

Annual Report 2002 - 2003

年報

四月 Apr 02

五月 May 02



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醫院管理局
HOSPITAL
AUTHORITY

HOSPITAL AUTHORITY 醫院管理局

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Membership of the Hospital Authority 醫院管理局成員

**Dr LO Ka-shui, GBS, JP
(Chairman)**
羅嘉瑞醫生 (主席)



Dr Lo served as Chairman of the Authority from 1 October 2000 to 30 September 2002.
羅醫生由二〇〇〇年十月一日至二〇〇二年九月三十日出任醫管局主席。

**Dr C H LEONG, GBS, JP
(Chairman)**
梁智鴻醫生 (主席)



Dr Leong has been appointed as a member of the Authority since its inception. He succeeded Dr K S LO as Chairman of the Authority on 1 October 2002.
在醫院管理局成立之初，已獲委任為該局成員。梁醫生由二〇〇二年十月一日起接替羅嘉瑞醫生，出任醫管局主席。

**Miss Eliza CHAN, JP
陳清霞小姐**



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

**Dr Lily CHIANG
蔣麗莉博士**



Appointed on 1 December 2001, Dr Chiang is a businesswoman who has extensive community services experience.
於二〇〇一年十二月一日獲委任，蔣博士是商界人士，並有廣泛公共服務經驗。

**Miss Iris CHAN
陳萃菁小姐**



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

**Mr Clifton CHIU Chi-cheong
趙志鋈先生**



Appointed on 1 December 2002, Mr Chiu is a Certified Public Accountant who has served as Chairman of the Audit Committee of the Authority since October 2001.
於2002年12月1日獲委任，趙先生為執業會計師，自2001年10月起擔任醫管局審計委員會主席。

Dr Margaret CHAN, JP
陳馮富珍醫生

Dr Chan is appointed in her capacity as the Director of Health.
以衛生署署長身份出任醫管局成員。



Prof Sydney CHUNG
鍾尚志教授

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.

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, JP
方剛先生

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

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 James HWANG Shu-tak
黃樹德醫生

Appointed on 1 December 2001, Dr Hwang is the Chief of Service of the Department of Surgery of Queen Elizabeth Hospital.

於二〇〇一年十二月一日獲委任，黃醫生是伊利沙伯醫院外科部部門主管。



Dr Anthony HO Yiu-wah
何耀華博士

Appointed on 1 December 2001, Dr Ho is a legal consultant who has been active in public and community services.

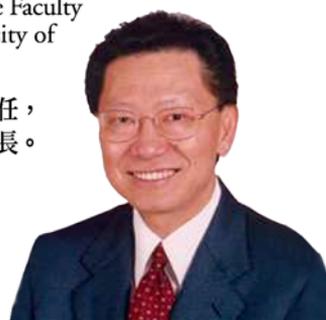
於二〇〇一年十二月一日獲委任，何博士是法律顧問，一直積極參與公共及社區服務。



Prof S K LAM
林兆鑫教授

Appointed on 1 April 2001, Prof Lam is the Dean of the Faculty of Medicine of the University of Hong Kong.

於二〇〇一年四月一日獲委任，林教授是香港大學醫學院院長。



Mr Edward HO Sing-tin, SBS, JP
何承天先生

Appointed on 1 December 2002, Mr Ho is a distinguished professional architect with extensive public service experiences.

He was a former Member of the Executive Council (1991-92) and Legislative Council (1987-2000).

於2002年12月1日獲委任，何先生是一位傑出的專業建築師，具備豐富的公共服務經驗。他是前行政局(1991-92)及前立法會議員(1987-2000)。



Mr LEE Jark-pui, JP
李澤培先生

Appointed on 1 December 1997, Mr Lee has been active in public service for many years.

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。



Dr William HO, JP
何兆煒醫生



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

何醫生以醫管局行政總裁身份出任醫管局成員。

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



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

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
林李靜文女士



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

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。

Ms Scarlett PONG Oi-lan
龐愛蘭女士



Appointed on 1 December 1991, Ms Pong is a pharmacist who has been a hospital governing committee member since 1998.

龐女士於二〇〇一年十二月一日獲委任，她是藥劑師，自一九九八年起已開始參與醫管局醫院管治委員會的工作。

Mr LO Chung-hing, SBS
盧重興先生



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

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

Prof Judy TSUI LAM Sin-lai
徐林倩麗教授



Appointed on 1 December 2002, Prof Tsui is the Dean of the Faculty of Business and Information Systems of the Hong Kong Polytechnic University, who has a wealth of experience in the field of corporate governance.

於二〇〇二年十二月一日獲委任，徐教授為香港理工大學商管及資訊系統學院院長，在公司管治方面具備豐富經驗。

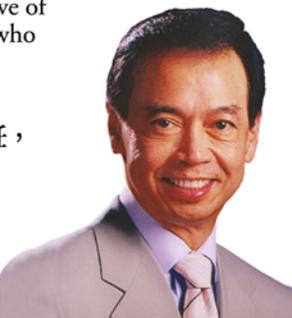
Mrs MONG KO Mei-ye
蒙高美懿女士



Appointed on 1 December 2001, Mrs Mong is a registered nurse who has been in the nursing profession for over 30 years.

於二〇〇一年十二月一日獲委任，蒙女士是註冊護士，從事護理服務超過三十年。

Dr Lawrence T WONG
黃至剛博士



Appointed on 1 December 2002, Dr Wong is the Chief Executive of the Hong Kong Jockey Club who has been active in public and community services.

於二〇〇二年十二月一日獲委任，黃博士為香港賽馬會行政總裁，積極參與公共及社會服務。

Mrs Gloria NG WONG Yee-man, JP
吳王依雯女士



Appointed on 1 April 2002, Mrs Ng is a businesswoman who has been active in voluntary services in the health and welfare sectors.
於二〇〇二年四月一日獲委任，吳女士是商界人士，積極參與衛生福利界的志願服務。

Prof Thomas WONG Kwok-shing
汪國成教授



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

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。

Prof Richard WONG Yue-chim, SBS, JP
王子漸教授



Appointed on 1 April 2001, Prof Wong is the Head of the Hong Kong Centre for Economic Research of the University of Hong Kong.
於二〇〇一年四月一日獲委任，王教授是香港大學經濟研究中心主任。

Mr Stanley YING, JP
應耀康先生



Mr Ying was appointed on 29 September 2000 in his capacity as representative of the Secretary for Financial Services and the Treasury.

於二〇〇〇年九月二十九日以財經事務及庫務局局長代表身份出任醫管局成員。

Mr Anthony WU Ting-yuk
胡定旭先生



Appointed on 1 December 1999, Mr Wu is an experienced accountant and has been active in public service.
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 Thomas YIU Kei-chung, JP
姚紀中先生



Mr Yiu is a member of the Authority in his capacity as Deputy Secretary for Health, Welfare and Food (Health).

姚先生以衛生福利及食物局副局長(衛生)身份出任醫管局成員。

Dr Raymond WU Wai-yung, GBS, JP
鄔維庸醫生



Appointed on 1 April 1997, Dr Wu is a respected private medical practitioner and has extensive public service experience in the rehabilitation field.
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。

Mr Paul YU Shiu-tin, JP
余嘯天先生



Appointed on 1 December 2001, Mr Yu is a businessman who has been actively involved in community services. He is currently a member of the Tung Wah Group of Hospitals Advisory Board.

余先生於二〇〇一年十二月一日獲委任。他是商界人士，一直積極參與公共服務。現為東華三院顧問局成員。

Chairman's Foreword 主席序言



I am delighted to write this foreword for the Hospital Authority Annual Report, which is my first since taking over from Dr LO Ka-shui as Chairman of the Authority in October 2002. My first year as Chairman has been an eventful and extremely challenging one, not only for myself, but also for the Hospital Authority and the entire public health system of Hong Kong.

Towards the end of 2002/03, Hong Kong was hard hit by a new epidemic named Severe Acute Respiratory Syndrome (SARS). The disease was so novel and elusive that it came to the kill with such rapidity whilst we were not quite prepared for it. It was heartbreaking to witness some 1,755 victims of the disease being admitted to our hospitals within weeks, many of them were our own staff who acquired the infection through unreservedly treating their patients. During those days, I had the pleasure of involving directly in the management and the decision-making process of the Authority. I also had the honour of standing by our frontline colleagues, up keeping their morale, holding the hands of those who fell sick, delivering eulogy to praise those who gave life to save their patients and to console their beloved. I was spellbound, amazed and moved by the selflessness, dedication, comradeship, unity and innovation of all our staff during this crisis. It had given me a much more enriched understanding of doctors, nurses, healthcare assistants, allied health workers, hospital managers and administrators. I felt very proud to be a member of them.

自 2002年10月接替羅嘉瑞醫生出任醫院管理局主席後，我很高興首次為醫管局年報撰寫序言。在我上任的首年，無論就我本人、或是醫管局，以至香港整個醫療體制來說，都是充斥著大事和挑戰的一年。

在2002/03年年底，香港遭受一種名為「嚴重急性呼吸系統綜合症」(SARS)的新疫症突襲，造成沉重打擊。這是一種殺傷力巨大的全新疫症，令人難以捉摸。疫症在我們未具足夠防範時，悄然施襲。在短短數周內，便有1,755人染病，在醫管局的醫院接受治療，實在令人痛心。當中有很多更是我們的員工，他們在悉心照料病人時受到感染。在這段期間，我有幸能直接參與醫管局的管理及決策過程，並與前線同事並肩作戰、為他們打氣、慰問患病的同事、頌揚捨身救治病人的殉職員工及慰問他們的家屬。全體員工在疫症中的無私奉獻及團結拚搏精神，令我深受感動，景仰之情不能言喻。對於所有醫生、護士、健康服務助理、專職醫療人員、醫院管理及行政人員的瑜亮情操，我體會至深。作為他們其中一份子，我深以為傲。

At the time of writing this foreword, there were no more new cases of SARS for sometime, and most of the remaining cases were slowly moving along the path of recovery. The battle was won through the effort and determination of all the staff of the Hospital Authority, generously supported and encouraged by the whole of Hong Kong. Members of the Authority Board also assumed a pivoted role, setting up a Task Force not only to offer support but also to monitor the efficacy of the management, acting as a bridge between the public, the Authority and the frontline staff. The extra load of SARS had not dampened our commitment to provide the needed public healthcare services nor our determination to reform the public hospital system to continuously improve our service quality.

Upon subsidence of the SARS epidemic, the Authority commissioned a team consisting of local and overseas experts in hospital management, crisis management, auditing, and public administration to take stock of the vast collected experience during the SARS crisis with a view to improving its capabilities in handling future infectious disease outbreaks of major proportions. The Government had also set up an Expert Committee to review the work of Government, including the Hospital Authority, in the management and control of the SARS outbreak. While awaiting findings and recommendations of the review committees, the Authority had already started at the end of 2002/03 to plan for revamping its service delivery models, building more isolation facilities and training more needed personnel to enhance its preparedness for another possible infectious disease outbreak.

Apart from the SARS outbreak, the Authority faced many other challenges in 2002/03. Growth of activities was continuously recorded in the inpatient and day patient services as well as the specialist and general outpatient services. During the year, the Authority's 43 hospitals, 46 specialist outpatient clinics and 15 general outpatient clinics served around 1.2 million inpatient and day patients, 2.4 million accident and emergency attendees, 8.8 million specialist outpatients, and 1.3 million general outpatients. The rapid increase in service demand amid severe budget constraints, escalating healthcare costs, rising public expectations, and imbalance in service utilisation between the public and private sectors had translated into overload of the public hospital system and the frontline healthcare workers.

在撰寫這序言之際，香港已有一段日子再沒出現新的 SARS 個案，尚在留醫的 SARS 病人亦大部分逐漸康復。戰勝疫症，實有賴全局上下員工的艱苦努力和堅毅意志，以及全港市民的支持和鼓勵。誠然，醫管局大會成員亦擔當了關鍵角色。大會成立了專責小組，一方面提供支援，另一方面則監察管理層的工作成效，充當市民、醫管局與前線人員的橋樑。SARS 所帶來的額外工作量，無損我們為市民提供所需公共醫療服務的士氣，亦沒有影響我們改革公立醫療體制以提升質素的決心。

在疫情消退後，醫管局委託了一批在醫院管理、危機應變、審核及公共行政方面具備豐富經驗的本地及外國專家，檢討 SARS 爆發期間匯集各種經驗，以加強日後應付重大疫症的能力。此外，政府亦成立了一個專家小組，檢討政府包括醫管局對 SARS 疫症爆發的管控工作。醫管局一方面正等待檢討委員會的檢討結果及建議，另一方面，我們在 2002/03 財政年度結束前已開始策劃重整服務模式、加建隔離設施及培訓更多所需人才，為疫症可能重臨作好準備。

除疫症爆發外，醫管局在 2002/03 年度亦面對許多其他挑戰。醫管局的住院及日間病人服務，以及專科及普通科門診服務，繼續錄得增長。年內，醫管局轄下 43 間醫院、46 間專科門診診所及 15 間普通科門診診所，為約 120 萬名住院及日間病人、240 萬名急症室病人、880 萬名專科門診病人及 130 萬名普通科門診病人提供服務。在財政嚴重緊絀、醫療開支飆升、市民期望日增及公私營服務使用失衡的情況下，服務需求急增，令公立醫療體制及前線醫護人員不勝負荷。

Working under tremendous pressure, the managerial and frontline staff of the Authority had met with these challenges with vision, dedication and professionalism in the year. Strategies were formulated and new initiatives implemented to overcome the volume and access issue through the development of community oriented service models and improving cost-effectiveness of the service delivery system. During the past two years, the growth in activities for the Authority's outreach and community services such as Community Nursing Service, Community Psychiatric Nursing Service, Community Psychiatric Service, Psycho-geriatrics Service and Community Geriatric Assessment Service, had increased by over 70%. With the takeover of general outpatient clinics from the Department of Health, the Authority had improved cost-effectiveness of its service networks by better integrating the secondary/tertiary care with primary care. The development of designated centres for high complexity and low volume services requiring specialised expertise and sophisticated equipment was speeded up to ensure efficiency and effectiveness in service delivery. The full-scale rollout of the Clinical Management System and enhancements of the Electronic Knowledge Gateway had greatly strengthened the Authority's information technology support, facilitating clinical decision-making and information sharing.

Faced with a demanding and rapidly changing environment, the Authority continued to implement managerial reform and to build up a team of dedicated workforce with professional competence and versatility in 2002/03. The new cluster management structure, with the Cluster Chief Executives taking charge of the performance of all hospitals and service units within the respective geographical drainage areas and accountable for the total resources allocated, was rolled out in full scale after reviewing the experience in the three pilot clusters. Through reforms on hospital clustering, a good number of service improvement and rationalisation programmes had been initiated at the cluster level to reduce duplication, achieving cost-effective use of resources, facilitating training, and leveraging on economy of scale. The human resource capabilities of the Authority were strengthened by recruiting more doctors, nurses, allied health professionals and care assistants, and by enhancing the professional and managerial training of different grades of staff.

面對沉重壓力，醫管局的管理及前線人員在過去一年，以遠大目光、無比魄力及專業精神應付這些挑戰。我們制訂策略及推行新措施，發展社區醫護模式及改善服務成本效益，以處理服務量及服務方便程度的問題。在過去兩年，醫管局的外展及社區服務，如社康護理服務、精神科社康護理服務、精神科社區服務、老人精神科服務及社區老人評估服務，有超過 70% 的增長。在接管衛生署的普通科門診診所後，醫管局亦加強了基層、中層及第三層醫療服務的整合，從而提升服務網絡的成本效益。此外，對於複雜程度高而使用量低、需要專門技能及先進設備的服務，我們亦加快設立指定服務中心，確保服務效率和效益。臨床管理系統的全面實施，以及電子知識通道的改善，亦大大強化了醫管局的資訊科技支援，有助臨床決策及共用資訊。

面對需求殷切及急速轉變的環境，醫管局在 2002/03 年度繼續實施管理改革，培育卓越多才的優質專業醫療隊伍。在新的聯網管理架構下，聯網總監須負責區內所有醫院及服務組別的工作表現，並就獲撥的整體資源承擔責任。新架構首先在三個聯網試行，我們檢討了有關經驗後，現已在所有聯網全面實施。藉著醫院聯網的改革，各聯網均推行了多項服務改善及理順計劃，以減少重疊、善用資源及加強培訓。我們亦增聘了醫生、護士、專職醫療人員及健康服務助理，並加強不同職系員工的專業及管理培訓，藉以提升醫管局的人力資源能力。

To redress the imbalance in distribution of workload between the public and private sectors, the Authority formulated strategies to promote the public-private interface through the development of referral guidelines and protocols, experimenting on new collaborative models, providing training opportunities for private practitioners, and building up the infrastructure for sharing patient information. The Authority also strived to enhance sustainability of Hong Kong's public hospital system in 2002/03 by assisting the Government in revamping its fees structure and conducting research on long-term healthcare financing options, basing on the principle of target subsidy. After intensive studies and extensive public consultation, a revised fees structure was successfully implemented commencing April 2003 with the introduction of a new charge for accident and emergency service earlier in November 2002. This was implemented in association with a rational fee waiving and concession system, as the Authority was conscious of its role in providing a healthcare safety net for all and the Government's policy that no one should be denied of care because of lack of means.

Despite the daunting challenges of escalating demand and the SARS outbreak, the Authority had achieved considerable success over the past year in attaining its set goals and strategic objectives. Much credit should go to our professional workforce who contributed selflessly and tirelessly towards the provision of quality care to the patients. I also wish to show my deep appreciation to the Government and my colleagues on the Authority Board and various committees for their guidance, understanding and support, without which the Authority could hardly make any progress in its work at this time of great challenges. Members of the Board are becoming aware of their accountability in managing the Authority as stipulated in the Hospital Authority Ordinance. In this connection, the Board is already reassessing its role in governance, i.e., how members could better work with the executives, set policy directions to guide the Authority, and give unfailing support to the executives, not only in routine functions but also in time of epidemics and major disasters.

為處理公私營醫療服務使用失衡的情況，醫管局已制訂策略，促進公私營醫療的聯繫，如訂立轉介指引及常規、試行新的的協作模式、為私家醫生提供培訓，以及發展共用病人資訊的基礎設施等。年內，醫管局亦協助政府重整收費結構及研究長遠醫療融資方案，以目標資助為原則，務使香港的公立醫療體制能持續發展。經過深入的研究及廣泛的公眾諮詢後，醫管局於2003年4月成功實施收費調整，而新的急症室收費早於2002年11月已經實施。在實施新收費的同時，醫管局亦明白須為市民設立安全網，而且政府政策訂明：市民不應因經濟困難而得不到所需醫療服務，故醫管局亦設有合理的費用減免機制，幫助有需要的病人。

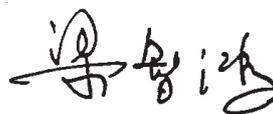
面對需求急升及疫症爆發等種種挑戰，在過去一年，醫管局在貫徹既定計劃及策略目標方面仍取得重大進展。這實有賴我們的優秀職員隊伍，不辭勞苦為病人提供各項優質服務。我亦要衷心感謝政府、醫管局大會成員及各委員會的指導、諒解和支持。沒有這些支持，醫管局在此艱難時刻，工作將難獲寸進。大會成員亦明白，根據醫院管理局條例，他們有責任履行管治醫管局的工作。為此，大會已開始重新評估其管治角色，探討在日常運作以至疫症及大型災難發生時，成員可以怎樣與行政人員更緊密合作、訂立政策方針為醫管局提供指引，以及給予行政人員充分支援。

The challenges ahead for the Authority are many and varied, particularly when we are entrusted by the community to better prepare our public hospitals for any future epidemics after the SARS crisis. Nevertheless, with the sterling support from all parties concerned, I am confident that the Authority will overcome all the obstacles hindering its future development and fulfil its mission of providing quality healthcare services to meet the different needs of patients and the public.



Dr C H LEONG, GBS, JP, Chairman

醫管局要面對的挑戰，多不勝數，特別是市民均寄望我們在 SARS 疫症後加強公立醫院的設施，以防疫症重臨。我深信，在各有關方面鼎力支持下，醫管局定能秉持信念，排除萬難，穩步向前，並貫徹其使命，提供優質的醫療服務，迎合病人及市民的不同需要。



醫院管理局主席 梁智鴻醫生

Chief Executive's Overview 行政總裁匯報



Introduction

2002/03 was a year of great challenge to the Hospital Authority. Approaching the end of the year in March 2003, a sudden epidemic



arising from the elusive disease named Severe Acute Respiratory Syndrome (SARS) shocked Hong Kong and the whole world, seriously affecting the Authority's normal operations. To cope with the SARS crisis, the Authority had reorganised its services by deferring non-urgent services, redeploying staff to high load areas and cascading move of patients to convalescent institutions. By the time this report was compiled, the epidemic had subsided and the Authority's activities were gradually reverted to normality. However, in light of the need to get prepared for future epidemics, the Authority had revisited its service delivery strategies to introduce additional facilities designated for infectious diseases, intensive care and staff support. These changes would have significant impact on the operational mode and financial position of the Authority in future. Progress of the Authority's post-SARS initiatives would be described in greater detail in the next Annual Report, when findings of the SARS review panels were released and their recommendations adopted for implementation.

引言

2002/03 年度是醫院管理局面對艱辛挑戰的一年。2003 年 3 月，一種名為「嚴重急性呼吸系統綜合症」(SARS) 的全新疫症在香港和全球肆虐，嚴重影響醫管局的正常運作。為應付疫症危機，醫管局須作出服務調度安排，包括暫緩非緊急服務、抽調員工到工作繁重的部門，以及將病人遷往療養醫院。在撰寫本報告時，疫症已告一段落，醫管局的服務亦逐漸回復正常。然而，我們必須為疫症重臨作好準備。故此，醫管局檢討了其服務策略，以增加傳染病、深切治療及員工支援設施。這些改變對醫管局日後的運作模式及財政狀況將有重大影響。有關醫管局疫後改善措施的進展，在下一份年報將有詳細載述，其時 SARS 檢討委員會的檢討結果當已公布，建議亦付諸實行。



During the preparatory and early phases of the SARS Outbreak up to end of March 2003, the Authority had done a lot of work to contain spread of the mysterious disease through a three-pronged approach, i.e., containing transmission of the virus, protecting staff from infection and enhancing patient outcome. Following reports of increase in pneumonia cases in the Mainland, a Working Group on Severe Community Acquired Pneumonia (SCAP) comprising Head Office senior executives, infectious disease specialists, respiratory physicians, intensive care physicians and microbiologists was set up on 11 February 2003 to monitor the situation and advise on the approaches to be adopted. On 12 February, a case reporting system was set up and cases were reported to the Department of Health for follow-up epidemiological studies. The Working Group held a series of meetings in February to compare SCAP cases of 2001/02 and 2002/03 and found no evidence of recent surge of cases. On 21 February, the first set of frequently asked questions on SCAP with case definition was released to frontline healthcare workers. With developing knowledge on SCAP, a series of information packages and guidelines on the management of SCAP were issued throughout February and March to all public hospitals. Though there was no sign of clustering of cases or obvious increase in any particular type of organism at this early stage, we saw the development unusual and raised worries about an unknown virus. Infection control measures including droplet cohorting of patients, wearing gowns/gloves, masks, hand-washing and environmental disinfections were recommended to all public hospitals and clinics.

With the outbreak of SARS in early March 2003, the Authority had made vigorous efforts together with the Department of Health to contain transmission of the virus through contact tracing. A SARS Control Centre was set up at the Authority's Head Office with regional coordinators appointed to work with the Department of Health and

自 SARS 爆發的起始期及初期至 2003 年 3 月底，醫管局做了大量工作，以期三管齊下遏止此神秘疫症蔓延，即控制病毒擴散、保護員工免受



感染及加強病人醫療成效。在得悉內地肺炎個案增加後，醫管局在 2003 年 2 月 11 日成立了「嚴重社區感染肺炎」工作小組，成員包括總辦事處高層行政人員、傳染病專家、呼吸系統科醫生、深切治療科醫生及微生物學家，以協助監察情況，並就應採納的應對方針提供意見。2 月 12 日，個案通報機制成立，我們向衛生署通報個案，以便進行流行病學研究。工作小組在二月舉行多次會議，比較 2001/02 及 2002/03 年的「嚴重社區感染肺炎」個案，但無證據顯示期間的個案飆升。2 月 21 日，醫管局就「嚴重社區感染肺炎」向前線醫護人員發出首份常見提問及個案定義資料。隨著我們對該疾病所知增多，我們在 2 月及 3 月向公立醫院發放多份有關管控「嚴重社區感染肺炎」的資料及指引。雖然在此初期並無群集感染或任何病毒明顯增加的跡象，但我們察覺到情況異乎尋常，一種不知名的病毒，令眾人惶惑不安。我們建議所有公立醫院及診所採取感染控制措施，包括集中隔離病人以控制飛沫傳染、穿上保護袍／手套、佩戴口罩、洗手及進行環境消毒。



the Police to expedite action in contact tracing. A comprehensive electronic online web-based information system known as 'e-SARS' was developed within a few days by making use of the existing Clinical Management System of the Authority to provide real time information on the newly admitted SAR patients to ensure expeditious tracing and tracking of contacts. To alert the private general practitioners and family physicians on the presentation and development of the disease to facilitate early identification of suspected SARS cases, a number of training sessions were organised for them during initial phase of the epidemic. A website for general practitioners was also set up to provide updated information about the disease and to answer questions on SARS. Surveillance of the disease in old aged homes was enhanced through the Community Geriatric Assessment Teams and Visiting Medical Officers.



The SARS outbreak had put the entire public hospital system to test with staff working under immense pressure, fear, weariness and stress. To protect staff from infection, guidelines were revised by the standing Central Committee on Infection Control and promulgated to frontline staff through the daily SARS bulletin 'Battling SARS Update', the hospital-based Infection Control Network, and the cluster-based Infection Control Teams. Communication and audit on infection control were conducted down to the ward level via the Link Nurse System built up in recent years. Apart from making available appropriate and effective Personal Protective Equipment to staff, continuous education on infection control precautions was arranged through daily briefings in workplace, formal training and experience sharing sessions. A number of environmental measures such as addition of viral filters, improvement of ventilation in wards and zoning by risk of exposure were also taken to reduce the risk of infection arising from environmental factors.

當 SARS 在 2003 年 3 月初爆發，醫管局聯同衛生署竭力透過接觸追縱試圖控制病毒蔓延，並在總辦事處成立 SARS 指揮中心，委派地區統籌人員與衛生署及警方合作，加速進行接觸追縱。在短短數天內，我們利用現有的臨床管理系統，設立了一個網上實時操作的綜合電腦資訊系統，名為 e-SARS，提供有關新入院 SARS 病人的實時資訊，確保可從速進行接觸追縱及追查。另方面，為使私家醫生及家庭醫生能提高警覺，並瞭解疾病的徵狀及發展，以便及早辨識懷疑個案，我們在疫症初期為他們舉辦了多個講解會，並設立網頁提供有關 SARS 的最新資訊，並解答查詢。此外，我們亦透過社區老人評估小組及到訪醫生的安排，加強對老人院舍的疾病監控工作。

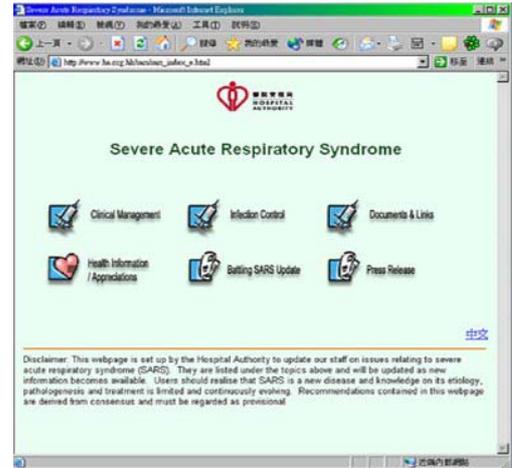
SARS 爆發使整個公立醫院系統面臨重大考驗，員工在巨大壓力、極度惶恐、疲憊及緊張的狀態下工作。為保護員工免受感染，醫管局常設的中央感染控制委員會修訂了指引，並透過每日出版的「抗炎日訊」、醫院感染控制網絡及聯網感染控制小組，向前線人員發布。此外，亦透過近年設立的聯繫護士制度，進行感染控制的溝通和審核，直達病房層面。除為員工提供足夠有效的個人防護裝備外，我們亦透過每日實地講解、培訓班及經驗分享會，進行持續的防感染教育，並實行多項環境改善措施，如加設病毒過濾網、改善病房通風及按接觸風險劃分區域，以減低環境因素所引起的感染風險。

In an effort to improve the outcome of managing patients infected with this unknown disease, advisory groups were formed in the early phase of the epidemic to evaluate and discuss possible diagnostic and treatment approaches. Clinical information was collected, analysed and disseminated to parties involved via the Authority's SARS website and experience sharing forums/seminars to provide them with updated knowledge of the disease. New treatment modalities were later evaluated and, where appropriate, pilot tested. All the above-mentioned measures were coordinated and directed by the daily morning Round-up meetings in the Head Office, chaired by the Chief Executive and attended by all Directors, Cluster Chief Executives and other senior executives, with participation of the Authority Chairman and representative from the Health, Welfare & Food Bureau at a later stage.



Despite the SARS outbreak, there had been overall growth in the Authority's activities during the year except for accident and emergency services, where the introduction of a new charge successfully reduced misuse. In 2002/03, our public hospital system handled a total of 1,198,103 inpatient and day patient discharges and deaths, 2,380,064 accident and emergency attendances, 8,754,286 specialist outpatient attendances and 1,264,923 general outpatient attendances.

Having considered the rapid changes in Hong Kong's social, economic, political and healthcare environment, the Authority adapted the six priority areas of work for the past two years to a new context and organised its improvement initiatives for 2002/03 under a revised planning framework comprising the following six major directions:



為改善治療這種不知名病症的臨床成效，我們在疫症初期成立了諮詢小組，評估及商討可行的診斷及治療方法，同時收集及分析了所得臨床資訊，透過醫管局 SARS 網頁及經驗分享或研討會，向各有關人士發布疾病的最新資料。其後，我們又對新療法進行評估，並在可行情況下進行測試。以上所有措施，由每日於總辦事處召開的疫情匯報會議作整體統籌及指揮。會議以行政總裁為首，各總監、聯網總監及其他高層行政人員均有參與，而在較後期間亦有醫管局主席及衛生福利及食物局的代表參與。

年內雖然爆發疫症，但醫管局除急症室服務外，整體服務需求仍有增長。而急症室實施新收費後，成功減少了濫用情況。在 2002/03 年度，公立醫院系統處理的住院及日間病人出院及死亡總人數為 1,198,103、急症室總求診人次為 2,380,064、專科門診總求診人次為 8,754,286，普通科門診總求診人次為 1,264,923。

考慮到香港社會、經濟、政治及醫療環境的急速轉變，醫管局調整了過往兩年的六大優先工作範疇，並根據涵蓋以下六大路向的規劃架構，訂立 2002/03 年度的改善措施：

- Developing community oriented service models to take advantage of new opportunities and overcome volume and access challenges
- Enhancing organisational performance through managerial reform, hospital clustering and service rationalisation, as well as governance enhancement
- Enhancing system sustainability through assisting and advising Government in healthcare financing reform, revamp of charges, implementation of population-based funding and resource allocation system, and continued generation of productivity savings
- Developing public-private interface to redress the imbalance in distribution of workload and improve efficiency in the use of available health resources overall
- Improving cost-effectiveness of the service delivery system through territory-wide development of quaternary centres and referral networks, knowledge management initiatives, and focused work on specific diseases and conditions
- Formulating new human resource strategies to face environmental challenges, and developing people to enhance performance at all levels

Under these six strategic directions, the Authority initiated a total of 279 improvement targets during the year to maintain its service level and enhance service quality. All these targets were achieved with results either in line with or exceeding the original targets except for eight, which were partially achieved or deferred to 2003/04 because of changed circumstances.

With the implementation of these targets, the Authority had strengthened its capabilities of delivering quality healthcare services to meet the changing societal needs amid growing financial constraints and incessant increase in service demand. The improvements achieved by these initiatives are summarised in the ensuing paragraphs.

- 發展社區導向的服務模式，在服務量及服務方便程度方面，化挑戰為機遇
- 透過管理革新、聯網架構、理順服務及加強管治，提高體制成效
- 協助政府推行醫療融資改革、重整收費、推行按人口計算的撥款及資源分配機制、繼續增值節流，使體制能夠持續發展
- 推動公私營醫療的銜接，解決工作量分布不均的情況及改善整體醫療資源的效益
- 設立遍及全港的第四層服務中心及轉介網絡、推行知識管理措施，以及加強對某些疾病的治理，改善服務效益
- 制訂新的人力資源策略，以迎接挑戰及人盡其才

年內，醫管局根據這六個策略路向制定了 279 項改善目標，以維持服務水平及提升服務質素。除其中八項因情況有變而未能全部完成或延期至 2003/04 年度外，所有項目均按照或超出原定目標完成。

在達至這些目標後，醫管局在資源日絀及需求日增的情況下，鞏固了提供優質醫療服務的能力，以迎合社會不斷轉變的需要。這些措施帶來的改善概述於以下各段。



Developing Community Oriented Service Models

With the implementation of population-based funding and transfer of the Department of Health's general outpatient clinics under the public



hospital system, the Authority had taken the opportunities to integrate secondary/tertiary care with primary care and to enhance the delivery of its community-based services. During the year, referral and clinical practice guidelines for selected disease and patient groups had been developed across the general outpatient, specialist outpatient and accident & emergency services. Training in primary care was strengthened by recruiting an additional 100 trainees for Family Medicine training and setting up cluster-based structure for better coordination.

To improve health status of the population, initiatives were implemented in collaboration with the Department of Health and other non-government organisations to promote disease prevention, health education and training of healthcare professionals in the welfare sector. The cost-effectiveness and access to care was further enhanced through expansion of nurse-led services and introduction of more multi-skilled outreach nursing and rehabilitation services. Ten hospital and community-based smoking counselling and cessation centres were established in 2002/03 with over 4,000 smoking cessation sessions conducted for smokers.

