

# Chapter 6

## Head Office and Cluster Reports

The Hospital Authority (HA) provides public healthcare services to the people of Hong Kong through the Head Office and seven hospital clusters:

- 📍 Hong Kong East Cluster
- 📍 Hong Kong West Cluster
- 📍 Kowloon Central Cluster
- 📍 Kowloon East Cluster
- 📍 Kowloon West Cluster
- 📍 New Territories East Cluster
- 📍 New Territories West Cluster

This chapter presents an overview of the performance of the HA Head Office and Clusters under five corporate strategic directions. It also highlights the Authority's key endeavours in contributing to sustainable development.









## Head Office Reports

The HA Head Office (HAHO) aligns corporate values and directions. It plays a strategic role in leading corporate development and supporting hospital clusters through interactive collaboration of six divisions, namely Cluster Services, Corporate Services, Finance & Information Technology Services, Human Resources, Quality & Safety, and Strategy & Planning.



In 2011-12, the HAHO initiated some 100 corporate targets corresponding to the five key strategic objectives outlined in the HA Annual Plan. It also made various endeavours in contributing to sustainable development.

### Key Achievements

## *Strategic Objective: Implement a Planned Response to Manage Growing Service Demand*

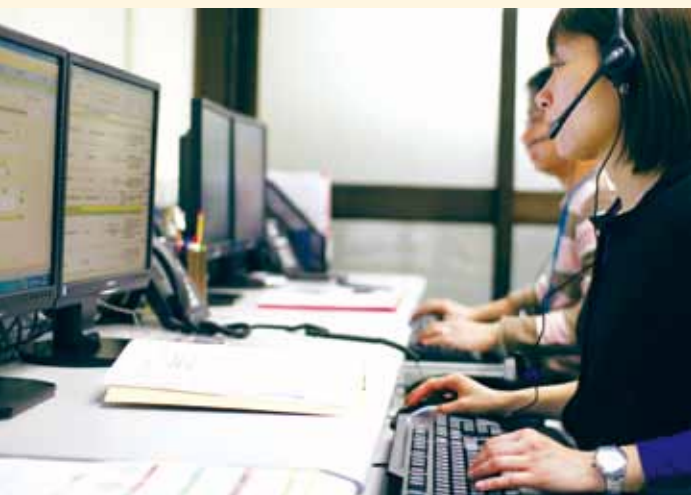
To meet rising service demand, modest increase was made in service capacity in priority areas despite healthcare workforce shortage. A new community health centre was opened in Tin Shui Wai as a one-stop centre to provide comprehensive primary care services by multi-disciplinary healthcare professionals. Capacities in cardiac care and primary / emergency percutaneous coronary intervention

(PCI) were expanded; number of places in dialysis for patients with end stage renal failure were increased; and overall throughput of cataract surgeries were enhanced. Coverage of palliative care service was extended to 2,000 additional patients.

Initiatives were implemented to enhance primary care and optimise chronic disease management. They included expansion of the health call centre service to support high risk diabetic patients with electronic referral mechanism and protocols developed, and the establishment of a 24-hour hotline in January 2012 to support mental health. Multi-disciplinary teams were set up in selected general out-patient clinics to deliver protocol-driven care to diabetic and hypertension patients. Treatment duration of home visits provided by community nurses for chronic disease patients was enhanced. The Integrated Mental Health Programme was rolled out to benefit over 6,000 patients with common mental disorders.

Ambulatory and community care is important in preventing avoidable hospitalisation. Integrated care platforms across acute and community care settings were set up in all clusters to enhance discharge planning and case management visits to patients. Two community nursing centres commenced service in October 2011 in Yuen Long and Chai

Wan respectively to serve local elderly population, and two other centres were being prepared. Three virtual wards were set up in Kowloon regions to provide enhanced care to patients with complex conditions.



Community care for patients with severe mental illness was strengthened through case management programmes and crisis intervention teams. The Early Assessment Service for Young Persons with Psychotic Disorders (EASY) programme was extended to adult patients with first episode psychosis aged between 26 and 64. Psycho-geriatric outreach service was also extended to cover more private residential care homes.

As part of the Government's healthcare reform, public-private partnership (PPP) projects were launched as alternative models of service to meet increasing demand and promote collaboration between the public and private sectors. In 2011-12, capacity of the haemodialysis PPP programme was expanded from 70 to 100 places,



and 3,000 additional cataract surgeries were provided under PPP. In March 2012, a pilot radiology PPP project was initiated to augment the provision of radiology service.

The Chinese Medicine Centres for Training and Research, set up in collaboration with non-government organisations and local universities, delivered about one million attendances in 2011-12. A new centre was opened in Kowloon City in December 2011.

## *Strategic Objective: Improve Continuously Service Quality and Safety*

Committed to continuous quality improvement, HA implemented projects to promote safety culture and strengthen risk management. A specialty-based crew resource management (CRM) training programme was developed in two acute hospitals to facilitate the use of available resources, including people, process and technology, to enhance safety and operational efficiency. Pharmacy service was improved by expanding pharmacist coverage in general out-patient clinics, extending service hours in acute hospitals, developing clinical oncology pharmacy service, and upgrading aseptic dispensing service.

