

Hospital Authority Annual Report

醫院管理局年報

2003 - 2004



醫院管理局
HOSPITAL
AUTHORITY

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Chairman's Foreword

When I took up the chairmanship of the Authority with the enthusiastic support of Board members and the executives two years ago, we had identified areas within the organisation that required thorough review and strong bolstering. After all, the Hospital Authority had been functioning for over ten years and it would be opportune to take stock of the deficiencies and explore better concepts.

We believed that we would need to address the issue of corporate governance, particularly the relationship between Government and the Hospital Authority, and the role of the Authority Board and the executives. We also believed that one of the weaknesses of the Authority was in human resources management. The SARS crisis had brought these deficiencies to the forefront. It was because of this that the Board was vehement in significantly enhancing the level of skills in the Authority's human resources function.

Communication was another area that the Board believed we should improve, i.e., to communicate internally with all levels of staff and to communicate with all our stakeholders outside the organisation. Again, the SARS epidemic had highlighted this area of weakness. The Board believed that a strong leadership in this area would be vital and that the post of Deputy Director (Public Affairs) left vacant for some time should be filled as soon as possible.

Budgetary deficiency remained the main problem facing the Authority. Whilst increasing budget allocation to the Authority should always be welcome, the Board did not believe that we should continuously ask the Government for more. In this context, the Authority was trying its best to increase its efficiency savings in line with the general government directions. Meanwhile, basing on the experience gained and

expertise acquired in the past years, we believed that the Authority could initiate more revenue generation initiatives by following the principle of private-public partnership. We will be actively pursuing different modalities to discuss further with the Government.

Nevertheless, all these efforts should in no way interfere with our quest to provide better core hospital services to the public. While supporting the Government's motto that "nobody should be denied of care due to lack of means", we believed that the principle of "targeted subsidy" should be applied so that public coffer could be utilised more effectively for those who needed it most, i.e., those with financial difficulties and/or facing high financial risks due to long-term illnesses.

On the issue of SARS, while two reviews had already been completed, one by an expert committee commissioned by Government and another by an independent panel set up by the Authority Board, the Legislative Council in its wisdom decided to convene a third review under a Select Committee to look into who should be responsible and accountable. The Authority respected the decision of the Legislative Council and pledged to give and in fact gave as much assistance to the Select Committee as possible. Our staff members were advised in no uncertain terms to tell the Select Committee everything that they knew or could recall. Some of them had expressed that they were disturbed and stressed during the review as pointed questions were asked with the benefit of hindsight demanding explanations of actions taken in a crisis setting some 12 months ago. Such reaction on their part was understandable given their selfless and dutiful contribution to the fight against this dreadful disease.

We had made it clear to the Committee that the Authority had duly performed its roles and



主席序言

兩年前，我在大會成員及各行政人員支持下，出任醫院管理局主席一職。其時，我們已鑑辨出機構內一些範疇，有必要作全面檢討及予以鞏固。畢竟，醫管局已運作超過十年，是時候進行審視和檢討，革弊立新。

我們相信，機構管治是急需處理的一環，特別是釐定政府與醫管局之間的關係，以及醫管局大會與行政人員之間的角色。我們亦相信，人力資源管理是醫管局一個亟須加強的項目。經沙士一疫，

們歡迎政府增加撥款，但卻認為不應持續不斷地要求政府增撥資源。醫管局會力求達至效率增益，配合政府的整體指引。同時，我們相信藉著過往的經驗及所建立的專長，醫管局可透過公私營協作的模式，增闢開源途徑。我們現正積極探討各種開源之道，以便進一步與政府商討。

然而，以上種種都不應妨礙我們對質素的追求，為市民提供更佳的核心醫院服務。我們會恪守政府的宗旨，確保「市民不會因經濟困難而得不到



這方面的弱點一一浮現。為此，大會積極籌劃全力提升醫管局人力資源職能的水平。

另一個須作改善的範疇是溝通，這包括對內與各級員工的溝通，以及對外與各利益相關者的溝通。沙士一疫亦突顯了這方面的不足。大會相信這方面必須有強勢領導，因此，已懸空一段時間的副總監（公共事務）一職，應從速填補。

財政緊絀仍然是醫管局面對的主要問題。雖然我

適當的醫療」，但另一方面我們相信，為求善用有限資源，迎合市民的醫療需要，我們應落實「目標資助」原則，令貧苦病人或面對巨大經濟風險的長期病患者獲得所需資助。

有關沙士方面，由政府專家委員會及醫管局大會成立的獨立委員會所進行的兩項檢討雖已完成，但立法會根據它的見解，決定成立專責委員會進行第三輪檢討，以追究事件的責任。醫管局尊重立法會的決定，並承諾盡力予以協助，而事實上



responsibilities at all levels during the SARS crisis. We had also made it clear to the Committee and to our staff that being a management body established by statute, the Authority Board is responsible for all criticisms laid on the Hospital Authority and I as Chairman of the Authority would take on ultimate responsibility.

Releasing its report in July 2004, the Select Committee made critical comments on the Hospital Authority.



vibrant and robust centre for the provision of the very much needed public healthcare services. I call on the Government to give the Authority the best of support, and I call on the public to persevere with their trusts on the services of the Authority. Most importantly, I call on the staff of the Authority to stand firm and put forth their very best during these difficult times. The public needs them to provide the highest standard of service they rightly deserve.

To realise the spirit of “accountability and responsibility” I considered it my duty to resign from the chairmanship of this great institution. Yes, it is regretful that I have to leave the Board and bid farewell to the staff at this critical moment, yet the action is necessary to hopefully put to rest the unceasing public debate arising from the SARS crisis so that our public healthcare system and Hong Kong could move forward.

Today, as events unfold, the Authority is facing the greatest and most crucial challenge of all times - low morale and lack of confidence among staff. Regaining lost grounds in this direction is not easy, yet lost grounds must be regained if the Authority is to continue as a

Finally, I would like to express my heartfelt thanks to the Government, the Board and staff of the Authority for the enthusiastic and unfailing support they have given me over the past years. I am very proud to have been able to work with them closely during and after the SARS crisis. It has been my honour.

Dr C H LEONG, GBS, JP
Chairman

醫管局亦已盡力予以協助。我們已給予員工明確訊息，請他們向專責委員會說出一切所知及所能憶及的事情。一些員工表示在過程中感到困擾和受壓，因為他們須面對一些基於事後認識而發的尖銳質詢，更要就年多前在危急情況下所採取的行動作出解釋。他們這些感受是可以理解的，因為各人在疫症期間已克盡己任無私付出，以對抗可怕的疫症。

今天，誠如大家所見，醫管局正面對前所未見的嚴峻挑戰：職員士氣低落、缺乏信心。要收復這方面的失地，殊非易事，但醫管局若要繼續積極和堅定地提供大眾需要的公立醫療服務，就必須收復失地。我呼籲政府給予醫管局全力的支持、市民對醫管局的服務保持信心，而最重要的，是全體員工在這困難時刻堅守崗位，竭盡所能，為市民提供所需的優質醫療服務。



我們向委員會表明，醫管局上下員工在疫症期間均已盡心盡力履行職責。同時，我們亦向委員會及員工表明，醫管局大會作為一個法定管治團體，對醫管局所受的一切批評，都會承擔責任，而我作為主席，更負有最終的責任。

最後，我對醫管局各成員及員工多年來給我深厚摯誠的支持表示由衷謝意，能在沙士期間及疫症過後與他們並肩作戰，我深感驕傲與榮幸。

專責委員會在2004年7月發表調查報告，對醫管局作出尖銳的批評。為體現問責精神，我認為我應辭去醫管局主席一職。沒錯，在這個關鍵時刻離開醫管局及辭別全體員工，是一件憾事，但我希望此舉能令社會上有關沙士的討論可以告一段落，讓香港及其公立醫療體制繼續向前發展。

A handwritten signature in black ink, reading '梁智鴻' (Leung Chi-hung).

醫院管理局主席
梁智鴻醫生



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

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 optimal performance of these roles and the exercise of its powers, the Hospital Authority Board (the Board) has established the following ten 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, the Staff Appeals Committee and the Main Tender Board (Appendix 2).

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.



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

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)成立了以下十個常設委員會，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、職員上訴委員會及中央投標委員會(參閱附錄二)。

宗旨

醫管局根據其任務，訂立下述宗旨：

- 因應病人的不同需要而提供適當的公立醫院服務，並改善醫院環境，使病人得益；
- 以關懷及竭誠精神，有效率地為市民服務，並鼓勵社區參與，務求提供更佳的醫療服務及更直接向公眾負責；
- 為員工提供合理薪酬、公平待遇及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:

- Enhancing system cost-effectiveness and improving population health through the development of community oriented service models
- Enhancing organisational productivity and performance to overcome challenges
- Enhancing healthcare system sustainability
- Developing a quality culture in the context of prioritisation and with emphasis on clinical governance
- Building human resources capability and rewarding performance

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.



整體目標及策略

醫管局釐定以下的整體目標，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：

- 發展社區導向的服務模式，提升服務效益及改善市民健康；
- 提高體制效率及效能，以克服挑戰；
- 使醫療體制能夠持續發展；
- 訂定服務優次及著重臨床管治，提倡優質服務文化；以及
- 建立人力資源能力及獎勵出色表現

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、問責性及道德操守方面達至最高標準，大會明白有責任及有必要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於年內的概況。



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 2003/04 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 Hospital Authority Chief Executive). Apart from the principal officer, other members are not remunerated in the capacity as Board members.

The Authority Board meets formally about 12 times a year and at any other times as required. In 2003/04, they met 17 times in addition to the 12 taskforce meetings at the peak of the SARS crisis. In addition, 18 Board papers covering urgent matters had been circulated for approval at other times.

Board Committees

Membership of the ten standing committees that assist the Board in the better performance of its functions and their terms of reference are listed under Appendix 3, while the focus of their work in 2003/04 is summarised in the ensuing paragraphs.

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。2003/04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）。除該行政人員外，其他成員均沒有因成員的身份而領取任何薪酬。

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2003/04年度，大會共召開17次會議，另在沙士高峰期召開12次工作會議。大會亦以傳閱方式通過18份文件，處理一些緊急事宜。

大會轄下的委員會

協助大會有效執行職務的十個常設委員會，其成員名單及職權範圍載於附錄三。各委員會在2003/04年度的工作概況簡述於以下各段。



Audit Committee

The Audit Committee was established by the Board in July 1995 to review the Hospital Authority's internal and external audit activities, its internal control and risk management processes, as well as its financial and other reporting. The Committee met five times in 2003/04. It provided guidance for and subsequently endorsed the Authority's Annual Internal Audit Plan and received quarterly reports on completed audit results and follow-up actions. The internal audits reviewed during the year included "Handling of Patient's Moneys" "Cash Handling" "Direct Purchase Authority/Single Quotation/Single Tender" "Information Technology Contingency and Disaster Recovery Planning" and "Revenue Collection".

The Committee also reviewed the external auditor's work plans and subsequently received and discussed their audit opinions on the Authority's financial statements. Discussion on the financial statements included a review

with the external auditors of significant changes in the presentation and disclosure of financial information made to comply with new and revised accounting standards and best practices.

To monitor the Authority's financial and administrative control processes, the Audit Committee continued to consider reports from management, internal and external audit on the relevant systems of internal control during the year, e.g., assessing the risks of the Authority's Human Resources function. As an enhancement measure, the Committee initiated an annual meeting with the Head Office Risk Management Committee to gain a common understanding regarding the Authority's business risks. In addition, the Committee conducted a self-assessment in the year as a means of reviewing its own performance and identifying possible areas for enhancement.



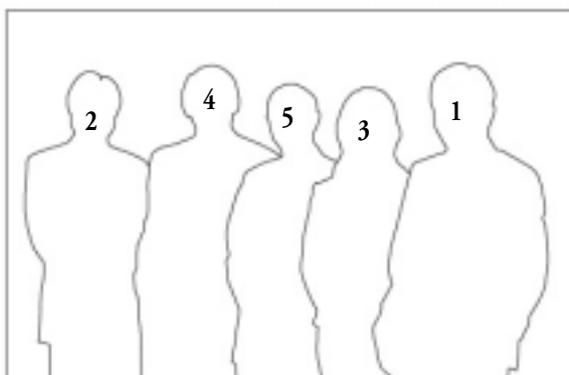
審計委員會

審計委員會於1995年7月成立，負責檢討醫管局各項內外審計工作、內部管控及風險管理程序、財政狀況，以及其他匯報。在2003/04年度，委員會共召開五次會議，為醫管局的每年內部審計計劃提供指導及進行批核，並收閱有關已完成審計結果及跟進行動的季度報告。年內經評核的內部審計包括「病人現金處理」、「現金處理」、「直接採購／單一報價／單一投標的授權」、「資訊科技應變及事故復原規劃」及「費用徵收」等。

委員會亦檢討了外界核數師的工作計劃，其後並收閱及討論他們對醫管局財政報告的審核意見。

對財政報告的討論，包括與核數師一起檢討披露財務資料的形式和內容，以符合新修訂的會計準則及最佳做法。

為監察醫管局的財政及行政管控程序，審計委員會繼續審議管理層的報告，以及就有關內部管控制度進行的內外審計，例如評估醫管局人力資源職能的風險。委員會並提出與總辦事處風險管理委員會每年開會一次，以便加深了解醫管局的業務風險。此外，委員會在年內亦進行自我評估，檢討本身的表現及鑑辨可予改進的地方。



- 1 Mr Clifton CHIU Chi-cheong
趙志鋁先生
- 2 Mr Vincent FANG Kang, JP
方剛先生
- 3 Ms Estella Y K Ng
伍綺琴女士
- 4 Mr Paul YU Shiu-tin, JP
余嘯天先生
- 5 Mr Edward HO Sing-tin, SBS, JP
何承天先生

Finance Committee

In 2003/04, the Finance Committee met five times to advise and make recommendations to the Board on the financial planning, performance, monitoring and reporting aspects of the Authority. It considered the Government's funding allocation and the proposed Hospital Authority budget estimate for 2004/05, reviewed regular financial reports and Financial Statements of the Authority, received progress reports on the Authority's Mandatory Provident Fund Scheme, Death & Disability Fund and Home Loan Interest Subsidy Fund, and monitored implementation of the external auditors' recommendations on the Authority's finance function.

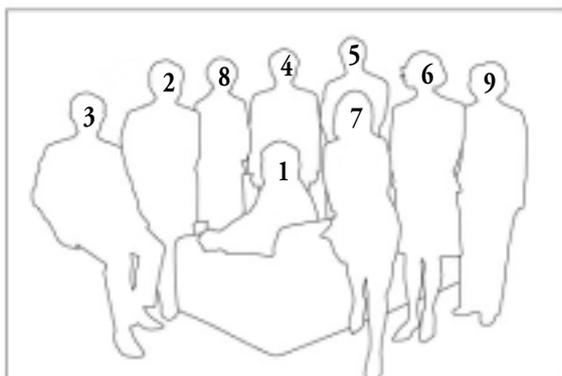
During the year, the Finance Committee also reviewed the Authority's insurance programme structure, strategy and renewal, advised on the application of the population-based resource allocation model to hospital clusters, endorsed a number of proposals to standardise and strengthen the cluster financial reporting structure, and made recommendations on the ways to develop the business requirements of the Authority's Enterprise Resource Planning System.



財務委員會

在 2003/04 年度，財務委員會共召開五次會議，就醫管局的財務規劃、表現、監察及匯報向大會提供意見及作出建議。委員會審議政府的撥款及醫管局 2004/05 年度的預算、檢討定期的財務報告及醫管局周年財政報告、收閱醫管局強制性公積金計劃、死亡及傷殘福利基金及購屋貸款利息津貼計劃的工作報告，以及監察外界核數師就醫管局財務職能所作建議的實施。

年內，財務委員會亦就醫管局的保險計劃架構、策略及續期作出檢討，就醫院聯網實施人口為本資源分配模式提供意見，並通過多項建議，統一及加強聯網的財政匯報架構，以及就制訂醫管局「機構資源規劃系統」的業務需求作出建議。



- 1 Mr Anthony WU Ting-yuk, JP
胡定旭先生
- 2 Dr Anthony HO Yiu-wah
何耀華博士
- 3 Dr William HO, JP
何兆煒醫生
- 4 Prof S K LAM
林兆鑫教授
- 5 Mr LO Chung-hing, SBS
盧重興先生
- 6 Mrs Gloria NG WONG Yee-man, JP
吳王依雯女士
- 7 Ms Elizabeth TSE, JP
謝曼怡女士
- 8 Ms Loretta YAM, BBS
任燕珍醫生
- 9 Miss Susie HO, JP
何淑兒女士

Mr Michael SOMERVILLE

Human Resources Committee

The Human Resources Committee met five times in 2003/04. Its work mainly focused on the post-SARS staff management issues, remunerations and benefits, review of human resources policies and practices, training and development, and future human resources plan.

As an immediate follow up action to the SARS crisis, the Committee discussed and endorsed the special payment and benefits for the staff infected, deceased or suffered incapacity due to SARS. It also considered other on-going post-SARS actions and initiatives on manpower support, training, staff welfare, psychosocial support and internal communication.

On human resources policies and practices, the Committee supported a plan to revamp and re-launch the Authority's Code of Conduct as a tool to reinforce the culture and desired behaviour of all staff. On

training and development, the Committee discussed the development and future direction of the Institute of Health Care to provide comprehensive training and development programmes for staff of the Authority. To enhance forward planning, the Committee endorsed the six focus areas of the Human Resources Plan for implementation in 2004/05.

On remuneration and benefits, the Committee endorsed the cessation of Hardship Allowance (Management Consideration) with effect from 1 August 2003 and the strategy corresponding to the Government pay reduction arrangements for 1 January 2004 and 1 January 2005. It considered possible staff surplus issues arising from implementation of the Public Private Partnership Project on food services and noted the performance of the Hospital Authority Provident Fund Scheme and Mandatory Provident Fund Scheme*.



* The Hospital Authority Provident Fund Scheme is a registered occupational retirement scheme registered under the Occupational Retirement Scheme Ordinance (ORSO) established by a Deed of Trust in October 1991, to provide retirement benefit to staff on ceasing employment with the Authority. It is a separate legal entity managed by an independent Board of Trustees currently comprising 12 members including four employee trustees (Appendix 6). The Scheme published its own annual reports and audited financial statements in accordance with requirements of the ORSO. With enactment of the Mandatory Provident Fund Schemes Ordinance in December 2000, the Authority also established a Mandatory Provident Fund Scheme for its employees according to the statutory provisions. Employees of the Authority are either members of the Hospital Authority Provident Fund Scheme or its Mandatory Provident Fund Scheme or both.

人力資源委員會

在2003/04年度，人力資源委員會共召開五次會議，主要工作包括沙士後的員工管理事宜、薪酬及福利、人力資源政策及守則檢討、培訓及發展，以及日後的人力資源規劃。

為跟進沙士疫後的工作，委員會討論及通過發放特別補助金及福利予因沙士染病、殉職或喪失工作能力的員工。委員會亦審議其他有關人手支援、培訓、員工福利、心理支援及內部溝通的疫後措施和計劃。

就人力資源政策及守則方面，委員會支持修改及重新頒布「醫管局職員行為守則」的計劃，以加

強員工操守及行為品德。在培訓及發展方面，委員會討論了醫管局進修學院的發展方向，為員工提供全面的培訓及發展計劃。為加強前瞻性的規劃，委員會又通過了人力資源工作的六個重點範疇，以便在2004/05年度實施。

薪酬及福利方面，委員會通過由2003年8月1日起停止發放辛勞津貼（酌情發放）及跟隨政府在2004年及2005年1月1日減薪的策略。委員會亦考慮過因推行膳食供應公私營協作計劃可能導致人手過剩的問題，又備悉醫管局公積金和強積金計劃的表現*。



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

2 Mr Vincent FANG Kang, JP
方剛先生

3 Dr William HO, JP
何兆煒醫生

4 Mr Billy KONG, JP
江焯開先生

5 Mr John LEUNG
梁熾輝先生

6 Dr Kim MAK
麥建華博士

7 Prof Thomas WONG Kwok-shing
汪國成教授

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

9 Dr Loretta YAM, BBS
任燕珍醫生

10 Mrs Ingrid YEUNG
楊何蓓茵女士

* 醫院管理局公積金計劃是在職業退休計劃條例下註冊的職業退休計劃，於1991年10月根據信託契約成立，為離職僱員提供退休福利。這是醫管局以外的另一個法律主體，由獨立信託委員會監管。委員會現有12名成員，包括四名僱員代表（參閱附錄六）。計劃根據職業退休計劃條例的規定，每年出版年報及經審核的財政報告。2000年12月，政府實施強制性公積金計劃條例，醫管局根據法例規定，亦為僱員設立強制性公積金計劃。凡醫管局的僱員，均參加了醫管局公積金計劃或強制性公積金計劃，或同時參加兩項計劃。

Medical Services Development Committee

The Medical Services Development Committee met six times in 2003/04. The Committee discussed various SARS-related issues, including the treatment options, clinical management and outcome of SARS, impact of SARS on services, post-SARS nursing service direction and development, roles of the Central Committee on Infection Diseases and the Infectious Disease Control Training Centre, medical assessment on eligibility for Trust Fund for SARS, and definition and case fatality rates of SARS.

In addition, the Committee deliberated on the various topical issues related to public healthcare management,

including the epidemiological pattern of diseases in Hong Kong, future projections on demand for public hospital beds, suicidal acts in general hospitals, management of missing patients, directions for clinical research development and support given to staff, and development of the drug formulary. It also received progress reports on the implementation of new services or projects, including the enhanced Community Geriatric Assessment Team and Visiting Medical Officer collaborative scheme in residential care elderly homes, the Positron Emission Tomography service, and the community rehabilitation partnership project in physiotherapy and occupational therapy services.

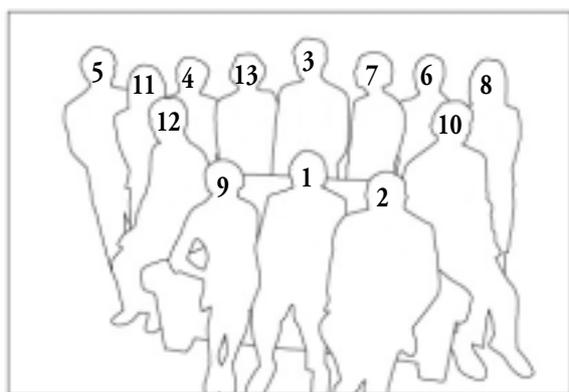


醫療服務發展委員會

在 2003/04 年度，醫療服務發展委員會共召開六次會議，討論各項有關沙士的事宜，包括治療方案、沙士的臨床管理及治療成效、沙士對服務的影響、沙士後護理服務的路向及發展、中央傳染病委員會及傳染病控制培訓中心的角色、沙士信託基金領取資格的醫療評估，以及沙士的定義及個案死亡率。

此外，委員會亦審議各個有關公共醫療管理的課題，包括香港疾病的流行病學趨勢、公立醫院病

床未來需求的預測、普通科醫院病人的自殺行為、失蹤病人的處理、臨床科研發展的路向及對員工的支援，以及制備藥物配方集。委員會亦收閱有關新服務或新計劃實施的工作報告，包括為護老院加強社區老人評估小組及到診醫生協作計劃、正電子放射斷層掃描服務，以及物理治療及職業治療方面的社區康復協作計劃。



- 1 Dr Raymond WU Wai-yung, GBS, JP
鄔維庸醫生
- 2 Prof Thomas WONG Kwok-shing
汪國成教授
- 3 Dr William HO, JP
何兆煒醫生
- 4 Dr Anthony HO Yiu-wah
何耀華博士
- 5 Prof S K LAM
林兆鑫教授
- 6 Mrs MONG KO Mei-yee
蒙高美懿女士
- 7 Mrs Gloria NG WONG Yee-man, JP
吳王依雯女士
- 8 Ms Elizabeth TSE, JP
謝曼怡女士
- 9 Dr Loretta YAM, BBS
任燕珍醫生
- 10 Mr Paul YU Shiu-tin, JP
余嘯天先生
- 11 Miss Iris CHAN Sui-ching
陳萃菁小姐
- 12 Dr T H LEUNG, JP
梁挺雄先生
- 13 Miss Susie HO, JP
何淑兒女士

Planning Committee

In 2003/04, the Planning Committee met five times to formulate strategies, directions and priorities relating to the provision and development of services of the Authority . It reviewed and made recommendations to the Board on the Authority's response plan for infectious disease outbreaks and preparation for resurgence of SARS, the Post-SARS organisational development, and the strategic directions discussed at the Board's Planning Workshop. The Committee also considered the use of Burden of Disease Assessment as a planning tool, and the projection of demand for public hospital services up to the year 2010.

In addition, the Planning Committee deliberated on the framework and draft executive summary and target list for the Hospital Authority Annual Plan 2004/05, the Authority's submission for Government's Controlling Officer's Report for 2004/05, and the Feasibility Study on Setting up a Subsidised/Private Medical Benefit Scheme. The Committee also discussed a preliminary draft of the Authority's Code of Corporate Governance with a view to enhancing its existing governance practices.



規劃委員會

在 2003/04 年度，規劃委員會共召開五次會議，就醫管局的服務提供及發展制訂策略、路向和優次。委員會亦就以下各項作出檢討：醫管局的傳染病爆發及沙士重臨應變計劃、沙士後的組織架構發展、規劃工作坊上討論的策略路向、使用疾病負擔評估作為規劃工具，以及公立醫院服務至 2010 年的需求預測，並向大會提出建議。

此外，規劃委員會亦審議醫管局 2004/05 年度工作計劃的大綱與簡介及工作目標擬稿、政府 2004/05 年度管制人員報告的醫管局匯報，以及推行資助 / 私人醫療福利計劃的可行性研究。委員會亦討論了醫管局「機構管治守則」的初步擬稿，以便加強現行的管治模式。



- 1 Dr C H LEONG, GBS, JP
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陳清霞小姐
- 3 Dr Lily CHIANG
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- 4 Mr Clifton CHIU Chi-cheong
趙志鋸先生
- 5 Mr Vincent FANG Kang, JP
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- 6 Dr Anthony HO Yiu-wah
何耀華博士
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何兆煒醫生
- 8 Mr Edward HO Sing-tin, SBS, JP
何承天先生
- 9 Mrs Eleanor LING LEE Ching-man, SBS, JP
林李靜文女士
- 10 Prof Thomas WONG Kwok-shing
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- 11 Mr Anthony WU Ting-yuk, JP
胡定旭先生
- 12 Dr Raymond WU Wai-yung, GBS, JP
鄔維庸醫生
- 13 Miss Susie HO, JP
何淑兒女士

Public Complaints Committee

The Public Complaints Committee was first established under the Authority Board in 1992 to independently consider and decide on all appeal cases. The Committee is the final appeal body for public complaints within the Authority. It comprises the Chairman, two Vice-chairmen and 13 members. Of the 15 members, three are Hospital Authority members and 12 are community members. All of them are non-executives of the Authority and the majority are lay members with different community backgrounds.

In 2003/04, the Public Complaints Committee held 18 meetings and handled a total of 142 cases, of which 101 were related to medical services, 21 related to administrative procedure, 14 related to staff attitude and six others. In addition to the handling of appeal cases, the Committee also formulated complaint handling policies to improve the efficiency and effectiveness of

the Authority's complaints system, and make recommendations for system change and improvement of healthcare services. Regular internal and external communication programmes were conducted to enhance the transparency and credibility of the Authority's complaints system and the Committee as the final appeal body. Through its Secretariat, the Committee also shared important lessons learned for risk management and enhanced the complaint handling skills of frontline staff through regular specialist complaint management training. The Public Complaints Committee Secretariat also handled a total of 3,786 enquiries from patients and complainants and was tasked to take up 55 cases referred by The Ombudsman, 111 complaint cases directed to the Hospital Authority Head Office, and processed 672 first-level complaints.

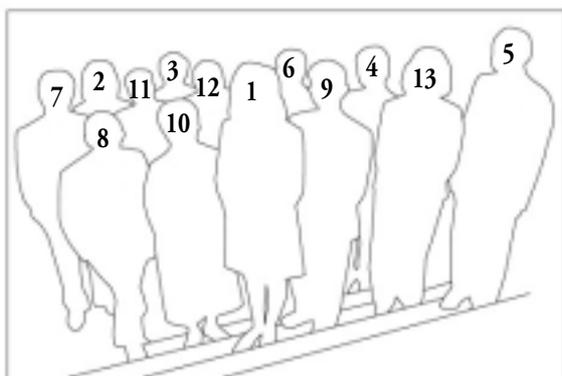


公眾投訴委員會

公眾投訴委員會最初於1992年成立，是醫管局大會之下的一個獨立委員會，負責審議所有公眾投訴的上訴個案，並作出裁決。委員會是醫管局內處理公眾投訴的最終上訴組織，由一名主席、兩名副主席及13名成員組成。15名成員中，三名為醫院管理局成員，12名為其他社區人士，全部均非醫管局的行政人員，他們大部分為具有不同社會背景的業外人士。

在2003/04年度，公眾投訴委員會共召開18次會議及處理142宗投訴，其中101宗關於醫療服務、21宗關於行政程序、14宗關於職員態度、六宗屬

其他投訴。委員會除處理上訴個案外，亦制訂投訴處理政策，以改善醫管局投訴處理機制的效率及成效，並作出修改機制及改善醫療服務的建議。對內和對外的溝通計劃亦會定期進行，以加強醫管局投訴處理機制的明度和公信力，並使公眾認識委員會乃醫管局內公眾投訴的最終上訴組織。委員會亦透過秘書處定期舉辦投訴處理培訓班，與有關人員分享所汲取的經驗，促進風險管理及加強前線人員的投訴處理技巧。年內，委員會秘書處共處理了3,786項查詢，跟進55宗由申訴專員公署轉介的投訴及111宗呈達醫管局總辦事處的投訴，並處理了672宗第一層投訴。



- 1 Miss Eliza C H CHAN, JP
陳清霞小姐
- 2 Miss Iris CHAN Sui-ching
陳萃菁小姐
- 3 Rev Dr Eric CHONG Chee-min
張志明牧師
- 4 Dr LAM Ching-choi, JP
林正財醫生
- 5 Dr Conrad LAM Kui-shing, JP
林鉅成醫生

- 6 Mr Carlos LEUNG Sze-hung
梁士雄先生
- 7 H H Judge David LOK
陸啟康 區域法院法官
- 8 Mr MA Ching-yuk, JP
馬清焯先生
- 9 Mr Alexander MAK Kwai-wing
麥貴榮先生
- 10 Mrs Pauline NG CHOW May-lin, JP
伍周美蓮女士
- 11 Mr Anthony WONG Luen-kin, JP
黃鑾堅先生
- 12 Prof Thomas WONG Kwok-shing
汪國成教授
- 13 Ms Virginia WU
伍惠瓊女士
- Dr YU Yuk-ling
余毓靈醫生
- Dr Joseph KWOK Kin-fun, JP
郭鍵勳博士

Staff Committee

The Staff Committee was formed in May 2001 by the Authority Board to advise it on the organisation structure of the Hospital Authority Head Office and the appointment, salary structure and performance of the senior executives. In 2003/04, the Committee met six times to review the Authority's organisational effectiveness during the SARS crisis, to discuss the future development of hospital clusters, to deliberate on the ways and means of addressing the existing thin senior executive structure, to consider the Chief Executive's proposals for senior staff

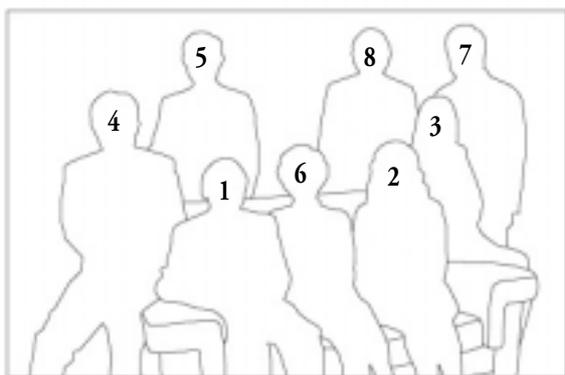
rotation, and to assess the performance of senior executives. Upon the Staff Committee's recommendations, the Authority appointed a new Director of Human Resources and reappointed several Cluster Chief Executives during the year to strengthen its human resources and cluster management capabilities. The Committee also advised the Authority to refill the post of Deputy Director (Public Affairs), which had been left vacant for some time, to drive its strategies in all aspects of public affairs.



職員委員會

職員委員會於2001年5月成立，負責向大會就醫管局總辦事處的組織架構及高層行政人員的聘任、薪酬架構及工作表現提供意見。在2003/04年度，委員會共召開六次會議，檢討醫管局在處理沙士期間組織架構的成效、討論醫院聯網架構的日後發展、就現時薄弱的管理層商議應對方案、審議行政總裁提出高層人員輪調的建議，以及評核高

層行政人員的工作表現。醫管局根據職員委員會的建議，於年內聘任了新的人力資源總監及重新委任數名聯網總監，以加強人力資源及聯網管理能力。委員會亦建議醫管局填補懸空已一段時間的副總監（公共事務）職位，以推行醫管局的公共事務策略。



- 1 Dr C H LEONG, GBS, JP
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- 6 Mrs Eleanor LING LEE Ching-man, SBS, JP
林李靜文女士
- 7 Mr Anthony WU Ting-yuk, JP
胡定旭先生
- 8 Dr Raymond WU Wai-yung, GBS, JP
鄔維庸醫生

Supporting Services Development Committee

In 2003/04, the Supporting Services Development Committee met six times to review and make recommendations on the provision and development of business support services, information technology and capital works to support clinical service delivery in the Hospital Authority. It considered in detail the Public Private Partnership project for the provision of food services in hospitals of the Authority, and recommended the adoption of a phased approach to pilot the project in the New Territories West Cluster with an option to include the Kowloon Central Cluster. In addition, the Committee noted the cost savings achieved in business

support services and discussed the pilot project for outsourcing of advertising services and progress of the SARS related improvement works in hospitals.

The Committee also reviewed the Authority's Information Technology (IT) Strategic Plan for 2004-2009, the IT targets in the Hospital Authority Annual Plan 2004/05, the IT support during SARS, development of the Communicable Disease Information System and the Enterprise Resource Planning System, the risk management of IT systems, and implementation of the external auditors' IT related recommendations*.



* A separate Information Technology Advisory Committee serves to provide technical advice on information technology matters to the Hospital Authority Chief Executive. It is chaired by Mr John STRICKLAND, GBS, JP. Other Members include Mr Steve BEASON, Professor Joseph LEE and Mrs LEUNG YIU Lai-ping. The Advisory Committee met three times during the year.

支援服務發展委員會

在 2003/04 年度，支援服務發展委員會共召開六次會議，檢討支援醫管局醫療服務的工作、資訊科技與基本工程及有關發展，並作出建議。委員會又詳細審議醫管局醫院膳食供應的公私營協作計劃，並建議採納分階段方式，首先在新界西聯網試行。此外，委員會備悉業務拓展及支援服務所取得的成本節省，並討論了試行招收廣告計劃及醫院預防沙士改善工程的進展。

委員會亦檢討了醫管局 2004-2009 年的資訊科技策略計劃、醫管局 2004/05 年度工作計劃的資訊科技工作目標、沙士時期的資訊科技支援、傳染病資訊系統及「機構資源規劃系統」的發展、資訊科技系統的風險管理，以及外界核數師對資訊科技所作建議的實施*。



- 1 Dr Lily CHIANG
蔣麗莉博士
- 2 Mr Edward HO Sing-tin, SBS, JP
何承天先生
- 3 Miss Eliza C H CHAN, JP
陳清霞小姐
- 4 Dr William HO, JP
何兆煒醫生
- 5 Dr Anthony HO Yiu-wah
何耀華博士
- 6 Prof Thomas WONG Kwok-shing
汪國成教授
- 7 Mrs Ingrid YEUNG
楊何蓓茵女士

* 醫管局另設有資訊科技諮詢委員會，以便就資訊科技事宜向醫管局行政總裁提供技術意見。委員會由施德倫先生擔任主席，其他成員包括卞以信先生、李川軍教授及梁饒麗萍女士。委員會在年內共開會三次。

Main Tender Board

The Hospital Authority Main Tender Board was set up to consider and approve tenders above the value of \$4 million. Chaired by the Chairman of Finance Committee or in his absence the Vice-chairman of Finance Committee, it comprises two ex-officio members (the Chief Executive and Director (Finance) or their representatives) and three non-executive members invited among six rotating Hospital Authority members.

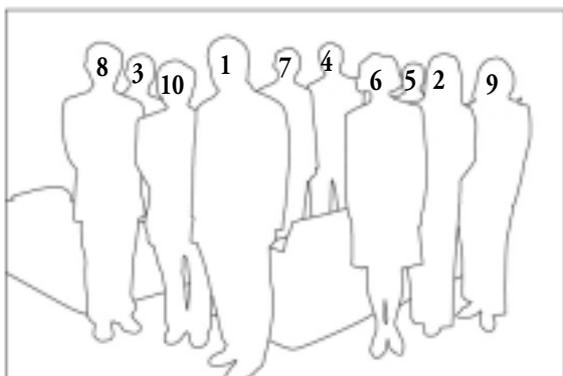
In 2003/04, the Main Tender Board met six times and circulated papers to consider a total of 68 tender proposals for procurement of supplies and services and for contracting out capital works projects. Tenders for procurement of supplies mainly covered purchases of medical equipment and consumables, while domestic service contracts formed the bulk of service tenders. Capital works tenders were mainly related to hospital maintenance and redevelopment projects.



中央投標委員會

醫院管理局中央投標委員會負責審議及批核四百萬元以上的投標。委員會由財務委員會的主席擔任主席，如其缺席則由財務委員會的副主席代替，另有兩名當然成員（行政總裁及財務總監或其代表）及三名不屬行政隊伍的成員，後者在六名醫管局輪值成員中應邀出任。

在 2003/04 年度，中央投標委員會共召開六次會議及透過傳閱文件，審議共 68 項採購物資或服務及外判基本工程的投標建議。物資採購投標主要涉及購買醫療設備及消耗品，服務投標主要涉及庶務合約，基本工程投標主要涉及醫院保養及重建工程。



- 1 Mr Anthony WU Ting-yuk, JP
胡定旭先生
- 2 Dr Lily CHIANG
蔣麗莉博士
- 3 Mr Edward HO Sing-tin, SBS, JP
何承天先生
- 4 Mr LO Chung-hing, SBS
盧重興先生
- 5 Mrs MONG KO Mei-yee
蒙高美懿女士
- 6 Mrs Gloria NG WONG Yee-man, JP
吳王依雯女士
- 7 Mr Paul YU Shiu-tin, JP
余嘯天先生
- 8 Dr William HO, JP
何兆煒醫生
- 9 Ms Nancy TSE
謝秀玲女士
- 10 Dr Anthony HO Yiu-wah
何耀華博士

Executive Management

The executive management team is shown in Appendix 2. 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 (Appendix 8).

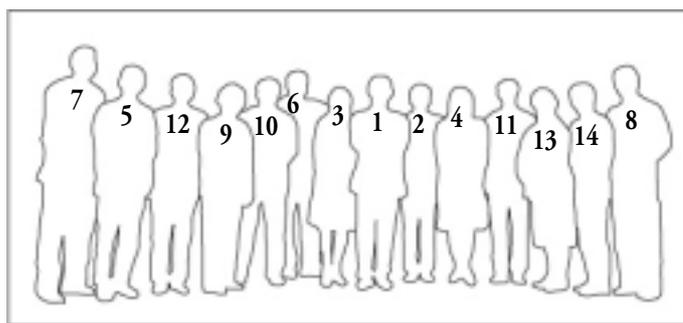
Under the powers stipulated in the Hospital Authority Ordinance, the Hospital Authority determines the remuneration and terms and conditions of employment for all of its employees. Remuneration packages of executive directors and other senior managers are aimed at attracting, motivating and retaining high-calibre individuals in a competitive international market. With regard to senior executives, each case is considered and endorsed by the HA Board through its Staff Committee.