The Authority continued to invest in infrastructure development during the year to support clinical service delivery. A total of 366 additional beds and 80 additional day places were opened to meet the

發展社區導向的服務模式

隨著人口為本撥款機制的推行，以及公立醫院系統接管衛生署的普通科門診診所，醫管局致力整合基層、中層及第三層的醫療服務，並加強提供社區為本的服務。年內，各普通科門診診所、專科門診診所及急症室已就一些病症及病例組別制訂轉介及臨床指引。此外，我們亦加強了基層醫療培訓，增聘 100 名家庭醫學受訓醫生，並設立更有利於統籌的聯網架構。

為改善市民健康，醫管局與衛生署及其他志願機構合作實行措施，在福利機構推廣疾病預防、健康教育及醫護人員培訓工作。透過擴展護士主導的服務及加設多技能外展護理及復康服務，服務的成本效益及方便程度得以進一步提升。我們亦成立了十個醫院及社區為本的控煙輔導及戒煙中心，為吸煙人士舉辦超過 4,000 個戒煙班。

年內，醫管局繼續投資發展基礎設施，以支援臨床服務。醫管局共增設了 366 張病床及 80 個



日間名額，以配合人口老化及人口增長的醫療需要。期間進行的大型基本工程計劃，包括重建博愛醫院及興建瑪嘉烈醫院放射治療中心。

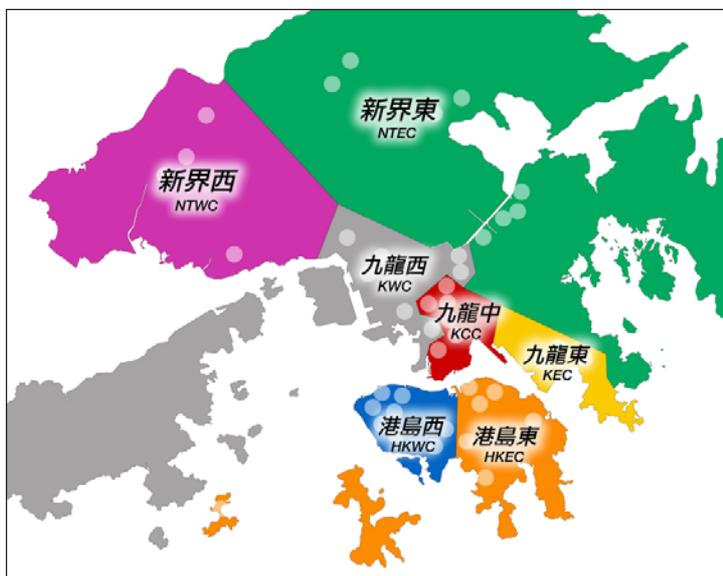
醫管局亦提升了資訊科技的基礎設施及功能，以助精簡程序，並確保臨床環境可獲 24 小時的

growing healthcare needs of an ageing and expanding population. Other major capital works projects implemented included redevelopment of Pok Oi Hospital and the Radiotherapy Centre at Princess Margaret Hospital.

The information technology infrastructure and capabilities of the Authority were upgraded in 2002/03 to facilitate streamlining of processes and to ensure effective round-the-clock support in the clinical environment. Developments throughout the year focused on the full-scale rollout of the Clinical Management System and establishment of the electronic Patient Record (ePR) to facilitate information sharing.

Enhancing Organisational Performance

The Authority's organisational performance was improved through managerial reform, hospital clustering and service rationalisation, as well as governance enhancement. With implementation of a pilot cluster management structure in three of the seven hospital clusters in the



previous year, the Authority reviewed the experience and rolled out formal cluster management structure to all clusters in 2002/03 with the appointment of Cluster Chief Executives for the remaining clusters. Accountable to the total resources allocated to respective clusters, the Cluster Chief Executives had initiated many services rationalisation programmes during the year to improve the organisation's clinical, managerial and administrative functions at the cluster level.



有效支援。年內的发展主要是全面推展臨床管理系統及設立電子病歷紀錄，以助共用資訊。

提高體制成效

透過推行管理改革、聯網架構、服務理順計劃及加強管治，醫管局提升了體制的成效。去年，醫管局在三個聯網試行新的聯網管理架構，在檢討有關經驗後，新架構於2002/03年度在七個聯網全面正式實施，其餘的聯網亦相繼委出聯網總監。由於各聯網總監須為聯網所得資源承擔責任，故在年內推行了多項服務理順計劃，以改善聯網層面的臨床、管理及行政職能。

在全面推行新的聯網管理架構後，醫管局的管理層亦進行重組，成立由行政總裁、總辦事處總監及聯網總監組成的決策架構，加強總辦事處在策略領導、政策釐定、管理革新、協調聯網措施方面的角色。醫管局亦舉辦了工作坊及規劃會議，加強與衛生福利及食物局、衛生署及社會福利署的聯繫，以助策劃公共醫療及福



Following the full-scale rollout of the new cluster management structure, the Authority's top management team was revamped with establishment of a formal decision-making structure comprising the Chief Executive, the Head Office Directors and Cluster Chief Executives. The Head Office's roles in strategic leadership, policy setting, managerial innovations, and as clearing house for cluster initiatives were strengthened. Liaison with the Health, Welfare & Food Bureau, the Department of Health and the Social Welfare Department had also been intensified through workshops and planning meetings to facilitate the organisation of public healthcare and welfare services. Governance at the corporate and cluster levels was enhanced through establishment of the Clinical Ethics Committee, development of international standards for the Research Ethics Committee, adoption of a risk management approach to address issues arising from public complaints, and revision of the internal audit function.

Enhancing System Sustainability

To maintain long-term sustainability of the public hospital system, the Authority had taken proactive steps to assist Government in the healthcare financing reform, including the revamp of fees and charges, implementation of population-based funding and resource allocation system, and continued generation of productivity savings.



Based on findings of a consultancy study completed during the year by the Authority, Government had formulated its policy on fees and charges revision, which was implemented in April 2003 with the new charge for accident & emergency service taking effect earlier in November 2002. The Authority had also conducted an analysis on the distribution of hospital bed day utilisation in Hong Kong and provided necessary



利服務。此外，醫管局亦成立了臨床倫理委員會、為科研倫理委員會制訂國際認可標準、採納風險管理模式處理公眾投訴事宜，以及修訂內部審計功能，以加強機構及聯網的管治。

使體制能夠持續發展

為使公立醫療體制能夠持續發展，醫管局積極協助政府進行醫療融資改革，包括重訂收費、實施人口為本的撥款及資源分配機制，以及繼續增值節流。

根據醫管局於年內完成的一項顧問研究，政府制訂了調整收費政策，並於2003年4月實施，而新的急症室收費早於2002年11月已經生效。醫管局亦分析了本港醫院病床的使用情況，並向衛生福利及食物局提供所需研究支援，協助該局進行有關「頤康保障戶口」的長遠醫療融資方案研究。

為配合政府就公立醫院服務所制訂的新撥款機制，醫管局發展了一套以人口為本的內部資源分配模式，並界定第四層、第三層及中層服務的範疇及設立相互收費機制。醫管局應用此模式制訂了2003/04年度的聯網預算，以鼓勵聯網善用資源、提供適切的護理、管控服務量、發展日間及社區醫護項目，以及推行公私營協作措施。

research support to the Health, Welfare & Food Bureau for its study on the long-term healthcare financing option of introducing the "Health Protection Account".

To dovetail with the Government's new funding mechanism for financing public hospital services, the Authority developed an internal working model for population-based resource allocation with defined and agreed parameters and cross charging methodology for quaternary, tertiary and secondary services. The modelling results were applied to the formulation of cluster budgets for 2003/04 to encourage cost-effective use of resources, appropriate care, volume management, development of ambulatory and community care, and implementation of public-private partnership initiatives.

While facilitating changes in the healthcare financing system, the Authority continued to make strenuous efforts to improve system efficiency and generate savings, including administrative downsizing, services rationalisation, central purchasing, process-reengineering and implementation of "Invest-to-save" projects. For instance, some \$14 million cost savings were achieved in 2002/03 through the rollout of energy conservation measures in 13 public hospitals. Moreover, a saving of about \$12 million was generated from the electrical, mechanical and biomedical engineering services. Instead of hiring new staff, 152 existing staff members were redeployed to meet the manpower requirement for the opening of new beds and facilities.

Developing Public-private Interface

To improve the public-private imbalance in services utilisation, the Authority had implemented a number of initiatives during the year to overcome the clinical and information barriers between the public and private healthcare sectors.

On the clinical side, hospital clusters worked closely with local private practitioners and hospitals to develop referral guidelines and protocols as well as shared care programmes. Examples of the protocols developed included those on cataract, rectal bleeding and low back pain. Public-private collaborative models on service provision were piloted in selected general outpatient clinics and a few specialised services, such as planning for Positron Emission Tomography service. In addition, the Authority capitalised on its professional expertise and knowledge infrastructure to provide education and training for private

醫管局一方面協助改革醫療融資體制，另一方面則繼續積極改善體制效能及爭取節流，包括精簡行政管理架構、理順服務、進行中央採購、重整程序及推行「節省資源投資」計劃，例如：透過在 13 間公立醫院推行節省能源措施，醫管局在 2002/03 年度約節省了 1,400 萬元開支，而電力、機械及生物醫學工程服務亦節省了約 1,200 萬元開支。為應付新增病床及設施的人手需求，局方重新調派了 152 名現有員工擔當有關工作，毋需另聘新員工。



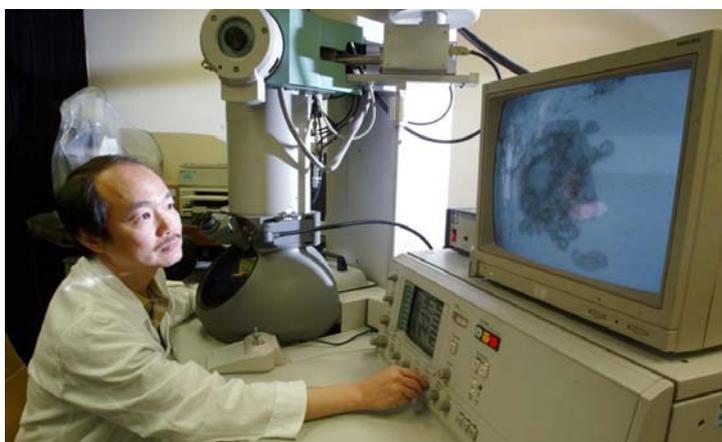
推動公私營醫療的銜接

為改善公私營醫療服務使用的失衡，年內醫管局推行了多項措施，以克服公私營醫療機構之間的服務及資訊阻隔。

在臨床服務方面，醫院聯網與區內私家醫生及醫院緊密合作，制訂一些常見疾病的轉介指引、常規及共同護理計劃，如白內障、直腸出血及腰痛的治理常規，並在一些選定的普通科門診診所及數項專科服務，試行公私營協作服務模式，如正電子放射斷層掃描服務的規劃。此外，醫管局善用其專長及專業知識，為私家醫生提供進修機會和培訓。在 2002/03 年度舉辦的課

practitioners. Courses organised in 2002/03 included two continuous medical education programmes for private general practitioners, training in laparoscopic/ hysteroscopic surgery for private gynaecologists, and collaborative training in ophthalmology.

To bridge the information barrier, the Authority piloted sharing of patient information with some private practitioners in the New Territories East Cluster through implementation of the Public-Private Interface System commencing August 2002. During the year, the Authority also completed a project definition study for the Hong Kong Health Information Infrastructure and submitted the results to the Government.



程，包括兩項為私家醫生而設的持續醫學進修計劃、即為私家婦科醫生而設的腹腔鏡／子宮鏡外科培訓，以及眼科協作培訓。

為消除資訊的阻隔，醫管局新界東聯網於2002年8月開始試行一套加強公私營連繫的電腦系統，以便與區內一些私家醫生共用資訊。年內，醫管局亦完成了香港醫療資訊基礎設施計劃的定義研究，並將結果提交政府參考。

Improving Cost-effectiveness of the Service Delivery System

In 2002/03, the Authority continued to strengthen its service delivery system through territory-wide development of quaternary centres and referral networks, knowledge management initiatives, and focused work on specific diseases/conditions.

To dovetail with the new clustering arrangement and the population-based resource allocation mechanism, the Authority had expedited action in the development of tertiary and quaternary clinical service networks during the year. Medical services of high complexity and low volume, requiring specialised expertise and sophisticated equipment, were concentrated at designated centres to ensure efficiency and effectiveness in service delivery. Significant progress had been made in working out the network arrangements, referral protocols and cross-charging mechanisms by the various clinical specialties, including intensive care, internal medicine, neurosurgery, paediatrics, pathology and surgery.

改善服務效益

在2002/03年度，醫管局繼續在全港發展第四層專科服務中心及轉介網絡、推行知識管理措施，以及集中處理一些特定的疾病或臨床情況，以強化其服務。

為配合新的聯網安排及人口為本的資源分配機制，年內醫管局加快發展第三層及第四層臨床服務網絡。複雜程度高但使用量低、需要專門





To improve the overall health status of the community, the Authority implemented in 2002/03 a number of focused improvement programmes for diseases and conditions of high incidence rate, including cancer, chronic renal failure, diabetes mellitus, ischaemic heart disease, stroke and mental illness. In addition, rehabilitation service and long-term care for the growing elderly and chronically ill population were enhanced through an inter-disciplinary, inter-specialty and inter-sectoral approach.

To facilitate the application of advanced technology in clinical services, the Authority developed a prototype web-based central clinical trial registry in 2002/03 to help monitor the research activities in public hospitals. Nucleic Acid Test was implemented for all units of donated blood since July 2002 to enhance the safety of blood transfusion, and biomedical screening for Down Syndrome to reduce foetal loss was piloted in Queen Mary Hospital/Tsan Yuk Hospital to work out the logistics for full implementation of the programme in the coming year.

To ensure standard of care and minimise mishaps, the Authority continued to implement various risk management and quality assurance initiatives in the year. These included the launch of an Authority-wide



技術及先進設備的醫療服務，會集中在指定中心進行，以確保服務效率及效益。各臨床專科包括深切治療科、內科、腦外科、兒科、病理學及外科，在制訂網絡安排、轉介常規及相互收費機制方面，亦取得了顯著進展。

為改善市民的整體健康，醫管局在 2002/03 年度針對常見的病症如癌症、慢性腎衰竭、糖尿病、缺血性心臟病、中風及精神病推行了多項改善計劃，同時亦因應人口日益老化及長期病患者日增，採用跨科及跨機構協作的模式，加強復康及長期護理服務。

為促進先進醫療科技的應用，醫管局在 2002/03 年度設立網上中央臨床試驗資料庫，以助監察公立醫院的科研活動。由 2002 年 7 月起，所有收集捐贈血液的部門均採用血液核酸測試，以加強輸血的安全。瑪麗醫院／贊育醫院亦試行了唐氏綜合症的生物醫學檢驗，以助減低胎兒夭折率，並已制訂實施細節，於來年全面推行。

為確保專業水平及減少不幸事故發生，年內醫管局繼續推行各項風險管理及質素保證措施，包括推行外科傷口監察計劃、檢討及提升醫院工作計劃的質素標準、籌劃食道切除、肝臟切除及肝移植的外科審核、設立推廣臨床指引的架構，以及為加強保密而編訂的臨床資料政策手冊。

為促進在臨床決策上使用最佳實證，醫管局進一步將電子知識通道推展至另外的七個臨床專科，並上載互聯網，方便職員使用。根據政府的指引，醫管局以科研為本的方式，在公立醫院開設中醫門診診所，促進實證為本中醫藥的發展及制訂服務準則。醫管局與東華三院及兩所大學合辦的兩間診所，在 2002/03 年度分別於廣華醫院及東華醫院啟用，並設有標準中醫配藥服務、所需的資訊系統，以及有關中草藥毒性的中央資料庫。

surgical wound surveillance programme, review and upgrade of quality standards in hospital annual plans, organisation of surgical audits on oesophagectomy, major hepatectomy and liver transplant, introduction of a framework for promotion of clinical practice guidelines, and development of a clinical data policy manual to strengthen the protection of data confidentiality.

To promote the use of best evidence in clinical decision-making, the Authority's electronic knowledge gateway (eKG) was extended to cover seven additional clinical specialties and put on the Internet for easy access by staff members. In line with the Government's directive, the Authority had developed a research-oriented model for setting up Chinese Medicine outpatient clinics in public hospitals to help establish evidence and standards of practice in Chinese Medicine. Two such clinics in collaboration with the Tung Wah Group and the two universities were in operation in 2002/03 at Kwong Wah Hospital and Tung Wah Hospital, backed up by a standardised Chinese Medicine dispensing service, the necessary information systems, and a central database on the toxicity of Chinese herbs.



Formulating New Human Resource Strategies

To build up a team of dedicated workforce with professional competence and versatility to meet environmental challenges, the Authority



continued to implement new human resource strategies for enhancing staff performance at all levels. In 2002/03, our workforce was enhanced by recruiting some 300 doctors, 310 nurses, 230 allied health professionals,

制訂新的人力資源策略

為培育專業多才的優秀職員隊伍，以應付環境的挑戰，醫管局繼續推行新的人力資源策略，以提升各級員工的表現。在 2002/03 年度，醫管局增聘的職員人手，包括約 300 名醫生、310 名護士、230 名專職醫療人員及 1,000 名健康服務助理。此外，醫管局聘請 1,920 名服務助理及病房支援員工以協助提供直接病人護理的計劃，在 2001/02 年度展開，已於年內完成。

在進行全面的人力資源策略檢討後，醫管局制訂措施，加強對聯網人力資源職能的支援、提升職員才能及重整人力資源行政程序。年內，我們就藥房、視光師、視覺矯正師、臨床心理學家及物理學家職系進行了檢討，就他們的才能、角色及職責作清晰界定。至於護理職系的新人手架構，在與各級護士進行緊密協商後，

and 1,000 care assistants. The initiative of recruiting 1,920 personal care and ward supporting staff to assist in direct patient care, which started in 2001/02, was completed during the year.

Following an organisation-wide review on the human resource strategies, measures were initiated to better support human resource functions at the cluster level, to enhance staff competency, and to reengineer the human resource administrative processes. During the year, grade reviews were conducted for the pharmacy, optometrist, orthoptist, clinical psychologists and medical physicist grades to clearly define their competency, roles and responsibilities. The new staffing structure for the nursing grade was rolled out in close consultation with nurses in different ranks. The approach of remunerating new recruits was revamped to introduce greater flexibility in view of changing circumstances and organisational needs.

Ongoing efforts were made to enhance professional and managerial training. The budget for Medical Officers and Residents was centralised to better coordinate manpower planning, specialist training and posting of staff. Training programmes for basic surgical trainees and community paediatricians were developed and implemented. A total of 215 registered nurses and 135 enrolled nurses were sponsored to take conversion courses in tertiary education institutions. Competence enhancement programmes and advanced certificate courses were organised for 14,129 and 792 nurses respectively. A framework on continuous professional development and training quality accreditation was developed to address professional and organisational needs. In support of organisational reform, three workshops on strategic people management were conducted with assistance of the University of New South Wales for 129 senior clinicians, hospital executives and human resource managers. Chinese medicine training programmes were organised for over 1,000 frontline healthcare professionals.



已落實推行。因應不斷轉變的環境及機構需要，新入職人員的薪酬條件亦予以調整，以增加靈活性。

我們亦不斷加強專業及管理培訓。醫生及駐院醫生的預算現已由中央掌管，以便更有效統籌人力規劃、專科醫生培訓及職員調配。年內，我們為基礎外科受訓人員及社區兒科醫生制訂及推行了培訓計劃，亦贊助了 215 名註冊護士及 135 名登記護士報讀專上院校的轉讀課程，並分別為 14,129 名及 792 名護士舉辦才能提升課程及高級證書課程。我們制訂了持續專業發展及認證培訓質素的架構，以配合專業團體及機構的需要。為促進機構改革，我們在新南威爾斯大學協助下，為 129 名高級臨床人員、醫院行政人員及人力資源經理舉辦了三個策略人力資源管理工作坊，另為超過 1,000 名前線醫護人員舉辦中醫藥培訓課程。

On staff advocacy, the Authority continued to promote the concept of "care for carers" with the setting up of cluster-based committees to drive staff health and wellness programmes as well as the development of guidelines on occupational safety and health. The long working hours of frontline doctors were alleviated through the employment of additional staff and innovative roster arrangements. Initiatives were implemented to better manage and monitor the Authority's Provident Fund Scheme and Mandatory Provident Fund Scheme to safeguard the retirement benefit of staff members.

Conclusion

Facing unprecedented daunting challenges in 2002/03 with the outbreak of an epidemic towards end of the year, the Authority still managed to improve the public hospital system of Hong Kong through developing community oriented service models, enhancing overall organisational performance and system sustainability, promoting public-private interface, improving cost-effectiveness of service delivery, and strengthening staff performance. We could not have achieved this without the dedication, commitment and best efforts of our frontline staff and managers who had worked tirelessly and selflessly in tackling the challenges encountered over the past year. I am sure that with their continued efforts and the able leadership of the Authority Board, we would be able to forge ahead in our quest to improving the health status of the people of Hong Kong.

在員工福利方面，醫管局繼續推廣「關懷照顧者」的概念，成立聯網委員會推動員工健康福利計劃，並制訂職業安全及健康指引。為紓緩前線醫生工時過長的問題，我們增聘了人手及實施新的輪值安排。我們亦推行了措施，以加強管理及監察醫管局公積金計劃及強制性公積金計劃，保障員工的退休福利。

結論

2002/03 年度，醫管局面對前所未有的艱巨挑戰，特別是年底的疫症爆發，加添了不少困難。然而，醫管局於年內透過發展社區導向的服務模式、提升體制成效及促使體制持續發展、推動公私營醫療銜接、改善服務效益及提升職員表現，仍能改善香港的公立醫療體制。有此成績，實有賴我們的前線員工及管理人員堅毅不拔、許身於服務市民的崇高使命，奮力克服各種挑戰。我深信，憑藉全體員工的不斷努力，以及醫管局大會的英明領導，我們將可繼續向前邁進，改善香港市民的健康。

Role, Mission, Corporate Vision, Corporate Governance and Environmental Policy Statement of the Hospital Authority

醫院管理局的任務、宗旨、整體目標、機構管治及環保政策宣言

Role of the Hospital Authority

The Hospital Authority Ordinance (Chapter 113) establishes the Hospital Authority as a body corporate with responsibility for:

- Managing and controlling public hospitals
- 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, Welfare and Food 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 or related services

For the better performance of these roles and the exercise of its powers, the Hospital Authority Board (the Board) has established the following standing committees - namely, the Audit Committee, the Finance Committee, the Human Resources Committee, the Medical Services Development Committee, the Planning Committee, the Staff Committee, the Supporting Services Development Committee, the Public Complaints Committee, and the Staff Appeals Committee (Appendix 2).

醫院管理局的任務

根據《醫院管理局條例》(第113章)，醫院管理局作為一個法定團體，負責：

- 管理及規管公立醫院
- 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，向衛生福利及食物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

為求有效執行這些任務及行使其權力，醫管局大會(大會)成立了以下常設委員會，即審計委員會、財務委員會、人力資源委員會、醫療服務發展委員會、規劃委員會、職員委員會、支援服務發展委員會、公眾投訴委員會，以及職員上訴委員會(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，務求提供最佳的醫療服務及更直接向公眾負責；
- 為員工提供合理薪酬、公平待遇及富挑戰性的工作環境，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，務求能以可得資源，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

醫管局訂定以下的整體目標，以貫徹其宗旨：

「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。」

醫管局採納以下五項整體策略，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
- 在決策及醫護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

Corporate Governance

Principles

Recognising that the Authority's stakeholders expect the highest standards of performance, accountability and ethical behaviour, the Board acknowledges its responsibility for and commitment to corporate governance principles.

The following outlines the Authority's approach to corporate governance and how it was practised during the year.

Hospital Authority Board

Under the Hospital Authority Ordinance, the Chief Executive of the Hong Kong Special Administrative Region appoints members to the Authority Board. The 2002/03 Board consists of 27 members (including the Chairman) whose details are given in Appendix 1 of this report. Membership of the Authority comprises 23 non-public officers, three public officers and one principal officer (the Chief Executive of the Hospital Authority). Apart from the principal officer, other members are not remunerated.

The Authority Board meets formally about 12 times a year and any other times as required. In 2002/03, it met 13 times. In addition, Board papers covering urgent matters may be circulated for approval at other times. The average attendance rate of members for the year was 71%.

Committees of the Board

As mentioned earlier under the section "Role of Hospital Authority", there are a number of standing committees that assist the Board in the better performance of its functions. Membership details are listed out under Appendix 1. The terms of reference of each of these committees can be found on the Hospital Authority website: www.ha.org.hk

機構管治

原則

鑑於各利益相關人士均期望醫管局在工作表現、問責程度及道德操守方面達至最高標準，醫管局明白有責任和義務遵從機構管治的原則。

以下是醫管局體現機構管治的方式及年內的實踐概況。

醫院管理局大會

根據《醫院管理局條例》，醫管局大會成員由香港特別行政區行政長官任命。2002/03年度，大會有成員27名（包括主席），詳情請參閱附錄一。成員中23名為非公職人員、三名為公職人員、一名為主要行政人員（醫管局行政總裁）。除主要行政人員外，其他成員均無領取任何薪酬。

大會每年約召開12次正式會議，如有需要亦會召開特別會議。在2002/03年度，大會共召開13次會議，成員的平均出席率為71%。如有急需決定的事項，大會亦可透過傳閱文件的方式作出決策。

大會轄下的委員會

上文「醫院管理局的角色」一段中提到，醫管局成立了多個常設委員會，以協助大會有效地執行它的職能。附錄一載有各委員會的成員名單，有關委員會的職權範圍，可參閱醫院管理局的網頁：www.ha.org.hk

In 2002/03, the various committees met the following number of times:

各委員會在 2002/03 年度的開會次數如下：

<i>Committee</i> 委員會	<i>Number of meetings held</i> 委員會開會次數
Audit Committee 審計委員會	5
Finance Committee 財務委員會	5
Human Resources Committee 人力資源委員會	6
Medical Services Development Committee 醫療服務發展委員會	7
Planning Committee 規劃委員會 *	2
Supporting Services Development Committee 支援服務發展委員會 *	2
Public Complaints Committee 公眾投訴委員會	34
Staff Appeals Committee 職員上訴委員會	12

* These two committees were reconstituted starting from December 2002.
此兩個委員會由 2002 年 12 月起重新運作。

Hospital Governing Committees

To govern the public hospitals in accordance with the Hospital Authority Ordinance and the directions of the Authority, the Board has established Hospital Governing Committees in 38 hospitals. These are listed in Appendix 3.

醫院管治委員會

為根據《醫院管理局條例》及醫管局的策略方向管治公立醫院，大會在 38 間醫院成立了醫院管治委員會，詳情載於附錄三。

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Regional Advisory Committees

To provide the Authority with advice on the needs for a particular region, the Authority in accordance with the Hospital Authority Ordinance has established three Regional Advisory Committees. Appendix 4 lists out these three Regional Advisory Committees and their respective memberships. Each Regional Advisory Committee meets four times a year and the average membership attendance rate was some 66% for 2002/03, as shown in the table.

區域諮詢委員會

為聽取地區對醫療服務需要的意見，醫管局根據《醫院管理局條例》成立了三個區域諮詢委員會。附錄四載有此三個委員會的成員名單。各區域諮詢委員會每年召開四次會議，年內成員的平均出席率約為 66%，詳載於下表：

<i>Committee</i> 區域諮詢委員會	<i>Average Attendance % of members</i> 成員平均出席率
Hong Kong Regional Advisory Committee 港島區域諮詢委員會	69%
Kowloon Regional Advisory Committee 九龍區域諮詢委員會	70%
New Territories Regional Advisory Committee 新界區域諮詢委員會	59%

Executive Management

The executive management team is shown in Appendix 6. The executives are charged by the Hospital Authority Board with the responsibility for managing and administering the Authority's day to day business and operations. To ensure the management can discharge its duties in an effective and efficient manner, the Board has set out certain clear delegated authorities, policies and codes of conduct. The Board also approves an annual plan that is prepared by the executives in accordance with the Board's direction. The executives make regular accountability reports to the Board that include agreed performance indicators and progress against established targets.

Under the powers stipulated in the Hospital Authority Ordinance, the Hospital Authority determines the remuneration and terms and conditions of employment for all of its employees. Remuneration of executive directors and other senior managers is aimed at attracting, motivating and retaining high-calibre individuals in a competitive international market. Remuneration consists of basic salary, benefits, including contributions to a retirement scheme, and may include performance-related bonuses. With regard to senior executives, each case is considered and endorsed by the Board through its Staffing Committee. The Authority's Chief Executive is not involved in determining his own remuneration. Information on the salary ranges of the top five staff members is shown in Appendix 6.

行政管理

醫管局的行政管理隊伍名單載於附錄六。各行政人員獲醫管局大會授權管理及執行醫管局的日常業務及運作。為確保管理層可快捷有效地履行其職責，大會清楚列出了一些授予權力、政策及操守準則。大會每年亦會根據醫管局的策略方向，通過由行政人員擬備的工作計劃。行政人員須定期向大會提交報告，包括議定的表現指標及工作目標進度。

根據《醫院管理局條例》賦予的權力，醫管局可釐定所有僱員的薪酬及服務條件。面對競爭激烈的國際市場，為行政總監及其他高級管理人員而釐定的薪酬，旨在吸引、激勵及挽留高質素人才。薪酬包括基本月薪及福利，以及退休計劃供款，亦可能設有按工作表現發放的酬金。至於高級行政人員的薪酬，由醫管局大會轄下的職員委員會按個別情況考慮及審批。醫管局行政總裁不會參與釐定本身的薪酬，附錄六載有五位最高層人員的薪酬幅度。

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.

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，落實良好的管理措施、減少廢物及節約資源；
- 我們會鼓勵職員身體力行，以身作則，促進環保。

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.

採購及承辦

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

管理

我們會確保個別服務組別在可行情況下制定及落實特定的環保政策，並訂立程序監察環保成效，以便向醫管局大會匯報。



Dr Pamela LEUNG, JP
梁明娟醫生

Overview of Cluster Chief Executive Hong Kong East

港島東

聯網總監工作概述

St. John Hospital
長洲醫院



Overview of Cluster Chief Executive (Hong Kong East)

Introduction

The Hong Kong East Cluster serves the population of Wanchai, Eastern District of Hong Kong Island and Cheung Chau, with a population of 0.9 million. The six hospitals in the Cluster include Pamela Youde Nethersole Eastern Hospital, Ruttonjee and Tang Shiu Kin Hospitals, Tung Wah Eastern Hospital, Cheshire Home (Chung Hom Kok), Wong Chuk Hang Hospital and St John Hospital with a total of 3,258 beds. A full range of comprehensive inpatient, ambulatory and community based healthcare services are provided.

During the year under review, 95% of the 184 targets in the Cluster Annual Plan 2002/03 were achieved. Significant items are highlighted below under the six corporate directions.

Community Oriented Service Models

A new system of triage for new case attendance at the specialist outpatient clinic was developed and implemented for all major specialties to ensure that urgent cases were accorded priority.

With the objective of reducing the need for inpatient hospitalisation for the elderly and patients with chronic illnesses, a number of measures were implemented, including the telephone follow-up programmes for discharged patients, establishment of a Centre of Telephone Triage for high risk elderly, extension of the Community Geriatric Assessment Service to support 80% of private old age homes, establishment of frail elderly clinics in community centres, enhancement of community nursing service in terms of scope, capability and service hours, and provision of outreach service by allied health professionals.

The Cluster also actively undertook promotion of disease prevention through educational programmes, such as smoking cessation programmes and heart health maintenance services.

港島東聯網總監工作概述

引言

港島東聯網服務的地區包括港島的灣仔及東區，以及長洲，人口約 90 萬。聯網內的六間醫院包括東區尤德夫人那打素醫院、律敦治及鄧肇堅醫院、東華東院、春磡角慈氏護養院、黃竹坑醫院及長洲醫院，共有病床 3,258 張，聯網提供全面的住院、日間及以社區為本的醫療護理服務。

在檢討年度內，2002/2003 年度聯網工作計劃的 184 個工作目標，有 95% 已經達成。重要的項目在以下六個整體路向撮要簡述。

社區導向服務模式

已重新制訂專科門診診所新症的分流制度，並於所有主要專科推行，以確保緊急個案得到優先處理。

為減少長期患病長者的住院數字，聯網採取了多項措施，包括為出院病人而設的電話覆診計劃、為高風險老年病人設立電話分流服務、擴展社區老人評估服務至涵蓋 80% 的私營安老院、於社區中心設立體弱老年病人診所、擴充社康護理服務的範圍、人手及服務時間，以及提供專職醫療外展服務。

港島東聯網亦透過教育活動積極推行預防疾病的工作，例如戒煙計劃及心臟健康服務等。

Organisational Reform and Clustering

With the appointment of 34 Cluster Service Coordinators, significant progress was made in service rationalisation. Establishment of the Cluster Financial Management Centre with standardisation of financial management practices across cluster hospitals resulted in increased efficiency and cost-effectiveness of the financial services.

A Cluster Procurement Centre was established to centralise all procurement activities and Total Solutions Contract for supply of non-medical consumables was implemented with significant cost savings.

Other services rationalisation was achieved in Pathology, Radiology, Urology, Catering, Facilities Management and Transportation Services.

Enhancing System Sustainability

Increase in ambulatory day care services of the major specialties was achieved and overall inpatient occupancy rate was reduced from 89% to 85%, paving the way for reduction of acute beds.

The drug formulary was standardised across cluster hospitals with deletion of less cost-effective drug items, allowing for better control of the drug budget.

Enhancement of information technology systems across cluster hospitals for finance, procurement and human resource functions generated savings in manpower resources through reduction of manual processes. Similarly, cluster-wide sharing of patient clinical information had led to increased efficiency in the workflow.

Public-private Interface

A steering committee on public-private interface in the Hong Kong East Cluster was established to work in partnership with private hospitals to develop shared care services with primary care physicians and to liaise with private practising specialists.

After obtaining information about available services, schedules and related charges from private hospitals and health care institutions, the Cluster disseminated such information to patients to provide them with

組織改革及結合

經委任 34 名聯網服務統籌主任後，服務理順工作已有顯著進展。聯網財務管理中心成立後，各聯網醫院財務管理的做法得以統一，從而增加效率和成本效益。

年內，聯網成立了一個採購中心，集中所有採購服務，並推行非醫療消耗品供應的全包合約，達致大量的成本節省。

其他服務理順工作的範疇包括病理學、放射學、泌尿學、膳食供應、設施管理及運輸服務等。

使醫療體制能夠持續發展

已達致在主要專科擴充日間護理服務的目標，令整體住院率由 89% 下降至 85%，為削減急症病床的計劃打好根基。

聯網所有醫院已採用統一的藥物處方集，刪除不具成本效益的藥物項目，從而更有效地控制藥物預算。

聯網亦提升了各醫院在財政、採購及人力資源方面的資訊科技系統，從而減少人手操作，節省人力資源。同樣，聯網各醫院廣泛分享病人的臨床資料，亦大大增加了工作流程的效率。

公私營服務的銜接

港島東聯網成立了一個促進公私營服務銜接的策導委員會，與私家醫院攜手合作，發展基層醫療的共同護理服務，並與私家執業專科醫生保持緊密連繫。

聯網從私家醫院及醫護機構取得提供服務的類別、時間表及有關收費資料後，向病人發布，

alternative choices for specialty consultation, diagnostic imaging procedures, and other diagnostic tests as well as operative procedures.

The Gynaecology Department of the Cluster organised training courses for private gynaecologists with the purpose of helping them achieve competence in laparoscopic surgery.