The safety of using reusable surgical instruments was enhanced with the elimination of flash sterilisation, and phasing out of re-use of moderate to high risk single use devices. A long term plan to improve the standard of operating theatre sterile services was formulated, and a framework for common cataloguing of surgical instrument was developed. Preparation has commenced for the development of a tracking and tracing system of surgical equipment.



HA's hospital accreditation programme, which aimed to improve quality systems and clinical governance, continued. Last year, five public hospitals successfully attained full accreditation status recognised by international accreditation agency. In 2011-12, preparatory work has commenced for another 15 public hospitals in phase 2 accreditation programme. Training and development



in building up a workforce of local surveyors progressed well with 16 surveyors appointed during the year.

Enhancement of the Advance Incident Reporting System to enable simpler data input and upgraded data analysis capabilities was completed in 2011-12, facilitating effective monitoring and tracking of incidents thus improving patient safety.

Various data security measures were implemented on an ongoing basis to ensure protection of patient data, including staff education, computer controls, regular monitoring of access to patient data, and security compliance checks throughout hospitals and clinics.

To reconfigure services and promote timely intervention for service improvement, the cancer case management programme, which had been piloted in two clusters, was extended to two more clusters to improve the quality of cancer services. Case managers were recruited and trained to deliver integrated care to patients with complex breast and colorectal cancers. Efforts were made to augment diagnostic radiology services to meet rising demand, e.g. operating hours of CT / MRI scanners in three clusters were extended, benefiting 4,000 patients more.



On mental health front, child and adolescent psychiatric service was enhanced by providing timely assessment and intensive intervention for children with autism spectrum disorder or attention deficit hyperactivity disorder.

## *Strategic Objective: Keep Modernising HA*

Good corporate governance is of fundamental importance. Last year, HA initiated an independent consultancy review on its corporate governance practices to drive for continuous improvement. The phase 1 review, which focused at the Board level, was completed in late 2011. Implementation actions were made on all fronts to consolidate corporate governance practices, including to enhance the role of the Executive Committee; further involve the Board in long-term strategic planning; develop an integrated enterprise risk management approach as a holistic framework for managing risks facing HA; strengthen executive support to the Board, and revisit the terms of reference of its committees.

At the management level, HA engaged a consultant in 2011-12 to review its management and control framework. The study reinforced the effectiveness of the framework with identified improvement opportunities for implementation. Separately, a follow-up review on HAHO's organisational structure was conducted to appraise the effectiveness of major changes made in 2006 and to consolidate the functions of clusters coordination, corporate communication, staff engagement and grade management, etc.

To maintain a healthy corporate image, HA implements proactive strategies to enhance communication and rapport. During the year, a total of 380 media events and activities were organised, 300 press releases were issued and 2000 media enquiries were handled.



On the clinical front, new technologies and treatment options with proven cost-benefit were introduced. 2011-12 saw the expansion of clinical applications of nine new drug groups to the HA Drug Formulary, covering a wide range of diseases. Three new self-financed drug items were introduced under the scope of the Samaritan Fund, and the indication of one existing drug was also extended. Three new HSCT (autologous haemopoietic stem cell transplant) centres on top of the three existing centres were set up in the year to enhance bone marrow transplant service. Prenatal screening for Group B Streptococcus (GBS) was introduced for eligible pregnant mothers.

HA regularly updates its medical equipment and capital facilities through additional investment. During the year, a total of 756 pieces of obsolete medical equipment and 29 engineering plants were replaced. Renovation works were carried out in 13 general out-patient clinics to improve outdated amenities, barrier-free access and pharmacy facilities. A total of HK\$44.7 million was invested to procure 2,554 electrically operated beds and 1,500 pressure relieving mattresses, improving not only patient comfort, but also relieving physical stress for staff.





New information technology (IT) infrastructures are essential for supporting clinicians in efficient and effective delivery of modern healthcare services. Continuous revamp of HA's Clinical Management System and related Clinical Departmental Systems are ongoing to modernise technology platforms, as well as introduce new or revamped functions, e.g. clinical dashboard, electronic referral, integrated care module etc. The Filmless HA project was further extended to 12 hospitals in 2011-12, reducing the use of traditional films and contributing to the electronic medical record system. The pharmacy procurement system was also upgraded to better monitor product quality and performance of suppliers.

HA has completed high-level design of the eHR sharing platform and core infrastructure in the Government initiated eHealth Record (eHR) Programme, and has started to develop the Clinical Management System extension modules targeting for implementation by the end of 2013-14. HA also provided IT support to the Government's Elderly Health-care Voucher Scheme, Government Vaccination Scheme, Primary Care Directory System, and Communicable Disease Information System.



Last year, through an in-depth strategic planning process involving thorough environmental scanning and extensive consultation of some 750 stakeholders, including the HA Board, patient groups, staff representatives, clinicians and executives, the HA Strategic Plan 2012-2017 was formulated. A comprehensive strategic service framework for elderly patients was drawn up to guide the development of elderly care services in HA. Clinical service plan and master development plan were developed to steer the redevelopment of the United Christian Hospital.