行政管理

附錄二載有行政管理團隊的名單。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。大會每年亦會根據既定方針，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問責報告，包括議定的表現指標及工作目標進度（參閱附錄八）。

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。面對具競爭性的國際市場，為行政總監及其他高級管理人員而釐定的薪酬配套，旨在吸引、激勵及挽留高質素人才。至於高級行政人員的薪酬，則由醫管局大會的職員委員會按個別情況考慮及審批。



- | | | |
|--|---|--|
| 1 Dr William Ho, JP
何兆煒醫生
<i>Chief Executive</i>
行政總裁 | 5 Dr M Y CHENG
鄭文容醫生
<i>Deputy Director (Professional Services & Facilities Management)</i>
副總監（專業事務及設施管理） | 10 Dr York CHOW, SBS
周一嶽醫生
<i>Cluster Chief Executive, Hong Kong West Cluster</i>
港島西醫院聯網總監 |
| 2 Dr KO Wing-man, JP
高永文醫生
<i>Director (Professional Services & Public Affairs)</i>
專業及公共事務總監
<i>(Also overseeing the human resources function after departure of Dr Kathleen SO)</i>
(於蘇碧嫻醫生離任後兼管人力資源職能) | 6 Mr Andre GREYLING
高寧安先生
<i>Deputy Director (Information Technology)</i>
副總監（資訊科技） | 11 Dr FUNG Hong, JP
馮康醫生
<i>Cluster Chief Executive, New Territories East Cluster</i>
新界東醫院聯網總監 |
| 3 Dr Vivian TAAM WONG, JP
黃譚智媛醫生
<i>Director (Professional Services & Medical Development)</i>
專業事務及醫療發展總監
<i>(also overseeing corporate affairs)</i> （兼管中央事務） | 7 Mr David ROSSITER
羅熙達先生
<i>Deputy Director (Human Resources)</i>
副總監（人力資源） | 12 Dr Lawrence LAI, JP
賴福明醫生
<i>Cluster Chief Executive, Kowloon Central Cluster</i>
九龍中醫院聯網總監 |
| 4 Ms Nancy TSE
謝秀玲女士
<i>Director (Finance)</i>
財務總監
<i>(also overseeing the information technology function)</i>
(兼管資訊科技職能) | 8 Dr CHEUNG Wai-lun
張偉麟醫生
<i>Cluster Chief Executive, New Territories West Cluster</i>
新界西醫院聯網總監 | 13 Dr Pamela LEUNG, JP
梁明娟醫生
<i>Cluster Chief Executive, Hong Kong East Cluster</i>
港島東醫院聯網總監 |
| | 9 Dr Lily CHIU
趙莉莉醫生
<i>Cluster Chief Executive, Kowloon West Cluster</i>
九龍西醫院聯網總監 | 14 Dr TSE Chun-yan
謝俊仁醫生
<i>Cluster Chief Executive, Kowloon East Cluster</i>
九龍東醫院聯網總監 |

Hospital Governing Committees

To enhance community participation and governance of the public hospitals in accordance with the Hospital Authority Ordinance, Hospital Governing Committees have been established in 38 hospitals (Appendix 4). These committees held between three to six meetings during the year to receive regular management reports from Hospital Chief Executives, monitor operational and financial performance of the hospitals, participate in human resource and procurement functions, as well as hospital and community partnership activities. In total, the 38 Hospital Governing Committees held 130 meetings in 2003/04. A briefing session was held for all Hospital Governing Committee and Regional Advisory Committee members during the SARS crisis in April 2003 to keep them abreast of the Authority's management of the epidemic. A briefing session was also conducted on 29 October 2003 to inform members about the findings of the Authority's Review Panel on SARS Outbreak.

醫院管治委員會

根據《醫院管理局條例》，為促進社區參與及加強公立醫院管治，我們在38間醫院成立了醫院管治委員會（參閱附錄四）。這些委員會於年內開會三至六次，收閱醫院行政總監的定期管理報告，監察醫院在運作和財務方面的表現，並參與人力資源及採購職能的管治工作，以及醫院和社區的協作活動。在2003/04年度，38個醫院管治委員會共召開130次會議。在2003年4月沙士期間，醫管局曾為所有醫院管治委員會及區域諮詢委員會成員舉行簡報會，告知他們醫管局管控疫症的最新情況，而在2003年10月29日亦舉行了另一次簡報會，告知成員有關醫管局沙士疫症檢討委員會的調查結果。



Regional Advisory Committees

In accordance with the Hospital Authority Ordinance and to provide the Authority with advice on the healthcare needs for specific regions of Hong Kong, the Authority has established three Regional Advisory Committees. Appendix 5 lists out these three Regional Advisory Committees and their respective memberships. Each Regional Advisory Committee meets four times a year.

In 2003/04, the three Regional Advisory Committees received reports from hospital clusters in their respective regions on management of the SARS crisis, the cluster framework of response to major incidents and infectious disease outbreaks, as well as the follow-up strategies on recommendations of the SARS Review Panel and Expert Committee. The Regional Advisory Committees also deliberated on the annual plan targets of individual clusters and gave advice to the Authority on the healthcare needs of local communities.

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。附錄五載有此三個委員會及其成員名單。各區域諮詢委員會每年召開四次會議。

在 2003/04 年度，三個區域諮詢委員會收閱所屬地區醫院聯網有關沙士管控的報告、重大事故及傳染病爆發的應變架構，以及對沙士疫症檢討委員會及立法會專家委員會所建議的跟進策略。委員會亦曾討論個別聯網的工作目標，並就本區的醫療需要向醫管局提供意見。



Staff Appeals Committee

The Staff Appeals Committee was formed by the Authority Board in December 2002 to replace the Staff Appeals Subcommittee of the Human Resources Committee as an independent body to handle staff appeals which have already exhausted the normal staff complaint channels within the Authority. In 2003/04, the Committee handled and resolved three appeal cases from three staff members. It also considered another two staff complaint cases and redirected them to be handled at the appropriate level of the management.

In 2003/04, the Committee advised the executives to conduct a review of the Authority's staff complaint and appeal procedures to clearly delineate the levels of responsibilities in handling various tiers of staff complaints and appeals. As a result, a Human Resources Circular was issued in November 2003, setting out the procedures and subject officers for handling staff complaints and appeals at different levels in hospitals and the Head Office. In the course of handling an appeal in March 2004, the Staff Appeals Committee also initiated a review on the staff appeal procedures with a view to empowering the Committee to dismiss cases which are considered frivolous or too minor in nature to warrant a full-course investigation.

職員上訴委員會

職員上訴委員會於2002年12月成立，以取代人力資源委員會轄下的職員上訴小組委員會。委員會屬獨立組織，負責審議醫管局內經正常職員投訴渠道處理的上訴個案。2003/04年度，上訴委員會解決了三宗職員上訴個案，又審議了另外兩宗職員投訴，把它們轉介給適當的管理人員加以處理。

在2003/04年度，委員會指示行政人員檢討醫管局的職員投訴及上訴程序，以列明處理不同職級職員投訴及上訴的負責人員。結果，醫管局在2003年11月發出人力資源通告，列出醫院及總辦事處處理不同職級職員投訴及上訴的程序及負責人員。委員會在2004年3月處理一宗上訴個案時，亦建議進行程序上的檢討，以便賦予委員會權力駁回瑣碎而不值得作全面調查的個案。



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.

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。



Staff Awareness and Commitment

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

Purchasing and Contracting

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

Management

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

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。

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。



Membership of the Hospital Authority 醫院管理局成員



Prof LAM Shiu-kum
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學院院長。

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 Hospital 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。

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).

於二〇〇二年十二月一日獲委任，何先生是一位傑出建築師，有廣泛的公共服務經驗，曾任行政局(1991-92)及立法會(1987-2000)議員。

Prof Thomas WONG Kwok-shing
汪國成教授

Appointed on 1 December 1999, Prof Wong is Dean of the Faculty of Health & Social Sciences and College of Professional & Continuing Education 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醫療及社會科學院院長，同時亦是香港護士管理局主席。

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。

Mrs MONG KO Mei-yee
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。

Professor 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 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，徐教授是香港理工大學工商管理學院院長，在機構管治方面具豐富經驗。

Miss Iris CHAN Sui-ching
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。

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，一直積極參與衛生福利界的志願服務。

Ms Elizabeth TSE, JP
謝曼怡女士

Succeeding Mr Stanley YING, Ms Tse was appointed on 13 October 2003 in her capacity as representative of the Secretary for Financial Services and the Treasury.

謝女士於二〇〇三年十月十三日起接替應耀康先生，以財經事務及庫務局局長代表身份出任醫管局成員。

Dr Loretta YAM, BBS
任燕珍醫生

Appointed on 1 December 2003, Dr Yam is the Chief of Service of the Department of Medicine of Pamela Youde Nethersole Eastern Hospital.

於二〇〇三年十二月一日獲委任，任醫生為東區尤德夫人那打素醫院內科部部門主管。

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。

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 the Mass Transit Railway Corporation Limited.

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。

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，黃博士是香港賽馬會行政總裁，一直積極參與公共服務。

Dr P Y LAM, JP
林秉恩醫生

Dr Lam succeeded Dr Margaret CHAN as Director of Health on 21 August 2003.

林醫生由二〇〇三年八月二十一日起接替陳馮富珍醫生出任衛生署署長。

Mr 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。

Mr Clifton CHIU Chi-cheong
趙志鎬先生

Appointed on 1 December 2002, Mr Chiu is a Certified Public Accountant who has served as Chairman of the Audit Committee of the Hospital Authority since October 2001.

於二〇〇二年十二月一日獲委任為醫管局成員，趙先生為一位註冊會計師，自二〇〇一年十月起出任醫管局審計委員會主席。

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。

Dr C H LEONG, GBS, JP
梁智鴻醫生

Succeeding Dr K S LO as Chairman of the Authority on 1 October 2002, Dr Leong has been appointed as a member of the Authority since its inception. He is also the Chairman of the Hong Kong Academy of Medicine.

在醫院管理局成立之初，已獲委任為本局成員。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。梁醫生亦為香港醫學專科學院的主席。

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

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。鄧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。

Miss Eliza C H 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，現為祖傳律師行的顧問律師。

Mr Anthony WU Ting-yuk, JP
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。

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。

Board's Overview

I am delighted to write this overview for the Hospital Authority Annual Report 2003/04 on behalf of the Authority Board. Looking back at our work last year, the Authority Board is impressed by the list of achievements we made in spite of the need to meet the Authority's greatest challenge of fighting a new epidemic named Severe Acute Respiratory Syndrome (SARS).

The SARS challenge

The Authority's dedicated workforce of healthcare professionals responded magnificently and selflessly to the SARS challenge. Our doctors, nurses, healthcare assistants, allied health workers, hospital managers and administrators fought bravely as a unified team against this mysterious and deadly disease. It was not easy. As the epidemic developed at the beginning of the year, some 1,755 victims of the disease together with many more suspected cases were admitted to our hospitals within weeks, many of them were our own staff who might have acquired the infection in the course of unreservedly treating their patients. At the peak of the epidemic, the Board met twice every week to monitor the situation and conducted hospital visits to audit the implementation of infection control measures and supplies of personal protective equipment. Members also assisted in communications with frontline staff, including manning a 24-hour staff hotline to answer staff calls. Through the incessant efforts and sacrifices of the Authority's staff and the unfailing support of the Government and the whole of Hong Kong, the battle against SARS was eventually won. The Authority Board was very proud that our staff had fearlessly risked their lives in the highest spirit of professionalism and comradeship to save Hong Kong and the world from SARS last year.

Post-SARS improvements

The story was by no means over when the SARS epidemic subsided in June 2003. The Authority was determined to face the challenge of revamping its service delivery models, building more isolation facilities and training more needed personnel to enhance its preparedness for another possible infectious disease outbreak during the post SARS period. Again, we are proud that our executives and frontline staff have met this challenge with untiring efforts and emerged with flying colours. Additional isolation beds were built, existing beds rationalised, infection control practices



improved, massive staff training programmes launched, and contingency plans revisited within just a few months after the outbreak. We also worked closely with the Government to plan for the construction of longer term isolation facilities in selected acute public hospitals and the establishment of a new Centre for Health Protection to bolster Hong Kong's capability of handling major outbreaks of infectious diseases in the future.

The Authority's Review Panel on SARS Outbreak and the Government-commissioned SARS Expert Committee published their reports in September and



我很高興代表醫院管理局大會為醫管局 2003/04 年度的年報撰寫匯報。回顧去年的工作，面對「嚴重急性呼吸系統綜合症」（沙士）全新疫症的至巨挑戰，我們在全力抗疫之餘，仍能締造不少佳績，著實令人告慰。

沙士的挑戰

面對沙士的挑戰，醫管局全體醫護員工，任重千鈞，奮勇抗疫。醫生、護士、醫護助理、專職醫療人員、醫院管理及行政人員緊守崗位，以大無畏精神與神秘致命疫症周旋，殊非易事。當疫症



在年初爆發時，在短短數周內，便有 1,755 人染病，他們連同數目更多的疑似個案，均在醫管局的醫院接受治療，當中不少是我們的員工，他們在悉心照料病人時受到感染。在疫情高峰期，大會每周開會兩次監察情況，並到醫院巡視，審核防染措施及個人防護裝備的供應。成員亦協助與前線人員溝通，包括接聽 24 小時的員工熱線。因着醫管局員工的不懈努力和無私奉獻，加上政府與香港社會的鼎力支持，我們終於戰勝疫症。全體員工去年在疫症中表現出的專業、團結、無懼無畏

的犧牲精神，令香港及全世界得以解除沙士的威脅，大會對此深以為傲。

疫後改善

沙士疫情在 2003 年 6 月告一段落，但我們的工作並未完結。醫管局面對疫後重建的挑戰，如重整服務模式、增建隔離設施及培訓更多所需人才，以加強日後應付疫症的能力。各行政人員及前線職員無懼艱辛應付這些挑戰，表現出色，我們再次為他們感到驕傲。在疫症爆發後的短短數個月

內，我們加建隔離病床、理順現有病床數目、改善感染控制守則、舉辦大型員工培訓，以及檢討應變計劃。我們亦與政府緊密商討，籌劃在三間選定公立急症醫院興建長遠的隔離設施，並協助政府成立新的衛生防護中心，以提升香港應付重大疫症爆發的能力。

醫管局「沙士疫症檢討委員會」及政府「沙士專家委員會」分別在 2003 年 9 月及 10 月公布檢討報告書。兩份報告書共提出 91 項建議，期望加強香

October 2003 respectively. A total of 91 recommendations were put forward in the two reports with a view to enhancing our health and healthcare system for the control of future infectious disease outbreaks of major proportions. In this regard, the Board also set up an Emergency Executive Committee to deal with future emergency or crisis situations. With the untiring efforts and dedication of our staff, most of the recommendations related to the Authority had been successfully implemented before the end of the year. The Board is grateful to all our staff for achieving such speedy results.

Strategies of the year

Returning to relatively normal activities after the SARS outbreak, the Authority continued to implement an entire range of improvement initiatives during the year to meet the healthcare needs of Hong Kong people. A total of 238 improvement targets under the five corporate strategic directions were planned at the beginning of the year. Despite the disruption caused by the SARS crisis, our managerial and frontline staff had been very successful in achieving and exceeding all these targets except eight, which were either partially completed or deferred to the following year due to unforeseeable circumstances. The Board is naturally pleased with the progress made and would like to congratulate all staff members for the achievement of the set targets.

Facing the hefty budgetary deficits and increasing service demand, the Authority had started several years ago to change its hospital-based service delivery model to a community-based service model, aiming to achieve efficient use of the total resources available for healthcare. In 2003/04, we spared no efforts to strengthen our

community-based teams in the form of Community Nursing Service, Community Geriatric Assessment and Community Psychiatric Teams. In response to the need for a higher standard of infection control in the elderly homes during the SARS outbreak, the Authority launched a Visiting Medical Officer Scheme, involving over 90 private practitioners, to enhance outreach medical services to elderly people in the community. This Scheme will become an ongoing initiative. After the takeover of all general outpatient clinics from the Department of Health in July 2003, the Authority had



taken the opportunity to promote Family Medicine practices and training, thereby enlarging the proportion of doctors undergoing training in community care.

To enhance organisational productivity and performance, the Authority further intensified its cluster management reform through the adoption of a new population-based internal resources allocation system. Under the leadership of the Cluster Chief Executives, service improvement and rationalisation programmes were initiated to reduce duplications, achieve cost-effective use of resources, facilitate professional training,

港的衛生及醫療體制，以利監控日後大型疫症的發生。為此，大會成立了「緊急應變策導委員會」，以便日後在緊急及重大事故發生時發揮策導角色。報告發表後，我們的員工竭盡所能，在年底前已落實各項與醫管局有關的建議。大會非常感謝醫管局的員工，在短時間內取得如此成果。

年內的策略

沙士過後，服務逐漸重返正常軌道，醫管局在年

向的服務模式，以善用現有的醫療資源。在2003/04年，我們全力加強各社區專業隊伍，包括社康護理服務、社區老人評估及社區精神科小組。由於沙士期間護老院亟需提升防染標準，醫管局推行了「到診醫生計劃」，延攬超過90名私家醫生，加強為社區長者提供外展醫療服務，計劃將會持續進行。此外，醫管局於2003年7月接管衛生署所有普通科門診診所後，我們掌握機遇發展家庭醫學及培訓，使更多醫生能接受社區醫學訓練。



內繼續推行一系列的改善措施，迎合香港市民的醫療需要。年初，我們根據醫管局五大策略路向制訂了238項改善目標。雖然沙士打亂了工作進度，但管理及前線人員在履行工作計劃方面表現卓越，甚至超出原訂目標，只有八項目標因未可預見的情況而未能全部完成，或推遲至下一年。有此成績，大會感到十分滿意，並祝賀所有員工在貫徹工作目標方面取得佳績。

面對嚴峻財赤及服務需求日增，醫管局在數年前已開始從醫院為本的服務模式，轉趨發展社區導

為提高體制效率及效能，醫管局採用新的人口為本內部資源分配機制，進一步加強聯網管理改革。各聯網在聯網總監統領下，推行服務改善及理順計劃，以減少重疊、善用資源、加強專業培訓及爭取更佳經濟效益。藉著改變服務模式、推行人力資源及業務支援策略，以及發展資訊科技基礎設施，聯網生產力得以提升。在大會層面，我們繼續去年的工作，草擬機構管治守則，以便列明醫管局的管治原則和程序，加強對公眾的問責。

為促進公營醫療體制的持續發展，年內醫管局繼



and leverage on economies of scale. Productivity savings were generated through change of service model, implementation of human resources and business support strategies, as well as development of information technology infrastructure. At the Board level, we continued last year's efforts in the development of a draft Code of Corporate Governance to spell out explicitly the principles and processes by which the Authority, as a responsible and accountable public organisation, is directed and controlled.

To promote sustainability of the public healthcare system, the Authority continued to develop and implement strategies to promote public-private interface during the year. All hospital clusters could now issue discharge summaries of patients to facilitate their transfer to private practitioners for follow-up care. Lists of private practitioners were compiled and distributed to patients to facilitate their choice between public and private services. A feasibility study on the setting up of a subsidised medical insurance scheme for selected groups was conducted, with the development of a preliminary business model framework. Phase 2 to Phase 4 of the study will continue in the coming year.

In 2003/04, the Authority implemented a good number of initiatives with a view to developing a quality culture and building its human resource capability. Clinical protocols and guidelines were formulated to standardise the care patterns and assist clinicians in selecting the most effective and appropriate interventions for specific clinical conditions. Clinical audits were conducted in selected areas to ensure professional accountability and quality of care. The Clinical Management System and electronic Patient Record were upgraded to support better clinical decision-making. More doctors, nurses and allied health staff were recruited to relieve the heavy workload of the frontline staff. Core competencies were

developed for various grades of staff to foster a performance-oriented organisational climate. The electronic Knowledge Gateway, e-learning programmes and professional training programmes were enhanced to support the Authority's continuous learning culture.

Conclusion

Despite the long list of achievements last year, we are by no means complacent about our work, particularly when the Authority is still facing so many daunting challenges such as the worsening budgetary situation, escalating community expectation, ever-rising service demand and the threat of infectious disease outbreaks. Continued hard work, determination and the courage to do things differently for a better outcome will be the key to tackling these issues for the health of the Hong Kong population. We in the Authority are confident that, with the sterling support of the community and the Government, Hong Kong's public healthcare system will go from strength to strength in the years to come.



Chairman



續制定及推行公私營協作計劃。現時，所有醫院聯網均可為出院病人發出病歷簡報，方便他們轉往私家醫生覆診。我們亦擬備了私家醫生的名單向病人派發，以便他們從公私營服務中作出選擇。我們亦擬訂了一個初步的業務模式架構，研究可否為某些人士推行資助醫療保險計劃。來年我們會繼續進行第二至第四階段的研究。

2003/04 年度，醫管局推行多項措施，以促進優質服務文化及鞏固人力資源能力。我們制訂了臨床



結論

雖然，去年的工作成果豐碩，但我們並不因而自滿，特別是醫管局現正面對許多艱巨挑戰，如財赤加深、市民期望日高、服務需求激增，以及傳染病的威脅。我們認為，持恆求進，益自淬瀟，勇於創新，是應付這些問題以改善市民健康的良方。我們深信，在市民和政府的鼎力支持下，香港的公營醫療體制將可更臻完善。



常規及指引，以劃一診治模式，協助臨床人員就特定病況選擇有效及適切的治療。我們又在選定範疇進行臨床審核，確保專業問責及優質服務。臨床管理系統及電子病歷紀錄的功能亦已提升，以便更有效支援臨床決定。我們亦增聘了醫生、護士及專職醫療人員，以紓緩前線的繁重工作。我們並為不同職系人員制訂核心才能，促進重視表現的機構風氣。此外，我們亦加強電子知識通道、網上進修課程及專業培訓課程，推廣醫管局的持續學習文化。

A handwritten signature in black ink, reading '梁智鴻' (Leong Si-hung).

醫院管理局主席
梁智鴻醫生





Chief Executive's Overview

Summary

The year 2003 will be long remembered as a year of grief and sorrow for the Hong Kong society under the attack of the Severe Acute Respiratory Syndrome (SARS). The epidemic claimed 299 lives among the 1,755 victims. The disease also disproportionately affected healthcare workers, 376 in all and mostly staff of the Hospital Authority (HA). Eight healthcare workers died, among whom six were from the HA. All aspects of civic life were also affected during the three months of epidemics and for a considerable time thereafter.

from the deadly disease conjured up feelings of heroism and solidarity. In the international arena such as the World Health Organisation and other healthcare conferences, Hong Kong was uniformly praised for our achievements in fighting the disease, our groundbreaking discovery of the Coronavirus and its genetic sequence, our information management capabilities, and the transparency by which we operate - something of great importance to international efforts in the control of emerging infections.



Everybody wore masks, spoke less, and social interactions were drastically reduced. Schools were suspended. Shops were closed and the economy suffered by the billions.

Yet SARS also brought out the best among Hong Kong people. The whole society was united to fight this unknown enemy. Support for frontline healthcare workers was overwhelming. The image of brave and selfless healthcare staff risking their lives day and night to attend to patients and save Hong Kong and the world

The Authority continued to face challenges after the SARS epidemic subsided. As there was great worry that SARS might come back again, huge amounts of work was done to quickly construct additional isolation facilities, improve ventilation in hospitals, train up healthcare workers in critical areas, re-write and test comprehensive contingency plans, stock-pile personal protective equipment and relevant drugs, in addition to following up the long term health needs of the SARS survivors, some of whom beginning to show late complications of this new and unknown disease. There



概要

2003年，香港遭受「嚴重急性呼吸系統綜合症」（沙士）突襲，令人飽歷刻骨創痛。疫症令1,755人染病，當中299人喪失寶貴生命，受感染的醫護人員達376名，大部分是醫管局的員工。最後，八名醫護人員殉職，其中六位是醫管局的職員。在疫症持續的三個月及疫後一段長時間，市民各方面的生活都受到影響：每個人都戴上口罩，減少與人談話，人與人的社交接觸中斷，學校停課，店舖停業，經濟蒙受巨額損失。



然而，沙士亦揭示了香港人美好的一面。神秘疫症當前，人人皆受感召團結抗疫，市民向前線醫護人員傾注無限量支持和鼓勵，令人感動。醫護人員日以繼夜無私照顧病人，致力為香港以至全球解除疫症的威脅，激發一眾抗疫雄心，凝聚全民萬鈞壯志。香港的抗疫成績，備受世界衛生組織等國際機構及其他醫學會議一致讚許：我們成功偵破冠狀病毒及其基因序列、在資訊管理方面有出色表現、在運作上亦高度透明，凡此種種對

於全球管控新疫症都極為重要。

在疫情消退後，醫管局繼續面對重大挑戰。由於擔心沙士可能會捲土重來，我們全力展開工作，從速加建隔離設施、改善醫院通風系統、培訓急需的醫護人手、重新釐訂及測試全面應變計劃、貯備個人防護裝備及所需藥物。此外，我們亦為沙士康復者的長遠醫療需要作出跟進。香港就此



疫症進行了三輪全面檢討及調查工作，分別由政府的「沙士專家委員會」、醫管局的「沙士疫症檢討委員會」，以及立法會的「調查沙士疫情專責委員會」進行。為進行這些調查及跟進有關建議，已動用大量人力物力。與此同時，沙士及禽流感在鄰近國家的零星爆發，令我們的警覺大為提高，並積極監察疫情及隔離懷疑病患者。

were also three rounds of comprehensive review and inquiry into the epidemic: the Government-commissioned SARS Expert Committee, the HA's own Review Panel on SARS, and the Legislative Council's Select Committee on SARS. Enormous amounts of time and resources were devoted to these inquiries, as well as to follow up recommendations. Meanwhile, threats of sporadic cases of SARS and the Avian Flu appearing in neighbouring countries kept us on great alert, busy in doing surveillance and isolating suspected cases.

major tasks were successfully accomplished even in the midst of the epidemic and its aftermath.

Another severe challenge that the HA had to face was the budgetary cut in line with the overall scheme of Government to reduce cost of the public sector. While there was partial compensation resulting from a new population-based resource allocation formula, and additional allocations from the Government to fight the epidemic, HA still ran into another year of deficit of some \$374 million by year end. The rising healthcare needs of



On top of that, the year 2003/04 was a year planned for major changes in the local healthcare system to begin with. New fees and charges designed to reduce inappropriate use of public services, together with an enhanced waiver system for those who could not afford, were introduced in two phases during the year. Major structural reorganisation of the public healthcare system in accordance with the Government's master plan proceeded with the HA taking over all the 59 General Outpatient Clinics from the Department of Health (DH), together with some 800 staff. With the extraordinary dedication and performance of staff, these

an ageing and expanding population, escalating cost of new drugs and technology, and the responsibility of HA to provide training to healthcare professionals all added up to the healthcare bill. Besides managing carefully the unwelcome pay cut for all HA staff in line with the Civil Service, HA also launched a Voluntary Early Retirement Programme to promote staff turnover and pave the way for work and workforce reengineering, particularly in business support areas. While the scheme was successful in terms of the 1,942 HA staff and 557 civil servants who joined, the associated morale and operational problems of losing experienced staff needed to be tackled.



此外，2003/04年度是本地醫療體制開展重大變革的一年。年內，我們分兩個階段實施新收費，以減少市民不適當地使用公立醫療服務，並加強費用減免機制，協助有經濟困難的市民。根據政府的整體發展計劃，醫管局接管衛生署59間普通門診診所，以及其800多名職員，落實了公立醫療體制的重大架構重組。有賴職員的盡心服務和出色表現，儘管面對疫症及其後遺影響，這些主要工作都能一一完成。

們亦推行「自願提早退休計劃」，促進員工更替，以備落實工作及人手重整，特別是在業務支援服務方面。「自願提早退休計劃」共有1,942名醫管局職員及557名公務員參加，成績理想，但我們須同時處理衍生的士氣問題，以及資深員工離職而對運作造成的影響。

對內方面，我們繼續推行管理、財政及服務改革，推動組織蛻變。在嚴峻的預算及運作挑戰下，醫



管局須面對的另一項嚴峻挑戰，是政府為削減公共服務開支而實施的預算削減。年內，藉著新的人口為本資源分配機制，以及政府增加的抗疫撥款，醫管局雖有一些進帳，但仍擺脫不了赤字的威脅，截至年底，醫管局的赤字達3億7,400萬元。由於人口老化及人口增長令醫療需求增加、新科技及藥物開支急升，以及醫管局有責任為醫護人員提供培訓，醫療開支因而百上加斤。我們跟隨政府向醫管局員工審慎實施減薪，此外，我

管局已不能延續醫院及科組為本的文化，而特別在沙士期間員工的呼聲，促使我們有必要加強中央統籌及管控。現時，我們的聯網中期架構共有七個醫院聯網（日後計劃進一步整固為五個大聯網），由行政總裁、醫管局總辦事處的總監及七位聯網總監組成的新領導架構，現已確立。我們亦已推行人口為本的新資源分配模式，以鼓勵聯網醫院之間理順服務、促進公私營協作，以及發展日間及社區醫療提升服務效益。同時，我們亦

Internally, organisational evolution continued with managerial, financial and service reforms. Under the stringent budgetary and operational challenges, the Authority could ill afford continuing with a culture that promoted individuality of hospitals and service units. Feedback from staff particularly during the SARS crisis was also one calling for greater centralisation and control. With the interim structure of seven hospital clusters in place (which is planned for further merging to five mega-clusters in the future), the scene was set for a new top leadership team structure comprising the Chief

of liver transplantation service, a new model for stroke care, and a community collaborative model for care of the elderly in institutions.

Lastly, it proved an enormous undertaking to manage human resources satisfactorily in such a big organisation as the HA with more than 50,000 staff, undergoing major changes and subject to a multitude of challenges including something as big as SARS. A number of weaknesses had indeed been identified, for which steps were taken to improve the organisation's capabilities.



Executive, the Directors in HA Head Office and the seven Cluster Chief Executives. A new population-based resource allocation formula was implemented to drive home an incentive environment for service rationalisation among hospitals within clusters, promote public-private collaboration, and manage services more cost-effectively by shifting towards ambulatory and community care. At the same time, territory-wide service rationalisations and improvements were facilitated by carefully conducted clinical audits to advance recommended care models in a scientific and rational manner. Examples included the centralisation

Rapid electronic dissemination of key messages from top management, daily staff newsletters during crisis time, the use of Staff Ambassadors, staff hotlines, direct dialogue with staff unions, and timely staff forums proved effective in enhancing communication. Steps were taken to enhance the Human Resources Division in Head Office, and plans were made to establish separate human resource functions in hospital clusters. Consistency of practices across the organisation was ensured through such mechanisms as central coordination of the specialty training programmes of doctors, recruitment of professional staff, and



審慎進行臨床審核，以科學及理性方式發展倡議的醫護模式，促進全面服務理順及改善，如統合肝移植服務、採用中風治理新模式，以及採用社區協作模式加強護理居於院舍的長者。

醫管局的職員人數超過五萬，加上機構面對重大轉變及多重挑戰（如沙士疫症），要妥善管理人力資源，殊非易事。不過，我們已鑑辨出機構的一些弱點，並已著手提升有關能力。透過種種措施，如以電子方式迅速發布管理層的重要訊息、在重大事故發生時出版每日員工通訊、設立員工大使及員工熱線、與工會直接對話，以及適時舉辦員工論壇等，均是加強溝通的有效措施。我們已著手加強總辦事處的人力資源部，並計劃在醫院聯網另行設立人力資源部門。而藉著不同機制，如由中央統籌醫生的專科培訓計劃、專業人員招聘，以及員工升遷，可確保機構行事有一貫準則。然而，醫管局成功與否，仍有賴我們一群優秀員工的專業盡責和堅毅團結，他們的傑出表現，在沙士一疫中已發揮得淋漓盡致。

沙士疫症

我們普遍認為沙士是經一名來自華南廣州的遊客傳入香港，他入住廣華醫院並其後病逝。這名遊客在2003年2月21日來港，在市區一間酒店把病毒傳給許多人，這些人繼而在數個國家及威爾斯親王醫院成為源頭病人。威爾斯親王醫院首先發現同一病房的一批員工在2003年3月10日集體放病假。2003年3月15日，世界衛生組織將

這個具高度傳染性的不知名疾病命名為「沙士」，至此，疫症已令該院逾40名醫護人員、病人及訪客染病，全院瀰漫著惶恐氣氛。

在此之前，醫管局已就神秘病症在廣州蔓延的消息，向醫護人員發出預警。醫管局中央感染控制委員會於2003年2月11日開會，並成立專家小組，調查醫管局醫院所有非典型肺炎的嚴重個案，並發布有關嚴重流感的指引和資料。很遺憾，我們未能從正式渠道獲得內地當時情況的最新資料，而當時亦沒有測試可供使用，以便將此未定性的病症與其他眾多的非典型肺炎個案加以區分。

當疫症在威爾斯親王醫院爆發，應變措施隨之啟動，包括管理層每日召開會議、採取連串行動將威爾斯親王醫院的病人轉往其他醫院以減輕病人負荷量、衛生署展開接觸追縱、將病人隔離及採取集中治理安排，以及使用抗病毒藥物及類固醇作測試治療。在全力偵查病毒元凶下，我們終於取得突破。2003年3月22日，香港大學的研究小組發現元凶為冠狀病毒。在此期間，政府實施多項措施，統籌各方面的抗疫力量，包括在衛生福利及食物局之下成立特別專責小組、聯絡內地衛生當局獲取疾病的資料，以及尋求世界衛生組織專家的意見。

在僅僅兩周內，疫症已在香港大規模擴散。醫管局行政總裁及統領威爾斯親王醫院的聯網總監均告染病。至此，醫管局主席憑其醫學專長，瞬即全情參與醫管局的日常事務，與高層行政人員並



coordination of staff promotions and transfers. The success or otherwise of the HA in meeting community needs and fulfilling the organisational mission continued to depend on the dedication, professionalism, and teamwork of our valuable staff, whose brilliance was amply shown and felt by all during the unfortunate epidemic of SARS.

The SARS epidemic

It was generally believed that SARS was brought to Hong

already brought down more than 40 staff, patients and visitors, and the whole hospital was shrouded in fear.

Prior to this, the Authority had taken steps to alert healthcare workers in the light of news concerning a mysterious disease spreading in Guangzhou. The HA Central Committee on Infection Control met on 11 February 2003, and formed an expert group to look at severe cases of atypical pneumonia in all HA hospitals. Guidelines and information on severe influenza were promulgated. Unfortunately, no updated information regarding what was happening in Mainland China was



Kong by a visitor from Guangzhou in southern China, who was admitted and subsequently died in our Kwong Wah Hospital. Crossing the border on 21 February 2003, he spread the disease in a downtown hotel to many others, who in turn became index patients in several countries as well as in our Prince of Wales Hospital. Hospital management of Prince of Wales Hospital first noticed a group of staff from the same ward took sick leave on 10 March 2003. By the time this unknown but highly infectious disease was coined SARS by the World Health Organization on 15 March 2003, it had

available through the formal channels, and no tests were available to differentiate this yet uncharacterised disease from thousands other cases of atypical pneumonia.

The outbreak in Prince of Wales Hospital activated response actions including daily meetings of the top executive team, successive steps to decrease the patient burden of Prince of Wales Hospital through diversion to other hospitals, contact tracing by the Department of Health, patient isolation and cohorting arrangements, as well as empirical treatment using anti-



肩作戰，應付當前的難關。直至淘大花園事件爆發，疫情進入高峰期。由2003年3月24日開始，大量染病居民相繼入住醫管局的醫院，特別是基督教聯合醫院，令該院不勝負荷。而接受集中治理的淘大花園沙士病人，累計達329人。

政府在2004年3月27日公布多項公共衛生措施，以進一步遏止疫症。同日，沙士成為法定通報傳染病。淘大花園的居民亦遷往隔離營，大廈進行徹底消毒。而鑑於瑪嘉烈醫院長久以來都是專門

至2003年4月11日，瑪嘉烈醫院正式完成作為治理沙士指定醫院的使命。

為調配足夠人手和設施處理大量的沙士入院病人，公立醫院三成非緊急服務在此期間分段暫停，以進行人手培訓及調配，處理沙士病人及懷疑病患者，而特別對於深切治療服務，我們即時進行加強整固。

在疫症期間，香港於僅僅數周內，便有1,755人染病。醫管局從三方面著手遏止疫症在社區擴散，



治理傳染病的公立醫院，故政府及醫管局決定，該院在2003年3月29日成為接收沙士病人的指定醫院，其現有病人會遷往其他醫院。但病人增加的速度仍超出預期，更不幸的，是深切治療部的主要人員亦告染病。醫管局由中央作出統籌，從其他醫院調派人手增援瑪嘉烈醫院，黃大仙醫院亦奉命成為接收沙士康復病人的指定醫院，以紓緩急症醫院的負擔。及後，其他醫院相繼分擔工作量，

即阻截病毒蔓延、保護醫護人員免受感染及改善病人醫療成效。醫管局總辦事處成立了沙士控制中心，委派地區統籌人員與衛生署及警務處協作，加快進行接觸追縱。我們利用現有的臨床管理系統，在數日內建立了「沙士電子資料庫」的全面網上資訊系統，提供沙士新入院病人的實時資訊。我們亦為私家醫生提供培訓，講解沙士的病徵，以便私家醫生能及早偵察疾病及將懷疑病患者轉

viral agents and steroid. Intense effort to search for the aetiological agent finally led to the groundbreaking discovery of the Coronavirus by the University of Hong Kong team on 22 March 2003. During this period, the Government initiated a number of steps to coordinate the effort of all parties to fight the epidemic, including the setting up of a special Task Force under the Secretary for Health, Welfare and Food, contacting health authorities in China for information on the disease, and seeking advice from World Health Organisation experts.

Yet just within this brief period of two weeks, the disease had already spread far and wide in Hong Kong. The Chief Executive of HA himself and the Cluster Chief Executive in charge of Prince of Wales Hospital both contracted the disease. The HA Chairman with his medical background soon found himself involved on a day-to-day basis, working alongside the senior executive team in view of the dire situation. The peak of the epidemic was marked by the Amoy Gardens incident when starting from 24 March 2003 there was rapid influx of infected residents in this housing complex into HA hospitals, particularly the United Christian Hospital which was soon overwhelmed. The total number of SARS patients in the Amoy Gardens cohort eventually reached 329.

The Government announced a number of public health measures on 27 March 2004 as further steps to control the epidemic. SARS became a notifiable disease under the law on the same day. Residents of Amoy Gardens were moved to an isolation camp, and the residential block was thoroughly disinfected. The Government and HA decided to designate the Princess Margaret Hospital, with its long tradition of specialising in infectious diseases, to receive SARS patients on 29 March 2003 after decanting all its existing patients to other hospitals. Still, the speed by which patient load built up was

unexpected, and this was compounded by the unfortunate event of key staff in the Intensive Care Unit themselves brought down by the disease. Through central coordination, additional manpower from other hospitals was deployed to Princess Margaret Hospital to help out. The Wong Tai Sin Hospital was also designated to receive convalescing SARS patients to relieve the workload of acute hospitals. Gradually, other hospitals took over to share out the workload, and the designation of Princess Margaret Hospital officially ended on 11 April 2003.

To make available sufficient manpower and facilities to handle the influx of SARS patients, up to 30% of non-urgent services in public hospitals were suspended in stages during the epidemic, with training and redeployment of staff to manage SARS and suspected patients. In particular, immediate steps were taken to strengthen Intensive Care Units.

Throughout the epidemic that infected 1,755 people within weeks in Hong Kong, the Authority had adopted a three-pronged approach to control its spread in the community, i.e., containing transmission of the virus, protecting staff from infection and enhancing patient outcome. A SARS Control Centre was set up at the HA Head Office with regional coordinators appointed to work with the Department of Health and 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 to provide real time information on newly admitted SARS patients. Training sessions were held for private practitioners on the presentation of SARS to facilitate early identification and referral of suspected cases to the HA. A website for general practitioners was also set up to provide updated information about the disease and



介醫管局。我們並為普通科社區醫生設立網頁，提供疾病的最新資訊及解答疑問。透過社區老人評估小組及到診醫生的服務，我們亦加強了對護老院的健康監察。

沙士爆發令整個公立醫院體制面臨嚴峻考驗，醫護人員無不在極度壓力、惶恐、疲乏和焦慮下工作。為保護員工免受感染，我們根據對疾病的最新資料修訂指引，透過多種渠道向前線人員發布，包括電郵、員工討論會、員工報章「抗炎日訊」，

儘管已採取這些措施，醫護人員仍受感染。究其主要原因，除病毒傳播力強及傳播途徑眾多外，就是隱形病人的出現。這些病人的病徵，並不符合世界衛生組織所訂的沙士典型病徵準則，因而避過確診，導致多宗爆發，包括雅麗氏何妙齡那打素醫院、大埔醫院、明愛醫院及其後的北區醫院。有鑑於此，醫管局進一步修訂指引，將所有急症病人都假設為可能沙士病人，然而，這對個人防護裝備供應及防染程序，有重大影響。在疫情高峰期，醫管局大會每周開會兩次，以監控情



The "Star of Life" is funded by community donations made to the HA during the SARS outbreak. This gift represents the Hong Kong community's unreserved support for the HA staff who showed selfless dedication in the battle against SARS. It recognizes those who have fought the deadly virus with extraordinary courage. It also commemorates heroes who sacrificed their lives while saving others and is a symbol of our unshakable determination to fight the disease.