Enhancing Service Quality

The Extended-care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping-stone (EXITERS) Project was implemented for psychiatric patients to provide them with an enhanced rehabilitation programme prior to discharge.

The Elderly Suicide Prevention Programme was implemented by providing necessary training to all community nurses to help them identify high-risk elderly and make arrangement for timely psychiatric consultation.

The Clinical Pathology Service at Pamela Youde Nethersole Eastern Hospital achieved accreditation for Histopathology and Microbiology from the Australian National Association of Testing Authorities, while its Clinical Oncology Service was awarded the ISO 9001 (2000) Certification.

The Cluster Infection Control Team successfully implemented several projects, including a survey of hospital infections, a survey of infection control measures in Old Age Homes, a cluster-wide Hand Washing Campaign and an Infection Control Training Programme for healthcare workers.

All specialties continued to develop multi-disciplinary guidelines and protocols for cluster-wide application. Clinical audit activities were also enhanced during the year.

以便他們在進行專科診治，診斷造影程序，以及其他診斷測試及手術時，有多些選擇。

聯網的婦科部為私家婦科醫生舉辦培訓課程，以協助他們獲得腹腔鏡手術的技能。

提升服務質素

聯網為精神科病人推行「毅置安居計劃」，向他們提供出院前的完善康復服務。

聯網推行防止老人自殺計劃，為所有社康護士提供所需的培訓，協助他們鑑辨高風險的長者，以便安排及時的精神科治療。

東區尤德夫人那打素醫院的臨床病理學服務已取得澳洲國家測試局的組織病理學及微生物學認證，而該院的臨床腫瘤科服務更取得 ISO 9001 (2000)證書。

聯網的感染控制小組成功推行了多項計劃，包括一次醫院感染調查、一次安老院感染控制措施調查、一次全聯網的洗手運動、以及一項為醫護人員而設的感染控制培訓計劃。

我們又繼續制訂聯網多專科合作的指引及常規，並加強了臨床審核活動。

Human Resource Capabilities and Management

The Human Resources function was restructured under the direct management of the Cluster Human Resources Manager. Processes for recruitment, leave and allowance administration were streamlined and standardised in all cluster hospitals.

The concept of Human Resources Partner was implemented whereby each department was assigned a partner to assist in the performance of its human resources function, including staff performance management.

A Cluster Staff Health and Wellness Committee was established with an independent budget for organising activities to support and care for staff members.

Conclusion

The Cluster had made significant progress towards improving the quality, efficiency and cost-effectiveness of its healthcare services by integration, rationalisation, standardisation and workflow redesign. These achievements were result of the hard work, dedication and cohesive team effort of all staff in the Cluster. A firm foundation has been laid to help us meet future challenges.

人力資源能力及管理

聯網的人力資源功能經已重新整固，由聯網人力資源經理直接管理。所有聯網醫院的招聘、發放假期及津貼的行政工作現已精簡和統一化。

聯網亦正積極推行人力資源夥伴的概念，為每個部門編配一名夥伴，協助執行人力資源功能，包括管理職員的工作表現。

聯網已成立了一個關懷員工健康委員會，負責按所得撥款舉辦支援和關顧職員的活動。

結論

港島東聯網透過整固、理順、統一及重新規劃工作流程，顯著地改善了醫療服務的質素、效率和效益。這些成績有賴聯網內所有職員的辛勤工作、盡忠職守和富凝聚力的團隊精神。我們經已建立了一個穩固的基礎，以迎接未來的挑戰。



Dr York CHOW, SBS
周一嶽醫生

Overview of Cluster Chief Executive Hong Kong West

港 島 西

聯網總監工作概述

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



Overview of Cluster Chief Executive (Hong Kong West)

The Hong Kong West Cluster was formed with the appointment of the Cluster Chief Executive on 1 October 2002, taking charge of eight hospitals and two satellite institutions in David Trench Rehabilitation Centre and Sai Ying Pun Jockey Club General Outpatient Clinic. Cluster Directors, Cluster Coordinators and Cluster General Managers were appointed under the new cluster management structure, which would address the overall health status of the community, providing primary/secondary healthcare services to residents on the western side of Hong Kong Island and tertiary/ quaternary services to the whole of Hong Kong.

The Annual Planning Forum was held with the cluster hospitals, the University of Hong Kong, Members of the Hospital Governing Committees and Members of the Authority in January 2003. Discussions were held on the overall issues, direction and priorities; consolidation of secondary, tertiary and highly specialized services; development of primary and community services; facilitation of private services development; and infrastructure and human resources development.

Continuous efforts were made to build up a closer and more structured partnership between the Cluster and the University of Hong Kong in order to survive and thrive in the challenging years ahead. Such sustainable partnership would facilitate education and training, research and development, as well as innovations in health care technology and services.

Development of Hospital Governance

The hospital governance function at Queen Mary Hospital has been well established with direct link to the Authority Board and the Faculty of Medicine of the University of Hong Kong. Input from the Hospital Governing Committee members is a key vehicle to ensure public accountability. Regular reporting on hospital activities are being presented to the Committee to facilitate formulation of policies and strategies. Members of the Committee also actively participate in the appointment and evaluation of senior staff, the Institutional Review Board and the Cluster Tender Board.

港島西聯網總監工作概述

港島西聯網於2002年10月1日成立，並委出聯網總監，負責管理八間醫院及位於戴麟趾康復中心及西營盤賽馬會普通科門診診所的兩間衛星機構。在新聯網管理架構下，我們委任了多名聯網主管、聯網統籌主任及聯網總經理，負責促進社區的整體健康狀況，為港島西區的居民提供基層／中層醫療服務，以及為全港市民提供第三層及第四層的專門服務。

2003年1月，聯網舉辦工作計劃座談會，出席者包括聯網醫院及香港大學的代表，醫院管治委員會以及醫院管理局成員。討論的範圍包括整體聯網問題、策略方向及優先項目；中層、第三層及尖端專科服務的整固；基層及社區服務的發展；私營服務的推廣；以及基礎建設和人力資源的發展等。

聯網一直致力與香港大學建立更密切的聯繫，以應付未來的挑戰。這個持續的夥伴關係，不但有助教學、研究及發展、同時也可改善醫療技術和服務。

醫院管治的發展

瑪麗醫院的管治工作，透過與醫院管理局及香港大學醫學院的直接連繫，已得以建立起來。醫院管治委員會成員的意見對確保公眾問責起關鍵作用。院方定期向管治委員會提交工作報告，以協助各成員制訂政策和策略。委員會成員亦積極參與高級職員的委任和評核、並支持組織檢討委員會及聯網招標委員會的工作。

Developing Community Oriented Service Model to Improve Population Health

In order to maximise the use of human resources/facilities, and promote the sharing of expertise, all clinical and non-clinical units with the same or similar function were merged under one management. Clinical services were re-categorised as follows:

- Primary care and family medicine
- Emergency services
- Specialty or subspecialty services
- Disease programme-based services (for targeted patient groups)
- Tertiary/quaternary services to be defined by the Authority and funded centrally or through cross charging
- Patient-choice services operated under the cost-recovery principle

Based on the existing institutions and premises available in the Cluster, services were designated in existing locations or relocated according to the logistics of access, patient volume, space/facility requirements, interdisciplinary interactions and professional support. In consultation with the respective Hospital Governing Committees and hospital staff as well as the relevant District Councils and patient groups, the role, scope and functions of individual hospitals in the Cluster were reviewed and redefined.

Enhancing Organisational Productivity and Performance to Overcome Challenges

Rationalisation and integration of pathology, anaesthesiology, radiology, pharmacy, infection control, ophthalmology, sleep laboratory, rehabilitation and allied health services, as well as the finance, managerial and administrative functions took place within the cluster hospitals. Home care for chronic obstructive pulmonary disease patients and the elderly was enhanced by collaboration with community nursing service. The care for cancer patients was also enhanced by establishing common protocols for the entire range of services provided and by strengthening the referral network of Hong Kong Island. Procurement and information technology support was centralised and further developed to facilitate cluster-wide patient care and administrative support.

發展社區導向的服務模式，改善市民健康

為了善用人力資源和醫療設備，並促進經驗分享，所有具相同或類似功能的臨床及非臨床部門都已歸入同一管理架構之下。臨床服務的重新分類如下：

- 基層護理及家庭醫學
- 急症服務
- 專科或附屬專科服務
- 治療特定疾病的服務（為一些目標病人組別而設）
- 由醫管局界定及中央撥款（或交叉收費）推行的第三層／第四層服務
- 基於收回成本原則推行的病人自選服務

按聯網現有醫院的位置，重新編排提供服務的地點，考慮的因素包括方便程度、病人數量、空間或設施的要求、各專科之間的協作及專業支援。經諮詢有關的醫院管治委員會、醫院職員、區議會及病人組織後，聯網檢討及重新界定了個別醫院的角色、工作範疇及功能。

提高體制效率及效能，以克服挑戰

港島西聯網已對病理學、麻醉學、放射學、藥劑部、感染控制、眼科、睡眠化驗室、康復及專職醫療服務、以至財政、管理及行政職能進行理順及整固工作。慢性支氣管炎病人及老年人的家居照顧，亦已透過社康護理服務而加強。癌症病人的護理，亦藉着制定共用常規及提供港島區內的轉介網絡而得以改善。聯網集中了採購和資訊科技支援，加以進一步發展，以便為整個聯網的醫院提供病人護理及行政支援。

The Queen Mary Hospital Pathology Service was accredited with distinction by the College of American Pathologists in February 2003. This was the first multi-disciplinary laboratory in China accredited by the College.

Enhancing Healthcare System Sustainability

To understand the potential and priorities of the private healthcare providers, sharing sessions were held with private practitioners and visiting medical officers of old age homes starting from mid-2002. A Task Force on Public Doctors/Family Doctors Partnership was set up in February 2003 to promote public-private interface. After obtaining the patient's consent, private doctors could now apply for patient discharge summary/investigation results from the cluster hospitals to facilitate continuity of care.

Directories of private practitioners and lists of private imaging and radiological centres in the Cluster were made available at the Accident & Emergency Department, general and specialist outpatient clinics and integrated clinic to facilitate the informed choice of patients. Such information was particularly useful during the SARS outbreak when patients were reluctant to return to public hospitals for follow-up consultation.

Referral screening guidelines of clinics in Queen Mary Hospital, sample referral letter to its specialist outpatients clinics, and the waiting time for first attendance were disseminated to private practitioners in the Cluster with regular updates through newsletters and e-mails.

During the SARS outbreak, guidelines and checklists were issued to private hospitals on Hong Kong Island for the transfer of suspected SARS patients. General practitioners and family medicine trainees were also recruited to serve as visiting medical officers to cover old age homes in the Cluster to manage attendances at the Accident & Emergency Department and hospital admission.

Fee charging for Accident & Emergency service was introduced on 29 November 2002 and the revision of fees for inpatient and outpatient services was implemented on 1 April 2003.

2003年2月，瑪麗醫院的病理學服務獲美國病理學院頒發優異證書，成為全中國第一間獲該學院頒發優異證書的多專科化驗室。

使醫療體制能夠持續發展

聯網由2002年中開始，為私家醫生及安老院的到訪醫生舉辦分享座談會，以便瞭解他們的潛能和服務重點。2003年2月，聯網成立了一個專責小組，促進公共醫生／家庭醫生的夥伴關係，藉此加強公私營醫療服務的聯繫。在取得病人同意後，私家醫生現可向聯網的醫院索取病人出院摘要或檢驗結果，以便為病人提供持續護理。

目前，聯網醫院的急症室、普通科及專科門診診所，已有為病人提供區內私家醫生、私家造影及放射檢驗中心的名單，以協助病人作出選擇。在SARS爆發期間，這些資料顯得特別有用，因為那時病人大多不願意前往公立醫院覆診。

我們亦向區內的私家醫生提供瑪麗醫院各診所的篩選轉介指引、轉介的信件樣本，以及首次求診的輪候時間等資訊，並定期透過新聞稿及電郵予以更新。

SARS爆發期間，我們向港島區的醫院發出指引及核對名單，以協助它們轉介懷疑患上SARS的病人。我們又招聘了一些普通科醫生及家庭醫學受訓醫生，派遣他們到聯網內的安老院提供外展服務，協助減少急症室的求診人數和入院病人數目。

急症室服務於2002年11月29日開始收取費用，而住院及門診服務的收費調整亦已於2003年4月1日實施。

Developing a New Organisational Culture on Quality

Regular meetings were held for implementing the cluster-wide infection control programme to promote the culture of maintaining a high degree of alertness on infection control. A 16-hour training course on infection control was organised for over 70 link nurses from all cluster hospitals. These initiatives had proven to be effective during the SARS outbreak.

To improve the quality of care for cancer patients, the Clinical Oncology Department developed combined protocols on breast and colorectal cancers. Twelve evidence-based chemotherapy regimes for cancer patients were also implemented during the year.

Forty nurses were appointed as Quit-Smoking Wardens in the cluster hospitals to help promote anti-smoking activities in the work place and to encourage smokers to join the Authority's smoking cessation programme.

Capacity Building in Human Resources and Awarding Performance

The clustering of hospitals had strengthened collaboration and enhanced overall human resources capability. A cluster Human Resources Team was set up to provide integrated support to hospitals. Deployment of staff was facilitated. In conjunction with the introduction of the Voluntary Early Retirement Scheme, the Hong Kong West Cluster took the opportunity to learn the aspiration of staff for transfer to other clusters. This provided valuable input to the planning of manpower for the future development of the Cluster. In addition, the Chiefs of Service and Department Heads were encouraged to work in close collaboration with their counterparts in the Hong Kong East Cluster to explore opportunities for services rationalisation.

"Better Patient Partnership" Workshops were organised to improve communication skills of doctors with patients and their family members. Alignment workshops were conducted to strengthen teamwork among nursing leaders in the cluster hospitals.

The Cluster regularly updated the District Council Members and community leaders on its reform measures and service improvement initiatives. During the SARS crisis, weekly reports were sent to relevant District Councils and special meetings held with the councillors to brief them on work of the Cluster.

提升服務質素

我們舉行定期會議，以推行聯網醫院的感染控制計劃，促進對感染控制維持高度警覺的文化。我們亦為所有醫院超過 70 名聯繫護士，舉辦 16 小時的感染培訓課程。在 SARS 爆發期間，這些措施證實十分有效。

為改善癌症病人的生活質素，臨床腫瘤科制訂了乳癌及結腸直腸癌的結合治療方案，並於年內推行了 12 項有實證根據的化療程序。

聯網委出了 40 名護士，擔任各醫院的禁煙糾察，協助在工作地點推廣反吸煙活動，並鼓勵吸煙人士參加醫院管理局的戒煙計劃。

建立人力資源能力及獎勵出色表現

聯網成立後，各醫院的合作及整體人力資源能力都有顯著改善。我們成立了人力資源小組，向醫院提供整合的支援。職員調配工作亦可更順利進行。隨著醫院管理局推行自願提早退休計劃，港島西聯網亦趁機會理解職員調往其他聯網的意向。這些資料有助將來人手的規劃及聯網的發展。此外，我們並鼓勵各部門及單位主管，與港島東聯網的相關人員保持緊密聯繫，以便可共同探討理順服務的機會。

我們為醫生舉辦了工作坊，研討如何與病人發展良好的夥伴關係，改善與病人及其家人的溝通，並為聯網醫院的護士領袖舉辦團隊工作坊，以促進他們之間的團隊精神。

我們定期向區議員及社區領袖匯報聯網的改革工作及服務改善措施。在 SARS 爆發期間，我們每周向有關的區議會提交報告，並與區議員舉行特別會議，向他們簡報聯網的抗疫工作。



Dr C Y TSE
謝俊仁醫生

Overview of Cluster Chief Executive Kowloon East

九龍東

聯網總監工作概述

Haven of Hope Hospital
靈實醫院

United Christian
Hospital
基督教聯合醫院

Tseung Kwan O
Hospital
將軍澳醫院



Overview by Cluster Chief Executive (Kowloon East)

The Kowloon East Cluster was formed in October 2001 with a collaborative structure model, taking charge of the United Christian Hospital, Tseung Kwan O Hospital and Haven of Hope Hospital and serving the population of Kwun Tong, Tseung Kwan O and Sai Kung.

In 2002/03, many collaboration targets were achieved both in the clinical and non-clinical areas. Quality improvement, cost effectiveness, community care, and cluster team building were focuses of the Cluster's initiatives.

Community Oriented Service Models

Community care was enhanced by integrating the community nursing services of the three cluster hospitals into a single team under supervision of the Department Operations Manager of United Christian Hospital. Service quality was improved through the implementation of the case management model.

The Smoking Counselling and Cessation Centre in Kowloon East Cluster was opened in May 2002 in Tseung Kwan O Jockey Club Outpatient Clinic. Its scope of service included telephone enquiries, telephone counselling and individual counselling on smoking cessation for the public and clients referred by other Hospital Authority institutions.

Accessibility of quality rehabilitation services was enhanced by adding 23 orthopaedic rehabilitation beds in United Christian Hospital in July 2002 to serve the non-geriatric orthopaedic rehabilitation cases in the Cluster.

Organisational Reform and Clustering

Significant progress was made in rationalising services and improving organisational productivity to overcome challenges. For instance, the cluster procurement service was extended to non-stock items, achieving savings amounting to \$1.5 million (30%) from manpower and \$3 million from bulk leverage. The cluster finance centre was

九龍東聯網總監工作概述

九龍東聯網於2001年10月成立，根據一個協作的架構模式，為觀塘、將軍澳及西貢區的市民服務。聯網轄下的醫院包括基督教聯合醫院、將軍澳醫院及靈實醫院。

2002/03年度內，我們在臨床和非臨床服務方面都達成了很多協作目標，工作重點包括改善質素、增加成本效益、發展社區護理，以及建立團隊精神。

社區導向服務模式

我們透過合併三間聯網醫院的社康護理服務，集中由基督教聯合醫院的部門運作經理調配，從而加強社區護理工作。社康護理的服務質素亦因推行個案管理模式而得到改善。

2002年5月，九龍東聯網的吸煙輔導及戒煙中心於將軍澳賽馬會門診所啟用。中心的服務範圍包括為市民及其他醫管局機構轉介的人士提供與戒煙有關的電話諮詢、電話輔導及個人輔導。

基督教聯合醫院於2002年7月增加了23張骨科康復病床，照顧聯網內非老人科的骨科康復病人，方便他們獲取優質的康復服務。

組織改革及結合

年內，聯網在理順服務和改善生產力方面，取得了顯著的進展。例如，聯網採購服務已擴展至非存貨項目，從減少人手達致的節省達150萬元(30%)，而透過整批合約安排而節省的費用則達300萬元。聯網財務中心於2002年4月成

established in April 2002, which was expected to bring about an annual saving of \$1.5 million after redeployment of the surplus staff.

The integrated allied health service model of Tseung Kwan O Hospital was extended to Haven of Hope Hospital during the year with the appointment of a single manager to oversee the allied health teams in both hospitals. A central allied health supporting team was also formed in Haven of Hope Hospital to achieve greater efficiency.

The ophthalmology and otorhinolaryngology services of the Kowloon East and Kowloon Central Clusters were integrated and rationalised with the appointment of Cluster Coordinators.

Neurosurgery and paediatric surgery services of the Cluster were enhanced and rationalised through linking with the services of Queen Elizabeth Hospital.

Enhancing System Sustainability

System sustainability was enhanced by centralising and transferring the Sterile Supply Delivery service from Haven of Hope Hospital to Tseung Kwan O Hospital, facilitating quality improvement and product standardisation. All decontamination and sterilisation processes were relocated to Tseung Kwan O Hospital with effect from August 2002.

Workflow and efficiency of the laboratory services in the Kowloon East Cluster were improved through installation of the Laboratory Information System in Haven of Hope Hospital. This enabled full information technology link of laboratory services among the three hospitals in the Cluster, paving the way for generation of productivity savings.

Enhancing Service Quality

With the joint and dedicated efforts of the frontline staff, the inpatient unplanned readmission rates for medical cases in the three cluster hospitals had decreased by over 1% over the past year, indicating significant improvement in the Cluster's post-discharge ambulatory care.

Quality and cost effectiveness of the surgical services within the Cluster were improved with the formation of cluster subspecialty teams. More

立，預料於重新調配過剩人手後，每年可帶來大約 150 萬元的節省。

年內，將軍澳醫院的整合專職醫療服務模式已擴展至靈實醫院，並已委出主管，負責兩間醫院的專職醫療服務。靈實醫院亦成立了一個中央專職醫療支援小組，以達致更高的效益。

九龍東及九龍西聯網的眼科及耳鼻喉科服務經已合併及理順，並分別委出聯網統籌主任。

聯網的腦外科及小兒外科服務，亦透過與伊利沙伯醫院的服務整合而達致改善和理順的目標。

使醫療體制能夠持續發展

靈實醫院的消毒物品供應服務已轉移至將軍澳醫院集中處理，以促進質素的改善及產品標準化的過程。所有除污及消毒程序亦已由 2002 年 8 月起遷移至將軍澳醫院。

我們又在靈實醫院裝設化驗室資訊系統，藉以改善聯網化驗室服務的工作流程及效率。聯網三間醫院化驗室的資訊科技現可全面銜接，從而導致更多資源節省。

提升服務質素

前線人員的不懈努力，促成了聯網三間醫院內科住院病人的未經預約再入院比率下降超過 1%，顯示聯網出院後的日間護理工作有顯著改善。

成立聯網附屬專科小組後，聯網內科服務的質素和成本效益均見改善。目前，較複雜的個案

complex cases would now be operated in United Christian Hospital while more day surgery would be performed in Tseung Kwan O Hospital. Cluster subspecialty teams were also formed in Orthopaedics to improve service quality.

The Cluster Clinical Ethics Committee was formed in June 2002 comprising representatives from the three hospitals and academics from local universities. The Committee would advise the cluster management on difficult clinical ethics issues and help educate staff on important areas relating to clinical ethics. An interactive workshop to promulgate the Guidelines on Life Sustaining Treatment was held in August 2002.

Clinical research activities in the Cluster were promoted through the setting up of an inter-cluster Research Ethics Committee with the Kowloon Central Cluster.

Human Resource Capabilities and Management

A Cluster human resources coordinator was appointed to look after all the human resource issues in the Cluster under the guidance of the Cluster Human Resources Development Steering Committee to enhance the human resources function.

The Cluster Staff Health and Wellness Committee was formed to formulate strategies and coordinate activities for promoting the health and well-being of staff members.

會由基督教聯合醫院處理，而將軍澳醫院則會負責更多日間手術。骨科部門亦成立了聯網附屬專科小組，以改善服務質素。

聯網的臨床倫理委員會於2002年6月成立，成員來自三間醫院和本港大學的代表。委員會負責就困難的臨床倫理問題，向聯網管理層提供意見，並協助教育職員認識臨床倫理的重大課題。2002年8月，聯網舉辦了一個維持生命治療指引的互動研習班。

聯網並與九龍中聯網成立了一個跨聯網的研究倫理委員會，以促進臨床研究的工作。

人力資源能力及管理

聯網經已委出人力資源統籌主任，負責在聯網人力資源發展策導委員會的指導下，處理所有人力資源事宜，並藉此加強人力資源的職能。

我們亦成立了關懷員工健康委員會，以制訂策略及統籌促進職員身心健康的活動。



Dr Lawrence LAI, JP
賴福明醫生

Overview of Cluster Chief Executive Kowloon Central

九龍中

聯網總監工作概述

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



Overview by Cluster Chief Executive (Kowloon Central)

Introduction

With the formation of Kowloon Central Cluster on 1 October 2002, it heralded in a new milestone - all hospitals and institutions in the cluster were officially bonded together into one big family in an endeavour to provide integrated and seamless service to meet the needs of the community.

The Cluster comprised six members, namely, the Hong Kong Buddhist Hospital, Hong Kong Red Cross Blood Transfusion Services, Hong Kong Eye Hospital, Kowloon Hospital, Queen Elizabeth Hospital and Rehabaid Centre. Under the aegis of the Hospital Authority, each member had contributed significantly in its prescribed role in the past decade, particularly in the provision and delivery of quality patient-centred healthcare services.

To prepare for the clustering reforms, the Kowloon Central Cluster had adopted a "One, Two, Three" guiding principle. "One" referred to the singular commitment to honour the mission, vision and core value of each of our family member. "Two" referred to two important strategic directions to help steer future service improvement initiatives, i.e., "To care for the carers" and "To provide quality patient-centred care within resources obtainable", focussing on the health and well-being, personal and professional development of our own staff as a matter of top priority. "Three" referred to the three 'R' approaches, i.e., to "Refocus", "Reprioritise" and "Reengineer" to achieve operational efficiency and cost effectiveness.

Pursuant to the guiding principles, the second tier organisation structure of the Cluster had been reformed with the formation of six divisions, namely, Business Support Service/Procurement Supplies, Community Relations & Public Affairs, Human Resources, Clinical, Finance, and Information Technology/Information Services. The Clinical Services had also been further delineated into Medical, Nursing and Allied Health Services, General Out-patient Clinics and Rehabilitation Services.

九龍中聯網總監工作概述

引言

九龍中聯網於2002年10月1日成立，把聯網內的醫院及機構帶進新里程，使它們緊密地聯繫起來，攜手為社區帶來整合和連貫的醫療服務。

九龍中聯網有六位成員，即香港佛教醫院、香港紅十字會輸血服務中心、香港眼科醫院、九龍醫院、伊利沙伯醫院和復康專科及資源中心。過去十年來，個別成員在醫院管理局的領導下，都能充分發揮本身的專長，為市民提供高質素及以病人為中心的醫療服務。

為配合聯網的改革，九龍中聯網採取了一個「一、二、三」的指導原則。「一」是指對個別成員的使命、目標和核心價值的承擔。「二」是指兩個策導未來服務改善措施的策略路向，即「關懷照顧者」及「在所得資源下提供以病人為中心的優質醫護服務」，重視職員的身心健康、個人及專業發展。「三」是指三種創新的做法，即「重新對焦」、「重訂優次」及「重新策劃」，以改善運作效率及成本效益。

根據這個指導原則，聯網對其組織架構作出了改革，成立了六個部門，即業務支援服務／採購供應部、社區關係及公共事務部、人力資源部、臨床服務部、財務部，以及資訊科技／傳訊服務部。臨床服務部更進一步分為醫療、護理及專職醫療、普通科門診及康復事務等組別。

The following outlines the progress of work of the Kowloon Central Cluster in 2002/03:

Community Oriented Service Models

A number of cluster service collaboration and integration initiatives, which included the development of pre-discharge programmes at cluster hospitals and consolidation and rationalisation of Community Geriatric Assessment Team and Community Nursing Service coverage for elderly homes within the Cluster, were implemented to enhance community-based convalescent and rehabilitation services.

Organisational Reform and Clustering

In line with the mega-clustering concept, the otorhinolaryngology service of the Kowloon Central Cluster had commenced supporting United Christian Hospital in December 2002 and de-linking with Kwong Wah Hospital. The Ear, Nose & Throat Department had also taken over the ear mould manufacturing service for United Christian Hospital from Prince of Wales Hospital.

In addition, the neonatal teams of Queen Elizabeth Hospital had started collaborating with United Christian Hospital in the management and transport of neonates requiring major emergency surgery. The networking of clinical haematology services for the Kowloon Central and Kowloon East Clusters was also in progress.

Within the Kowloon Central Cluster itself, a number of rationalisation programmes had been completed to improve the effectiveness and efficiency of its clinical services. These included integrating the pathology service and outpatient radiology service between Kowloon Hospital and Hong Kong Buddhist Hospital, redirecting the surgery service at Buddhist Hospital to Queen Elizabeth Hospital, and introducing cluster-based infection control service at Kowloon Hospital.

Enhancing System Sustainability

To enhance system sustainability through continued generation of productivity savings, the Kowloon Central Cluster implemented centralisation of the following procurement functions in accordance with the Authority's corporate direction:

以下是九龍中聯網 2002/03 年度的工作進度簡介：-

社區導向服務模式

年內，聯網推行了多項服務協作和整合措施，包括於聯網醫院發展出院前規劃、整合和理順聯網的社區老人評估小組及社康護理服務，以擴大對區內安老院的服務範圍，改善社區導向的療養及康復服務。

組織改革及結合

按照聯網發展的進一步規劃，九龍中聯網的耳鼻喉科服務自 2002 年 12 月開始向基督教聯合醫院提供支援，並與廣華醫院脫鉤。基督教聯合醫院的耳模鑄造服務，原由威爾斯親王醫院提供，現亦已由九龍中聯網接手。

此外，伊利沙伯醫院的新生嬰兒組亦開始與基督教聯合醫院合作，為需要接受大型緊急手術的新生嬰兒提供醫療及運送服務。九龍中及九龍東聯網臨床血液學服務的整合工作也在進行中。

九龍中聯網本身亦已在聯網內完成了多項理順服務計劃，以改善臨床服務的效益和效率。這些計劃包括整合九龍醫院及香港佛教醫院之間的病理學及門診放射學服務、把香港佛教醫院的外科服務轉移至伊利沙伯醫院，以及於九龍醫院引進以聯網為本的感染控制服務。

使醫療體制能夠持續發展

九龍中聯網透過不斷的資源增值，使服務得以持續發展。聯網根據醫院管理局的整體路向，集中了以下採購功能：-

- Supply of domestic and general consumables to cluster hospitals under the Total Solution Contract
- Formation of the Cluster Tender Board
- Setting up of the Cluster Procurement Centre to manage all procurement and supplies functions in the Cluster.

The Central Sterile Supplies service between Kowloon Hospital and Hong Kong Buddhist Hospital had also been rationalised.

Enhancing Service Quality

Risk management for both clinical and non-clinical areas was fully coordinated with the formulation of an Incident Reporting System flowchart to facilitate monitoring and management of risks and incidents at the cluster level. Clinical audit activities were carried out on an ongoing basis to ensure service quality.

Human Resource Capabilities and Management

The Cluster Human Resources Department had been established in the first quarter of 2003 to provide integrated and seamless human resource services to all cluster hospitals and institutions.

To enhance occupational safety and health in the workplace, the Cluster's Occupational Safety & Health programme and safety plan were rolled out to all hospitals and institutions within the cluster.

The Kowloon Central Cluster Web Site had been set up to enhance communication amongst staff members and to promote activities in the Cluster. The Kowloon Central Cluster Logo Design and Mission Statement Competition, and the Lunar New Year Carnival 2003 were organised to strengthen internal communication and to facilitate teamwork amongst staff in the Cluster.

- 以全包含約方式向聯網醫院供應內務及一般消耗物品；
- 成立聯網招標委員會；以及
- 成立聯網採購中心，負責整個聯網的所有採購和物料供應職能

九龍醫院及香港佛教醫院之間的中央消毒物品供應服務亦已理順。

提升服務質素

聯網制訂了一個「事故通報系統」流程表，協助監察及管理聯網層面的風險和事故，從而全面協調臨床及非臨床服務的風險管理。我們亦不斷進行臨床審核工作，以確保服務質素。

人力資源能力及管理

聯網的人力資源部已於 2003 年第一季成立，為聯網內所有醫院及機構提供整合和連貫的人力資源服務。

為加強工作場所的職業安全，我們在轄下所有醫院及機構推行聯網職業安全健康計劃及各項安全措施。

我們亦已開設九龍中聯網網址，以加強與員工的溝通及推廣聯網各項活動。年內，以促進溝通和團隊精神為目標而舉辦的活動包括：九龍中聯網標誌及使命宣言創作比賽，以及 2003 農曆新年嘉年華等。



Dr Lily CHIU
趙莉莉醫生

Overview of Cluster Chief Executive Kowloon West

九龍西

聯網總監工作概述

Yan Chai Hospital
仁濟醫院



Kwai Chung Hospital
葵涌醫院



Princess Margaret Hospital
瑪嘉烈醫院



Caritas Medical Centre
明愛醫院



Kwong Wah Hospital
廣華醫院

Tung Wah Group of Hospitals
Wong Tai Sin Hospital
東華三院黃大仙醫院



Our Lady of
Maryknoll Hospital
聖母醫院



Overview by Cluster Chief Executive (Kowloon West)

Introduction

Established in October 2002, the Kowloon West Cluster comprises seven public hospitals, viz Caritas Medical Centre, Kwai Chung Hospital, Kwong Wah Hospital, Princess Margaret Hospital, Our Lady of Maryknoll Hospital, Wong Tai Sin Hospital and Yan Chai Hospital. It is the largest cluster under the Authority and serves a population of over 1.8 million in the Wong Tai Sin, Mong Kok, Shamshuipo, Kwai Chung, Tsing Yi, Tsuen Wan and Tung Chung districts. In the past year, the Cluster has strived to take advantage of new opportunities to meet the health needs of the community. The SARS outbreak in March 2003 required the pooling of all resources in the Cluster to support Princess Margaret Hospital and Wong Tai Sin Hospital as the designated SARS receiving and convalescent hospital for the territory. The progress of work of the Cluster in 2002/03 is outlined below.

Establishment of Kowloon West Cluster

To take the full advantage of cluster operation, the Cluster Chief Executive (Designate) embarked on a series of preparatory work for cluster formation, which included the set-up of the Kowloon West Management Committee, the appointment of Cluster Clinical Directors, Cluster Managers and Cluster Clinical Coordinators. A senior staff retreat and four strategic planning workshops were held in the mid-year to map out the strategic directions and key parameters of service rationalisation. Meeting with clinical heads and cluster staff were also held through hospital visits, open forums and video-conferences in subsequent months.

Organisation Reform and Clustering

To manage the access and volume issue and to optimise use of resources, the Cluster was actively engaged in organisation reforms and service rationalisation initiatives. The accident and emergency, pathology and radiology services of Princess Margaret Hospital and Yan Chai Hospital were integrated, as were the surgery services of Kwong Wah Hospital and Our Lady of Maryknoll Hospital, as well as the pharmacies of Kwai

九龍西聯網總監工作概述

引言

九龍西聯網於2002年10月成立，由以下七間公立醫院組成：即明愛醫院、葵涌醫院、廣華醫院、瑪嘉烈醫院、聖母醫院、東華三院黃大仙醫院及仁濟醫院。它是醫院管理局轄下最大的聯網，服務範圍包括黃大仙、旺角、深水埗、葵涌、青衣、荃灣及東涌、人口超過180萬。過去一年，聯網不斷努力改善服務，以滿足社區的健康需要。2003年3月的SARS爆發，促使聯網集中資源去支援被指定作為全港SARS接收及康復醫院的瑪嘉烈醫院及東華三院黃大仙醫院。以下各段概述聯網2002/03年內的工作進度。

九龍西聯網的成立

為使聯網運作得到最理想的發揮，我們著手進行了一連串成立聯網的準備工作，包括成立九龍西聯網管理委員會，委任聯網臨床主管、聯網經理及聯網臨床統籌主任，並於年中舉辦高級職員集思會，以及四個策略規劃工作坊，以制訂改善服務的策略路向和主要範疇。其後，聯網總監又透過醫院探訪、公開論壇及視像會議，與各臨床主管及聯網職員進行了深入的溝通。

組織改革及結合

為處理服務量及服務方便程度的問題，使資源得到最佳運用，九龍西聯網積極進行組織改革及服務理順的工作。瑪嘉烈醫院及仁濟醫院的急症、病理學及放射學服務經已整合，廣華醫院及聖母醫院的外科服務亦已合併，而合併葵涌醫院及瑪嘉烈醫院藥劑部的工作，均已完成。

Chung Hospital and Princess Margaret Hospital. Cluster neurosurgical service was established through a merge of the services provided in Kwong Wah Hospital and Princess Margaret Hospital. Respiratory medicine, orthopaedic rehabilitation and infirmary services were enhanced and delivered on a cluster basis, as enabled by the set-up of 100 orthopaedic rehabilitation beds in Caritas Medical Centre and the relocation of 40 infirmary beds from the Centre to Princess Margaret Hospital. Kwai Chung Hospital also consolidated its clinical structure by reducing the number of teams and closing 100 psychiatric beds temporarily.

