理治療師	602	637	657	659	685
Podiatrist 足病治療師	16	17	19	21	20
Prosthetist-Orthotist 義肢矯形師	83	82	89	91	93
Radiographer 放射技師	714	756	775	771	798
Scientific Officer (Medical) 科學主任(醫務)	54	56	56	57	56
Speech Therapist 言語治療師	35	41	45	49	51
Medical Social Worker 醫務社會工作主任	129	145	147	147	155
Others 其他	5	5	2	2	2
Allied Health Total 專職醫療人員總計	4153	4295	4392	4379	4467
Health Care Assistant 健康服務助理	2790	3394	3825	3868	4138
Ward Attendant 病房服務員	2670	2318	2155	1999	1710
Health Care Assistant & Ward Attendant Total 健康服務助理及病房服務員總計	5460	5712	5980	5867	5848
Direct Patient Care Total 直接病人護理人手總計	31981	33202	34611	34105	34283
Others 其他					
Chief Executive/Deputy Director 行政總裁 / 副總監	15	14	13	10	9
Hospital Chief Executive 醫院行政總監	41	43	42	42	37
Management – Senior Executive Manager/ Executive Manager, General Manager 管理人員 – 高級行政經理 / 行政經理 / 總經理	103	108	110	105	104
Other Professionals/Administrative – Accountant, Hospital Administrator, Systems Manager, Analyst Programmer etc 行政 / 其他專業人員 – 會計師、院務主任、系統經理、系統程序分析編製主任等	849	873	879	853	851
Other Supporting Staff – Clerical, Secretarial, Workman, Artisan, Laundry Worker etc 其他支援人員 – 文員、秘書、工人、技工、洗衣工人等	14813	15294	15548	15093	14649
Non-direct Patient Care Total 非直接病人護理人手總計	15821	16332	16592	16103	15650
HA Total 醫管局人手總計	47802	49534	51203	50208	49933

Resource Allocation to Hospitals and Other Financial Information 資源分配及其他財務資料

Institution 機構	Budget Allocation (HK\$ Million) 預算分配 (港幣百萬元)
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	768.5
Bradbury Hospice 白普理寧養中心	37.6
Caritas Medical Centre 明愛醫院	999.9
Castle Peak Hospital 青山醫院	562.5
Cheshire Home (Chung Home Kok) 春薊角慈氏護養院	63.9
Cheshire Home (Shatin) 沙田慈氏護養院	84.4
Duchess of Kent Children's Hospital 根德公爵夫人兒童醫院	127.6
Grantham Hospital 葛量洪醫院	422.4
Haven of Hope Hospital 靈實醫院	258.3
Hong Kong Buddhist Hospital 香港佛教醫院	183.4
Hong Kong Eye Hospital 香港眼科醫院	159.7
Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	165.8
HK Tuberculosis, Chest & Heart Diseases Association 香港防癆心臟及胸病協會	4.5
Kowloon Hospital 九龍醫院	607.7
Kwai Chung Hospital 葵涌醫院	664.7
Kwong Wah Hospital 廣華醫院	1,472.3
Lai Chi Kok Hospital 荔枝角醫院	89.5
MacLehose Medical Rehabilitation Centre 麥理浩復康院	78.4
Nam Long Hospital 南朗醫院	96.9
North District Hospital / Fanling Hospital 北區醫院 / 粉嶺醫院	715.4
Our Lady of Maryknoll Hospital 聖母醫院	273.8
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1,803.0
Pok Oi Hospital 博愛醫院	287.7
Prince of Wales Hospital 威爾斯親王醫院	2,089.6
Princess Margaret Hospital 瑪嘉烈醫院	1,692.1
Queen Elizabeth Hospital 伊利沙伯醫院	2,647.2
Queen Mary Hospital 瑪麗醫院	2,234.1
Rehabaid Centre 復康專科及資源中心	17.7
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	671.6
Shatin Hospital 沙田醫院	345.2
Siu Lam Hospital 小欖醫院	104.8
St. John Hospital 長洲醫院	58.2
Tai Po Hospital 大埔醫院	333.3
Tsan Yuk Hospital 贊育醫院	213.5

Institution 機構	Budget Allocation (HK\$ Million) 預算分配 (港幣百萬元)
Tseung Kwan O Hospital 將軍澳醫院	393.3
Tuen Mun Hospital 屯門醫院	1,970.3
Tung Wah Eastern Hospital 東華東院	279.4
Tung Wah Hospital 東華醫院	387.1
Tung Wah Group of Hospitals Fung Yu King Hospital 東華三院馮堯敬醫院	111.0
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	283.4
United Christian Hospital 基督教聯合醫院	1,657.4
Wong Chuk Hang Hospital 黃竹坑醫院	78.4
Yan Chai Hospital 仁濟醫院	848.4
Hospital Authority Head Office 醫管局總辦事處	327.9
Others 其他*	2,289.2
Total Budget 總預算	28,961.0

* includes budget allocations for shared services and Invest-to-Save projects

* 包括共用服務及節省資源投資計劃的預算分配

Analysis of Hospital/Clinic Fees and Charges

The charges for hospital services provided by the Hospital Authority are levied in accordance with those stipulated in the Gazette and are recognised as income in the Statement of Income and Expenditure when services are provided.

Hospital fees and charges that are uncollectible are written off in the Statement of Income and Expenditure for the year. In addition, provision is also made for those outstanding hospital fees and charges as at the financial year-end. The amount of provision for doubtful debts in financial year 2000/2001 is HK\$ 29,079,000 (2000: HK\$ 34,551,000). Such provision is assessed based on both the aging as well as the recoverability rate of outstanding hospital fees and charges as at the financial year-end.

The analysis of the hospital/clinic fees and charges of the Hospital Authority is as follows:

	2000/2001			1999/2000		
	HK\$'000	HK\$'000	(%)	HK\$'000	HK\$'000	(%)
Net hospital/clinic fees and charges		735,270	(68.8%)		704,305	(68.8%)
Hospital/clinic fees written-off and changes in provision for doubtful debts						
Actual write-off	23,749			23,320		
Increase/(Decrease) in provision	(5,456)			(6,826)		
		18,293	(1.7%)		16,494	(1.6%)
Waiver of hospital/clinic fees for:						
Entitled Persons*		299,778	(28.0%)		295,925	(28.9%)
Non-Entitled Persons*		16,158	(1.5%)		7,563	(0.7%)
Total hospital/clinic fees and charges		<u>1,069,499</u>	<u>(100%)</u>		<u>1,024,287</u>	<u>(100%)</u>

* Entitled Persons refer to those patients holding the Hong Kong Identity Cards and any other patients are classified as Non-Entitled Persons.

醫院診療所收費分析

醫院管理局所提供的醫療服務，是根據憲報規定的收費表徵收，並於服務提供時，在該年度的收支結算表確認為收入。

未能收取的費用則會在該年度的收支結算表內註銷。此外，亦會為財政年度終結時尚未清繳的醫院費用作呆賬準備。2000至2001財政年度的呆賬準備為港幣29,079,000元（2000年則為港幣34,551,000元）。上述的呆賬準備，是評估財政年度終結時尚未清繳費用的拖欠期及可追收機會後計算出來。

醫院管理局醫院 / 診療所收費的分析如下：

	2000/2001			1999/2000		
	港幣(千元)	港幣(千元)	(%)	港幣(千元)	港幣(千元)	(%)
醫院 / 診療所收費淨額		735,270	(68.8%)		704,305	(68.8%)
註銷的醫院 / 診療所收費及 呆帳預留款項的變動						
實際註銷的收費	23,749			23,320		
呆帳預留款項的增加 / (減少)	(5,456)			(6,826)		
		18,293	(1.7%)		16,494	(1.6%)
獲豁免的醫院 / 診療所收費：						
符合資格人士*		299,778	(28.0%)		295,925	(28.9%)
非符合資格人士*		16,158	(1.5%)		7,563	(0.7%)
醫院 / 診療所收費總額		<u>1,069,499</u>	<u>(100%)</u>		<u>1,024,287</u>	<u>(100%)</u>

* 符合資格人士指持有香港身份證的病人，而其他病人則歸列為非符合資格人士。

Hospital Authority Training and Development Expenditure 2000/2001 2000/2001 醫院管理局職員培訓及發展開支

Institution 機構	Amount (HK\$) 款額 (港幣)
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	619,643
Bradbury Hospice 白普理寧養中心	64,150
Caritas Medical Centre 明愛醫院	802,019
Castle Peak Hospital 青山醫院	535,273
Cheshire Home (Chung Home Kok) 春磡角慈氏護養院	53,000
Cheshire Home (Shatin) 沙田慈氏護養院	23,535
Duchess of Kent Children's Hospital 根德公爵夫人兒童醫院	94,186
Grantham Hospital 葛量洪醫院	187,197
Haven of Hope Hospital 靈實醫院	162,971
Hong Kong Buddhist Hospital 香港佛教醫院	13,375
Hong Kong Eye Hospital 香港眼科醫院	359,595
Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	24,721
HK Tuberculosis, Chest & Heart Diseases Association 香港防癆心臟及胸病協會	650
Kowloon Hospital 九龍醫院	381,164
Kwai Chung Hospital 葵涌醫院	675,948
Kwong Wah Hospital 廣華醫院	1,149,556
Lai Chi Kok Hospital 荔枝角醫院	75,702
MacLehose Medical Rehabilitation Centre 麥理浩復康院	81,885
Nam Long Hospital 南朗醫院	24,265
North District Hospital / Fanling Hospital 北區醫院 / 粉嶺醫院	937,027
Our Lady of Maryknoll Hospital 聖母醫院	123,594
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1,494,357
Pok Oi Hospital 博愛醫院	165,036
Prince of Wales Hospital 威爾斯親王醫院	1,709,946
Princess Margaret Hospital 瑪嘉烈醫院	1,135,914
Queen Elizabeth Hospital 伊利沙伯醫院	4,743,555
Queen Mary Hospital 瑪麗醫院	2,551,128
Rehabaid Centre 復康專科及資源中心	15,510
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	537,145
Shatin Hospital 沙田醫院	119,748
Siu Lam Hospital 小欖醫院	26,020
St. John Hospital 長洲醫院	56,057
Tai Po Hospital 大埔醫院	241,686
Tsan Yuk Hospital 贊育醫院	384,381
Tuen Mun Hospital 屯門醫院	1,598,922

Institution 機構	Amount (HK\$) 款額 (港幣)
Tung Wah Eastern Hospital 東華東院	255,050
Tung Wah Hospital 東華醫院	289,955
Tung Wah Group of Hospitals Fung Yu King Hospital 東華三院馮堯敬醫院	72,703
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	174,580
United Christian Hospital 基督教聯合醫院	1,858,032
Wong Chuk Hang Hospital 黃竹坑醫院	41,887
Yan Chai Hospital 仁濟醫院	547,748
Hospital Authority Head Office 醫管局總辦事處	1,401,554
Total 總計	25,810,370