「同心結幸運星」，是由醫院管理局頒贈給每位員工的紀念章。這枚紀念章的製作由社區人士捐款支持。代表全港市民對在「非典型肺炎」戰役中奮力抗炎人員的崇高敬意；對醫護專業的無限支持；紀念醫管局全體員工捍衛市民健康的感人英勇事跡，眾位捨生救人醫護人員的偉大英靈，以及香港人堅定的抗炎決心。



以及近年成立由聯繫護士制度支援的醫院及聯網感染控制網絡。當時，全球的個人防護裝備因需求激增而出現短缺，搜羅物資困難重重，但經醫管局進行中央統籌，並教導員工適當的使用方式後，問題逐漸得以紓解。我們透過在工作地點安排每日簡報會、正式培訓課程及經驗交流會，向員工持續灌輸防染守則。我們亦落實多項環境措施，如增設病毒過濾網、改善病房通風系統及按風險劃分區域，以減低環境因素引致的感染風險。

況。大會成員亦參與到醫院進行審核，並協助與前線人員溝通，包括接聽員工熱線。

為改善對此不知名病症的醫療成效，自疫情初期，醫管局與兩間大學的專家組成了諮詢小組，評估及討論各種可行的診斷及治療方法。我們收集臨床資料加以分析，並透過醫管局的沙士網頁、經驗交流會及討論會將資料發放予各有關機構，提供疾病的最新資訊。對於不同界別及國家倡議的

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 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 taking into account the evolving knowledge on the disease, and promulgated to frontline staff through multiple channels. These included e-mail messages, staff forums, the daily SARS bulletin “Battling SARS Update” and the hospital and cluster-based

improvement of ventilation in wards and zoning by risk of exposure were also taken to reduce the risk of infection arising from environmental factors.

Despite these measures, healthcare workers continued to be infected. Besides the high infectivity of the virus and its multiple modes of transmission, one of the key factors was the appearance of “cryptic patients” who did not manifest the typical symptoms and signs of SARS according to the World Health Organisation criteria and therefore evaded identification. This led to a number of outbreaks including that in the Alice Ho Miu Ling Nethersole Hospital, Tai Po Hospital, Caritas Medical



Infection Control networks, assisted by the Link Nurse System built up in recent years. While the supply of personal protective equipment was fraught with difficulty at the time because of worldwide shortages in the face of huge increase in demand, central coordination in the HA and education to staff on proper usage gradually eased off the problem. Continuous education on infection control precautions was arranged through daily briefings in the workplace, formal training and experience sharing sessions. A number of environmental measures such as addition of viral filters,

Centre and later North District Hospital. Recognising this, the HA further revised guidelines to assume all acute patients as potential SARS patients, with major implications on the supply of personal protective equipment and infection control procedures. At the height of the epidemic, the HA Board met twice every week to monitor the situation. Board members also participated in hospital audits and helped in the communication with frontline staff, including manning the staff hotline.

其他療法，我們致力翻查文獻及由專家探討，並作出評估，我們亦就中醫藥在防治及復康方面的成效進行試驗。同時，我們在電子知識通道轉載本地及外國的論文，並在供同業參考的國際期刊登載疾病治理的經驗，我們亦就所有沙士病人成立中央臨床資料庫，以便就病症、有關診斷、病情發展及治療進行全面分析。

在醫管局、政府及全港市民一同努力下，疫情終於在2003年5月底成功受控。在抗疫的過程中，醫管局全體員工專業拚搏、無私奉獻，贏得全港市民



激節讚賞。在疫症期間及之後，我們從市民收到心意卡及捐助，源源不絕。截至年底，醫管局及其慈善基金共收獲1億4,150萬元捐款，用以在疫症時期及之後購買個人防護裝備及改善醫院設施。

疫後工作

當疫情消退，醫管局雖經歷重創，但仍無歇息餘地。我們須處理在疫症期間沒有到診或更改診期

的積壓病人，而鑑於沙士可能重臨或會有其他傳染病爆發，市民亦熱切期望醫管局能迅速改善其硬件和軟件設施。經此一疫，社會在人命及經濟方面付出了巨大代價，鑑於公眾及員工的積壓情緒，政府（「沙士專家委員會」）及醫管局（「沙士疫症檢討委員會」）分別同時進行兩項調查。調查工作動用了大量人力物力，與此同時，改善工作亦全速進行。兩份調查報告共提出91項建議，大部分已納入醫管局及政府部門的工作計劃。

首先，醫管局立即在14間大型急症醫院進行改裝



工程，以加強感染控制設施，包括通風及空氣過濾裝置。至本財政年度末，有關醫院已建置約1,400張隔離病床，以提升應付日後疫症爆發的能力。目前，我們正籌劃在瑪嘉烈醫院興建一幢設備先進的傳染病大樓，而醫管局亦繼續貯備足夠三個月用量的個人防護裝備及所需藥物，以防範大型疫症發生。

As regards improving outcome of patients suffering from this hitherto unknown disease, advisory groups of experts in HA and the two Universities were formed since 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 and seminars to provide them with updated knowledge of the disease. Alternative treatment suggestions received from different sectors and countries were evaluated through literature and expert review. The use of Chinese Medicine for prevention, treatment and rehabilitation was pilot tested. Local and international publications were scanned and posted on the e-Knowledge Gateway. Disease management experiences were published in international peer-reviewed journals. A central clinical database for all SARS patients was set up to facilitate comprehensive analysis of the disease, its diagnosis, progression and treatment.

The HA, in collaboration with Government and the community, succeeded in putting the SARS epidemic under control approaching the end of May 2003. In their fight against SARS, staff of the Authority had demonstrated the highest spirit of professionalism, dedication and selfless sacrifice, which won the respect of all Hong Kong people with the inflow of a huge amount of appreciation messages and donations from the community during and after the crisis. Up to the end of the year, the Authority and its charitable trusts had received donations amounting to \$141.5 million, which were used to purchase personal protective equipment and improve hospital facilities during and after the epidemic.

Post-SARS work

With the epidemic subsided and despite a seriously traumatised organisation, the HA had no time for rest. The backlog of other patients who did not attend or were deferred during the epidemic had to be cleared. There was also great expectation from the public on quickly improved hardware and software in the Authority should there be a return of SARS or other infectious diseases. With the society paying a high price for both human lives and the economy, the pent up sentiments of the public and staff brought forth two simultaneous inquiries - the Government commissioned SARS Expert Committee and the HA Review Panel on SARS. Enormous amount of time and energy were devoted to these investigations, while at the same time improvement works proceeded in full speed. The reports of the two inquiries led to a total of 91 recommendations, most of which had already been taken on board in the plans of the HA and government departments.

Firstly, the Authority carried out immediate alteration works in 14 major acute hospitals to enhance their infection control facilities including ventilation and air-filtering provisions. By the end of the financial year, some 1,400 isolation beds had been constructed in these hospitals to upgrade their ability of handling future infectious disease outbreaks. Planning was also underway to build a state-of-the-art infectious disease block in Princess Margaret Hospital. Meanwhile, the Authority continued to stockpile three months supply of personal protective equipment and relevant drugs to prepare itself for combating major epidemics.

Secondly, learning from the SARS experience, the HA contingency plans for infectious disease outbreaks and other major incidents such as civil disasters and bio-terrorism were comprehensively revamped with emphasis



此外，汲取沙士的經驗，醫管局全盤修訂傳染病爆發及其他重大事故的應變計劃，如社區災難及生化恐怖襲擊，著重建立清晰的指揮、統籌、管控及溝通架構，以及詳細的服務分流及員工調配安排。就傳染病方面，我們制訂了三層的顏色警示應變計劃，配合政府新的跨部門應變計劃。這些計劃在不同層面進行測試演習，並不斷改進。

中央傳染病委員會亦設立了加強機制，以制訂指引、落實防染執行網絡、推行全面培訓，以及加

所有這些工作證實部署及時。年內，沙士在新加坡、台灣及北京再有零星爆發，而在多個鄰近國家及地區的家禽，均出現了大規模的禽流感疫情，越南及泰國更發生致命的人類感染個案。醫管局遂根據新的應變計劃，啟動黃色警示，歷時達四個月，以保持高度警覺監察疾病及隔離懷疑個案，並重新檢定及加強實驗室的安全。同時，我們利用政府特別設立的員工培訓及福利基金，舉辦700多節感染控制培訓。藉著醫管局與其他政府部門通力合作，香港幸而未受影響。



強對護老院、醫院及醫護人員的健康監察，防範疫症再現。在醫管局大會層面，我們成立了「緊急應變策導委員會」，確立在重大事故發生時的管治方式。此外，醫管局向政府提供一切所需支援，協助成立新的衛生防護中心，以及籌劃新的傳染病資訊系統。醫管局、衛生署及警務處利用資訊科技抗疫的傑出合作成果，在2004年5月獲得了「斯德哥爾摩科技挑戰獎」。

在臨床方面，前線臨床人員積極參與就沙士病人的治理進行客觀評審，以制訂實證為本的治療常規，以備日後應用。由不同臨床專科專家組成的醫管局沙士協作委員會，在疫後繼續工作，以交流臨床經驗及心得、評估其他治療選擇、在供業界參考的國際期刊發表論文，以及分析中央臨床資料庫有關沙士病人的數據，以便進行臨床測試及研究。



on establishing clear command, coordination, control and communication structures, as well as detailed service diversion and staff deployment arrangements. As regards infectious diseases, a three-tiered and colour coded response plan was formulated, which dovetailed with the Government's new multi-department contingency plan. Multiple drills at all levels were held to test out and improved upon these plans.

Enhanced mechanisms were put in place by the Central Committee on Infectious Diseases to formulate guidelines, operate the Infection Control Enforcement Network, implement comprehensive training programmes, and enhance surveillance in elderly homes, hospitals and among healthcare workers to detect future epidemics. At the Board level, an Emergency Executive Committee structure was set up to ensure governance during crisis situations. In addition, the Authority provided all the necessary support to the Government in its effort to establish a new Centre for Health Protection, as well as in the plan to develop a new Communicable Disease Information System. Meanwhile, the outstanding collaborative effort of the HA, Department of Health and the Police in using information technology to tackle the epidemic won for Hong Kong the prestigious Stockholm Challenge award in May 2004.

All these efforts proved timely. There were new sporadic outbreak of SARS in Singapore, Taiwan and Beijing during the year. There were also extensive outbreaks of Avian Flu infection in poultry in many surrounding countries and regions, with fatal human cases occurring in Vietnam and Thailand. In response, the Authority launched the Yellow Alert for a total period of four months according to the new contingency plan and continued to maintain high vigilance over surveillance and isolating suspected cases. Safety in laboratories was

re-emphasised and enforced. Meanwhile, more than 700 sessions on infection control training were held using a separate Staff Training and Welfare Fund allocated from the Government. With the concerted effort of HA and other government departments, Hong Kong emerged unscathed.

On the clinical side, the management of SARS patients was critically evaluated with active participation of frontline clinicians to develop evidence-based treatment protocols for possible future outbreaks. The HA SARS Collaborative Committee comprising experts from different clinical specialties continued its work after the epidemic to facilitate the sharing of clinical observations and experiences, evaluate alternative treatment options, publish in international peer-reviewed journals, and analyse the data captured in the central clinical database for SARS patients to facilitate clinical trials and research.

For recovered SARS patients, comprehensive follow-up programmes were developed and implemented to address possible complications, functional impairment and psychosocial wellbeing. Ongoing post-SARS support was provided to the affected staff and their families, including those provided through the HA "Oasis" centre. Various staff recognition and welfare programmes were organised by the HA, the Government and in collaboration with community organisations to show appreciation to all staff for their tireless efforts in the fight against SARS.

Recognising the need for greater involvement of the private sector in epidemics, the Authority also stepped up communication with the Private Hospital Association and various professional organisations to map out future strategies. New initiatives included maintaining specific web pages for infectious disease outbreaks and public-private interface in the HA



我們亦就沙士的康復病人制訂及實施全面跟進計劃，關注他們可能出現的併發症、功能障礙及心理狀況。對受影響的員工及其家屬，我們為他們提供持續的疫後支援，包括醫管局「心靈綠洲」心理輔導服務。醫管局及政府亦與社區機構合辦了多項員工獎勵及福利計劃，以表揚員工抗疫的出色表現。

在抗疫的工作上，醫管局有感必須加強私營醫療機構的參與，故增強了與私家醫院協會及不同專

對內方面，我們亦趁機會檢討疫症時期機構出現的不足之處，尤其是在對內對外溝通與人力資源管理方面。我們亦察覺醫管局經過多年嚴格節流及行政精簡後，最高管理層已變得過於薄弱。為此，我們已制訂計劃，進行合適的招聘及培訓，以強化這些範疇。

儘管政府「沙士專家委員會」及醫管局「沙士疫症檢討委員會」已於2003年10月發表報告書，但立法會仍決定成立獨立的「專責委員會」，展



業團體的溝通，以制訂日後的策略。新措施包括：在醫管局互聯網網頁設置有關傳染病爆發及公私營醫療協作的網頁以促進資訊交流、為私家醫生提供感染控制／臨床守則及化驗安全培訓、籌劃在疫症發生病床不敷應用時由私家醫院協助分擔病人，以及動員私營醫療機構協助監察疾病。我們亦進一步推展「到診醫生計劃」，提升計劃成效，減低護老院長者入院率及加強院舍的感染控制能力。

開另一輪調查。醫管局這次須投入更多人力物力，回顧事件中每個細節，應付漫長的研訊過程。調查工作在本財政年度末尚未完結，然而，調查最終引發了香港醫療界的劇變。

Internet website to facilitate information flow; training to private practitioners on infection control, clinical practices and laboratory safety; planning for surge capacity in the private sector to help out during an epidemic; and mobilising the private sector in disease surveillance. The Visiting Medical Officer scheme was further taken forward to enhance its effectiveness in reducing hospital admissions and enhancing infection control capabilities in old aged homes.

Internally, the opportunity was also taken to review weaknesses of the organisation exposed during the SARS epidemic. It was recognised that inadequacies existed in internal and external communication, human

SARS in October 2003, however, the Legislative Council decided to start its own inquiry through a Select Committee. Again, the Authority had to spend yet more time and energy going through every detail of the epidemic in order to address the long inquiries. The exercise was not yet over by the end of the financial year, although it proved eventually to lead to major events in the healthcare scene in Hong Kong.

Overall activities

The SARS epidemic brought about a notable reduction in the whole range of the Authority's activities in 2003/



resource management capabilities, and that the top executive layer was simply too thin after years of stringent savings and downsizing. Plans were formulated to strengthen these functions through appropriate recruitment and training.

Notwithstanding the publication of the reports of the SARS Expert Committee and the HA Review Panel on

04, except general outpatient activities because of the takeover of general out patient clinics from the Department of Health during the year. Our hospital system handled around 975,383 inpatient and day patient discharges and deaths, 1,828,729 accident and emergency attendances, 7,644,511 specialist outpatient attendances and 4,297,848 general outpatient attendances. Besides the epidemic itself, measures adopted under the Yellow Alert period after SARS,



整體服務

2003/04 年度沙士一疫，令醫管局全線服務有顯著縮減，惟普通科門診服務除外，因醫管局於年內接管了衛生署所有普通科門診診所。公立醫院系統處理的住院及日間病人出院及死亡總人數約為 975,383、急症室總求診人次為 1,828,729、專科門診總求診人次為 7,644,511，普通科門診總求診人次為 4,297,848。除沙士的影響外，在沙士之後啟動黃色警示而採取的措施、為加強隔離設施而關閉多張病床，以及新收費的實施，均為導致服務量減少的重要因素。

儘管沙士肆虐及社會、經濟、政治及醫療環境承受各種後遺影響，但醫管局仍繼續履行根據規劃大綱所訂的改善措施，規劃大綱的五大策略路向如下：

- 發展社區導向服務模式，提升體制效益及改善人口健康
- 提升組織生產力及表現以克服挑戰
- 使醫療體制能夠持續發展
- 釐訂服務優次、強調臨床管治，以發展質素為本的文化
- 建立人力資源能力及獎勵表現

年內，醫管局推行 238 項根據五大策略路向而制訂的改善目標，以維持服務水平及提升服務質素，迎合市民對公立醫療服務的需求。除其中八項因情況有變而未能全部完成或推遲至 2004/05 年度外，所有項目均按照或超出原定目標完成。

在新增傳染病的威脅及資源日絀的情況下，改善措施的落實，大大提升了醫管局為香港市民提供優質醫療的能力。這些措施帶來的改善，概述於以下各段。

發展社區導向服務模式，提升體制效益及改善人口健康

醫管局在過往已有的基礎上，繼續發展社區導向的服務模式，進行跨部門及跨機構協作，以公眾及市民健康為先，提升服務效益。在 2003 年 7 月順利接管衛生署餘下 59 間普通科門診診所後，醫管局的服務網絡大為擴展，有利發展多元化基層醫療，以及將基層與中層服務整合。藉著在普通科門診發展資訊科技基礎設施，我們可更有效推動家庭醫學的發展。我們加強為家庭醫學受訓醫生提供社區專科培訓，並推行借調計劃，以便他們到社區老人評估小組、急症室、紓緩治療科、精神健康診所及衛生署的老人健康中心與母嬰健康院接受培訓。年內，我們聘請了 38 名醫科畢業生參加新設的全科醫療執業實習計劃。

為改善市民健康，我們與衛生署及志願機構合辦切合市民需要的健康計劃，如戒煙及其他疾病預防計劃。為響應政府推行的子宮頸癌檢驗計劃，醫管局聯同其他醫護機構制訂及推行共同護理，以照顧計劃所轉介的病人。設立三間科研為本中醫診所及一間臨床毒理學化驗室的計劃，較原定時間提前完成，以促進實證中醫藥服務的發展。



suspension of a significant number of beds to facilitate the enhancement of isolation facilities, as well as introduction of new fees and charges contributed to the decrease in activities.

Operating in context of the SARS outbreak and its after-effects on Hong Kong's social, economic, political and healthcare environment, the Authority continued to organise its improvement initiatives for 2003/04 under a planning framework comprising the following five major directions:

- Enhancing system cost-effectiveness and improving population health through the development of community-oriented service models;
- Enhancing organisational productivity and performance to overcome challenges;
- Enhancing healthcare system sustainability;
- Developing a quality culture in the context of prioritisation and with emphasis on clinical governance; and
- Building human resources capability and rewarding performance.

Under these five strategic directions, the Authority initiated a total of 238 improvement targets during the year to maintain its service level and enhance service quality with a view to meeting the community's demand for public healthcare services. 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 2004/05 because of changed circumstances.

With the implementation of these initiatives, the Authority had made significant progress in improving

its capabilities of delivering quality healthcare services to the people of Hong Kong amid the threat of a new range of communicable diseases and growing financial constraints. The improvements achieved by these initiatives are briefly described in the following paragraphs.

Enhancing system cost-effectiveness and improving population health through development of community-oriented service models

Building on the accomplishments achieved in the past few years, the Authority continued to develop the community-oriented model of care by strengthening its multi-disciplinary and cross-sector element, and focusing on the concepts of public and population health to enhance system cost-effectiveness. With smooth transfer of the remaining 59 general outpatient clinics from the Department of Health in July 2003, the Authority's network for developing pluralistic primary care services and integrating primary and secondary care had been enlarged. The effectiveness and efficiency of our general outpatient clinics in the development of family medicine were also enhanced through the establishment of an information technology infrastructure. Community-based professional training for family medicine trainees were stepped up by implementing secondment programmes to Community Geriatric Assessment Teams, Accident & Emergency Departments, Palliative Care Units, Mental Health Clinics, and the Department of Health's Elderly Health Centres and Maternal & Child Health Centres. A total of 38 medical graduates were recruited to undergo a newly designed general practice work experience programme in the year.



為加強日間及社區醫療的發展，醫管局統一糖尿病、呼吸系統病、高血壓、心臟病、中風及腎病護理的病人教育配套，以提升病人自理及社區照顧者的能力。年內，協助精神病患者重投社會的「毅置安居計劃」，取得顯著進展。我們共招募了223名病人參加計劃，並以100名病人出院為目標，結果出院人數超出25%。「防止老人自殺計劃」亦進一步推展至港島西及九龍東聯網，為患有抑鬱及具自殺傾向的老人提供早期評估及治療，該

到各聯網提供培訓及服務。醫管局的社區老人評估小組亦與衛生署的醫療探訪隊合作，試行為護老院提供綜合外展服務。我們已向衛生福利及食物局和社會福利署提交建議，在2004/05年度試行在非醫院環境提供護養服務。

提升組織生產力及表現以克服挑戰

由於資源緊絀，醫管局於年內推行聯網管理改革，



計劃的服務網絡已遍及全港。我們亦制訂了老人受虐個案的處理指引，並計劃在來年進行宣傳及舉辦培訓。

在2003/04年度，醫管局繼續與外界機構合作，善用社區現有資源。我們與25個社區夥伴舉辦協作計劃，加強在社會服務機構提供專職醫療服務。此外，我們聘請了34名社區康復治療師，並派調

繼續提升體制效能及成效。不斷更新演進的聯網管理架構，是有效進行服務理順及臨床與非臨床服務整固的平台。各聯網就財政、人力資源及行政職能進行了檢討，以提升整體效益。就各個聯網護理管理架構的效益所進行的研究，亦已完成，並已擬備報告進行員工諮詢。被服供應組已經關閉，預算控制權下放至聯網層面，以提升效益。



To improve health status of the population, population-oriented health programmes such as smoking cessation and other disease prevention campaigns were launched in collaboration with the Department of Health and other non-government organisations. In support of the Government's cervical cancer screening programme, the Authority had formulated and implemented a shared care plan with other healthcare providers on the provision of follow-up care for patients referred from the programme. The initiative of setting up three research-oriented Chinese Medicine Clinics and a

Rehabilitation Stepping Stone (EXITERS) Project during the year. A total of 223 patients were recruited for the Project and its target of discharging 100 patients was exceeded by more than 25%. The Elderly Suicide Prevention Programme was extended to the Hong Kong West and Kowloon East Clusters to achieve territory-wide coverage for early assessment and treatment of elderly persons with depression and suicidal risk. Guidelines for handling elder abuse cases had been formulated with plans to promote awareness and training in the coming year.



Clinical Toxicology Laboratory was implemented ahead of schedule to promote evidence-based Chinese Medicine practices.

To strengthen support to ambulatory and community care, the Authority had standardised a number of patient teaching kits on diabetes, respiratory, hypertension, cardiac, stroke and renal care for promoting the self-care ability of patients and community carers. Significant progress was achieved for the Extended-care Patients Intensive Treatment, Early Diversion and

In 2003/04, the Authority continued to draw on the resources available in the community through collaboration with external agencies. Collaboration projects were launched with 25 community partners to strengthen allied health services provision in the social service sector. In addition, a group of 34 Community Rehabilitation Practitioners were recruited and allocated to the clusters for training and service provision. The Community Geriatric Assessment Teams of the Authority collaborated with the Department of Health's visiting health teams to pilot an integrated approach in providing

在 2003/04 年度，我們藉改變服務模式、推行人力資源及業務支援策略，以及發展資訊科技基礎設施等，成功達至節流的目標。年內，根據醫管局發展日間及社區醫療的路向，七個醫院聯網的病床數目已削減約 1,200 張。此外，除專科診所設立輔助專科服務外，九龍西及新界西聯網的普通科門診診所，亦試行為情況穩定的精神科病人提供輔助專科服務。

的措施包括有：重組總辦事處採購及物資管理職能、蟲鼠防治服務採用大宗合約安排、在選定醫院試行由供應商管理縫線的存貨及採用定期保養合約、購置大型放射儀器及被服用品供應採用全包方案、就冠狀血管成形術的常用消耗品擬訂規格認可產品名單，以及劃一病人自購醫療用品的採購程序。為加強業務支援服務，各項資訊系統進一步推展，如營養及膳食管理系統、管理昂貴及高風險醫療消耗品的條碼支援系統、電子採購



為節省職員開支，約 1,940 名僱員獲准根據自願提早退休計劃退休，在年內有秩序地離職。聯網的醫療、護理及專職醫療人手需求，現由中央監察及定期檢討，以便進行聯網及醫院之間的調配，務求善用人手。

在 2003/04 年度，我們加快推行業務支援服務的理順計劃。在更完善的資訊系統協助下，我們可進行更有效的採辦、訂購及合約安排，年內達至

申請系統，以及支援非緊急救護車載送服務的自動派遣系統。此外，透過與機電工程營運基金達成更物有所值的服務協議，機電及生物醫學工程服務取得的生產力節省約達 1,000 萬元。

年內，醫管局繼續投資於資訊科技基礎設施，以支援服務提供，並提升效益及效能。除發展系統及應用程式提升臨床及非臨床服務質素外，我們亦加強資訊科技的基建，以便在醫院環境全日 24



outreach services to old aged homes. A proposal was presented to the Health, Welfare & Food Bureau and the Social Welfare Department with plans for piloting infirmary care in non-hospital setting in 2004/05.

Enhancing organisational productivity and performance to overcome challenges

To address the resource issue, the Authority continued to strive for better organisational productivity and performance through cluster management reform

In 2003/04, productivity savings were generated from a variety of sources, including change of service model, implementation of human resources and business support strategies, as well as development of information technology infrastructure. During the year, the number of beds in the seven hospital clusters was right-sized by 1,200 in line with the Authority's direction to shift more hospital-based services to ambulatory and community care. In addition to the provision of step down care at integrated clinics, a step down arrangement for treating stable psychiatric patients at general outpatient clinics was piloted in the Kowloon West and New Territories West Clusters.



during the year. The evolving cluster management structure was used as a platform for effective service rationalisation and consolidation both in clinical and non-clinical areas. Reviews had been conducted on the cluster finance, human resources and administrative functions to improve overall system efficiency. A study on the organisational effectiveness of various cluster nursing management structures was also completed and reports compiled for staff consultation. The Linen Production Unit was closed and its budget decentralised to clusters to achieve greater efficiency.

To reduce staff costs, some 1,940 employees were approved for voluntary early retirement with an orderly exit of successful applicants throughout the year. Manpower requirements for medical, nursing and allied health professionals in hospital clusters were now centrally monitored and regularly reviewed to facilitate inter-cluster and inter-hospital redeployment to maximise workforce utilisation.



Major Fees and Charges for Public Hospital Services 公立醫院主要服務收費

Accident & Emergency 急症室	\$100 per attendance 每次診症100元
In-patient (general acute beds) 住院服務 (急症病床)	\$50 admission fee for the first day, \$100 per day 入院費50元 每天100元
In-patient (convalescent, rehabilitation, infirmary & psychiatric beds) 住院服務 (康復、復康、療養及精神科病床)	\$68 per day 每天68元
Specialist out-patient (including allied health services) 專科門診 (包括專職醫療服務)	\$100 for the first attendance \$60 per attendance \$10 per drug item 首次診症100元 其後每次診症60元 每種藥物收費10元
General out-patient 普通科門診	\$45 per attendance 每次45元
Geriatric, Psychiatric & Rehabilitation day hospital 老人科、精神科及復康科日間醫院	\$55 per attendance 每次55元
Community nursing (general) 社康護理 (普通科)	\$80 per visit 每次80元
Community allied health services (general) 社區專職醫療服務 (普通科)	\$64 per treatment 每次64元

As at May 2004 截至2004年5月

Notes:

- Services are charged as per Gazette. Patients who have financial difficulties can apply for waiver of fees.
 - Private services and non-eligible persons will be charged full cost or market rates.
- Eligible persons of public health services are holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance and their children who are under 11 years of age.

備注：

- 服務收費以憲報為準。病人如有經濟困難，可申請減免費用。
 - 私家服務及非符合資格人士的收費按成本收費或參照市場收費情況。
- 符合資格人士是持有根據人事登記條例所發香港身分證的人士及其十一歲以下子女。



The momentum for rationalisation of business support services was accelerated in 2003/04 by making better sourcing, procurement and contract arrangements with the assistance of improved information systems. Initiatives completed during the year included reorganising the procurement and materials management function in the Head Office, implementing a bulk contract for pest control service, piloting vendor-managed inventory for supply of sutures and term maintenance contract in selected hospitals, applying a total solution approach to the purchase of major radiology equipment and supply of linen products, developing nominated product lists for commonly used Percutaneous Transluminal Coronary Angioplasty consumables, and standardising procurement procedures for Privately Purchased Medical Items. The following information systems had also been rollout to enhance various business support services: the Dietetics and Catering Management System, the Bar-coding Support System for management of high value and high risk medical consumables, the electronic Purchase Requisition Information System, and the Automatic Dispatching System for supporting Non-Emergency Ambulance Transfer Services. In addition, productivity savings of about \$10 million were achieved from electrical, mechanical and biomedical engineering services by reaching a more value-for-money service agreement with the Electrical & Mechanical Services Trading Fund.

During the year, the Authority continued to invest in its information technology infrastructure to support service delivery and improve productivity and efficiency. Apart from the development of systems and applications for enhancing the quality of both clinical and non-clinical services, the information technology technical infrastructure had been upgraded to achieve effective delivery of information services 24 hours a day and seven days a week in the hospital environment. To seek private

sector participation in financing, implementing and operating its Enterprise Resources Planning systems, the Authority completed during the year a feasibility study of the project, including business case development, business process assessment, requirement study, and preparation for possible alternative financing and outsourcing options.

Enhancing healthcare system sustainability

Following the principles of shared responsibility and target subsidies to areas of greatest need, the Authority implemented a variety of programme initiatives in 2003/04 to promote the sustainability of our public healthcare system. With assistance of the necessary operational and information technology systems, a revised public hospital fees and charges structure was implemented at beginning of the year together with an enhanced waiver mechanism to better target the available public resources to those in need. A review conducted in the year end indicated that attendances at the Accident & Emergency Departments had decreased by about 19% compared with corresponding figures in the previous year due to a significant reduction in the number of non-urgent and semi-urgent cases after the fees revision. The fees and charges for private patients in public hospitals had also been revised in accordance with the no subsidy and cost-plus principle in the third quarter of 2003.

To support Government in the formulation of longer-term healthcare financing options, the Authority initiated a feasibility study on the setting up of a subsidised medical insurance scheme for selected groups who might have means to seek treatment in the private sector. A business model framework for the proposed



小時及一星期七天提供有效資訊服務。為物色私營機構參與投資、實施及營辦「機構資源規劃系統」，醫管局在年內完成計劃可行性研究，包括業務方案研究、業務流程評估及需求研究，並擬訂其他可行融資及外判方案。

使醫療體制能夠持續發展

根據共同分擔及集中資助最需要者的原則，醫管

為協助政府制訂長遠的醫療融資方案，醫管局進行可行性研究，探討可否就一些有能力使用私家醫療的人士推行資助醫療保險計劃。建議計劃的模式架構於2003年12月制訂，並獲醫管局大會同意在來年一併進行第二至第四階段的研究。

由於有迫切需要改善公私營醫療使用的失衡情況，醫管局加強推動公私營機構在醫療方面的銜接。各醫院聯網已推行出院病歷簡報計劃，提供病人



局在2003/04年度推行多項措施，促進公立醫療體制的持續發展。在所需的運作及資訊科技系統支援下，我們在年初調整公立醫院的收費架構，並加強費用減免機制，以便更有效將公共資源集中資助最急需的病人。我們在年底進行了檢討，結果顯示在調整收費後，急症室的非緊急及半緊急病人大減，求診人次較前一年減約19%，而公立醫院私家病人的收費，亦根據不予資助及高於成本的原則，在2003年第三季作出調整。

的住院及門診資料，方便病人轉往私家醫生求診。對於接受持續護理的精神科及普通科病人，我們亦已推行出院護理病歷簡報計劃，方便共用病人資料。我們並制備了私家眼科、物理治療、職業治療及言語治療服務的名單，供病人選擇。自2003年10月，超過90名私家醫生參與「到診醫生/社區老人評估小組協作計劃」，為護老院提供到診醫療服務，而社區藥劑師亦有參與為護老院提供藥物跟進服務，並訂有轉介常規提供跟進輔導。

scheme was developed in December 2003 and the Authority Board's approval had subsequently been obtained to conduct Phase 2 to Phase 4 of the study concurrently in the coming year.

In view of the urgent need to improve the imbalance in service utilisation between the public and private sectors, the Authority had intensified its efforts in enhancing public-private interface in the provision of medical care. Coverage of the Discharge Summary Scheme had been extended to all hospital clusters with the availability of both inpatient and outpatient information to facilitate the transfer of patients to private practitioners. The Nursing Discharge Summary Programmes for psychiatric patients and general patients under continuing care had also been launched to promote better sharing of patient information. Handouts on the lists of private Ophthalmology, Physiotherapy, Occupational Therapy and Speech Therapy services were compiled to facilitate patient choice. Over 90 private practitioners were engaged in the Visiting Medical Officer/Community Geriatric Assessment Team Collaborative Scheme since October 2003 to provide on-site medical care support to all old aged homes. Community pharmacists were also involved in the provision of medication management services to old aged homes with referral protocols for counselling service developed and implemented. Furthermore, training programmes were organised for private practitioners to improve their expertise and competence in providing healthcare services to more patients with means.

Prioritisation of public healthcare services could not have been more important at this time of increasing resource constraints. In 2003/04, the Authority conducted a thorough review on the scope and goals of its Community Geriatric Assessment Service with a view to targeting the available resources at the most needy

areas in coming years. A standardised triage system with objective prioritisation criteria was implemented at the Psychiatric Specialist Outpatient Departments. Efficiency of the new Specialist Outpatient and Allied Health Appointment Booking System was improved to avoid duplication of bookings. Cluster clinical ethics committees were established to address priority issues such as liver transplant, physical restraint, and interface of Chinese Medicine and Western Medicine, under guidance of the Central Clinical Ethics Committee. A central mechanism was established to manage and control the introduction of new technologies with significant resource implications. To dovetail with the Government's population-based funding mechanism and the Authority's strategic directions, a new population-based internal resource allocation system was formulated and implemented to encourage hospital clusters to focus on the development of community-oriented services to improve population health.

Developing a quality culture in the context of prioritisation and with emphasis on clinical governance

While addressing the need to prioritise services provision under stringent financial constraints, the Authority continued to drive a quality culture to ensure systematic delivery of high quality medical care during the year. Clinical governance was enhanced by expanding scope of the Mechanism for Safe Introduction of New Procedures and revising its review tools to expedite action. A Cardiac Technology & Devices Advisory Group was established under the Central Cardiac Committee to monitor the introduction of new medical devices in the specialty of Cardiology.



我們亦為私家醫生舉辦培訓課程，提升他們的專業知識及技能，協助他們為有經濟能力的病人提供更多服務。

在資源日益緊絀下，為公立醫療服務排定優次成為現時的重要措施。在2003/04年度，醫管局就社區老人評估服務的範疇和目標進行全面檢討，以便日後集中資助最需要的範疇。精神科專科門診已實施劃一的分流制度，採用客觀的排序準則。新的專科門診及專職醫療預約系統亦已改善，避



免病人重複預約。各聯網亦已成立臨床倫理委員會，在中央臨床倫理委員會指引下，處理肝臟移植、肢體約束及中西醫銜接等首要議題。我們亦已成立中央機制，監管涉及重大資源承擔的新科技引進工作。為配合政府人口為本的撥款機制及醫管局的策略路向，我們已制訂及實施新的按人口計算內部資源分配模式，鼓勵聯網集中發展社區導向服務，改善市民健康。

釐訂服務優次、強調臨床管治，以發展質素為本的文化

在資源緊絀下，儘管我們須為服務訂定優次，但我們亦不忘提倡優質服務文化，確保優質醫療及其暢順運作。我們將「安全引進新程序機制」推展，並檢討加快引入新程序的評審準則，以加強臨床管治。我們在中央心臟科委員會之下，成立了心臟科技術及儀器諮詢小組，監察心臟科新醫療儀器的引進。



醫管局在現有服務分布系統的穩固基礎上，全力改善第三及第四層臨床服務網絡，將高度複雜及用量低的專科服務，統合在數間指定中心提供，以確保質素及成本效益。我們亦制訂轉介常規及指引，統一治療模式，並協助臨床人員就特定病況選擇最有效及適切的療法。在2003/04年度，我們制訂了臨床常規／標準，以助急性心臟病、急性中風及精神分裂治療的服務發展及評估，並理順腦科康復及紓緩治療服務。2003年7月，我



Building on the strength of its existing service distribution system, the Authority made relentless efforts to improve its tertiary and quaternary clinical service networks by concentrating those specialised medical services of high complexity and low volume at a number of designated centres to ensure quality and cost-effectiveness. Referral protocols and guidelines were developed to standardise care pattern and assist clinicians in selecting the most effective and appropriate interventions for specific clinical conditions. In 2003/04, clinical protocols/standards were formulated to aid the service development and evaluation of acute coronary conditions, acute stroke, and the treatment of schizophrenia. The provision of specialised neuro-rehabilitation and palliative services were rationalised. A central registry for liver transplant was set up in July 2003 with a view to consolidating the provision of this highly sophisticated service at one transplant centre to ensure quality. Guidelines for pre-hospital diversion of trauma patients were developed after completion of an impact analysis. The Cancer Registry's data collection on Breast Cancer was enhanced to facilitate the analysis of survival rates. Surveillance on infectious diseases was strengthened by implementing a central mechanism for analysis of antibiotic resistance data. A joint infectious disease service team comprising physicians and microbiologists was set up in each hospital cluster to achieve better coordination in the prevention and treatment of infectious diseases.

To assure professional accountability and quality of care, the Authority conducted clinical audits in selected areas throughout the year. The clinical audits completed in 2003/04 included those performed on the risk adjusted performance standards for Cardiac Catheterisation Laboratories, two Obstetric & Gynaecology procedures, three major types of surgical operations, and the practices for blood transfusion, pressure sore prevention,

indwelling urethral catheter care and Community Nursing Service. An audit was also initiated to investigate the feasibility of developing a prospective data capturing mechanism for risk adjusted surgical outcome measurement.

To promote the total quality concept and continuous quality improvement, the Authority emphasised on the further development of the Clinical Management System and electronic Patient Record to support clinical decision making, hospital operation and service delivery. During the year, Phase II of the Clinical Management System was implemented in all acute and non-acute hospitals to enhance its functions. The Clinical Data Analysis and Reporting System was developed to support analysis of outpatient and laboratory data. Phase I of the Operating Theatre Management System was rolled out to facilitate the planning and utilisation of scarce theatre resources. The Blood Transfusion Service and Hospital Blood Banks Networking System was installed to improve operations of the Service. The Medical Records Tracing System was piloted in the Hong Kong East, Kowloon West and New Territories East Clusters to facilitate medical records management. To pave the way for the development of a full-scale electronic Patient Record, contents of the clinical data repository and data warehouse were upgraded with implementation of the Health Level 7 standard. In addition, a clinical data policy manual was compiled to ensure data privacy and security. A review on the informed consent process and tools was conducted and the consent forms revised to provide patients with adequate information for making care decisions.