Hospice care was improved for the whole cluster with augmented inpatient and newly developed day service in Caritas Medical Centre. Kwai Chung Hospital's psychiatric consultation liaison service was extended to other cluster hospitals while Princess Margaret Hospital's prosthetic and orthotic services were extended to Yan Chai Hospital. Apart from the establishment of a cluster procurement office to centralise all procurement activities, the finance, human resources and information technology functions were also integrated on a cluster basis to achieve higher operational efficiency.

Development of Community Oriented Service Models

The Cluster had seized all new opportunities to overcome the challenges of managing service volume and improving access to public health services through the development of community-oriented services. A Community Health Resource Centre was set up in Princess Margaret Hospital, alongside the nurse clinics on continence, breast, diabetes mellitus and stoma. Caritas Medical Centre's tele-health clinic services were extended to Un Chau Street while occupational therapy sitting service was initiated for elderly homes in the nearby districts.

The Community Geriatric Assessment Team of Kwong Wah Hospital also started tele-medicine service for old aged homes. A nurse-led asthma clinic was set up in Yan Chai Hospital and a shared care programme developed with general practitioners in the private sector. In addition, Kwai Chung Hospital developed a community programme on anti-stigmatisation for mental patients under rehabilitation.

聯網的腦外科服務目前已集中由廣華醫院及瑪嘉烈醫院提供。此外，明愛醫院把 40 張療養病床遷往瑪嘉烈醫院後，開設了 100 張骨科康復病床，以聯網形式提供服務，使呼吸系統內科、骨科康復及療養服務得以改善。葵涌醫院亦已整固其臨床架構，精簡臨床小組數目，並暫時關閉 100 張精神科病床。

我們透過在明愛醫院擴充住院及日間服務，改善聯網的善終護理。葵涌醫院的精神科會診服務亦已擴充至其他聯網醫院，而瑪嘉烈醫院的義肢及矯形服務也推展至仁濟醫院。除了成立聯網採購辦事處，集中所有採購工作外，我們亦已合併各醫院的財務、人力資源及資訊科技職能，以達致更高的運作效率。

發展社區導向的服務模式

九龍西聯網透過發展社區導向的服務模式，爭取機會克服挑戰，處理服務量和服務方便程度的問題。我們於瑪嘉烈醫院成立了社區健康資源中心，並同時發展理遺、乳房、糖尿病及造口程序的護士診所服務。明愛醫院的遠距健康診所服務已擴展至元洲街，而職業治療坐姿糾正服務亦已在鄰近地區的安老院推展。

廣華醫院的社區老人評估小組也開始為安老院提供遠距醫療服務。我們並於仁濟醫院成立了一個由護士主導的哮喘診所，又與私營機構的普通科醫生發展共同護理計劃。此外，葵涌醫院亦為精神病康復者開展了一個反標籤效應的社區計劃。

Enhancement of System Sustainability and Public-private Interface

To ensure that healthcare resources were optimally used and rightly targeted for the needy, the Cluster had made strenuous efforts in improving the accessibility of its specialist outpatient services through triage of new referrals and better discharge planning for patients. The drug budget was also controlled in a more cost-effective manner through the development and review of clinical guidelines related to medication administration. Meanwhile, preparatory work was completed for implementing the revised hospital fees and drug charges in the second quarter of 2003.

In pursuit of cost-effective health services and a sustainable healthcare system, we strived to develop a pluralistic primary care model through multi-sectoral collaboration with healthcare providers in the community. Active planning and preparatory work were undertaken for the takeover of 17 general outpatient clinics from the Department of Health scheduled for the third quarter of 2003.

Enhancing Service Quality

The new acute block of Caritas Medical Centre commenced service in September 2002, housing all acute services and additional beds for accident & emergency observation, ophthalmology and medical subspecialty services. Acute stroke management was also enhanced with standard protocols developed for all the Accident & Emergency Departments in the Cluster. A stroke unit was established in Yan Chai Hospital while four acute high dependency beds and 20 stroke beds were set up in Kwong Wah Hospital and Princess Margaret Hospital respectively. Kwai Chung Hospital also enhanced its Extended-care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping-stone (EXITERS) Project, the early suicide prevention programme and its substance abuse services. To facilitate better patient management, configurations of the Intensive Care Unit Clinical Information System of Caritas Medical Centre and Kwong Wah Hospital were integrated. The Radiology Information Systems of Princess Margaret Hospital and Yan Chai Hospital were also merged.

醫療體制的持續發展及公私營服務的銜接

為確保醫療資源可用於有最大需要的社區人士身上，我們致力透過新個案的轉介分流及更佳的出院規劃，改善專科門診服務的方便程度。同時藉着制定及檢討處方藥物的指引，以更具成本效益的方法控制藥物的開支。此外，我們亦已完成準備工作，於2003年第二季推行醫院及藥物的新收費。

為建立具成本效益的醫療服務及可持續發展的醫療體制，我們致力與社區的其他醫護服務提供者合作，發展多元化的基層醫療模式。九龍西聯網目前正積極規劃及作出準備，以便如期在2003年第三季自衛生署接管17間普通科門診診所。

提升服務質素

過去一年，聯網的醫療服務質素續有改善。明愛醫院的新急症大樓於2002年9月開始提供服務。該大樓除提供所有急症服務外，並設有急症室觀察病床，眼科及內科附屬專科病床。聯網的所有急症部門亦已制訂標準臨床常規，改善急性中風的治理。仁濟醫院已成立了一個治療中風小組，而廣華醫院及瑪嘉烈醫院亦分別增設四張加護病床及20張中風病床。葵涌醫院也改善了它的延續護理深切治療服務、設置安居計劃、預防自殺計劃，以及藥物濫用服務。為改善治理病人成效，我們整合了明愛醫院及廣華醫院的深切治療臨床資訊系統。瑪嘉烈醫院及仁濟醫院的放射資訊系統亦已合併。

Human Resources Capability and Management

To better prepare our staff for the changes associated with service rationalisation and clustering, the cluster management organised a series of strategic planning and leadership workshops for its senior, middle-level and frontline managers. Professional training was maintained and developed for different grades of staff. A Cluster Staff Wellness and Welfare Committee was set up to take care of the well being of our staff.

Conclusion

In face of an incessant increase in service demand, our service rationalisation and clustering initiatives will continue to expand in the coming years. The outbreak of SARS has speeded up the process of service rationalisation and changed the convention of health services provision. While new plans will be formulated to meet the challenges ahead, we will uphold the principles of ethical practice, accountability, transparent culture, open communication and attend to the professional development and well being of all staff in the Kowloon West Cluster.

人力資源能力及管理

為使員工能適應服務重整及聯網發展所帶來的改變、我們為高層、中層及前線管理人員安排了一連串有關策略規劃及領導的工作坊，並為不同職系的醫護人員提供持續的專業培訓。我們又成立了一個聯網職員健康及福利委員會，負責照顧員工的福利。

結論

面對服務需求的日益增加，在未來幾年，我們仍需繼續開展理順和結合服務的措施。SARS的爆發加速了服務理順計劃的步伐，亦改變了醫療服務的模式。在制定新計劃以應付未來挑戰的同時，我們會致力維護醫療倫理、發展具透明度的問責文化、加強溝通、並全心全意關注職員的專業發展和福祉。



Dr FUNG Hong, JP
馮康醫生

Overview of Cluster Chief Executive New Territories East

新 界 東

聯網總監工作概述

 North District Hospital
北區醫院

 Fanling Hospital
粉嶺醫院

Tai Po Hospital
大埔醫院



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

Cheshire Home, Shatin
沙田慈氏護養院


Bradbury Hospice
白普理寧養中心


Prince of Wales Hospital
威爾斯親王醫院



Shatin Hospital
沙田醫院



Overview by Cluster Chief Executive (New Territories East)

Introduction

The New Territories East Cluster serves the districts of Shatin, Tai Po and North District, which have an estimated population of around 1.33 million. There are seven hospitals in the Cluster, namely, Prince of Wales Hospital, Alice Ho Miu Ling Nethersole Hospital, Bradbury Hospice, Cheshire Home (Shatin), North District Hospital, Shatin Hospital and Tai Po Hospital, providing acute, convalescent, rehabilitation and extended care services to the public. The Cluster was formed in October 2001 with appointment of the Cluster Chief Executive, who is supported by a committee structure, comprising a set of operational committees and functional committees.

Developing Community Oriented Service Models

With budget being allocated on cluster instead of hospital basis, the New Territories East Cluster had made use of new opportunities to rationalise and reorganise services to tackle the ever-increasing patient demand. Multidisciplinary and community outreach services were integrated to achieve more effective and efficient community service. Promotion and prevention programmes were implemented to enhance the health awareness of the community. The opportunity of taking over the Fanling General Outpatient Clinic had also allowed further development of Family Medicine in the Cluster to integrate secondary/tertiary care with primary care. Stable patients from the specialist system were referred to the primary care Family Medicine Clinic for follow up.

Magnetic Resonance Imaging services in the Cluster, the following inpatient/day beds were opened in 2002/03:

- 20 adult psychiatric beds and 45 infirmary beds in Tai Po Hospital
- 40 psychiatric and 40 geriatric day beds in North District Hospital
- 34 day beds in Prince of Wales Hospital
- Four intensive care beds in North District Hospital and five paediatric intensive care beds in Prince of Wales Hospital
- Provision of Magnetic Resonance Imaging service in North District Hospital

新界東聯網總監工作概述

引言

新界東聯網服務的地區包括沙田、大埔及北區，估計人口約 133 萬。聯網由七間醫院組成，分別為威爾斯親王醫院、雅麗氏何妙齡那打素醫院、白普理寧養中心、沙田慈氏護養院、北區醫院、沙田醫院及大埔醫院。它們為市民提供急症、療養、康復及延續護理服務。聯網於 2001 年 10 月成立，並委出聯網總監。總監之下設有一系列運作委員會及專責委員會，以支援聯網的工作。

發展社區導向的服務模式

由於預算分配已由醫院為本轉為聯網為本，新界東聯網掌握新的機遇，理順及重組服務，以應付日益增加的病人需求。多專科及社區外展服務已進行整合，以提供更具效益及效能的社區服務，並推行宣傳及疾病預防計劃，提高市民的健康意識。藉著接管粉嶺普通科門診診所，聯網進一步發展家庭醫學，將基層醫療與中層／第三層醫療服務整合。專科系統中病情穩定的病人，會轉由基層的家庭醫學診所跟進。

為配合精神科、護養科、日間及磁力共振掃描服務的需求，聯網在 2002/03 年度增設了以下病床：

- 大埔醫院設立 20 張成人精神科病床及 45 張護養病床
- 北區醫院設立 40 張精神科病床及 40 張老人科日間病床
- 威爾斯親王醫院設立 34 張日間病床
- 北區醫院設立四張深切治療病床，威爾斯親王醫院設立五張兒科深切治療病床
- 北區醫院設立磁力共振掃描服務

Enhancing Organisational Performance

With the gradual evolution of the cluster management structure, service reorganisation and repositioning had been the focus of 2002/03. Duplications were eliminated and cost effectiveness had been improved. Clinical, nursing, allied health and supporting services had been rationalised across the Cluster. Respective clinical and allied health services were fully integrated into one functional team with reorganisation of service delivery model to tie in with service need of the Cluster. Such integration allowed rationalisation of services to reduce duplication.

Enhancing System Sustainability

With the realisation of the Cluster budget, the Cluster had concentrated its efforts on enhancing system productivity and generation of savings. Administrative downsizing with a view to diverting available manpower to take on new programmes was accorded priority in the Cluster. Human resources, supply chain, facilities and financial management had been centralised to enhance productivity and efficiency through economy of scale, process reengineering and automation.

Prioritisation of subsidy level for expensive new medical technologies and drugs according to efficacy had been done. For new treatment or non-essential drugs with marginal benefits, patients had been given the choice to acquire the drugs by self-payment if they so wished through the Patient Choice Items Project.

Developing Public-private Interface

Creation of a seamless healthcare environment between public and private healthcare providers had been one of our major targets. Apart from the Health Care Logistics Support Service which was launched to facilitate accessibility to private hospital services, a pilot shared care project on antenatal care had been implemented. This was facilitated by a specially designed network system for transferring of electronic medical information between public hospitals and private practitioners participating in the project. The network system was designed in such a way that security and safety of patient information was ensured while enabling two-way information flow and transfer of knowledge between the private practitioners and our doctors.

提高體制成效

隨著聯網管理架構的逐步演進，進行服務重組及為服務重新定位，是聯網在 2002/03 年度的工作重點，目的是減少工作重疊，改善成本效益。年內，聯網的醫療、護理、專職醫療及支援服務，已得以理順。不同的臨床及專職醫療單位已整合為單一團隊，以便重組服務模式，配合聯網的服務需求。這些整合均有助改善成效和減少重疊。

使體制能夠持續發展

我們集中運用聯網的預算，加強體制效能及爭取節流。精簡行政管理架構是聯網的重點工作，以便將人手轉移到新的服務上。人力資源、物流、設施及財務管理方面，亦已集中統籌，以提高成本效益，我們又透過重整工序及推行自動化，提升工作效率和效益。

我們就昂貴醫療新科技及藥物的資助水平進行檢討，按其功效制訂優先次序。效用並不顯著的新療法或非必要藥物，病人可透過「自選醫療項目計劃」，選擇自行購買。

推動公私營服務的銜接

在公私營醫療系統之間建立連貫的醫護環境，一直是聯網的主要工作目標之一。除加強後勤支援以方便病人使用私家醫院服務外，我們推行了一個產前共同護理先導計劃，透過專設的電子網絡系統，使參與計劃的公立醫院及私家醫生可交換醫療資訊。該系統有嚴密的保安，既能讓私家醫生與公立醫院醫生進行資訊及知識交流，也能確保病人資料的保密。

Pharmacy service was centralised in Prince of Wales Hospital, covering Shatin Hospital, Bradbury Hospice and Chesire Home Shatin. The management of pharmacy departments in Alice Ho Miu Ling Nethersole Hospital and Tai Po Hospital had also been merged. These initiatives would improve efficiency and generate savings for new services.

Improving Cost-effectiveness of Service Delivery System

Highly specialised services had been concentrated in selected locations to enhance cost-effectiveness and efficiency. Quaternary centres for cardio-thoracic and paediatrics surgery had been set up in Prince of Wales Hospital while tertiary neuroscience and spinal rehabilitation referral centres were located in North District Hospital and Tai Po Hospital respectively.

In accordance with the Authority's research oriented framework for development of Chinese Medicine, the Cluster organised such services along the direction of evidence-based medicine. Safe and regulated guidelines and protocols for clinical workers engaged in clinical trials and practices of Chinese Medicine had been drawn up for compliance by all staff members.

Consistent risk management and quality assurance policies were adopted in all cluster hospitals with establishment of the Cluster Risk Management, Quality Assurance and Patient Relations Management Structures to help frontline staff incorporate risk management and quality assurance mechanisms into the care delivery process. Incident reporting, patient feedback/complaint and systematic service sector reviews were applied on an ongoing basis to identify gaps and deficiencies for continuous quality improvement.

Information technology infrastructure development was a priority focus area to support the clustering process. A web based information technology system had been developed across the cluster hospitals to enhance operations, service development, communication and management of resources.

聯網的藥房服務已集中由威爾斯親王醫院提供，範圍覆蓋沙田醫院、白普理寧養中心及沙田慈氏護養院，而雅麗氏何妙齡那打素醫院及大埔醫院的藥劑部門亦已合併。這些措施均有助提升效益及加強節流，將節省的資源用於新服務之上。

改善服務效益

聯網將專門的服務集中在選定地點提供，以提升效率和效益。年內，威爾斯親王醫院設立了心肺及兒童外科第四層服務，而北區醫院及大埔醫院亦分別設立了第三層神經科學及脊椎康復轉介中心。

根據醫管局以科研為本的中醫藥發展架構，新界東聯網正循實證醫學的路向提供有關服務，並為從事中醫藥臨床測試及治療的人員制訂安全及規範指引和常規，供所有職員遵守。

藉著設立聯網風險管理、質素保證及病人聯絡架構，各聯網醫院已實行劃一的風險管理及質素保證政策，以便前線人員把風險管理及質素保證的機制，納入醫護過程之中，並不斷進行事故呈報、病人意見/投訴及系統的服務檢討，以鑑辨服務的不足之處，達致持續的質素改善。

發展資訊科技基礎設施是支援聯網運作的重點工作，我們已發展了一個網上資訊科技系統，以協助聯網醫院強化運作、發展服務、進行溝通及妥善管理資源。

Formulating New Human Resources Strategies

Human resources strategies were formulated to support various cluster teams in the course of service integration and repositioning. A support system was set up to enhance staff advocacy and a cluster-based occupational safety & health team established to promote safety in work place through standardisation of procedures and audit on statutory compliance.

制訂新的人力資源策略

我們制訂了聯網的人力資源策略，以支援各隊伍進行服務整合及重新定位，並設立促進員工福祉的支援系統，又成立聯網職業安全及健康小組，透過劃一程序及審核對法例的遵循，促進工作場所的安全。



Dr CHEUNG Wai-lun
張偉麟醫生

Overview of Cluster Chief Executive New Territories West

新 界 西

 Pok Oi Hospital
博愛醫院

 Tuen Mun Hospital
屯門醫院

 Castle Peak Hospital
青山醫院

 Siu Lam Hospital
小欖醫院

聯網總監工作概述



Overview by Cluster Chief Executive (New Territories West)

The New Territories West Cluster includes Pok Oi Hospital, Castle Peak Hospital, Siu Lam Hospital, and Tuen Mun Hospital. It provides public hospital and related services for the one million population in Tuen Mun, Yuen Long, Tin Shui Wai, and the rural areas of the New Territories West region. Individual cluster hospitals play complementary roles in the provision of acute medical services, convalescent and rehabilitation services, psychiatry services, mental handicap services, outreach services, day services, specialist outpatient services and general outpatient services.

Clustering Objectives and Strategies

Clustering provides opportunity in service reorganisation, resources redeployment, and leverage on economy of scale. Through clustering, the New Territories West Cluster develops and delivers healthcare according to the health needs of the local communities, integrates services and removes duplication and compartmentalisation of services, maximises the use of facilities and resources, concentrates on specialised services in selected locations and simplifies administrative structure to enhance cost-effectiveness.

The Cluster has five service development priorities. These include development of quality and risk-managed patient care, migration towards ambulatory and community based care delivery, development of service excellence, improvement in public-private interface and development of community partnership.

Quality and Risk Managed Patient Care

The Cluster is committed to quality assurance in service delivery, aiming at the most vital quality parameters of professional standard, patient safety, staff's caring attitude and positive patient feedback management culture. In 2002/03, the Cluster Quality and Risk Management Division and Patient Relations Centre were set up. The team of Patient Relations Managers had been strengthened to provide enhanced support to both patient and staff in patient feedback management. A risk

新界西聯網總監工作概述

新界西聯網由博愛醫院、青山醫院、小欖醫院及屯門醫院組成，為屯門、元朗、天水圍及新界西地區約 100 萬人提供醫院及相關服務。各聯網醫院提供的服務是相輔相成的，包括急症、療養及康復、精神科、弱智科、外展服務、日間服務、專科門診服務及普通科門診服務。

聯網目標及策略

聯網管理提供了機遇，以進行服務重組、資源重整及促進效益。新界西聯網因應區內市民的醫療需要，發展、提供及整合醫療服務，減少重疊，加強協調，善用設施和資源，集中在選定地點提供專門服務，並精簡行政架構，從而加強成本效益。

聯網有五個服務發展重點，包括發展顧及風險管理的優質醫療服務、發展日間及社區服務、發展卓越的醫護項目、加強公私營醫療銜接，以及與社區發展夥伴關係。

顧及風險管理的優質醫療服務

我們致力確保服務質素，以期在專業水平、病人安全、員工態度、病人意見及管理文化等方面，達到高標準。年內，聯網成立了質素及風險管理部和病人聯絡中心，又強化了病人聯絡經理的團隊，在病人意見管理方面為病人及員工提供更有效支援。我們亦引入風險管理模式，推行事故呈報、病人投訴及意見分析，

management model applying incident reporting, patient complaint and feedback analysis, and systematic service section screening to identify system deficiencies/service gaps was introduced. A cluster-wide Advanced Incident Reporting System was launched for timely incident reporting and intervention, together with a patient safety programme to promote patient safety and minimise clinical risks. The risk management framework and infrastructure established would ensure the delivery of safe and high quality healthcare services to patients.

Migration Towards Ambulatory and Community Care

By shifting the traditional inpatient care model to ambulatory and community-based care, the Cluster has strived to attain a quality, safe, convenient, cost-effective and sustainable medical service to the local communities. The new model focuses on care delivery and health maintenance in the community and is less dependent on traditional inpatient treatment. Exploiting the opportunities made available by the takeover of general outpatient clinics from the Department of Health, the Cluster has been actively building up a community care infrastructure comprising community care centres and a two-tier Community Nursing Service network covering various districts of the Region. Such infrastructure would focus on collaboration with local healthcare and non-healthcare providers for better patient health and recovery. Along this direction, an Accident & Emergency Observation and Pre-admission Ward was opened in early 2003 and short-stay service expanded in Tuen Mun Hospital to promote ambulatory care, day care and day surgery. Other programmes included implementation of the EXITERS Project and the Early Intervention Service for Young People with Psychosis in Castle Peak Hospital and commencement of the cluster-wide smoke cessation service.

Improving Public-private Interface and Development of Service Excellence

The Cluster has taken active steps to create seamless collaboration and partnering programmes between the public and private healthcare sectors by developing joint ventures with private practitioners in the Region. A healthcare logistic service to provide patients with information on availability of private medical services to facilitate patients' choice was introduced in 2002/03. The Cluster would also develop areas of service

以及有系統的服務評核，以鑑辨服務和系統的不足之處。有效的事故呈報系統，可讓有關部門及時介入，配合病人安全計劃的推行，促進病人的安全，減低臨床風險。聯網設立的風險管理架構及基礎設施，可確保為病人提供優質安全的醫療服務。

發展日間及社區服務

聯網致力由傳統的住院服務模式，轉而發展日間及社區服務，為區內市民提供優質、安全、方便及可持續發展的醫療服務。新模式主要在社區層面提供醫療及促進健康的服務，減輕對傳統住院治療的依賴。我們亦把握從衛生署接管普通科門診診所的機遇，積極建立社區醫護的基礎設施，包括社區醫療中心，以及涵蓋區內各地域的社康護理服務網絡。我們會跟區內的其他服務提供者合作，促進病人的健康及康復過程。循此路向，聯網在2003年初開設了一個急症室觀察及入院前護理病房，並擴展屯門醫院的短暫留院服務，促進日間醫護、日間服務及日間外科服務。其他推行的服務包括青山醫院的「毅置安居計劃」及「思覺失調計劃」，以及聯網的戒煙服務。

加強公私營醫療銜接及發展卓越的醫療項目

新界西聯網積極在公私營醫療之間建立連貫的合作及夥伴關係，並與區內私家醫生發展共同護理服務。2002/03年度，我們為病人提供私家醫療服務的資訊，方便病人選擇合適的私營服務。我們亦因應本身的專長及區內市民的特

excellence in accordance with its internal strengths and characteristics of the local communities. Public-private interface opportunities would be identified through an exploration process, requiring in-depth discussion and consultation both internally and externally with stakeholders in the community.

Community Partnership and Consultation

A successful community based healthcare delivery model requires the participation, partnership, and collaboration of the community. To enhance our partnership with the community, the Cluster had set up a Child and Family Bereavement Centre with community donations to provide bereavement counselling to relatives of patients. Other initiatives to support community needs in 2002/03 included the Elderly Suicide Prevention Programme organised by Castle Peak Hospital and commissioning of the Psychosomatic Clinic in Tuen Mun Hospital. In addition, Tuen Mun Hospital had collaborated with local community organisations and government departments to launch a Safe Community Project in Tuen Mun, which was accredited by the World Health Organization as the first safe community in China. To promote mutual understanding and solicit public support in the work of the Cluster, the executives had been actively looking for opportunities to explain corporate and cluster strategies and policies to various stakeholders in the community.

Capital Projects and Service Development

In addition to the planned redevelopment projects for Castle Peak Hospital and Pok Oi Hospital, the Cluster had also embarked on a number of new capital works projects to improve the operational efficiency of its services and to cater for the ever-increasing needs of the community. These projects included the Accident & Emergency Department Redevelopment Project, the Rehabilitation Block Project, and the relocation and establishment of the Tertiary Eye Centre.

To meet the growing service demand, four new paediatric intensive care beds were opened in Tuen Mun Hospital, 30 new infirmary beds in Tin Ka Ping Centre, and 30 new convalescent beds in Pok Oi Hospital.

點，發展卓越的醫療項目。我們將會不斷跟醫管局內外的利益相關人士商討，探索公私營合作的機會。

社區協作及諮詢

成功的社區醫護模式，須有社區的參與和協作。為加強與社區的夥伴關係，我們利用社區的捐助成立了一個兒童及家庭哀傷支援中心，為病人親屬提供哀傷輔導。其他在 2002/03 年度為照顧社區需要而推行的措施包括：青山醫院的防止老人自殺計劃，以及屯門醫院開設的心因病診所。此外，屯門醫院亦與區內社區組織及政府部門合作，在屯門區推行安全社區計劃。其後，屯門區獲世界衛生組織評定為中國首個安全社區。為加強與社區團體的相互了解，並爭取社區人士對聯網工作的支持，我們的管理人員積極尋找機會，向不同利益相關人士解釋醫管局及聯網的路向和政策。

基本工程計劃及服務發展

除青山醫院及博愛醫院的重建計劃外，新界西聯網亦著手進行多項新的基本工程計劃，以改善服務的運作效率，配合市民不斷增加的需要。這包括急症室重建計劃、興建康復大樓計劃，以及遷建第三層眼科中心計劃等。

為配合日益增加的服務需求，屯門醫院新增了四張兒科深切治療病床，田家炳中心亦新增了 30 張護養病床，博愛醫院則加設了 30 張療養病床。

Organisation Development

With establishment of the new cluster management structure in October 2002, the New Territories West Cluster had formulated its core values of providing excellent service with love and working as a team to achieve outcome, as illustrated in its new Cluster Logo. It would collaborate closely with its partners in the community to improve health status of the population and strive for service enhancement through the development of new community-oriented service delivery models.

組織發展

新的聯網管理架構於 2002 年 10 月成立以後，新界西聯網已制定了它的核心價值觀，亦即本著愛心提供卓越的服務，並發揮群策群力的精神，爭取優良的成果。這種精神充分反映於新的聯網標誌中。今後，聯網會和社區的夥伴緊密合作，發展新的社區導向服務模式，並促進市民健康，提升服務質素。

Distribution of Public Hospitals and Institutions 公立醫院及機構的分布

HONG KONG WEST 港島西

- △ Duchess of Kent Children's Hospital at Sandy Bay 大口塘根德公爵夫人兒童醫院
- △ MacLehose Medical Rehabilitation Centre 麥理浩復康院
- △ Queen Mary Hospital 瑪麗醫院
- △ Tsan Yuk Hospital 贊育醫院
- △ Tung Wah Group of Hospitals Fung Yu King Hospital 東華三院馮允敬醫院
- △ Tung Wah Hospital 東華醫院
- △ Grantham Hospital 葛蘭醫院
- △ Nam Long Hospital 南朗醫院

HONG KONG EAST 港島東

- ② Cheshire Home, Chung Hom Kok 祥麟角慈氏護理院
- ② Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院
- ② Rutongjee Hospital 律政治療院
- ② S. John's Hospital 長洲醫院
- ② Tung Shu Kin Hospital 葵華醫院
- ② Tung Wah Eastern Hospital 東華東院
- ② Wong Chuk Hang Hospital 黃竹坑醫院

KOWLOON CENTRAL 九龍中

- ② Hong Kong Buddhist Hospital 香港佛慈醫院
- ② Kowloon Hospital 九龍醫院
- ② Queen Elizabeth Hospital 伊利沙伯醫院
- ② Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心
- ② Hong Kong Eye Hospital 香港眼科醫院
- ② Rehabaid Centre 復康專科及資源中心

KOWLOON WEST 九龍西

- ② Kwong Wah Hospital 廣華醫院
- ② Our Lady of Maryknoll Hospital 聖母醫院
- ② Tung Wah Group of Hospital - Wong Tai Sin Hospital 東華三院黃大仙醫院
- ② Caritas Medical Centre 明愛醫院
- ② Kwai Chung Hospital 葵涌醫院
- ② Princess Margaret Hospital 瑪嘉烈醫院
- ② Yan Chai Hospital 仁濟醫院

KOWLOON EAST 九龍東

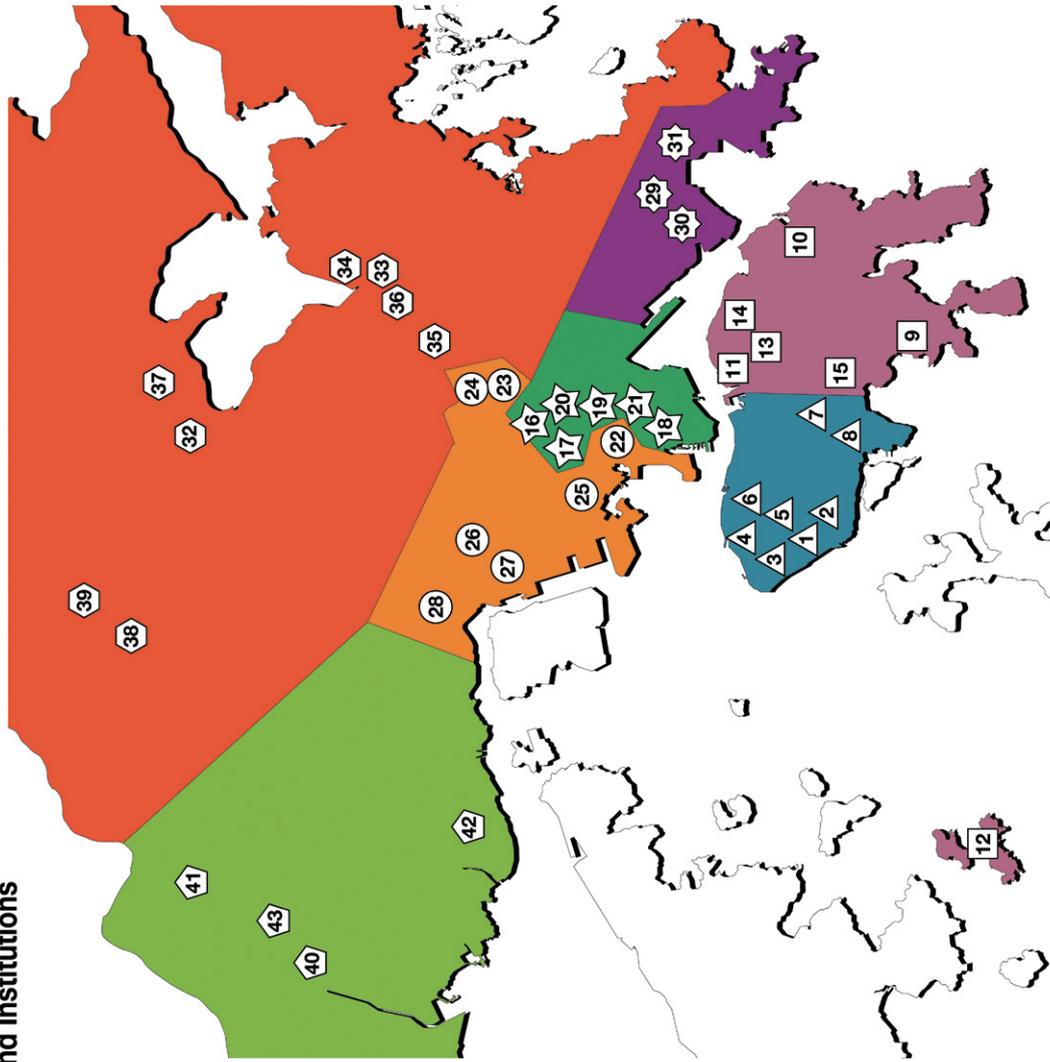
- ② Haven of Hope Hospital 靈犀醫院
- ② United Christian Hospital 基督教聯合醫院
- ② Tsung Kwan O Hospital 將軍澳醫院

NEW TERRITORIES EAST 新界東

- ② Alice Ho Miu Ling Nethersole Hospital 霍亂氏何妙齡那打素醫院
- ② Bradbury Hospice 白得海寧中心
- ② Cheshire Home, Shatin 沙田慈氏護理院
- ② Prince of Wales Hospital 威爾斯親王醫院
- ② Shatin Hospital 沙田醫院
- ② Tai Po Hospital 大埔醫院
- ② Tsingling Hospital 青洲醫院
- ② North District Hospital 北區醫院

NEW TERRITORIES WEST 新界西

- ② Castle Peak Hospital 青山醫院
- ② Pak Oi Hospital 柏愛醫院
- ② Siu Lam Hospital 小欖醫院
- ② Tuen Mun Hospital 屯門醫院



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Membership of the Hospital Authority 醫院管理局成員

Chairman 主席

Dr LO Ka-shui, JP (*up to 30.9.2002*)
羅嘉瑞醫生 (截至 2002 年 9 月 30 日)

Dr C H LEONG, GBS, JP (*from 1.10.2002*)
梁智鴻醫生 (由 2002 年 10 月 1 日起)

Members 成員

Miss Eliza C H CHAN, JP
陳清霞小姐

Dr Margaret CHAN, JP, *Director of Health*
陳馮富珍醫生 衛生署署長

Miss Iris CHAN Sui-ching
陳萃菁小姐

Dr Lily CHIANG
蔣麗莉博士

Mr Clifton CHIU Chi-cheong (*from 1.12.2002*)
趙志鋆先生 (由 2002 年 12 月 1 日起)

Prof Sydney CHUNG
鍾尚志教授

Mr Vincent FANG Kang, JP
方剛先生

Dr Anthony HO Yiu-wah
何耀華博士

Mr Edward HO Sing-tin, SBS, JP (*from 1.12.2002*)
何承天先生 (由 2002 年 12 月 1 日起)