Central Programmes 中央計劃	Amount (HK\$) 款額 (港幣)
Central Sponsorship 中央贊助款額	1,313,033
Consultants' Continuous Education 顧問醫生的持續教育	1,452,328
Commissioned Training 委託培訓計劃	5,121,923
IANS' Commissioned Training & Enhancement Programmes 護理深造學院委託培訓及深造計劃	1,100,000
Management & Staff Development Programmes 管理及職員發展計劃	3,971,386
Vocational Skills Training for Supporting & Clerical Staff 支援及文書職系的職業技能培訓	484,998
Total 總計	13,443,668

Capital Works Summary – 2000/2001

2000/2001 基本工程摘要

Institution 機構	Project 工程	Planned / Actual Start Date 計劃 / 實際 動工日期	Planned / Actual Completion 計劃 / 實際 完成日期	Current Estimate (Mn\$) 目前估價 (百萬元)
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Section 1 – Major Projects Under Construction

第一部份 — 基本工程摘要

Hong Kong 港島

Various Hospitals 多間醫院	Retrofitting or replacement of air-conditioning & refrigerating plants & fire fighting systems in public hospitals 改裝或更換公立醫院的空調及冷凍機房和滅火系統	05/95	05/00	151.000
Queen Mary Hospital 瑪麗醫院	Reprovisioning of the Sai Ying Pun Specialist Out-patient Clinic 遷建西營盤專科門診診療所	12/96	09/99	358.371
Various Hospitals 多間醫院	Hospital Improvements Stage III – 8 Hospitals (DKCH, GH, KWH, NLH, OLMH, TWH, UCH, YCH) 醫院改善計劃第III期 — 8間醫院(根德公爵夫人兒童醫院、葛量洪醫院、廣華醫院、南朗醫院、聖母醫院、東華醫院、基督教聯合醫院、仁濟醫院)	07/98	07/02	196.057
MacLehose Medical Rehabilitation Centre 麥理浩復康院	Refurbishment 翻新	03/98	09/01	56.630
Various Hospitals 多間醫院	Hospital Improvements Stage IV – 13 Hospitals (CPH, FH, KH, KCH, LCKH, PMH, PWH, QEH, QMH, SJH, TSKH, TYH, TMH) 醫院改善計劃第IV期 — 13間醫院(青山醫院、粉嶺醫院、九龍醫院、葵涌醫院、荔枝角醫院、瑪嘉烈醫院、威爾斯親王醫院、伊利沙伯醫院、瑪麗醫院、長洲醫院、鄧肇堅醫院、贊育醫院、屯門醫院)	06/98	12/02	122.026
Nam Long Hospital 南朗醫院	Upgrading of Ward E 提升E病房的設施	06/99	03/00	20.000
Queen Mary Hospital 瑪麗醫院	Relocation of Obstetrics & Neonatal services from TYH and renovation of wards K6, K9, K20 遷入贊育醫院的產科及新生嬰兒服務及翻新K6、K9及K20病房	03/00	06/02	78.660

Institution 機構	Project 工程	Planned / Actual Start Date 計劃 / 實際 動工日期	Planned / Actual Completion 計劃 / 實際 完成日期	Current Estimate (Mn\$) 目前估價 (百萬元)
Kowloon 九龍				
United Christian Hospital 基督教聯合醫院	Extension Phases I & II – expansion into 1417 bed acute hospital 擴建工程第I及第II期 — 擴建為設有1,417 張病床的急症醫院	01/92	04/99	1,715.800
Kwong Wah Hospital 廣華醫院	Outpatient Department 擴建門診部	08/96	10/99	158.930
Kowloon Hospital Rehabilitation Building 九龍醫院康復大樓	Centre with 544 infirmery beds 興建設有療養病床544張的復康中心	10/96	02/99	548.823
Our Lady of Maryknoll Hospital 聖母醫院	Redevelopment of Specialist Out- patient Department, Nursing School & Pupil Nurse Hostel 重建專科門診部、護士學校及登記護士學 生宿舍	01/97	07/99	99.300
Caritas Medical Centre 明愛醫院	Redevelopment Phase I 重建第I期	01/98	01/02	794.200
Kowloon Hospital 九龍醫院	Refurbishment & Redevelopment Phase I 翻新及重建第I期	03/98	02/02	929.311
Hong Kong Eye Hospital 香港眼科醫院	Expansion of Surgical Care Facilities 擴建手術護理設施	06/98	08/99	65.487
Kwong Wah Hospital 廣華醫院	Provision of Rehabilitative Environment for Patients & Staf and Provision of Covered Walkway 為病人提供康復環境及為病人及職員搭建 有蓋行人路	08/00	03/04	16.000
New Territories 新界				
Nethersole Hospital 那打素醫院	Relocation to new premises at Tai Po with 642 beds 遷至設有642張病床的大埔新址	04/93	06/00	1,194.000
Castle Peak Hospital 青山醫院	Redevelopment – Phase I, Stage II 重建工程第一期第II階段	03/97	02/99	150.000

Institution 機構	Project 工程	Planned / Actual Start Date 計劃 / 實際 動工日期	Planned / Actual Completion 計劃 / 實際 完成日期	Current Estimate (Mn\$) 目前估價 (百萬元)
Tseung Kwan O Hospital 將軍澳醫院	District hospital with about 400 beds and ambulatory care centre 興建設有約400張病床及日間醫護服務的地區醫院	04/96	04/99	2,094.290
Castle Peak Hospital 青山醫院	Redevelopment Phase II 重建工程第二期	04/98	08/05	1,194.005
Butterfly Beach Laundry 蝴蝶灣洗衣工場	Reprovisioning of Laundry – to have annual throughput of 10.8 m kg 更新工場設施 — 以達到每年1080萬公斤的洗衣量	11/96	03/99	290.170
Princess Margaret Hospital 瑪嘉烈醫院	Reprovisioning of the South Kwai Chung Specialist Clinic 遷建南葵涌專科診療所	01/97	04/99	342.026
Lai King Hospital 荔景醫院	Hospital with 250 infimary beds 興建設有250張療養病床的醫院	10/98	07/00	592.575
Prince of Wales Hospital 威爾斯親王醫院	Trauma Centre 創傷中心	08/97	12/01	94.140
Tuen Mun Hospital 屯門醫院	Tuen Mun Polyclinic – Relocation 調遷屯門分科診療所	06/98	03/01	519.660
Tuen Mun Hospital 屯門醫院	Palliative Care and Hospice Ward 增建舒緩護理及寧養病房	03/99	06/00	21.600
Pok Oi Hospital 博愛醫院	Redevelopment & Expansion into 622 bed acute hospital 重建及擴充成為有622張急症病床的醫院	06/00	12/06	2,074.124
Sub-total 小計				13,877.185

Institution 機構	Project 工程	Planned / Actual Start Date 計劃 / 實際 動工日期	Planned / Actual Completion 計劃 / 實際 完成日期	Current Estimate (Mn\$) 目前估價 (百萬元)
Section 2 – Major Projects Planned (Funds Earmarked)				
第二部份 – 計劃中的大型工程 (預留款項)				
Hong Kong 港島				
Ruttonjee Hospital 律敦治醫院	Relocation of Tang Shiu Kin Hospital Accident & Emergency Department 搬遷鄧肇堅醫院急症室	01/01	03/03	153.530
Tang Siu Kin Hospital 鄧肇堅醫院	Remodelling into an Ambulatory Care Centre 改建為日間護理中心	01/03	01/05	235.205
Kowloon 九龍				
	No projects 沒有工程			
New Territories 離島				
Princess Margaret Hospital 瑪嘉烈醫院	Radiotherapy Centre and Accident & Emergency Department 放射治療中心及急症室	08/02	02/05	589.573
Tuen Mun Hospital 屯門醫院	Redevelopment of Staff Quarters 重建職員宿舍	Programme under review		1,297.301
Sub-total 小計				2,275.609
Total 總計				16,152.794

Performance Indicators of the Hospital Authority 醫院管理局的工作表現指標

The performance indicators presented are based on the Hospital Authority performance measurement framework which covers six broad objective areas applicable to the entire healthcare system. These include health improvement, fair access, effective delivery of appropriate healthcare, efficiency, patient/carer experience and health outcomes. For health improvement, it is recognized that the major contributing factors are health promotion, education, social welfare, environment, etc., where the Authority is only one of the contributors along with other government departments. It is included in the performance measurement framework to provide users background information on the health status of the community.

下列工作指標是從醫管局量度工作表現的架構中引伸出來，包括六個適用於整個醫療體系的目標範疇。這六個範疇是健康改善、服務方便程度、有效提供適當醫護服務、效率、病人 / 照顧者經驗及健康成效。在健康改善方面，主要的促成因素包括健康宣傳、教育、社會福利、環境等，而醫管局與其他政府部門，都僅是其中一項因素。我們把健康改善作為一項量度工作表現的基準，目的是向服務使用者提供反映市民健康情況的背景資料。

For the calendar year ended December 1999
截至1999年12月曆年的數字

I) Health Improvement for the healthcare system in Hong Kong ⁽¹⁾ (for reference only) 香港醫療體制下的健康改善 ⁽¹⁾ (只供參考)

i) Natality 出生率	
• Life expectancy at birth (year) 出生時的預期壽命(年數)	
– Male 男	77.2
– Female 女	82.4
• Life expectancy at age 65 (year) 在65歲時的預期壽命(年數)	
– Male 男	16.8
– Female 女	20.2
ii) Mortality 死亡率	
• Still birth rate (per 1000 births) 死胎率(每1000名出生嬰兒)	4.5
• Perinatal mortality rate (per 1000 births) 圍產期死亡率(每1000名出生嬰兒)	5.7
• Infant mortality rate (per 1000 live births) 嬰兒死亡率(每1000名存活出生嬰兒)	3.2
• Standardised death rate from all causes (per 1000 population aged 15-64) 因各種原因致命的標準死亡率(每1000名15-64歲人口)	1.7
• Standardised death rate from all causes (per 1000 population aged 65 and over) 因各種原因致命的標準死亡率(每1000名65歲或以上人口)	30.2
• Crude death rates (per 1000 population) for selected cause of death: 因下列原因致命的粗略死亡率(每1000人)：	
– Malignant neoplasm 癌症	1.6
– Heart diseases, including hypertension heart diseases 心臟病，包括高血壓心臟病	0.8
– Cerebrovascular diseases 腦血管病	0.5
• Suicide rates (Death cases per 1000 population) 自殺率(每1000人的死亡人數)	
– Up to age 64 64歲或以下	0.1
– Age 65 and above 65歲或以上	0.3
• Death rate from accidents (per 1000 population) 意外死亡率(每1000人)	0.1