Modernised service demand projection models were developed to guide demand management in HA hospitals, including quantification of the impact of cross border Eligible Person population on service utilisation, and projection of birth deliveries for assessing the need for additional neonatal intensive care and related services. Statistical analysis on all clinical specialties was completed and nursing manpower indicators were developed to support the formulation of workforce strategies.

## Strategic Objective: Build People First Culture

To enhance professional competencies and build up effective management and leadership, a full spectrum of training strategies and initiatives were implemented, ranging from training on mediation and conflict resolution to leadership skills enhancement, benefitting over 1,600 frontline staff and 600 frontline managers. A total of 28 competency enhancement classes were organised for 2,660 supporting staff in 2011-12 to strengthen their personal, functional, people and team skills. Another 32 classes of vocational training were conducted for 800 patient care supporting staff.

Training on leadership skills and capabilities were offered to managers of different levels. A four-day management programme titled *Management 202* was introduced for experienced frontline managers to strengthen their capabilities on self management, engaging others, assimilating teams and delivering results. Over 600 employees participated in the programme, achieving 70% of the target group.



A basket of measures were implemented to build a favourable working environment that attracts, retains and motivates well qualified employees. In addition to recruitment of more staff for relieving workload in pressure areas, opportunities of promotion and career advancement and succession planning were enhanced through job rotation, creating senior posts and better remuneration. A new promotion mechanism was implemented

in 2011-12 to provide more promotion opportunities to qualified and experienced specialist doctors with meritorious performance, resulting in the promotion of 167 medical officers or resident specialist doctors to associate consultants during the year. The annual Consultant Advancement Exercise reactivated last year was conducted with 53 consultants advanced to senior consultant posts. For nurses, 50 nurse consultant and 150 advanced practice nurse posts were added. A pilot rotation scheme for senior healthcare administrators was also initiated to increase their exposure in management and hospital operation. A sponsorship scheme on Enrolled Nurse training was piloted in 2011-12 to provide supporting staff with professional nurse training and development opportunities.

Succession planning was strengthened by setting up succession management committees at the central and cluster level to formulate succession plans for strategic and operational leadership positions. Structured development programmes were offered to those selected into the succession pools.

Employment terms and conditions for a number of clinical staff groups such as part-time doctors and non-local doctors practising under limited registration were reviewed and enhanced in 2011-12 to strengthen and support local and overseas recruitment drives. Enhanced overseas remuneration packages for diagnostic radiographers, radiation therapists and podiatrists were also improved to help recruit allied health groups with manpower shortage. As at end March 2012, 12 non-local doctors, 287 new residents, 121 part-time doctors, 1,741 nurses and 351 allied health professionals were recruited in the year.

To continuously modernise the human resources functions and improve their efficiency and effectiveness, HA has upgraded its Human Capital Management System with enhancements in automation and self-service functions. The HA online learning platform, e-Learning Centre, won Silver Award in Best Professional Development in the Hong Kong ICT Award in 2012.





## *Strategic Objective: Maintain Financial Sustainability*

The Government allocated HK\$38 billion to HA in 2011-12. Throughout the year, the Authority made vigilant efforts to ensure optimal and value-for-money utilisation of resources in delivering quality patient care to the people of Hong Kong. With prudent financial management and close monitoring of performance, a surplus position was achieved for 2011-12.

The Pay-for-Performance (P4P) internal resource allocation system continued to provide HA with a framework to ensure that deployment of resources was in line with HA's strategic areas of need. In context of heavy workload and manpower shortage, 2011-12 was a year of consolidation for the P4P system. Apart from its use as a tool for resources allocation, casemix data was also deployed to improve operation management and clinical outcome review.

Another focus in the year was the review of the Quality Incentive Pilot (QIP) Programme introduced last year. Findings of the review supported the use of financial incentives to foster quality improvement.



### **Contributing to a Green Environment**

As a responsible corporate citizen, HA strives to deliver environmental friendly hospital services with a view to contributing to a green environment for sustainable development. "Oil-free" air-cooled chillers were installed as a pilot in the new Ambulatory Block of Tseung Kwan O Hospital to further conserve electricity consumption. LED and compact fluorescent lamps were progressively retrofitted to replace less efficient incandescent light bulbs. These examples of energy conservation initiatives helped HA reduce carbon emission. In 2011-12, carbon audits in all hospitals were completed, with 30 hospitals achieving the "carbon-less certificate" for meeting the carbon emission reduction standard of the Hong Kong Awards for Environmental Excellence Scheme.

Actions were taken to comply with new regulatory requirements of the Clinical Waste Control Scheme. Instead of disposal by landfill, clinical waste from hospitals and clinics was collected by licensed collectors under HA central contracts to designated disposal facility of the Environmental Protection Department at the Chemical Waste Treatment Centre at Tsing Yi for disposal by incineration.