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

Dr James HWANG Shu-tak
黃樹德醫生

Prof LAM Shiu-kum
林兆鑫教授

Mr LEE Jark-pui, JP
李澤培先生

Dr C H LEONG, GBS, JP (*up to 30.9.2002*)
梁智鴻醫生 (截至 2002 年 9 月 30 日)

The Hon Mrs Sophie LEUNG, SBS, JP (*up to 30.11.2002*)
梁劉柔芬議員 (截至 2002 年 11 月 30 日)

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

Members 成員

Mr LO Chung-hing, SBS
盧重興先生

Mrs MONG KO Mei-yee
蒙高美懿女士

Mrs Gloria NG WONG Yee-man, JP
吳王依雯女士

Ms Scarlett PONG Oi-lan
龐愛蘭女士

Professor Judy TSUI LAM Sin-lai (*from 1.12.2002*)
徐林倩麗教授 (由 2002 年 12 月 1 日起)

Dr Lawrence T WONG (*from 1.12.2002*)
黃至剛博士 (由 2002 年 12 月 1 日起)

Prof Thomas WONG Kwok-shing
汪國成教授

Prof Richard WONG Yue-chim, SBS, JP (*up to 31.3.2003*)
王于漸教授 (截至 2003 年 3 月 31 日)

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 (*representing Secretary for Financial Services and the Treasury*)
應耀康先生 (代表財經事務及庫務局局長)

Mr Thomas YIU Kei-chung, JP
Deputy Secretary for Health, Welfare & Food (*Health*)
姚紀中先生 衛生福利及食物局副局長(衛生)

Mr Paul YU Shiu-tin, JP
余嘯天先生

Audit Committee 審計委員會

Chairman 主席

Mr Clifton CHIU Chi-cheong
趙志鋈先生

Members 成員

Mr Vincent FANG Kang, JP
方剛先生

Mr LEE Jark-pui, JP (*up to 17.12.2002*)
李澤培先生 (截至 2002 年 12 月 17 日)

The Hon Mrs Sophie LEUNG, SBS, JP (*up to 30.11.2002*)
梁劉柔芬議員 (截至 2002 年 11 月 30 日)

Mr Anthony WU Ting-yuk (*up to 17.12.2002*)
胡定旭先生 (截至 2002 年 12 月 17 日)

Mr Paul YU Shiu-tin, JP
余嘯天先生

Co-opted Member 增選成員

Ms Estella Y K NG (*from 19.12.2002*)
伍綺琴女士 (由 2002 年 12 月 19 日起)

In attendance 列席

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

Mr Thomas YIU Kei-chung, JP
Deputy Secretary for Health, Welfare and Food (*Health*)
姚紀中先生 衛生福利及食物局副局長(衛生)

Finance Committee 財務委員會

Chairman 主席

Mr Anthony WU Ting-yuk
胡定旭先生

Vice-Chairman 副主席

Dr Anthony HO Yiu-wah (*from 21.11.2002*)
何耀華博士 (由 2002 年 11 月 21 日起)

Members 成員

Miss Eliza CHAN, JP (*up to 21.11.2002*)
陳清霞小姐 (截至 2002 年 11 月 21 日)

Miss Joanna CHOI representing Deputy Secretary for Health,
Welfare and Food (*Health*)
蔡釗嫻女士 (代表衛生福利及食物局副局長(衛生))

Dr William HO, JP
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Mr LEE Jark-pui, JP
李澤培先生

The Hon Mrs Sophie LEUNG, SBS, JP (*up to 30.11.2002*)
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Ms Scarlett PONG Oi-lan
龐愛蘭女士

Prof Richard WONG Yue-chim, SBS, JP
王子漸教授

Co-opted Member 增選成員

Mr Michael SOMERVILLE

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

Chairman 主席

Dr C H LEONG, GBS, JP (*up to 20.11.2002*)
梁智鴻醫生 (截至 2002 年 11 月 20 日)

Dr Raymond WU, GBS, JP (*from 21.11.2002*)
鄔維庸醫生 (由 2002 年 11 月 21 日起)

Vice-Chairman 副主席

Prof Thomas WONG Kwok-shing (*from 21.11.2002*)
汪國成教授 (由 2002 年 11 月 21 日起)

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何耀華博士

Dr James HWANG
黃樹德醫生

Prof S K LAM
林兆鑫教授

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Ms Scarlett PONG Oi-lan
龐愛蘭女士

Dr Lawrence T WONG (*from 1.12.2002*)
黃至剛博士 (由 2002 年 12 月 1 日起)

Prof Thomas WONG Kwok-shing (*up to 20.11.2002*)
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Mr Stanley YING, JP (*representing Secretary for Financial
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應耀康先生 (代表財經事務及庫務局局長)

Mr Thomas YIU Kei-chung, JP
Deputy Secretary for Health, Welfare & Food (*Health*)
姚紀中先生 衛生福利及食物局副局長(衛生)

Mr Paul YU Shiu-tin, JP
余嘯天先生

Co-opted Member 增選成員

Mr Michael HO Mun-ka (*from 21.11.2002*)
何敏嘉先生 (由 2002 年 11 月 21 日起)

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

Vice-Chairman 副主席

Mr Vincent FANG Kang, JP (*from 21.11.2002*)
方剛先生 (由 2002 年 11 月 21 日起)

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

Dr James HWANG Shu-tak
黃樹德醫生

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Prof Thomas WONG Kwok-shing
汪國成教授

Dr Raymond WU Wai-yung, GBS, JP
鄔維庸醫生

Co-Opted Members 增選成員

Mrs Kathryn WONG
黃區潔霜女士

Mr Billy KONG, JP
江焯開先生

Dr Kim MAK
麥建華博士

Planning Committee 規劃委員會

Chairman 主席

Dr C H LEONG, GBS, JP
梁智鴻醫生

Members 成員

Mr Clifton CHIU Chi-cheong
趙志錫先生

Miss Eliza C H CHAN, JP
陳清霞小姐

Dr Lily CHIANG
蔣麗莉博士

Mr Vincent FANG Kang, JP
方剛先生

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Mr Edward HO Sing-tin, SBS, JP
何承天先生

Prof Thomas WONG Kwok-shing
汪國成教授

Mr Anthony WU Ting-yuk
胡定旭先生

Dr Raymond WU, GBS, JP
鄔維庸醫生

Mr Thomas YIU Kei-chung, JP
Deputy Secretary for Health, Welfare & Food (*Health*)
姚紀中先生 衛生福利及食物局副局長(衛生)

Supporting Services Development Committee 支援服務發展委員會

Chairman 主席

Dr Lily CHIANG
蔣麗莉博士

Vice-Chairman 副主席

Mr Edward HO Sing-tin, SBS, JP (*from 21.11.2002*)
何承天先生 (由 2002 年 11 月 21 日起)

Members 成員

Miss Eliza C H CHAN, JP
陳清霞小姐

Miss Joanna CHOI *representing Deputy Secretary for Health,
Welfare and Food (Health)*
蔡釗嫻女士 (代表衛生福利及食物局副局長(衛生))

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

Dr Anthony HO Yiu-wah
何耀華博士

Mr Edward HO Sing-tin, SBS, JP (*up to 20.11.2002*)
何承天先生 (截至 2002 年 11 月 20 日起)

Dr James HWANG
黃樹德醫生

Prof Thomas WONG Kwok-shing
汪國成教授

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 Dr Eric CHONG Chee-min
張志明牧師

Dr Joseph KWOK Kin-fun, JP
郭鍵勳博士

Dr LAM Ching-choi, JP
林正財醫生

Dr Conrad LAM Kui-shing, JP
林鉅成醫生

Mr Carlos LEUNG Sze-hung (*from 1.12.2002*)
梁士雄先生 (由 2002 年 12 月 1 日起)

H H Judge David LOK
陸啟康 區域法院法官

Mr MA Ching-yuk, JP
馬清煜先生

Mr Alexander MAK Kwai-wing
麥貴榮先生

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

Mr Anthony WONG Luen-kin, JP
黃鑾堅先生

Prof Thomas WONG Kwok-shing
汪國成教授

Ms Virginia WU
胡惠瓊女士

Dr YU Yuk-ling (*from 1.12.2002*)
余毓靈醫生 (由 2002 年 12 月 1 日起)

Staff Appeals Committee* 職員上訴委員會

Chairman 主席

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

Members 成員

Mr Billy KONG, JP
江焯開先生

Dr Kim MAK
麥建華博士

Staff Committee 職員委員會

Chairman 主席

Dr C H LEONG, GBS, JP
梁智鴻醫生

Members 成員

Miss Eliza C H CHAN, JP
陳清霞小姐

Dr Lily CHIANG
蔣麗莉博士

Mr Clifton CHIU Chi-cheong
趙志鋈先生

Dr William HO, JP
Chief Executive, Hospital Authority
何兆焯醫生 醫院管理局行政總裁

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

Mr Anthony WU Ting-yuk
胡定旭先生

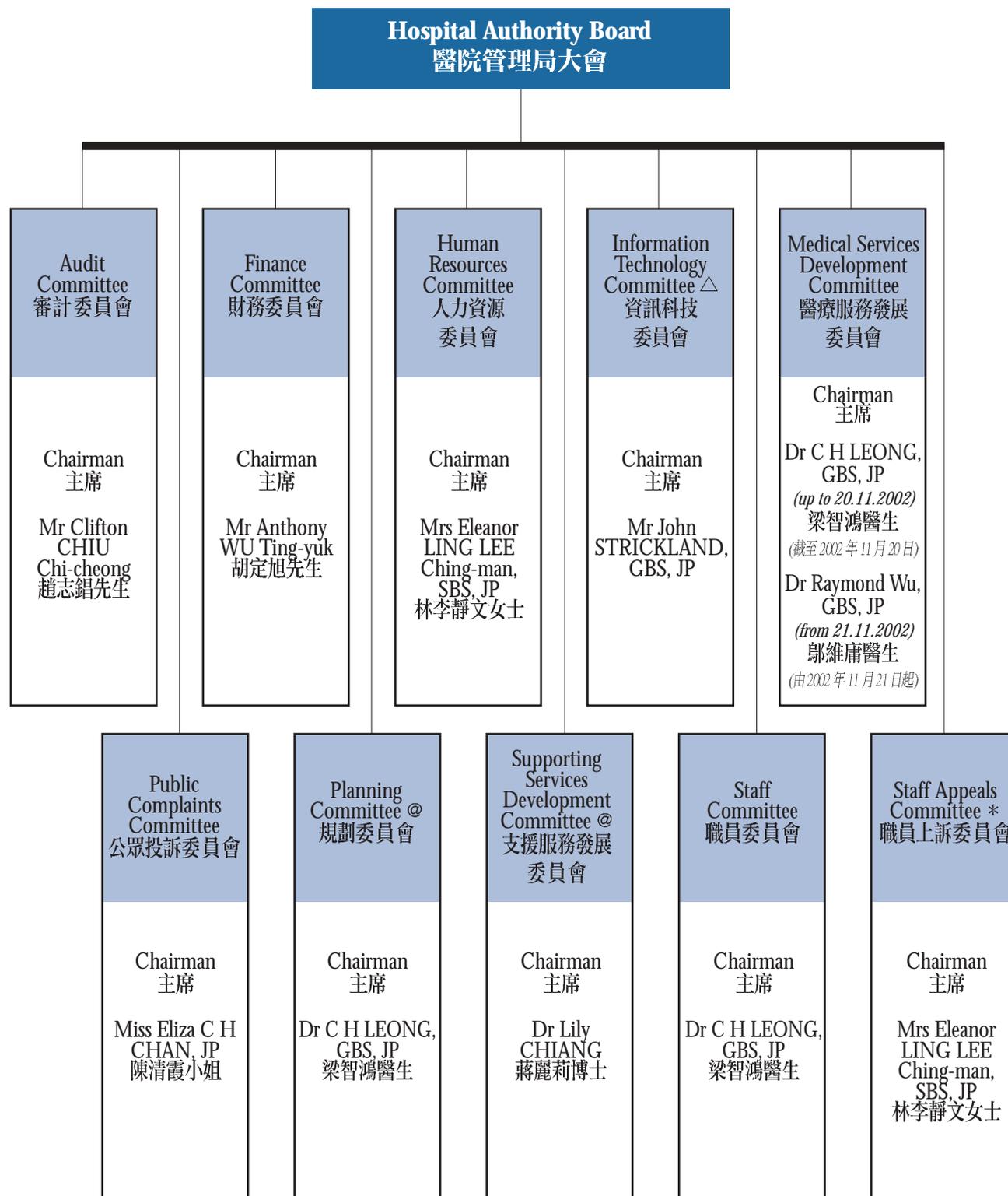
Dr Raymond WU Wai-yung, GBS, JP
鄔維庸醫生

* The Staff Appeals Committee was formed on 19 December 2002 to take over the work of the former Staff Appeals Subcommittee of the Human Resources Committee.

職員上訴委員會於2002年12月19日成立，取代人力資源委員會的職員上訴小組委員會。

Hospital Authority Committee Structure

醫院管理局委員會架構



Note: △ The Information Technology Committee was converted into an advisory committee to the Chief Executive from 21.11.2002
資訊科技委員會於2002年11月21日轉變為行政總裁的諮詢委員會。

@ The Planning Committee and Supporting Services Development Committee were reconstituted on 21.11.2002
規劃委員會及支援服務發展委員會於2002年11月21日重新運作。

* The Staff Appeals Committee was formed under the Board on 19.12.2002 to replace the former Staff Appeals Subcommittee of the Human Resources Committee.
職員上訴委員會於2002年12月19日成立，取代人力資源委員會的職員上訴小組委員會。

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 P K SIT
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 K C CHOW
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

Mr LAM Sum-chee
林森池先生

Ms Elizabeth LAW
羅君美女士

Mr LEE Jark-pui, JP (*up to 28.2.2003*)
李澤培先生 (截至 2003 年 2 月 28 日)

Mr LEUNG Wo-ping, JP
梁和平先生

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 LUK Fai
陸輝牧師

Rev Eric SO Shing-yit
蘇成溢牧師

Prof TAM Sheung-wai, GBS, JP
譚尚涓教授

Ms Wendy TSANG
曾韻雯女士

Rev Josephine TSO Shiu-wan
曹瑞雲牧師

Miss 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 – Prof Allan CHANG
(*up to 31.10.2002*)
醫院行政總監 - 張明仁教授
(截至 2002 年 10 月 31 日)

Hospital Chief Executive - Dr Fung Hong, JP
(*from 1.11.2002*)
醫院行政總監 - 馮康醫生
(由 2002 年 11 月 1 日起)

Members 成員

Mr Clarence CHANG Ching-po
張正甫先生

Sister Helen KENNY
祁愛蘭修女

Dr Anne LEE
李詠梅醫生

Dr Joyce MA
馬麗莊博士

Father John RUSSELL, SJ

Mr Dominic WONG, GBS, JP
黃星華先生

Prof WONG Hoi-kwok, BBS, JP
王海國教授

Ms Betty WOO Shuk-sing, JP
胡淑星女士

Membership of the Hospital Governing Committees

醫院管治委員會成員

Caritas Medical Centre 明愛醫院

Chairman 主席

Dr Christina CHOW, BBS, 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 David CHEUNG Lik-ching
張力正教授

Dr Benedict CHUNG Yat-ki
鍾逸基醫生

Dr Daniel FANG
方德生醫生

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

Rev Francis LERDA, PIME
力理得神父

Prof LEUNG Ping-chung, SBS, JP
梁秉中教授

Mr TAM Kwok-kiu, MH
譚國僑先生

Mrs Linda WONG 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 Joseph Lee Man-ho
醫院行政總監 - 李文豪醫生

Members 成員

Mr CHOONG Yin-lee
鍾應利先生

Dr CHOW Chun-bong, BBS
周鎮邦醫生

Ms Paula CHOY Wing-ping, JP (*up to 30.4.2002*)
蔡永平女士 (截至 2002 年 4 月 30 日)

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

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

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

Mrs Shelley CHOW
周慧思女士

Mr Alan CRAWLEY
高萊先生

Ms Janice MORTON
莫珍妮女士

Dr WONG Chun-por
王春波醫生

Mrs Linda WONG LEUNG Kit-wah
王梁潔華女士

Mr Paul YOUNG Tze-kong, JP
楊子剛先生

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

Ms Janice MORTON
莫珍妮女士

Mr Alfred POON Sun-biu
潘新標先生

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

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
(up to 30.9.2002)
醫院行政總監 - 陸駿醫生
(截至 2002 年 9 月 30 日)

Hospital Chief Executive – Dr York CHOW, SBS
(from 1.10.2002)
醫院行政總監 - 周一嶽醫生
(由 2002 年 10 月 1 日起)

Members 成員

Mr Johnsmen AU Chung-man
歐中民先生

Mr T T CHEUNG
張達棠先生

Dr Daniel FANG
方德生醫生

Mrs Mei-ling FOK
霍陳美玲女士

Ms Maggie KOONG May-kay
孔美琪女士

Prof LAU Yu-lung
劉宇隆教授

Prof John LEONG Chi-yan, JP
梁智仁教授

Prof Keith D K LUK (from 20.1.2003)
陸駿教授 (由 2003 年 1 月 20 日起)

Dr Arthur YAU
邱明才醫生

Grantham Hospital 葛量洪醫院

Chairman 主席

Mr Y L PANG, 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 Lawrence K H LEE
李金鴻先生

Mr Edwin LEUNG Chung-ching
梁仲清先生

Mrs Elizabeth LI
李吳伊莉女士

Mr Willie LUI Pok-shek, JP
呂博碩先生

Prof MOK Che-keung
莫志強教授

Dr Joseph Y C PAN
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, SBS
黃健靈教授

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

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

Members 成員

Dr Thomas CHAN Sze-tong, JP
陳思堂醫生

Mr Leroy KUNG Lin-yuen
孔令遠先生

Dr Joseph KWAN Kai-cho
關繼祖博士

Dr LAM Ching-choi, JP
林正財醫生

Dr NIP Kam-fan, JP
聶錦勳博士

Mr Edward PONG, BBS, JP
龐創先生

Mr WAN Yuet-kau, JP
溫悅球先生

Mr Peter WONG Chun-kow
黃振球先生

Mr WONG Kai-man, JP (*up to 28.2.2003*)
黃啟民先生 (截至 2003 年 2 月 28 日)

Hong Kong Buddhist Hospital 香港佛教醫院

Chairman 主席

Mr Keith LAM Hon-keung, JP
林漢強居士

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 CHEUK Tsan
醫院行政總監 - 卓贊醫生

Members 成員

Mr AU Kit-ming, MH
歐潔名先生

Ms Elaine CHUNG, JP
鍾麗幟女士

Mr HO Tak-sum
何德心先生

Dr KAO Park-ming
高百鳴博士

Ven KOK Kwong
覺光法師

Mr LAI Sze-nuen, JP
黎時煖居士

Ms Mavis LEE Ming-pui
李明佩女士

Mr LI Ka-cheung
李家祥先生

Mrs SHUM Chiong-yen
沈張婉女士

Ven SIK Hin Hung
釋衍空法師

Ven SIK Ku Tay
釋果德法師

Ven SIK To Ping
釋道平法師

Ven SIK Wing Sing
釋永惺法師

Ven SIK Wing Sheun (*passed away in July 2002*)
釋永常法師 (2002 年 7 月去世)

Ms Maria YEUNG Kam-chun
楊錦珍女士

Membership of the Hospital Governing Committees

醫院管治委員會成員

Hong Kong Eye Hospital / Kowloon Hospital 香港眼科醫院 / 九龍醫院

Chairman 主席

Miss Eliza C H CHAN, JP
陳清霞小姐

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, Hong Kong Eye Hospital
– Dr David CHAN
香港眼科醫院行政總監 - 陳志雄醫生

Hospital Chief Executive, Kwoloon Hospital
– Dr Y C CHOY
九龍醫院行政總監 - 蔡炫中醫生

Members 成員

Dr Steven CHOW
周志文博士

Mr Philip FAN
范仁鶴先生

Prof Joseph KWOK, JP
郭鍵勳博士

Mr Hardy LOK Kung-chin
陸恭正先生

Mr Louis LOONG Hon-biu
龍漢標先生

Mr Alexander MAK
麥貴榮先生

Mrs PEI CHEN Chi-kuen, JP
邊陳之娟女士

Dr Victor WOO Chi-pang
胡志鵬醫生

Mr James YIP Shiu-kwong
葉兆光先生

Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心

Chairman 主席

Mr Vincent LO Wing-sang, JP
羅榮生先生

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 C K LIN
醫院行政總監 - 連智傑醫生

Members 成員

Mr CHAN Kai-ming
陳啟明先生

Prof Gregory CHENG
鄭彥銘教授

Prof Raymond H S LIANG
梁憲孫教授

Mrs Patricia LING WOO Sau-ha
林胡秀霞女士

Mr Philip TSAI Wing-chung
蔡永忠先生

Mr Luke S K WONG
黃兆光先生

Mrs Irene YAU, JP
丘李賜恩女士

Membership of the Hospital Governing Committees

醫院管治委員會成員

Kwai Chung Hospital 葵涌醫院

Chairman 主席

Mr Clifton CHIU Chi-cheong
趙志鋈先生

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 SHUM Ping-shiu, BBS, JP
醫院行政總監 - 沈秉韶醫生

Members 成員

Mr CHAN How-chi
陳孝慈先生

Dr Sylvia CHEN Chia-lu, JP
陳嘉璐醫生

Prof HO Puay-peng
何培斌教授

Mr Danny LAM
林昇洪先生

Mr Moses LEE
李摩西先生

Mr Philip NG Chung-tak
吳重德先生

Ms Terry T LOWE
盧鳳菁女士

Mr Willie WONG Long-chi
黃朗智先生

Ms WONG Mee-chun, JP
黃美春女士

Kwong Wah Hospital and TWGH Wong Tai Sin Hospital 廣華醫院及東華三院黃大仙醫院

Chairman 主席

Mr John MA Hung-ming, BBS
馬鴻銘先生

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 C C LUK
醫院行政總監 - 陸志聰醫生

Members 成員

Mr Christopher CHAN Yiu-chong
陳耀莊先生

Dr CHOW Chun-hung
周震雄醫生

Mr Stephen CHOW Chun-kay, BBS
周振基先生

Mr FUNG Wing-chung, BBS
馮咏聰先生

Mr IP Kwok-chung, BBS, JP
葉國忠先生

Mr KAN Chi-ho, MH
簡志豪先生

Mr Andy LAU Kam-kwok
劉金國先生

Mr LEUNG Kam-fong
梁錦芳先生

Mr Benny NG Pang-lin, BBS
吳彭年先生

Mr TSENG Cheng, JP
曾正先生

Mr Peter ONG Ka-lueng
王家龍先生

Mr Eddie WANG
王定一先生

Mr Senta WONG, BBS
王忠桐先生

Prof Jean WOO
胡令芳教授

Mr Ricky YEUNG Chiu-sing
楊超成先生

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

MacLehose Medical Rehabilitation Centre 麥理浩復康院

Chairman 主席

Dr David FANG, SBS, JP
方津生醫生

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 Cissy YU
醫院行政總監 - 余詩思醫生

Members 成員

Ms Barbara CHAN
陳蕙婷女士

Mr Albert CHEUNG Ho-sang, JP
張皓生先生

Prof CHOW Shew-ping, JP
周肇平教授

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

Dr Marion FANG Sum-suk, SBS, JP
方心淑博士

Mr LEE Man-ban, SBS, JP
李文彬先生

Prof John LEONG Chi-yan, JP
梁智仁教授

Mr David MONG Tak-yeung
蒙德揚先生

Nam Long Hospital 南朗醫院

Chairman 主席

Dr Selwyn SO Kai-ming (*up to 19.1.2003*)
蘇啟明醫生 (截至 2003 年 1 月 19 日)

Dr Damon T K CHOY (*from 20.1.2003*)
蔡德江醫生 (由 2003 年 1 月 20 日起)

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

Mr CHEUNG Che-Kwok
張之珪先生

Dr Anne LEE
李詠梅醫生

Dr Lilian LEONG, JP (*up to 14.1.2003*)
梁馮令儀醫生 (截至 2003 年 1 月 14 日)

Dr POON Yeuk-foo
潘若英醫生

Mr SUEN Lai-sang
孫勵生先生

Dr Vincent TSE Kin-chuen (*up to 11.12.2002*)
謝建泉醫生 (截至 2002 年 12 月 11 日)

Membership of the Hospital Governing Committees

醫院管治委員會成員

North District Hospital 北區醫院

Chairman 主席

Mr Stephen LAU Ka-men, JP
劉嘉敏先生

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 K K LAI
醫院行政總監 - 黎景光醫生

Members 成員

Mr HAU Kam-lam
候金林先生

Mr LAU Hou-ting
劉效庭先生

Mr David LI Ka-fai
李家暉先生

Mr LIU Poon-keung
廖本強先生

Mr Paul MAK
麥鎮南先生

Mrs Gloria NG WONG Yee-man, JP
吳王依雯女士

Dr PANG Hok-tuen, JP
彭學端醫生

Dr Annie YEUNG Shou-fong
楊秀芳醫生

Our Lady of Maryknoll Hospital 聖母醫院

Chairman 主席

Dr Conrad LAM Kui-shing, JP
林鉅成醫生

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 - Miss Margaret HONG
醫院行政總監 - 康鳳傑小姐

Members 成員

Sister Agnes CAZALE
石美德修女

Mr Vincent CHANG
鄭永生先生

Mr CHOI Luk-sing
蔡六乘先生

Ms Carlye F L CHU
朱芬齡女士

Rev CHU Yiu-ming
朱耀明牧師

Dr Benedict CHUNG Yat-ki
鍾逸基醫生

Sister Helen KENNY
祁愛蘭修女

Mrs Marigold LAU
劉賴筱韞女士

Dr LI Chun-sang
李俊生醫生

Sister Marilu LIMGENCO
林敏妮修女

Sister Betty Ann MAHEU
安貝蒂修女

Mr MAK Hoi-wah
麥海華先生

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

Mrs Beverly TONG
湯郭佩英女士

Dr YU Wing-kwong
余榮光醫生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Pok Oi Hospital 博愛醫院

Chairman 主席

Mr Victor WONG Kai-tai, MH
黃啟泰先生

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 H C LEE
醫院行政總監 - 李海滋醫生

Members 成員

Mr Bunny CHAN Chung-bun, JP
陳振彬先生

Mrs Jennifer CHEUNG NG Chui-yiu
張伍翠瑤女士

Mr Bosco HO Hin-ngai
何顯毅先生

Mr Jove LIN Chung-ho
連忠浩先生

Mr Alfred POON Sun-biu
潘新標先生

Mr TSANG Yuen-hung, MH
曾元鴻先生

Mr TSOI Tai-wai
蔡大維先生

Dr Jimmy WONG Chi-ho
王賜豪醫生

Mr Zachary WONG Wai-yin
黃偉賢先生

Mr Chris YIP Fong-keung, MH
葉方強先生

Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院

Chairman 主席

Dr Raymond WU Wai-yung, GBS, JP
鄔維庸醫生

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 Pamela LEUNG, JP
醫院行政總監 - 梁明娟醫生

Members 成員

Mr CHAN Bing-woon, SBS, JP
陳炳煥先生

Rev CHU Yiu-ming
朱耀明牧師

Dr HUANG Chen-ya
黃震遐醫生

Ms KO Siu-wah, SBS, JP
高荳華女士

Mr LAM Sum-chee
林森池先生

Mr LEUNG Sau-chi, JP
梁秀志先生

Mrs June LI
李余愛喜女士

Mr Simon SIT Poon-ki
薛磐基先生

Prof TAM Sheung-wai, GBS, JP
譚尚渭教授

Mr YEUNG Po-kwan, JP
楊寶坤先生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Prince of Wales Hospital 威爾斯親王醫院

Chairman 主席

Mr John CHAN Cho-chak, GBS, JP
陳祖澤先生

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 – Prof Allan CHANG
(up to 31.10.2002)
醫院行政總監 - 張明仁教授
(截至 2002 年 10 月 31 日)

Hospital Chief Executive - Dr Fung Hong, JP
(from 1.11.2002)
醫院行政總監 - 馮康醫生
(由 2002 年 11 月 1 日起)

Members 成員

Ms Annie LIANG BENTLEY
梁安妮女士

Prof Sydney S C CHUNG
鍾尚志教授

Mr James B HAYBYRNE
賀彬先生

Mr Philip WONG Chak-piu
黃澤標先生

Co-opted Members 增選成員

Ms Nancy KIT, JP
關港子女士

Mr Stephen LIU Wing-ting, JP
廖榮定先生

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醫院行政總監 - 趙莉莉醫生

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Mr H C CHAU, SBS, JP
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Dr Andy CHIU Tin-yan
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Mrs Alice CHIU TSANG Hok-wan, JP
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Mr Larry KWOK Lam-kwong, JP
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Mr Dennis LAU Wing-kwong, JP
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曹延洲醫生

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Dr Anthony HO Yiu-wah (*from 1.12.2002*)
何耀華博士 (由 2002 年 12 月 1 日起)

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余宇康醫生 (由 2003 年 1 月 20 日起)

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Mrs Purviz R SHROFF

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鄧日燊先生

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何敏嘉先生

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醫院行政總監 - 盧時楨醫生

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彭長緯先生

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孫耀燦先生

Tai Po Hospital 大埔醫院

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李澤培先生 (截至 2002 年 11 月 30 日)

Mrs Gloria NG WONG Yee-man, JP (*from 1.12.2002*)
吳王依雯女士 (由 2002 年 12 月 1 日起)

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於群醫生 (截至 2003 年 1 月 15 日)

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梁智鴻醫生 (截至 2002 年 11 月 30 日)

Mr LEE Jark-pui, JP (*from 1.12.2002*)
李澤培先生 (由 2002 年 12 月 1 日起)

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

Hospital Chief Executive – Dr M Y CHENG
(*up to 30.9.2002*)
醫院行政總監 - 鄭文容醫生 (截至 2002 年 9 月 30 日)

Hospital Chief Executive – Dr CHEUNG Wai-lun
(*from 1.10.2002*)
醫院行政總監 - 張偉麟醫生 (由 2002 年 10 月 1 日起)

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Mr CHAN How-chi
陳孝慈先生

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呂禮章先生

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馬埔傑先生 (截至 2002 年 7 月 10 日)

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Mr Eddie WANG
王定一先生

Mr Ricky YEUNG Chiu-sing
楊超成先生

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Tung Wah Eastern Hospital 東華東院

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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 Albert CHEUNG Chung-put, JP
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馬埔傑先生 (截至 2002 年 7 月 10 日)

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Mr Ricky YEUNG Chiu-sing
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Hospital Chief Executive – Dr Cissy YU
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Mr Albert CHEUNG Chung-put, JP
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Mr Maximilian MA Yung-kit (*up to 10.7.2002*)
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醫院管理局行政總裁或其代表

Hospital Chief Executive – Dr C Y TSE
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李惠民先生 (由 2003 年 1 月 20 日起)

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李國章教授 (截至 2002 年 7 月 31 日)

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郭必錚先生

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林正財醫生

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Mr SHIH Wing-ching
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徐贊生主教

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黃權威先生 (截至 2003 年 2 月 25 日)

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吳文綿修女 (由 2003 年 2 月 26 日起)

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李澤培先生

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湛家雄先生

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Mr CHAN How-chi
陳孝慈先生

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陳耀星先生

Mr Sumly CHAN Yuen-sum
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Mr CHOW Yick-hay
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Mr Joseph CHOW Kam-siu
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Mr LEUNG Wo-ping
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Mr WONG Kai-tai
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王紹強先生

Mr YEUNG Po-kwan, JP
楊寶坤先生

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羅嘉瑞醫生 (截至2002年9月30日)

Mrs Eleanor LING LEE Ching-man, SBS, JP
(*from 1.10.2002*)
林李靜文女士 (由2002年10月1日起)

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何兆煒醫生

Dr C H LEONG, GBS, JP (*from 25.11.2002*)
梁智鴻醫生 (由2002年11月25日起)

Mrs Eleanor LING LEE Ching-man, SBS, JP
(*up to 30.9.2002*)
林李靜文女士 (截至2002年9月30日)

Mr LO Chung-hing, SBS
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馮玉娟女士

Mr Benjamin LEE Cheung-mei
李祥美先生

Mr TONG Kar-wai
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Dr WONG Tak-cheung
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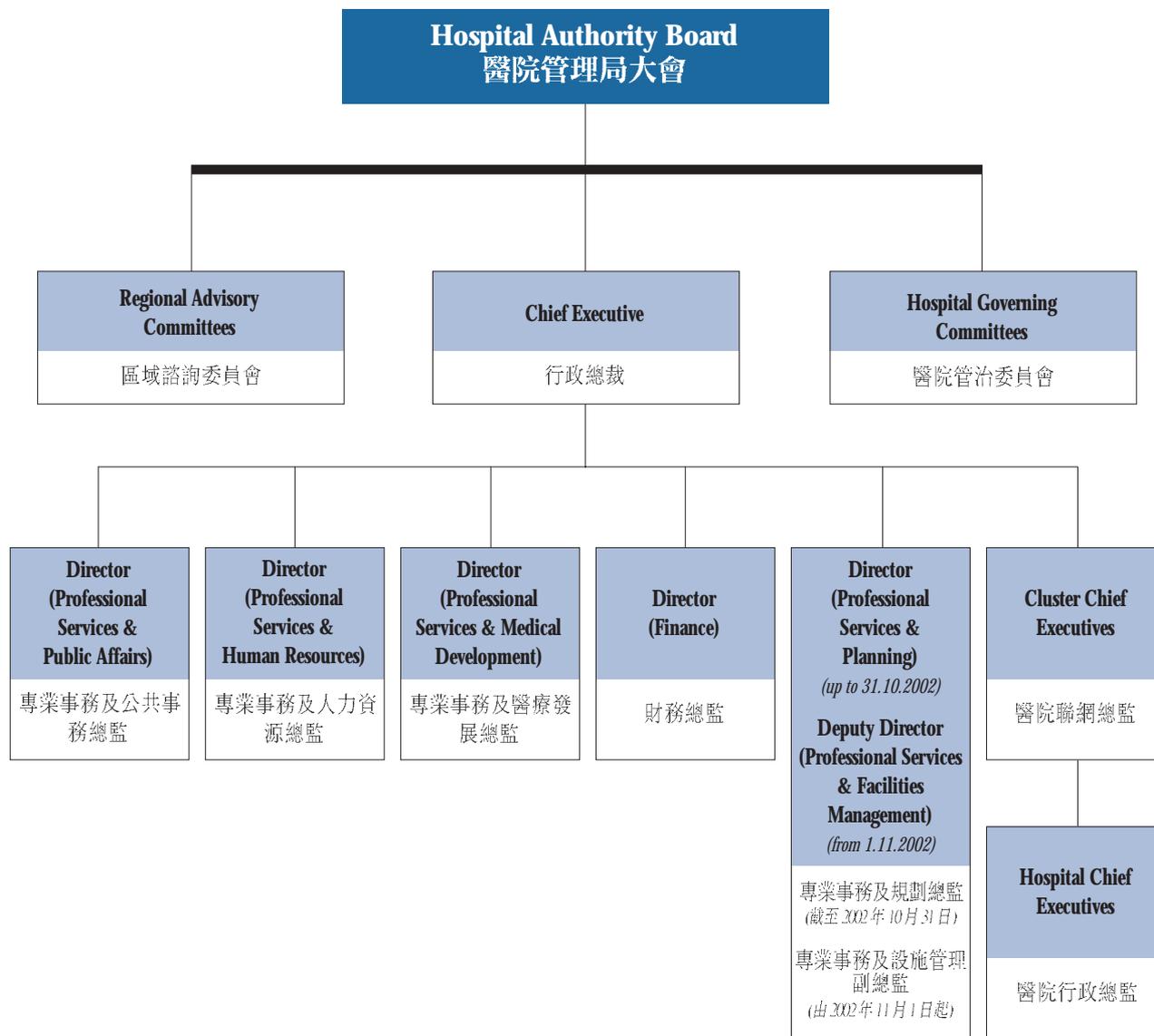
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楊永強醫生