For the fiscal year
ended March 2000
截至 2000 年 3 月
財政年度的數字

For the fiscal year
ended March 2001
截至 2001 年 3 月
財政年度的數字

II) Fair Access ⁽¹⁾

服務方便程度 ⁽¹⁾

i) Access to professional services in HA 獲取醫管局專業服務的方便程度		
• No. of registered doctors per 1000 population 每1000人的醫生人數	0.5	0.6
• No. of qualified nurses per 1000 population 每1000人的合資格護士人數	2.5	2.6
• No. of allied health professionals per 1000 population 每1000人的專職醫療人員數目	0.6	0.6
ii) Access to public hospital services 獲取公立醫院服務的方便程度		
• No. of beds per 1000 population 每1000人的病床數目		
– General 普通科	2.9	2.9
– Psychiatric 精神科	0.8	0.8
– Mentally handicapped 弱智科	0.1	0.1
– Infirmary (per 1000 population aged 65 and over) 護養科 (每1000名65歲或以上人口)	3.4	3.3
iii) Access to ambulatory service 獲取日間醫療服務的方便程度		
• No. of specialist outpatient doctor sessions per 100,000 population 每10萬人的專科門診醫生節數	5,789	6,015
• No. of psychiatric day places per 100,000 population 每10萬人的精神科日間名額	9.4	9.2
• No. of geriatric day places per 100,000 population aged 65 and over 每10萬名65歲或以上人口的老人科日間名額	71.3	68.7
iv) Access to community services 獲取社康服務的方便程度		
• No. of nurses for Community Nursing Service per 100,000 population 每10萬人的社康服務護士人數	4.8	4.9
• No. of nurses for Community Psychiatric Nursing Service per 100,000 population 每10萬人的精神科社康服務護士人數	1.2	1.2

For the fiscal year
ended March 2000
截至 2000 年 3 月
財政年度的數字

For the fiscal year
ended March 2001
截至 2001 年 3 月
財政年度的數字

III) Effective Delivery of Appropriate Healthcare

有效提供適當醫護服務

• Unplanned readmission rate within 28 days 28日內未經預約再入院率		
– General 普通科	7.0%	7.1%
– Psychiatric 精神科	2.9%	3.7%
• Accident & Emergency admission rate (to own hospital) (as % of Accident & Emergency first attendance) 急症室入院率(同一醫院)(佔急症室首次求診人次百分率)	20.7%	21.8%
• Accident & Emergency re-attendance rate (<48 hours) (as % of Accident & Emergency first attendance) 急症室再求診率(<48小時)(佔急症室首次求診人次百分率)	3.4%	3.3%

IV) Efficiency ⁽¹⁾

效率

i) Utilisation of services 服務使用

Accident and Emergency 急症室

• Accident & Emergency attendance per 1000 population 每1000人的急症室求診率	353	347
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Inpatient services 住院服務

• Inpatient & day patient discharges & deaths per 1000 population 每1000人的住院及日間病人出院及死亡人數	162	168
• Bed occupancy rate (inpatient only) 病床住用率(住院病人)	86.1%	84.6%
• Average length of stay (days) of inpatients 住院病人平均住院日數		
– General 普通科	6.9	6.6
– Infirmary 護養	125.3	112.0
– Psychiatric 精神科	150.3	178.7
– Mentally handicapped 弱智科	347.1	326.5
– Overall 整體	9.7	10.0
• Day patients as % of total discharges and deaths 日間病人佔出院及死亡總人數百分率	22.7%	24.4%

Outpatient services 門診服務

• Specialist outpatient attendance (clinical) per 1000 population* 每1000人的專科門診求診人次	808.5	845.7
• Specialist outpatient attendances (allied health services) per 1000 population 每1000人的專職醫療門診求診人次	366.1	345.4

* including attendances at the integrated clinics 包括綜合診所求診人次

For the fiscal year
ended March 2000
截至 2000 年 3 月
財政年度的數字

For the fiscal year
ended March 2001
截至 2001 年 3 月
財政年度的數字

Community services 社康服務

• No. of home visits by community nurses (per 1,000 population) 社康護士家訪次數(每千人)	81.30	91.28
• No. of home visits by community psychiatric nurses (per 1,000 population) 精神科社康護士家訪次數(每千人)	6.27	6.97
• No. of psychiatric day hospital attendances (per 1,000 population) 每千人到精神科日間醫院求診人次	21.52	23.28
• No. of geriatric day hospital attendances (per 1,000 population aged 65 and over) 每千名65歲或以上人口到老人科日間醫院求診人次	160.61	159.72
• No. of outreach services attendances by Community Psychiatric Teams (per 1,000 population) 社區精神科小組外展服務出動次數(每千人)	0.97	1.25
• No. of outreach services attendances by Psychogeriatric Teams (per 1,000 population aged 65 and over) 精神科老人小組外展服務出動次數(每千名65歲或以上人口)	41.12	40.66
• No. of outreach services attendances by Community Geriatric Assessment Teams (per 1,000 population aged 65 and over) 社區老人評估小組外展服務出動次數(每千名65歲或以上人口)	228.57	341.15
• No. of elderly cases assessed for infirmity care services by Community Geriatric Assessment Teams (per 1,000 population aged 65 and over) 社區老人評估小組為需要護養服務老人所作的評審過案數目 (每千名65歲或以上人口)	N.A.	2.84

ii) Maximising use of resources 善用資源

Unit costs (based on total HA costs) (\$)

單位成本(根據醫管局總成本計算)(元)

• Cost per patient discharged 離院病人每日成本	18,613	18,130
• Cost per specialist outpatient attendance* 專科門診每次成本*	638	661
• Cost per Accident & Emergency attendance 急症室求診每次成本	588	571
• Cost per Community Nursing Service visit 社康護士每次家訪成本	385	346
• Cost per Community Psychiatric Nursing Service visit 精神科社康護士每次家訪成本	1,145	1,041
• Cost per psychiatric day service attendance 精神科日間服務每次求診成本	854	893
• Cost per geriatric day service attendance 老人科日間服務每次求診成本	1,463	1,513

* The figures take into account cost for integrated clinic attendance 數字包括綜合診所的成本

For the fiscal year ended March 2000 截至 2000 年 3 月 財政年度的數字	For the fiscal year ended March 2001 截至 2001 年 3 月 財政年度的數字
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V) Patient / Carer Experience

病人 / 照顧者經驗

i) Waiting times 輪候時間

• Accident & Emergency average waiting time 急症室平均輪候時間		
– Triage I (critical cases – 0 minutes) 分流類別第I級(危殆個案 – 0分鐘)	100%	100%
– Triage II (emergency cases – <15 minutes) 分流類別第II級(危急個案 – <15分鐘)	94%	97%
• Median waiting time of patients booking new cases 新症病人預約輪候時間中位數	3.0 weeks	4.0 weeks

ii) Patient satisfaction 病人滿意程度

• No. of patient appreciation per 1000 discharges and deaths 每1000名出院及死亡人數的病人讚揚數目	22.4	23.2
• No. of patient complaints per 1000 discharges and deaths 每1000名出院及死亡人數的病人投訴數目	1.5	1.4

VI) Health Outcomes

健康成效

• Number of neo-natal deaths per 1000 live births in Hospital Authority hospitals 醫管局醫院每1000名存活出生嬰兒的初生嬰兒死亡人數	2.1	2.1
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(1) Population for Mid 1999 and Mid 2000 are from Census and Statistics Department, HKSAR. It covers mid year estimates basing on resident population' approach and transients are also included.

1999年中及2000年中的人口乃採自特區政府統計處公布的數字，其中已計及根據「居住人口」及「流動人口」等因素而制定的年中預測。

Age Group 年齡組別	Mid 1999 1999 年中	Mid 2000 2000 年中
0-14	1,187,700	1,173,500
15-64	4,890,600	4,994,500
65+	739,400	766,600
All Age Group@ 所有年齡組別@	6,817,800	6,934,600

@ may not added up to total due to rounding.

因化作整數關係，「所有年齡組別」的數字未必相等於各分項數目的總和。

Auditors' Report

To The Members of the Hospital Authority

We have audited the financial statements on pages 148 to 189 which have been prepared in accordance with accounting principles generally accepted in Hong Kong.

Respective responsibilities of the Hospital Authority and auditors

The Hospital Authority Ordinance requires the Hospital Authority to prepare financial statements. In preparing financial statements which are intended to give a true and fair view it is fundamental that appropriate accounting policies are selected and applied consistently.

It is our responsibility to form an independent opinion, based on our audit, on those statements and to report our opinion to you.

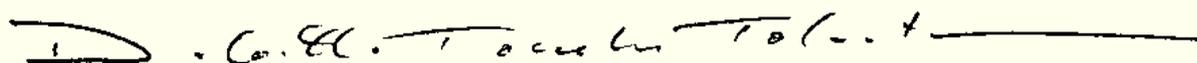
Basis of opinion

We conducted our audit in accordance with Statements of Auditing Standards issued by the Hong Kong Society of Accountants. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Hospital Authority in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Hospital Authority's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance as to whether the financial statements are free from material misstatement. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements. We believe that our audit provides a reasonable basis for our opinion.

Opinion

In our opinion the financial statements give a true and fair view of the state of affairs of the Hospital Authority as at 31 March, 2001 and of its excess of income over expenditure and its cash flows for the year then ended.



DELOITTE TOUCHE TOHMATSU
CERTIFIED PUBLIC ACCOUNTANTS
HONG KONG
28 September, 2001

審計師報告書

致：醫院管理局成員

本審計師行經已根據香港一般認可之核數標準，審核載於第148頁至189頁的財政報告。

醫院管理局和審計師的個別責任

醫院管理局條例規定醫院管理局須編制財政報告。要達致以真實及公平為目的之財政報告，挑選及貫徹採用合適的會計政策是必須的。

本行的責任是根據本行審核工作的結果，對上述報告表達獨立的意見，並向各位作出報告。

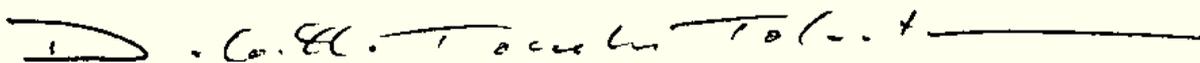
意見的基礎

本行根據香港會計師公會頒佈的審計準則進行審核工作。審核範圍包括以抽查方式審查與財政報告內的數額和披露事項有關的憑證，亦包括評估醫院管理局在編制財政報告時所作的重大估計及判斷，以及所採用的會計準則是否適用於醫院管理局的具體情況，且被貫徹應用及作充分的披露。

本行的審核工作的策劃和執行，旨在取得本行認為需要的資料及解釋，以便令本行有足夠的憑證，從而能夠合理地確保有關的財政報告實質上並無失實聲明。在表達意見時，本行亦已衡量該等財政報告所載的資料在整體上是否足夠。本行相信，本行的審核工作已為下列意見建立了合理的基礎。