Various wastereduction and recycling programmes were implemented to promote environmental protection. Quoting a few examples, a total of 2,300 tonnes of recyclables including waste paper, plastic, metals, glass bottles and used clothes were collected in the hospitals in 2011; the use of computer papers, hard copy pay slips and medical treatment forms were significantly reduced after digitalising the services; and recycling programmes of used fluorescent tubes, used rechargeable batteries, and plastic bottles continued to be implemented.

Environmental friendly LPG vehicles were gradually introduced to HA with replacement of 18 Non-Emergency Ambulance Transfer Service (NEATS) vehicles in 2011-12. Similar replacement of another 35 vehicles is planned for 2012 to 2014. In addition, the pool car transport services of HAHO, Castle Peak Hospital, Kwai Chung Hospital and Siu Lam Hospital won encouraging accolades in the Corporate Green Driving Award Scheme 2011 in *Take a "Brake" Low Carbon Action* for commendable fuel efficiency performance.

As of 31 December 2011, 28 hospitals / institutions and HAHO were awarded the "Class of Excellence" Wastewi\$e Label by the Hong Kong Awards for Environmental Excellence.





Cheshire Home  
(Chung Hom Kok)



Ruttonjee &  
Tang Shiu Kin Hospitals

## Hong Kong East Cluster (HKEC)



Pamela Youde Nethersole  
Eastern Hospital

St. John Hospital



Tung Wah Eastern Hospital



Wong Chuk Hang  
Hospital



**The Hong Kong East Cluster (HKEC) serves an estimated population of 0.83 million covering the Eastern and Wanchai districts of the Hong Kong Island as well as the Outlying Islands (excluding North Lantau).**



It comprises six hospitals and 12 general out-patient clinics. The six hospitals are Pamela Youde Nethersole Eastern Hospital (PYNEH), Ruttonjee & Tang Shiu Kin Hospitals (RHTSK), Tung Wah Eastern Hospital, Wong Chuk Hang Hospital, Cheshire Home (Chung Hom Kok) and St. John Hospital. The general out-patient clinics include eight in urban areas and four on the outlying islands of Cheung Chau, Lamma and Peng Chau. The Cluster provides a full range of comprehensive in-patient, out-patient, ambulatory, Accident & Emergency, allied health and community-based healthcare services. In addition, the Hong Kong Tuberculosis, Chest & Heart Diseases Association supports the Cluster by promoting health education programmes for primary and secondary prevention.

### Key Achievements

To cope with challenges from expanding prevalence and complexity of illnesses among elders, HKEC keeps strengthening services in pressure areas. PYNEH opened two additional beds in the Intensive Care Unit in October 2011. Extra quotas were offered for hospital-based haemodialysis. Automated peritoneal dialysis was developed for renal patients with indications. RHTSK strengthened palliative care services for terminally-ill patients through specialist out-patient clinics and home visits. With the increase in acute stroke cases, initiatives were phased in to implement new management protocols in PYNEH and to enhance treatment in RHTSK.

HKEC emphasised ambulatory and community care to reduce avoidable hospitalisation. Psychiatric services in community and primary care setting were greatly enhanced with a basket of programmes including appointment of case managers and establishment of a rapid crisis intervention team. Discharge planning teams of PYNEH and RHTSK and home support team operated by non-government organisations were commissioned in October 2011 under the integrated care model for high-risk elderly discharged from hospitals, to enhance early formulation of discharge care plans and post-discharge support.



HKEC has built a robust quality and safety system with continuous improvement. Re-use of class II critical single use devices was phased out ahead of target. On provision of cancer care, the Clinical Pharmacist Programme implemented since September 2011 has enhanced the safe use of chemotherapeutic agents at treatment sites; and more than 490 patients with breast or colorectal cancer benefitted under the integrated care of case managers. Patient safety culture was further reinforced through the *Good Crew Resource Management (CRM) Practices in Action* in March 2012. The annual cluster-wide Quality & Safety Seminar became a whole-day event for the first time in 2011-12 to satisfy colleagues' desire for sharing knowledge and best practice.

Modernisation continued to keep pace with modern clinical practice to sustain service quality while keeping up with service growth in the Cluster. PYNEH set up a centre for autologous haemopoietic stem cell transplant in December 2011 and commenced Positron Emission Tomography / Computed Tomography service in March 2012.

Fostering People First culture is of paramount importance, especially amidst staff shortage and high turnover. Apart from human resource measures implemented to retain and motivate staff, HKEC improved work-life quality for frontline staff through ward renovation and modernisation as well as replacement of facilities and equipment in wards. Moreover, nurses were supported for Lean Management Training to improve patient flow and streamline work processes.

To maintain a healthier workforce, integrated occupational safety and health (OSH) awareness and improvement programme was implemented, resulting in continuous drop in the number of injury-on-duty cases. Furthermore, the HKEC OSH team was recognised as one of the HA Outstanding Teams in 2012, reflecting the Cluster's achievements on its journey from safety to staff wellness.

To conclude, HKEC has practised strategic demand management with prudent expansion of service capacity with a strong patient safety culture while maintaining financial sustainability in 2011-12.