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張建東先生

Ms Amy YIP Yok-tak, BBS, JP
葉約德女士

Mr Alan H SMITH, JP (*from 15.8.2002*) (由2002年8月15日起)

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



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During 2002/2003, the number of five highest paid executives whose remuneration fell within the following ranges were:
2002 至 2003 年度內，最高薪的五名行政人員的薪酬幅度如下：

薪酬幅度 Range of remuneration	行政人員數目 No. of executives
\$3,450,001 - \$3,950,000	4
\$4,450,001 - \$4,950,000	1
	5

Organisation Structure of the Hospital Authority

醫院管理局行政架構

Post 職位

Name of Officer 任職人員

Chief Executive
行政總裁

Dr William HO, JP
何兆煒醫生

Director (Professional Services & Planning)
專業事務及規劃總監

Dr FUNG Hong, JP (*up to 31.10.2002*)
馮康醫生 (截至2002年10月31日)

Director (Professional Services & Public Affairs)
專業及公共事務總監

Dr KO Wing-man, JP
高永文醫生

Director (Professional Services & Human Resources)
專業事務及人力資源總監

Dr Kathleen SO, JP
蘇碧嫻醫生

Director (Professional Services & Medical Development)
專業事務及醫療發展總監

Dr Vivian TAAM WONG, JP
黃譚智媛醫生

Director (Finance)
財務總監

Ms Nancy TSE
謝秀玲女士

Deputy Director (Professional Services & Facilities Management)
專業事務及設施管理副總監

Dr M Y CHENG
鄭文容醫生

Cluster Chief Executive (New Territories East)
新界東醫院聯網總監

Prof Allan CHANG (*up to 31.10.2002*)
張明仁教授 (截至2002年10月31日)

Dr FUNG Hong, JP (*from 1.11.2002*)
馮康醫生 (由2002年11月1日起)

Cluster Chief Executive (New Territories West)
新界西醫院聯網總監

Dr CHEUNG Wai-lun
張偉麟醫生

Cluster Chief Executive (Kowloon West)
九龍西醫院聯網總監

Dr Lily CHIU
趙莉莉醫生

Cluster Chief Executive (Hong Kong West)
港島西醫院聯網總監

Dr York CHOW, SBS
周一嶽醫生

Cluster Chief Executive (Kowloon Central)
九龍中醫院聯網總監

Dr Lawrence LAI, JP
賴福明醫生

Cluster Chief Executive (Hong Kong East)
港島東醫院聯網總監

Dr Pamela LEUNG, JP
梁明娟醫生

Cluster Chief Executive (Kowloon East)
九龍東醫院聯網總監

Dr C Y TSE
謝俊仁醫生

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

Hong Kong East & West Clusters 港島東及港島西醫院聯網	No. of beds (as at 31.3.2003) 病床數目【截至2003年3月31日】
Cheshire Home, Chung Hom Kok 春鵬角慈氏護養院	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	1,773
Queen Mary Hospital 瑪麗醫院	1,550
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#	88
Tung Wah Eastern Hospital 東華東院	303
TWGH Fung Yiu 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	160
Sub-total 小計	7,016
Population 人口*	1,416,100
Beds per '000 population 每千人病床數目	4.95

Kowloon East, Central & West Clusters 九龍東、九龍中及九龍西醫院聯網

Caritas Medical Centre 明愛醫院	1,382
Haven of Hope Hospital 靈實醫院	325
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	1,421
Kwai Chung Hospital 葵涌醫院	1,434
Kwong Wah Hospital 廣華醫院	1,425
Our Lady of Maryknoll Hospital 聖母醫院	258
Princess Margaret Hospital 瑪嘉烈醫院	1,603
Queen Elizabeth Hospital 伊利沙伯醫院	1,850
Tseung Kwan O Hospital 將軍澳醫院	410
TWGH 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	1,365
Yan Chai Hospital 仁濟醫院	841
Sub-total 小計	13,740
Population 人口*	3,258,100
Beds per '000 population 每千人病床數目	4.22

New Territories East & West Clusters 新界東及新界西醫院聯網	No. of beds (as at 31.3.2003) 病床數目(截至2003年3月31日)
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	519
Bradbury Hospice 白普理寧養中心	26
Castle Peak Hospital 青山醫院	1,591
Cheshire Home, Shatin 沙田慈氏護養院	296
North District Hospital 北區醫院	637
Pok Oi Hospital 博愛醫院	504
Prince of Wales Hospital 威爾斯親王醫院	1,275
Shatin Hospital 沙田醫院	682
Siu Lam Hospital 小欖醫院	300
Tai Po Hospital 大埔醫院	969
Tuen Mun Hospital 屯門醫院	1,633
Sub-total 小計	8,432
Population 人口*	2,413,400
Beds per '000 population 每千人病床數目	3.49
Grand Total 總計	29,188
Population 人口*	7,087,600
Beds per '000 population 每千人病床數目	4.12

Figure for Tsan Yuk Hospital includes beds not in service as at 31.3.2003.

贊育醫院的數字包括截至2003年3月31日沒有投入服務的病床。

* 2002 end year population estimate (including marine population and transients)

* 2002年年底的人口估計(包括水上及流動人口)

Public Hospitals Services 公立醫院服務

	1998 / 99	1999 / 00	2000 / 01	2001 / 02	2002 / 03
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	1,040,476	1,091,454	1,151,661	1,194,329	1,183,671
(b) Number of patient days (bed days occupied) 病人日數目 (佔用病床日)	6,265,834	6,560,035	6,638,917	6,744,886	6,672,302
(c) Average occupancy rate (%) 平均住用率 (%)	83.8	86.1	84.9	85.0	83.2
(d) Average length of stay (days) 平均住院時間 (日數)	7.3	7.3	7.1	7.1	7.3
(e) Number of Accident and Emergency attendances ² 急症室求診人次 ²	2,360,679	2,407,118	2,403,090	2,522,972	2,380,064
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 專科門診求診人次	4,938,277	5,054,669	5,304,186	5,432,486	5,529,539
(b) Number of allied health outpatient attendances 專職醫療門診求診人次	2,694,653	2,495,776	2,395,407	2,452,914	2,480,960
(c) Number of integrated clinic attendances 綜合診所求診人次	-	25,630	89,482	146,793	194,643
(d) Number of general outpatient attendances 普通科門診求診人次	756,723	776,578	813,710	887,328	1,264,923
Community Nursing Services 社康護理服務					
(a) Number of patients treated 治理病人數目	34,946	40,199	45,944	50,960	57,432
(b) Number of home visits 家訪次數	478,633	554,269	633,003	685,712	740,615
Psychiatric and Mentally Handicapped Services 精神科及弱智服務					
(a) Number of discharges ¹ 出院人次 ¹	12,502	13,156	14,306	14,098	14,432
(b) Number of patient days (bed days occupied) 病人日數目 (佔用病床)	1,917,301	1,887,811	1,853,017	1,695,559	1,650,665
(c) Average occupancy rate (%) 平均住用率 (%)	89.7	86.3	83.5	82.0	82.9
(d) Average length of stay (days) 平均住用率 (日)	167.5	163.2	190.8	150.0	128.9
(e) Number of psychiatric specialist outpatient attendances 精神科專科門診人次	400,198	432,069	471,262	511,167	549,144

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

Public Hospitals Services

公立醫院服務

	1998 / 99	1999 / 00	2000 / 01	2001 / 02	2002 / 03
Inpatient Services 住院服務					
<i>(i) General and Infirmary</i> 普通科及護養服務					
(a) Number of discharges ¹ 出院人次 ¹	1,040,476	1,091,454	1,151,661	1,194,329	1,183,671
(b) Number of patient days (bed days occupied) 病人日數目 (佔用病床日)	6,265,834	6,560,035	6,638,917	6,744,886	6,672,302
(c) Average occupancy rate (%) 平均住用率 (%)	83.8	86.1	84.9	85.0	83.2
(d) Average length of stay (days) 平均住院時間 (日數)	7.3	7.3	7.1	7.1	7.3
<i>(ii) Psychiatric and Mentally Handicapped</i> 精神科及弱智服務					
(a) Number of discharges ¹ 出院人次 ¹	12,502	13,156	14,306	14,098	14,432
(b) Number of patient days (bed days occupied) 病人日數目 (佔用病床日)	1,917,301	1,887,811	1,853,017	1,695,559	1,650,665
(c) Average occupancy rate (%) 平均住用率 (%)	89.7	86.3	83.5	82.0	82.9
(d) Average length of stay (days) 平均住院時間 (日數)	167.5	163.2	190.8	150.0	128.9
Ambulatory Services 日間住院服務					
(a) Number of Accident and Emergency attendances ² 急症室求診人次 ²	2,360,679	2,407,118	2,403,090	2,522,972	2,380,064
(b) Number of specialist outpatient attendances (clinical) 專科門診求診人次 (臨床)	5,338,475	5,486,738	5,775,448	5,943,653	6,078,683
(c) Number of allied health outpatient attendances 專職醫療門診求診人次	2,694,653	2,495,776	2,395,407	2,452,914	2,480,960
(d) Number of integrated clinic attendances 綜合診所求診人次	-	25,630	89,482	146,793	194,643
(e) Number of general outpatient attendances 普通科門診求診人次	756,723	776,578	813,710	887,328	1,264,923
Community Nursing Services 社康護理服務					
(a) Number of patients treated 治理病人數目	34,946	40,199	45,944	50,960	57,432
(a) Number of home visits 家訪次數	478,633	554,269	633,003	685,712	740,615

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

Statistics on Inpatient, Accident & Emergency and Specialist Outpatient Services, 2002/03

2002/03 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 專科門診總人次	Total AH OP Attendances 專職醫療門診總人次	Total integrated clinic attendances 綜合診所總求診人次
Hong Kong East Cluster							
港島東醫院聯網							
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	298	91.2	165.3	-	-	430	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	88,067	85.8	7.0	177,678	551,852	163,927	31,251
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	31,386	86.4	7.6	99,973	106,020	118,594	4,230
St John Hospital 長洲醫院	4,354	67.9	34.9	11,227	2,279	13,045	-
Tung Wah Eastern Hospital 東華東院	8,675	85.7	13.5	-	106,089	78,263	2,303
Wong Chuk Hang Hospital 黃竹坑醫院	655	89.5	93.1	-	-	-	-
Sub-total 小計	133,435	86.1	8.8	288,878	766,240	374,259	37,784
Hong Kong West Cluster							
港島西醫院聯網							
Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	2,458	46.8	12.9	-	17,036	28,486	-
TWGH Fung Yiu King Hospital 東華三院馮堯敬醫院	2,560	91.4	26.6	-	33	184	-
Grantham Hospital 葛量洪醫院	13,322	63.8	13.5	-	53,630	2,561	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	709	79.7	43.1	-	-	1,413	-
Nam Long Hospital 南朗醫院	1,893	86.3	30.5	-	747	225	-
Queen Mary Hospital 瑪麗醫院	103,838	79.7	5.5	145,172	537,994	199,019	-
Tung Wah Hospital 東華醫院	24,530	77.7	16.2	-	40,919	5,545	-
Tsan Yuk Hospital 贊育醫院	4,094	-	-	-	22,369	3,591	18,577
Sub-total 小計	153,494	6.7	8.6	145,172	672,728	241,024	18,577

	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 專科門診 總人次	Total AH OP Attendances 專職醫療 門診總人次	Total integrated clinic attendances 綜合診所 總求診人次
Kowloon East Cluster 九龍東醫院聯網							
Haven of Hope Hospital 靈實醫院	6,494	90.7	22.2	-	8,059	3,673	-
Tseung Kwan O Hospital 將軍澳醫院	27,689	75.0	4.7	120,557	119,641	67,242	3,712
United Christian Hospital 基督教聯合醫院	86,387	88.5	5.8	231,535	451,319	230,796	37,673
Sub-total 小計	120,570	86.4	6.7	352,092	579,019	301,711	41,385
Kowloon Central Cluster 九龍中醫院聯網							
Hong Kong Buddhist Hospital 香港佛教醫院	5,522	81.3	18.3	-	12,149	3,928	-
Hong Kong Eye Hospital 香港眼科醫院	6,353	49.9	5.2	-	220,892	131,577	-
Kowloon Hospital 九龍醫院	15,727	82.8	22.6	-	64,045	116,601	-
Queen Elizabeth Hospital 伊利沙伯醫院	130,710	80.9	5.7	221,877	643,450	198,871	3,583
Rehabaid Centre 復康專科及資源中心	-	-	-	-	168	3,571	-
Sub-total 小計	158,312	81.3	8.6	221,877	940,704	454,548	3,583
Kowloon West Cluster 九龍西醫院聯網							
Caritas Medical Centre 明愛醫院	53,941	78.2	9.6	135,576	344,603	101,913	7,218
Kwai Chung Hospital 葵涌醫院	4,377	81.3	131.6	-	175,665	45,492	-
Kwong Wah Hospital 廣華醫院	91,511	80.3	4.9	220,457	351,194	151,209	3,431
Our Lady of Maryknoll Hospital 聖母醫院	8,911	69.3	8.2	-	63,398	28,389	5,484
Princess Margaret Hospital 瑪嘉烈醫院	94,924	83.8	6.4	151,359	346,039	107,081	-
TWGH Wong Tai Sin Hospital 東華三院黃大仙醫院	9,770	77.3	32.4	-	-	1,054	-
Yan Chai Hospital 仁濟醫院	43,996	91.1	6.9	155,401	191,578	65,291	-
Sub-total 小計	307,430	81.3	9.8	662,793	1,472,477	500,429	16,133

	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 專科門診 總人次	Total AH OP Attendances 專職醫療 門診總人次	Total integrated clinic attendances 綜合診所 總求診人次
New Territories East Cluster 新界東醫院聯網							
Alice Ho Mui Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	50,586	86.7	4.9	128,223	209,190	95,062	9,971
Bradbury Hospice 白普理寧養中心	665	88.6	12.8	-	542	2,755	-
North District Hospital 北區醫院	29,580	77.8	5.9	132,439	169,669	94,880	-
Prince of Wales Hospital 威爾斯親王醫院	101,595	81.0	5.3	188,641	609,183	192,175	29,246
Cheshire Home, Shatin 沙田慈氏護養院	2,049	80.6	41.3	-	-	987	-
Shatin Hospital 沙田醫院	5,949	86.6	48.1	-	801	4,303	-
Tai Po Hospital 大埔醫院	7,836	87.2	36.3	-	360	145	-
Sub-total 小計	198,260	83.5	9.1	449,303	989,745	390,307	39,217
New Territories West Cluster 新界西醫院聯網							
Castle Peak Hospital 青山醫院	1,934	86.7	266.2	-	81,885	22,856	-
Pok Oi Hospital 博愛醫院	2,827	86.6	23.0	-	26,554	21,788	-
Siu Lam Hospital 小欖醫院	132	98.3	660.6	-	-	-	-
Tuen Mun Hospital 屯門醫院	121,709	90.2	6.4	259,949	549,331	174,038	37,964
Sub-total 小計	126,602	89.1	12.8	259,949	657,770	218,682	37,964
Grand-total 總計	1,198,103	83.2	9.3	2,380,064	6,078,683	2,480,960	194,643

Notes:
註:

1. Rehabaid Centre and Hong Kong Red Cross Blood Transfusion Service are Hospital Authority institutions with specific functions but no hospital beds.
復康專科及資源中心和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. The specialist outpatient attendances for different clinics are grouped under respective hospital management.
各診所的專科門診求診人次是按組別歸入所屬醫院之下。

Statistics on Community Services, 2002/03

2002/03 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#	Psychogeriatrics Service # 老人精神科服務#	Community Geriatric Assessment Service @ 社區老人 評估服務@
Hong Kong East Cluster 港島東醫院聯網					
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	91,520	7,199	2,625	2,943	-
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	-	109,392
St John Hospital 長洲醫院	5,225	-	-	-	-
Sub-total 小計	96,745	7,199	2,625	2,943	109,392
Hong Kong West Cluster 港島西醫院聯網					
TWGH Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	-	30,261
Queen Mary Hospital 瑪麗醫院	54,798	2,423	3,487	8,256	-
Sub-total 小計	54,798	2,423	3,487	8,256	30,261
Kowloon East Cluster 九龍東醫院聯網					
Haven of Hope Hospital 靈實醫院	30,303	-	-	-	2,501
United Christian Hospital 基督教聯合醫院	132,640	6,417	2,260	4,200	29,142
Sub-total 小計	162,943	6,417	2,260	4,200	31,643
Kowloon Central Cluster 九龍中醫院聯網					
Kowloon Hospital 九龍醫院	46,581	3,544	2,208	4,161	28,976
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	-	14,867
Sub-total 小計	46,581	3,544	2,208	4,161	43,843
Kowloon West Cluster 九龍西醫院聯網					
Caritas Medical Centre 明愛醫院	70,198	-	-	-	26,325
Kwai Chung Hospital 葵涌醫院	-	17,309	2,509	8,065	-
Kwong Wah Hospital 廣華醫院	32,428	-	-	-	30,615
Our Lady of Maryknoll Hospital 聖母醫院	44,317	-	-	-	-
Princess Margaret Hospital 瑪嘉烈醫院	78,516	-	-	-	46,376
Sub-total 小計	225,459	17,309	2,509	8,065	103,316

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#	Psychogeriatrics Service # 老人精神科服務#	Community Geriatric Assessment Service @ 社區老人評估服務@
New Territories East Cluster 新界東醫院聯網					
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	18,408	-	-	-	-
North District Hospital 北區醫院	24,580	2,681	3,067	-	8,377
Shatin Hospital 沙田醫院	34,832	4,132	2,564	5,078	13,949
Tai Po Hospital 大埔醫院	-	455	210	-	17,825
Sub-total 小計	77,820	7,268	5,841	5,078	40,151
New Territories West Cluster 新界西醫院聯網					
Castle Peak Hospital 青山醫院	-	14,834	4,275	5,343	-
Tuen Mun Hospital 屯門醫院	76,269	-	-	-	44,564
Sub-total 小計	76,269	14,834	4,275	5,343	44,564
Grand-total 總計	740,615	58,994	23,205	38,046	403,170

* For Community Nursing Service and Community Psychiatric nursing, the activity refer to number of home visits made.

* 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。

For Community Psychiatric service and Psychogeriatrics Service, the activity refers to total number of outreach attendances and home visits. The activity of Psychogeriatrics Service also includes consultation-liaison attendances.

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。

@ For Community Geriatric Assessment Service, the activity refers to total number of outreach attendances and assessments performed.

@ 有關數字是指社區老人評估服務的外展及評估總數。

Notes: The activity performed in different centres/teams are grouped under respective hospital management.

註：各中心及小組的數字是按組別歸入所屬醫院之下。

Public Feedback Statistics 公眾意見統計

Public Complaints Committee 公眾投訴委員會

Nature of Cases 個案性質	Complaints received (1.4.2002-31.3.2003) 投訴數目(1.4.2002-31.3.2003)
Medical Services 醫療服務	97
Staff Attitude 職員態度	10
Administrative Procedure 行政程序	16
Others 其他	4
Total Number of Complaints 總投訴個案	127

Hospital Complaints / Appreciation Statistics 醫院投訴 / 讚揚數目

Nature of Complaint Cases 投訴個案性質	Complaints received (1.4.2002-31.3.2003) 投訴數目(1.4.2002-31.3.2003)
Medical Services 醫療服務	793
Staff Attitude 職員態度	549
Administrative Procedure 行政程序	256
Others 其他	186
Total Number of Complaints 總投訴個案	1,784
Total Number of Appreciation 總讚揚數目	27,667

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

Institution 機構	No. of Full-time Equivalent Staff (as at 31.3.2003) ^(Note) 職員數目 (截至2003年3月31日) ^(註)				Total 總計
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	
Hong Kong East Cluster 港島東醫院聯網	503.17	2,020	545	2,866.5	5,934.67
Cheshire Home (Chung Hom Kok) 春磡角慈氏護養院	3	51	9	120	183
HK Tuberculosis, Chest & Heart Diseases Association 香港防癆心臟及胸病協會	0	0	0	11	11
Hong Kong East Cluster Office 港島東醫院聯網辦事處	0	0	0	6	6
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	367.17	1,265	302.5	1,582	3,516.67
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	90	416	158.5	653.5	1,318
St. John Hospital 長洲醫院	6	42	10	77	135
Tung Wah Eastern Hospital 東華東院	34	199	55.5	284	572.5
Wong Chuk Hang Hospital 黃竹坑醫院	3	47	9.5	133	192.5
Hong Kong West Cluster 港島西醫院聯網	581.5	2,589.5	707	2,895	6,773
Duchess of Kent Children's Hospital 根德公爵夫人兒童醫院	11	69	42	131	253
Grantham Hospital 葛量洪醫院	51	355	60.5	296	762.5
Hong Kong West Cluster Office 港島西醫院聯網辦事處	0	0	1	2	3
MacLehose Medical Rehabilitation Centre 麥理浩復康院	2	35	38	90	165
Nam Long Hospital 南朗醫院	7	85	8.5	111	211.5
Queen Mary Hospital 瑪麗醫院	459.5	1,613	481	1,750	4,303.5
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	11	87.5	18	156	272.5
Tung Wah Hospital 東華醫院	40	345	58	359	802

No. of Full-time Equivalent Staff (as at 31.3.2003) (Note)
職員數目 (截至2003年3月31日) (註)

	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Kowloon Central Cluster 九龍中醫院聯網	597.66	2627.5	706.5	3,065.5	6,997.16
HK Red Cross Blood Transfusion Service 香港紅十字輸血服務中心	3	44	45	161	253
Hong Kong Buddhist Hospital 香港佛教醫院	15.33	136	25	148	324.33
Hong Kong Eye Hospital 香港眼科醫院	34	69	15	123	241
Kowloon Central Cluster Office 九龍中醫院聯網辦事處	0	1	0	1	2
Kowloon Hospital 九龍醫院	51	679	153.5	744.5	1,628
Queen Elizabeth Hospital 伊利沙伯醫院	494.33	1,697.5	456	1,871	4,518.83
Rehabaid Centre 復康專科及資源中心	0	1	12	17	30
Kowloon East Cluster 九龍東醫院聯網	504.83	1,882	473	2,066	4,925.83
Haven of Hope Hospital 靈實醫院	17.5	247	46	306	616.5
Kowloon East Cluster Office 九龍東醫院聯網辦事處	0	0	0	4	4
Tseung Kwan O Hospital 將軍澳醫院	116	370	110	317	913
United Christian Hospital 基督教聯合醫院	371.33	1,265	317	1,439	3,392.33
Kowloon West Cluster 九龍西醫院聯網	1,120.34	4,894.5	996.5	5,444	12,455.34
Caritas Medical Centre 明愛醫院	223.67	745	173	909	2,050.67
Kowloon West Cluster Office 九龍西醫院聯網辦事處	0	0	0	5	5
Kwai Chung Hospital 葵涌醫院	64	614	71	613.5	1,362.5
Kwong Wah Hospital 廣華醫院	287	1,170	261.5	1,205.5	2,924
Our Lady of Maryknoll Hospital 聖母醫院	67.67	223	39	222	551.67
Princess Margaret Hospital 瑪嘉烈醫院	315	1,270.5	285	1,378.5	3,249
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	28	251	39	378.5	696.5
Yan Chai Hospital 仁濟醫院	135	621	128	732	1,616

No. of Full-time Equivalent Staff (as at 31.3.2003) ^(Note)
職員數目 (截至2003年3月31日) ^(註)

	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
New Territories East Cluster 新界東醫院聯網	813.33	3239	809	3,919.5	8,780.83
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	139.5	506	140.5	524	1,310
Bradbury Hospice 白普理寧養中心	2	30	2.5	20	54.5
Cheshire Home (Shatin) 沙田慈氏護養院	2	88	13	101	204
New Territories East Cluster Office 新界東醫院聯網辦事處	0	104	8	365	477
North District Hospital 北區醫院	137	507	130.5	527	1,301.5
Prince of Wales Hospital 威爾斯親王醫院	476.33	1,371	402	1,578.5	3,827.83
Shatin Hospital 沙田醫院	26.5	324	57.5	375	783
Tai Po Hospital 大埔醫院	30	309	55	429	823
New Territories West Cluster 新界西醫院聯網	495.67	2,296	447	2,823	6,061.67
Castle Peak Hospital 青山醫院	48	522	49	712.5	1,331.5
Pok Oi Hospital 博愛醫院	39	188	46	239.5	512.5
Siu Lam Hospital 小欖醫院	4	73	5	232	314
Tuen Mun Hospital 屯門醫院	404.67	1,513	347	1,639	3,903.67
Total 總計	4,616.5	19,548.5	4,684	23,079.5	51,928.5*

Note :

Manpower on full-time equivalent (fte) basis is adopted as a new counting concept in the present report. The new concept has been used for manpower reporting since early 2003. Fte manpower includes all staff in HA's workforce i.e. permanent, contract and temporary. All full-time staff are counted as one and all part-time staff counted as 0.5. (Exception : Part-time Family Medicine Consultants counted as 0.33 fte according to their actual service sessions.)

註：

本年報採用「相當於全職」的原則作為新的人手計算基礎。醫管局自2003年初的人手狀況匯報，已採用這個新的原則。「相當於全職」的人手包括醫管局所有僱員，即常額、合約及臨時人員。每名全職人員計算為1人，每名兼職人員計算為0.5人。（例外：每名兼職家庭醫學顧問醫生根據其實際服務節數計算為0.33人。）

* Not including 828.5 staff in the Hospital Authority shared/agency services and the Head Office.

* 不包括醫管局代理服務及總辦事處 828.5 名職員。

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)

	No. of Full-time Equivalent (fte) Staff ^(Note)				
	職員數目 ^(註)				
	98/99	99/00	00/01	01/02	02/03
Medical 醫療					
Consultant 顧問醫生	494.5	497.0	496.8	511.5	509.0
Senior Medical Officer/Associate Consultant 高級醫生 / 副顧問醫生	858.5	872.5	883.0	905.5	887.5
Medical Officer/Resident 醫生 / 駐院醫生	2,137.5	2,304.5	2,514.5	2,688.0	2,883.0
Intern 駐院實習醫生	334.0	314.0	330.0	351.0	333.0
Senior Dental Officer/Dental Officer 高級牙科醫生 / 牙科醫生	4.0	4.5	5.0	5.0	5.0
Medical Total 醫療人員總計	3,828.5	3,992.5	4,229.3	4,461.0	4,617.5
Nurses 護理					
Senior Nursing Officer and above 高級護士長或以上	114.0	111.0	105.0	100.0	93.0
Department Operations Manager 部門運作經理	191.0	186.0	177.0	173.0	169.0
General 普通科					
Ward Manager 病房經理	563.0	553.0	541.0	532.0	518.0
Nurse Specialist 專科護士	170.0	172.0	176.0	194.0	199.0
Nursing Officer 護士長	1,850.5	1,820.5	1,771.0	1,730.5	1,694.5
Registered Nurse 註冊護士	8,758.5	9,375.0	10,067.0	11,041.0	11,454.0
Enrolled Nurse 登記護士	3,213.0	3,234.5	3,436.5	3,480.5	3,402.0
Student Nurse 註冊護士學生	2,771.0	1,855.0	1,228.0	360.0	1.0
Pupil Nurse 登記護士學生	632.0	416.0	112.0	-	-
Midwife/Other 助產士/其他	108.5	98.5	95.0	84.0	67.0
Psychiatric 精神科					
Ward Manager 病房經理	113.0	115.0	110.0	105.0	100.0
Nurse Specialist 專科護士	14.0	14.0	14.0	15.0	15.0
Nursing Officer 護士長	223.0	218.0	215.0	212.0	211.0
Registered Nurse 註冊護士	708.0	788.0	877.0	978.0	994.0
Enrolled Nurse 登記護士	652.0	649.0	645.0	644.0	640.0
Student Nurse 註冊護士學生	357.0	240.0	141.0	33.0	10.0
Pupil Nurse 登記護士學生	33.0	27.0	16.0	-	-
Nursing Total 護理人員總計	20,471.5	19,872.5	19,726.5	19,682.0	19,567.5

No. of Full-time Equivalent Staff ^(Note)
職員數目 ^(註)

	98/99	99/00	00/01	01/02	02/03
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	11.0	11.0	11.0	11.0	11.0
Clinical Psychologist 臨床心理學家	56.5	58.5	61.5	71.5	70.0
Dietitian 營養師	85.0	82.0	87.0	89.0	81.0
Dispenser 配藥員	683.0	653.0	652.5	668.0	659.5
Medical Technologist / Medical Laboratory Technician 醫務化驗師 / 醫務化驗員	1,121.0	1,102.0	1102.0	1,093.0	1,106.0
Mould Technologist / Mould Laboratory Technician 製模實驗室技術師 / 製模實驗室技術員	28.0	28.0	28.0	28.0	27.0
Optometrist 視光師	26.0	26.0	26.0	27.0	26.5
Orthoptist 視覺矯正師	13.0	12.0	12.0	12.0	12.0
Occupational Therapist 職業治療師	421.0	436.5	450.5	468.5	484.5
Pharmacist 藥劑師	178.0	185.0	184.0	209.5	231.5
Physicist 物理學家	39.0	38.0	38.0	38.0	37.0
Physiotherapist 物理治療師	668.0	666.0	690.5	719.0	733.0
Podiatrist 足病治療師	21.0	22.0	21.0	22.0	18.5
Prosthetist-Orthotist 義肢矯形師	91.0	93.0	94.0	97.0	119.0
Radiographer 放射技師	778.0	780.0	799.5	808.0	825.0
Scientific Officer (Medical) 科學主任 (醫務)	57.0	57.5	55.5	57.5	55.5
Speech Therapist 言語治療師	46.0	49.0	52.0	53.5	52.0
Medical Social Worker 醫務社會工作主任	154.5	156.5	160.0	162.5	170.0
Others 其他	2.0	2.0	2.0	2.0	2.0
Allied Health Total 專職醫療人員總計	4,479.0	4,458.0	4,527.0	4,637.0	4,721.0
Health Care Assistant and Ward Attendant 健康服務助理及病房服務員					
Health Care Assistant 健康服務助理	3,946.5	3,930.0	4176.0	4,594.0	4,454.0
Ward Attendant 病房服務員	2,231.0	2,053.0	1,725.0	1,320.0	1,243.0
General Services Assistant / Technical Services Assistant (Care-related) 一般事務 / 技術服務助理 (護理)	-	-	-	383.5	1,054.0
Health Care Assistant / Ward Attendant / General Services Assistant / Technical Services Assistant Total 健康服務助理 / 病房服務員 / 一般事務 / 技術服務助理總計	6,177.5	5,983.0	5,901.0	6,297.5	6,751.0
Direct Patient Care Total 直接病人護理人手總計	34,956.5	34,306.0	34,383.8	35,077.5	35,657.0

	No. of Full-time Equivalent (fte) Staff ^(Note)				
	職員數目 ^(註)				
	98/99	99/00	00/01	01/02	02/03
Others 其他					
Chief Executive / Directors / Deputy Director 行政總裁 / 總監 / 副總監	13.0	10.0	9.0	8.0	10.0
Cluster Chief Executive / Hospital Chief Executive 醫院聯網總監 / 醫院行政總監	42.0	42.0	37.0	33.0	32.0
Senior Executive Manager, Executive Manager, General Manager 高級行政經理 / 行政經理 / 總經理	110.0	105.0	104.0	100.0	101.0
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	899.5	885.0	857.5	868.0	882.0
Other Supporting Staff - Clerical, Secretarial, Workmen, Artisan, Property Attendant, etc 其他支援人員 — 文員、秘書、工人、技工、 產業管理員等	16,547.5	15,822.0	15,547.5	16,512.5	16,075.0
Non-direct Patient Care Total 非直接病人護理人手總計	17,612.0	16,864.0	16,555.0	17,521.5	17,100.0
Grand Total 醫管局人手總計	52,568.5	51,170.0	50,938.8	52,599.0	52,757.0

Note :

註 :

- Manpower on full-time equivalent (fte) basis is adopted as a new counting concept in the present report. The new concept has been used for manpower reporting since early 2003. For reference purpose, the corresponding figures in the 4-year period from 1998/99 to 2001/02 are all updated on the same basis.
本年報採用「相當於全職」的原則作為新的人手計算基礎。醫管局自 2003 年初的人手狀況匯報，已採用這個新的原則。為方便參考，由 1998/99 至 2001/02 四個年度的數字已按此原則更新。
- Fte manpower includes all staff in HA's workforce i.e. permanent, contract and temporary. All full-time staff are counted as one and all part-time staff counted as 0.5. (Exception : Part-time Family Medicine Consultants counted as 0.33 fte according to their actual service sessions.)
「相當於全職」的人手包括醫管局所有僱員，即常額、合約及臨時人員。每名全職人員計算為 1 人，每名兼職人員計算為 0.5 人。
(例外：每名兼職家庭醫學顧問醫生根據其實際服務節數計算為 0.33 人。)

Resource Utilisation by Hospital Clusters and Other Financial Information

醫院聯網的資源使用及其他財務資料

Cluster 聯網	Resource Utilisation (\$ Million) 使用資源 (百萬元)
Hong Kong East Cluster 港島東醫院聯網	3,194.7
Hong Kong West Cluster 港島西醫院聯網	3,808.7
Kowloon Central Cluster 九龍中醫院聯網	3,963.1
Kowloon East Cluster 九龍東醫院聯網	2,831.7
Kowloon West Cluster 九龍西醫院聯網	6,781.6
New Territories East Cluster 新界東醫院聯網	4,830.4
New Territories West Cluster 新界西醫院聯網	3,195.2
Hospital Authority Head Office 醫管局總辦事處	307.2
Others * 其他*	1,722.9
Total Resource Utilisation 使用資源總額	30,635.5

* includes resources for shared services and Invest-to-Save projects

* 包括用於共同服務及節省投資計劃的資源

Analysis of Hospital / Clinic Fees and Charges 醫院診療所收費分析

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 2002/2003 is HK\$39,192,000 (2002: HK\$41,979,000). 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.