意見

依照本行的意見，這份財政報告均真實及公平地反映醫院管理局於二〇〇一年三月三十一日的財務狀況，以及截至該日止全年度醫院管理局的盈餘和現金流量。



德勤·關黃陳方會計師行

香港執業會計師

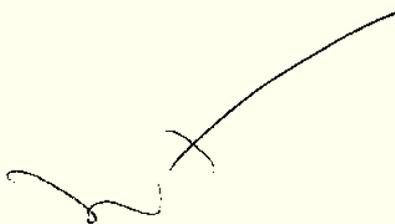
二〇〇一年九月二十八日

Hospital Authority

Balance Sheet

31 March, 2001

	Notes	2001	2000
		HK\$'000	HK\$'000
ASSETS			
Non-Current Assets			
Property, plant and equipment	3	2,517,836	2,662,921
Loans receivable	4	58,931	32,082
Fixed income instruments	5	131,843	249,279
		2,708,610	2,944,282
Current Assets			
Inventories		486,178	455,566
Loans receivable	4	2,148	1,078
Accounts receivable and other current assets [net of provision for doubtful debts of HK\$29,079,000 (2000: HK\$34,551,000)]		303,985	334,373
Deposits and prepayments		289,099	261,452
Fixed income instruments	5	199,044	405,096
Cash and bank balances	6	5,922,152	4,960,045
		7,202,606	6,417,610
Current Liabilities			
Creditors and accrued charges	7	1,856,996	1,631,401
Deposits received		22,992	16,430
		1,879,988	1,647,831
Net Current Assets		5,322,618	4,769,779
NET ASSETS		8,031,228	7,714,061
RESERVES			
Capital subvention reserve	8	1,428,905	1,606,551
Capital donation reserve	8	1,088,932	1,056,370
Designated funds	9	4,412,777	4,206,836
Revenue reserve		1,100,614	844,304
TOTAL RESERVES		8,031,228	7,714,061



Mr Anthony T.Y. Wu
Chairman
Finance Committee

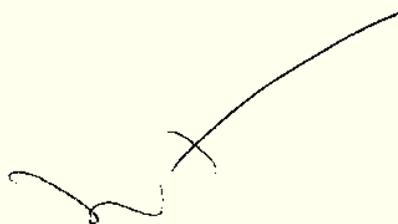


Dr William Ho, JP
Chief Executive

醫院管理局 資產負債表

二〇〇一年三月三十一日

	附註	2001	2000
		港幣千元	港幣千元
資產			
非流動資產			
物業、廠房及設備	3	2,517,836	2,662,921
應收債款	4	58,931	32,082
固定入息工具	5	131,843	249,279
		<u>2,708,610</u>	<u>2,944,282</u>
流動資產			
存貨		486,178	455,566
應收債款	4	2,148	1,078
應收賬款及其他流動資產 [減去呆賬準備港幣29,079,000元 (二〇〇〇年：港幣34,551,000元)]		303,985	334,373
按金及預付款項		289,099	261,452
固定入息工具	5	199,044	405,096
現金及銀行結餘	6	5,922,152	4,960,045
		<u>7,202,606</u>	<u>6,417,610</u>
流動負債			
債權人及應付費用	7	1,856,996	1,631,401
已收按金		22,992	16,430
		<u>1,879,988</u>	<u>1,647,831</u>
流動資產淨值		<u>5,322,618</u>	<u>4,769,779</u>
資產淨值		<u>8,031,228</u>	<u>7,714,061</u>
儲備			
資本補助儲備	8	1,428,905	1,606,551
資本捐贈儲備	8	1,088,932	1,056,370
指定基金	9	4,412,777	4,206,836
收入儲備		1,100,614	844,304
儲備總額		<u>8,031,228</u>	<u>7,714,061</u>



胡定旭
財務委員會主席



何兆煒醫生
行政總裁

Hospital Authority

Statement of Income and Expenditure

For the year ended 31 March, 2001

	Notes	2001	2000
		HK\$'000	HK\$'000
Income			
Recurrent Government Subvention	10	27,897,596	27,336,988
Capital Government Subvention		261,485	421,430
Hospital/clinic fees and charges	11	753,563	720,799
Donations		478	1,508
Transfers from:			
Capital subvention reserve	8	774,731	640,913
Capital donation reserve	8	95,411	87,668
Designated donation fund	9	94,859	98,243
Investment income		210,813	159,646
Other income		247,349	137,375
		30,336,285	29,604,570
Expenditure Utilising Current Year's Income			
Staff costs	14	(23,574,339)	(23,163,337)
Medical supplies and equipment		(2,372,795)	(2,235,916)
Building projects funded by Government through the HA but not owned by HA [note 2(d)]		(261,485)	(421,430)
Operating lease expenses – office premises		(8,093)	(8,988)
Depreciation	3	(855,653)	(724,953)
Other operating expenses		(2,952,149)	(2,617,297)
		(30,024,514)	(29,171,921)
Expenditure Utilising Previous Years' Unspent Budget	12	(55,461)	(70,598)
		(30,079,975)	(29,242,519)
Excess of income over expenditure		256,310	362,051
Revenue reserve as at beginning of year		844,304	482,253
Revenue reserve as at end of year		1,100,614	844,304

There were no recognised gains or losses other than the excess of income over expenditure for the year

醫院管理局 收支結算表

截至二〇〇一年三月三十一日

	附註	2001	2000
		港幣千元	港幣千元
收入			
經常性政府補助	10	27,897,596	27,336,988
資本政府補助		261,485	421,430
醫院/診療所收費	11	753,563	720,799
捐贈		478	1,508
轉調自：			
資本補助儲備	8	774,731	640,913
資本捐贈儲備	8	95,411	87,668
指定捐贈基金	9	94,859	98,243
投資收益		210,813	159,646
其他收益		247,349	137,375
		<u>30,336,285</u>	<u>29,604,570</u>
源自本年收入之支出			
職員費用	14	(23,574,339)	(23,163,337)
醫療物品及設備		(2,372,795)	(2,235,916)
由政府透過醫管局撥款但非由 醫管局擁有的建築工程 [附註 2 (d)]		(261,485)	(421,430)
營運租賃開支 — 辦公室		(8,093)	(8,988)
折舊	3	(855,653)	(724,953)
其他營運開支		(2,952,149)	(2,617,297)
		<u>(30,024,514)</u>	<u>(29,171,921)</u>
源自去年未經使用的預算之支出	12	(55,461)	(70,598)
		<u>(30,079,975)</u>	<u>(29,242,519)</u>
盈餘		256,310	362,051
年初之收入儲備		844,304	482,253
年終之收入儲備		<u>1,100,614</u>	<u>844,304</u>

除本年度盈餘外，並無其他確認的損益。

Hospital Authority

Cash Flow Statement

For the year ended 31 March, 2001

	Notes	2001	2000
		HK\$'000	HK\$'000
Net Cash Inflow from Operating Activities	13	221,865	22,203
Return on Investments			
Interest received		210,813	159,646
Investing Activities			
Purchases of property, plant and equipment		(725,058)	(758,249)
Net increase in bank deposits with maturity over three months		(120,209)	(892,060)
Net decrease (increase) in fixed income instruments		323,488	(199,958)
		(521,779)	(1,850,267)
Net Cash Outflow before Financing		(89,101)	(1,668,418)
Financing Activities			
Capital subvention	8	597,085	674,036
Capital donation	8	127,973	84,213
Designated Donation Fund	9	22,827	3,643
Home Loan Interest Subsidy Fund	9	282,111	342,009
Death and Disability Fund	9	147,927	142,117
North District Hospital Fund	9	(22,900)	(64,151)
HA Building Fund	9	(3,091)	(2,899)
Special Fund for Furniture & Equipment	9	-	(34)
Tseung Kwan O Hospital Fund	9	(220,933)	(154,973)
Net Cash Inflow from Financing Activities		930,999	1,023,961
Increase (decrease) in Cash and Cash Equivalents		841,898	(644,457)
Cash and Cash Equivalents at Beginning of Year		3,075,755	3,720,212
Cash and Cash Equivalents at End of Year		3,917,653	3,075,755
Represented by			
Cash and bank balances	6	5,922,152	4,960,045
Less: bank deposits with maturity over the months		(2,004,499)	(1,884,290)
		3,917,653	3,075,755

醫院管理局 現金流動報表

截至二〇〇一年三月三十一日

	附註	2001	2000
		港幣千元	港幣千元
營運活動現金流入淨額	13	221,865	22,203
投資回報			
已收利息		210,813	159,646
投資活動			
購置物業、廠房及設備		(725,058)	(758,249)
銀行三個月以上之定期存款的淨額增加		(120,209)	(892,060)
固定入息工具的淨額減少(增加)		323,488	(199,958)
		(521,779)	(1,850,267)
融資前的現金流出淨額		(89,101)	(1,668,418)
融資活動			
資本補助	8	597,085	674,036
資本捐贈	8	127,973	84,213
指定捐贈基金	9	22,827	3,643
購屋貸款利息津貼基金	9	282,111	342,009
死亡及傷殘基金	9	147,927	142,117
北區醫院基金	9	(22,900)	(64,151)
醫管局大樓基金	9	(3,091)	(2,899)
家具及設備特別基金	9	-	(34)
將軍澳醫院基金	9	(220,933)	(154,973)
融資活動之現金流入淨額		930,999	1,023,961
現金及現金等值之增加(減少)		841,898	(644,457)
年初之現金及現金等值		3,075,755	3,720,212
年終之現金及現金等值		3,917,653	3,075,755
來自			
現金及銀行結餘	6	5,922,152	4,960,045
減去: 銀行三個月以上之定期存款		(2,004,499)	(1,884,290)
		3,917,653	3,075,755

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2001

1. The Hospital Authority

The Hospital Authority Ordinance provides the Hospital Authority ("HA") with the powers to manage and control the delivery of public hospital services in Hong Kong.

The HA came to an arrangement with the Hong Kong Government (detailed in a draft Memorandum of Administrative Arrangement, "MAA") whereby the Hong Kong Government has passed the management and control of the ex-Government hospitals ("Schedule 1 Hospitals") to the HA. Under this arrangement, certain specified assets have been transferred to the HA. The ownership of other assets has been retained by the Hong Kong Government.

The HA has also entered into agreements with the individual governing bodies of the ex-subvented hospitals ("Schedule 2 Hospitals") which allowed the HA to assume ownership of some operating assets as at 1 December, 1991 and to manage and control other assets, the ownership of which remains with the individual governing bodies.

The HA assumed full responsibility for all operating and capital commitments outstanding as at 1 December, 1991, except for the capital works projects funded under the Capital Works Reserve Fund of the Government, and for the management of the hospital operations thereafter.