## Hong Kong West Cluster (HKWC)



The Duchess of  
Kent Children's Hospital

TWGHs Fung Yiu King  
Hospital



Grantham Hospital

Queen Mary Hospital



MacLehose Medical  
Rehabilitation Centre



Tung Wah Hospital



Tsan Yuk Hospital

**The Hong Kong West Cluster (HKWC) serves an estimated population of 0.55 million covering the Central, Western and Southern districts of the Hong Kong Island. The Cluster comprises seven hospitals and six satellite institutions.**



The seven hospitals are The Duchess of Kent Children's Hospital (DKCH), TWGHs Fung Yiu King Hospital (FYKH), Grantham Hospital (GH), MacLehose Medical Rehabilitation Centre (MMRC), Queen Mary Hospital (QMH), Tsan Yuk Hospital (TYH) and Tung Wah Hospital (TWH). The six satellite institutions are David Trench Rehabilitation Centre (DTRC) and five general out-patient clinics. Apart from providing a comprehensive range of healthcare services to the residents in its catchment area, the Cluster is well known for tertiary and quaternary services that serve the whole population of Hong Kong.

HKWC continues to strengthen partnership with Li Ka Shing Faculty of Medicine of The University of Hong Kong in supporting undergraduate and postgraduate medical education and training, research and development, as well as innovations in health care technology and services. QMH received the Reader's Digest Trusted Brands Gold Award again in 2012. Winning the Award six years in a row from 2007 to 2012 reflects continuous trust and confidence of the community in the hospital.

### **Key Achievements**

To reduce avoidable hospitalisation of high risk elderly patients, HKWC commenced needs assessment and case management for patients in need. Through multi-disciplinary team approach, 136 patients with end-stage organ failures received palliative care in the community. Haemodialysis service for patients with end-stage renal disease was improved by expanding hospital haemodialysis and home haemodialysis.

Neonatal intensive care service was enhanced with higher nurse-supervisor ratio, additional support workers and training programme for new comers. A two-bed ventilator ward was established in the Department of Medicine of QMH to lessen the pressure of managing ventilated

patients in general ward and provide better care to patients. Three acute stroke high dependency beds were added in the Acute Stroke Unit to enhance delivery of 24-hour service to patients requiring thrombolytic treatment.



In response to crisis situations involving patients with mental illness in the community, a Rapid Crisis Intervention Team was set up to enhance community psychiatric service and an integrated mental health programme was launched.

Recognising the importance of continuous improvement of service quality and safety, and aligning with international benchmark, TWH has started preparing for hospital accreditation including hospital-wide integrated quality and safety round, initial self assessment, hospital-wide quality improvement projects and meeting with consultants of Australian Council of Healthcare Standards.

Service for children with autism spectrum disorder was strengthened through a multi-disciplinary autistic service team delivering timely assessment for early diagnosis and intensive intervention. Child and adolescent psychiatric service was also enhanced for patients with attention deficit hyperactivity disorder

Anaesthetic service was enhanced to ensure compliance with safety standards through recruiting more staff and strengthening training for staff of strategic areas, such as the Endoscopy Unit, in monitoring and administering procedural sedation.



To keep abreast of medical technology development, buildings were renovated to facilitate provision of quality service in a modern environment. DTRC was relocated in April 2011 from Bonham Road to the ex-Upper Level Police Station to make way for the construction of MTR West Island line. A six-storey high new wing was built apart from revitalising the old building. The new rehabilitation centre not only provides service users with a more comfortable environment, but also facilitates staff in delivering community based rehabilitation services.



The conversion of conventional operating theatres at QMH into a Minimally Invasive Surgery Centre with humanistic design and theme on “where there is care, there is hope” was completed on 13 June 2011. The centre has four operating rooms equipped with state-of-the-art facilities for different types of minimally invasive surgery and endovascular surgery. Patients receiving surgery would have minimal scarring, less post-operative pain, faster recovery and shorter length of hospital stay.

The Integrated Diabetes Care Centre was set up in November 2011 to provide patients suffering from diabetes mellitus with one-stop service for diabetes complication assessment, cardiovascular risk factors assessment, and education by diabetes nurse specialist, as well as treatment by diabetologist.

In line with the corporate direction of developing a people-oriented culture, HKWC has improved facilities and amenities for staff members so as to provide a supportive work environment. The QMH Nurses Alumni Engagement Committee was formed to engage nurse alumni of the hospital to foster affiliation and encourage them to rejoin the workforce.

## Kowloon Central Cluster (KCC)



Hong Kong Buddhist  
Hospital



Hong Kong Eye  
Hospital



Kowloon Hospital

Queen Elizabeth Hospital



Hong Kong Red Cross  
Blood Transfusion Service



Rehabaid Centre

The Kowloon Central Cluster serves an estimated population of 0.5 million covering the Yau Tsim and Kowloon City districts. The Cluster comprises six hospitals and institutions and six satellite institutions.