To honour its commitment to environmental protection, the Authority developed and implemented a reporting system for hospital clusters to monitor their performance in energy and utilities management in



們設立肝臟移植中央名冊，將這項高尖服務整固，集中在一個移植中心進行，確保服務質素。此外，經完成對創傷病人傷勢影響的分析後，我們制訂了病人抵院前轉送其他就近醫院的指引，而癌病登記冊亦加強了有關乳癌資料的收集，以助分析存活率。我們亦設立了抗生素抗藥性資料分析的中央機制，以加強對傳染病的監控。各醫院聯網已成立傳染病監控聯合隊伍，由醫生及微生物學家組成，以加強協調對傳染病的防治工作。

為確保專業問責及醫療質素，醫管局於年內在選定範疇進行臨床審核。在 2003/04 年度完成的審核包括：心導管檢查室按風險劃分的表現指標、兩種婦產科程序、三種大型外科手術、輸血程序、預防褥瘡、內置導尿管護理及社康護理服務。另外，我們亦進行審核，研究可否設立數據收集機制，以進行按風險劃分的外科成效量度。

為提倡全面質素概念及持續質素改善，醫管局著力推展臨床管理系統及電子病歷紀錄，以支援臨床決定、醫院運作及服務提供。年內，所有急症及非急症醫院已實施第二期臨床管理系統，以提升系統功能。我們亦發展臨床數據分析及匯報系統，以助分析門診及化驗資料。第一期手術室管理系統亦推展應用，以助規劃及善用有限的手術室資源。另外亦已實施香港紅十字會輸血服務與醫院血庫的網絡系統，以改善香港紅十字會輸血服務的運作。港島東、九龍西及新界東聯網已試行醫療紀錄追查系統，以助醫療紀錄管理。此外，為電子病歷紀錄的全面實施作準備，我們採用了健康第七階標準，提升臨床數據庫及資料庫的內

容。同時，我們編訂了臨床資料政策手冊，確保資料保密及安全。我們亦檢討了徵取病人同意進行治療的過程及工具，並修訂同意表格，向病人提供充足資訊，以協助他們作出醫療決定。

為貫徹對環保的承諾，醫管局於 2003/04 年度制訂及實施聯網呈報系統，以監察醫院聯網在能源及設施管理方面的表現。年內，六間公立醫院獲得「明智減廢計劃」金標誌，21 間獲得「明智減廢計劃」標誌。

建立人力資源能力及獎勵表現

面對資源緊絀及職員流失率偏低，為應付衍生的人力資源問題，醫管局進行了人力資源策略改革，以迎合機構及服務需要。在 2003/04 年度，我們加強了醫護人手，共增聘 300 名醫生、485 名護士及 189 名專職醫療人員。

為提倡表現為本的機構風氣，醫管局繼續為不同職系人員制訂核心才能。年內，我們為物理治療師、職業治療師、營養學家、言語治療師及足病診療師等專職醫療職系，制訂核心才能範疇。登記護士、配藥員及足病診療師的核心才能經核定後，我們已根據這些才能進行職員發展檢討。大部分專職醫療職系均進行了專業職系檢討，以釐清職責角色，以便作出委任及評估表現。我們為前線人員制訂及實施特別休假政策及安排，獎勵在沙士期間表現出色的員工。



2003/04. During the year, six public hospitals achieved the Gold WasteWise status and 21 received the WasteWise logo under the WasteWise Accreditation Scheme.

Building human resource capability and rewarding performance

To address the human resources issues generated by the tight financial situation and low staff turnover, the Authority had strategically revamped its human resources practices to meet organisational and service needs. Our workforce of healthcare professionals was strengthened in 2003/04 with the recruitment of an additional 300 doctors, 485 nurses, and 189 allied health staff.

In an effort to foster a performance-oriented organisational climate, the Authority continued to develop core competencies for its various grades of staff. During the year, core competency sets were formulated for the allied health grades of Physiotherapists, Occupational Therapists, Dieticians, Speech Therapists and Podiatrists. Competency-based Staff Development Reviews for Enrolled Nurses, Dispensers and Podiatrists had started following finalisation of their core competencies. Professional grade reviews were conducted for most of the allied health grades to clarify their roles and responsibilities to facilitate appointment and performance assessment. Special leave policy and arrangements for frontline workers were developed and implemented to encourage performance during the SARS epidemic.

To meet the training needs of medical graduates under a tight budget, the Authority conducted a survey on the specialist requirements of different clinical specialties

at beginning of the year and devised plans for the intake and contract renewal of the Resident doctors in various specialist training programmes. A framework of Programme Directors was set up in different specialties to provide career guidance and counselling for the specialist trainees. Information about the development opportunities for trainees in both the public and private sectors were disseminated regularly through career talks and a dedicated website.

To support its continuous learning culture, the Authority had put into place mechanisms such as the electronic Knowledge Gateway, the e-learning programme and the professional training programmes offered by the Institute of Healthcare. Apart from the in-house programmes, arrangements were made for staff members to attend training courses organised by other local and overseas institutions. In 2003/04, 237 registered nurses and 115 enrolled nurses were sponsored to take degree/diploma conversion courses in tertiary education institutes. A total of 55 registered nurses were sponsored to undertake post-basic psychiatric nursing programmes to enhance their psychiatric nursing competencies. An integrated multi-disciplinary training programme for healthcare professionals was organised to facilitate skill transfer and delivery of integrated clinical services in hospital and community settings. A common Continuous Professional Development (CPD) framework for Medical Social Workers, Audiologists, Dieticians and Clinical Psychologists had also developed to encourage CPD activities of the allied health staff.

In view of the changing organisational environment, the Authority recognised the need for strengthening communication with its staff to achieve transparency in decision making and to address their concern over the emerging human resources issues. Strategies for



在緊縮的預算下，為應付醫科畢業生的培訓需求，醫管局在年初向各臨床專科調查專科醫生的需求，並為各項專科醫生培訓計劃訂定招聘及續聘駐院醫生的方案。各專科均設立了課程總監，以便為專科受訓醫生提供職業指引和輔導。透過就業講座及專設網頁，我們定期向公私營機構的受訓醫生發放專業發展資訊。

醫管局設立不同機制，以推廣持續學習文化，如電子知識通道，電子學習課程及醫管局進修學院提供的專業培訓。除局內培訓外，我們亦安排員工接受其他由本地及海外機構舉辦的培訓。在2003/04年度，我們贊助了237名註冊護士及115名登記護士報讀專上院校的學位/文憑轉讀課程。此外，我們贊助了55名註冊護士修讀精神科護理的深造課程，以加強他們的精神科護理能力。我們又為醫護人員舉辦跨專科的綜合培訓課程，促進技能交流，以便他們在醫院及社區提供整合的臨床服務。我們亦為醫務社會工作員、聽力學家、營養學家及臨床心理學家設立共通的持續專業發展架構，鼓勵專職醫療人員參與持續專業發展。

面對不斷轉變的機構環境，醫管局明白有必要加強與員工的溝通，令決策透明，以及處理員工關注的各項人力資源問題。年內，我們制訂溝通策略，以便向員工有效發放重要的機構訊息，計劃已得到人力資源委員會通過。我們並以「自我提升，面對轉變」為題，推出一連串持續計劃，協助員工互相支援，面對各種轉變。我們又成立了員工健康策導委員會，與聯網有關的委員會合作，舉辦不同活動，推廣員工健康。有關職業安全的健康檢查清單及安全計劃亦已制訂，用以在公立醫院推廣職業安全。屯門及葵涌社區已相繼獲世



effectively communicating key corporate messages/issues to staff were formulated and endorsed by the Human Resources Committee during the year. A series of ongoing programmes under the theme of “Thrive on Organisational and Personal Changes” was initiated to help staff members cope with changes through mutual support. A Staff Health & Wellness Steering Committee was set up to work with the related cluster committees to advocate staff health and wellness through a variety of activities. A health audit checklist and a safety plan on occupational safety were developed and implemented to promote occupational safety in all public hospitals. The status of safe community was obtained from the World Health Organisation for Tuen Mun and Kwai Chung districts with preparatory works performed for two other communities. Following the change in the Trust Deeds of the Hospital Authority Provident Fund Scheme in April 2003, an option exercise was conducted to give all its members a choice of joining the new Scheme. With the support of an enhanced Human Resources/Payroll System, members*choice on their provident fund investment was implemented since June 2003 in the coming years.

Conclusion

Despite the SARS epidemic at the beginning of 2003/04, the Authority had been successful in achieving and exceeding nearly all its targets set for the year. We could hardly overcome the daunting challenges of fighting against SARS and improving the public hospital system afterwards in preparation for possible future outbreaks without the tireless and selfless efforts of our frontline staff and managers. I would like to take this opportunity to pay tribute to them. I am confident that with such a dedicated workforce of healthcare professionals and the staunch support of Government and the public, the Authority would be able to gain new grounds in the pursuit of improving the health status of the people of Hong Kong.



Dr William Ho, JP
Chief Executive



界衛生組織評定為安全社區，我們現正在另外兩個社區進行籌備工作，以期達至同一目標。醫院管理局公積金計劃在2003年4月經修訂信託契約後，我們推出了選擇計劃，讓成員加入。在更完善的人力資源／薪酬系統支援下，由2003年6月起，各成員已可就個人的公積金作出投資選擇。

結論

2003/04年初儘管沙士肆虐，但無礙醫管局履行其工作目標。年內差不多所有計劃都已完成，甚至超出原訂目標。因着前線員工及管理人員矢志盡心的努力，以及堅毅無私的奉獻，我們方能戰勝疫症，並於疫後就公立醫院系統進行改善，防範疫症重來。我要衷心向他們致敬和道謝。我深信，藉著我們精進的醫護隊伍，以及政府和市民的鼎力支持，醫管局將可取得新的突破，進一步改善香港市民的健康。



醫院管理局行政總裁

何兆焯醫生



Overview of Cluster Chief Executive (Hong Kong East)

Introduction

The Hong Kong East Cluster takes care of the population of the eastern part of the Hong Kong Island as well as Cheung Chau. The estimated population of these districts is around 850,000. There are six hospitals in the Cluster, including Pamela Youde Nethersole Eastern Hospital, Ruttonjee & Tang Shiu Kin Hospitals, Tung Wah Eastern Hospital, Wong Chuk Hang Hospital, St John Hospital and Cheshire Home (Chung Hom Kok). They provide a full range of comprehensive inpatient, ambulatory and community-based healthcare services. In addition, the Hong Kong Tuberculosis, Chest & Heart Association also supports healthcare promotion activities of the cluster hospitals.

The year 2003/04 was full of challenges in managing the outbreak of Severe Acute Respiratory Syndrome (SARS) and its aftermath. The Hospital Authority Voluntary Early Retirement Scheme had caused some turnover of experienced doctors and nursing managers. Fortunately, the professionalism and teamwork demonstrated by staff had helped the Cluster uphold its core value of “United in caring for the Community”. Together 94% of the targets in the cluster annual plan 2003/04 were achieved. Only six planned initiatives were deferred or deleted due to SARS. Significant achievements are highlighted below under the five corporate directions.

Management of SARS

Pamela Youde Nethersole Eastern Hospital was among the first few hospitals hit by SARS. With the disease unknown, seven staff members were infected at the outset. The Cluster Management took immediate

contingency measures with the formation of the SARS Management Committee. Cohort wards and cubicles were set up for suspected and confirmed SARS patients. Infection control measures were stepped up and personal protective equipment was made available to all staff in line with their job requirement. Training on infection precaution was conducted to all staff. Internal communication was strengthened to reduce uncertainties and fear as well as to facilitate effective operation.

The SARS crisis was a testimony of the professionalism of our staff and teamwork within the Cluster. With the understanding and cooperation among clinical departments, elective operations and non-urgent cases were scaled down. Not only did all staff stick to their work place, some also volunteered to help in medical wards and other clusters. While Pamela Youde Nethersole Eastern Hospital took the lead in managing SARS patients, Ruttonjee & Tang Shiu Kin Hospitals functioned as the back-up in addition to managing suspected cases from its Accident & Emergency Department. Ruttonjee Hospital together with other hospitals in the Cluster even accommodated patients transferred from other clusters to allow them space and resources to fight SARS in addition to helping out patients downloaded from Pamela Youde Nethersole Eastern Hospital.

The challenge of SARS was unforgettable and we learnt in a hard way. However, the Cluster is proud of our teamwork and achievement in managing the SARS battle. It was unfortunate that we had altogether 13 staff members infected though they had all recovered. In terms of clinical outcome, five patients had died out of the 93 confirmed and 434 suspected cases handled. The mortality rate was among the lowest.



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東部及長洲，估計人口約 85 萬。聯網共有六間醫院，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、黃竹坑醫院、長洲醫院及春磡角慈氏護養院。這些醫院提供全面的住院、日間及以社區為本的醫療護理服務。此外，香港防癆、心臟及胸病協會亦為聯網的醫療服務提供支援。

2003/04 年度沙士的爆發和善後工作，為聯網帶來充滿挑戰的一年。醫院管理局的自願提早退休計劃亦導致流失了一些經驗豐富的醫生和護理經理。然而，各員工仍能充分發揮專業和團隊精神，讓聯網得以體現其核心價值「精誠合作，醫護民康」。2003/04 年度工作計劃的目標，有 94% 達成，只有六項計劃因沙士而延遲或取銷。重要的項目在以下五個整體路向撮要簡述。

沙士的管控

東區尤德夫人那打素醫院是最先遭沙士侵襲的其中一間醫院。因為對疾病一無所知，有幾名職員一開始便受感染。聯網管理層即時採取應變措施，並成立了沙士管理委員會。我們為懷疑及證實患上沙士的病人設立了集體病房和間隔，又加強感染控制措施，並根據工作需要為員工提供個人防護裝備。我們為所有員工提供預防感染的培訓，同時加強內部溝通，以消除疑慮和恐懼，促進有效運作。

沙士危機彰顯了聯網職員的專業和團隊精神。在各臨床部門的互相了解和合作下，我們相應減少了非緊急的手術。所有員工不但堅守崗位，有些更自願前往內科病房或其他聯網工作。雖然沙士病人主要由東區尤德夫人那打素醫院治理，律敦治及鄧肇堅醫院亦負起支援工作和治理源自急症室的疑似個案。律敦治醫院及聯網內的其他醫院同時接收來自東區尤德夫人那打素醫院甚至其他聯網的病人，使後者得以把資源和空間專注抗疫之用。

沙士帶來的挑戰是艱巨和難忘的。不過，聯網對沙士一役各位同事的團隊精神和成就深以為榮。我們共有 13 位同事不幸染上沙士，幸好他們已完全康復。臨床成效方面，港島東聯網處理的 93 宗証實和 434 宗疑似個案中，有五名病人不幸逝世，死亡率是各聯網中最低的。



Enhancing system cost-effectiveness and improving population health through development of community-oriented service models

In July, we took over from the Department of Health the management of ten General Out-Patient Clinics on Hong Kong Island as well as the outlying Islands of Lamma and Ping Chau. They provided us a good platform to enhance the overall effectiveness of outpatient services and the interface with private practitioners in developing primary health care.

A new multi-disciplinary rehabilitation ambulatory care centre was set up in Tung Wah Eastern Hospital. Programme-based day rehabilitation therapy was developed including that for cardiac and stroke patients. This had shortened the length of stay for inpatient rehabilitation.

Closer collaboration with community carers and other healthcare providers was established during and after the SARS outbreak. A total of 12 visiting Medical Officers were recruited to enhance clinical care in the old age homes. Our community geriatric outreaching teams worked with nursing homes to audit on their infection control programmes. Community pharmacy was implemented to reduce wastage of medication. An alert tag was built into the Clinical Management System to strengthen follow-up arrangement for high-risk elderly in the community.

Enhancing organisational productivity and performance to overcome challenges

Bed utilisation was revamped for the better management of infectious disease and patient care.

On a cluster basis, 93 infirmary beds and 78 acute beds were temporarily suspended. A total of 53 infirmary beds were relocated from St John Hospital to Cheshire Home (Chung Hom Kok). Facilities were upgraded for 20 beds in single isolation and 60 beds in isolation cubicle setting.

In support of service rationalisation on Hong Kong Island, Tung Wah Eastern Hospital had taken up the provision of additional outpatients and surgical sessions in managing the patients transferred from Tung Wah Hospital. Better use of equipment and human resources across hospitals was also evident in other clinical services such Pathology and Radiology. Mutual support of Computed Tomography service between Pamela Youde Nethersole Eastern Hospital and Ruttonjee & Tang Shiu Kin Hospitals was arranged. Back-up X-ray service had also been organised for St John Hospital on Cheung Chau Island.

Various administrative services including procurement, laundry and hospital engineering were enhanced for SARS and infectious disease outbreaks. Activities and staffing for domestic service delivery under different levels of alert were mapped out.

Enhancing healthcare system sustainability

The strategy to sustain our service was to adopt a target subsidy model of according priority to high cost and emergent conditions. Triage of patient was implemented for Specialist Outpatient Departments, surgery operations as well as allied health procedures.

The Cluster continued to enhance public private interface in the provision of care to foster patient's



透過發展社區導向服務模式，提升體制效益及改善人口健康

聯網在七月時從衛生署接管港島以及南丫島和長洲的十間普通科門診診所。這些診所為我們提供了很好的機會，去全面提升門診服務的效益，以及加強與私家醫生合作，發展基層護理。

我們在東華東院成立了一個新的多專科康復日間護理中心，並發展以項目為本的日常康復治療，對象包括心臟科病人及中風病人。這項措施縮短了病人住院康復的時間。

在沙士期間及疫症過後，我們和社區照顧者及其他醫護提供者建立了更緊密的合作。我們一共招聘了12名到訪醫生，以改善安老院的臨床護理。聯網的社區老人外展小組與護老院合作，協助審核它們的感染控制措施。我們又推行了一項社區藥房計劃，以減少藥物浪費。此外，我們在臨床醫療管理系統內引進了示警標記，以加強社區易發病老人的跟進工作。

提升組織生產力及表現以克服挑戰

為了改善傳染病的管控及病人治理，我們對病床的使用進行了整頓。整個聯網而言，共有93張療養病床及78張急症病床暫停使用。長洲醫院共有53張療養病床遷移至春磡角慈氏護養院。我們並提升了20張單獨隔離病床及60張隔離室病床的設施。

為了支援港島的服務理順工作，東華東院已開始提供額外門診及手術節數，以接收來自東華醫院的病人。其他臨床服務方面，例如病理學及放射學的儀器使用及人力資源調配亦已改善。我們並已作出安排，使東區尤德夫人那打素醫院及律敦治及鄧肇堅醫院的電腦斷層掃描服務可互相提供支援。此外，我們亦為長洲醫院安排提供後備X-光檢查服務。

各類行政事務，例如採購、洗衣及醫院工程等服務都已大大改善，以便為可能發生的沙士及傳染病爆發作好準備，我們亦已就不同警示水平的內務工作及人手需求，作好規劃。

使醫療體制能夠持續發展

要使醫療體制能夠持續發展，便需採取一個目標資助模式的策略、優先處理高昂成本和緊急情況的項目。因此，我們在專科門診部、手術部以及專職醫療程序中，都採納了病人分流制度。

聯網繼續加強公私營的合作，為病人提供不同類型的醫療選擇。我們編製了便攜式的病人紀錄，以加強公立醫院醫生和私家醫生之間的溝通，從而為病人提供更連貫的護理。我們在精神科部、放射學部及專科門診診所都加強了轉介病人予私家醫生的工作。



choice. Handheld patient records were developed to strengthen communication between our doctors and their counterparts in the private sector. This improved continuity of care. Referral of patients to private sector was facilitated at Psychiatry Department, Radiology Department and Specialist Outpatient Clinics.

Developing a quality culture in the context of prioritisation and with emphasis on clinical governance

Protocols and specialised service network were developed to enhance patient outcome in surgical, heart and nursing services. Observational medicine was implemented. Direct percutaneous transluminal coronary angioplasty (PTCA) care was made possible with improved interface between Accident & Emergency and Medical Departments. General anaesthesia sessions of operating theatre services were rationalised, resulting in 10% overall reduction of operating theatre sessions.

Clinical audit continued to be an important means of ascertaining our quality of care. Alongside with regular audits, the newly implemented triage process was audited and so was the compliance on radiation safety.

Information Technology was deployed to improve work efficiency and effectiveness. A new version of Medical Records Tracing System was rolled out to all hospitals in the Cluster. In addition, the Dietetics and Catering Management System, Automatic Dispatching System for Non-Emergency Ambulance Transfer Services and Clinical Management System for Allied Health were implemented during the year.

Building human resources capability and rewarding performance

Training and development continued to be a key focus for building the capability of our staff. Clinical and administrative skills training courses were organised. The challenge of SARS has raised our awareness in fostering staff health and wellness. A Cluster Staff Health and Wellness Committee had been set up and the Hong Kong East Cluster Sports Association was formed to spearhead welfare activities and promote exercises and ball games among staff.

To better support line supervisors in managing their staff and to increase efficiency of the Human Resources administration services, a Cluster Human Resources Centre was set up. Human Resources information reports highlighting staff issues such as sick leave, injury on duty, and substandard performance were compiled for reference of the Department Heads. A series of Good People Management Seminar and modular training on performance management were organised.

Conclusion

With the dedication of our staff and a solid operation system, the Cluster had overcome the major challenge of SARS and made significant progress towards enhancing the provision of patient care with reduced manpower and financial resources. A set of Key Performance Indicators covering financial, customer, internal process and staff, learning & growth perspectives had been developed. The Cluster would continue to monitor its performance and strive for further enhancement of healthcare services outcome for the community.



釐訂服務優次、強調臨床管治，以發展質素為本的文化

聯網為外科、心臟科和護理服務制訂了常規和專門的服務網絡，以改善病人治理成效。我們開始推行觀察醫療。經改善急症室和內科部的連繫後，我們現已可實施直接的經皮腔內血管成形術。手術室的全身麻醉節數亦已理順，導致手術室總節數減少10%。

臨床審核是確保醫療質素的重要工具。除了例行審核外，同時進行的新項目包括審核新推行的分程序及輻射安全措施的行程度。

我們盡量利用資訊科技去提升工作效率和效益，包括在聯網各醫院內率先推行醫療紀錄追索系統。其他在年內推行的新資訊系統包括營養及膳食管理系統、非緊急救護車載送服務的自動遣送系統及專職醫療服務的臨床管理系統。

建立人力資源能力及獎勵表現

培訓和發展繼續是我們建立員工能力的重點。我們舉辦了臨床及行政技能培訓課程。沙士一疫令我們提高了對員工身心健康的重視。我們已成立了聯網員工身心健康委員會，以及港島東聯網體育會，以發展福利活動及促進員工的體能及球類活動。

為了協助運作經理執行管理工作，並提升人力資源服務的效率，我們成立了一個聯網人力資源中心，提供多方面的人力資源報告，例如放取病假、工傷、以及工作表現等資料，給各部門主管參考。我們並舉辦了一連串的良好人事管理研討會及表現管理的標準培訓課程。

結論

因着員工的盡忠職守和根基良好的運作系統，港島東聯網成功克服了沙士帶來的重大困難，並能在人手和財政削減的情況下，繼續提升病人護理的質素。我們已制訂了一套主要工作表現指標，項目包括財政、服務滿意程度、內部程序及員工發展等方面。聯網會繼續監察本身的表現，致力進一步改善社區健康服務的成效。



Overview of Cluster Chief Executive (Hong Kong West)

Introduction

The Hong Kong West Cluster comprises eight hospitals, i.e., Queen Mary Hospital, Tsan Yuk Hospital, Tung Wah Hospital, Fung Yiu King Hospital, Grantham Hospital, Nam Long Hospital, MacLehose Medical Rehabilitation Centre and Duchess of Kent Children's Hospital at Sandy Bay, and six satellite institutions. It provides primary/secondary healthcare services to residents on the western side of Hong Kong Island and tertiary/quaternary services to the whole of Hong Kong.

I would like to begin the overview with a salute to all staff of the Hong Kong West Cluster for their professionalism, altruism, unstinting support and hard work demonstrated in a tough and stressful year of 2003/04.

We faced unprecedented challenges last year. The SARS caught the world off guard. Nothing was more astounding and devastating than SARS in its impact on healthcare industry. A lot had happened, and there is still a lot happening in the aftermath of the epidemic. The budget cut was another challenge. It is increasingly testing for both management and clinical staff to upkeep the high service standards and quality, satisfying the high expectations of the community, and keeping up with staff morale and motivation in the presence of reduced resources.

Yet, we gained opportunities through these crises and challenges. There were chances for facilities upgrading, for service consolidation and rationalisation, for quality improvement, for human capability building, for public-private collaboration development and etc. All these changes and improvements would make us a more accountable and responsible institution and

enhance our capability to meet future challenges, known or unknown.

The ensuing paragraphs highlight the activities and initiatives achieved last year by the Hong Kong West Cluster.

Management of SARS

The Cluster remembered the SARS outbreak with pride. We were thankful that in spite of calamitous circumstances, consummate endeavours were made. Our management and contingency arrangements adopted during the outbreak are summarised below:

- Queen Mary Hospital was the only hospital in the Cluster that managed SARS patients. Over 780 suspected SARS cases were admitted to the hospital, of which 52 were confirmed cases. Out of these 52 confirmed cases, two were staff of Queen Mary Hospital and 20 were transferrals from other hospitals. A total of six mortalities were recorded. The two staff members had recovered without any disability.
- A total of nine acute wards providing over 100 cohorted beds, admission beds, step-down beds and intensive care beds were opened to receive SARS patients (suspected or confirmed) during the epidemic.
- Over 230 sessions of SARS-related and infection control talks/trainings were delivered by the SARS Clinical Team, Infection Control Team and the Occupational Safety & Health Team for staff during the SARS epidemic.



港島西聯網總監工作概述

引言

港島西聯網由八間醫院組成，即瑪麗醫院、贊育醫院、東華醫院、馮堯敬醫院、葛量洪醫院、南朗醫院、麥理浩復康中心及大口環根德公爵夫人兒童醫院，另加六間附屬機構，為港島西區的居民提供基層 / 中層療服務、以及為全港市民提供第三層及第四層的專門服務。

首先我要向港島西聯網的所有同事致衷心謝意，他們在 2003/04 年度充滿困難和壓力的環境下，緊守崗位，辛勤工作，充分表現高度專業和無私無畏的精神。

去年，我們遭遇了前所未有的挑戰。沙士令全世界都不知所措，對醫療服務造成突然和深遠的影響。沙士期間發生了很多事情，而疫症過後很多問題仍在湧現。撥款的削減是另一項打擊。無論管理階層和臨床人員，在面對資源的削減下，既要保持高質的服務水平、滿足社區人士的期望，同時又要維繫職員士氣和動力，因而越來越感到吃力。

然而，我們同時也透過這些危機和挑戰，找到發展的機會，包括提升設施、服務整固及理順、質素改善、建立人力才能、發展公私營合作等。這些轉變和改善，將可令我們成為更能向公眾問責的機構，亦加強了我們應付將來已知或未知挑戰的能力。

以下各段摘述港島西聯網去年工作的成績。

沙士的管控

沙士一疫是聯網引以為榮的經歷。雖然面對空前的災難，各位同事都能盡忠職守，作出卓越的貢獻。疫症期間，聯網的管理和應變安排摘要如下：

- 瑪麗醫院是聯網內唯一治理沙士病人的醫院。共有超過 780 名疑似沙士的病人進入醫院，其中 52 人屬証實個案。這 52 名病人中，有兩名是瑪麗醫院的職員，20 名為轉送自其他醫院的病人。醫院一共錄得六宗死亡個案。兩名職員事後都完全康復過來。
- 在疫症期間，聯網醫院一共啟用了九間急症病房，合共提供 100 張群集病床、入院病床、輔助病床及深切治療病床，以接收沙士病人（疑似或証實個案）。
- 在沙士期間，沙士臨床小組、感染控制小組及職安健小組一共為員工舉辦了超過 230 次與沙士及感染控制有關的講座或培訓課程。
- 恰當的個人防護裝備，對防止醫護人員及病人受感染，起重大作用。2003 年 3 月至 6 月，聯網的員工、病人及訪客一共耗用超過 210 萬個口罩。



- Appropriate Personal Protective Equipments were essential to protect both the healthcare workers and patients from being infected. From March to June 2003, over 2.1 million of masks were consumed by staff, patients and visitors of the Cluster.
- Since March 2003, weekly taskforce meeting with all heads of departments and key persons-in-charge of anti-SARS operations was held to make decisions on the contingency plans and cluster policies to adapt to the trend and progress of the epidemic. A total of 16 taskforce meetings were held between 28 March and 25 June 2003.
- Understandably, SARS had prior claim to resources during the outbreak and elective clinical activities were reduced to free up manpower and facilities. However, the hospital never compromised its capacity in managing other patients requiring acute & emergency care such as cancer patients or patients requiring emergency operations.

Enhancing system cost-effectiveness and improving population health through development of community-oriented service models

Efforts were made to develop primary care service and to reduce public reliance on hospital care by developing and strengthening community-based healthcare delivery.

To adapt to the global trend of providing hospice and palliative care through a community-oriented and home-based model, Nam Long Hospital was closed in December 2003 and replaced with a community-based cancer rehabilitation/palliative care support programme. Collaborated with counterparts in the

Hong Kong East Cluster, the Programme aimed to achieve better-distributed palliative care closer to patients with the provision of outreaching service by an integrated team of specialists from various disciplines. The team which was attached to clinical departments of various hospitals would introduce hospice care in the early stage of the terminal illness. Since its operation, the Programme had provided service to patients with cancer, end-stage medical diseases, amputees and spinal cord injury of Queen Mary Hospital, Pamela Youde Nethersole Eastern Hospital, Tung Wah Eastern Hospital and Tung Wah Hospital. Its home care service covered cancer patients discharged from the cluster hospitals and bereavement care was also provided to families of deceased cancer patients. With the closure of Nam Long Hospital, its 57 beds (including 44 hospice and 13 extended care beds) were relocated to Grantham Hospital which continued to provide the related services to patients. The premises of Nam Long Hospital would be returned to the Hong Kong Anti-Cancer Society for developing a nursing care home for cancer patients with professional advice and support provided by the Authority in kind.

The management of four General Outpatient Clinics at Aberdeen, Ap Lei Chau, Kennedy Town and Central District Health Centre was taken over from the Department of Health in July 2003, in addition to the Sai Ying Pun Jockey Club Clinic which was managed by the Cluster since March 2002. The management transfer expanded Family Medicine training, facilitated the “Family Doctors” service model, and enhanced the overall health status of the community on western side of Hong Kong Island.



- 自 2003 年 3 月開始，聯網舉辦由各部門主管及抗沙士行動主管參與的每周專責小組例會，就配合疫症的趨勢和發展的應變計劃和聯網政策作出決定。2003 年 3 月 28 日至 6 月 25 日之間，專責小組一共舉行了 16 次會議。
- 在疫症期間，與治理沙士有關的服務理所當然地優先佔用醫院的資源，而非緊急醫療服務亦需相應削減，以騰出人手及設施。不過，各醫院並沒有因此而減少了對急症和危急病人的治理，例如癌症病人，或需接受緊急手術的病人。

透過發展社區導向服務模式、提升體制效益及改善人口健康

聯網致力透過發展和促進社區導向的服務模式，去推廣基層護理服務和減少市民對醫院護理的倚賴。

因應全球以社區及家居模式提供寧養及紓緩護理的趨勢，南朗醫院已於 2003 年 12 月關閉，代以一個社區為本的癌症康復 / 紓緩護理支援計劃。這個與港島東聯網合作推行的計劃，目的是透過一個成員來自不同專科的綜合小組，為病人提供外展服務，以便他們可就近得到較全面的紓緩護理。這個小組的成員駐守於不同醫院的臨床部門，為末期病人提供寧養護理。自推行後，這個計劃

的對象已遍及瑪麗醫院、東區尤德夫人那打素醫院、東華東院及東華醫院的癌症、末期內科疾病、截肢及脊髓受傷的病人。計劃的家居護理部份包括自聯網醫院出院的癌症病人，同時也向因癌症逝世病人的家人提供哀傷輔導。南朗醫院關閉後，醫院的 57 張病床（包括 44 張寧養及 13 張延續護理病床）已遷往葛量洪醫院，繼續為病人提供相關的服務。南朗醫院院址將會歸還香港防癌會，以發展成為一間為癌症病人而設的護養院，並由醫院管理局提供這方面的專業意見和支援。

2003 年 7 月，聯網自衛生署接管香港仔、鴨脷洲、堅尼地城及中區健康中心等四間普通科門診診所，而西營盤賽馬會診所則已於 2002 年 3 月由聯網接管。接管後，除家庭醫學培訓得以提升、「家庭醫生」服務模式得以更具體推行外，港島西區的整體社區健康水平亦得以改善。



Enhancing organisational productivity and performance to overcome challenges

The clustering of hospitals had opened up opportunities for the strengthening of governance and streamlining of services. Though some of the target initiatives to streamline and consolidate services had to be deferred due to the SARS epidemic, the overall governance structure was formalised to enhance our preparedness for the possible future outbreaks of infectious disease.

In order to maximise human resources and facilities/equipment, clinical and non-clinical units with the same or similar function were merged under one management to facilitate the development and sharing of expertise. A total of 16 Cluster Chiefs of Service were appointed in October 2003 to develop and manage the respective clinical specialty in accordance with the direction of the Cluster.

To prepare for any possible resurgence of epidemic, renovation for six isolation wards with a total of 90 beds (including 12 intensive care beds) was carried out after the SARS outbreak and was completed in March 2004 for isolating patients with pneumonia of an unknown origin or other suspected infectious diseases.

The rationalisation of the Adult Intensive Care Unit represented a great step forward in the provision of an integrated intensive care service in Queen Mary Hospital. The physical integration allowed for greater functional efficiency and better use of resources, the building of more high-standard isolation rooms to enhance the Unit's capacity in handling cases requiring both isolation and reverse isolation, and the reorganisation of the clinical teams to facilitate efficient management and operation.

Enhancing healthcare system sustainability

To sustain the present level of services and to meet future health needs of the population, we would need to secure new revenues and offer alternative choices of private service to patients. In line with corporate directions, the new fees structure for hospital services was implemented with effect from 1 April 2003, while drug charges were introduced effective from 1 May 2003.

Queen Mary Hospital had started collaborating with private practitioners in the Southern, Central & Western Districts since 2002. During 2003/04, the hospital worked closely with the private healthcare sector to identify areas of collaboration, aiming to foster the concept of family doctor and provide continuity of care to patients after hospital discharge or between consultations. Our achievements in this area included the compilation of hand-held records, which served as a communication tool for private practitioners and public hospital doctors to exchange information on the clinical condition and medical history of individual patients. Patient discharge summaries, laboratory and specified radiological examination reports were also provided to private practitioners with patient consent to facilitate the continuity of care. In addition, the Hong Kong West Cluster had launched a website on public-private interface since August 2003 to provide private practitioners and other interested parties with useful information on the waiting time of our specialist outpatient clinics, treatment protocols for common diseases, and our referral guidelines and triage systems.



提升組織生產力及表現以克服挑戰

聯網的成立，為加強管治和精簡服務提供了新的契機。雖然一些擬訂的精簡和整固服務措施因沙士而押後，整體的管治架構已正式建立，令聯網可為疫症重臨作好準備。

為了善用人力資源及設施 / 儀器，我們結合了具相同或相似功能的臨床及非臨床單位，集中管理，以加強專才的發展和分享。2003年10月，聯網一共委任了16名聯網部門主管，負責依循聯網的整體路向，發展和管理本身的臨床專科。

沙士過後，聯網改建了六間隔離病房中的90張病床（包括12張深切治療病床），以便為將來疫症重臨作好準備。改建計劃於2004年3月完成，用作隔離未知病源的肺炎病人或其他懷疑患上傳染病的病人。

瑪麗醫院成人深切治療組的理順工作，使綜合深切治療服務邁進新的里程。整合工作帶來更高的運作效率和更妥善的資源運用，令醫院可設立更多高水平的隔離病房，以提升處理需隔離及逆轉隔離個案的能力。各臨床小組的重組，亦提升了管理和運作的效率。

使醫療體制能夠持續發展

為了維持目前的服務水準，以及應付未來人口的需要，我們必須開闢收入來源，並向病人提供私營服務的選擇。為配合醫管局的整體路向，新的醫院服務收費架構已於2003年4月1日實施，而藥物收費亦於2003年5月1日推行。

瑪麗醫院自2002年開始，已跟南區和中西區的私家醫生展開合作。2003/04年度，醫院與私營醫療機構緊密聯絡，以開拓合作的機會，促進家庭醫生的概念，為病人於出院後或兩次就診之間提供連貫的護理。這方面的成績包括為病人編撰便攜式的紀錄，加強私家醫生和公立醫院醫生之間的溝通，以交換個別病人的醫療情況及病歷資料。在病人的同意下，我們亦會向私家醫生提供病人出院摘要、化驗室及放射檢驗報告，以協助病人得到連貫的護理。此外，港島西聯網已由2003年8月開始設立一個公私營合作的網站，向私家醫生及其他相關人士提供有用的資料，包括專科門診診所的輪候時間、常見疾病的治療常規、以及醫院管理局的轉介指引和分流制度。



Developing a quality culture in the context of prioritisation and with emphasis on clinical governance

The Hong Kong West Cluster had a profound history of quality improvement and risk management. A systematic and coherent structure had long been established to find improvement opportunities, identify, assess and manage risks, as well as implement quality improvement initiatives. A total of three continuous quality improvement projects were launched during the year. Thirteen clinical audits, three nursing audits and six infection control audits were also performed to assure the quality of care. Infection control, being part of our risk management strategy, played a pivotal role in our battle against SARS. After the outbreak, a new series of infection control talks were rolled out in October 2003. By end of the year, over 85 face-to-face training sessions had been organised, with more than 80% of our staff gone through the refresher training.

Building human resources capability and rewarding performance

The Voluntary Early Retirement Programme was smoothly rolled out in Hong Kong West Cluster with an orderly release of the 374 successful applicants before end of the year. To foster a focus on health among our staff, a Cluster Staff Health and Wellness Committee was formed to formulate directions and implement programmes on staff health and wellness. A variety of activities had been organised, including a health quiz, the New Year Go-Around-the Peak hiking and a health bazaar. These activities attracted the participation of over 1,000 staff and their family members.



釐訂服務優次、強調臨床管治，以發展質素為本的文化

港島西聯網對改善質素和風險管理積累了深厚的經驗。我們一直以來都設有系統化和連貫的架構，以鑑辨改善機會、界定、評估及管理風險，以及推行質素改善措施。年內，我們一共推行了三個持續質素改善計劃，同時並進行了13次臨床審核、三次護理審核及六次感染控制審核，以確保醫療質素。感染控制也是我們風險管理策略的一部份，在抗沙士一役中起着關鍵作用。疫症過後，我們於2003年10月推出新一輪的感染控制講座。屆年底時，我們已舉辦了超過85次培訓講座、超過80%的員工接受了這項複修培訓。

建立人力資源能力及獎勵表現

自願提早退休計劃在港島西聯網內推行順利，在年底時一共有374名成功的申請人先後退休。為了促進員工注重健康，我們成立了一個聯網員工身心健康委員會，負責制訂促進員工身心健康的路向及推行有關計劃。委員會迄今已舉辦了多項不同類型的活動，包括健康問答比賽、新年山頂行大運及賣物會等。這些活動吸引了超過1,000名員工及家屬參加。



Overview of Cluster Chief Executive (Kowloon East)

Introduction

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 over 900,000 population of Kwun Tong, Tseung Kwan O and Sai Kung.

Management of SARS

In 2003/04, the Kowloon East Cluster faced a great challenge during the SARS crisis. Hard hit by the Amoy Gardens outbreak, United Christian Hospital and Tseung Kwan O Hospital admitted within a short period over 180 and 50 SARS patients respectively. With the courage, professionalism, dedication and great teamwork of our staff, the battle against this deadly disease was finally won. With lessons learnt from the crisis, improvements in infection control training, staff communication, and isolation facilities were made to prepare ourselves for the possible resurgence of SARS. Despite the SARS crisis, a good number of improvement targets in both the clinical and non-clinical areas were achieved during the year to improve quality and cost effectiveness.

Enhancing system cost-effectiveness and improving population health through development of community-oriented service models

To enhance the development of primary healthcare services, the Cluster took over seven General Outpatient Clinics (five by United Christian Hospital and two by Tseung Kwan O Hospital) from the

Department of Health in July 2003 and introduced family medicine practice in these clinics.

Collaboration between the geriatric outreach teams of Haven of Hope Hospital and Tseung Kwan O Hospital was enhanced by establishing referral channels among the Community Geriatric Assessment Teams, the Community Nursing Services and allied health professionals.

The Kowloon East Cluster also implemented an elderly suicide prevention programme and strengthened its community care network with the Social Welfare Department and the Non-Government Organisations in the region.

Enhancing organisational productivity and performance to overcome challenges

The Cluster continued to improve its hospital facilities to meet new challenges. In 2003/04, consultants were appointed and detailed design work commenced for the provision of additional lifts at Block S of United Christian Hospital with a view to increasing its operational efficiency.

A centralised facility management system for Schedule II hospitals in the Cluster was established with formation of the Cluster Facilities Management Committee and Facility Management Team. The Cluster Facility Management Team took over all major maintenance and improvement projects of Haven of Hope Hospital and United Christian Hospital, and provided assistance to Tseung Kwan O Hospital in those projects involving term maintenance contracts.