At the balance sheet date, the HA had under its management and control the following hospitals and institutions:

Head Office

Schedule 1 Hospitals:

Castle Peak Hospital
Fanling Hospital
Hong Kong Eye Hospital
Kowloon Hospital
Kwai Chung Hospital
Lai Chi Kok Hospital
North District Hospital
Pamela Youde Nethersole Eastern Hospital
Prince of Wales Hospital
Princess Margaret Hospital
Queen Elizabeth Hospital
Queen Mary Hospital
Shatin Hospital
Siu Lam Hospital
St. John Hospital
Tai Po Hospital

醫院管理局

財政報告附註

截至二〇〇一年三月三十一日

1. 醫院管理局

醫院管理局條例賦予醫院管理局(「醫管局」)管理及掌管香港公立醫院服務的權力。

醫管局與香港政府已作出安排(詳情載於一份行政安排備忘錄草擬本),由香港政府將前政府醫院(「附表1醫院」)的管理及掌管權交予醫管局。根據這項安排,若干指定之資產經已轉調予醫管局。其他資產的擁有權由香港政府保留。

醫管局同時與個別前補助醫院(「附表2醫院」)的管治機構達成協議,容許醫管局於一九九一年十二月一日接收一些營運資產的擁有權,以及管理和掌管其他擁有權仍屬於個別管治機構的資產。

除由政府基本工程儲備基金撥款的基本工程計劃外,醫管局對於一九九一年十二月一日仍未完成的所有營運及資本承擔,以及其後所有醫院運作的管理,會承擔全面責任。

在結算日,由醫管局管理及掌管的醫院及機構如下:

總辦事處

附表1醫院:

青山醫院
粉嶺醫院
香港眼科醫院
九龍醫院
葵涌醫院
荔枝角醫院
北區醫院
東區尤德夫人那打素醫院
威爾斯親王醫院
瑪嘉烈醫院
伊利沙伯醫院
瑪麗醫院
沙田醫院
小欖醫院
長洲醫院
大埔醫院

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2001

1. The Hospital Authority (cont'd)

Schedule 1 Hospitals: (cont'd)

Tsan Yuk Hospital
Tseung Kwan O Hospital
Tuen Mun Hospital
Wong Chuk Hang Hospital

Schedule 2 Hospitals:

Alice Ho Miu Ling Nethersole Hospital
Bradbury Hospice
Caritas Medical Centre
Cheshire Home, Chung Hom Kok
Cheshire Home, Shatin
Duchess of Kent Children's Hospital at Sandy Bay
Grantham Hospital
Haven of Hope Hospital
Hong Kong Buddhist Hospital
Kwong Wah Hospital
MacLehose Medical Rehabilitation Centre
Nam Long Hospital
Our Lady of Maryknoll Hospital
Pok Oi Hospital
Ruttonjee & Tang Shiu Kin Hospitals
Tung Wah Eastern Hospital
Tung Wah Group of Hospitals Fung Yu King Hospital
Tung Wah Group of Hospitals Wong Tai Sin Hospital
Tung Wah Hospital
United Christian Hospital
Yan Chai Hospital

醫院管理局 財政報告附註

截至二〇〇一年三月三十一日

1. 醫院管理局 (續)

附表1 醫院：(續)

贊育醫院
將軍澳醫院
屯門醫院
黃竹坑醫院

附表2 醫院：

雅麗氏何妙齡那打素醫院
白普理寧養中心
明愛醫院
春磡角慈氏護養院
沙田慈氏護養院
大口環根德公爵夫人兒童醫院
葛量洪醫院
靈實醫院
香港佛教醫院
廣華醫院
麥理浩復康院
南朗醫院
聖母醫院
博愛醫院
律敦治及鄧肇堅醫院
東華東院
東華三院馮堯敬醫院
東華三院黃大仙醫院
東華醫院
基督教聯合醫院
仁濟醫院

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2001

1. The Hospital Authority (cont'd)

Specialist Clinics:

David Trench Rehabilitation Centre
East Kowloon Polyclinic (Stage II)
Kowloon Rehabilitation Centre
Li Ka Shing Specialist Clinic
Ngau Tau Kok Jockey Club Clinic
Pamela Youde Polyclinic
Queen Elizabeth Hospital Specialist Clinic
Sai Ying Pun Specialist Clinic
Southorn Centre
Tang Chi Ngong Specialist Clinic
Tuen Mun Polyclinic
Yan Oi Polyclinic
Yaumatei Jockey Club Polyclinic
Yaumatei Specialist Clinic Extension
Yuen Long Madam Yung Fung Shee Health Centre
Yung Fung Shee Memorial Centre

Other Institutions:

Hong Kong Red Cross Blood Transfusion Service
Rehabaid Centre
Other clinics and associated units

醫院管理局

財政報告附註

截至二〇〇一年三月三十一日

1. 醫院管理局 (續)

專科診療所：

戴麟趾康復中心
東九龍分科診療所(第二期)
九龍康復中心
李嘉誠專科診療所
牛頭角賽馬會診療所
尤德夫人分科診療所
伊利沙伯醫院專科診療所
西營盤專科診療所
修頓中心
鄧志昂專科診療所
屯門分科診療所
仁愛分科診療所
油麻地賽馬會分科診療所
油麻地專科診療所新翼
元朗容鳳書健康中心
容鳳書紀念中心

其他機構：

香港紅十字會輸血服務中心
復康專科及資源中心
其他診療所及有關科組

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2001

2. Significant Accounting Policies

The principal accounting policies adopted by the HA in preparing these financial statements conform with accounting principles generally accepted in Hong Kong as appropriate to Government subvented and not-for-profit organisations. The more significant accounting policies are set out below:

(a) *Basis of presentation*

The financial statements reflect the recorded book values of those assets owned by the HA and the liabilities assumed by the HA upon the integration with both the Schedule 1 and Schedule 2 Hospitals. Those assets under the management and control of the HA, but not owned by the HA, are not accounted for in these financial statements.

The financial statements of the HA include the income and expenditure of the Head Office, all Schedule 1 Hospitals and Schedule 2 Hospitals, Specialist Clinics and other institutions (the "Group") for the financial year ended 31 March, 2001. Intra-group transactions and balances have been eliminated on combination.

(b) *Recognition of income*

Subvention grants approved for the year less amounts spent on property, plant and equipment during the year are classified as recurrent grants and are recognised on an accrual basis. Non-recurrent grants that are spent on expenditure which does not meet the capitalisation criteria as set out in note 2(d)(i) are recognised when incurred.

Hospital fees and charges are recognised when services are provided.

Designated donations are recognised as income when the amounts have been received or are receivable from the donors and the related expenditure is charged to the income and expenditure account. Other donation income is recognised upon receipt of non-designated cash or donations-in-kind not meeting the capitalisation policy as set out in note 2(d)(i).

Transfers from capital subvention and donation reserves are recognised when depreciation and net book value of assets disposed are charged to the income and expenditure account.

Transfers from the designated donation fund are recognised when the designated donation fund is utilised and the expenditure does not meet the capitalisation policy as set out in note 2(d)(i).

Investment income from bank deposits is accrued on a time basis by reference to the principal outstanding and at the interest rate applicable.

醫院管理局 財政報告附註

截至二〇〇一年三月三十一日

2. 主要會計政策

醫管局在編制本財政報告時所採用的主要會計準則，符合香港普遍獲接納為適用於政府補助及非牟利機構的會計準則。一些較主要的會計準則如下：

(a) 呈報之基準

本財政報告反映出當附表1及附表2醫院一體化時醫管局所擁有之資產及所承擔之負債的有紀錄賬面價值。由醫管局管理及掌管，但並非由醫管局所擁有的資產，並未列入本財政報告內。

醫管局的財政報告包括截至二〇〇一年三月三十一日止的財政年度內總辦事處和所有附表1及附表2醫院、專科診療所及其他機構(「集團」)的收入及支出。集團內的交易及結餘在合併時已互相對消。

(b) 收入之確認

本財政年度內批准的補助金額扣除本年內用於物業、廠房及設備的開支數額，是列為經常性補助金，以權責發生制原則確認。用於不歸入附註2(d)(i)資本化規定的非經常性補助金，則於費用發生時確認。

醫院收費於提供服務時確認。

指定用途捐贈於收款或應收款及有關開支已記入收支賬內時確認作收入。其他捐贈收入於接獲非指定用途之現金或不歸入附註2(d)(i)資本化規定的以物代款捐贈時確認。

資本補助及捐贈儲備之轉調，於一筆相等於該等資產折舊的金額及出售資產的賬面淨值計入收支賬時確認。

指定用途捐贈之轉調，於使用該指定用途捐款而該支出並不歸入附註2(d)(i)資本化規定時確認。

來自銀行存款之投資收入按照尚未償還之本金及適用之利率按時間比例入賬。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2001

2. Significant Accounting Policies (cont'd)

(c) Donations

(i) Donated assets

Donations for specific assets ("donated assets") with a value not exceeding \$100,000 each are recorded as income and expenditure in the year of receipt of the assets.

Donated assets with a value of over \$100,000 each are capitalised on receipt of the assets. The amount of the donated assets is credited to the capital donation reserve. Each year an amount equal to the depreciation charge for these assets and the net book value of assets disposed is transferred from the capital donation reserve and credited to the income and expenditure account.

(ii) Cash donations

Cash donations for specific use are accounted for in the designated donation fund. When the funds are used in the manner prescribed by the donor, they are accounted for as expenditure of the designated donation fund and, in the case of capital expenditure, in accordance with the policy for donated assets outlined above.

Non-specified donations for general operating purposes are recorded as donations in the income and expenditure account in the year of receipt.

醫院管理局

財政報告附註

截至二〇〇一年三月三十一日

2. 主要會計政策 (續)

(c) 捐贈

(i) 捐贈資產

每項價值不超過港幣10萬元的指定捐贈資產(「捐贈資產」)，於收款時在該年度之收支賬目內記賬。

每項價值超過港幣10萬元的捐贈資產，會於收款時資本化。捐贈資產的金額會記入資本捐贈儲備的貸方。每年，一筆相等於這些資產折舊的金額及出售資產的賬面淨值會由資本捐贈儲備轉調往收支賬目的貸方。

(ii) 現金捐贈

有指定用途的現金捐贈會列入一個指定捐贈基金。當資金以捐贈人指定的方式使用後，會列入該指定基金的開支賬目內，至於資本開支則根據上述捐贈資產的政策處理。

作為一般營運之用的非指定用途捐贈，於收款時列入該年度之收支賬目內。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2001

2. Significant Accounting Policies (cont'd)

(d) Capitalisation of property, plant and equipment

- (i) Effective 1 December, 1991, the following types of assets owned by the HA have been capitalised:

Building projects costing \$250,000 or more;

All other assets costing \$100,000 or more on an individual basis; and

Computer software and systems including related development costs, and other intangible assets costing \$250,000 or more on an individual basis.

The calculation of the cost of the property, plant and equipment is set out in note 2(e).