The six hospitals and institutions are Queen Elizabeth Hospital (QEH), Hong Kong Buddhist Hospital (HKBH), Hong Kong Red Cross Blood Transfusion Services, Hong Kong Eye Hospital (HKEH), Kowloon Hospital (KH) and Rehabaid Centre. The Cluster provides a full range of ambulatory, acute, convalescent, rehabilitation and extended care services to the public.

The Cluster launched a new set of vision, mission and values (VMV) in October 2007 and formally re-launched it in 2012. With a vision to pursue excellence in health services – in life we share, in health we care and in excellence we fare – KCC emphasised on the RESPECT values (**R**espect, **E**mpathy, **S**haring, **P**rofessionalism, **E**fficiency, **C**reativity, and **T**rust). The Cluster mission statements are:

- We deliver quality health service to our clients.
- We partner with the community to provide holistic care.
- We train healthcare professionals to pursue excellence.
- We promote learning culture, research and innovations.

### Key Achievements

In 2011-12, the Cluster implemented many initiatives to facilitate the provision of right care for the right patient at the right place. To implement planned responses to growing service demand, one coronary intensive care bed was added in November 2011. 42 additional percutaneous coronary intervention (PCI) procedures were performed by extending service hours. An integrated chronic obstructive pulmonary disease (COPD) management programme



was introduced in QEH to serve patients of COPD Review Clinics. With a new blood donor centre opened in Yuen Long in August 2011, more than 10,000 units of blood were collected in 2011-12.

Building on the core values of RESPECT, KCC has earmarked three consecutive years since 2008-09 as Years of Safety with a specific theme each year – patient safety, staff safety and quality. The wisdom on quality and safety crystallised during the Years of Safety were consolidated in 2011 at the KCC Convention 2011 themed *Quality • Our Way*. The KCC WISER Movement received Bronze Prize and RECRUIT Most Innovative Award of the Hong Kong Management Association Award for Excellence in Training & Development 2011.



To continuously improve service quality and safety, early recruitment of patients with rheumatoid arthritis for protocol-based management and monitoring was rolled out at the nurse clinics in QEH. Molecular diagnostic tests for congenital error of metabolism and other genetic conditions were delivered. Hong Kong Eye Hospital collected additional good grading pre-cut corneas for Descemet's Stripping Automated Endothelial Keratoplasty (DSAEK) cornea transplant.

To keep modernising HA, materno-fetal medicine was developed to deliver prenatal three-dimensional ultrasound examinations at the Multiple Pregnancy Clinic of QEH. The Simulation and Skill Training Centre in QEH was established to enhance the skills, teamwork and communication of over 5,000 healthcare professionals in the Cluster. The new minimally invasive Trans-catheter Aortic Valve Implantation (TAVI) procedure was pioneered in QEH for patients who have symptomatic severe aortic stenosis bearing very high risks of undergoing open heart surgery.

In building People First culture, a music video dubbed “Our Pride 我的驕傲” was produced to promote KCC’s vision, mission and values. People-centred care was further enhanced with the establishment of a Telephone Service Centre providing timely enquiry service and appointment booking in the Ambulatory Care Centre of QEH. The centre received over 56,900 direct telephone enquiries during the year.

To maintain financial sustainability, the enhancement of clinical coding on completeness, accuracy and grouping standards was completed in QEH.





Haven of Hope  
Hospital

## Kowloon East Cluster (KEC)



Tseung Kwan O  
Hospital



United Christian  
Hospital



**The Kowloon East Cluster serves an estimated population of 0.95 million covering the districts of Kwun Tong, Tseung Kwan O and Sai Kung. The Cluster comprises three hospitals and eight general out-patient clinics.**



The three hospitals are United Christian Hospital (UCH), Tseung Kwan O Hospital (TKOH) and Haven of Hope Hospital (HHH). Apart from hospitals and general out-patient clinics, the Cluster manages the out-patient and day patient facilities in Yung Fung Shee Memorial Centre and Pamela Youde Polyclinic as well. The Cluster also provides a full range of comprehensive in-patient, day patient, out-patient, Accident & Emergency, as well as general, specialist, allied health, and community-based healthcare services.

In 2011-12, KEC continued to face challenges of escalating service demand with high complexity of illness from a growing elderly population. The Cluster strived to maximise operational efficiency and effectiveness through service rationalisation and prioritisation to serve the community. The TKOH Ambulatory Care Block was completed with enhanced facilities and has started serving the public since March 2012. The remaining alteration and improvement works of the hospital Main Block were in progress and expected to be completed by March 2013.



### Key Achievements

Commencing service in May 2011, the new cataract centre at TKOH has doubled the annual capacity of cataract surgery handled by the Cluster to 5,000 cases and effectively shortened patients' waiting time from 38 months in December 2010 to 21 months in a year. This year the Cluster expanded multi-disciplinary risk assessment and management programme to cover both diabetic patients and

hypertensive patients in spite of stringent manpower. The programme optimised chronic disease management and provided patients with an integrated range of services in the community. The Cluster continued to strengthen renal dialysis service and chemotherapy day service in 2011-12.

The Cluster strived to enhance service quality and safety through upgrading the aseptic dispensing facility and service and setting up multi-disciplinary autistic service team to provide assessment and intervention services.