九龍東聯網總監工作概述

引言

九龍東聯網於 2001 年 10 月成立，採用協作的架構模式，管理基督教聯合醫院、將軍澳醫院及靈實醫院，為觀塘、將軍澳及西貢的超過 90 萬人口提供服務。

沙土的管控

九龍東聯網在 2003/04 年度沙士疫症期間面對重大的挑戰。淘大花園爆發後，基督教聯合醫院和將軍澳醫院在極短時期內分別接收了超過 180 及 50 名沙士病人。因着聯網職員的無比勇氣、專業表現、盡忠職守和團隊精神，我們最終戰勝了這個致命的疾病。從危機汲取的經驗，我們在感染控制培訓、職員溝通及隔離設施等方面推行改善措施，為疫症重臨作好準備。雖然出現了沙士疫症，聯網在年內仍能完成可觀的臨床及非臨床改善目標，大大提升了服務質素和成本效益。

透過發展社區導向服務模式，提升體制效益及改善人口健康

為了加強基層健康服務的發展，聯網於 2003 年 7 月自衛生署接管七間普通科門診診所（基督教聯合醫院接管五間、將軍澳醫院接管兩間），並在這些診所內引進家庭醫學的新模式。

透過建立社區老人評估小組、社康護理及專職醫療服務之間的轉介渠道，我們成功加強了靈實醫院及將軍澳醫院轄下各老人科外展小組的合作關係。

九龍東聯網亦推行了一項防止老人自殺計劃，並加強了與社會福利署及區內非政府機構之間的社區護理網絡。

提升組織生產力及表現以克服挑戰

九龍東聯網不斷改善醫院設施以應付新的挑戰。2003/04 年度，聯網委任顧問公司着手進行基督教聯合醫院 S 座增加電梯的詳細設計工作，藉以提升運作效率。

隨着聯網設施管理委員會及設施管理小組的成立，九龍東聯網現已可為聯網內的附表 II 醫院建立一套中央設施管理系統。聯網設施管理小組接管了靈實醫院及基督教聯合醫院的全部大型維修及改善工程，並協助將軍澳醫院進行定期維修的工作。

為了提升生產力，基督教聯合醫院及靈實醫院簽訂了一項以聯網為本的內務合約。此外，兩間醫院亦簽訂了聯網保安服務合約。九龍東聯網亦委



To enhance productivity, a cluster-based domestic services contract was implemented for United Christian Hospital and Haven of Hope Hospital. A cluster security services contract was also signed for United Christian Hospital and Tseung Kwan O Hospital. With the designation of cluster finance managers, the cluster financial management model was enhanced to centralise the financial accounting and revenue collection function of hospitals.

On the clinical side, the formation of cluster surgical subspecialty teams between United Christian Hospital and Tseung Kwan O Hospital was facilitated to enhance training and quality of care. Surgical specialists from Tseung Kwan O Hospital and United Christian Hospital worked as a team to provide inpatient and outpatient services. The linkage was particularly close in the hepatobiliary specialty, with the organisation of weekly subspecialty meetings and joint operations.

Enhancing healthcare system sustainability

To promote public-private interface in the provision of care, lists of private doctors in the Sai Kung & Tseung Kwan O districts were compiled and distributed to patients attending the Accident & Emergency and Specialist Outpatient Departments of Tseung Kwan O Hospital to facilitate patient choice.

Two minimal invasive surgery (MIS) workshops were organised in the year with participation of many private surgeons. Both basic and advance MIS skills were demonstrated and practised. A hands-on animal practice was arranged in Shanghai for participants during one of these workshops.

Developing a quality culture in the context of prioritisation and with emphasis on clinical governance

Clinical audits were performed on pressure sore, blood transfusion, care of patient with indwelling catheter and drug administration to monitor the standard of nursing practices among various cluster hospitals.

Primary nursing was piloted in ten selected wards commencing November 2003 to upgrade professional accountability and quality of patient care.

Building human resources capability and rewarding performance

To build up the human resources capacity of the Cluster, a model of shared roles was established with the assignment of specific cluster human resources functions to individual managers in addition to their hospital-based duties. A good number of human resources functions had been centralised, e.g., non-clinical training, while joint efforts were facilitated in many other functions, e.g., joint advertisement. Arrangements were also made for the human resources managers to attend major professional events and external training for the development of their expertise.



任了一名財務經理，落實以聯網為本的財務管理模式，集中處理所有醫院的財務會計及收費功能。

臨床工作方面，我們加快在基督教聯合醫院及將軍澳醫院之間成立聯網外科附屬專科小組，以協助培訓工作及提升質素。兩院的外科專家以小組形式運作，為聯網內的病人提供住院及門診服務。這方面的合作於肝膽專科最為緊密，目前小組每周均有召開會議及進行聯合手術。

使醫療體制能夠持續發展

為促進公私營合作，我們編撰了西貢及將軍澳地區的私家醫生名單，向將軍澳醫院急症室及專科門診部的求診病人派發，使病人有更多的選擇。

年內聯網舉辦了兩次微創外科研習班，參加者包括多名私家外科醫生。課程包括基本及高級微創技術的示範和實習。其中一次研習班的動物實習，安排於上海進行。

釐訂服務優次、強調臨床管治，以發展質素為本的文化

年內，聯網進行的臨床審核包括褥瘡、輸血、內置導管病人護理及藥物的服用情況等，以監察各聯網醫院的護理工作水平。

自2003年11月起，聯網於十間選定病房內推行基本護理先導計劃，藉以提升專業問責及病人護理質素。

建立人力資源能力及獎勵表現

為建立聯網的人力資源能力，我們引進了一個角色分擔的模式，個別經理除負責本身醫院的工作外，並獲委以特定的聯網人力資源功能。很多人力資源工作亦已集中處理，例如非醫療培訓，刊登聯合招聘廣告等。我們亦已安排人力資源經理參加重要的專業會議及外間培訓，以發展他們的專才。



Overview of Cluster Chief Executive (Kowloon Central)

Introduction

The Kowloon Central Cluster comprised six hospitals and institutions including the Hong Kong Buddhist Hospital, Hong Kong Red Cross Blood Transfusion Services, Hong Kong Eye Hospital, Kowloon Hospital, Queen Elizabeth Hospital and Rehabaid Center, all contributing towards the delivery of quality patient-centred services in accordance with corporate directives.

Management of SARS

The SARS outbreak in March 2003 had profound impact on public hospital services as well as the Hong Kong community at large. To combat SARS, the Kowloon Central Cluster established its Command Centre to coordinate daily operations in response to the SARS outbreak, including the formulation of hospital response plan to SARS, promulgation of updated infection control guidelines and practices, provision of recommended Personal Protective Equipment, setting up of isolation and cohort wards, implementing service rearrangement to reduce non-essential hospital services, as well as training and redeployment of doctors, nurses and supporting staff to support pressure areas within or outside the Cluster.

With concerted effort, selfless dedication, professionalism and teamwork from all staff, the Kowloon Central Cluster had contained the SARS crisis with no major infection outbreak in its hospitals. During the three-month period, the Cluster admitted 127 SARS patients, over 100 probable and 300 suspected SARS cases. In the process, 20 staff from Queen Elizabeth Hospital had contracted the disease.

With the SARS outbreak successfully contained, public hospital services had gradually entered into the “new normal”. All cluster hospitals continued to be vigilant and prepared for the re-emergence of SARS, by way of enhanced surveillance for infectious diseases, strengthened infection control measures, improved external and internal communication, and improved isolation and ventilation facilities.

To prepare for potential infectious disease outbreaks, the Cluster had formulated a new contingency plan for infectious disease outbreaks and launched the Hand Hygiene Campaign 2003 with a series of audit activities conducted to enhance hand hygiene compliance. The Cluster SARS Resource Centre was expanded to form an Infectious Disease Resource Centre in January 2004 to enhance staff and public awareness on proper infection control and usage of Personal Protective Equipment. Renovation and improvement works began immediately in the third quarter of 2003 to convert ten general wards to isolation wards and improve ventilation facilities to cater for a possible communicable disease outbreak. Upon completion of testing and commissioning in the second quarter of 2004, Queen Elizabeth Hospital would have isolation and intensive care facilities for 150 infectious disease patients.

Apart from combating SARS, the Cluster continued to pursue the following initiatives under the Hospital Authority’s major corporate directions in 2003/04.



九龍中聯網總監工作概述

引言

九龍中聯網由六間醫院及機構組成，包括香港佛教醫院、香港紅十字會輸血服務中心、香港眼科醫院、九龍醫院、伊利沙伯醫院及復康專科及資源中心。各機構互相配合，按照醫管局的整體路向，提供以病人為本的高質醫療服務。

沙士的管控

2003年3月的沙士爆發，對公立醫院服務和廣大市民都造成深遠影響。為了對抗沙士，九龍中聯網成立了指揮中心，統籌每日的抗疫工作，包括制訂醫院沙士應變計劃、公布最新的感染控制指引及措施、提供個人防護裝備的建議、設立隔離及群集病房、進行服務重組以減少非基要醫院服務、以及培訓及調配醫生、護士及支援人員，以紓緩聯網內外的壓力。

因着各員工的齊心努力、盡忠職守、並充分發揮專業和團隊精神，九龍中聯網得以在沙士期間，保持醫院內無重大爆發的成績。在三個月的疫症期間，聯網一共接收了127名沙士病人，以及超過100宗可能及300宗疑似沙士個案。在抗炎一役，有20名伊利沙伯醫院職員不幸染病。

成功遏制疫症後，公立醫院服務逐漸進入「新秩序」。所有聯網醫院繼續保持警覺，並透過加強監察傳染病及感染控制措施、改善對內對外溝通，以及提升隔離通風設施，為沙士重臨作好準備。

為了應付未來的傳染病爆發，九龍中聯網制訂了新的傳染病爆發應變計劃、推行洗手運動，並進行一連串審核活動，以確保成效。我們又擴充聯網的沙士資源中心，於2004年1月成立傳染病資源中心，藉以提高員工和市民對感染控制措施和使用個人防護裝備的警覺。2003年第三季，我們即時開展了翻新和改善工程，把十間普通科病房改為隔離病房，並改善通風設施，以應付可能出現的傳染病爆發。在測試和籌建工程完成後，屆2004年第二季，伊利沙伯醫院將會有可容150名傳染病病人的隔離及深切治療設施。

除了對抗沙士，聯網繼續於年內配合醫院管理局2003/04年度的主要路向，推行以下服務改善措施：-



Enhancing system cost-effectiveness and improving population health through development of community-oriented service models

In July 2003, the Kowloon Central Cluster took over the management of five General Outpatient Clinics from the Department of Health. A Family Medicine Training Centre was set up in the Central Kowloon Health Centre to promote family medicine practices in these clinics. Information technology systems, e. g., the Pharmaceutical Supplies System and Pharmacy Management System, were installed later in the year to support this initiative of improving population health.

A new Chemotherapy Day Centre, set up through donation by the Hong Kong Jockey Trust, commenced its provision of an integrated outpatient chemotherapy service on 29 December 2003 in Queen Elizabeth Hospital.

The Hospital Authority Pong Ding Yuen Clinical Positron Emission Tomography Centre was opened on 18 December 2003 in recognition of the donor who supported the project with generous donations.

Enhancing organisational productivity and performance to overcome challenges

The following clinical, rehabilitation/convalescent and supporting services collaboration and integration initiatives were implemented under this strategic direction:

- Tuberculosis and Chronic Obstructive Pulmonary

Disease patients were directly admitted from the Accident & Emergency Department of Queen Elizabeth Hospital to Kowloon Hospital.

- Staff rotation among cluster radiology departments started in September 2003 to provide better training and job enrichment opportunity to radiographers.
- In line with the shift from hospital care to ambulatory/outreach services, 120 general beds in Kowloon Hospital had been closed in 2003/04.
- Pre-discharge programmes at cluster hospital levels were developed. Community Geriatric and Nursing Services were consolidated and rationalised for better service coverage of elderly homes within the Cluster.
- Outpatient paediatric rehabilitation for neuro-development cases and outpatient prosthetics service were rationalised and centralised at Kowloon Hospital, while outpatient physiotherapy services for special hand rehabilitation, ante-natal and post-natal services were centralised at Queen Elizabeth Hospital.

Enhancing healthcare system sustainability

A pilot scheme on public-private collaboration was implemented to offer non-urgent patients the choice to undergo non-invasive cardiac investigations, polysomnography and Continuous Positive Airway Pressure titration in private hospitals.

In line with the Authority's policy on revision of fees and charges, the Cluster set up an implementation team



透過發展社區導向服務模式，提升體制效益及改善人口健康

2003年7月，九龍中聯網自衛生署接管了五間普通科門診診所。我們於中九龍健康院成立了一間家庭醫學培訓中心，以便在這些診所內提倡家庭醫學。其後，我們更引進了多個資訊科技系統，例如藥物供應系統及藥房管理系統，以配合推行這項改善市民健康的措施。

由香港賽馬會信託基金捐贈成立，設於伊利沙伯醫院的日間化療中心於2003年12月29日開始為病人提供綜合的門診化療服務。

醫院管理局龐鼎元臨床正電子發射斷層顯像中心於2003年12月18日投入服務。該中心以捐贈者命名，以銘謝他對這項服務的慷慨捐助。

提升組織生產力及表現以克服挑戰

在這項策略路向下，聯網推行了以下臨床、康復/療養及支援服務的協作及整固措施：-

- 結核病及慢性支氣管炎病人可直接由伊利沙伯醫院急症室收進九龍醫院。
- 2003年9月開始，聯網放射學部的職員開始輪流替換工作崗位，從而為放射技師提供更多的培訓機會。

- 為配合社區導向服務模式的發展，九龍醫院於2003/04年度關閉了120張普通科病床。
- 制訂聯網醫院的出院計劃。社區老人及社康護理服務亦已整固及理順，以便可涵蓋聯網內更多的安老院。
- 神經發展的門診兒科康復個案及門診義肢服務已集中在九龍醫院進行。特殊手部康復的門診物理治療、產前及產後服務則集中於伊利沙伯醫院提供。

使醫療體制能夠持續發展

九龍中聯網於年內推行了一項公私營合作先導計劃，向病情穩定的病人提供選擇，於私家醫院接受非入侵性的心臟檢查、多導睡眠描記術、以及持續氣道正壓滴定。

按照醫院管理局新修訂的收費政策，聯網成立了一個由不同專科和職級人員組成的推行小組，與總辦事處及其他醫院的小組合作，實施新收費制度，並因而贏得2003/04年度醫院管理局傑出團隊獎。



comprising multidisciplinary staff from different ranks. The team, in collaboration with the Head Office and other hospital teams, won the Hospital Authority Outstanding Team Award in 2003/04.

To reward outstanding performance, the Cluster had launched various staff recognition programmes, including the “Spot Award Programme” during the SARS period.

Developing a quality culture in the context of prioritisation and with emphasis on clinical governance

To improve patient outcome, Highly Active Antiretroviral Therapy was provided to more than 377 HIV/AIDS patients by the end of June 2003. Twenty additional Coronary Artery Bypass Graft operations were carried out in the year to shorten the waiting time of patients.

The new PABX telephone communication system was installed smoothly on 28 February 2003 to enhance telecommunication efficiency.

Building human resources capability and rewarding performance

The Hong Kong College of Paediatricians granted the Paediatrics Department of Queen Elizabeth Hospital full accreditation for basic training in Paediatrics for another three years.

The Central Nursing Division had drawn up a proposal on Nursing Staff Development Scheme targeted at nursing staff with less than five years experience. The aims of the proposal were to facilitate nursing staff to acquire more working experience and clinical competence in various specialties upon graduation, and to enable more flexible staff deployment to meet changing service needs.



釐訂服務優次、強調臨床管治，以發展質素為本的文化

為改善治理病人成效，聯網屆2003年6月底時，已為超過377名愛滋病患者提供高活性抗逆轉錄病毒治療。年內，並增加了20次冠狀動脈旁路手術，以縮短病人的輪候時間。

2003年2月28日，聯網順利裝置了新的用戶交換機電話通訊系統，以改善電訊效率。

建立人力資源能力及獎勵表現

香港兒科醫學院已延長對伊利沙伯醫院兒科部基本兒科培訓的全面認可，為期三年。

中央護理組制定了護理人員的發展計劃，對象是資歷五年以下的護理人員，目的是讓護理人員可於畢業時取得更多不同專科的工作及臨床經驗，促進更靈活的職員調配，以應付不斷轉變的服務需求。

為獎勵卓越工作表現，聯網推行了多項員工獎勵計劃，包括沙士期間推行的即時獎勵計劃。



Overview of Cluster Chief Executive (Kowloon West)

Introduction

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. As at 31 March 2004, there were in total 7,371 beds in the Cluster.

Management of SARS

Princess Margaret Hospital was designated to receive newly referred SARS patients at the most desperate time of the epidemic outbreak in the community. It had treated 1,127 relevant patients, including 585 confirmed SARS cases, which amounted to one-third of all SARS patients in Hong Kong. Wong Tai Sin Hospital was designated as a SARS convalescent hospital for the territory and had cared for 465 SARS patients referred from acute hospitals. A total of 116 of these patients underwent the pulmonary rehabilitation programme. The support of Caritas Medical Centre, Kwai Chung Hospital, Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Yan Chai Hospital was pivotal to the accomplishments of Princess Margaret Hospital and Wong Tai Sin Hospital. They received and cared for all non-SARS patients decanted from the two SARS hospitals and also mobilised their professional staff to support them throughout the three-month combat period. Moreover, Kwong Wah Hospital and Caritas Medical Centre treated 87 and 30 SARS patients respectively.

Enhancing system cost-effectiveness and improving population health through development of community-oriented service models

A total of 17 General Outpatient Clinics had successfully been taken over from the Department of Health since July 2003. A Family Medicine and Primary Health Care Department was established to integrate these new members with the existing outpatient clinics in the Cluster, making up a family of 21 clinics. Critical connections were built with hospital and community nursing services to enhance the seamless care for patients as well as promotion of health. Patients were encouraged and facilitated to access useful information of health care means within the community.

A broad-based Adolescent Health Service was established in one of the specialist outpatient clinics and Community Health Resource Centres of the Cluster. Relevant services in Princess Margaret Hospital, Kwai Chung Hospital, Non-Government Organisations and the Social Welfare Department were integrated to enhance patients' accessibility and continuity of care. An early psychosis screening programme was implemented with a total of 180 cases managed early. Moreover, case management study on the elderly of Shamshuipo district was started in October 2003 with 37 discharged elderly patients being closely followed up and provided with community nursing service. To further develop these programmes, Community Health Centres would be designated to provide a wide spectrum of health care services to strengthen the links between secondary care and primary care within the community.



九龍西聯網總監工作概述

引言

九龍西聯網由七間公立醫院組成，即明愛醫院、葵涌醫院、廣華醫院、瑪嘉烈醫院、聖母醫院、黃大仙醫院及仁濟醫院。它是醫院管理局最大的醫院聯網，服務黃大仙、旺角、深水埗、葵涌、青衣、荃灣及東涌等地區一共超過180萬人。2004年3月31日，聯網共有病床7,371張。

沙士的管控

在社區疫症爆發的最關鍵時刻，瑪嘉烈醫院被指定為接收新轉介沙士病人的醫院。該院一共治理了1,127名相關病人，包括585名証實沙士個案，相等於全港沙士病人數目的三分之一。黃大仙醫院亦被指定為全港的沙士康復醫院，一共接收了轉介自急症醫院的465名沙士病人，其中共有116名接受了胸肺康復計劃。瑪嘉烈醫院和黃大仙醫院的工作，亦有賴明愛醫院、葵涌醫院、廣華醫院、聖母醫院及仁濟醫院的支援。這些醫院須接收及治理來自兩間沙士醫院的所有非沙士病人，並需在三個月的抗疫時期，不斷動員其專業人員，加以協助。此外，廣華醫院和明愛醫院亦分別為87名和30名沙士病人提供治理。

透過發展社區導向服務模式、提升體制效益及改善人口健康

2003年7月，聯網自衛生署成功接管了17間普通科門診診所。聯網更成立了一個家庭醫學及基層健康護理部，負責把這些新成員融入聯網現有的門診部，令這大家庭的成員增至21個。這些診所與其他醫院及社康護理服務緊密聯繫，以便為病人提供連貫護理及促進社區健康。診所亦鼓勵及協助病人取得有用的社區醫療資訊。

聯網於其中一間專科門診診所及社區健康資源中心引進了綜合性的青少年健康服務，結合瑪嘉烈醫院、葵涌醫院、各非政府機構及社會福利署的有關服務，為病人提供更適時和更連貫的護理。聯網又推行了一個及早偵測思覺失調的服務計劃，得到及早治理的個案達180宗。此外，我們於2003年10月開始為深水埗區的老人進行個案治理研究，緊密跟進37名出院老年病人的情況，為他們提供社康護理服務。為了進一步發展這些計劃，我們會設立社區健康中心，提供綜合的醫護服務，加強社區內基層和中層護理的聯繫。



Enhancing organisational productivity and performance to overcome challenges

Senior management positions in the Cluster were streamlined upon the retirement of some executives. Princess Margaret Hospital and Kwai Chung Hospital were grouped under the leadership of one Hospital Chief Executive, and their Hospital Governing Committees were merged with effect from 1 April 2003. The Hospital Chief Executive of Caritas Medical Centre was also assigned with the concurrent responsibility of overseeing the management of Our Lady of Maryknoll Hospital effective 8 November 2003. The seven Clinical Management Teams of the Cluster were reorganised into four teams to rationalise the management structure for psychiatric services.

A Cluster Procurement and Materials Management Centre was set up in Princess Margaret Hospital, with the installation of an electronic purchase information system to expedite procurement procedures and enhance organisational productivity.

Enhancing healthcare system sustainability

A Patient Aid to Locate Doctors (PALD) system was piloted at the general outpatient and specialist outpatient departments of Our Lady of Maryknoll Hospital in August 2003. Information on private practitioners was supplied to patients to facilitate their choice, which was well received by patients. The pilot system was subsequently extended to Princess Margaret Hospital and Caritas Medical Centre to widen its coverage. Upcoming efforts would focus on leveraging the resources available in the community. Discharge

planning and referral arrangements would also be enhanced.

Developing a quality culture in the context of prioritisation and with emphasis on clinical governance

Clinical expertise was a key impetus for enhancement of quality. Cluster departments were set up for Ophthalmology, Otorhinolaryngology and Neurosurgery services to pool the expertise and resources and to optimise the provision of patient care. Cluster teams had also been formed for some allied health services, including Prosthetics & Orthotics, Podiatry and Speech Therapy services. Cluster integration was in progress for Pathology and Radiology services, with the setting up of relevant cluster departments next fiscal year. Furthermore, Orthopaedic Rehabilitation service was centralised at Caritas Medical Centre while relocating its infirmary beds to the Lai King Building of Princess Margaret Hospital to achieve better synergy. Four chronic Paediatric ventilator beds were established in Caritas Medical Centre and relevant expertise pooled together to optimise benefits to patients. All these initiatives were found to be conducive to the alignment of service protocols, accessibility and clinical governance.

To strengthen Oncology service within the Cluster, a clinical team was set up to provide specialist outpatient service to patients at Princess Margaret Hospital. A Clinical Oncology planning team involving healthcare professionals trained in the fields of Obstetrics & Gynaecology, Medicine, Geriatrics, Paediatrics, and Surgery was formed to prepare for the commissioning of the Cluster's new Oncology Centre.



提升組織生產力及表現以克服挑戰

一些高級行政人員退休後，聯網精簡了其管理層的職位。自2003年4月1日起，瑪嘉烈醫院及葵涌醫院由一名醫院行政總監管理，而兩院的醫院管治委員會亦告合併。明愛醫院的醫院行政總監自2003年11月8日開始，亦同時負責管理聖母醫院的運作。聯網的七個臨床管理小組已重組為四個團隊，從而理順精神科服務的管理架構。

我們亦在瑪嘉烈醫院成立了一個聯網採購及物料管理中心，裝置了電子採購資料系統，以加速採購程序及提升組織的生產力。

使醫療體制能夠持續發展

九龍西聯網於2003年5月在聖母醫院的普通科門診及專科門診部推行一項協助病人物色醫生的先導計劃，向病人提供私家醫生的資料，協助他們作出選擇。這項先導計劃後來伸展至瑪嘉烈醫院及明愛醫院，以擴充其涵蓋範圍。我們未來的工作，會集中如何進一步善用社區資源。此外，我們亦會加強出院規劃及轉介安排。

釐訂服務優次、強調臨床管治，以發展質素為本的文化

臨床專才是改善質素的主要動力。我們已為眼科、耳鼻喉科及腦外科服務設立了聯網統籌部，以集中技術和資源，為病人提供最佳的護理。我們亦為一些專職醫療服務成立了聯網小組，包括義肢矯形、足病及言語治療服務。病理學及放射學服務的聯網式結合亦已進行，預料於下個財政年度便可成立相關的聯網部門。此外，我們又把骨科康復服務集中於明愛醫院，並把該院的療養病床遷往瑪嘉烈醫院的荔景大樓，以達致更佳的效益。我們並已在明愛醫院設置四張慢性疾病的兒科通氣病床，集中這方面的專家，以便為病人提供最佳的治理。所有上述措施証實對劃一服務常規、方便病人及臨床管治都起着正面的作用。

為改善聯網的腫瘤科服務，我們成立了臨床小組，為瑪嘉烈醫院的專科門診病人提供服務。聯網又成立了一個臨床腫瘤規劃小組，由婦產科、內科、老人科、兒科及外科的專業人員組成，負責聯網新腫瘤中心的籌劃工作。



Building human resources capability and rewarding performance

To strengthen the capability of our healthcare workers in the management of communicable diseases, a series of training programmes on infection control, infectious disease management and intensive care were organised for different levels of clinical and support staff. During the SARS and post-SARS periods, a number of training programmes on self-coping strategies and emotion-handling techniques were provided for the frontline staff to meet their psychological and spiritual needs in face of a crisis. In preparing our staff for returning to the “new normal” after the SARS outbreak, team building workshops were organised for staff of different clinical specialties to facilitate the process. Seven staff forums were conducted with various levels of staff to deliberate on the SARS combating plans and to promote common understanding on cluster development issues.

Conclusion

The epidemic outbreak at the beginning of 2003/04 tested the professionalism and perseverance of our cluster management team and frontline healthcare workers. Yet, the SARS crisis had strengthened the cohesiveness of this newly born cohort of hospitals. The concerted efforts against SARS had brought about the growth of wisdom and strength of everybody in the Kowloon West family and further pulled its members together to create encouraging results in various domains. Forging ahead, we would continue to break the walls between traditional work units and foster more intensive cluster-wide collaborations with a view to accomplishing our uncompromised goal of maximising patient benefits.



建立人力資源能力及獎勵表現

為提升醫護人員治理傳染病的能力，我們為不同職級的臨床及支援人員舉辦一連串的培訓課程，內容包括感染控制、傳染病治理及深切護理等。在沙士爆發前後，我們為前線人員提供了多個自我適應及情緒處理的培訓課程，以滿足他們在危機情況下心理和精神上的需要。為使員工在沙士過後順利返回「新秩序」，我們為不同專科的同事舉辦多個探討建立團隊精神的研習班。此外，我們又為各階層的員工舉行了七次職員論壇，藉以研究抗疫的規劃及促進對聯網發展規劃的共識。

結論

2003/04年初的疫症爆發對聯網管理隊伍和前線醫護人員的專業精神和毅力，是一個嚴峻的考驗。然而，沙士危機令這個成立不久的聯網加強了凝聚力。抗炎一役不但令聯網的每個成員增加了智慧和力量，亦進一步拉近了彼此間的距離，在各方面都產生了令人鼓舞的效果。展望未來，我們將繼續建立更深入的聯網合作，堅定不移致力造福病人。



Overview of Cluster Chief Executive (New Territories East)

Introduction

The New Territories East Cluster serves the districts of Shatin, Tai Po and North District, with a total 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, North District Hospital, Cheshire Home (Shatin), Shatin Hospital and Tai Po Hospital, providing acute, convalescent, rehabilitation and extended care services to the public.

The New Territories East Cluster was formed in October 2001. Since then, it had introduced a number of service rationalisation and reorganisation initiatives. Apart from eliminating duplication and compartmentalisation of services, the Cluster management had focused its efforts on aligning values, setting cluster-based operational models and standards, and promoting quality particularly after the SARS epidemic. Budget balance was achieved again in 2003/04.

Management of SARS

The New Territories East Cluster was heavily hit by SARS in 2003. The outbreak first occurred in Prince of Wales Hospital on 10 March 2003. The disease subsequently affected all hospitals in the Cluster except Cheshire Home (Shatin) and Bradbury Hospice. Cheshire Home (Shatin) also contributed in the SARS battle by providing convalescent care to the patients after their recovery from the acute respiratory illness. During this period, the seven hospitals in the Cluster treated a total of 481 SARS patients including 177 healthcare workers, 17 medical students and 287 other patients. Much effort was directed to the control of

the outbreak which finally led to the lifting of Hong Kong from the list of infected areas under the World Health Organisation on 23 June 2003. The Cluster management played a key role in the coordination of operations and services, epidemiological investigations, manpower deployment, setting of infection control guidelines and standards as well as the coordination of supply of personal protective equipment during the crucial period.

Enhancing system cost-effectiveness and improving population health through development of community-oriented service models

The New Territories East Cluster took over ten General Outpatient Clinics from the Department of Health in July 2003. These general outpatient clinics were reorganised to improve the integration of primary and secondary care. The Cluster also enhanced the work of its Community Service Outreach Teams to provide medical support to the old aged homes. A “Hospital in Old Aged Home” model was developed to reduce the need for hospitalisation of the elderly people.

Collaborations with the Hong Kong Medical Association Tai Po Community Network during the year had fostered partnership with local private doctors in the district. Programmes were developed to allow instant feedback of patient records to their own community doctors on discharge from hospitals and Accident & Emergency Departments. Community doctors were invited to visit and share the progress of their patients who were admitted into hospitals.



新界東聯網總監工作概述

引言

新界東聯網為沙田、大埔及北區約共133萬人口服務。聯網有七間醫院，即威爾斯親王醫院、雅麗氏何妙齡那打素醫院、白普理寧養中心、北區醫院、沙田慈氏護養院、沙田醫院及大埔醫院，為市民提供急症、療養、康復及延續護理服務。

新界東聯網於2001年10月成立，隨後引進了多項服務理順和重組措施。在沙士疫症過後，聯網管理層除了致力消除服務重疊及分隔外，並集中力量統一價值觀、訂立以聯網為本的運作模式及標準，以及改善服務質素。2003/04年度，聯網再度達到收支平衡。

沙士的管控

新界東聯網的服務於2003年受到沙士疫症的打擊。疫症最初於2003年3月10日於威爾斯親王醫院爆發，隨後，聯網內所有醫院，除沙田慈氏護養院及白普理寧養中心外，都深受影響。沙田慈氏護養院亦積極參與抗疫工作，為沙士康復病人提供療養及康復服務。在沙士期間，聯網的七間醫院一共治理了481名沙士病人，包括177名醫護人員、17名醫科學生及287名其他病人。我們努力控制疫症，令香港終可於2003年6月

23日由世界衛生組織受感染地區名單中除名。在這段關鍵時刻，聯網的管理層在各方面，包括統籌服務、進行流行病學調查、人手調配、制訂感染控制指引及標準，以及協調個人防護裝備供應等方面，都擔當了重要的角色。

透過發展社區導向服務模式、提升體制效益及改善人口健康

新界東聯網於2003年7月自衛生署接管十間普通科門診診所。這些普通科門診診所現已經過重組，以改善基層和中層護理的結合。聯網亦改善了其社區服務外展小組的工作，以便為安老院提供更適切的服務。我們並發展了一個「安老院醫院」的模式，以減少老人入院的需要。

年內，聯網又與香港醫學會的大埔社區網絡加強合作，促進與區內私家醫生的伙伴關係。我們亦已制訂計劃，使病人於離開醫院及急症室後，可即時讓本身的社區醫生取得其醫療紀錄。病人入院後，其社區醫生亦會被邀到醫院探望病人，了解治療進度。



In line with the corporate direction of developing Chinese Medicine through a research oriented approach, a Chinese Medicine clinic had been set up in Alice Ho Miu Ling Nethersole Hospital since December 2003.

Enhancing organisational productivity and performance to overcome challenges

The Cluster's management structure was further refined to build up an organisational framework that enhanced governance, efficiency and cost-effectiveness. The framework aimed to strike a balance between vertical accountability at the hospital level and horizontal responsibilities at the cluster level. Through this effective management structure, various enhanced productivity programmes were implemented in the year.

A new bed utilisation model was developed to rationalise bed capacity through integration and consolidation of facilities. With the shifting of patients from hospital care to ambulatory and outreach care, the Cluster had been able to right-size over 500 beds by the end of March 2004.

A computer-based public-private interface programme for diabetic care was developed to facilitate the integration of diabetic care between public and private practitioners.

Enhancing healthcare system sustainability

During the year, the Cluster initiated a major service rationalisation programme to reorganise its clinical services so as to enhance efficiency and quality of care. Reorganisation of the specialty services was outlined in the ensuing paragraphs.

For surgical services, a full range of secondary, tertiary and designated quaternary services were provided in Prince of Wales Hospital. Secondary surgical services were enhanced in North District Hospital. Alice Ho Miu Ling Nethersole Hospital was designated as the Cluster's ambulatory and short-stay surgery centre.

For Medicine, the provision of tertiary services, in particular services requiring special interventional procedures, was centralised at Prince of Wales Hospital. Alice Ho Miu Ling Nethersole Hospital became medically predominant and provided a range of tertiary specialty services, including infectious disease, respiratory medicine, renal medicine and critical care medicine.

The treatment of major trauma and emergencies was centralised at Prince of Wales Hospital and North District Hospital with the former being designated as the trauma centre. A pilot scheme for introducing primary trauma diversion in Tai Po district was successfully implemented. Alice Ho Miu Ling Nethersole Hospital was designated as the centre for elective orthopaedic surgeries, while orthopaedic rehabilitation was centralised to be provided at Tai Po Hospital.



為配合以研究為導向發展中醫藥的整體策略，聯網於 2003 年 12 月於雅麗氏何妙齡那打素醫院開設了一間中醫診所。

提升組織生產力及表現以克服挑戰

新界東聯網進一步精簡架構，以建立一個足以提升管治功能、運作效率及成本效益的組織構架，目的是在醫院層面的縱向問責及聯網層面的橫向責任之間取得平衡。透過這個有效的管理架構，我們得以在年內推行各項加強生產力的計劃。

我們透過合併和整固設施，制訂了一個使用病床的新模式，以理順病床的數目。把病人從醫院護理轉移至日間及外展護理後，聯網屆 2004 年 3 月底時，已削減了超過 500 張病床。

聯網發展了一個糖尿病人護理的電腦公私營合作計劃，以促進公私營醫生在糖尿病護理方面的持續合作關係。

使醫療體制能夠持續發展

年內，新界東聯網推行了一項大型服務理順計劃，以重組臨床服務，提升效率及護理質素。各專科服務的重組撮述如下。

外科方面，威爾斯親王醫院為聯網內市民提供全面的中層、第三層及指定的第四層服務。北區醫院的中層外科服務亦已加強。雅麗氏何妙齡那打素醫院則被指定為聯網的日間及短期留院外科中心。

內科方面，第三層服務，尤其是需要特別介入程序的服務，都集中由威爾斯親王醫院提供。雅麗氏何妙齡那打素醫院則成為以內科為主的醫院，提供多項第三層專科服務，包括傳染病、呼吸內科、腎臟內科及重症護理。

大型創傷及緊急治療服務集中於威爾斯親王醫院及北區醫院，前者亦是聯網的指定創傷中心。我們並成功在大埔區試行第一級創傷分流的先導計劃。我們指定雅麗氏何妙齡那打素醫院為非緊急骨科外科中心，而骨科康復服務則集中由大埔醫院提供。



The paediatric inpatient services of Alice Ho Miu Ling Nethersole Hospital and North District Hospital had been merged. All paediatric emergencies and tertiary paediatric services would continue to be provided by Prince of Wales Hospital while a paediatric ambulatory care centre was set up in North District Hospital.

The provision of eye services was concentrated at Prince of Wales Hospital and Alice Ho Miu Ling Nethersole Hospital. A comprehensive eye clinic was set up in the latter during the year to designate it as the Cluster's second eye centre.

Obstetric service was centralised at Prince of Wales Hospital. North District Hospital was designated as the gynaecology inpatient centre, while Alice Ho Miu Ling Nethersole Hospital continued to provide gynaecological outpatient services.

Intensive care service in North District Hospital was enhanced with senior specialist support. The intensive care service in Alice Ho Miu Ling Nethersole Hospital was remodelled to facilitate the integrated development of respiratory and critical care medicine.

In addition, the Cluster was in the process of developing Chesire Home (Shatin) into a specialised centre for infirmary service.

The Cluster continued to collaborate with external agencies to launch partnership programmes. Phase I of the Logistic Support Service for private care was rolled out in 2002/03 and proved to be successful. Logistic support on private provider information was extended in 2003/04 to other clinical and supporting areas to offer choice to patients. A triage system was introduced in the specialist outpatient clinics to ensure timely consultation of patients with urgent medical conditions.

Developing a quality culture in the context of prioritisation and with emphasis on clinical governance

Surveillance and preparedness on infectious disease outbreak were enhanced with the development of the infectious disease outbreak contingency plans at both the cluster and hospital levels. The Cluster's organisation for infection control was strengthened with the appointment of infection control nurses and the enhancement of training and audit programmes on infection control measures. A hand hygiene programme was introduced in late 2003 followed by regular audits to promote compliance. A total of 264 isolation beds were constructed in the three acute hospitals of the Cluster.

The Cluster started to provide 24-hour cardiac surgery coverage for residents of the New Territories East Region. Beyond the Cluster, tertiary service network support for thoracic surgical services to Tuen Mun Hospital was also enhanced. Paediatric surgical service networking with Princess Margaret Hospital and Tuen Mun Hospital started since November 2003.

Building human resources capability and rewarding performance

Staff-mix review on nursing, administration, allied health and support services were conducted. The manpower requirements of nursing and supporting staff were standardised for all clinical and ward units in the Cluster.

The Cluster developed and introduced a set of core values and a continuous communication enhancement programme to guide the direction of cluster



雅麗氏何妙齡那打素醫院及北區醫院的兒科住院服務經已合併。所有緊急兒科個案及第三層兒科服務將繼續由威爾斯親王醫院負責，而北區醫院則成立了一個兒科日間中心。

眼科服務的提供集中於威爾斯親王醫院及雅麗氏何妙齡那打素醫院。年內，聯網於雅麗氏何妙齡那打素醫院設立了一個綜合眼科診所，並指定該診所作為聯網的第二眼科中心。

產科服務已集中於威爾斯親王醫院。北區醫院被指定為婦科住院中心，而雅麗氏何妙齡那打素醫院則繼續負責提供婦科門診服務。

北區醫院的深切治療服務現已有高級專科醫生負責。雅麗氏何妙齡那打素醫院深切治療服務亦已重組，以便配合呼吸及重症內科的綜合發展。

此外，聯網亦正發展沙田慈氏護養院成為一個專門提供療養服務的中心。

聯網繼續與外界機構合作，推行夥伴計劃。第一期私家護理支援服務已於2002/03年度推行，成績理想。2003/04年度，我們把這項服務擴充至其他臨床及支援服務範疇，為病人提供更多選擇。我們在專科門診診所引進了分流制度，以確保病情緊急的病人可及時得到診治。

釐訂服務優次、強調臨床管治，以發展質素為本的文化

我們在聯網及醫院層面制訂了傳染病爆發應變計劃，以加強對傳染病爆發的監察和準備。此外，亦委任感染控制護士，加強培訓及審核，以全面提升聯網的感染控制工作。年內，我們又推行洗手運動，並定期進行審核，確保推行成功。聯網在三間急症醫院內，一共設立了264張隔離病床。

聯網現已開始為新界東地區的居民提供24小時心臟外科服務，並加強了聯網以外對屯門醫院胸肺外科服務的網絡支援。我們亦自2003年11月起，跟瑪嘉烈醫院及屯門醫院建立了一個兒科外科服務網絡。

建立人力資源能力及獎勵表現

新界東聯網進行了護理、行政、專職醫療及支援服務的員工組合檢討。聯網內所有臨床及病房單位的護理及支援人員的人手需求現已標準化。

聯網又制訂及引進了一套核心價值觀及持續溝通改善計劃，以領導聯網的發展，及確保可適時回應病人和職員的需求。



development and to ensure timely response to the needs of patients and frontline staff.

Conclusion

The year 2003/04 presented major challenges to the Cluster with the sudden hit of the SARS epidemic. It struck fast and came in such a scale that was beyond the capacity of the system to cope. After the epidemic, the Cluster made use of the opportunity, based on the operational experiences during the SARS epidemic, to rationalise its clinical services to meet the challenges of the diminished workforce on implementing the voluntary early retirement schemes. These were accomplished with the support of all colleagues working in the Cluster as well as the community. The professionalism, dedication, courage and solidarity that our colleagues demonstrated in the past year would certainly lay the foundation for the Cluster to further develop and improve its services for the public in the days ahead.