- (ii) For properties which are funded by the Government through the HA but are owned by an ex-subvented governing body, the associated expenditure is charged to the income and expenditure account in the year as incurred. Under the agreements with ex-subvented governing bodies, the ownership of building projects, although funded by the Government through the HA, is vested with the governing bodies. The same accounting policy has been adopted for the North District Hospital, the Tseung Kwan O Hospital and the HA Building, which are also funded by the Government through the HA. Properties donated to the HA with values exceeding \$250,000 are capitalised and the corresponding amounts are credited to the capital donation reserve.
- (iii) For expenditure on subsequent improvement to properties the ownership of which has not been vested with the HA, the amount spent has been capitalised only if the improvement does not form part of the properties and can be re-used by the HA when re-located. Otherwise, the expenditure is charged to the income and expenditure account in the year as incurred.
- (iv) Expenditure on furniture, fixtures, equipment, motor vehicles, computer software and systems are capitalised (subject to the minimum expenditure limits set out in note 2(d)(i) above) and the corresponding amounts are credited to the capital subvention reserve and capital donation reserve for capital expenditure funded by the Government and donations respectively.
- (v) Property, plant and equipment transferred from the hospitals to the HA at 1 December 1991 was recorded at nil value.

醫院管理局

財政報告附註

截至二〇〇一年三月三十一日

2. 主要會計政策 (續)

(d) 物業、廠房及設備資本化

- (i) 由一九九一年十二月一日起，下列各類由醫管局擁有的資產經已資本化：

費用在港幣25萬元或以上的建築工程；

以個別計算，費用在港幣10萬元或以上的所有其他資產；及

以個別計算，費用在港幣25萬元或以上的電腦軟件及系統，包括有關的發展費用，及其他無形資產。

物業、廠房及設備的成本計算已列於附註2(e)。

- (ii) 由政府透過醫管局撥款但由前補助機構管治團體擁有的財產，有關開支於支出時即記入收支賬目列作開銷入賬。根據與前補助機構管治團體的協議，建築工程雖然由政府透過醫管局撥款，但擁有權是屬於有關的管治團體。同樣會計原則也採用於由政府透過醫管局撥款的北區醫院、將軍澳醫院和醫管局大樓。捐贈予醫管局而價值超過港幣25萬元的財產已資本化，相應款額已記入資本捐贈儲備的貸方。
- (iii) 至於非由醫管局擁有的財產的隨後改善開支，只要改善不構成財產的一個附連部分及在遷移後可供醫管局重新使用，有關開支已資本化。否則，有關開支便記入開支發生的該年度的收支賬目內。
- (iv) 家具、固定裝置、設備、汽車、電腦軟件及系統的開支已資本化(根據上文附註2(d)(i)所列的最低限額)。如屬資本開支，會視乎是政府撥款或捐贈撥款而將相應款額分別記入資本補助儲備及資本捐贈儲備的貸方。
- (v) 於一九九一年十二月一日由醫院轉調往醫管局的物業、廠房及設備以無價值入賬。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2001

2. Significant Accounting Policies (cont'd)

(e) *Property, plant and equipment and depreciation*

Property, plant and equipment is stated at cost less depreciation. The cost of an asset comprises its purchase price and any directly attributable costs of bringing the asset to its present working condition and location for its intended use. Expenditure incurred after the asset has been put into operation, such as repairs and maintenance and overhaul costs, is normally charged to the income and expenditure account in the period in which it is incurred. In situations where it can be clearly demonstrated that the expenditure has resulted in an increase in the future economic benefits expected to be obtained from the use of the asset, the expenditure is capitalised as an additional cost of the asset.

The gain or loss arising from disposal or retirement of an asset is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in the income and expenditure account.

The historical cost of assets acquired and the value of donated assets received by the HA since 1 December, 1991 are depreciated using the straight-line method over the expected useful lives of the assets as follows:

Leasehold improvements	Over the life of the lease to which the improvement relates
Buildings	20 - 50 years
Improvements	3 - 10 years
Furniture, fixtures and equipment	3 - 10 years
Motor vehicles	5 - 7 years
Computer software and systems	1 - 3 years

Capital expenditure in progress is not depreciated until the asset is placed into commission.

醫院管理局

財政報告附註

截至二〇〇一年三月三十一日

2. 主要會計政策 (續)

(e) 物業、廠房及設備與折舊

物業、廠房及設備乃按成本值減折舊入賬。資產成本包括其購入價及任何使其達至現時狀況及運往現地作擬定用途之直接產生之成本。於資產投入服務後產生的開支，例如維修保養及大修成本通常乃於彼等產生之期間於收支賬內扣除。若然可清楚顯示有關的開支已導致將來使用該資產時之經濟利益能有所增加，則該開支便資本化為資產的額外成本。

倘資產出售或不再使用，則其成本及累計折舊於財政報告中撇除，而出售所產生之盈虧則以其出售價及資產之賬面價值之差額計入收支賬內。

醫管局自一九九一年十二月一日起所取得的資產的原值成本或捐贈資產的價值，是按資產的預計可使用年期以直線法計算折舊如下：

租賃物業裝修	根據租賃之年期
建築物	20 - 50 年
裝修	3 - 10 年
家具、固定裝置及設備	3 - 10 年
汽車	5 - 7 年
電腦軟件及系統	1 - 3 年

未完成的資本開支在資產啟用前不予折舊。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2001

2. Significant Accounting Policies (cont'd)

(f) *Capital subventions*

Government subventions of a capital nature are credited to the capital subvention reserve and the corresponding amounts are capitalised as property, plant and equipment as set out in note 2(d)(iv). This includes capital expenditure on furniture, fixtures, equipment, motor vehicles, computer software and systems. Each year an amount equal to the depreciation charge for the assets and net book value of assets disposed is transferred from the capital subvention reserve and credited to the income and expenditure account.

(g) *Fixed income instruments*

Fixed income instruments are recognised on a trade-date basis.

Fixed income instruments are stated at amortised cost, less any impairment loss recognised to reflect irrecoverable amounts. The annual amortisation of any discount or premium on the acquisition of fixed income instruments is aggregated with other investment income receivable over the term of the instrument so that the revenue recognised in each period represents a constant yield on the investment.

(h) *Inventories*

Inventories, which comprise medical and general consumable stores, are valued at the lower of cost or net realisable value. Cost is calculated using the weighted average method. Provision is made for obsolete and slow-moving items.

Net realisable value is determined with reference to the replacement cost.

(i) *Cash equivalents*

Cash equivalents represent short-term highly liquid investments which are readily convertible into known amounts of cash and which were within three months of maturity when acquired; less advances from banks repayable within three months from the date of the advance.

醫院管理局

財政報告附註

截至二〇〇一年三月三十一日

2. 主要會計政策 (續)

(f) 資本補助

資本性質的政府補助會記入資本補助儲備的貸方，並按附註 2(d)(iv) 所述將相同金額資本化，列為物業、廠房及設備。這個項目已包括家具、固定裝置、設備、汽車、電腦軟件及系統。每年，一筆相等於該等資產折舊的金額及出售資產的賬面淨值會由資本補助儲備轉調往收支賬目的貸方。

(g) 固定入息工具

固定入息工具是按交易日作為基準予以確認。

固定入息工具會以攤餘成本減任何已確認以反映不可收回的金額的減值來計量。而因購買固定入息工具發生的折扣或溢價，則會在該投資工具的期限內，與該項投資的其他應收投資收入合計，以使在每個期間能確認一固定回報率的收入。

(h) 存貨

存貨包括醫療及一般消耗品，按成本或可變現淨值兩者之較低者入賬。計算成本時使用加權平均方式，並對過時及消耗慢的存貨作撇賬準備。

計算可變現淨值時已有顧及替換成本。

(i) 現金等值

現金等值代表了極具流動性的短期投資，且可隨時折為已知的現金值及在購入起計三個月內到期，並減去由墊款日期起計須於三個月內償還之銀行墊款。

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3. Property, Plant and Equipment

	Buildings & Improvements	Furniture, Fixtures & Equipment	Motor Vehicles	Capital Expenditure in Progress	Computer Software & Systems	Total
	HK\$'000	HK\$'000	HK\$'000	HK\$'000	HK\$'000	HK\$'000
Cost:						
At 1 April, 2000	964,103	3,335,853	98,026	118,849	1,601,198	6,118,029
Reclassifications	-	100,804	-	(87,431)	(13,373)	-
Additions	4,124	451,723	6,043	71,848	191,320	725,058
Disposals	(9,357)	(29,106)	(2,672)	-	(11,738)	(52,873)
At 31 March, 2001	958,870	3,859,274	101,397	103,266	1,767,407	6,790,214
Accumulated depreciation:						
At 1 April, 2000	69,372	2,291,171	80,419	-	1,014,146	3,455,108
Reclassifications	-	31,517	-	-	(31,517)	-
Provided for the year	19,915	464,852	7,444	-	363,442	855,653
Eliminated on disposals	(358)	(25,474)	(2,037)	-	(10,514)	(38,383)
At 31 March, 2001	88,929	2,762,066	85,826	-	1,335,557	4,272,378
Net book values:						
At 31 March, 2001	869,941	1,097,208	15,571	103,266	431,850	2,517,836
At 31 March, 2000	894,731	1,044,682	17,607	118,849	587,052	2,662,921

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3. 物業、廠房及設備

	建築物及 裝修	家具、 固定裝置 及設備	汽車	未完成的 資本開支	電腦軟件 及系統	總計
	港幣千元	港幣千元	港幣千元	港幣千元	港幣千元	港幣千元
成本：						
於2000年4月1日	964,103	3,335,853	98,026	118,849	1,601,198	6,118,029
重新分類	-	100,804	-	(87,431)	(13,373)	-
增加	4,124	451,723	6,043	71,848	191,320	725,058
出售	(9,357)	(29,106)	(2,672)	-	(11,738)	(52,873)
於2001年3月31日	958,870	3,859,274	101,397	103,266	1,767,407	6,790,214
累積折舊：						
於2000年4月1日	69,372	2,291,171	80,419	-	1,014,146	3,455,108
重新分類	-	31,517	-	-	(31,517)	-
本年度之折舊	19,915	464,852	7,444	-	363,442	855,653
出售時撇銷	(358)	(25,474)	(2,037)	-	(10,514)	(38,383)
於2001年3月31日	88,929	2,762,066	85,826	-	1,335,557	4,272,378
賬面淨值：						
於2001年3月31日	869,941	1,097,208	15,571	103,266	431,850	2,517,836
於2000年3月31日	894,731	1,044,682	17,607	118,849	587,052	2,662,921

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4. Loans Receivable

Certain eligible employees under the Home Loan Interest Subsidy Scheme are offered downpayment loans for the purchase of their residential properties. The repayment period of the loans is the lesser of the mortgage life or 20 years. As at the balance sheet date, the downpayment loans advanced to eligible staff which are fully secured by charges over the properties are as follows:

	2001	2000
	HK\$'000	HK\$'000
Repayable within one year	2,148	1,078
Repayable after one year	58,931	32,082
	<u>61,079</u>	<u>33,160</u>

5. Fixed Income Instruments

The fixed income instruments represent Hong Kong Dollar Bonds and Exchange Fund Notes which are generally held by the HA to maturity. The instruments presented as non-current assets are instruments which mature more than one year after the balance sheet date. Instruments which mature within one year of the balance sheet date are presented as current assets. As at the balance sheet date, the fixed income instruments held by the HA are as follows:

	2001	2000
	HK\$'000	HK\$'000
Mature within one year	199,044	405,096
Mature more than one year	131,843	249,279
	<u>330,887</u>	<u>654,375</u>

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4. 應收債款

在醫管局推行的購屋貸款利息津貼計劃下，一些合資格僱員可獲得首期貸款以購置居所。首期貸款的還款期為物業按揭年數或20年，以較短者為準。截至結算日止，已發放給合資格僱員的首期貸款並有物業作十足抵押如下：

	2001	2000
	港幣千元	港幣千元
一年內償還	2,148	1,078
一年後償還	58,931	32,082
	61,079	33,160

5. 固定入息工具

固定入息工具是指醫管局一般持有直至到期日的港元債券及外匯基金債券。於結算日後超過一年才到期的工具，會列作為非流動資產。在結算日後一年內到期的工具，會列作為流動資產。醫管局在結算日持有的固定入息工具如下：

	2001	2000
	港幣千元	港幣千元
一年內到期	199,044	405,096
一年後到期	131,843	249,279
	330,887	654,375

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6. Cash and Bank Balances

The cash and bank balances represent:

	2001	2000
	HK\$'000	HK\$'000
Cash and bank balances	5,932,937	4,966,806
Cash book balance less unrepresented cheques	(10,785)	(6,761)
	<u>5,922,152</u>	<u>4,960,045</u>

The cash book balance less unrepresented cheques represents cheques issued but not yet presented for payment. Arrangements have been made with banks to cover all cheques by a transfer of funds from deposit accounts when they are presented for payment, therefore there was no physical overdraft as at the balance sheet date.

The HA has available banking facilities totalling HK\$300 million (2000: HK\$300 million) which at 31 March, 2001 have not been utilised.

7. Creditors and Accrued Charges

Creditors and accrued charges include an accrual for accumulated annual leave of HK\$779,353,000 (2000: HK\$811,497,000).

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6. 現金及銀行結餘

現金及銀行結餘是指：

	2001	2000
	港幣千元	港幣千元
現金及銀行結餘	5,932,937	4,966,806
扣除未兌現支票的現金賬結餘	(10,785)	(6,761)
	5,922,152	4,960,045

扣除未兌現支票之現金賬結餘是由已簽發但未兌現之支票所構成。醫管局已跟銀行方面作好安排，當支票提交兌現時，便會從存款中轉撥款項，兌現所有支票。因此，在結算日並無實質透支。

醫管局可運用的銀行融資共港幣3億元(二〇〇〇年：港幣3億元)。於二〇〇一年三月三十一日並未動用。

7. 債權人及應付費用

債權人及應付費用包括累積應計年假港幣779,353,000元(二〇〇〇年：港幣811,497,000元)。

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8. Reserves

	Capital subvention reserve	Capital donation reserve	Total
	[Note 2(f)] HK\$'000	[Note 2(c)] HK\$'000	HK\$'000
Balance at 1 April, 1999	1,573,428	1,059,825	2,633,253
Additions during the year	674,036	84,213	758,249
Transfers to income and expenditure account	(640,913)	(87,668)	(728,581)
Balance at 31 March, 2000	1,606,551	1,056,370	2,662,921
Additions during the year	597,085	127,973	725,058
Transfers to income and expenditure account	(774,731)	(95,411)	(870,142)
Balance at 31 March, 2001	<u>1,428,905</u>	<u>1,088,932</u>	<u>2,517,837</u>

9. Designated Funds

	Home Loan Designated Donation Fund	Interest Subsidy Fund	Death and Disability Fund	North District Hospital Fund	HA Building Fund	Special Fund for Furniture & Equipment	Tseung Kwan O Hospital Fund	Total
	[Note 2(c)] HK\$'000	[Note 15] HK\$'000	[Note 16] HK\$'000	[Note 17] HK\$'000	[Note 18] HK\$'000	[Note 19] HK\$'000	[Note 20] HK\$'000	HK\$'000
Balance at 1 April, 1999	212,255	1,833,370	537,465	308,226	34,444	34	1,015,330	3,941,124
Additions during the year	101,886	850,550	143,995	-	-	-	-	1,096,431
Utilisation during the year	(98,243)	(508,541)	(1,878)	(64,151)	(2,899)	(34)	(154,973)	(830,719)
Balance at 31 March, 2000	215,898	2,175,379	679,582	244,075	31,545	-	860,357	4,206,836
Additions during the year	117,686	873,260	149,892	-	-	-	-	1,140,838
Utilisation during the year	(94,859)	(591,149)	(1,965)	(22,900)	(3,091)	-	(220,933)	(934,897)
Balance at 31 March, 2001	<u>238,725</u>	<u>2,457,490</u>	<u>827,509</u>	<u>221,175</u>	<u>28,454</u>	<u>-</u>	<u>639,424</u>	<u>4,412,777</u>

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8. 儲備

	資本補助 儲備	資本捐贈 儲備	總計
	[附註 2 (f)]	[附註 2 (c)]	
	港幣千元	港幣千元	港幣千元
於1999年4月1日結餘	1,573,428	1,059,825	2,633,253
年內增加	674,036	84,213	758,249
轉調往收支賬目	(640,913)	(87,668)	(728,581)
於2000年3月31日結餘	1,606,551	1,056,370	2,662,921
年內增加	597,085	127,973	725,058
轉調往收支賬目	(774,731)	(95,411)	(870,142)
於2001年3月31日結餘	1,428,905	1,088,932	2,517,837

9. 指定基金

	指定捐贈 基金	購屋貸款 利息津貼 基金	死亡及 傷殘基金	北區醫院 基金	醫管局 大樓基金	家具 及設備 特別基金	將軍澳 醫院基金	總計
	[附註 2 (c)]	[附註 15]	[附註 16]	[附註 17]	[附註 18]	[附註 19]	[附註 20]	
	港幣千元	港幣千元	港幣千元	港幣千元	港幣千元	港幣千元	港幣千元	港幣千元
於1999年4月1日結餘	212,255	1,833,370	537,465	308,226	34,444	34	1,015,330	3,941,124
年內增加	101,886	850,550	143,995	-	-	-	-	1,096,431
轉調往收支賬目	(98,243)	(508,541)	(1,878)	(64,151)	(2,899)	(34)	(154,973)	(830,719)
於2000年3月31日結餘	215,898	2,175,379	679,582	244,075	31,545	-	860,357	4,206,836
年內增加	117,686	873,260	149,892	-	-	-	-	1,140,838
轉調往收支賬目	(94,859)	(591,149)	(1,965)	(22,900)	(3,091)	-	(220,933)	(934,897)
於2001年3月31日結餘	238,725	2,457,490	827,509	221,175	28,454	-	639,424	4,412,777

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10. Recurrent Government Subvention

The HA receives annual operating grants from the Hong Kong Government to provide hospital services in Hong Kong.

The draft MAA, described in Note 1, provides a formula for the clawback of the excess of income over expenditure in the reporting period. For the year ended 31 March, 2001 and 2000, no provision for clawback was required under the terms of the draft MAA.

11. Hospital/Clinic Fees and Charges

The charges for hospital services provided by the HA are levied in accordance with those stipulated in the Gazette. Since the Gazette stipulates that the medical charges for certain types of patients could be waived, the hospital/clinic fees and charges recognised as income in the Statement of Income and Expenditure are stated at net of such waivers. The hospital/clinics fees and charges waived for the financial year ended 31 March, 2001 amounted to HK\$315,936,000 (2000: HK\$303,488,000).

12. Expenditure Utilising Previous Years' Unspent Budget

In the year ended 31 March, 2000, certain hospitals' expenditure was less than their budget allocation. It is the HA's policy to permit the hospitals to utilise part of their previous years' unspent budget for specifically approved purposes in future years. The expenditure utilising the previous years' unspent budget amounted to HK\$55,461,000 (2000: HK\$70,598,000) during the current financial year which is 0.18% (2000: 0.24%) of the total expenditure for the current year.

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10. 經常性政府補助

醫管局每年獲香港政府的營運補助，在香港提供醫院服務。

附註1所述的行政安排備忘錄草擬本訂定了一個計算報告期間盈餘回扣的方程式。截至二〇〇〇及二〇〇一年三月三十一日止之年度，並無需要根據行政安排備忘錄草擬本的回扣規定作出任何準備。

11. 醫院 / 診療所收費

醫管局所提供的醫療服務，是根據憲報所刊載的收費表而收取費用。由於憲報訂明某類病人的醫療費用可以豁免，在收支結算表中確認為收入的醫院/診療所收費，乃扣除了這些豁免數額。在截至二〇〇一年三月三十一日止之財政年度內，獲豁免的醫院/診療所收費為港幣315,936,000元(二〇〇〇年：港幣303,488,000元)。

12. 源自去年未經使用的預算之支出

在截至二〇〇〇年三月三十一日的年度內，某些醫院的開支，較預算撥款為低。醫管局的政策是容許這些醫院在之後的年度使用部份未經使用的預算，作獲得特別批准的用途。在本財政年度內，源自去年未經使用的預算之支出數額為港幣55,461,000元(二〇〇〇年：港幣70,598,000元)，即佔本年總開支0.18%(二〇〇〇年：0.24%)。

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13. Reconciliation of the Excess of Income over Expenditure to Net Cash Inflow from Operating Activities

	2001	2000
	HK\$'000	HK\$'000
Excess of income over expenditure	256,310	362,051
Investment income	(210,813)	(159,646)
Loss on disposal of property, plant and equipment	14,490	3,628
Income transferred from capital reserves	(870,142)	(728,581)
Depreciation	855,653	724,953
(Increase) decrease in inventories	(30,612)	2,054
Increase in loans receivable	(27,919)	(33,160)
Decrease (increase) in accounts receivable and other current assets	30,388	(64,060)
Increase in deposits and prepayments	(27,647)	(93,541)
Increase in creditors and accrued charges	225,595	5,056
Increase in deposits received	6,562	3,449
Net cash inflow from operating activities	<u>221,865</u>	<u>22,203</u>

14. Provident Fund Scheme

Most employees who have opted for the HA terms of employment are eligible to join the HA Provident Fund Scheme on a non-contributory basis. The Hospital Authority Provident Fund Scheme is a defined contribution scheme as all benefits are defined in relation to contributions except that a minimum death benefit equating to twelve months' salary applies on the death of a member. However, when the member's account balance is less than his twelve months' scheme salary, the difference will be contributed by the Death and Disability Fund of the HA.

Under the scheme the HA contributes 15% of the employee's salary to the fund. The percentage of benefit entitlement, receivable by the employee on resignation or retirement, increases with the length of service.

The scheme is managed by a separate board of trustees.

During the year ended 31 March, 2001 the HA contributed to the scheme HK\$2,038,560,000 (2000: HK\$2,001,351,000), which is included in the staff costs of HK\$23,574,339,000 (2000: HK\$23,163,337,000).