To keep modernising HA, KEC started providing hepatitis B virus DNA tests through an outsourced supplier in 2012. It was encouraging for KEC to learn that the long-awaited UCH expansion project would be implemented. Preparation work will start once funding is approved by Legislative Council. In parallel, the Cluster would closely monitor the re-provisioning of infirmary, community interface and carers' support services in Haven of Hope Hospital in order to enhance in-patient rehabilitation and convalescent services.

On the other hand, UCH implemented contingency measures to manage sudden surge in demand of admission of residents from old aged homes due to consistent cold weather in winter. Nurses of the Community Geriatric Assessment Team were redeployed to work overtime in the Accident & Emergency Department (AED) to help doctors screen residents from old aged homes, reducing hospital admission by 15%. In the past, about 85% of residents attending AED were admitted.

KEC is committed to providing holistic care in order to meet the needs of patients. The service direction of the Cluster aligns with its philosophy of people-centred care and treating patients as our beloved ones.





## Kowloon West Cluster (KWC)

Caritas Medical Centre



Kwong Wah  
Hospital



Kwai Chung Hospital



Princess Margaret  
Hospital



TWGHs Wong Tai Sin  
Hospital



Our Lady of Maryknoll  
Hospital



Yan Chai Hospital



**The Kowloon West Cluster (KWC) serves an estimated population of 1.9 million covering the districts of Wong Tai Sin, Mongkok, Shamshuipo, Kwai Chung, Tsing Yi, Tsuen Wan and Tung Chung. The Cluster comprised seven hospitals and 23 general out-patient clinics.**



The seven hospitals include Caritas Medical Centre (CMC), Kwai Chung Hospital (KCH), Kwong Wah Hospital (KWH), Princess Margaret Hospital (PMH), Our Lady of Maryknoll Hospital (OLMH), Tung Wah Group of Hospitals Wong Tai Sin Hospital (WTSH) and Yan Chai Hospital (YCH). It provides a comprehensive range of services including in-patient, day patient, out-patient, Accident & Emergency as well as general, specialist, allied health, rehabilitation and convalescent services.

### Key Achievements

To address growing demand, the Cluster expanded its service capacity in a number of specialties in order to shorten patients' waiting time. Enhancing the Ear, Nose and Throat service, setting up a Total Joint Replacement Centre at YCH, and increasing quota for hospital and home haemodialysis service shortened patients' waiting time for surgery and rehabilitation, as well as benefitting more end-stage renal failure patients.

A new CT scanning service at OLMH started in February 2012, coupled with a public-private interface programme jointly run by the hospital and its parent board, improved access to diagnostic radiology service for residents of Wong Tai Sin district.

Planned to commence service in 2013, North Lantau Hospital will become the eighth hospital of KWC. A commissioning team was set up in 2011-12 to plan for service commencement.



KWC had implemented a number of service programmes to keep patients well in the community. A cross-sector multi-disciplinary integrated care model was introduced to lessen the dependency of high risk elderly patients on in-patient hospital services, and to better support their care in the community. The Community Geriatrics Assessment Service was also enhanced to provide full coverage to residential care homes for the elderly in Wong Tai Sin district. In addition, a comprehensive range of mental health programmes were launched to cater to the needs of patients in different age groups.

The Cluster has adopted advanced diagnostic technology through evidence-based treatment protocols. These included autologous haemopoietic stem cell transplant, and enhanced laboratory support for management of hepatitis B and diabetes. In addition, filmless imaging service was implemented in KWH. Similar service will be rolled out to CMC and YCH in 2012-13 onwards.

Throughout the year, the Cluster endeavoured to promote quality culture by implementing various patient safety initiatives. In order



to mitigate risks, the re-use of class II critical (moderate to high risk) single use devices was phased out. Besides, YCH and CMC have extended pharmacy service hours to 11:00 pm to enhance drug dispensing service. Pharmacist coverage at general out-patient clinics in KWC was also strengthened.

To upkeep with international standards, OLMH would pursue gap analysis by external surveyors in 2012 as a preparation for hospital accreditation by the Australian Council of Healthcare Standards.

People First culture says it all. KWC implemented a series of professional development and career progression programmes in 2011-12 to maintain, motivate and retain a team of dedicated and highly skilled workforce. These programmes included on-the-job training and better promotion opportunities with new posts of nurse consultant and advanced practice nurse. The School of General Nursing at CMC continued to offer three-year higher diploma programme in nursing. Simulation training on patient assessment and management of medical emergencies for both doctors and nurses of various specialties were rolled out at PMH.



## New Territories East Cluster (NTEC)



Alice Ho Miu Ling  
Nethersole Hospital



Bradbury Hospice



Cheshire Home  
(Shatin)



North District  
Hospital



Prince of Wales  
Hospital



Shatin Hospital



Tai Po Hospital

The New Territories East Cluster serves an estimated population of 1.3 million covering the districts of Shatin, Tai Po, North District and part of Sai Kung. It comprises seven hospitals and 11 general out-patient clinics.