結論

2003/04 年度新界東聯網因沙士爆發而遭受重大打擊。疫症的蔓延速度和規模，遠遠超乎我們的能力所能負擔。沙士過後，我們利用這個機會，汲取疫症中所得經驗，整固各項醫療服務，以應付因自願提早退休計劃引致人手削減所帶來的挑戰。這項整固工作在各員工眾志成城和社區人士的大力支持下，得以完成。各位同事過去一年所表現的專業精神、盡忠職守、無比堅毅和勇氣，必定可為聯網奠定穩固基石，以進一步發展及改善公眾服務。



Overview of Cluster Chief Executive (New Territories West)

Introduction

The New Territories West Cluster comprises four hospitals, i.e., Pok Oi Hospital, Castle Peak Hospital, Siu Lam Hospital, Tuen Mun Hospital, and seven general outpatient clinics taken over from the Department of Health in July 2003. Formally established on 1 October 2002, the Cluster serves a population of about 1 million in the districts of Tuen Mun, Yuen Long, Tin Shui Wai, and the rural areas along the north-western part of the New Territories. The Cluster's service mission is to develop and deliver a community oriented and quality healthcare service, meeting the health needs of the population in the New Territories West Region.

Management of SARS

As part of the public hospital system, the New Territories West Cluster was actively involved in the battle against SARS in 2003. Being the only acute hospital in the Cluster, Tuen Mun Hospital had taken up the primary responsibility of managing the SARS patients. A total of 232 confirmed and suspected SARS cases were admitted to the hospital. Despite the known infection risk, our staff had put the patients first and held the fort tight. The professionalism, dedication and courage demonstrated by our staff had gained much appreciation from the Hong Kong Community.

At the post-SARS period, the Cluster had initiated various improvement measures to strengthen the existing system as well as to get prepared for the possible re-emergence of SARS and other infectious diseases. These included enhancement of the surveillance system, reviewing contingency plan, upgrading isolation facilities to provide 158 isolation beds, building surge capacity for intensive care service, acquiring three months stock of personal protective

equipment and providing enhanced Infection control trainings to staff. Audit exercise on infection control practices in the clinical areas would be conducted on a regular basis.

Enhancing system cost-effectiveness and improving population health through development of community-oriented service models

The Cluster had established a service strategy to shift the traditional inpatient service model to a quality ambulatory and community care delivery model. Through the setting up of an observation and preadmission ward to support the Accident & Emergency service, emergency admission was successfully reduced by 30% in 2003/04. A dedicated centre for day and short-stay care had also been established to integrate ambulatory services. The rehabilitation service in Pok Oi Hospital was reorganised and strengthened to speed up patients' recovery. This was facilitated by the formation of a dedicated multidisciplinary rehabilitation team led by medical and orthopaedic rehabilitation specialists.

With the taking over of seven general outpatient clinics from the Department of Health, the clinics were gradually remodelled into community care centres. Family Medicine practices were incorporated into the Service. Specialist sessions and nurse-led clinics were introduced to enhance primary care in the community. In addition, a home-based community service network had been established by setting up 15 community nursing service centres. These centres were mainly based at the local communities and partnered with the Non-Government Organisations. The institution-based community services network was supported by



新界西聯網總監工作概述

引言

新界西聯網由四間醫院組成，即博愛醫院、青山醫院、小欖醫院、屯門醫院，以及七間於2003年7月自衛生署接管的普通科門診診所。聯網於2002年10月1日正式成立，為屯門、元朗、天水圍及新界西北區共約100萬人口服務。聯網的服務宗旨是發展及提供以社區為本的優質醫療服務，以滿足新界西地區市民的醫療需要。

沙土的管控

作為公共醫療體系的一份子，新界西聯網積極參與了2003年對抗沙土的戰疫。屯門醫院是聯網內唯一的急症醫院，所以須肩負治理沙土病人的責任。醫院一共接收了232個証實及疑似沙土個案。所有職員都甘冒被傳染的風險，緊守崗位，以治理病人為先。聯網內員工的專業表現，盡忠職守和無比勇氣，深獲香港市民讚賞。

沙土過後，聯網採取了多項改善措施以提升現有的系統，以及為沙土及其他重大疫症的重臨做好準備。這些措施包括改善監察系統、檢討應變計劃、提升隔離設施並提供158張隔離病床、為深切治療服務建立應付重大疫症的能力、儲存三個月個人防護裝備、以及為職員提供深入的感染控制培訓。我們並會定期對臨床範圍的感染控制工作進行審核。

透過發展社區導向服務模式、提升體制效益及改善人口健康

聯網已制訂服務策略，把傳統的住院服務模式轉移至優質的日間和社區護理服務模式。2003/04年度，透過設立觀察及入院前病房支援急症室服務，我們成功減少了30%的緊急入院個案。聯網並成立了一個日間及短期住院中心，以整固日間服務。博愛醫院的康復服務亦已重組及改善，以加速病人的康復。我們並成立了一個多專科合作康復小組，由內科及骨科康復專家領導，協助這方面的工作。

從衛生署接管七間普通科門診診所後，我們逐步把它們塑造成為社區護理中心，並把家庭醫學納入服務範圍之內。我們引進專科醫生節數及護士主理診所，以改善社區的基層護理工作。此外，我們又設立了15個社康護士服務中心，結成一個家居社區服務網絡。這些中心主要以社區為基地，並與非政府機構保持密切聯繫。以機構為基地的社區服務網絡，由外展服務予以支援，並包括了最新推行的到訪醫生計劃。同時，我們於屯門醫院及博愛醫院成立了兩個分流診所，以便為病人及早進行評估。



outreach services and incorporating the newly introduced Visiting Medical Officer Scheme. Furthermore, two triage clinics were established in Tuen Mun Hospital and Pok Oi Hospital to facilitate early patient assessment.

In the year, the Cluster developed eight integrated patient care plans to enhance care quality and ensure continuity of care across services, including the management of stroke, Chronic Obstructive Pulmonary Disease and geriatric hip fractures. Patient recovery was speeded up as reflected by decreases in the average length of stay for these disease groups. The Extended-care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone Project of Castle Peak Hospital had achieved encouraging results in discharging long-stay psychiatric patients back to the community.

Enhancing organisational productivity and performance to overcome challenges

In order to enhance the Cluster's capability in the handling of infectious diseases, 158 isolation beds and associated facilities were built in the year. A Cluster Infection Control Resources Centre was established to facilitate staff infection control training.

To cope with the increasing service demand, additional adult high dependency beds, cardiac care beds, paediatric high dependency beds, operating theatre sessions and one step-down ward were added in Tuen Mun Hospital. Additional rehabilitation beds were commissioned in Pok Oi Hospital to support the convalescent and rehabilitation needs of patients. Moreover, a new hostel ward was opened in Castle Peak Hospital.

Upon completion of the Block E redevelopment project in Castle Peak Hospital, construction works had been started for redeveloping Block S of the hospital. The main building works for the Pok Oi Hospital redevelopment project had also been commenced during the year. The renovation works of Tuen Mun Polyclinic Eye Centre were in good progress with the target completion date set in early 2005. To further expand the Cluster's rehabilitation facilities, a major capital works project was launched to build a new rehabilitation block for Tuen Mun Hospital.

Enhancing healthcare system sustainability

The New Territories West Cluster continued to develop seamless collaboration and partnership with local private healthcare providers. A Healthcare Logistics Service was piloted in Tuen Mun Hospital to provide information about the private service providers in the neighbouring districts to facilitate patients' choice between public and private services. Experience from the pilot scheme indicated that a proportion of patients with non-urgent conditions would consider alternative service in the private sector when relevant information was provided. This service would be further developed in the coming year.

Placing emphasis on the development of partnership and collaboration with local communities, the Cluster continued to promote the concept of "Safe Community" by organising joint programmes with the District Councils, schools and other local organisations. Focus of the year's health education programmes was on infectious disease prevention, injury prevention, and self-care of chronic diseases. The Cluster had also started to build up its healthcare volunteer services in collaboration with community organisations.



年內，新界西聯網發展了八個綜合病人護理計劃，以提升護理質素及確保服務的連貫性。這些計劃包括中風、慢性支氣管炎及老人髖骨治理等。這類病人在計劃實施後的加速康復成效，可從他們平均住院日數下降得到證明。青山醫院推行的「毅置安居計劃」，把長期住院的精神科病人送返社區，亦取得令人鼓舞的成績。

提升組織生產力及表現以克服挑戰

為了提升聯網處理傳染病的能力，年內我們一共設置了158張隔離病床及相關設施，又成立了聯網感染控制資源中心，協助員工接受這方面的培訓。

為應付日益增加的服務需求，我們在屯門醫院增設了成人加護病床、心臟護理病床、兒科加護病床、手術室節數及一間跟進病房。我們在博愛醫院增加了康復病床數目，以支援病人療養和康復的需要。此外，我們亦在青山醫院啟用了一間新宿舍。

青山醫院E座重建計劃完成後，醫院S座的重建工程亦已開始進行。博愛醫院重建計劃的主座大樓工程亦於年內展開。屯門分科診所眼科中心的裝修工程進度良好，目標完成日期已訂於2005年初。為進一步擴充聯網的康復設施，我們開展了一項大型基本工程計劃，在屯門醫院興建一座新康復大樓。

使醫療體制能夠持續發展

新界西聯網繼續與地區的私營醫護提供者發展連貫的合作和伙伴關係。我們在屯門醫院試行了一項支援服務，提供鄰近地區私營醫護提供者的資料，協助病人在公私營服務之間作出選擇。從先導計劃所得經驗顯示，有一部份情況非緊急的病人，在獲悉有關資料後，會考慮使用私營機構的服務。在未來一年，我們會進一步發展這項服務。

我們十分重視與當地社區發展伙伴及合作關係，透過與區議會、學校及其他地區團體合辦活動，促進「安全社區」的概念。年內健康教育的重點包括預防傳染病、預防受傷，以及慢性疾病的自我照顧等。我們並開始與社區組織合作，建立醫療義工服務。



Developing a quality culture in the context of prioritisation and with emphasis on clinical governance

In 2003/04, the Cluster strived for the delivery of excellent service and development of service priorities. After considering the local communities' characteristics, strengths of cluster hospitals and the internal and external opportunities available, the agreed priorities were emergency & trauma care, infectious diseases, cancers, chronic diseases, palliative care, ambulatory care and community care. Relevant committees, taskforces and working groups had been set up to organise these services with a disease management approach.

Committed to ensuring service quality, patient safety, caring staff attitude and positive complaint management, the Cluster established a dedicated Quality & Risk Management Division to coordinate the implementation of initiatives on quality improvement, risk management and management of patient complaints and feedback.

In 2003/04, an electronic clinical incident reporting system was introduced in all cluster hospitals to speed up the incident reporting process and widen the reporting base. Through this system, hospitals could manage clinical incidents more promptly and learn from the lessons unveiled in previous incidents. During the year, the Cluster had launched over ten major risk management initiatives, including the Risk Management Culture Promotion Programme, Patient Safety Programme, Staff Identification Programme, Discharge Summary Programme, Patient Identification Programme, Dangerous Drugs Handling Programme, Medication Incident Reviews; Transfusion Incidents Analysis, Fall Prevention Programme, and Collapse Handling Programme. In addition, workshops and seminars on quality

improvement, risk management and complaint management were organised to promote experience sharing among the frontline staff. With the implementation of these improvement initiatives and the hard work of our staff, the number of complaints received in the year was reduced by 50%.

Building human resources capability and rewarding performance

To enhance staff awareness and knowledge in infection control, all staff in the Cluster had attended the Basic Infection Control Course. About 1400 cluster staff had also attended various kinds of advanced infection control training. A Critical Incident Support Team was set up to provide immediate counselling and emotional support to frontline staff in case of crisis. The communication infrastructure within the Cluster was reviewed and enhanced to ensure effective two-way communication between staff and the management. Staff Communication Ambassadors had been appointed to play a proactive role in promoting effective staff communication. To support implementation of the Cluster's service development strategies, sponsored overseas training in the fields of quality, ambulatory care and disease management was organised for relevant teams.

Conclusion

The New Territories West Cluster had achieved good progress in implementing its service development strategies during the year. It would continue to extend and expand its services in line with these strategies in the coming year.



釐訂服務優次、強調臨床管治，以發展質素為本的文化

2003/04 年度，新界西聯網致力提供優質服務和釐訂服務優次。經考慮社區的特點、聯網醫院的能力，以及內外環境所提供的機會，我們協議的優先次序為急症及創傷護理、傳染病、癌症、慢性疾病、紓緩治療、日間護理及社區護理。我們並已成立相關的委員會、專責小組及工作小組，以疾病管理的方式去組織這些服務。

我們為確保服務質素、病人安全、員工關懷備至的態度，以及積極的投訴管理，設立了一個專責質素及風險管理部門，以統籌及推行質素和風險管理，並妥善處理病人投訴。

2003/04 年內，我們在所有聯網醫院內引進電子臨床事故通報系統，以加速通報程序及擴闊通報範圍。這個系統令醫院可更迅速處理臨床事故，從而汲取教訓。年內，聯網推行了超過十項大型風險管理措施，包括風險管理文化推廣計劃、病人安全計劃、職員識別計劃、危險藥物處理計劃、用藥事故檢討、輸血事故分析、預防跌倒計劃、以及虛脫處理計劃。此外，我們亦舉辦了質素改善、風險管理及投訴處理的研習班，讓前線人員有機會交流經驗。在員工努力推行這些改善措施後，本年度接獲的投訴數字下降了 50%。

建立人力資源能力及獎勵表現

為增加員工對感染控制的警覺和知識，聯網內所有職員都參加了基本感染控制課程。其中約有 1,400 名職員亦參加了不同類型的感染控制深造課程。我們又設立了一個危急事故支援小組，在出現危機時為前線人員提供即時輔導及情緒支援。我們亦檢討及改善了聯網的溝通架構，以確保職員和管理層之間有雙向的溝通。同時，我們委任了職員溝通大使，積極主動去促進有效的員工溝通。

為支援聯網服務發展策略的推行，我們贊助了個別團隊接受海外培訓，課程包括質素、日間護理及疾病治理等方面。

結論

新界西聯網年內在推行其服務發展策略方面，取得良好的進展。我們會根據既定策略，在來年繼續擴充和加強聯網的服務。



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 大口環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 Yiu King Hospital 東華三院馮堯敬醫院
- ▲ Tung Wah Hospital 東華醫院
- ▲ Grantham Hospital 葛量洪醫院

HONG KONG EAST 港島東

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

KOWLOON CENTRAL 九龍中

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

KOWLOON WEST 九龍西

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

KOWLOON EAST 九龍東

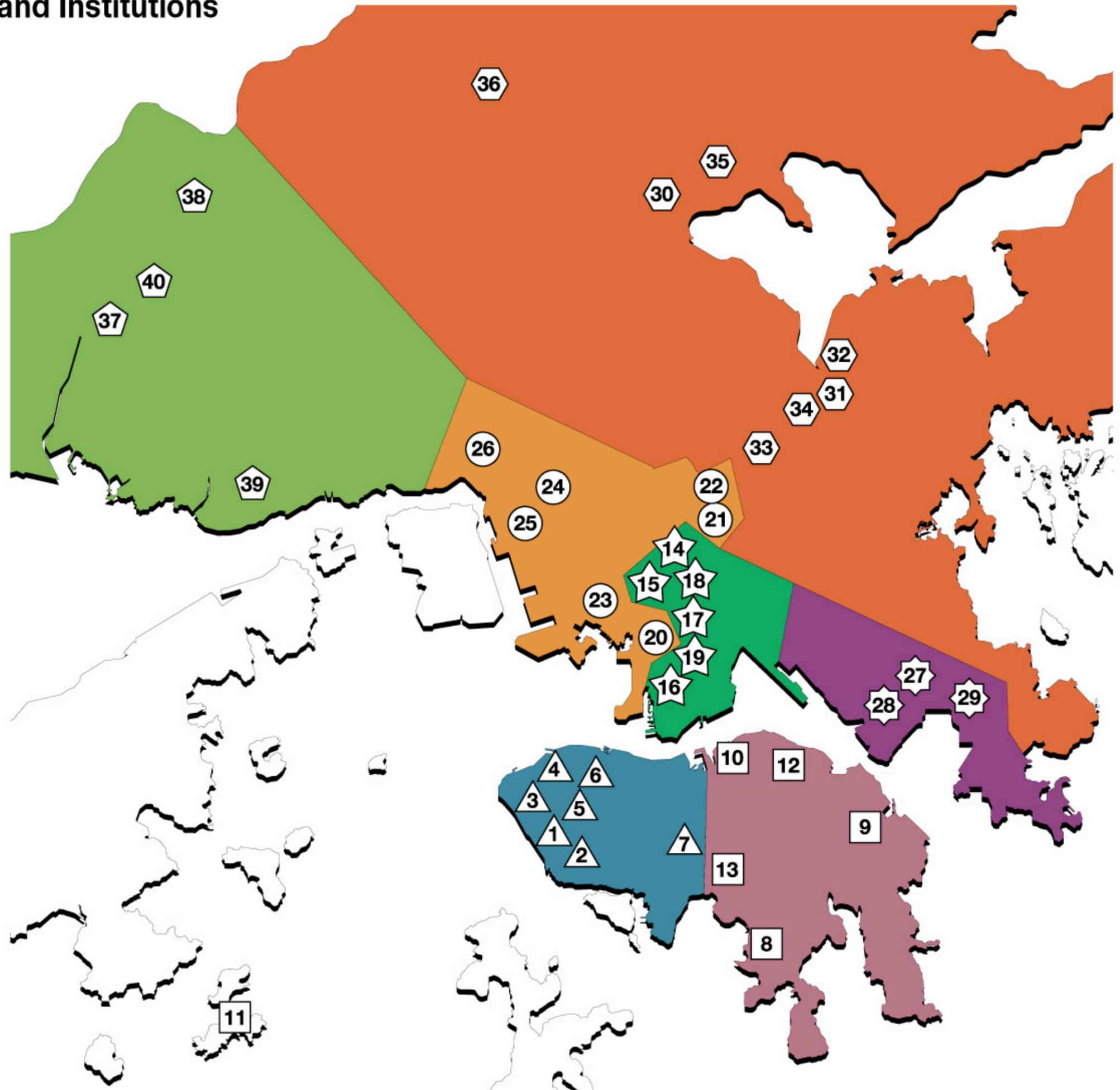
- 27 Haven of Hope Hospital 靈實醫院
- 28 United Christian Hospital 基督教聯合醫院
- 29 Tseung Kwan O Hospital 將軍澳醫院

NEW TERRITORIES EAST 新界東

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

NEW TERRITORIES WEST 新界西

- 37 Castle Peak Hospital 青山醫院
- 38 Pok Oi Hospital 博愛醫院
- 39 Siu Lam Hospital 小欖醫院
- 40 Tuen Mun Hospital 屯門醫院



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14. Three-year Financial Highlight
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Membership of the Hospital Authority 醫院管理局成員

Name 姓名	No. of plenary meetings attended in 2003/04 2003/04 年度出席 全體會議次數	Committee participation in 2003/04* 2003/04 年度參與的委員會*
Dr C H LEONG, GBS, JP (Chairman) 梁智鴻醫生 (主席)	17	Chairman of Plenary Meetings, PC and SC, Member of HAPFS 全體會議、規劃委員會及職員委員會主席，醫院管理局公積金計劃信託委員會成員
Miss Eliza C H CHAN, JP 陳清霞小姐	8	Chairman of PCC, Member of PC, SC and SSDC, HGC Chairman of Kowloon Hospital and Hong Kong Eye Hospital 公眾投訴委員會主席，規劃委員會、職員委員會及支援服務發展委員會成員，九龍醫院及香港眼科醫院管治委員會主席
Dr Margaret CHAN, JP <i>Director of Health (up to 20.8.2003)</i> 陳馮富珍醫生 衛生署署長 (截至 2003 年 8 月 20 日)	5	Member of MSDC 醫療服務發展委員會成員
Miss Iris CHAN Sui-ching 陳萃菁小姐	6	Member of MSDC and PCC and HGC member of Tseung Kwan O Hospital 醫療服務發展委員會及公眾投訴委員會成員，將軍澳醫院管治委員會成員
Dr Lily CHIANG 蔣麗莉博士	11	Chairman of SSDC, Member of PC and SC, Rotating member of MTB and HGC Member of Princess Margaret Hospital 支援服務發展委員會主席，規劃委員會及職員委員會成員，中央投標委員會輪值成員及瑪嘉烈醫院管治委員會成員
Mr Clifton CHIU Chi-cheong 趙志鋈先生	10	Chairman of AC and Working Group on Governance, Member of PC, SC and the HA Review Panel on SARS Outbreak 審計委員會及管治工作小組主席，規劃委員會、職員委員會成員及醫院管理局沙士疫症檢討委員會成員
Prof Sydney CHUNG 鍾尚志教授	11	HGC Member of Prince of Wales Hospital 威爾斯親王醫院管治委員會成員
Mr Vincent FANG Kang, JP 方剛先生	8	Vice-chairman of HRC, Member of AC and PC and HGC Chairman of Kwai Chung Hospital and Princess Margaret Hospital 人力資源委員會副主席，審計委員會及規劃委員會成員，葵涌醫院及瑪嘉烈醫院管治委員會主席
Dr Anthony HO Yiu-wah 何耀華博士	16	Vice-chairman of FC, Member of PC, MSDC, SSDC and Rotating member of MTB and HGC Chairman of Queen Mary Hospital and HGC Member of Yan Chai Hospital, Chairman of HRAC 財務委員會副主席，規劃委員會、醫療服務發展委員會及支援服務發展委員會成員，中央投標委員會輪值成員及瑪麗醫院管治委員會主席、仁濟醫院管治委員會成員及港島區域諮詢委員會主席

Name 姓名	No. of plenary meetings attended in 2003/04 2003/04 年度出席 全體會議次數	Committee participation in 2003/04* 2003/04 年度參與的委員會 *
Mr Edward HO Sing-tin, SBS, JP 何承天先生	13	Vice-chairman of SSDC and AC, Member of PC and Rotating Member of MTB and HGC Member of Queen Mary Hospital, Chairman of Investigation Panel on Liver Transplantation 支援服務發委員會及審計委員會副主席，規劃委員會成員，中央投標委員會輪值成員，瑪麗醫院管治委員會成員及肝臟移植調查小組主席
Dr William HO, JP <i>Chief Executive (CE)</i> 何兆煒醫生 行政總裁	17	Member of FC, HAPFS, HRC, MTB, PC, SC, MSDC, SSDC, all RACs and HGCs 財務委員會、醫管局公積金計劃信託委員會、人力資源委員會、中央投標委員會、規劃委員會、職員委員會、醫療服務發展委員會、支援服務發展委員會、各區域諮詢委員會及醫院管治委員會成員
Dr James HWANG Shu-tak (<i>up to 30.11.2003</i>) 黃樹德醫生(截至 2003 年 11 月 30 日)	10	Member of HRC, MSDC and SSDC 人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員
Dr P Y LAM, JP <i>Director of Health</i> (<i>from 21.8.2003</i>) 林秉恩醫生 衛生署署長 (由 2003 年 8 月 21 日起)	12	Member of MSDC 醫療服務發展委員會成員
Prof S K LAM 林兆鑫教授	8	Member of FC and MSDC and HGC Member of Queen Mary Hospital and Grantham Hospital 財務委員會、醫療服務發展委員會、瑪麗醫院及葛量洪醫院管治委員會成員
Mr LEE Jark-pui, JP (<i>up to 30.11.2003</i>) 李澤培先生 (截至 2003 年 11 月 30 日)	7	Member of FC and Rotating Member of MTB, HGC Chairman of Tuen Mun Hospital and Chairman of NRAC up to 30.11.2003 財務委員會成員，中央投標委員輪值成員，屯門醫院管治委員會主席，以及新界區域諮詢委員會主席 (截至 2003 年 11 月 30 日)
Mrs Eleanor LING LEE Ching-man, SBS, JP 林李靜文女士	14	Chairman of HRC, HAPFS and SAC, Member of PC, SC and Working Group on Governance, and HGC Chairman of Queen Elizabeth Hospital 人力資源委員會、醫院管理局公積金計劃信託委員會及職員上訴委員會主席，規劃委員會、職員委員會及管治工作小組成員，伊利沙伯醫院管治委員會主席
Mr LO Chung-hing, SBS 盧重興先生	15	Member of FC and HAPFS, Rotating Member of MTB and HGC Chairman of Tseung Kwan O Hospital and Chairman of NRAC from 18.12.2003 財務委員會及醫院管理局公積金計劃信託委員會成員，中央投標委員會輪值成員，將軍澳醫院管治委員會主席，以及新界區域諮詢委員會主席 (由 2003 年 12 月 18 日起)
Mrs MONG KO Mei-yee 蒙高美懿女士	11	Member of HRC and MSDC, Rotating Member of MTB and the HA Review Panel on SARS Outbreak 人力資源委員會及醫療服務發展委員會成員，中央投標委員會輪值成員及醫院管理局沙士疫症檢討委員會成員

Name 姓名	No. of plenary meetings attended in 2003/04 2003/04 年度出席 全體會議次數	Committee participation in 2003/04* 2003/04 年度參與的委員會*
Mrs Gloria NG WONG Yee-man, JP 吳王依雯女士	16	Member of FC and MSDC and Rotating Member of MTB and HGC Chairman of Tai Po Hospital 財務委員會及醫療服務發展委員會成員，中央投標委員會輪值成員及大埔醫院管治委員會主席
Ms Scarlett PONG Oi-lan (<i>up to 30.11.2003</i>) 龐愛蘭女士 (截至 2003 年 11 月 30 日)	9	Member of FC and MSDC 財務委員會及醫療服務發展委員會成員
Ms Elizabeth TSE, JP (<i>from 13.10.2003</i>) (<i>representing Secretary for Financial Services and the Treasury</i>) 謝曼怡女士 (由 2003 年 10 月 13 日起) (代表財經事務及庫務局局長)	8	Member of FC and MSDC 財務委員會及醫療服務發展委員會成員
Professor Judy TSUI LAM Sin-lai 徐林倩麗教授	12	
Dr Lawrence T WONG 黃至剛博士	5	Member of MSDC 醫療服務發展委員會成員
Prof Thomas WONG Kwok-shing 汪國成教授	9	Vice-chairman of MSDC and Member of HRC, PC, PCC and SSDC 醫療服務發展委員會副主席，人力資源委員會、規劃委員會、公眾投訴委員會及支援服務發展委員會成員
Mr Anthony WU Ting-yuk, JP 胡定旭先生	7	Chairman of FC and MTB and Member of PC and SC 財務委員會及中央投標委員會主席，規劃委員會及職員委員會成員
Dr Raymond WU Wai-yung, GBS, JP 鄔維庸醫生	12	Chairman of MSDC and Member of HRC, PC and SC and HGC Chairman of Pamela Youde Nethersole Eastern Hospital 醫療服務發展委員會主席，人力資源委員會、規劃委員會、職員委員會成員，東區尤德夫人那打素醫院管治委員會主席
Dr Loretta YAM, BBS (<i>from 1.12.2003</i>) 任燕珍醫生 (由 2003 年 12 月 1 日起)	5	Member of FC, HRC and MSDC 財務委員會、人力資源委員會及醫療服務發展委員會成員
Mr Stanley YING, JP (<i>up to 12.10.2003</i>) (<i>representing Secretary for Financial Services and the Treasury</i>) 應耀康先生 (截至 2003 年 10 月 12 日) (代表財經事務及庫務局局長)	6	Member of FC and MSDC 財務委員會及醫療服務發展委員會成員
Mr Thomas YIU Kei-chung, JP <i>Deputy Secretary for Health, Welfare & Food (Health)</i> 姚紀中先生 衛生福利及食物局副局長 (衛生)	17	Member of FC, HRC, MSDC, PC and SSDC 財務委員會、人力資源委員會、醫療服務發展委員會、規劃委員會及支援服務發展委員會成員
Mr Paul YU Shiu-tin, JP 余嘯天先生	14	Member of AC and MSDC and Rotating Member of MTB and HGC Member of Kwong Wah Hospital, Chairman of KRAC 審計委員會及醫療服務發展委員會成員，中央投標委員會輪值成員，廣華醫院管治委員會成員及九龍區域諮詢委員會主席

*Note 註

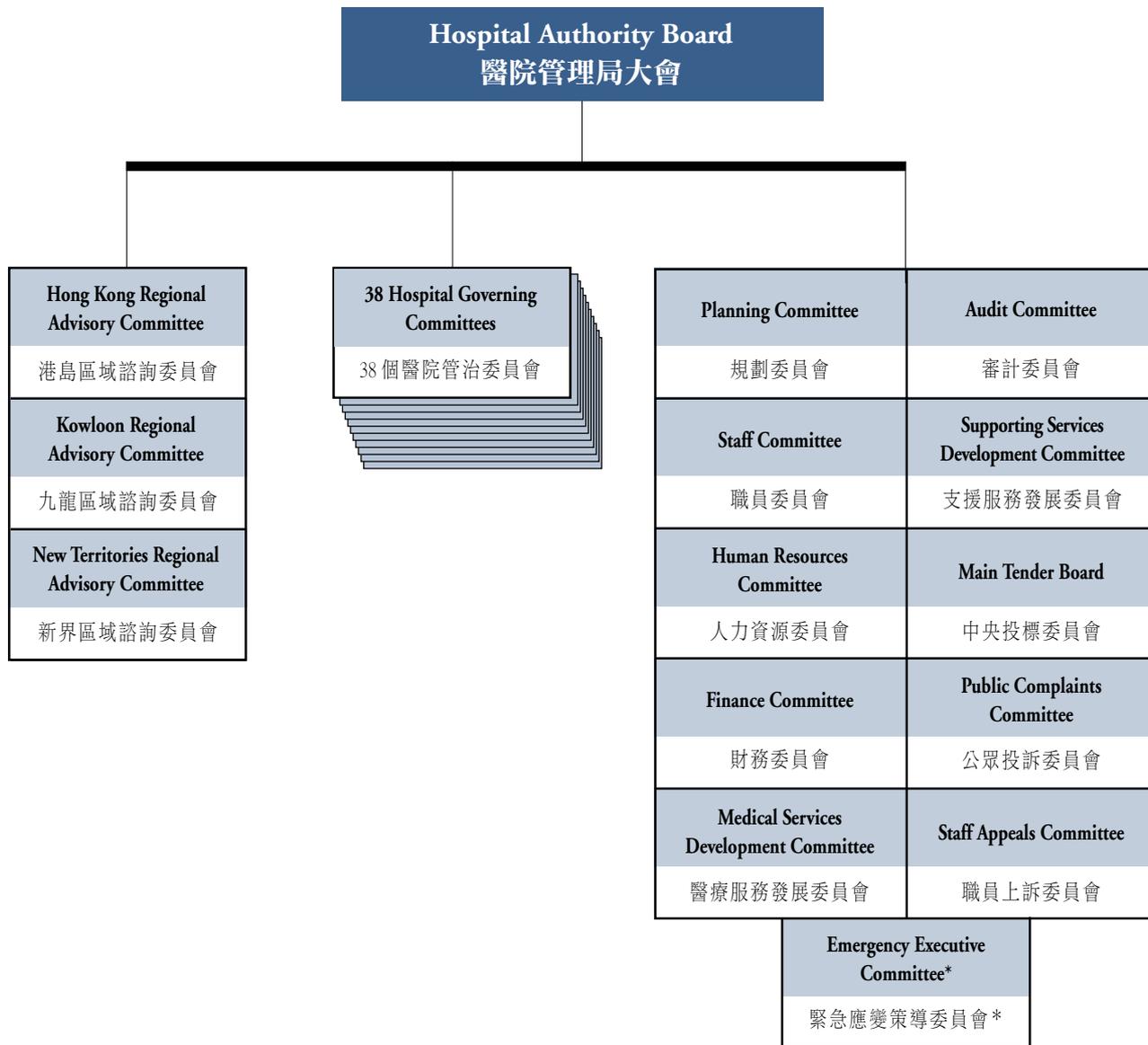
Apart from the principal officer (the Hospital Authority Chief Executive), other members are not remunerated in the capacity as Board members. They participate in the governance of the Authority through formulating policies/directions and overseeing executive performance at Board meetings, as well as taking part in steering the work of various committees of the Authority including:

除主要行政人員（醫院管理局行政總裁）外，其他成員並不因出任醫管局成員而獲得薪酬。成員透過參與醫院管理局的會議，制訂政策/路向及監察行政人員的表現，並策導局內以下各委員會的工作，參與醫院管理局的管治：

- AC — Audit Committee 審計委員會
- FC — Finance Committee 財務委員會
- HAPFS — Hospital Authority Provident Fund Scheme 醫院管理局公積金計劃
- HGC — Hospital Governing Committee 醫院管治委員會
- HRAC — Regional Advisory Committee of Hong Kong 港島區域諮詢委員會
- HRC — Human Resources Committee 人力資源委員會
- KRAC — Regional Advisory Committee of Kowloon 九龍區域諮詢委員會
- MSDC — Medical Services Development Committee 醫療服務發展委員會
- MTB — Main Tender Board 中央投標委員會
- NRAC — Regional Advisory Committee of the New Territories 新界區域諮詢委員會
- PC — Planning Committee 規劃委員會
- PCC — Public Complaints Committee 公眾投訴委員會
- SAC — Staff Appeals Committee 職員上訴委員會
- SC — Staff Committee 職員委員會
- SSDC — Supporting Services Development Committee 支援服務發展委員會

Hospital Authority Committee Structure

醫院管理局委員會架構



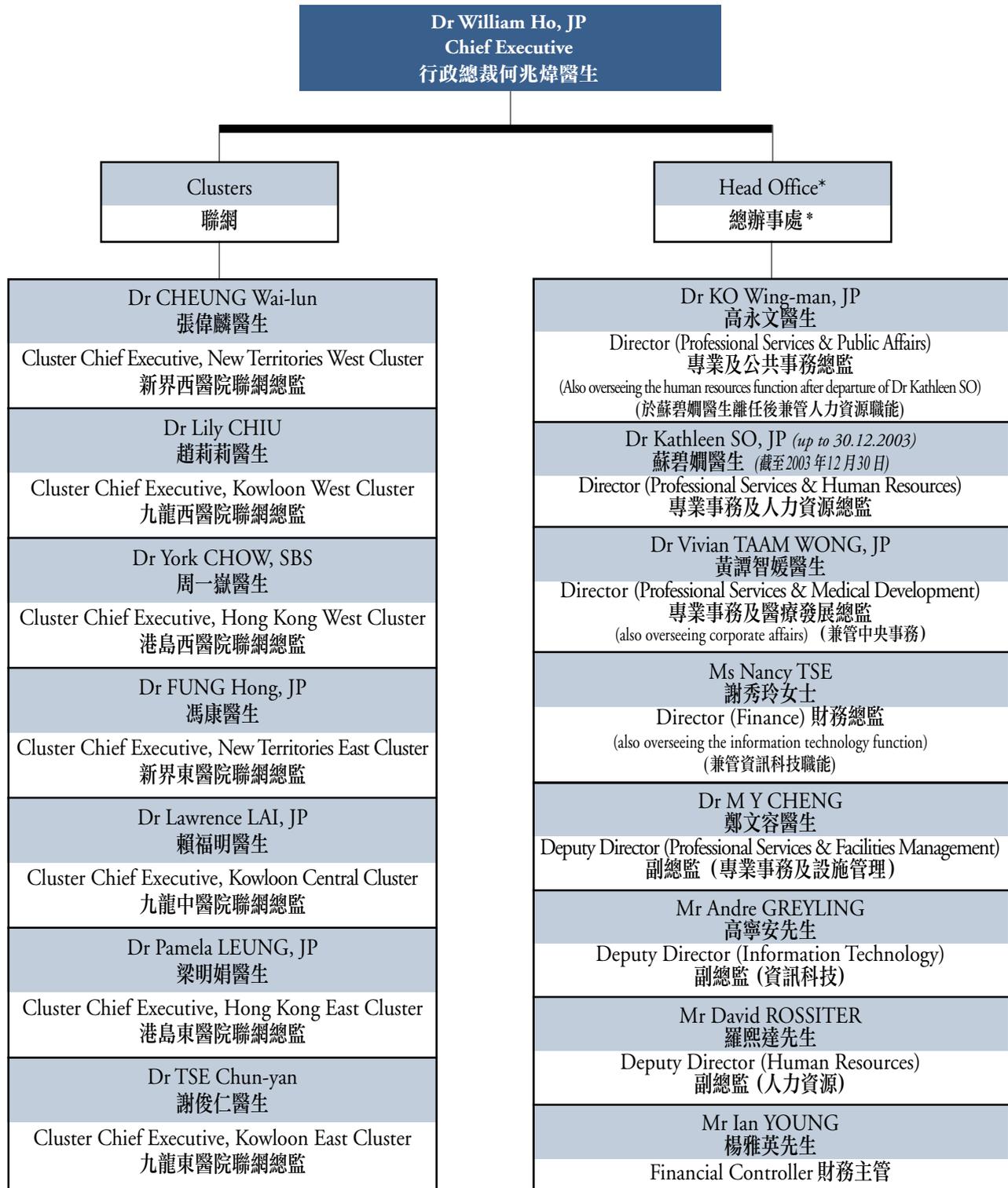
* Only activated in emergency states

* 只在緊急情況下啟動

Membership lists of the various committees are set out in Appendices 3, 4 and 5
各委員會成員名單於附錄 3, 4 及 5 載列

Organisation Structure of the Hospital Authority

醫院管理局行政架構



* The executive structure in Head Office had significantly downsized after a number of senior executive posts were left vacant for the past few years. The Hospital Authority Board considered the present state unsustainable, and was in the process of comprehensively revising the structure.