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13. 盈餘與營運活動現金流入之淨額對賬表

	2001	2000
	港幣千元	港幣千元
盈餘	256,310	362,051
投資收入	(210,813)	(159,646)
出售物業、廠房及設備虧損	14,490	3,628
轉調自資本儲備之收入	(870,142)	(728,581)
折舊	855,653	724,953
存貨(增加)減少	(30,612)	2,054
應收債款增加	(27,919)	(33,160)
應收賬款及其他流動資產減少(增加)	30,388	(64,060)
按金及預付款項增加	(27,647)	(93,541)
債權人及應付費用增加	225,595	5,056
已收按金增加	6,562	3,449
營運活動現金流入之淨額	221,865	22,203

14. 公積金計劃

大部分已選擇醫管局僱用條件的僱員，均有資格參加無需供款的醫管局公積金計劃。醫院管理局公積金計劃是一個界定供款計劃，因為除了於一名成員去世時發放一項相等於十二個月薪金的最低死亡福利外，所有利益都視乎供款界定。不過，當任何成員的賬目結餘較其於該計劃下之十二個月計劃薪金為低，該差額則會由醫管局的死亡及傷殘基金補足。

根據該計劃，醫管局的供款為僱員底薪的15%，僱員在辭職或退休時可獲的利益比率隨服務年資增加。

該計劃是由一個獨立的信託委員會管理。

於截至二〇〇一年三月三十一日止之年度內，醫管局對該計劃的供款為港幣2,038,560,000元(二〇〇〇年：港幣2,001,351,000元)，這筆款項已包括在港幣23,574,339,000元(二〇〇〇年：港幣23,163,337,000元)的職員費用內。

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15. Home Loan Interest Subsidy Scheme

The HA offers eligible employees under the scheme an interest subsidy to finance the purchase of a residence in Hong Kong. Eligibility under the scheme is primarily determined by the employee's length of service.

The amount of subsidy generally represents half of the interest rate payable by the eligible employee up to a maximum of 6% per annum. However eligibility and the maximum amount of subsidy are subject to a number of restrictions as defined in the scheme.

The scheme is funded by the HA through contributions calculated at specific rates based on the total salaries of staff in the various staff categories.

16. Death and Disability Scheme

Under their terms of employment, HA employees are entitled to death and disability benefit cover. This is funded by the HA through contributions calculated at specific rates based on the total salaries of staff in the various staff categories.

17. North District Hospital Fund

During the financial year 1993/94, the Government advanced to the HA a sum of HK\$1,690,350,000 for the construction of the North District Hospital. The sum is held by the HA in trust for the Government to meet the construction costs of the project which is managed by the HA as agent for the Government. During the financial year 1995/96, the Government transferred HK\$79,400,000 from this fund to Tseung Kwan O Hospital Fund. All interest earned from this grant will be repaid annually to the Government. The hospital was substantially completed and was commissioned in the financial year 1997/98. At 31 March, 2001, the fund balance was HK\$221,175,000. The remaining fund balance will be used for construction costs and any unspent balance will be repaid to the Government.

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15. 購屋貸款利息津貼計劃

根據此項計劃，醫管局為合資格僱員提供一項利息津貼，資助他們在本港購置居所。資格主要決定於僱員的服務年資。

津貼金額一般為合資格僱員應付利息率的一半，最高為每年6%。不過，資格及津貼最高限額受到計劃的一些規定所限制。

該計劃由醫管局按照不同職員組別的職員總薪酬的特定比率供款資助。

16. 死亡及傷殘計劃

根據僱用條件，醫管局的僱員可享有死亡及傷殘福利保障。該計劃由醫管局按照不同職員組別的職員總薪酬的特定比率供款資助。

17. 北區醫院基金

於一九九三至九四的財政年度內，政府預支港幣1,690,350,000元予醫管局以興建北區醫院。醫管局受託於政府管理這筆款項，以支付由醫管局作為政府代理人負責這項工程的興建費用。在一九九五至九六的財政年度內，政府把基金內港幣79,400,000元轉調往將軍澳醫院基金內。所有來自這筆款項的利息將會每年歸還政府。北區醫院已於一九九七至九八的財政年度內大體上落成及啟用。於二〇〇一年三月三十一日，基金的結餘為港幣221,175,000元。基金結餘將用以支付建築開支，未經使用的餘額將會退還給政府。

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18. HA Building Fund

During the financial year 1994/95, the Government advanced to the HA a sum of HK\$405,670,000 for the construction of the HA Building. This sum is the maximum amount of Government financial support for the project. Any interest earned from this grant will be treated as the HA's income and be taken into account in determining the annual recurrent grant. The HA Building was substantially completed and was commissioned in the financial year 1997/98. At 31 March, 2001, the fund balance was HK\$28,454,000. The remaining fund balance will be used for remaining construction costs and any unspent balance will be repaid to the Government.

19. Special Fund for Furniture and Equipment

During the financial year 1994/95, the Government advanced HK\$180,000,000 to the HA for the replacement of furniture and equipment that was either in poor condition or obsolete. This was a one-off grant and any interest earned on it is treated as the HA's income and is taken into account in determining the annual recurrent grant. The fund was fully utilised during the financial year 1999/2000 and there was no balance at 31 March, 2001.

20. Tseung Kwan O Hospital Fund

During the financial year 1995/96, the Government advanced HK\$2,047,290,000 to the HA and transferred HK\$79,400,000 from North District Hospital Fund for the construction of Tseung Kwan O Hospital. This grant is the maximum amount of financial support from the Government. All interest earned from this grant is repaid annually to the Government. The hospital was substantially completed and was commissioned in the financial year 1999/2000. At 31 March, 2001, the fund balance was HK\$639,424,000. Any unspent money will be repaid to the Government when the project is completed.

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18. 醫管局大樓基金

於一九九四至九五的財政年度內，政府預支港幣405,670,000元予醫管局以興建醫管局大樓。這筆款項是政府對這項工程財政支持的最高限額。而任何來自這筆款項的利息將被視為醫管局的入息，並於計算周年經常性補助時一併納入。醫管局大樓已於一九九七至九八的財政年度內大體上落成及啟用。於二〇〇一年三月三十一日，基金的結餘為港幣28,454,000元。基金結餘將用以支付建築開支，未經使用的餘額將會退還給政府。

19. 家具及設備特別基金

於一九九四至九五的財政年度內，政府預支港幣180,000,000元予醫管局，作為更換破爛及陳舊的家具及設備之用。這款項乃一項一次性之補助，來自這筆款項的利息，將被視為醫管局的入息，並於計算周年經常性補助時一併納入。在一九九九至二〇〇〇的財政年度內，基金全數用畢，於二〇〇一年三月三十一日的結餘為零。

20. 將軍澳醫院基金

於一九九五至九六的財政年度內，政府預支港幣2,047,290,000元予醫管局，並自北區醫院基金轉調港幣79,400,000元以興建將軍澳醫院。這筆款項是政府對這項工程財政支持的最高限額，而來自這筆款項的利息將會每年歸還政府。將軍澳醫院已於一九九九至二〇〇〇的財政年度內大體上落成及啟用。在二〇〇一年三月三十一日，基金的結餘為港幣639,424,000元。任何未經使用的餘額將於工程完成後歸還政府。

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21. Funds in Trust

At 31 March, 2001, the HA held in trust for the Government an amount of HK\$109,457,000 (2000: HK\$115,203,000), including accrued interest income.

22. Donations from the Hong Kong Jockey Club Charities Trust

During the year ended 31 March, 2001, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$117,823,000 (2000: HK\$83,146,000) to the following hospitals and programmes of the HA.

	HK\$'000
Jockey Club Cares Programme	15,259
Hong Kong Red Cross Blood Transfusion Service	1,769
Caritas Medical Centre	1,621
Castle Peak Hospital	16,734
Kowloon Hospital	1,160
Kwai Chung Hospital	496
Kwong Wah Hospital	3,700
Nam Long Hospital	10,993
Pamela Youde Nethersole Eastern Hospital	3,606
Pok Oi Hospital	183
Prince of Wales Hospital	50,074
Princess Margaret Hospital	3,354
Queen Elizabeth Hospital	453
Queen Mary Hospital	3,909
Shatin Hospital	496
Tuen Mun Hospital	3,438
United Christian Hospital	578
	117,823

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21. 信託基金

二〇〇一年三月三十一日，醫管局為政府管理的信託基金數額，包括應收利息收入，為港幣109,457,000元（二〇〇〇年：港幣115,203,000元）。

22. 來自香港賽馬會慈善信託基金的捐贈

在截至二〇〇一年三月三十一日的年度內，香港賽馬會慈善信託基金共向下列的醫院及醫管局所推行的計劃捐出港幣117,823,000元（二〇〇〇年：港幣83,146,000元）：

	港幣千元
賽馬會愛心醫療計劃	15,259
香港紅十字會輸血服務中心	1,769
明愛醫院	1,621
青山醫院	16,734
九龍醫院	1,160
葵涌醫院	496
廣華醫院	3,700
南朗醫院	10,993
東區尤德夫人那打素醫院	3,606
博愛醫院	183
威爾斯親王醫院	50,074
瑪嘉烈醫院	3,354
伊利沙伯醫院	453
瑪麗醫院	3,909
沙田醫院	496
屯門醫院	3,438
基督教聯合醫院	578
	<hr/>
	117,823

Hospital Authority

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For the year ended 31 March, 2001

23. Commitments

As at the balance sheet date, the HA had the following commitments:

	2001	2000
	HK\$'000	HK\$'000
Capital Commitments		
Authorised but not contracted for	2,285,231	2,460,420
Contracted for but not provided in the financial statements	966,174	896,870
	<u>3,251,405</u>	<u>3,357,290</u>
Operating Lease Commitments		
Annual commitments under operating leases in respect of land and buildings expiring:		
Within one year	3,582	1,155
In the second to fifth year, inclusive	2,992	2,715
	<u>6,574</u>	<u>3,870</u>

24. Taxation

No taxation is provided as the HA is exempt from taxation under the Hospital Authority Ordinance 1990.

25. Approval of Financial Statements

The financial statements were approved by members of the HA on 28 September 2001.

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23. 承擔

於結算日，醫管局有以下承擔：

	2001	2000
	港幣千元	港幣千元
資本承擔		
已獲授權但未訂契約	2,285,231	2,460,420
未列入財政報告書內的已訂契約	966,174	896,870
	3,251,405	3,357,290
營運租賃承擔		
房地產每年營運租賃承擔：		
一年內期滿	3,582	1,155
二至五年內期滿	2,992	2,715
	6,574	3,870

24. 稅項

醫管局按一九九〇年醫管局條例獲豁免繳稅，故並無作出稅項準備。

25. 財政報告的通過

本財政報告已於二〇〇一年九月二十八日獲醫管局成員通過。

Hospital Authority 醫院管理局

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