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帳準備。2002至2003財政年度的呆帳準備為港幣39,192,000元（2002年則為港幣41,979,000元）。上述的呆帳準備，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。

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

醫院管理局醫院／診療所收費的分析如下：

	2002 / 2003			2001 / 2002		
	HK\$'000 港幣千元	HK\$'000 港幣千元	(%)	HK\$'000 港幣千元	HK\$'000 港幣千元	(%)
Net hospital/clinic fees and charges 醫院 / 診療所收費淨額		832,860	(68.7%)	754,823		(68.3%)
Hospital/clinic fees written-off and changes in provision for doubtful debts 註銷的醫院 / 診療所收費及呆帳預留款項的變動						
- Actual write-off 實際註銷的收費	18,579			13,786		
- Increase / (Decrease) in provision 呆帳預留款項的增加 / (減少)	(2,787)			12,900		
		15,792	(1.3%)	26,686		(2.4%)
Waiver of hospital/clinic fees for: 獲豁免的醫院 / 診療所收費：						
- Entitled Persons * 符合資格人士 *		340,716	(28.1%)	304,477		(27.5%)
- Non-Entitled Persons * 非符合資格人士 *		23,576	(1.9%)	20,180		(1.8%)
Total hospital/clinic fees and charges 醫院 / 診療所收費總額		1,212,944	(100%)	1,106,166		(100%)

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

*符合資格人士指持有香港身份證的病人，其他病人則屬非符合資格人士。

Hospital Authority Training and Development Expenditure 2002/2003 2002/2003 醫院管理局職員培訓及發展開支

Hospital / Institution 醫院 / 機構	Amount 款額
Hong Kong East Cluster 港島東醫院聯網	
Cheshire Home (Chung Hom Kok) 春磡角慈氏護養院	\$ 53,999
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	\$ 1,700,511
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	\$ 394,845
St John Hospital 長洲醫院	\$ 53,671
Tung Wah Eastern Hospital 東華東院	\$ 111,510
Wong Chuk Hang Hospital 黃竹坑醫院	\$ 48,065
Hong Kong West Cluster 港島西醫院聯網	
Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	\$ 69,450
TWGH Fung Yiu King Hospital 東華三院馮堯敬醫院	\$ 87,519
Grantham Hospital 葛量洪醫院	\$ 94,760
MacLehose Medical Rehabilitation Centre 麥理浩復康院	\$ 108,120
Nam Long Hospital 南朗醫院	\$ 3,710
Queen Mary Hospital and Tsan Yuk Hospital 瑪麗醫院及贊育醫院	\$ 2,587,607
Tung Wah Hospital 東華醫院	\$ 215,527
Kowloon Central Cluster 九龍中醫院聯網	
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	\$ 127,763
Hong Kong Buddhist Hospital 香港佛教醫院	\$ 4,830
Hong Kong Eye Hospital 香港眼科醫院	\$ 353,124
Kowloon Hospital 九龍醫院	\$ 486,805
Queen Elizabeth Hospital 伊利沙伯醫院	\$ 3,954,881
Rehabaid Centre 復康專科及資源中心	\$ 26,530
Kowloon East Cluster 九龍東醫院聯網	
Haven of Hope Hospital 靈實醫院	\$ 162,606
Tseung Kwan O Hospital 將軍澳醫院	\$ 563,760
United Christian Hospital 基督教聯合醫院	\$ 1,578,027

Hospital / Institution 醫院 / 機構	Amount 款額
Kowloon West Cluster 九龍西醫院聯網	
Caritas Medical Centre 明愛醫院	\$ 818,505
Kwai Chung Hospital 葵涌醫院	\$ 623,857
Kwong Wah Hospital 廣華醫院	\$ 929,845
Our Lady of Maryknoll Hospital 聖母醫院	\$ 34,298
Princess Margaret Hospital 瑪嘉烈醫院	\$ 1,523,435
TWGH Wong Tai Sin Hospital 黃大仙醫院	\$ 124,332
Yan Chai Hospital 仁濟醫院	\$ 428,313
New Territories East Cluster 新界東醫院聯網	
New Territories East Cluster 新界東醫院聯網	\$ 72,432
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	\$ 429,293
Bradbury Hospice 白普理寧養中心	\$ 28,528
North District Hospital & Fanling Hospital 北區醫院 / 粉嶺醫院	\$ 484,954
Prince of Wales Hospital 威爾斯親王醫院	\$ 1,253,413
Cheshire Home (Shatin) 沙田慈氏護養院	\$ 18,831
Shatin Hospital 沙田醫院	\$ 130,500
Tai Po Hospital 大埔醫院	\$ 155,402
New Territories West Cluster 新界西醫院聯網	
Castle Peak Hospital 青山醫院	\$ 354,195
Pok Oi Hospital 博愛醫院	\$ 135,338
Siu Lam Hospital 小欖醫院	\$ 27,068
Tuen Mun Hospital 屯門醫院	\$ 1,568,239
Hospital Authority Head Office 醫管局總辦事處	\$ 1,077,788
Total 總數	\$ 23,006,186

Central Programmes 中央計劃	
Central sponsorship 中央贊助款額	\$ 262,819
Consultants' Continuous Education 顧問醫生的持續教育	\$ 1,602,487
Commissioned Training 委託培訓計劃	\$ 4,208,454
IANs' Commissioned Courses (for T&D) 護理深造學院委託課程 (培訓及發展)	\$ 938,151
Management & Staff Development Programmes 管理及職員發展計劃	\$ 2,371,182
Vocational Skills Training for Supporting Staff 支援職系的職業技能培訓	\$ 427,782
Total 總數	\$ 9,810,875

Capital Works Summary - 2002/2003

2002/2003 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 (in million) 目前估價 (百萬元)
Section 1 - Major Projects Under Construction 第一部份－興建中的大型工程				
Hong Kong 港島				
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	108.325
Various Hospitals 多間醫院	Enhancement of Infectious Disease Facilities in the Public Hospitals - PMH, TMH, QEH, QMH, PYNEH, PWH 在公立醫院加強感染控制設施－ 瑪嘉烈醫院、屯門醫院、伊利沙伯醫院、 瑪麗醫院、東區尤德夫人那打素醫院、 威爾斯親王醫院	07/03	01/04	287.200
120 Various Hospitals 多間醫院	Enhancement of Infectious Disease Facilities in the Public Hospitals - AHNH, KWH, UCH 在公立醫院加強感染控制設施－ 雅麗氏何妙齡那打素醫院、廣華醫院、 基督教聯合醫院	07/03	01/04	122.400
Queen Mary Hospital 瑪麗醫院	Relocation of Obstetrics & Neonatal services from TYH - renovation of wards K6, K9, K20 遷入贊育醫院的產科及新生嬰兒服務－ 翻新 K6、K9及 K20病房	03/00	04/03	78.660
Ruttonjee Hospital 律敦治醫院	Relocation of Tang Shiu Kin Hospital Accident & Emergency Department 調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	12/02	12/04	239.100
Kowloon 九龍				
Caritas Medical Centre 明愛醫院	Redevelopment Phase I 重建第一期	01/98	01/02	655.687
Kowloon Hospital 九龍醫院	Refurbishment & Redevelopment Phase I 翻新及重建第一期	03/98	02/02	957.739
Kwong Wah Hospital 廣華醫院	Provision of Rehabilitative Environment for Patients and Staff and Provision of Covered Walkway 為病人提供康復環境及興建有蓋行人路	01/01	03/05	16.000

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 (in million) 目前估價 (百萬元)
Section 1 - Major Projects Under Construction 第一部份－興建中的大型工程				
New Territories 新界				
Castle Peak Hospital 青山醫院	Redevelopment Phase II 重建工程第二期	04/98	08/05	1,464.455
Tuen Mun Hospital 屯門醫院	Redevelopment of Staff Quarters for Establishment of a Rehabilitation Block 重建職員宿舍設立康復大樓	05/03	06/07	1,031.400
Tuen Mun Hospital 屯門醫院	Remodelling of Tuen Mun Polyclinic Building for the Establishment of an Ophthalmic Centre 改建屯門分科大樓設立眼科中心	09/03	12/04	82.100
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	2,128.955
Princess Margaret Hospital 瑪嘉烈醫院	Radiotherapy Centre and Accident & Emergency Department 放射治療中心及急症室	07/02	07/05	564.400
Sub-Total 小計				7,889.951
Section 2 - Major Projects Planned (Funds Earmarked) 第二部份－計劃中的大型工程(預留款項)				
Kowloon 九龍				
Caritas Medical Centre 明愛醫院	Redevelopment Phase II 重建工程第二期			1,316.000
United Christian Hospital 基督教聯合醫院	Provision of Additional Lifts at Block S 在 S 座加建升降機			68.000
Yan Chai Hospital 仁濟醫院	Establishment of a Community Health and Wellness Centre 設立社區健康普查中心			450.000
Sub-Total 小計				1,834.000
Total 總計				9,723.951

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

	For the fiscal year ended March 2002 截至 2002 年 3 月 財政年度的數字	For the fiscal year ended March 2003 截至 2003 年 3 月 財政年度的數字
(I) Health Improvement 健康改善		
• No. of hospital deaths per 1000 population ⁽¹⁾ 每 1000 人住院死亡數目 ⁽¹⁾	4.0	3.8
(II) Fair Access 服務方便程度		
(i) Access to professional services in HA (as at 31st March) 獲取醫管局專業服務的方便程度 (截至 3 月 31 日)		
• No. of registered doctors per 1000 population 每 1000 人的註冊醫生數目	0.6	0.6
• No. of qualified nurses per 1000 population 每 1000 人的合資格護士數目	2.8	2.8
• No. of allied health professionals per 1000 population 每 1000 人的專職醫療人員數目	0.7	0.7
(ii) Access to public inpatient services (as at 31st March) 獲取公立醫院服務的方便程度 (截至 3 月 31 日)		
• No. of beds per 1000 population 每 1000 人的病床數目		
- General 普通科	3.0	2.9
- Infirmery (per 1000 population aged 65 and over) 療養科 (每 1000 名 65 歲或以上人口)	3.7	3.7
- Mentally ill 精神科	0.7	0.7
- Mentally handicapped 智障科	0.1	0.1
(III) Efficiency 效率		
(i) Utilisation of services 服務使用		
<i>Inpatient services 住院服務</i>		
• No. of discharges & deaths per 1000 population 每 1000 人的出院及死亡人數	130.7	126.6
• Bed occupancy rate 病床佔用率		
- General 普通科	84.6%	82.4%
- Infirmery 療養科	88.5%	90.4%
- Mentally ill 精神科	80.9%	81.9%
- Mentally handicapped 智障科	88.4%	88.3%
- Overall 整體	84.4%	83.2%
• Average length of stay (days) 平均住院時間 (日數) ⁽²⁾		
- General 普通科	6.6	6.6
- Infirmery 療養科	119.5	147.7
- Mentally ill 精神科	140.4	117.1
- Mentally handicapped 智障科	329.3	402.7
- Overall 整體	9.3	9.3

For the fiscal year
ended March 2002
截至 2002 年 3 月
財政年度的數字

For the fiscal year
ended March 2003
截至 2003 年 3 月
財政年度的數字

Ambulatory diagnostic & therapeutic services 日間診斷及治療服務

• Day patient discharges & deaths per 1000 population 每 1000 人的日間病人出院及死亡人數	44.8	44.9
• Day patients as % of total discharges and deaths 日間病人佔出院及死亡總人數百分比	25.5%	26.2%
• Accident & emergency attendances per 1000 population 每 1000 人的急症室求診人次	366.4	340.9
• Specialist outpatient attendances (clinical) per 1000 population 每 1000 人的專科門診 (臨床服務) 求診人次	884.5	898.4
• General outpatient attendances per 1000 population 每 1000 人的普通科門診求診人次	128.9	181.2

Rehabilitation & outreach services 復康及外展服務

• No. of home visits by community nurses (per 1000 population) 社康護士家訪次數 (每 1000 人)	99.6	106.1
• No. of psychiatric outreach attendances (per 1000 population) 社區精神科小組外展服務次數 (每 1000 人)	10.4	11.8
• No. of psychiatric day hospital attendances (per 1000 population) 精神科日間醫院求診人次 (每 1000 人)	26.3	26.3
• No. of outreach attendances by Psychogeriatric Team (per 1000 population aged 65 and over) 老人精神科小組外展服務次數 (每 1000 名 65 歲或以上人口)	48.6	47.6
• No. of outreach attendances by Geriatric Team (per 1000 population aged 65 and over) 老人小組外展服務次數 (每 1000 名 65 歲或以上人口)	442.8	501.5
• No. of elderly persons assessed for infirmary care service by Geriatric Team (per 1000 population aged 65 and over) 老人小組評估的老人療養服務個案 (每 1000 名 65 歲或以上人口)	3.4	2.8
• No. of geriatric day hospital attendances (per 1000 population aged 65 and over) 老人科日間醫院求診人次 (每 1000 名 65 歲或以上人口)	160.9	151.8
• No. of allied health outpatient attendances (per 1000 population) 專職醫療門診求診人次 (每 1000 人)	356.2	355.3

(ii) Quality of services 服務質素

• Unplanned readmission rate within 28 days for general inpatients 普通科病人出院後 28 日內未經預約再入院率	9.8%	9.4%
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(iii) Cost of services 服務成本

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

單位成本 (根據醫管局總成本計算) (元)

• Cost per inpatient discharged 離院病人每名成本		
- General 普通科	19,870	19,960
- Infirmary 療養科	191,220	182,270
- Mentally ill 精神科	143,700	137,150
- Mentally handicapped 智障科	538,053	564,130

	For the fiscal year ended March 2002 截至2002年3月 財政年度的數字	For the fiscal year ended March 2003 截至2003年3月 財政年度的數字
• Cost per accident & emergency attendance 急症室求診每次成本	580	630
• Cost per specialist outpatient attendance 專科門診每次成本	700	680
• Cost per home visit by community nurse 社康護士每次家訪成本	340	320
• Cost per psychiatric outreach attendance 精神科外展服務每次成本	1,230	1,120
• Cost per psychiatric day hospital attendance 精神科日間醫院求診每次成本	880	830
• Cost per geriatric day hospital attendance 老人科日間醫院求診每次成本	1,480	1,470

(IV) Patient / Carer Experience 病人 / 照顧者經驗

• % of accident & emergency patients with the target waiting time 急症室個案目標輪候時間百分率		
- Triage I (critical cases - 0 minute) 分流類別第I級 (危殆個案 - 0分鐘)	100%	100%
- Triage II (emergency - < 15 minutes) 分流類別第II級 (危急個案 - <15分鐘)	98%	98%
- Triage III (urgent cases - <30 minutes) 分流類別第III級 (緊急個案 - <30分鐘)	91%	89%

Notes:

註：

- refers to the standardised mortality rate covering all deaths in HA hospitals. This is derived by applying the age-specific mortality rate in HA in a particular year to 'standard population', which is the 2001 Hong Kong mid-year population.
指涵蓋醫管局醫院所有死亡個案的標準死亡率，計算方法是將醫管局某年按年齡劃分的死亡率乘以「標準人口」（即香港2001年中人口）。
- derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged / treated.
計算方法是將病人住院總日數除以出院／經治療後出院病人數目。

Age Group 年齡組別	Mid 2001 2001年中	Mid 2002 2002年中
0-14	1,130,400	1,126,000
15-64	4,983,500	5,057,200
65+	771,400	799,400
All Age Group 所有年齡組別 @	6,885,400	6,982,700

@ may not be added up to total due to rounding

因湊合整數關係，所有年齡組別的數目未必相等於各分項數目的總和。

Auditors' Report and Audited Financial Statements

核數師報告及經審核的財政報告

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Auditors' Report

To The Members of the Hospital Authority

We have audited the financial statements on pages 128 to 173 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 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 financial statements and to report our opinion to you.

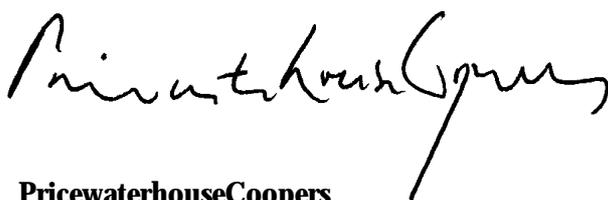
Basis of opinion

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, 2003 and of the deficit and its cash flows for the year then ended.



PricewaterhouseCoopers

CERTIFIED PUBLIC ACCOUNTANTS

Hong Kong, 25 September, 2003

核數師報告書

致：醫院管理局成員

本核數師已完成審核載於第 128 頁至 173 頁之財務報表，該等財務報表乃按照香港普遍採納之會計原則編製。

醫院管理局及核數師各自之責任

醫院管理局條例規定醫院管理局須編製真實兼公平之財務報表。於編製該等真實兼公平之財務報表時，醫院管理局必須採用適當的會計政策，並且貫徹應用該等會計政策。

本核數師的責任是根據審核的結果，對該等財務報表出具獨立意見，並向各成員報告。

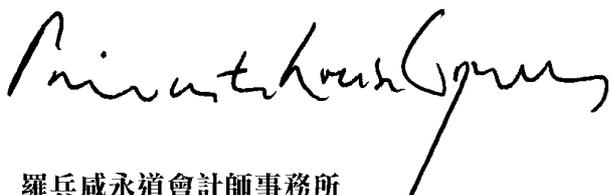
意見的基礎

本核數師已按照香港會計師公會頒佈的核數準則進行審核工作。審核範圍包括以抽查方式審查與財務報表所載數額及披露事項有關的憑證，亦包括評審醫院管理局在編製該等財務報表時所作的重大估計和判斷，所採用的會計政策是否適合醫院管理局的具體情況，及有否貫徹應用並足夠披露該等會計政策。

本核數師在策劃和進行審核工作時，均以取得本核數師認為必需的資料及解釋為目標，以便獲得足夠憑證，就該等財務報表是否存有重大錯誤陳述，作出合理的確定。在作出意見時，本核數師亦已評估該等財務報表所載的資料在整體上是否足夠。本核數師相信我們的審核工作已為下列意見提供合理的基礎。

意見

本核數師認為，上述的財務報表足以真實兼公平地顯示醫院管理局於二〇〇三年三月三十一日結算時的財務狀況，及截至該日止年度的虧損和現金流量。



羅兵咸永道會計師事務所

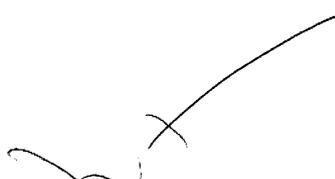
香港執業會計師

香港，二〇〇三年九月二十五日

Hospital Authority Balance Sheet

At 31 March, 2003

	Note	2003	2002
		HKS' 000	HKS' 000
ASSETS			
Non-Current Assets			
Property, plant and equipment	3	2,285,191	2,458,020
Loans receivable	4	68,451	65,921
Fixed income instruments	5	1,331,001	9,831
		<u>3,684,643</u>	<u>2,533,772</u>
Current Assets			
Inventories		560,291	469,674
Loans receivable	4	4,220	3,469
Accounts receivable [net of provision for doubtful debts of HKS39,192,000 (2002: HKS41,979,000)]		97,538	97,487
Other receivables		53,941	199,625
Deposits and prepayments		266,317	149,726
Fixed income instruments	5	-	131,843
Cash and bank balances		4,854,351	6,227,963
		<u>5,836,658</u>	<u>7,279,787</u>
Current Liabilities			
Creditors and accrued charges	6	1,833,512	2,184,722
Deposits received		14,042	41,535
		<u>1,847,554</u>	<u>2,226,257</u>
Net Current Assets		<u>3,989,104</u>	<u>5,053,530</u>
Non-Current Liabilities			
Death and disability liabilities	7	75,451	61,077
NET ASSETS		<u>7,598,296</u>	<u>7,526,225</u>
RESERVES			
Designated funds	8	471,231	519,550
Revenue reserve		1,390,966	1,611,367
		<u>1,862,197</u>	<u>2,130,917</u>
DEFERRED INCOME	9	5,736,099	5,395,308
TOTAL RESERVES AND DEFERRED INCOME		<u>7,598,296</u>	<u>7,526,225</u>

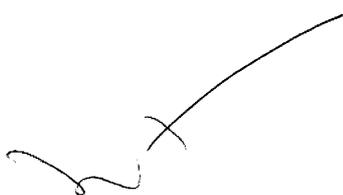

Mr Anthony T.Y. Wu
Chairman
Finance Committee


Dr William Ho, JP
Chief Executive

醫院管理局 資產負債表

二〇〇三年三月三十一日

	附註	2003 港幣千元	2002 港幣千元
資產			
非流動資產			
物業、廠房及設備	3	2,285,191	2,458,020
應收債款	4	68,451	65,921
固定入息工具	5	1,331,001	9,831
		<u>3,684,643</u>	<u>2,533,772</u>
流動資產			
存貨		560,291	469,674
應收債款	4	4,220	3,469
應收賬款			
[減去呆賬撥備港幣 39,192,000 元 (二〇〇二年：港幣 41,979,000 元)]		97,538	97,487
其他應收賬款		53,941	199,625
按金及預付款項		266,317	149,726
固定入息工具	5	-	131,843
現金及銀行結餘		4,854,351	6,227,963
		<u>5,836,658</u>	<u>7,279,787</u>
流動負債			
債權人及應付費用	6	1,833,512	2,184,722
已收按金		14,042	41,535
		<u>1,847,554</u>	<u>2,226,257</u>
流動資產淨值		<u>3,989,104</u>	<u>5,053,530</u>
非流動負債			
死亡及傷殘福利責任	7	75,451	61,077
資產淨值		<u>7,598,296</u>	<u>7,526,225</u>
儲備			
指定基金	8	471,231	519,550
收入儲備		1,390,966	1,611,367
		<u>1,862,197</u>	<u>2,130,917</u>
遞延收益	9	5,736,099	5,395,308
儲備及 遞延收益總額		<u>7,598,296</u>	<u>7,526,225</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, 2003

	Note	2003	2002
		HK\$' 000	HK\$' 000
Income			
Recurrent Government Subvention	10	28,656,670	28,873,240
Capital Government Subvention		414,098	249,800
Hospital/clinic fees and charges	11	848,652	781,509
Donations		329	285
Transfers from :			
Designated donation fund	8	100,471	105,780
Capital subventions	9	573,438	610,704
Capital donations	9	77,936	86,689
Home loan interest subsidy	9	332,922	404,324
Investment income		83,124	156,066
Other income		237,571	205,617
		31,325,211	31,474,014
Expenditure Utilising Current Year's Income			
Staff costs	14	(24,797,842)	(25,072,098)
Medical supplies and equipment		(2,600,453)	(2,570,467)
Building projects funded by the Government through the Hospital Authority but not owned by Hospital Authority [note 2 (e)]		(414,098)	(249,800)
Operating lease expenses – office premises and equipment		(9,377)	(7,856)
Depreciation	3	(644,632)	(692,015)
Other operating expenses		(3,054,344)	(3,084,266)
		(31,520,746)	(31,676,502)
Expenditure Utilising Previous Years' Unspent Budget	12	(24,866)	(58,148)
		(31,545,612)	(31,734,650)
Deficit for the year		(220,401)	(260,636)
Revenue reserve at beginning of year		1,611,367	1,872,003
Revenue reserve at end of year		1,390,966	1,611,367

醫院管理局

收支結算表

截至二〇〇三年三月三十一日止年度

	附註	2003	2002
		港幣千元	港幣千元
收入			
經常性政府補助	10	28,656,670	28,873,240
資本性政府補助		414,098	249,800
醫院/ 診療所收費	11	848,652	781,509
捐贈		329	285
轉調自：			
指定捐贈基金	8	100,471	105,780
資本補助	9	573,438	610,704
資本捐贈	9	77,936	86,689
購屋貸款利息津貼	9	332,922	404,324
投資收益		83,124	156,066
其他收益		237,571	205,617
		<u>31,325,211</u>	<u>31,474,014</u>
源自本年收入之支出			
員工成本	14	(24,797,842)	(25,072,098)
醫療物品及設備		(2,600,453)	(2,570,467)
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(e)]		(414,098)	(249,800)
營運租賃開支 — 辦公室及設備		(9,377)	(7,856)
折舊	3	(644,632)	(692,015)
其他營運開支		(3,054,344)	(3,084,266)
		<u>(31,520,746)</u>	<u>(31,676,502)</u>
源自去年未經使用的預算之支出	12	(24,866)	(58,148)
		<u>(31,545,612)</u>	<u>(31,734,650)</u>
虧損		(220,401)	(260,636)
年初之收入儲備		1,611,367	1,872,003
年終之收入儲備		<u>1,390,966</u>	<u>1,611,367</u>

Hospital Authority

Statement of Changes in Net Assets

For the year ended 31 March, 2003

	Designated Funds	Revenue Reserve	Deferred Income	Total
	HK\$'000	HK\$'000	HK\$'000	HK\$'000
At 31 March, 2001	4,412,777	1,100,614	2,517,837	8,031,228
Reclassification of home loan interest subsidy	(2,457,490)	–	2,457,490	–
Change in accounting policy with respect to death and disability liabilities [note2(b)]	(827,509)	771,389	–	(56,120)
At 31 March, 2001 as restated	1,127,778	1,872,003	4,975,327	7,975,108
Additions during the year	93,308	–	1,521,698	1,615,006
Utilisation during the year	(140,136)	–	–	(140,136)
Return of unspent funds to the Government	(561,400)	–	–	(561,400)
Transfers to statement of income and expenditure	–	–	(1,101,717)	(1,101,717)
Net gains/(losses) not recognised in statement of income and expenditure	(608,228)	–	419,981	(188,247)
Net deficit for the year	–	(260,636)	–	(260,636)
At 31 March, 2002	519,550	1,611,367	5,395,308	7,526,225
Additions during the year	111,469	–	1,325,087	1,436,556
Utilisation during the year	(127,708)	–	–	(127,708)
Return of unspent funds to the Government	(32,080)	–	–	(32,080)
Transfers to statement of income and expenditure	–	–	(984,296)	(984,296)
Net gains/(losses) not recognised in statement of income and expenditure	(48,319)	–	340,791	292,472
Net deficit for the year	–	(220,401)	–	(220,401)
At 31 March, 2003	471,231	1,390,966	5,736,099	7,598,296

醫院管理局
淨資產變動報表

截至二〇〇三年三月三十一日止年度

	指定基金	收入儲備	遞延收益	總計
	港幣千元	港幣千元	港幣千元	港幣千元
二〇〇一年三月三十一日	4,412,777	1,100,614	2,517,837	8,031,228
購屋貸款利息津貼重新分類	(2,457,490)	-	2,457,490	-
死亡及傷殘福利責任 會計政策變動[附註2(b)]	(827,509)	771,389	-	(56,120)
二〇〇一年三月三十一日重列	1,127,778	1,872,003	4,975,327	7,975,108
年內增加	93,308	-	1,521,698	1,615,006
年內轉調往收支賬目	(140,136)	-	-	(140,136)
退還政府的未經使用餘額	(561,400)	-	-	(561,400)
轉調往收支結算表	-	-	(1,101,717)	(1,101,717)
沒有在收支結算表確認的 淨盈餘/ (虧損)	(608,228)	-	419,981	(188,247)
年內淨虧損	-	(260,636)	-	(260,636)
二〇〇二年三月三十一日	519,550	1,611,367	5,395,308	7,526,225
年內增加	111,469	-	1,325,087	1,436,556
年內轉調往收支賬目	(127,708)	-	-	(127,708)
退還政府的未經使用餘額	(32,080)	-	-	(32,080)
轉調往收支結算表	-	-	(984,296)	(984,296)
沒有在收支結算表確認的 淨盈餘/ (虧損)	(48,319)	-	340,791	292,472
年內淨虧損	-	(220,401)	-	(220,401)
二〇〇三年三月三十一日	471,231	1,390,966	5,736,099	7,598,296

Hospital Authority

Cash Flow Statement

For the year ended 31 March, 2003

	Note	2003	2002
		HK\$' 000	HK\$' 000
Net cash outflow from operating activities	13	(504,232)	(876,762)
Investing activities			
Investment income received		83,124	156,066
Purchases of property, plant and equipment		(478,545)	(637,576)
Net increase in bank deposits with maturity over three months		(2,053,458)	(76,962)
Net (increase) / decrease in fixed income instruments		(1,189,327)	189,213
Net cash outflow from investing activities		(3,638,206)	(369,259)
Net cash outflow before financing		(4,142,438)	(1,246,021)
Financing activities			
Designated donation fund	8	7,219	(12,472)
North District Hospital Fund	8	(196,112)	59,550
HA Building Fund	8	(28,301)	(153)
Tseung Kwan O Hospital Fund	8	(392,525)	(93,753)
Capital subventions	9	435,268	572,003
Capital donations	9	43,277	65,573
Home loan interest subsidy	9	846,542	884,122
Net cash inflow from financing		715,368	1,474,870
(Decrease)/increase in cash and cash equivalents		(3,427,070)	228,849
Cash and cash equivalents at beginning of year		4,146,502	3,917,653
Cash and cash equivalents at end of year		<u>719,432</u>	<u>4,146,502</u>
Represented by			
Cash and bank balances		4,854,351	6,227,963
Less: bank deposits with maturity over three months		(4,134,919)	(2,081,461)
		<u>719,432</u>	<u>4,146,502</u>

醫院管理局
現金流動報表

截至二〇〇三年三月三十一日止年度

	附註	2003	2002
		港幣千元	港幣千元
營運活動現金流出淨額	13	(504,232)	(876,762)
投資活動			
已收投資收益		83,124	156,066
購置物業、廠房及設備		(478,545)	(637,576)
銀行三個月以上之定期存款的 淨額增加		(2,053,458)	(76,962)
固定入息工具的淨額(增加)/減少		(1,189,327)	189,213
投資活動之現金流出淨額		(3,638,206)	(369,259)
融資前的現金流出淨額		(4,142,438)	(1,246,021)
融資活動			
指定捐贈基金	8	7,219	(12,472)
北區醫院基金	8	(196,112)	59,550
醫管局大樓基金	8	(28,301)	(153)
將軍澳醫院基金	8	(392,525)	(93,753)
資本補助	9	435,268	572,003
資本捐贈	9	43,277	65,573
購屋貸款利息津貼基金	9	846,542	884,122
融資活動之現金流入淨額		715,368	1,474,870
現金及現金等值之(減少)/增加		(3,427,070)	228,849
年初之現金及現金等值		4,146,502	3,917,653
年終之現金及現金等值		719,432	4,146,502
來自			
現金及銀行結餘		4,854,351	6,227,963
減去：銀行三個月以上之定期存款		(4,134,919)	(2,081,461)
		719,432	4,146,502

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2003

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 (“the Government”) (detailed in a draft Memorandum of Administrative Arrangement, “MAA”) whereby the 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 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.

As a result, the HA has assumed full responsibility for the management of the hospital operations since 1 December, 1991. Also, all operating and capital commitments outstanding as at 1 December, 1991 were assumed by the HA, except for the capital works projects funded under the Capital Works Reserve Fund of the Government.

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

Head Office

Schedule 1 Hospitals and Schedule 2 Hospitals:

Alice Ho Miu Ling Nethersole Hospital
Bradbury Hospice
Caritas Medical Centre
Castle Peak Hospital
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
Hong Kong Eye Hospital
Kowloon Hospital
Kwai Chung Hospital
Kwong Wah Hospital
Lai Chi Kok Hospital (currently being utilised by HACare as a long stay care home)

醫院管理局 財政報告附註

截至二〇〇三年三月三十一日止年度

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(「政府」)已作出安排(詳情載於一份行政安排備忘錄草擬本)，由政府將前政府醫院(「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。

結果，醫管局由一九九一年十二月一日起全面承擔所有醫院運作的管理。此外，除由政府基本工程儲備基金撥款的基本工程計劃外，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，亦由醫管局負責。

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醫院及附表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
青山醫院
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
香港眼科醫院
九龍醫院
葵涌醫院
廣華醫院
荔枝角醫院(現為「荔康居」用作為長期護理院)

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2003

1. The Hospital Authority (cont'd)

Schedule 1 Hospitals and Schedule 2 Hospitals: (cont'd)

MacLehose Medical Rehabilitation Centre
Nam Long Hospital
North District Hospital
Our Lady of Maryknoll Hospital
Pamela Youde Nethersole Eastern Hospital
Pok Oi Hospital
Prince of Wales Hospital
Princess Margaret Hospital
Queen Elizabeth Hospital
Queen Mary Hospital
Ruttonjee & Tang Shiu Kin Hospitals
Shatin Hospital
Siu Lam Hospital
St. John Hospital
Tai Po Hospital
Tsan Yuk Hospital
Tseung Kwan O Hospital
Tuen Mun Hospital
Tung Wah Eastern Hospital
Tung Wah Group of Hospitals Fung Yiu King Hospital
Tung Wah Group of Hospitals Wong Tai Sin Hospital
Tung Wah Hospital
United Christian Hospital
Wong Chuk Hang Hospital
Yan Chai Hospital

Standalone Specialist Clinics:

David Trench Rehabilitation Centre
East Kowloon Polyclinic
Pamela Youde Polyclinic
Southorn Centre
Tang Chi Ngong Specialist Clinic
Yaumatei Jockey Club Polyclinic
Yaumatei Specialist Clinic Extension
Yuen Long Madam Yung Fung Shee Health Centre (formerly disclosed as
Yuen Long Yung Fung Shee Ophthalmic Centre)
Yung Fung Shee Memorial Centre

醫院管理局 財政報告附註

截至二〇〇三年三月三十一日止年度

1. 醫院管理局(續)

附表1醫院及附表2醫院：(續)

麥理浩復康院
南朗醫院
北區醫院
聖母醫院
東區尤德夫人那打素醫院
博愛醫院
威爾斯親王醫院
瑪嘉烈醫院
伊利沙伯醫院
瑪麗醫院
律敦治及鄧肇堅醫院
沙田醫院
小欖醫院
長洲醫院
大埔醫院
贊育醫院
將軍澳醫院
屯門醫院
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
黃竹坑醫院
仁濟醫院

獨立專科診所：

戴麟趾康復中心
東九龍分科診療所
尤德夫人分科診所
修頓中心
鄧志昂專科診療所
油麻地賽馬會分科診所
油麻地專科診所新翼
元朗容鳳書健康中心(前稱元朗容鳳書眼科診所)
容鳳書紀念中心

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2003

1. The Hospital Authority (cont'd)

General Outpatient Clinics

Cheung Sha Wan Jockey Club General Outpatient Clinic
(under Caritas Medical Centre)

East Kowloon General Outpatient Clinic
(under Our Lady of Maryknoll Hospital)

Fanling Family Medicine Centre
(under North District Hospital)

Sai Ying Pun Jockey Club General Outpatient Clinic
(under Queen Mary Hospital)

Tseung Kwan O Jockey Club General Outpatient Clinic
(under Tseung Kwan O Hospital)

Yan Oi General Outpatient Clinic
(under Tuen Mun Hospital)

Other Institutions

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

2. Principal Accounting Policies

The principal accounting policies adopted by the HA in preparing these financial statements conform with accounting principles generally accepted in Hong Kong and Statements of Standard Accounting Practice ("SSAPs") issued by the Hong Kong Society of Accountants ("HKSA") 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 Hospitals 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, General Outpatient Clinics and other institutions (the "Group") for the financial year ended 31 March, 2003. Intra-group transactions and balances have been eliminated on combination.