* 經過去幾年來多個高級行政人員職位懸空後，總辦事處行政架構的規模已顯著縮減。醫管局大會認為目前的情況難以持續，正着手全面整固行政架構。

Membership of Functional Committees 專責委員會成員

Audit Committee 審計委員會

Chairman 主席

Mr Clifton CHIU Chi-cheong
趙志鎬先生

Vice-Chairman 副主席

Mr Edward HO Sing-tin, SBS, JP (*from 1.12.2003*)
何承天先生 (由 2003 年 12 月 1 日起)

Members 成員

Mr Vincent FANG Kang, JP
方剛先生

Ms Estella Y K Ng
伍綺琴女士

Mr Paul YU Shiu-tin, JP
余嘯天先生

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)

Terms of Reference 職權範圍

- To exercise an active oversight role with respect to the Hospital Authority's Internal Audit function to ensure:
就醫院管理局的內部審計職能，擔當積極的監察角色，以確保：
 - that its activities are sufficient and comprehensive and also provide adequate support for the audit committee's own goals and objectives; and
其進行的活動充分及全面，並可對審計委員會本身的目標提供足夠支援；及
 - that appropriate timely action is taken on audit findings.
對審計的結果採取恰當和及時的行動。
- To recommend the appointment of the External Auditor and the audit fee to the HA Board, and to consider any questions of resignation or dismissal.
就外聘審計師的委任及審計費用，向醫院管理局大會作出建議，並審議有關其離任或辭退的問題。
- To liaise with HA's External Auditors on all relevant matters including:
就所有相關問題，與醫院管理局的外聘審計師聯絡，包括：
 - before the audit commences, the nature and scope of the audit;
進行審計前，訂立審計的性質和範圍；
 - the audited annual financial statements and the audit opinion;
經審計的周年財政報告及審計意見；
 - management letter and management's response; and
管理層的信件及回應；及
 - any matter the External Auditor may wish to discuss.
任何外聘審計師提出討論的事項。
- To monitor the Hospital Authority's financial and administrative control processes, including those relating to ensuring operational efficiency, through the results of internal and external audit reviews.
透過內部及外聘審計師的檢討，監察醫院管理局的財務及行政管控程序，包括與確保運作效率有關的管控程序。
- To provide reasonable assurance that the Hospital Authority is:
對醫管局在以下各方面的表現，提供合理的保證：
 - in compliance with pertinent laws and regulations;
遵守有關的法例及規則；
 - conducting its business affairs ethically, and
良好的操守運作，及
 - maintaining effective controls against conflicts of interest and fraud.
對防止利益衝突及欺詐行為保持有效的管控。

Finance Committee 財務委員會

Chairman 主席

Mr Anthony WU Ting-yuk, JP
胡定旭先生

Vice-Chairman 副主席

Dr Anthony HO Yiu-wah
何耀華博士

Members 成員

Miss Joanna CHOI (*up to 18.9.2003*)
representing Deputy Secretary for Health, Welfare and Food (Health)
蔡釗嫻女士 (截至 2003 年 9 月 18 日)
(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

Prof S K LAM
林兆鑫教授

Mr LEE Jark-pui, JP (*up to 30.11.2003*)
李澤培先生 (截至 2003 年 11 月 30 日)

Mr LO Chung-hing, SBS
盧重興先生

Mrs Gloria NG WONG Yee-man, JP
吳王依雯女士

Members 成員

Ms Scarlett PONG Oi-lan (*up to 30.11.2003*)
龐愛蘭女士 (截至 2003 年 11 月 30 日)

Mr Michael SOMERVILLE

Ms Elizabeth TSE, JP / Miss Eliza YAU (*from 13.10.2003*)
representing Secretary for Financial Services and the Treasury
謝曼怡女士 / 尤桂莊小姐 (由 2003 年 10 月 13 日起)
(代表財經事務及庫務局局長)

Ms Loretta YAM, BBS (*from 1.12.2003*)
任燕珍醫生 (由 2003 年 12 月 1 日起)

Mrs Ingrid YEUNG (*from 19.9.2003*)
representing Deputy Secretary for Health, Welfare and Food (Health)
楊何蓓茵女士 (由 2003 年 9 月 19 日起)
(代表衛生福利及食物局副局長(衛生))

Mr Stanley YING, JP (*up to 12.10.2003*)
representing Secretary for Financial Services and the Treasury
應耀康先生 (截至 2003 年 10 月 12 日)
(代表財經事務及庫務局局長)

Terms of Reference 職權範圍

- To advise and make recommendations on the financial aspects of the Hospital Authority Corporate Plan and Annual Plan.
就醫院管理局周年工作計劃及整體發展計劃的財務方面，提供意見及作出建議。
- To advise and make recommendations on the financial planning, control, performance, monitoring and reporting aspects of the Hospital Authority.
就醫院管理局的財政規劃、管制、表現、監察及報告等方面，提供意見及作出建議。
- To advise on policy guidelines for all financial matters, including investment, business and insurance.
就所有財政問題，包括投資、業務及保險的政策指引、提供意見。
- To advise and make recommendations on the resource allocation policies.
就資源分配政策提供意見及作出建議。
- To advise and recommend to the Hospital Authority on the financial statements (audited and unaudited) of the Hospital Authority.
就醫院管理局的周年財政報告（經審計及未經審計），向醫院管理局提供意見及作出建議。
- To liaise with the Trustees of the Hospital Authority Provident Fund Scheme and the Hospital Authority Mandatory Provident Fund Scheme and make recommendations to the Hospital Authority.
與醫院管理局公積金計劃及醫院管理局強積金計劃的信託人聯絡，並向醫管局作出建議。
- To monitor the financial position of the Authority.
監察醫院管理局的財政狀況。

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
方剛先生

Members 成員

Miss Joanna CHOI (*up to 18.9.2003*)
representing Deputy Secretary for Health, Welfare and Food (Health)
蔡鈞嫻女士 (截至 2003 年 9 月 18 日)
(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 James HWANG Shu-tak (*up to 30.11.2003*)
黃樹德醫生 (截至 2003 年 11 月 30 日)

Mr Billy KONG, JP
江焯開先生

Mrs MONG KO Mei-yee (*up to 30.11.2003*)
蒙高美懿女士 (截至 2003 年 11 月 30 日)

Mr John LEUNG
Assistant Director of Health (Administration)
Department of Health
梁熾輝先生 衛生署助理署長(行政)

Members 成員

Dr Kim MAK
麥建華博士

Prof Thomas WONG Kwok-shing
汪國成教授

Dr Raymond WU Wai-yung, GBS, JP
鄔維庸醫生

Dr Loretta YAM, BBS (*from 1.12.2003*)
任燕珍醫生 (由 2003 年 12 月 1 日起)

Mrs Ingrid YEUNG (*from 19.9.2003*)
representing Deputy Secretary for Health, Welfare and Food (Health)
楊何蓓茵女士 (由 2003 年 9 月 19 日起)
(代表衛生福利及食物局副局長(衛生))

Terms of Reference

職權範圍

1. To advise on staff training and development matters;
就職員培訓及發展事宜提供意見；
2. To advise on manpower planning;
就人力規劃方面提供意見；
3. To advise, review and make recommendations on human resources policies and related issues;
就人力資源政策及有關事宜提供意見、進行檢討及作出建議；
4. To advise, review and make recommendations to the Hospital Authority on the terms and conditions of employment for staff;
就職員的任用條件向醫院管理局提供意見、進行檢討及作出建議；
5. To advise, review and make recommendations to the Hospital Authority on staff pay awards and overall staffing structure; and
就職員的薪酬及整體人手結構向醫院管理局提供意見、進行檢討及作出建議；以及
6. To advise, review and make recommendations to the Hospital Authority on any other staff related matters.
就其他任何與職員有關的事宜向醫院管理局提供意見、進行檢討及作出建議。

Medical Services Development Committee

醫療服務發展委員會

Chairman 主席

Dr Raymond WU Wai-yung, GBS, JP
鄔維庸醫生

Vice-Chairman 副主席

Prof Thomas WONG Kwok-shing
汪國成教授

Members 成員

Dr Margaret CHAN, JP (*up to 20.8.2003*)
Director of Health
陳馮富珍醫生 衛生署署長 (截至 2003 年 8 月 20 日)

Mr Michael HO Mun-ka (*up to 30.11.2003*)
何敏嘉先生 (截至 2003 年 11 月 30 日)

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

Dr James HWANG (*up to 30.11.2003*)
黃樹德醫生 (截至 2003 年 11 月 30 日)

Dr P Y LAM, JP (*up to 21.8.2003*)
Director of Health
林秉恩醫生 衛生署署長 (截至 2003 年 8 月 21 日)

Prof S K LAM
林兆鑫教授

Mrs MONG KO Mei-yee
蒙高美懿女士

Members 成員

Mrs Gloria NG WONG Yee-man, JP
吳王依雯女士

Ms Scarlett PONG Oi-lan (*up to 30.11.2003*)
龐愛蘭女士 (截至 2003 年 11 月 30 日)

Dr Lawrence T WONG
黃至剛博士

Ms Elizabeth TSE, JP / Miss Eliza YAU (*from 13.10.2003*)
representing Secretary for Financial Services and the Treasury
謝曼怡女士 / 尤桂莊小姐 (由 2003 年 10 月 13 日起)
(代表財經事務及庫務局局長)

Dr Loretta YAM, BBS (*from 1.12.2003*)
任燕珍醫生 (由 2003 年 12 月 1 日起)

Mr Stanley YING, JP (*up to 12.10.2003*)
representing Secretary for Financial Services and the Treasury
應耀康先生 (截至 2003 年 10 月 12 日)
(代表財經事務及庫務局局長)

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)

Mr Paul YU Shiu-tin, JP
余嘯天先生

Terms of Reference

職權範圍

1. To examine, review and make recommendations on the changing needs of the community in respect of clinical services provided by public hospitals and institutions;
就市民對公立醫院及機構所提供的臨床服務不斷轉變的需求進行研究、檢討及提出建議；
2. To advise and make recommendations on the overall policies, directions and strategies relating to the provision, planning and development of the public hospitals and related services, having regard to the availability of technology, staff and other resources and the need to provide a patient-centred, outcome-focused quality healthcare service by a knowledge-based organisation;
就公立醫院及有關服務的提供、規劃及發展的整體政策、方針及策略提供意見及建議，其中須考慮到現有科技、職員人手及其他資源的提供，以及建立一個以知識為本機構的需要，以提供病人為中心、成效為本及高質素的醫療護理服務；
3. To consider and make recommendations on the overall priorities for the planning and development of the public hospitals and related services in order to ensure an optimal utilisation of available resources; and
就公立醫院及有關服務的規劃及發展的整體先後次序進行考慮及提出建議，以確保現有資源獲得最有效運用；及
4. To consider, review and make recommendations on any other matters related to the planning and development of the public hospitals and related services.
就其他任何與公立醫院及有關服務的規劃及發展有關的事宜進行考慮、檢討及提出建議。

Planning Committee 規劃委員會

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
趙志錫先生

Mr Vincent FANG Kang, JP
方剛先生

Dr Anthony HO Yiu-wah
何耀華博士

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

Mr Edward HO Sing-tin, SBS, JP
何承天先生

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

Prof Thomas WONG Kwok-shing
汪國成教授

Mr Anthony WU Ting-yuk, JP
胡定旭先生

Dr Raymond WU Wai-yung, GBS, JP
鄔維庸醫生

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)

Terms of Reference 職權範圍

1. To advise on the overall policies, directions and priorities relating to the provision and development of services of the Hospital Authority.
就醫院管理局服務及發展的整體政策、路向及優先次序，提供意見。
2. To deliberate on the strategic, corporate and annual planning of the Hospital Authority.
審議醫院管理局的策略、整體及周年規劃。
3. To coordinate the work of the other functional committees of the Hospital Authority.
協調醫院管理局其他專責委員會的工作。

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
何承天先生

Members 成員

Miss Eliza C H CHAN, JP
陳清霞小姐

Miss Joanna CHOI (*up to 18.9.2003*)
representing Deputy Secretary for Health, Welfare and Food (Health)
蔡釗嫻女士 (截至 2003 年 9 月 18 日)
(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

Dr James HWANG Shu-tak (*up to 30.11.2003*)
黃樹德醫生 (截至 2003 年 11 月 30 日)

Prof Thomas WONG Kwok-shing
汪國成教授

Mrs Ingrid YEUNG (*from 19.9.2003*)
representing Deputy Secretary for Health, Welfare and Food (Health)
楊何蓓茵女士 (由 2003 年 9 月 19 日起)
(代表衛生福利及食物局副局長(衛生))

Terms of Reference

職權範圍

1. To examine, review and make recommendations on the provision and development of business support services, information technology and capital works, to best support clinical services delivery in the Hospital Authority.
就業務支援服務、資訊科技及基本工程的提供及發展進行審議、檢討及作出建議，以便對醫院管理局的醫療服務提供最佳支援。
2. To promote the incorporation of industry best practices and innovations in business support services, information technology and capital works in the work of the Hospital Authority.
促進醫院管理局的業務支援服務、資訊科技及基本工程採納業界的最佳做法。

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
梁士雄先生

H H Judge David LOK
陸啟康 區域法院法官

Members 成員

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
伍惠瓊女士

Dr YU Yuk-ling
余毓靈醫生

Terms of Reference

職權範圍

1. The Committee is the final complaint redress and appeal body within the Hospital Authority (“HA”).
委員會是醫院管理局(醫管局)內最終的投訴處理及上訴機制。
2. The Committee shall independently :
委員會須獨立地：
 - (a) consider and decide upon complaints from members of the public who are dissatisfied with the response of the hospital to which they have initially directed their complaints.
審議及決定公眾人士的投訴，這些投訴最初向醫院提出，但投訴人對醫院的回覆不滿意。
 - (b) consider and decide upon such other complaints as are referred to the Committee by the Hospital Authority, Legislative Council Secretariat and other channels of complaint.
審議及決定由醫管局、立法會秘書處及其他投訴途徑轉達的其他投訴。
 - (c) monitor HA’s handling of complaints.
監察醫管局對投訴的處理。
3. Pursuant to Para 2 above, the Committee shall independently :
為執行第2段所述職能，委員會須獨立地：
 - (a) cause complaints to be investigated and, if considered appropriate, commission independent expert(s) from HA, or private practice, or overseas to investigate and advise on complaints or to assist on providing independent views on certain aspects of the complaints.
敦促對投訴作出調查，並於有需要時，委任醫管局、私人執業或海外專家小組就投訴進行調查及提交意見。
 - (b) advise HA on recommendations and any other appropriate actions to be followed including mediation on complaints.
就審議投訴得出的建議及任何適當的行動，包括調解，向醫管局提供意見。

(c) monitor progress of the implementation of the Committee's recommendations pertaining to complaints referred to and/or handled by the Committee.

監察醫管局實施委員會就轉介及 / 或處理投訴所作建議的進度。

(d) report where appropriate on the decision upon review of the complaints.

於有需要時就調查投訴所得的結果發表報告。

4. The PCC shall not handle complaint cases :

委員會不會處理以下投訴個案：

(a) which have been referred to or being considered by the coroner; or

已提交或正由死因裁判官考慮的個案；或

(b) where a writ had been served by the complainant or his/her solicitors on the hospital/Hospital Authority.

投訴人或律師經向醫院 / 醫管局發出令狀的個案。

5. Without prejudice to the complainant's lodging of complaint through other public channels, the Committee's decision on complaints shall represent the HA's decision which shall be final.

在不影響投訴人使用其他公共投訴或申訴渠道情況下，委員會的決定即為醫管局的最終決定。

6. The Committee shall make reports from time to time to the HA and the public.

委員會須定期向醫管局及公眾人士作出報告。

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

Terms of Reference

職權範圍

1. To consider and decide upon appeals from staff members who have raised a grievance through the normal internal complaint channels and who wish to appeal against the decision made.
就曾透過正常內部渠道提出申訴而又不滿有關決定的職員上訴個案，進行審議及決定。
2. The Committee shall
委員會須
 - (a) consider whether the appeal cases need further investigation by the management
考慮上訴個案是否需由管理人員作進一步調查；
 - (b) direct the appeal cases to be investigated;
指令對上訴個案進行調查；
 - (c) have access to all the relevant information required from the management for making a decision;
向管理人員取得所有有關資料，以便作出決定；
 - (d) ensure that appropriate action is taken; and
確保已採取恰當的行動；及
 - (e) reply to the appellant.
回覆上訴人。
3. The Committee's decision shall represent the Hospital Authority's decision and shall be final.
委員會的決定即為醫院管理局的最終決定。
4. The Committee shall make annual reports to the Hospital Authority Board.
委員會須每年向醫院管理局大會提交報告。

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
何兆煒醫生 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, JP
胡定旭先生

Dr Raymond WU Wai-yung, GBS, JP
鄔維庸醫生

Terms of Reference 職權範圍

1. advise the Board on the organisation structure and functions of the HA Head Office and its Division;
就醫院管理局總辦事處及其部門的組織架構及職能，向醫院管理局大會提供意見；
2. advise the Board on the appointment and salary structure of senior executives including Directors, Cluster Chief Executives and Hospital Chief Executives; and
就高級行政人員，包括總監、聯網總監及醫院行政總監的委任及薪酬架構、向醫院管理局大會提供意見；及
3. review the performance of Directors and Cluster Chief Executives.
檢討總監和醫院聯網總監的工作表現。

Emergency Executive Committee*

緊急應變策導委員會

Chairman 主席

Dr C H LEONG, GBS, JP

梁智鴻醫生

(In his absence, the Emergency Executive Committee chairmanship should be elected among its standing members)
(主席不在時，緊急應變策導委員會的主席應自常任成員中選出)

Members 成員

Dr Lily CHIANG

蔣麗莉博士

Dr William HO, JP

Chief Executive, Hospital Authority

何兆煒醫生 醫院管理局行政總裁

(In his absence, the Deputising CE)

(行政總裁不在時，由代理行政總裁出任)

Mrs Eleanor LING LEE Ching-man, SBS, JP

林李靜文女士

Dr Raymond WU Wai-yung, GBS, JP

鄔維庸醫生

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)

Two other Hospital Authority members to be appointed by the Emergency Executive Committee Chairman, who may possess the experience and skills for managing the particular incident

由緊急應變策導委員會主席委任的兩名可能具備處理有關事故經驗和技巧的其他醫院管理局大會成員

* The Emergency Executive Committee was set up by the Board on 15 January 2004. It will automatically be called into action when the Authority activates the Tier-three Strategic Response to a major incident.

緊急應變策導委員會於2004年1月15日由醫院管理局大會成立。一旦醫院管理局就某項重大事故啟動三層策略應變計劃後，委員會即開始運作。

Terms of Reference

職權範圍

- To act for the Hospital Authority Board and exercise its powers and functions, including :
代表醫院管理局大會運作，並行使其權力及職能，包括：
 - altering, amending or overriding existing Hospital Authority policies, standards, guidelines and procedures; and
對現有醫院管理局政策、標準、指引及程序作出更改、修訂或否決；及
 - the establishment of sub-committees or task forces to tackle particular matters at hand.
設立小組委員會或專責小組處理具體事項；
- To identify the objectives and assess the risks facing Hospital Authority in the emergency situation;
為醫院管理局面對的緊急情況，鑑辨目標及評估風險；

3. To approve the strategies and policies for managing the emergency formulated by the Hospital Authority Central Command Committee, and monitor implementation progress in all HA hospitals and institutions;

When the Emergency Executive Committee is activated for circumstances other than the Tier-three Response, to formulate strategies and policies for managing the emergency;

批核醫院管理局中央指揮委員會所制訂的緊急應變策略和方針，並監察所有醫院管理局醫院及機構的執行進度；

假如出現三層應變計劃以外而需啟動委員會的情況，則委員會須負責制訂應付該緊急事故的策略及方針；

4. To coordinate activities of the other Hospital Authority committees including Hospital Governing Committees;
統籌其他醫院管理局委員會，包括醫院管治委員會的行動；
5. To advise the Chief Executive on the deployment and redeployment of resources for managing the emergency;
就處理緊急事故的資源調配及重新調配，向行政總裁提供意見；
6. To ensure effective communication of clear and concise messages to key stakeholders, including staff, patients, Government and the public; and
確保與主要利益相關各方(包括職員、病人、政府及市民)的訊息溝通有效、清晰而簡潔；及
7. To be accountable to the Authority Board and the making of regular reports to Hospital Authority Members as and when appropriate.
須向醫院管理局大會負責，並於恰當時向醫院管理局大會成員提交定期報告。

Hospital Authority Main Tender Board

醫院管理局中央投標委員會

The main function of the Hospital Authority Main Tender Board is to consider and approve tender of order value above \$4 million.

醫院管理局中央投標委員會的主要職能是審議及批核訂單價值超過四百萬元的投標。

Chairman 主席

Mr Anthony WU Ting-yuk, JP

胡定旭先生

(In his absence, Dr Anthony HO, Vice-chairman of Finance Committee, will chair the meeting)

(主席不能出席時，由財務委員會副主席何耀華博士主持會議)

Members 成員

Three of the following rotating members:

以下其中三位輪值成員：

Dr Lily CHIANG

蔣麗莉博士

Mr Edward HO Sing-tin, SBS, JP

何承天先生

Mr LEE Jark-pui, JP (*up to 30.11.2003*)

李澤培先生 (截至 2003 年 11 月 30 日)

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

Mr Paul YU Shiu-tin, JP (*from 11.2.2004*)

余嘯天先生 (由 2004 年 2 月 11 日起)

Ex-officio members 當然成員

Dr William HO, JP

Chief Executive or his nominated representative

何兆煒醫生

行政總裁或其委任代表

Ms Nancy TSE

Director (Finance) or her nominated representative

謝秀玲女士

財務總監或其委任代表

Terms of Reference

職權範圍

1. To review and assess the recommendations made by the assessment panel;
就評估小組所作的建議，進行檢討及評核；
2. To review the procedures and criteria adopted by the assessment panel in the course of its selection;
就評估小組遴選時所採用的程序及準則，進行檢討；
3. To approve the selection made by the assessment panel after satisfying itself that (1) and (2) are in order and such approval should be final.
在確立上述(1)及(2)的適切性後，就評估小組的選擇作最終的批核。

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
醫院行政總監

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 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

譚尚渭教授

Ms Wendy TSANG

曾韻雯女士

Rev Josephine TSO Shiu-wan

曹瑞雲牧師

Miss WONG Pui-ha, JP (*up to 17.7.2003*)

黃佩霞女士 (截至 2003 年 7 月 17 日)

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 (*up to 22.5.2003*)
王紹強先生 (截至 2003 年 5 月 22 日)

Mr Clarence CHANG Ching-po (*from 23.5.2003*)
張正甫先生 (由 2003 年 5 月 23 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
醫院行政總監

Members 成員

Mrs Caroline COURTAULD (*from 23.5.2003*)
(由 2003 年 5 月 23 日起)

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
醫院行政總監

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

Prof LEUNG Ping-chung, SBS, JP
梁秉中教授

Rev Francis LERDA, PIME (*passed away in June 2003*)
力理得神父 (歿於2003年6月)

Mr TAM Kwok-kiu, MH
譚國僑先生

Mrs Linda WONG Kit-wah
王梁潔華女士

Mr William WONG, MH
黃權威先生

Sister Catherine WU
吳文綿修女

Rev Michael Yeung (*from 1.10.2003*)
楊鳴章神父 (由2003年10月1日起)

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
醫院行政總監

Members 成員

Mr CHOONG Yin-lee
鍾應利先生

Dr CHOW Chun-bong, BBS
周鎮邦醫生

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
醫院行政總監

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
醫院行政總監

Members 成員

Mr CHENG Kwong-woon (*up to 30.11.2003*)
鄭廣桓先生 (截至2003年11月30日)

Mr Alan CRAWLEY
高萊先生

Mr KONG Wood-chiu
江活潮先生

Dr LAM Cho-yeec
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
醫院行政總監

Members 成員

Mr Johnsmann AU Chung-man, JP
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
陸駿教授

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
醫院行政總監

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 (*up to 31.5.2003*)
呂博碩先生 (截至2003年5月31日)

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, OBE, 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
醫院行政總監

Members 成員

Mrs Doreen CHAN HUI Dor-lam
陳許多琳女士

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

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
醫院行政總監

Members 成員

Mr AU Kit-ming, MH
歐潔名先生

Ms Elaine CHUNG, BBS, JP
鍾麗嫻女士

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

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
醫院行政總監

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
醫院行政總監

Members 成員

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鄭彥銘教授

Mrs Patricia LING WOO Sau-ha, MH
林胡秀霞女士

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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 Vincent FANG Kang, JP
方剛先生

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

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醫院行政總監

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Ms Terry T LOWE
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Ms WONG Mee-chun, JP
黃美春女士

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

Chairman 主席

Mr Ricky YEUNG Chiu-sing, BBS
楊超成先生

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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
醫院行政總監

Members 成員

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Dr CHOW Chun-hung
周震雄醫生

Mr Stephen CHOW Chun-kay, BBS
周振基先生

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
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Mr LEUNG Kam-fong
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Mr John MA Hung-ming, BBS
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Mr Benny NG Pang-lin, BBS
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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

Mr Paul YU Shiu-tin, JP
余嘯天先生

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

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方津生醫生

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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
醫院行政總監

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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
(passed away in February 2004)
方心淑博士 (歿於2004年2月)

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 Damon T K CHOY *(Resigned on 15.8.2003)*
蔡德江醫生 (於2003年8月15日辭職)

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
醫院行政總監

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歐陽贊邦先生

Mr CHEUNG Che-Kwok
張之珏先生

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李詠梅醫生

Dr POON Yeuk-foo
潘若芙醫生

Mr SUEN Lai-sang
孫勵生先生

* Nam Long Hospital was closed on 16 December 2003.
南朗醫院於2003年12月16日關閉。

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

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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
醫院行政總監

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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

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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

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林鉅成醫生

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Hospital Chief Executive
醫院行政總監

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石美德修女

Mr Vincent CHANG
鄭永生先生

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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
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Sister Marilu LIMGENCO
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安貝蒂修女

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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

Pamela Youde Nethersole

Eastern Hospital

東區尤德夫人那打素醫院

Chairman 主席

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鄔維庸醫生

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Hospital Chief Executive
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Members 成員

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陳炳煥先生

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朱耀明牧師

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林森池先生

Mr LEUNG Sau-chi, JP
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Mr Simon SIT Poon-ki
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譚尚渭教授

Mr YEUNG Po-kwan, JP
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博愛醫院

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狄志遠先生

Mr Victor WONG Kai-tai, MH
黃啟泰先生

IP Chris YIP Fong-keung, MH
葉方強先生

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醫院管治委員會成員

Prince of Wales Hospital 威爾斯親王醫院

Chairman 主席

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醫院行政總監

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Prof Sydney S C CHUNG
鍾尚志教授

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賀智彬先生

Mr Philip WONG Chak-piu
黃澤標先生

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關港子女士

Mr Stephen LIU Wing-ting, JP
廖榮定先生

Princess Margaret Hospital 瑪嘉烈醫院

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方剛先生

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Hospital Chief Executive
醫院行政總監

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郭琳廣先生

Mr Dennis LAU Wing-kwong, JP
劉榮廣先生

Prof Jonathan SHAM Shun-tong, JP
岑信棠教授

Dr TSAO Yen-chow
曹延洲醫生

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Queen Elizabeth Hospital 伊利沙伯醫院

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林李靜文女士

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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
醫院行政總監

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陳鄭兆齡女士

Dr Steven CHOW
周志文博士

Dr LEE Kin-hung
李健鴻醫生

Mr NG Kin-sun
伍建新先生

Dr Victor WOO Chi-pang
胡志鵬醫生

Queen Mary Hospital/ Tsan Yuk Hospital 瑪麗醫院／贊育醫院

Chairman 主席

Dr Anthony HO Yiu-wah
何耀華博士

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醫院管理局行政總裁或其代表

Hospital Chief Executive
醫院行政總監

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何承天先生

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林兆鑫教授

Prof J.G. MALPAS
麥培思教授

Miss Ada WONG Ying-kay, JP
黃英琦女士

Co-opted members 增選成員

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曹禮先生

Dr Richard YU Yue-hong
余宇康醫生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Rehabaid Centre 復康專科及資源中心

Chairman 主席

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馬偉東先生

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醫院管理局行政總裁或其代表

Hospital Chief Executive
醫院行政總監

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周慧思女士

Mrs Kimberley LAM KWONG Lan-heung
林鄺蘭香女士

Mr Christopher LAW Kin-chung
羅健中先生

Dr Leonard LI Sheung-wai
李常威醫生

Mrs Anne MARDEN, JP
馬登夫人

Mr SHIH Wing-ching
施永青先生

Mr Kenneth SO Hop-shing
蘇合成先生

Mrs Elizabeth WONG
黃楊寶和女士

Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院

Chairman 主席

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醫院管理局行政總裁或其代表

Hospital Chief Executive
醫院行政總監

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黎敦義夫人

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周偉淦先生

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林貝聿嘉女士

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梁仲清先生

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劉奇喆先生

Mr LUI Che-woo, JP
呂志和先生

Mr Y L PANG, JP
彭玉陵先生

Miss Vera RUTTONJEE-DESAI
維拉律敦治 - 荻茜小姐

Mrs Purviz R SHROFF

Mr Richard TANG Yat-sun, BBS, JP
鄧日榮先生

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Chairman 主席

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何敏嘉先生

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醫院管理局行政總裁或其代表

Hospital Chief Executive
醫院行政總監

Members 成員

Mr Stephen CHANG Hok-man
張學敏先生

Prof Samuel T CHANSON (*up to 15.12.2003*)
陳天雄教授 (截至 2003 年 12 月 15 日)

Mr Joseph S H KEUNG
姜書海先生

Prof KWOK Siu-tong
郭少棠教授

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李蔡婉霞女士

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李家達先生

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彭長緯先生

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孫耀燦先生

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吳王依雯女士

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Hospital Chief Executive
醫院行政總監

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白理桃先生

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Mr CHEUNG Wing-fai
張榮輝先生

Mr Richard L C FUNG
馮立中先生

Mr Tony LUK Ka-luen
陸嘉鑾先生

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龐愛蘭女士

Mr Sammy POONE Chuen-yan, JP
潘存恩先生

Mrs Anne SHIH YU Mee-yee
石余美慈女士

Dr SHUM Chi-wang
沈之弘醫生

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醫院管治委員會成員

Tseung Kwan O Hospital

將軍澳醫院

Chairman 主席

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盧重興先生

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醫院管理局行政總裁或其代表

Hospital Chief Executive
醫院行政總監

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陳萃菁小姐

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陳偉文先生

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周賢明先生

Dr Joseph KWAN Kai-cho
關繼祖博士

Mr Henry LAI Hin-wing
賴顯榮先生

Sister Ophelia Marie LUI Woon-hing
呂煥卿修女

Dr Danny MA Ping-kwan
馬炳坤醫生

Ms Nancy TSANG
曾蘭斯女士

Tuen Mun Hospital

屯門醫院

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李澤培先生

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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
醫院行政總監

Members 成員

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陳達醫生

Mr CHAN How-chi
陳孝慈先生

Mr CHAN Kee-huen
陳記煊先生

Mr Kenneth LAU Ip-keung, MH, JP
劉業強先生

Mr TSO Shiu-wai
曹紹偉先生

Dr Jimmy WONG Chi-ho, BBS
王賜豪醫生

Mr Jonathan YU Hoy-gin, JP
余開堅先生

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醫院管治委員會成員

Tung Wah Hospital / Tung Wah Eastern Hospital / TWGH Fung Yiu King Hospital

東華醫院／東華東院／東華三院馮堯敬醫院

Chairman 主席

Mr Ricky YEUNG Chiu-sing, BBS
楊超成先生

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醫院管理局行政總裁或其代表

Hospital Chief Executive
醫院行政總監

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Mr Albert CHEUNG Chung-put, JP
張中弼先生

Dr CHU Chor-lap
朱初立醫生

Mr FUNG Wing-chung, BBS
馮咏聰先生

Mr HUNG Wing-tat
熊永達先生

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郭家麒醫生

Mr Andy LAU Kam-kwok
劉金國先生

Mr LEUNG Kam-fong
梁錦芳先生

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廖榮定先生

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勞永樂議員

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馬鴻銘先生

Mr Patrick MA Ching-hang
馬清鏗先生

Mr Peter ONG Ka-lueng
王家龍先生

Mr Eddie WANG
王定一先生

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醫院管治委員會成員

United Christian Hospital

基督教聯合醫院

Chairman 主席

Rt Rev Louis TSUI Tsan-sang
徐贊生主教

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醫院管理局行政總裁或其代表

Hospital Chief Executive
醫院行政總監

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Mr Roland CHOW Kun-chee
周近智先生

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Mr Patrick LAI Shu-ho, MH
黎樹濠先生

Mr Eddy LEE Wai-man
李惠民先生

Rev Ralph LEE Ting-sun
李鼎新牧師

Rev Lincoln LEUNG Lam-hoi
梁林開牧師

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Mr LI Kwok-heem
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Mrs June LI
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衛向華醫生

Mr WONG Bing-lai
黃炳禮先生

Mr WU Kwok-cheung, MH
胡國祥先生

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郁德芬女士

Membership of the Hospital Governing Committees

醫院管治委員會成員

Yan Chai Hospital

仁濟醫院

Chairman 主席

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嚴玉麟先生

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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
醫院行政總監

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陳偉明先生

Mr CHAU Tak-wai
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何耀華博士

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李振如醫生

Mr Raymond LEE
李文俊先生

Mr Nelson LEONG Kwok-fai
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Mr TANG Kam-hung
鄧錦雄先生

Ms Bess TSIN Man-kuen
錢曼娟女士

Mr Alfred WONG Wai-kin
黃偉健先生

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

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Dr Anthony HO Yiu-wah
何耀華博士

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醫院管理局行政總裁或其代表

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

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Prof P C HO
何柏松教授

Dr HUANG Chen-ya
黃震遐醫生

Mr HUI Ching-on
許清安先生

Ms Maggie KOONG May-kay
孔美琪女士

Dr KWOK Ka-ki
郭家麒醫生

Ms Emily KWONG Yan-po
鄭恩寶女士

Mr LAM Kit-sing
林潔聲先生

Mr Y L PANG, JP
彭玉陵先生

Dr POON Yeuk-foo
潘若芙醫生

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鄭琴淵女士

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譚錦添醫生

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曾正先生

Mr Eddie WANG
黃定一先生

Dr D WIJEDORU
韋茵婷醫生

Ms Ada WONG Ying-kay, JP
黃英琦女士

Prof WONG Hoi-kwok, BBS, JP
王海國教授

Mr Paul T K YOUNG, JP
楊子剛先生

Membership of the Regional Advisory Committees

區域諮詢委員會成員

Kowloon Regional Advisory Committee

九龍區域諮詢委員會

Chairman 主席

Mr Paul YU Shiu-tin, JP
余嘯天先生

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

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

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方剛先生

Mr FUNG Kwong-chung, JP
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葉志堅先生

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盧重興先生

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徐贊生主教

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嚴玉麟先生

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區域諮詢委員會成員

New Territories Regional Advisory Committee

新界區域諮詢委員會

Chairman 主席

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李澤培先生 (截至 2003 年 11 月 30 日)

Mr LO Chung-hing, SBS (*from 18.12.2003*)
盧重興先生 (由 2003 年 12 月 18 日起)

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醫院管理局行政總裁或其代表

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

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Mr Clarence CHANG Ching-po (*from 23.5.2003*)
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Mr Simon P K SIT
薛磐基先生

Mr Philip WONG Chak-piu
黃澤標先生

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王紹強先生 (截至 2003 年 5 月 22 日)

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楊寶坤先生

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

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林李靜文女士

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Dr CHU Kin-wah (*from 10.6.2003*)
朱建華醫生 (由2003年6月10日起)

Ms Sylvia FUNG Yuk-kuen (*up to 27.2.2004*)
馮玉娟女士 (截至2004年2月27日)

Dr William HO, JP
何兆煒醫生

Mr Benjamin LEE Cheung-mei
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Mr Raymond LEUNG Ho-kwan (*from 30.11.2003*)
梁皓鈞先生 (由2003年11月30日起)

Mr LO Chung-hing, SBS
盧重興先生

Mr Alan H SMITH, JP

Mr TONG Kar-wai (*up to 9.6.2003*)
湯嘉偉先生 (截至2003年6月9日)

Dr TSE Kong (*from 28.2.2004*)
謝江醫生 (由2004年2月28日起)

Dr WONG Tak-cheung (*up to 29.11.2003*)
黃德祥醫生 (截至2003年11月29日)

Dr E K YEOH, JP (*up to 27.2.2004*)
楊永強醫生 (截至2004年2月27日)

Ms Amy YIP Yok-tak, BBS, JP
葉約德女士

Mr Thomas YIU Kei-cheung, JP (*from 28.2.2004*)
姚紀中先生 (由2004年2月28日起)

Public Feedback Statistics (1.4.2003-31.3.2004)**公眾意見統計 (2003年4月1日至2004年3月31日)****Public Complaints Committee 公眾投訴委員會**

Nature of Cases 個案性質	Complaints received 投訴數目
Medical Services 醫療服務	101
Staff Attitude 職員態度	14
Administrative Procedure 行政程序	21
Others 其他	6
Total Number of Complaints 總投訴個案	142

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

Nature of Complaint / Appreciation Cases 投訴/讚揚個案性質	Complaints received 投訴數目	Appreciations received 讚揚數目
Medical Services 醫療服務	790	5,925
Staff Attitude 職員態度	613	2,896
Administrative Procedure 行政程序	286	362
Overall Performance 整體表現	-	11,694
Others 其他	309	3,412
Total Number of Complaints/Appreciations 總投訴/讚揚數目	1,998	24,289

Statistics of the Controlling Officer's Report

管制人員報告統計數字

The Hospital Authority generally achieved its performance targets in 2003/04, though the actual volume of activities in the year had notably decreased due to the outbreak of SARS in March 2003 and revision of public hospital fees at the beginning of the year. The year-on-year reduction in the volume of activities could also be attributed to the abolition of duplicated appointments to specialist outpatient clinics and efforts to divert patients to the private sector through the Discharge Summary Scheme and shared care programmes. While there was a gradual pick-up in the demand for public hospital services in the latter part of 2003/04, the overall volume of activities had not recovered to the pre-SARS level. Given the high proportion of fixed costs in the cost structure of the Hospital Authority, the unit cost of the whole range of Hospital Authority services rose in 2003/04.