The seven hospitals are Prince of Wales Hospital (PWH), North District Hospital (NDH), Alice Ho Miu Ling Nethersole Hospital, Tai Po Hospital, Shatin Hospital, Cheshire Home Shatin and Bradbury Hospice. The Cluster provides a full range of acute, convalescent, rehabilitation and extended care, in-patient and specialist out-patient services to the public, with three Accident & Emergency centres serving three major districts. Apart from the general out-patient clinics, NTEC also provides ambulatory care services in a number of day hospitals, as well as a large network of community outreach services including the Community Geriatric Assessment Teams and Community Nursing Service.

### Key Achievements

The opening of PWH Extension Block in the previous year significantly improved emergency care services in the hospital. Delay in emergency admissions due to unavailability of in-patient beds largely disappeared during the winter surge and influenza epidemic in early 2011. Treatment capacity for cancer patients was much improved with targeted additional operating theatre sessions, expanded capacity for chemotherapy, and introduction of the fifth linear accelerator in the hospital.





Establishment of the Respiratory Collaborative Care Team in NDH proved to be very successful in improving care and support for chronic obstructive pulmonary disease patients in the community. Community psychiatric service was strengthened to deliver better support to patients with severe mental illness through the new Community Case Manager Programme and Rapid Crisis Intervention Teams.

The Cluster has further enhanced patient safety with focus on medication safety through staff engagement, promotion of patient safety culture, and implementation of risk reduction programmes. Endeavours continued during the year with four of the seven hospitals in the Cluster going through gap analysis in preparation for the hospital accreditation programme.



Initiatives were implemented to maintain a stable workforce as an ongoing goal of NTEC, including better training opportunities and career advancement prospect for doctors, nurses and other professional staff. The “one-staff-one-plan” training programme introduced initially for nurses and allied health staff was extended to doctors. Local training programmes and overseas training opportunities were also enhanced.





Castle Peak Hospital



Pok Oi Hospital



Siu Lam Hospital

## New Territories West Cluster (NTWC)



Tuen Mun Hospital



**The New Territories West Cluster (NTWC) delivers quality patient-centred services to 1.1 million people, covering the catchment areas of Tuen Mun and Yuen Long districts.**



There are four hospitals and nine general out-patient clinics in the Cluster, providing a comprehensive range of services including emergency and general acute care, rehabilitation and convalescent care, and mental health service. The four hospitals are Tuen Mun Hospital (TMH), Pok Oi Hospital (POH), Castle Peak Hospital (CPH), and Siu Lam Hospital (SLH). Besides the four hospitals, NTWC also manages the Tuen Mun Ambulatory Care Centre, Tuen Mun Mental Health Centre, Tuen Mun Eye Centre, and the Butterfly Bay Laundry which share and support the patient load of the Cluster.

### **Key Achievements**

To meet rising service demand, 13 hospital beds were added in POH to enhance its acute in-patient services while TMH augmented its oncology services with eight additional hospital beds. Besides, the capacity of emergency operating theatres at TMH was also strengthened.

On the out-patient and community side, the capacity of cataract service was expanded, so were ambulatory services of urology, rheumatology and gynaecological oncology. Palliative care for terminally ill patients was further strengthened by adopting end-of-life care pathways. In addition, one-stop primary care service was provided at the new Tin Shui Wai Community Health Centre at Tin Yip Road, delivering general out-patient, nursing and allied health services. Other primary care services of the Centre are scheduled to be opened in the next financial year.



NTWC has strengthened mental health services for the region through CPH. The Early Assessment Service for Young persons with psychotic disorders (EASY) was extended to adult patients newly diagnosed with psychosis and the Community Case Manager Programme was expanded to patients with severe mental illness. With the new Rapid Intensive Care Team, the Cluster responded to crisis situations involving patients with mental illness in the community. Psycho-geriatric outreach service was also enhanced to serve more private residential care homes for the elderly.



The Cluster continued to emphasise on quality and safety. A four-year full accreditation status granted by the Australian Council on Healthcare Standards in 2010 recognised the standards of services provided by TMH in both quality and risk management. The momentum of service quality and safety continued in 2011-12 with safety of surgical operations enhanced, pharmacy service of general out-patient clinics expanded, as well as multi-disciplinary autistic service teams set up.

To keep modernising HA, advanced equipment installed in the Cluster during the year helped strengthen its technological infrastructure. In 2011-12, TMH has set up a satellite autologous haemopoietic stem cell transplant (Auto-HSCT) Centre. Handling 10 cases per year, the Centre further improved bone marrow transplant service in the New Territories West district. Laboratory testing for patients receiving new drug treatment for chronic hepatitis was also enhanced.







Advocating the core value of “People FIRST”, NTWC attaches much emphasis on staff training. A series of local and overseas training courses were organised in 2011-12, such as training for registered nurse, two-year preceptorship programme and structured programme for newly recruited allied health staff including medical laboratory technicians, diagnostic radiographers, physiotherapists, occupational therapists, and prosthetist-orthotists.

NTWC has also adopted prudent approach in financial management to maintain a healthy financial status in 2011-12.