醫院管理局 財政報告附註

截至二〇〇三年三月三十一日止年度

1. 醫院管理局(續)

普通科門診診所：

長沙灣賽馬會普通科門診診所
(由明愛醫院管理)

東九龍普通科門診診所
(由聖母醫院管理)

粉嶺家庭醫學中心
(由北區醫院管理)

西營盤賽馬會普通科門診診所
(由瑪麗醫院管理)

將軍澳賽馬會普通科門診診所
(由將軍澳醫院管理)

仁愛普通科門診診所
(由屯門醫院管理)

其他機構：

荔康居
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

2. 主要會計政策

醫管局在編制本財務報表時所採用的主要會計政策，符合香港會計師公會所發出的會計實務準則，以及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。一些較主要的會計政策如下：

(a) 呈報之基準

本財務報表反映出當附表1醫院及附表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，並未列入本財務報表內。

醫管局的財務報表包括截至二〇〇三年三月三十一日止的財政年度內總辦事處和所有附表1醫院及附表2醫院、專科診所、普通科門診診所及其他機構(「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。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2003

2. Principal Accounting Policies (cont'd)

(b) Adoption of Statements of Standard Accounting Practice (SSAPs)

In the current year, the HA has adopted the following new and revised SSAPs issued by the HKSA which are effective for periods commencing on or after 1 January, 2002:

SSAP 1	(revised)	Presentation of financial statements
SSAP 15	(revised)	Cash flow statements
SSAP 34	(revised)	Employee benefits

The adoption of SSAP 1 (revised) and SSAP 15 (revised) has not affected the results for the current or prior periods. However, the presentation in the current year's financial statements has been modified in order to conform with the requirements of the Standard. Comparative amounts have been restated in order to achieve a consistent presentation.

The adoption of SSAP 34 (revised) has led to a change in accounting policy in respect of death and disability benefits to employees which is further set out in note 2(l)(iii).

(c) Recognition of income

Recurrent grants are recognised on an accrual basis. Non-recurrent grants that are spent on expenditure which does not meet the capitalisation policy as set out in note 2(e)(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 statement of income and expenditure. 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(e)(i).

醫院管理局

財政報告附註

截至二〇〇三年三月三十一日止年度

2. 主要會計政策(續)

(b) 採用香港會計實務準則

醫管局今年採用以下由香港會計師公會發出的新訂及修訂會計實務準則，這些準則在二〇〇二年一月一日或之後已予採用：

會計實務準則第1號 (修訂)	財政報表之呈報
會計實務準則第15號 (修訂)	現金流動報表
會計實務準則第34號 (修訂)	僱員福利

採用會計實務準則第1號(修訂)及第15號(修訂)，並無影響本年或過往期間的資料結果。然而，本年度財政報表的呈報方式已予調整，以符合準則的規定。前一年的比較數字亦作出相應調整，以保持格式一貫。

採用會計實務準則第34號(修訂)，令有關僱員死亡及傷殘福利的會計政策須予更改，詳見附註2(1)(iii)。

(c) 收入之確認

經常性補助金，以權責發生制原則確認。用於不歸入附註2(e)(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結算表內時確認作收入。其他捐贈收入於接獲非指定用途之現金或不歸入附註2(e)(i)資本化規定的實物捐贈時確認。

資本補助及資本捐贈之轉調，於資產折舊及出售／註銷資產的賬面淨值計入收支結算表時確認。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2003

2. Principal Accounting Policies (cont'd)

(c) Recognition of income (cont'd)

Transfers from capital subventions and capital donations are recognised when depreciation and net book value of assets disposed/written off are charged to the statement of income and expenditure.

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(e)(i).

Transfers from the home loan interest subsidy are recognised when the related employee costs are charged to the statement of income and expenditure.

Investment income from bank deposits is recognised on a time proportion basis, taking into account the principal outstanding and at the interest rate applicable.

(d) Donations

(i) Donated assets

Donations for specific assets ("donated assets") with a value below HK\$100,000 each are recorded as income and expenditure in the year of receipt of the assets.

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

(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 statement of income and expenditure in the year of receipt.

醫院管理局

財政報告附註

截止二〇〇三年三月三十一日止年度

2. 主要會計政策(續)

(c) 收入之確認(續)

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(e)(i)資本化規定時確認。

購屋貸款利息津貼之轉調，於有關僱員開支記入收支結算表時確認。

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。

(d) 捐贈

(i) 捐贈資產

每項價值少於港幣10萬元的指定捐贈資產(「捐贈資產」)，於收取時在該年度之收支賬目內記賬。

每項價值港幣10萬元或以上的捐贈資產，會於收取時資本化。捐贈資產的金額會記入遞延收益 — 資本捐贈的貸方。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遞延收益 — 資本捐贈轉調往收支結算表的貸方。

(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結算表內。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2003

2. Principal Accounting Policies (cont'd)

(e) Capitalisation of property, plant and equipment

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

Building projects costing HK\$250,000 or more;
All other assets costing HK\$100,000 or more on an individual basis; and
Computer software and systems including related development costs, and other intangible assets costing HK\$250,000 or more on an individual basis.

The accounting policy for the property, plant and equipment is set out in note 2(f).

- (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 statement of income and expenditure 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 all funded by the Government through the HA. Properties donated to the HA with values of over HK\$250,000 are capitalised and the corresponding amounts are credited to the deferred income - capital donations account.
- (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 statement of income and expenditure 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(e)(i) above) and the corresponding amounts are credited to the deferred income - capital subventions and capital donations accounts 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

截止二〇〇三年三月三十一日止年度

2. 主要會計政策(續)

(e) 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、廠房及設備的會計政策列於附註2(f)。

(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結算表列作開銷入賬。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。同樣會計政策也採用於由政府透過醫管局全部撥款的北區醫院、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，相應款額已記入遞延收益—資本捐贈的貸方。

(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結算表內。

(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(e)(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遞延收益—資本補助及資本捐贈的貸方。

(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, 2003

2. Principal Accounting Policies (cont'd)

(f) Property, plant and equipment and depreciation

Property, plant and equipment are stated at cost less accumulated depreciation.

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
Furniture, fixtures and equipment	3 - 10 years
Motor vehicles	5 - 7 years
Computer software and systems	1 - 3 years

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 statement of income and expenditure.

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

(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 and 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.

醫院管理局

財政報告附註

截止二〇〇三年三月三十一日止年度

2. 主要會計政策(續)

(f) 物業、廠房及設備與折舊

物業、廠房及設備乃按成本值減累積折舊入賬。

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
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

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結算表內。

未完成的資本開支在資產啟用前不予折舊。

(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，按成本及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。

可變現淨值參考替換成本釐定。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2003

2. Principal Accounting Policies (cont'd)

(i) Accounts receivable

Provision is made against accounts receivable to the extent that they are considered to be doubtful. Accounts receivable in the balance sheet are stated net of such provision.

(j) Cash and cash equivalents

Cash and cash equivalents are carried in the balance sheet at cost. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held at call with banks, and cash investments with a maturity of three months or less from the date of investment.

(k) Provisions

Provisions are recognised when the HA has a present legal or constructive obligation as a result of past events, it is probable that an outflow of resources will be required to settle the obligation, and a reliable estimate of the amount can be made. Where the HA expects a provision to be reimbursed, for example under an insurance contract, the reimbursement is recognised as a separate asset but only when the reimbursement is virtually certain.

(l) Employee benefits

(i) Retirement benefits costs

Payments to the HA's defined contribution retirement benefit plans are charged as an expense as they fall due. Payments made to the Mandatory Provident Fund Scheme are dealt with as payments to defined contribution plans where the HA's obligations under the schemes are equivalent to those arising in a defined contribution retirement benefit plan. The retirement benefit costs charged in the statement of income and expenditure represent the contributions payable in respect of the current year to the HA's defined contribution retirement benefit plan and the Mandatory Provident Fund Scheme.

醫院管理局

財政報告附註

截止二〇〇三年三月三十一日止年度

2. 主要會計政策(續)

(i) 應收賬款

呆賬撥備是根據認為已變呆賬的應收賬款而備置的。在資產負債表中所列的應收賬款，是減去呆賬撥備後的款項。

(j) 現金及現金等值

資產負債表中的現金及現金等值是按成本值列出。在現金流動報表中所列的現金及現金等值，包括手持現金、銀行定期存款，以及自投資日期起三個月或不足三個月到期的現金投資。

(k) 撥備

當醫管局因過往事件而致目前負有法律或推定之責任，在履行這項責任時有可能導致資源流出，而涉及金額亦能可靠地作出估量，撥備便會予以確認。當醫管局預期撥備會獲發還，例如受保險合約保障，在款額肯定獲發還時，有關款額會作為獨立資產予以確認。

(l) 僱員福利

(i) 退休福利開支

醫管局付予界定供款退休福利計劃的款項，到期時會以開支入賬。向強制性公積金計劃所作的供款，會作為向界定供款計劃供款處理，醫管局於這些計劃所負的責任，等同於界定供款退休福利計劃所負的責任。記入收支結算表中的退休福利開支，代表該年度醫管局向界定供款退休福利計劃及強制性公積金計劃所作的供款。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2003

2. Principal Accounting Policies (cont'd)

(l) Employee benefits (cont'd)

(ii) Termination benefits costs

Termination benefits are payable whenever an employee's employment is terminated before the normal retirement age or whenever an employee accepts voluntary redundancy in exchange for these benefits. HA recognises termination benefits costs when there is an obligation to make such payments without possibility of withdrawal.

(iii) Death and disability benefits costs

The present value of HA's future obligations in respect of death and disability benefits is recognised as staff costs with reference to regular actuarial valuations. In previous years, an amount calculated at specific rates based on the total salaries of staff was credited to the death and disability fund each year. There is a change in accounting policy arising from the adoption of SSAP 34 (revised), which has been applied retrospectively. The effect of this change has increased the revenue reserve at 1 April, 2001 and decreased the deficit for the year ended 31 March, 2002 by HK\$771,389,000 and HK\$24,753,000 respectively. Further details of the death and disability liabilities are set out in note 7.

(iv) Other employee benefits costs

Other employee benefits such as annual leave and contract gratuity are accounted for as they accrue.

(m) Government grants

Subvention grants approved for the year less amounts spent on property, plant and equipment during the year are classified as recurrent grants. Government subventions of a capital nature ("capital subventions") are credited to the deferred income - capital subventions account and the corresponding amounts are capitalised as property, plant and equipment as set out in note 2(e)(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 these assets and net book value of assets disposed is transferred from the deferred income - capital subventions account and credited to the statement of income and expenditure.

Government grants in respect of certain employee benefits [note 9] are credited to deferred income and recognised as income to match against the related employee costs as and when these are incurred.

醫院管理局

財政報告附註

截止二〇〇三年三月三十一日止年度

2. 主要會計政策(續)

(l) 僱員福利(續)

(ii) 離職福利開支

離職福利是當僱員在正常退休年齡前離職，或接受自願裁減條款以換取這些福利時而須支付的。當醫管局有責任支付及有關福利不可能撤回，這些離職福利開支會予以確認。

(iii) 死亡及傷殘福利開支

醫管局將來用以支付死亡及傷殘福利責任的現值，是根據定期精算估值確認為職員開支。在以往，醫管局會根據職員總薪金按特定比率計算出一筆款額，每年記入死亡及傷殘基金的貸方。在採用會計實務準則第34號(修訂)後，會計政策有所改變，並追溯至以往年度。由於這項改變，致令二〇〇一年四月一日的收入儲備增加及截至二〇〇二年三月三十一日止一年的虧損減少(分別為港幣771,389,000元及24,753,000元)。有關死亡及傷殘福利責任的詳情見附註7。

(iv) 其他僱員福利開支

其他僱員福利如年假及約滿酬金於應付時入賬。

(m) 政府補助

本年度經核准的政府補助金扣除本年內用於物業、廠房及設備的開支，列為經常性補助金。資本性質的政府補助(「資本補助」)會記入遞延收益 - 資本補助的貸方，並按附註2(e)(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遞延收益 - 資本補助轉調往收支結算表的貸方。

用以支付某些僱員福利[附註9]的政府補助會記入遞延收益的貸方，並確認為收益，與有關的僱員開支發生時對銷。

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3. Property, Plant and Equipment

	Buildings & improvements	Furniture, fixtures & equipment	Motor vehicles	Capital expenditure in progress	Computer software & systems	Total
	HKS'000	HKS'000	HKS'000	HKS'000	HKS'000	HKS'000
Cost:						
At 1 April, 2002	1,047,091	4,158,434	109,388	60,222	1,990,165	7,365,300
Reclassifications	6,570	(4,879)	1,450	(91,809)	88,668	–
Cost adjustments	(668)	–	–	–	–	(668)
Additions	201	269,930	5,258	68,706	135,118	479,213
Disposals	(369)	(86,710)	(1,431)	–	(40,612)	(129,122)
At 31 March, 2003	1,052,825	4,336,775	114,665	37,119	2,173,339	7,714,723
Accumulated depreciation:						
At 1 April, 2002	110,137	3,147,395	92,836	–	1,556,912	4,907,280
Reclassifications	–	(2,588)	–	–	2,588	–
Charge for the year	21,271	400,201	7,044	–	216,116	644,632
Disposals	(369)	(80,264)	(1,394)	–	(40,353)	(122,380)
At 31 March, 2003	131,039	3,464,744	98,486	–	1,735,263	5,429,532
Net book value:						
At 31 March, 2003	921,786	872,031	16,179	37,119	438,076	2,285,191
At 31 March, 2002	936,954	1,011,039	16,552	60,222	433,253	2,458,020

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:

	2003	2002
	HKS' 000	HKS' 000
Repayable within one year	4,220	3,469
Repayable after one year	68,451	65,921
	<u>72,671</u>	<u>69,390</u>

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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 2002 年 4 月 1 日	1,047,091	4,158,434	109,388	60,222	1,990,165	7,365,300
重新分類	6,570	(4,879)	1,450	(91,809)	88,668	-
開支調整	(668)	-	-	-	-	(668)
增加	201	269,930	5,258	68,706	135,118	479,213
出售	(369)	(86,710)	(1,431)	-	(40,612)	(129,122)
於 2003 年 3 月 31 日	1,052,825	4,336,775	114,665	37,119	2,173,339	7,714,723
累積折舊：						
於 2002 年 4 月 1 日	110,137	3,147,395	92,836	-	1,556,912	4,907,280
重新分類	-	(2,588)	-	-	2,588	-
本年度之折舊	21,271	400,201	7,044	-	216,116	644,632
出售	(369)	(80,264)	(1,394)	-	(40,353)	(122,380)
於 2003 年 3 月 31 日	131,039	3,464,744	98,486	-	1,735,263	5,429,532
賬面淨值：						
於 2003 年 3 月 31 日	921,786	872,031	16,179	37,119	438,076	2,285,191
於 2002 年 3 月 31 日	936,954	1,011,039	16,552	60,222	433,253	2,458,020

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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：

	2003	2002
	港幣千元	港幣千元
一年內償還	4,220	3,469
一年後償還	68,451	65,921
	72,671	69,390

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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 bond maturity periods fall within 5 years. The overall expected yield of instruments held by the HA is between 1.9% and 4.4%.

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:

	2003	2002
	HK\$' 000	HK\$' 000
Mature within one year	–	131,843
Mature in the second to fifth year, inclusive	1,331,001	9,831
	<u>1,331,001</u>	<u>141,674</u>

6. Creditors and Accrued Charges

Creditors and accrued charges include an accrual for accumulated annual leave of HK\$845,796,000 (2002: HK\$828,994,000).

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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。這些債券在五年內到期。醫管局所持有的工具整體預期收益在1.9% - 4.4%之間。

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：

	2003	2002
	港幣千元	港幣千元
一年內到期	-	131,843
第二至第五年到期	1,331,001	9,831
	<u>1,331,001</u>	<u>141,674</u>

6. 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845,796,000元(二〇〇二年：港幣828,994,000元)。

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7. Death and Disability Liabilities

Under their terms of employment, HA employees are entitled to death and disability benefit cover. This is funded by the HA through the recurrent subvention from the Government.

The amounts recognised in the statement of income and expenditure are as follows:

	2003	2002
	HK\$'000	HK\$'000
Current service cost	6,745	6,977
Interest cost	3,935	3,568
Actuarial gains/(losses) recognised	5,372	(2,584)
Total, included in staff costs	16,052	7,961

The amounts recognised in the balance sheet are as follows:

	2003	2002
	HK\$'000	HK\$'000
Present value of funded obligations	75,677	62,422
Fair value of plan assets	(1,154)	(1,323)
	74,523	61,099
Unrecognised actuarial gains/(losses)	928	(22)
Death and disability liabilities in the balance sheet	75,451	61,077

Movements in the liabilities recognised in the balance sheet date are as follows:

	2003	2002
	HK\$'000	HK\$'000
At 1st April	61,077	56,120
Total expense – as shown above	16,052	7,961
Premium/benefit paid	(1,678)	(3,004)
At 31st March	75,451	61,077

Principal actuarial assumptions are as follows:

	2003	2002
	%	%
Discount rate	5.50	6.75
Assumed rate of future salary increases	3.56	3.73

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7. 死亡及傷殘福利責任

根據僱用條件，醫管局的僱員可享有死亡及傷殘福利保障。該計劃由醫管局透過政府的經常性補助予以資助。

收支結算表予以確認的款額如下：

	2003	2002
	港幣千元	港幣千元
現行服務開支	6,745	6,977
利息開支	3,935	3,568
確認的盈餘/(虧損)精算估值	5,372	(2,584)
總計(包括在員工成本內)	<u>16,052</u>	<u>7,961</u>

資產負債表予以確認的款額如下：

	2003	2002
	港幣千元	港幣千元
資助責任的現值	75,677	62,422
計劃資產的公允價值	(1,154)	(1,323)
	<u>74,523</u>	<u>61,099</u>
未予確認的盈餘/(虧損)精算估值	928	(22)
資產負債表中的死亡及傷殘福利責任	<u>75,451</u>	<u>61,077</u>

在資產負債表日期予以確認的責任變動如下：

	2003	2002
	港幣千元	港幣千元
4月1日	61,077	56,120
總開支 — 列於上	16,052	7,961
支付保費/福利	(1,678)	(3,004)
3月31日	<u>75,451</u>	<u>61,077</u>

主要的精算估值假設如下：

	2003	2002
	%	%
貼現率	5.50	6.75
假設未來薪金增幅	<u>3.56</u>	<u>3.73</u>

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8. Designated Funds

	Designated donation fund	North District Hospital Fund	HA Building Fund	Tseung Kwan O Hospital Fund	Total
	[Note 2(d)] HK\$'000	[Note 8(a)] HK\$'000	[Note 8(b)] HK\$'000	[Note 8(c)] HK\$'000	HK\$'000
At 1 April, 2001	238,725	221,175	28,454	639,424	1,127,778
Additions during the year	93,308	–	–	–	93,308
Utilisation during the year	(105,780)	(19,850)	(153)	(14,353)	(140,136)
Transfer of funds	–	79,400	–	(79,400)	–
Return of unspent funds to the Government	–	(188,400)	–	(373,000)	(561,400)
At 31 March, 2002	226,253	92,325	28,301	172,671	519,550
Additions during the year	107,690	–	3,779	–	111,469
Utilisation during the year	(100,471)	(7,712)	–	(19,525)	(127,708)
Return of unspent funds to the Government	–	–	(32,080)	–	(32,080)
At 31 March, 2003	233,472	84,613	–	153,146	471,231

All these funds are maintained in designated bank accounts which are included under cash and bank balances.

(a) *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. All interest earned from this grant is repaid annually to the Government. During the financial year 1995/96, the Government transferred HK\$79,400,000 from this fund to Tseung Kwan O Hospital Fund. The hospital was commissioned in the financial year 1997/98. During the financial year 2001/02, the amount of HK\$79,400,000 previously transferred from Tseung Kwan O Hospital Fund was fully returned to this fund. The balance payable to the Government of HK\$188,400,000 as at 31 March, 2002 was returned to the Government during the financial year 2002/03. The remaining fund balance will be used for construction costs and any unspent balance will be repaid to the Government.

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8. 指定基金

	指定捐贈 基金	北區醫院 基金	醫管局 大樓基金	將軍澳 醫院基金	總計
	[附註2(d)] 港幣千元	[附註8(a)] 港幣千元	[附註8(b)] 港幣千元	[附註8(c)] 港幣千元	港幣千元
於2001年4月1日結餘	238,725	221,175	28,454	639,424	1,127,778
年內增加	93,308	–	–	–	93,308
轉調往收支賬目	(105,780)	(19,850)	(153)	(14,353)	(140,136)
轉調款額	–	79,400	–	(79,400)	–
退還政府的未經使用 餘額	–	(188,400)	–	(373,000)	(561,400)
於2002年3月31日結餘	226,253	92,325	28,301	172,671	519,550
年內增加	107,690	–	3,779	–	111,469
轉調往收支賬目	(100,471)	(7,712)	–	(19,525)	(127,708)
退還政府的未經使用 餘額	–	–	(32,080)	–	(32,080)
於2003年3月31日結餘	233,472	84,613	–	153,146	471,231

所有這些基金存於指定銀行戶口，並列入現金及銀行結餘內。

(a) 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。所有來自這筆款項的利息每年歸還政府。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。北區醫院已於一九九七至九八的財政年度內啟用。在二〇〇一至〇二的財政年度內，先前轉調往將軍澳醫院基金的港幣79,400,000元悉數歸還此基金。截至二〇〇二年三月三十一日應付政府的港幣188,400,000元結餘，已於二〇〇二至〇三年度內歸還政府。基金的尚餘款額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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8. Designated Funds (cont'd)

(b) 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 has been treated as the HA's income. The HA Building was commissioned in the financial year 1997/98 and the unspent balance of HK\$32,080,000 was returned to the Government during the financial year 2002/03.

(c) 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 commissioned in the financial year 1999/2000. During the financial year 2001/02, the amount of HK\$79,400,000 was returned to North District Hospital Fund. The balance payable to the Government of HK\$373,000,000 as at 31 March, 2002 was returned to the Government during the financial year 2002/03. The remaining fund balance will be used for construction costs and any unspent balance will be repaid to the Government.

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9. Deferred Income

	Capital subventions	Capital donations	Home loan interest subsidy	Total
	[Note 2(m)] HK\$'000	[Note 2(d)] HK\$'000	[Note 9(a)] HK\$'000	HK\$'000
At 1 April, 2001	1,428,905	1,088,932	2,457,490	4,975,327
Additions during the year	572,003	65,573	884,122	1,521,698
Transfers to statement of income and expenditure	(610,704)	(86,689)	(404,324)	(1,101,717)
At 31 March, 2002	1,390,204	1,067,816	2,937,288	5,395,308
Additions during the year	435,268	43,277	846,542	1,325,087
Transfers to statement of income and expenditure	(573,438)	(77,936)	(332,922)	(984,296)
At 31 March, 2003	1,252,034	1,033,157	3,450,908	5,736,099

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8. 指定基金(續)

(b) 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。醫管局大樓已於一九九七至九八的財政年度內啟用，未經使用的港幣32,080,000元餘額，於二〇〇二至〇三的財政年度退還給政府。

(c) 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啟用。在二〇〇一至〇二的財政年度內，基金將港幣79,400,000元歸還北區醫院基金。截至二〇〇二三月三十一日應付政府的港幣373,000,000元結餘，已於二〇〇二至〇三的財政年度內歸還政府。基金的尚餘款額將用以支付建築開支，未經使用的餘額會退還給政府。

9. 遞延收益

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	資本補助	資本捐贈	購屋貸款 利息津貼	總計
	[附註2(m)] 港幣千元	[附註2(d)] 港幣千元	[附註9(a)] 港幣千元	港幣千元
於2001年4月1日結餘	1,428,905	1,088,932	2,457,490	4,975,327
年內增加	572,003	65,573	884,122	1,521,698
轉調往收支結算表	(610,704)	(86,689)	(404,324)	(1,101,717)
於2002年3月31日結餘	1,390,204	1,067,816	2,937,288	5,395,308
年內增加	435,268	43,277	846,542	1,325,087
轉調往收支結算表	(573,438)	(77,936)	(332,922)	(984,296)
於2003年3月31日結餘	1,252,034	1,033,157	3,450,908	5,736,099

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9. Deferred Income (cont'd)

(a) Home Loan Interest Subsidy Scheme

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 the recurrent subvention from the Government and is calculated at specific rates based on the total salaries of staff in the various staff categories. The fund is maintained in designated bank and investment accounts which are included under cash and bank and fixed income instruments balances respectively.

The balance of home loan interest subsidy fund at 31 March, 2002, previously included under the balance sheet caption "Designated Funds", has been reclassified to "Deferred Income" to conform with the current year's presentation.

10. Recurrent Government Subvention

The HA receives annual operating grants from the 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, 2003, 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 Government has established a set of policies and procedures on granting fee waivers to the needy patients, 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, 2003 amounted to HK\$364,292,000 (2002: HK\$324,658,000).

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9. 遞延收益(續)

(a) 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。

該計劃由醫管局透過政府的經常性補助予以資助，按照不同職員組別的職員總薪酬的特定比率供款。基金存於指定銀行投資戶口，分別列入現金、銀行及固定入息工具結餘中。

購屋貸款利息津貼結餘以往是列入資產負債表中的「指定基金」，現已重新分類。截至二〇〇二年三月三十一日的結餘已列入「遞延收益」，以便與今年的呈報方式一致。

10. 經常性政府補助

醫管局每年獲政府提供營運補助，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。截至二〇〇三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。由於政府已制訂一套給予經濟有困難病人費用減免的政策及程序，故在收支結算表中確認為收入的醫院 / 診療所收費，已扣除了這些豁免數額。在截至二〇〇三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364,292,000元(二〇〇二年：港幣324,658,000元)。

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For the year ended 31 March, 2003

12. Expenditure Utilising Previous Years' Unspent Budget

It is the HA's policy to permit the hospitals to utilise part of their previous years' unspent budget in future years for specifically approved purposes such as the purchases of furniture and equipment and undertaking of one-off programmes. During the current financial year, the expenditure utilising the previous years' unspent budget amounted to HK\$24,866,000 (2002: HK\$58,148,000) which is 0.08% (2002: 0.18%) of the total expenditure for the current year.

13. Reconciliation of the Deficit for the year to Net Cash Outflow from Operating Activities

	2003	2002
	HK\$'000	HK\$'000
Deficit for the year	(220,401)	(260,636)
Investment income	(83,124)	(156,066)
Loss on disposal of property, plant and equipment	6,742	5,377
Income transferred from deferred income	(984,296)	(1,101,717)
Depreciation	644,632	692,015
Increase in death and disability liabilities	14,374	4,957
(Increase)/decrease in inventories	(90,617)	16,504
Increase in loans receivable	(3,281)	(8,311)
Decrease in accounts receivable and other current assets	145,633	6,873
(Increase)/decrease in deposits and prepayments	(116,591)	139,373
Increase/(decrease) in creditors and accrued charges (excluding a payable to the Government)	210,190	(233,674)
(Decrease)/increase in deposits received	(27,493)	18,543
Net cash outflow from operating activities	<u>(504,232)</u>	<u>(876,762)</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 Scheme 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, 2003, the HA contributed to the scheme HK\$2,141,141,000 (2002: HK\$2,125,698,000), which is included in the staff costs of HK\$24,797,842,000 (2002: HK\$25,072,098,000).

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12. 源自去年未經使用的預算之支出

根據醫管局的政策，醫院可以在之後的年度使用以往年度部份未經使用的預算，作獲得特別批准的用途，如購置家具和設備及承擔一次過的計劃。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24,866,000元（二〇〇二年：港幣58,148,000元），即佔本年總開支0.08%（二〇〇二年：0.18%）。

13. 虧損與營運活動現金流出之淨額對賬表

	2003	2002
	港幣千元	港幣千元
虧損	(220,401)	(260,636)
投資收入	(83,124)	(156,066)
出售物業、廠房及設備虧損	6,742	5,377
轉調自遞延收益之收入	(984,296)	(1,101,717)
折舊	644,632	692,015
死亡及傷殘福利責任增加	14,374	4,957
存貨(增加)/減少	(90,617)	16,504
應收債款增加	(3,281)	(8,311)
應收賬款及其他流動資產減少	145,633	6,873
按金及預付款項(增加)/減少	(116,591)	139,373
債權人及應付費用增加/(減少) (不包括應付政府的款額)	210,190	(233,674)
已收按金(減少)/增加	(27,493)	18,543
營運活動現金流出淨額	<u>(504,232)</u>	<u>(876,762)</u>

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，因為除了於成員去世時發放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。

於截至二〇〇三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2,141,141,000元（二〇〇二年：港幣2,125,698,000元），這筆款項已包括在港幣24,797,842,000元（二〇〇二年：港幣25,072,098,000元）的員工成本內。

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15. Funds in Trust

At 31 March, 2003, the HA held in trust for the Government an amount of HK\$83,972,000 (2002: HK\$96,879,000), including accrued interest income.

16. Donations from the Hong Kong Jockey Club Charities Trust

During the year ended 31 March, 2003, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$50,154,000 (2002: HK\$53,902,000) to the following hospitals and programmes of the HA.

	HK\$'000
Jockey Club Cares Programme	24,400
Hong Kong Red Cross Blood Transfusion Service	938
Caritas Medical Centre	1,227
Castle Peak Hospital	3,644
Kwai Chung Hospital	71
Nam Long Hospital	33
Pamela Youde Nethersole Eastern Hospital	398
Prince of Wales Hospital	4,343
Princess Margaret Hospital	4,018
Ruttonjee & Tang Shiu Kin Hospitals	11,082
	<u>50,154</u>

The donations were accounted for in the designated donation fund in accordance with the accounting policy set out in note 2(d)(ii).

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15. 信託基金

二〇〇三年三月三十一日，醫管局為政府管理的信託基金數額為港幣83,972,000元(二〇〇二年：港幣96,879,000元)，其中包括應收利息收入。

16. 來自香港賽馬會慈善信託基金的捐贈

在截至二〇〇三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50,154,000元(二〇〇二年：港幣53,902,000元)：

	港幣千元
賽馬會愛心醫療計劃	24,400
香港紅十字會輸血服務中心	938
明愛醫院	1,227
青山醫院	3,644
葵涌醫院	71
南朗醫院	33
東區尤德夫人那打素醫院	398
威爾斯親王醫院	4,343
瑪嘉烈醫院	4,018
律敦治及鄧肇堅醫院	11,082
	<u>50,154</u>

根據附註2(d)(ii)所載的會計政策，捐贈列入指定捐贈基金內。

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17. Commitments

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

	2003	2002
	HK\$'000	HK\$'000
Capital commitments		
Authorised but not contracted for	1,000,342	1,419,243
Contracted for but not provided	399,799	742,000
	<u>1,400,141</u>	<u>2,161,243</u>

The capital commitments disclosed above include both costs to be capitalised under property, plant and equipment and also costs which are to be charged to the statement of income and expenditure in accordance with the accounting policy set out in note 2(e).

Operating lease commitments

Commitments for future minimum payments under non-cancellable operating leases which fall due as follows:

	2003	2002
	HK\$'000	HK\$'000
Land and buildings		
Within one year	4,760	4,580
In the second to fifth year, inclusive	2,400	4,356
	<u>7,160</u>	<u>8,936</u>
Equipment		
Within one year	5,427	–
In the second to fifth year, inclusive	7,088	–
	<u>12,515</u>	<u>–</u>

18. Taxation

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

19. Subsidiary

HACare (“the Association”) was established by the HA for the principal purpose of providing healthcare services. The Association was incorporated in Hong Kong as a company limited by guarantee and not having a share capital. No consolidated financial statements are prepared as the amounts involved are immaterial.

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17. 承擔

於結算日，醫管局有以下承擔：

	2003	2002
	港幣千元	港幣千元
資本承擔		
已獲授權但未訂契約	1,000,342	1,419,243
已訂契約但未撥備	399,799	742,000
	<u>1,400,141</u>	<u>2,161,243</u>

根據附註2(e)所述的會計政策，上述所列的資本承擔包括將會資本化的物業、廠房及設備開支，以及行將記入收支結算表的開支。

營運租賃承擔

於下列時間到期的不可撤銷營運
租賃之未來最低租金承擔：

	2003	2002
	港幣千元	港幣千元
房地產		
一年內期滿	4,760	4,580
二至五年內期滿	2,400	4,356
	<u>7,160</u>	<u>8,936</u>
設備		
一年內期滿	5,427	-
二至五年內期滿	7,088	-
	<u>12,515</u>	<u>-</u>

18. 稅項

醫管局按醫院管理局條例獲豁免繳稅，故並無作出稅項準備。

19. 附屬機構

荔康居（「協會」）是醫管局為提供醫護服務而設的機構。協會是一間於香港設立的不具股本擔保有限公司，由於涉及的實質金額無關重要，故並沒有制備綜合財政報告。

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20. Contingent Liabilities

A number of doctors have filed claims against the HA for alleged failure to grant rest days and statutory holidays in the past six years. The estimated claims amount to HK\$63,474,000. The cases have been transferred from the Labour Tribunal to the Court of First Instance of the High Court of HKSAR. Since the actions are still at a very early stage and it is not possible to reliably assess the liability which may arise for the HA and accordingly, no provision was made in the financial statements.

21. Events after the Balance Sheet Date

Subsequent to 31 March, 2003, about 2,000 applications were approved for early retirement under the Voluntary Early Retirement Programme. It is expected that the approved employees will leave service within 12 months after the issuance of approval. The estimated amount of ex-gratia payment required under the programme is approximately HK\$680,000,000.

22. Approval of Financial Statements

The financial statements were approved by members of the HA on 25 September, 2003.

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20. 或然負債

若干醫管局醫生就過去六年未獲給予休息日及法定假期向醫管局申索賠償，估計的索償款額達港幣63,474,000元。個案已由勞資審裁處轉交至香港特別行政區高等法院原訟法庭審理。由於訴訟仍處於初期階段，故未可確切估計醫管局須負的責任，因此在財政報告內並未作出撥備。

21. 在資產負債表日期之後的事件

根據自願離職計劃，約2,000宗自願提早退休申請於二〇〇三年三月三十一日之後獲批核，預料獲批員工會在批准發出後12個月內離職。根據計劃估計須支付的特惠金款額約為港幣680,000,000元。

22. 財政報告的通過

本財政報告已於二〇〇三年九月二十五日獲醫管局成員通過。

This Annual Report can be downloaded from HA InfoNet: <http://www.ha.org.hk>
此年報可於醫管局資訊網下載：<http://www.ha.org.hk>

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