醫院管理局 2003/04 年度的工作表現指標大致上都能達致，雖然年內的實際活動量因 2003 年的沙士爆發和年初調整公立醫院收費而顯著減少。活動量減少的原因，亦可能因專科門診預約減少重複，以及醫院推行病人出院摘要及共同護理計劃把病人轉介私營機構所致。雖然 2003/04 年度後期公立醫院服務的需求逐有增加，整體的活動量仍未回復至沙士前的水平。鑑於醫院管理局成本結構中的固定成本所佔比例甚高，2003/04 年度醫院管理局各類服務的單位成本均告上升。

The key statistics of the Controlling Officer's Report used by the Government to measure the Authority's performance in 2003/04 were : 2003/04 年度政府用以量度醫院管理局表現的管制人員報告的主要統計數字如下：

	2002/03	2003/04
(I) No. of hospital beds (figures as at 31 Mar) 醫院病床數目 (3月31日的數字)		
• general (acute and convalescent) 普通科 (急症及康復)	20,579	20,819
• infirmary 療養科	2,951	2,127
• mentally ill 精神科	4,858	4,730
• mentally handicapped 智障科	800	800
• total 合計	29,188	28,476
(II) Delivery of services 服務提供的情況		
Inpatient services 住院服務		
<i>No. of discharges & deaths</i> 出院及死亡人數		
• general (acute and convalescent) 普通科 (急症及康復)	865,804	720,880
• infirmary 療養科	4,170	4,464
• mentally ill 精神科	13,811	13,438
• mentally handicapped 智障科	474	371
• overall 合計	884,259	739,153
<i>No. of patient days</i> 病人日數		
• general (acute and convalescent) 普通科 (急症及康復)	5,645,971	4,693,552
• infirmary 療養科	712,634	631,696
• mentally ill 精神科	1,392,624	1,324,364
• mentally handicapped 智障科	257,894	254,916
• overall 合計	8,009,123	6,904,528
<i>Bed occupancy rate</i> 病床住用率		
• general (acute and convalescent) 普通科 (急症及康復)	82%	72%
• infirmary 療養科	90%	82%
• mentally ill 精神科	82%	78%
• mentally handicapped 智障科	88%	87%
• overall 合計	83%	75%
<i>Average length of stay (days) *</i> 平均住院日數*		
• general (acute and convalescent) 普通科 (急症及康復)	6.6	6.7
• infirmary 療養科	147.7	175.4
• mentally ill 精神科	117.1	100.1
• mentally handicapped 智障科	402.7	622.2
• overall 合計	9.3	9.9

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

• Day patient 日間病人		
- No. of discharges & deaths 病人出院及死亡人數	313,844	236,230
- No. of day patients as % of total inpatient & day patient discharges & deaths 日間病人佔出院及死亡總人數百分率	26%	24%
• Accident & emergency services 急症室服務		
- No. of attendances 求診人數	2,380,064	1,828,729
• Outpatient services 門診服務		
- No. of specialist outpatient (clinical) attendances @ 專科門診 (臨床服務) 求診人數@	6,273,320	5,673,517
- No. of general outpatient attendances 普通科門診求診人數	1,264,923	4,297,848

Rehabilitation & outreach services 復康及外展服務

- No. of home visits by community nurses 社康護士家訪次數	740,615	705,716
• Psychiatric services 精神科服務		
- No. of psychiatric outreach attendances 精神科外展服務次數	82,199	81,230
- No. of psychiatric day hospital attendances 精神科日間醫院求診人數	183,329	154,629
- No. of psychogeriatric outreach attendances 老人精神科外展服務次數	38,046	41,466
• Geriatric services 老人科服務		
- No. of outreach attendances 外展服務次數	400,917	384,046
- No. of elderly persons assessed for infirmity care service 接受老人小組護養服務評估的老人數目	2,253	1,909
- No. of geriatric day hospital attendances 老人科日間醫院求診人次	121,325	82,720
- No. of allied health outpatient attendances 專職醫療門診求診人次	2,480,960	1,971,028#

(III) Quality of services 服務質素

No. of hospital deaths per 1000 population 每千人的醫院死亡人數^	3.9	3.9
Unplanned readmission rate within 28 days for general inpatients 普通科病人 28 日內突發再入院率	9.4%	8.9%

Accident and Emergency (A&E) services 急症室服務

% of A&E patients within the target waiting time:
在目標等候時間以內的急症室個案百分率：

• 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 cases- <15 minutes) 分流類別第 II 級 (危急個案 - <15 分鐘)	98%	97%
• Triage III (urgent cases- <30 minutes) 分流類別第 III 級 (緊急個案 - <30 分鐘)	89%	89%

Specialist outpatient services 專科門診服務

Target Median waiting time for first appointment at specialist clinics:
專科門診診所首次求診輪候時間中位數

• First priority patients 最優先病人	-	2 weeks
• Second priority patients 次優先病人	-	8 weeks

(IV) Cost of services 服務成本

Cost distribution by services (%) 按服務計 (百分比)

• inpatient 住院	65.6%	64.2%
• ambulatory 日間	29.6%	31.1%
• rehabilitation & outreach 康復及外展	4.8%	4.7%

Cost by services per 1000 population (popn) (\$m)
每千人的服務成本 (百萬元)

• inpatient 住院	2.9	2.9
• ambulatory 日間	1.3	1.4
• rehabilitation & outreach 康復及外展	0.2	0.2

	2002/03	2003/04
Cost of services for elderly persons 老人服務成本		
• Share of cost of services for elderly persons (%) 服務成本比例 (百分比)	43.8%	45.3%
• Cost of services for elderly persons per 1000 popn aged 65 & over (\$m) 每千人65歲及以上老人服務成本 (百萬元)	17.1	17.9
Unit costs 單位成本		
Cost per inpatient discharged (\$) 每名出院病人成本 (元)		
• general (acute and convalescent) 普通科 (急症及康復)	19,960	24,300
• infirmary 療養科	182,270	166,710
• mentally ill 精神科	137,150	142,100
• mentally handicapped 智障科	564,130	728,960
Cost per accident & emergency attendance (\$) 急症室求診每次成本 (元)	630	830
Cost per specialist outpatient attendance (\$) 專科門診每次成本 (元)	680	800
Cost per outreach visit by community nurse (\$) 社康護士每次外展探訪成本 (元)	320	360
Cost per psychiatric outreach attendance (\$) 精神科外展服務每次成本 (元)	1,120	1,110
Cost per geriatric day hospital attendance (\$) 老人科日間醫院每次求診成本 (元)	1,470	1,910
Cost per psychiatric day hospital attendance (\$) 精神科日間醫院每次求診成本 (元)	830	990
(V) Manpower (No. of full time equivalent staff as at 31st March)		
人手 (3月31日時的相當於全職人員數目)		
Medical 醫療		
• doctor 醫生	4,279.5	4,541.8
• intern 駐院實習醫生	333	325
• dentist 牙科醫生	5	5
Medical total 醫療合計	4,617.5	4,871.8
Nursing 護理		
• qualified staff 符合資格職員	19,566.5	19,147.6
• trainee 受訓人員	1	160.3
Nursing total 護理合計	19,567.5	19,307.9
Allied health 專職醫療	4,721	4,891
Others 其他	23,851	23,380
Total 總計	52,757	52,450.7

Notes 註：

* Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged / treated.
將病人住院日數總和除以出院 / 經治理的住院病人數目。

@ Including integrated clinic attendances
包括綜合診所求診人數

Allied health outpatient attendances for 2003/04 excludes follow-up consultations which are provided by the Medical Social Service Department.
2003/04年專職醫療門診求診人數不包括覆診，後者由醫務社會服務部提供

^ Refers to the standardised mortality rate covering all deaths in Hospital Authority hospitals. This is derived by applying the age-specific mortality rate in Hospital Authority in a particular year to a 'standard' population (which is the 2001 Hong Kong mid-year population).
涵蓋醫管局醫院所有死亡個案的標準死亡率，其計算方法是將某年按年齡分布的死亡率乘以「標準」人口，而「標準」人口是採用香港2001年年中的人口數字。

Statistics on Number of beds, Inpatient, Accident & Emergency and Specialist Outpatient Services in 2003/04

2003/04 年度病床數目、住院服務、急症服務及專科門診服務統計

Institution 機構	No. of beds (up to 31.3.2004) 病床數目 (截至2004年3月31日)	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	240	235	91.2	192.6	-	-	129	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1,740	76,150	75.8	7.9	139,245	472,050	128,506	28,878
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	687	21,144	77.7	8.1	77,153	102,911	93,475	3,491
St John Hospital 長洲醫院	93	1,336	44.3	72.4	7,444	68	7,720	-
Tung Wah Eastern Hospital 東華東院	303	7,714	79.7	14.1	-	98,650	69,088	2,394
Wong Chuk Hang Hospital 黃竹坑醫院	160	229	88.6	225.6	-	-	-	-
Sub-total 小計	3,223	106,808	77.9	9.9	223,842	673,679	298,915	34,763
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	130	2,258	41.1	11.2	-	16,781	20,997	-
TWGH Fung Yiu King Hospital 東華三院馮堯敬醫院	296	2,250	86.1	53.7	-	577	7	-
Grantham Hospital 葛量洪醫院	496	11,433	61.5	13.8	-	49,610	1,970	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	130	757	74.3	39.2	-	6	2,053	-
Nam Long Hospital 南朗醫院	-	653	83.4	57.8	-	664	72	-
Queen Mary Hospital 瑪麗醫院	1,619	92,345	72.3	5.5	116,853	512,552	147,706	-
Tung Wah Hospital 東華醫院	721	20,669	75.0	17.3	-	39,944	4,095	-
Tsan Yuk Hospital 贊育醫院	4	670	-	-	-	23,479	4,016	17,321
Sub-total 小計	3,396	131,035	71.1	9.3	116,853	643,613	180,916	17,321

Institution 機構	No. of beds (up to 31.3.2004) 病床數目 (截至2004年3月31日)	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	425	5,577	84.7	23.4	-	7,923	2,528	-
Tseung Kwan O Hospital 將軍澳醫院	405	24,353	71.6	4.7	93,701	118,625	55,208	3,902
United Christian Hospital 基督教聯合醫院	1,335	70,296	76.1	5.8	174,575	390,233	189,322	38,048
Sub-total 小計	2,165	100,226	77.1	6.7	268,276	516,781	247,058	41,950
Kowloon Central Cluster 九龍中醫院聯網								
Hong Kong Buddhist Hospital 香港佛教醫院	324	6,802	76.0	17.6	-	9,859	3,325	-
Hong Kong Eye Hospital 香港眼科醫院	44	5,828	53.5	6.1	-	209,015	137,303	-
Kowloon Hospital 九龍醫院	1,417	13,388	77.9	25.8	-	63,722	86,554	-
Queen Elizabeth Hospital 伊利沙伯醫院	1,922	112,795	72.3	5.6	182,608	602,395	151,461	3,455
Rehabaid Centre 復康專科及資源中心	-	-	-	-	-	135	3,390	-
Sub-total 小計	3,707	138,813	74.5	8.9	182,608	885,126	382,033	3,455
Kowloon West Cluster 九龍西醫院聯網								
Caritas Medical Centre 明愛醫院	1,386	45,329	70.3	7.8	110,012	304,620	94,203	6,843
Kwai Chung Hospital 葵涌醫院	1,372	4,321	77.9	109.4	-	171,598	21,170	-
Kwong Wah Hospital 廣華醫院	1,256	75,532	68.5	4.8	159,205	303,755	118,395	3,434
Our Lady of Maryknoll Hospital 聖母醫院	236	7,775	66.6	8.5	-	62,155	26,857	5,662
Princess Margaret Hospital 瑪嘉烈醫院	1,850	62,307	71.1	6.8	93,169	286,691	72,208	-
TWGH Wong Tai Sin Hospital 東華三院黃大仙醫院	471	6,199	39.7	60.4	-	84	608	-
Yan Chai Hospital 仁濟醫院	800	41,020	80.9	8.4	141,993	159,773	60,084	-
Sub-total 小計	7,371	242,483	69.2	10.4	504,379	1,288,676	393,525	15,939

Institution 機構	No. of beds (up to 31.3.2004) 病床數目 (截至2004年3月31日)	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	631	26,681	74.1	5.7	72,194	164,381	64,627	7,627
Bradbury Hospice 白普理寧養中心	26	666	87.2	13.2	-	218	458	-
North District Hospital 北區醫院	543	28,564	79.7	6.0	114,701	154,294	69,176	-
Prince of Wales Hospital 威爾斯親王醫院	1,423	82,150	72.5	5.2	148,082	531,071	148,623	29,866
Cheshire Home, Shatin 沙田慈氏護養院	336	1,065	75.4	50.2	-	-	491	-
Shatin Hospital 沙田醫院	647	5,344	76.7	35.4	-	948	2,296	-
Tai Po Hospital 大埔醫院	974	6,795	73.9	47.9	-	366	9	-
Sub-total 小計	4,580	151,265	74.9	9.9	334,977	851,278	285,680	37,493
New Territories West Cluster 新界西醫院聯網								
Castle Peak Hospital 青山醫院	1,639	1,843	84.9	247.0	-	88,114	12,110	-
Pok Oi Hospital 博愛醫院	504	4,352	88.0	22.2	-	20,761	21,832	1,413
Siu Lam Hospital 小欖醫院	350	104	97.2	645.2	-	-	-	-
Tuen Mun Hospital 屯門醫院	1,541	98,454	73.6	6.7	197,794	518,665	148,925	34,490
Sub-total 小計	4,034	104,753	81.8	14.0	197,794	627,540	182,867	35,903
Grand-total 總計	28,476	975,383	74.5	9.9	1,828,729	5,486,693	1,970,994	186,824

Notes 註：

- Nam Long Hospital was closed on 16 December 2003.
南朗醫院於2003年12月16日關閉。
- 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與香港紅十字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。
- Source - Annual Survey on hospital beds in public hospitals, 2003/04 (preliminary result)
2004年3月31日時的病床數目是根據2003/04年的公立醫院病床數目調查。
- The outpatient attendances for different clinics are grouped under respective hospital management.
各診所的門診總人次是按組別歸入所屬醫院之下。
- Total AH OP attendances exclude follow-up consultations provided by the Medical Social Service Department.
專職醫療門診總人次不包括由醫務社會工作部提供的跟進。
- Data prepared in August 2004.
資料在2004年8月擬備。

Statistics on Community Services, 2003/04

2003/04 年度社康服務統計

Institution 機構	Community Nursing Service * 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	89,708	11,383	3,066	-
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	63,144
St John Hospital 長洲醫院	4,581	-	-	208
Sub-total 小計	94,289	11,383	3,066	63,352
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	-	-	-	21,312
Queen Mary Hospital 瑪麗醫院	54,176	5,182	6,676	-
Sub-total 小計	54,176	5,182	6,676	21,312
Kowloon East Cluster 九龍東醫院聯網				
Haven of Hope Hospital 靈實醫院	28,889	-	-	3,010
United Christian Hospital 基督教聯合醫院	111,541	8,426	4,448	30,952
Sub-total 小計	140,430	8,426	4,448	33,962
Kowloon Central Cluster 九龍中醫院聯網				
Kowloon Hospital 九龍醫院	51,450	5,132	3,617	32,769
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	12,608
Sub-total 小計	51,450	5,132	3,617	45,377
Kowloon West Cluster 九龍西醫院聯網				
Caritas Medical Centre 明愛醫院	67,796	-	-	24,129
Kwai Chung Hospital 葵涌醫院	-	22,634	11,465	-
Kwong Wah Hospital 廣華醫院	32,865	-	-	25,991
Our Lady of Maryknoll Hospital 聖母醫院	40,577	-	-	-
Princess Margaret Hospital 瑪嘉烈醫院	78,551	-	-	45,269
Sub-total 小計	219,789	22,634	11,465	95,389

Institution 機構	Community Nursing Service * 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	18,521	-	-	-
North District Hospital 北區醫院	25,400	4,972	2,233	12,705
Shatin Hospital 沙田醫院	28,093	4,644	4,073	12,62
Tai Po Hospital 大埔醫院	-	-	-	21,935
Sub-total 小計	72,014	9,616	6,306	47,261
New Territories West Cluster 新界西醫院聯網				
Castle Peak Hospital 青山醫院	-	18,857	5,903	-
Tuen Mun Hospital 屯門醫院	73,569	-	-	80,176
Sub-total 小計	73,569	18,857	5,903	80,176
Grand-total 總計	705,717	81,230	41,481	386,829

* For Community Nursing Service, the activity refers 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 infirmary care service assessments performed. Visiting Medical Officer attendances are not included.
有關數字是指社區老人評估服務的外展及評估總數。

Note: The activity performed in different centers/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

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) 相當於全職職員數目 ^(註)				
	99/00	00/01	01/02	02/03	03/04
Medical 醫療					
Consultant 顧問醫生	497.0	496.8	511.5	509.0	496.3
Senior Medical Officer/Associate Consultant 高級醫生 / 副顧問醫生	872.5	883.0	905.5	887.5	924.0
Medical Officer/Resident 醫生 / 駐院醫生	2,304.5	2,514.5	2,688.0	2,883.0	3,121.5
Intern 駐院實習醫生	314.0	330.0	351.0	333.0	325.0
Senior Dental Officer/Dental Officer 高級牙科醫生 / 牙科醫生	4.5	5.0	5.0	5.0	5.0
Medical Total 醫療人員總計	3,992.5	4,229.3	4,461.0	4,617.5	4,871.8
Nurses 護理					
Senior Nursing Officer and above 高級護士長或以上	111.0	105.0	100.0	93.0	80.0
Department Operations Manager 部門運作經理	186.0	177.0	173.0	169.0	153.0
<i>General 普通科</i>					
Ward Manager 病房經理	553.0	541.0	532.0	518.0	468.0
Nurse Specialist 專科護士	172.0	176.0	194.0	199.0	190.0
Nursing Officer / Advanced Practice Nurse 護士長 / 資深護師	1,820.5	1,771.0	1,730.5	1,694.5	1,707.5
Registered Nurse 註冊護士	9,375.0	10,067.0	11,041.0	11,454.0	11,423.6
Enrolled Nurse 登記護士	3,234.5	3,436.5	3,480.5	3,402.0	3,180.5
Student Nurse 註冊護士學生	1,855.0	1,228.0	360.0	1.0	139.0
Pupil Nurse 登記護士學生	416.0	112.0	-	-	-
Temporary Undergraduate Nursing Student 臨時大學護士學生	-	-	-	-	21.3
Midwife/Other 助產士 / 其他	98.5	95.0	84.0	67.0	46.0
<i>Psychiatric 精神科</i>					
Ward Manager 病房經理	115.0	110.0	105.0	100.0	95.0
Nurse Specialist 專科護士	14.0	14.0	15.0	15.0	14.0
Nursing Officer 護士長	218.0	215.0	212.0	211.0	213.0
Registered Nurse 註冊護士	788.0	877.0	978.0	994.0	965.0
Enrolled Nurse 登記護士	649.0	645.0	644.0	640.0	612.0
Student Nurse 註冊護士學生	240.0	141.0	33.0	10.0	-
Pupil Nurse 登記護士學生	27.0	16.0	-	-	-
Nursing Total 護理人員總計	19,872.5	19,726.5	19,682.0	19,567.5	19,307.9

No. of Full-time Equivalent (fte) Staff ^(Note)
相當於全職職員數目^(註)

	99/00	00/01	01/02	02/03	03/04
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	11.0	11.0	11.0	11.0	10.0
Clinical Psychologist 臨床心理學家	58.5	61.5	71.5	70.0	70.5
Dietitian 營養師	82.0	87.0	89.0	81.0	78.0
Dispenser 配藥員	653.0	652.5	668.0	659.5	860.5
Medical Technologist / Medical Laboratory Technician 醫務化驗師 / 醫務化驗員	1,102.0	1,102.0	1,093.0	1,106.0	1,072.0
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	27.0	27.0
Optometrist 視光師	26.0	26.0	27.0	26.5	26.0
Orthoptist 視覺矯正師	12.0	12.0	12.0	12.0	12.0
Occupational Therapist 職業治療師	436.5	450.5	468.5	484.5	476.0
Pharmacist 藥劑師	185.0	184.0	209.5	231.5	281.5
Physicist 物理學家	38.0	38.0	38.0	37.0	37.0
Physiotherapist 物理治療師	666.0	690.5	719.0	733.0	715.5
Podiatrist 足病治療師	22.0	21.0	22.0	18.5	19.0
Prosthetist-Orthotist 義肢矯形師	93.0	94.0	97.0	119.0	101.0
Radiographer 放射技師	780.0	799.5	808.0	825.0	830.5
Scientific Officer (Medical) 科學主任(醫務)	57.5	55.5	57.5	55.5	54.5
Speech Therapist 言語治療師	49.0	52.0	53.5	52.0	50.0
Medical Social Worker 醫務社會工作主任	156.5	160.0	162.5	170.0	168.0
Others 其他	2.0	2.0	2.0	2.0	2.0
Allied Health Total 專職醫療人員總計	4,458.0	4,527.0	4,637.0	4,721.0	4,891.0
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	3,930.0	4,176.0	4,594.0	4,454.0	4,069.0
Ward Attendant 病房服務員	2,053.0	1,725.0	1,320.0	1,243.0	954.0
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	1,814.5
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	5,983.0	5,901.0	6,297.5	6,751.0	6,837.5
Direct Patient Care Total 直接病人護理人手總計	34,306.0	34,383.8	35,077.5	35,657.0	35,908.2

	No. of Full-time Equivalent (fte) Staff ^(Note) 相當於全職職員數目 ^(註)				
	99/00	00/01	01/02	02/03	03/04
Others 其他					
Chief Executive / Director / Deputy Director 行政總裁 / 總監 / 副總監	10.0	9.0	8.0	10.0	9.0
Cluster Chief Executive / Hospital Chief Executive 醫院聯網總監 / 醫院行政總監	42.0	37.0	33.0	32.0	30.0
Senior Executive Manager, Executive Manager, General Manager 高級行政經理 / 行政經理 / 總經理	105.0	104.0	100.0	101.0	88.0
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	885.0	857.5	868.0	882.0	854.5
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	15,822.0	15,547.5	16,512.5	16,075.0	15,561.0
Non-direct Patient Care Total 非直接病人護理人手總計	16,864.0	16,555.0	17,521.5	17,100.0	16,542.5
Grand Total 醫管局人手總計	51,170.0	50,938.8	52,599.0	52,757.0	52,450.7

Note :
註 :

- Manpower on full-time equivalent (fte) basis is adopted.

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. (Exceptions : Part-time Family Medicine Consultants counted as 0.33 fte and part-time Visiting Medical Officers counted as 0.15 fte according to their actual/estimated service sessions. Temporary part-time nurses and undergraduate nursing students are counted as 0.4 fte and 0.17 fte respectively according to their actual/estimated 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及兼職到訪醫生，根據其實際或估計服務節數，分別計算為0.33人及0.15人。每名臨時兼職護士及大學護士學生，根據實際或估計服務節數，分別計算為0.4人及0.17人。)

Manpower Position of the Hospital Authority – by Cluster and by Institution

醫院管理局人手狀況（按聯網及機構分類）

Institution 機構	No. of Full-time Equivalent Staff (as at 31.3.2004) ^(Note) 相當於全職職員數目(截至2004年3月31日) ^(註)				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Hong Kong East Cluster 港島東醫院聯網	522	1,977.4	563	2,912.5	5,974.9
Cheshire Home (Chung Hom Kok) 春磡角慈氏護養院	3	51	9	111	174
HK Tuberculosis, Chest & Heart Diseases Association 香港防癆心臟及胸病協會	0	0	0	8	8
Hong Kong East Cluster Office 港島東醫院聯網辦事處	0	1	0	7	8
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	372.5	1,240.55	315.5	1610	3,538.55
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	98.5	403.85	158.5	634.5	1,295.35
St. John Hospital 長洲醫院	4	34	9.5	73.5	121
Tung Wah Eastern Hospital 東華東院	41	203	58	326.5	628.5
Wong Chuk Hang Hospital 黃竹坑醫院	3	44	12.5	142	201.5
Hong Kong West Cluster 港島西醫院聯網	575.2	2,507.4	688	2,715.5	6,486.1
Duchess of Kent Children's Hospital 根德公爵夫人兒童醫院	11	65	38	118	232
Grantham Hospital 葛量洪醫院	45.5	331	57	251	684.5
Hong Kong West Cluster Office 港島西醫院聯網辦事處	0	0	1	4	5
MacLehose Medical Rehabilitation Centre 麥理浩復康院	3	34	35	78	150
Nam Long Hospital 南朗醫院	6	68	6	87	167
Queen Mary Hospital 瑪麗醫院	460.5	1,610	475	1,703.5	4,249
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	12.2	86.4	15	136	249.6
Tung Wah Hospital 東華醫院	37	313	61	338	749

No. of Full-time Equivalent Staff (as at 31.3.2004) ^(Note)
 相當於全職職員數目(截至2004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	633.2	2,578.9	711.5	2,936.5	6,860.1
HK Red Cross Blood Transfusion Service 香港紅十字輸血服務中心	3	42	45	143	233
Hong Kong Buddhist Hospital 香港佛教醫院	14.33	126	23	129.5	292.83
Hong Kong Eye Hospital 香港眼科醫院	33.5	63	15	127	238.5
Kowloon Central Cluster Office 九龍中醫院聯網辦事處	0	1	0	7	8
Kowloon Hospital 九龍醫院	52.45	646	142.5	684	1,524.95
Queen Elizabeth Hospital 伊利沙伯醫院	529.93	1,700.87	474	1,829	4,533.8
Rehabaid Centre 復康專科及資源中心	0	0	12	17	29
Kowloon East Cluster 九龍東醫院聯網	560.5	1,894.2	500.5	2,129	5,084.2
Haven of Hope Hospital 靈實醫院	18.8	237	44	293	592.8
Kowloon East Cluster Office 九龍東醫院聯網辦事處	0	0	0	5	5
Tseung Kwan O Hospital 將軍澳醫院	126	387.2	120	357	990.2
United Christian Hospital 基督教聯合醫院	415.7	1,270	336.5	1,474	3,496.2
Kowloon West Cluster 九龍西醫院聯網	1,167.4	4,792.6	1,037	5,384.5	12,381.5
Caritas Medical Centre 明愛醫院	240.25	713.5	176	895.5	2,025.25
Kowloon West Cluster Office 九龍西醫院聯網辦事處	0	0	0	4	4
Kwai Chung Hospital 葵涌醫院	63	599	68	592	1,322
Kwong Wah Hospital 廣華醫院	281.65	1,166.06	255	1,146	2,848.71
Our Lady of Maryknoll Hospital 聖母醫院	76	215	54	239	584
Princess Margaret Hospital 瑪嘉烈醫院	341.5	1,257	312	1,414.5	3,325
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	30	238	38	353.5	659.5
Yan Chai Hospital 仁濟醫院	135	604	134	740	1,613

No. of Full-time Equivalent Staff (as at 31.3.2004) (Note)
相當於全職職員數目(截至2004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	862.4	3,192.9	851	3,700	8,606.3
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	143.4	414	151	523	1,231.4
Bradbury Hospice 白普理寧養中心	2	29	3.5	18	52.5
Cheshire Home (Shatin) 沙田慈氏護養院	2	77	12	94	185
New Territories East Cluster Office 新界東醫院聯網辦事處	0	188.94	2	366.5	557.44
North District Hospital 北區醫院	149.9	532	145.5	545	1,372.4
Prince of Wales Hospital 威爾斯親王醫院	502.33	1,354	425.5	1,411.5	3,693.33
Shatin Hospital 沙田醫院	31.8	297	56.5	351	736.3
Tai Po Hospital 大埔醫院	31	301	55	391	778
New Territories West Cluster 新界西醫院聯網	547.1	2,344.5	499	2,815	6,205.6
Castle Peak Hospital 青山醫院	53	550	45	659.5	1,307.5
New Territories West Cluster Office 新界西醫院聯網辦事處	0	0	0	1	1
Pok Oi Hospital 博愛醫院	31	158.19	51	235.5	475.69
Siu Lam Hospital 小欖醫院	3	82	4	250.5	339.5
Tuen Mun Hospital 屯門醫院	460.08	1,554.31	399	1,668.5	4,081.89
Total 總計	4,867.8	19,287.9	4,850	22,593	51,598.7*

Note :
註 :

Manpower on full-time equivalent (fte) basis. 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. (Exceptions : Part-time Family Medicine Consultants counted as 0.33 fte and part-time Visiting Medical Officers counted as 0.15 fte according to their actual/estimated service sessions. Temporary part-time nurses and undergraduate nursing students are counted as 0.4 fte and 0.17 fte respectively according to their actual/estimated service sessions.)

本年報採用「相當於全職」的原則作為人手計算基礎。「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及兼職到訪醫生，根據其實際或估計服務節數，分別計算為0.33人及0.15人。每名臨時兼職護士及大學護士學生，根據實際或估計服務節數，分別計算為0.4人及0.17人。）

* Not including 852 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852名職員。

Resource Utilisation by Hospital Clusters for 2003/04

2003/2004 醫院聯網的資源使用

Cluster 聯網	Resource Utilisation (\$ Million) 使用資源 (百萬元)
Hong Kong East Cluster 港島東醫院聯網	3,233.6
Hong Kong West Cluster 港島西醫院聯網	3,726.6
Kowloon Central Cluster 九龍中醫院聯網	3,966.3
Kowloon East Cluster 九龍東醫院聯網	2,890.3
Kowloon West Cluster 九龍西醫院聯網	6,772.3
New Territories East Cluster 新界東醫院聯網	4,840.8
New Territories West Cluster 新界西醫院聯網	3,277.3
Hospital Authority Head Office 醫管局總辦事處	298.5
Others * 其他*	2,331.7
Total Resource Utilisation 使用資源總額	31,337.4

* includes resources for hospital services, corporate programmes and Invest-to-Save projects

* 包括用於共同服務及節省資源投資計劃的資源

Hospital Authority Training and Development Expenditure 2003/2004

2003/2004 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	2,687,684
Hong Kong West Cluster 港島西醫院聯網	2,541,295
Kowloon Central Cluster 九龍中醫院聯網	3,462,753
Kowloon East Cluster 九龍東醫院聯網	1,467,166
Kowloon West Cluster 九龍西醫院聯網	3,880,293
New Territories East Cluster 新界東醫院聯網	2,128,131
New Territories West Cluster 新界西醫院聯網	1,837,485
Hospital Authority Head Office 醫管局總辦事處	887,912
Total 總額	18,892,719

Central Programmes 中央計劃	Amount (\$) 款額 (\$)
Central sponsorship 中央贊助款額	39,180
Consultants' Continuous Education 顧問醫生的持續教育	1,045,648
Commissioned Training 委託培訓計劃	3,753,976
IANS' Commissioned Courses (for T&D) 護理深造學院委託課程 (培訓及發展)	1,750,000
Management & Staff Development Programmes 管理及職員發展計劃	1,311,576
HA eLearning Centre 醫院管理局網上自學中心	464,566
Vocational Skills Training for Supporting Staff 支援職系的職業技能培訓	480,000
Total 總額	8,844,946

Capital Works Summary - 2003/2004

2003/2004 基本工程摘要

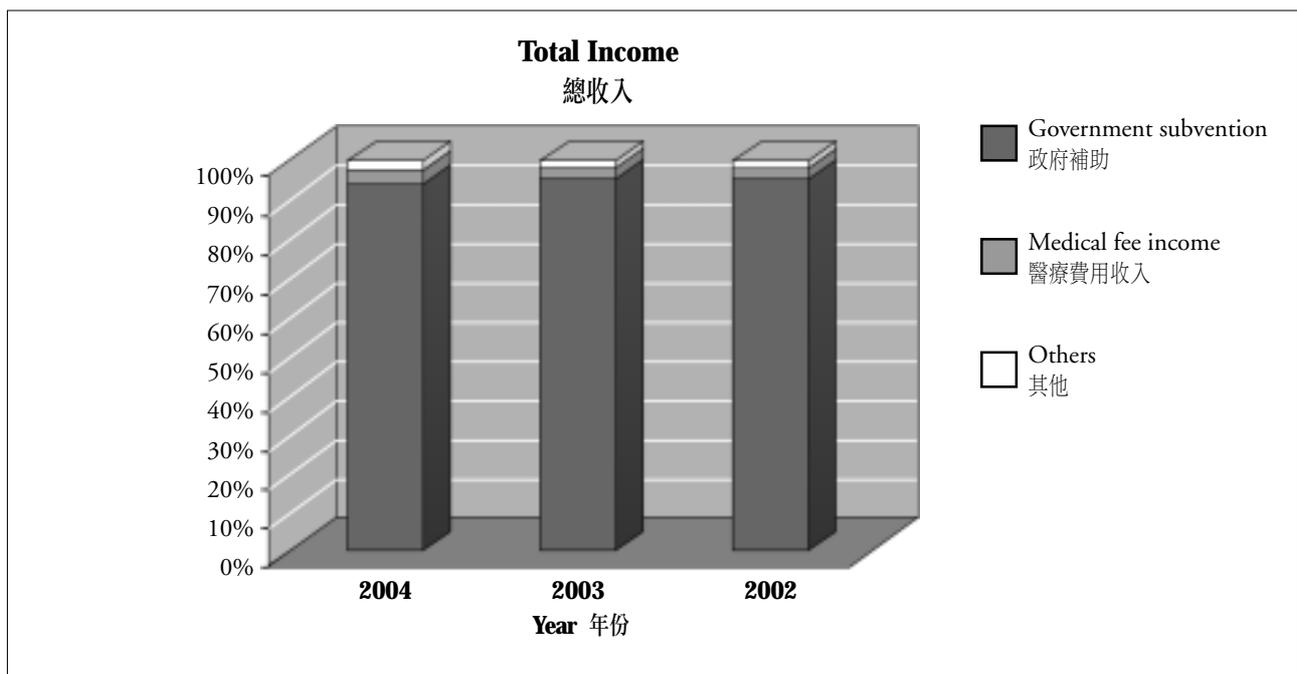
Institution 機構	Project 工程	Planned/Actual Start Date 計劃/ 實際動工日期	Planned/Actual Completion 計劃/ 實際完成日期	Current Estimate (in million) 目前估價 (百萬元)
Section 1 - Major Projects Under Construction				
第一部份 - 興建中的大型工程				
Various Clusters				
多個聯網				
Various Hospitals 多間醫院	Enhancement of Infectious Disease Facilities in the Public Hospitals Batch A-PMH, TMH, QEH, QMH, PYNEH, PWH 在A組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	05/04	355.300
Various Hospitals 多間醫院	Enhancement of Infectious Disease Facilities in the Public Hospitals Batch B - AHNH, KWH, UCH 在B組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	04/04	122.400
Hong Kong East				
港島東聯網				
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 Shiu 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
Hong Kong West				
港島西聯網				
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
Kowloon East				
九龍東聯網				
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	11/04	11/06	68.000
Kowloon West				
九龍西聯網				
Caritas Medical Centre 明愛醫院	Redevelopment Phase I 重建第一期	01/98	01/02	655.687
Caritas Medical Centre 明愛醫院	Redevelopment Phase II 重建第二期			1,316.000
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為病人和職員搭建有蓋行人路	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)
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
Princess Margaret Hospital 瑪嘉烈醫院	New Infectious Disease Centre 新感染控制中心	11/04	06/07	538.300
New Territories West 新界西聯網				
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	2,076.770
Sub-Total 小計				8,762.102
Section 2 - Major Projects Planned (Funds Earmarked) 第二部份 - 已規劃的大型工程(已預留款項)				
Hong Kong East 港島東聯網				
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那素醫院	Improvement of Facilities at Specialist Outpatient Department 調遷鄧肇堅醫院急症室	12/05	04/07	60.500
Kowloon West 九龍西聯網				
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
New Territories East 新界東聯網				
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	New Infectious Disease Centre 新感染控制中心			546.600
Prince of Wales Hospital 威爾斯親王醫院	Redevelopment Phase I 重建工程第一期			1,757.211
Sub-Total 小計				2,814.311
Total 總計				11,576.413

Hospital Authority Three-year Financial Highlights

醫院管理局過去三年的財政摘要

Financial Results (for the Year ended 31 March) 財政情況 (截至每年3月31日)	2004 HK\$Mn 港幣百萬元	2003 HK\$Mn 港幣百萬元	2002 HK\$Mn 港幣百萬元
Income 收入			
• Government subvention (recurrent and capital) 政府補助 (經常性及資本性)	30,039	29,977	30,138
• Medical fee income (net of waivers) 醫療費用收入 (扣除豁免)	1,243	849	782
• Non-medical fee income 非醫療費用收入	294	321	361
• Designated donations 指定捐贈	209	100	106
• Capital donations 資本捐贈	73	78	87
	31,858	31,325	31,474
Expenditure 支出			
• Staff costs 員工成本	(25,170)	(24,798)	(25,072)
• Medical supplies and equipment 醫療物品及設備	(2,797)	(2,600)	(2,570)
• Other operating expenses (include depreciation) 其他營運開支 (包括折舊)	(4,265)	(4,147)	(4,093)
	(32,232)	(31,545)	(31,735)
Deficit for the Year 虧損	(374)	(220)	(261)



Financial Results (for the Year ended 31 March)
財政情況 (截至每年3月31日)

2004
HK\$Mn
港幣百萬元

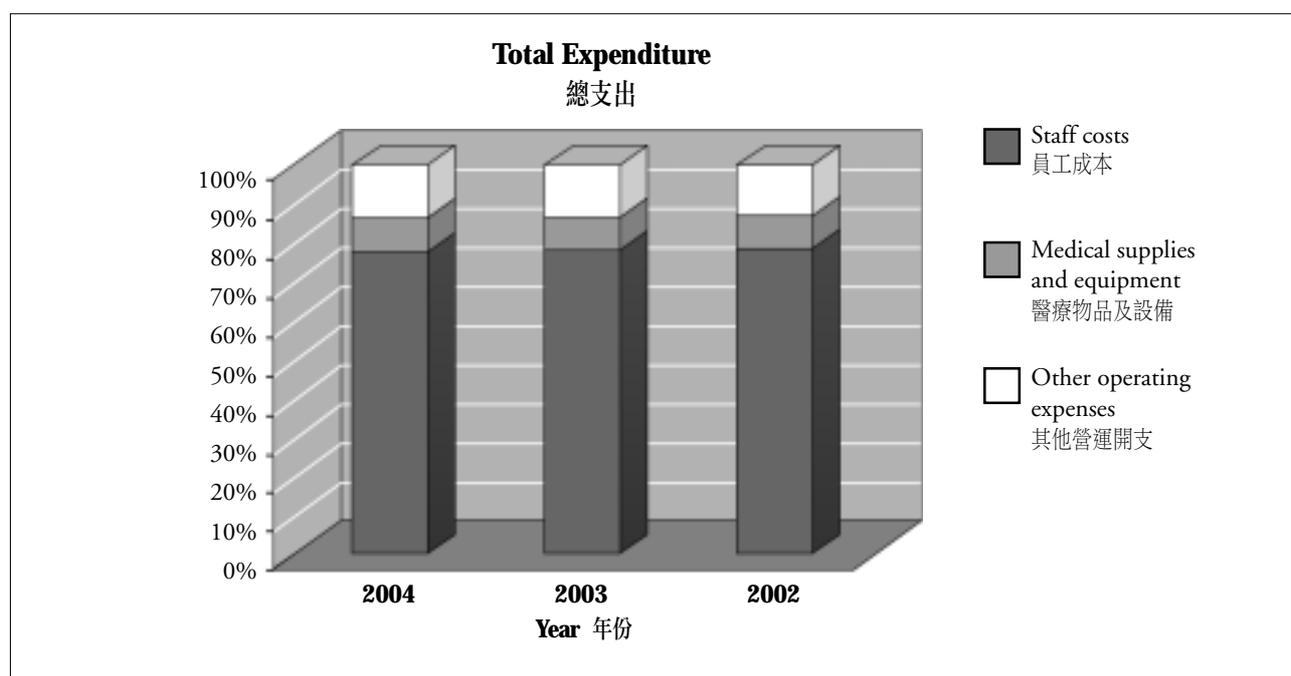
2003
HK\$Mn
港幣百萬元

2002
HK\$Mn
港幣百萬元

Key Financial Indicators 主要財政指標

Medical fee income 醫療費用收入

• Inpatient fees 住院收費	746	632	628
• Outpatient fees (include day patients) 門診收費 (包括日間病人)	936	505	405
• Itemised charges 分項收費	40	47	45
• Other medical fees 其他醫療收費	35	29	29
	1,757	1,213	1,107
Less: Waivers 扣除：豁免	(514)	(364)	(325)
Medical fee income (net of waivers) 醫療費用收入 (扣除豁免)	1,243	849	782
Write-off expenditure 註銷開支	27	19	14



Financial Position (as at 31 March) 財政狀況 (截至每年3月31日)	2004 HK\$Mn 港幣百萬元	2003 HK\$Mn 港幣百萬元	2002 HK\$Mn 港幣百萬元
Non-current assets 非流動資產	3,665	3,684	2,533
Current assets 流動資產	6,211	5,837	7,280
Current liabilities 流動負債	(1,922)	(1,848)	(2,226)
Net current assets 流動資產淨值	4,289	3,989	5,054
Non-current liabilities 非流動負債	(79)	(75)	(61)
Net assets 資產淨值	7,875	7,598	7,526
Designated funds 指定基金	444	471	520
Revenue reserve 收入儲備	1,017	1,391	1,611
Deferred income 遞延收益	6,414	5,736	5,395
	7,875	7,598	7,526

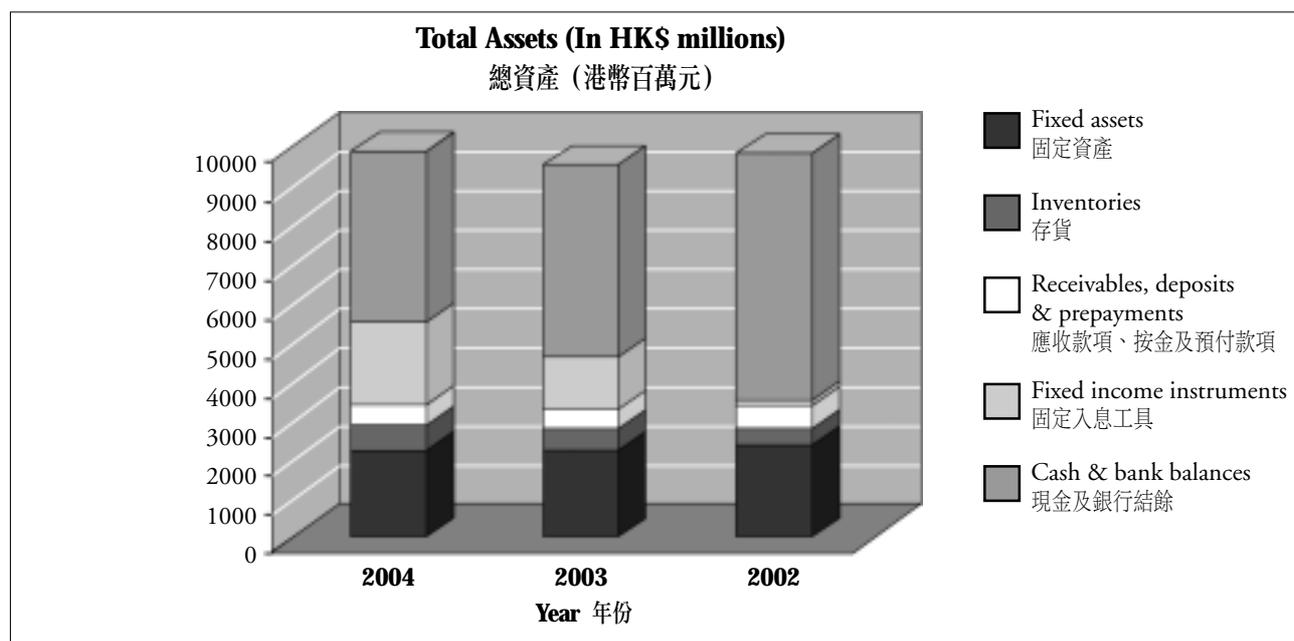
Key Financial Indicators 主要財政指標

Inventories 存貨

• Drugs 藥物	399	374	294
• Other medical and general consumable 其他醫療及一般消耗品	275	186	176
	674	560	470

Average stock holding period (weeks) 平均存貨儲備時間 (星期)

• Drugs 藥物	11.8	12.2	9.4
• Other medical and general consumable 其他醫療及一般消耗品 (exclude standby stock to prepare for SARS outbreak) (不計為沙士爆發準備的備用存貨)	12.5	13.0	11.0



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 2003/2004 is HK\$52,335,000 (2003: HK\$39,192,000). 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撥備。2003至2004財政年度的呆帳撥備為港幣52,335,000元（2003年則為港幣39,192,000元）。上述的呆帳撥備，是評估財政年度終結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：

	2003 / 2004			2002 / 2003		
	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		1,202,776	(68.5%)		832,860	(68.7%)
Hospital/clinic fees written-off and changes in provision for doubtful debts 註銷的醫院 / 診療所收費及呆帳撥備的變動						
- Actual write-off 實際註銷的收費		27,236			18,579	
- Increase / (Decrease) in provision 呆帳撥備的增加 / (減少)		13,144			(2,787)	
		40,380	(2.3%)		15,792	(1.3%)
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 *		476,109	(27.1%)		340,716	(28.1%)
- Non-Entitled Persons * 非符合資格人士 *		37,865	(2.1%)		23,576	(1.9%)
Total hospital/clinic fees and charges 醫院 / 診療所收費總額		<u>1,757,130</u>	<u>(100%)</u>		<u>1,212,944</u>	<u>(100%)</u>

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

* 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。

Auditors' Report and Audited Financial Statements

核數師報告及經審核的財務報表

Auditors' Report

核數師報告

Audited Financial Statements

經審核的財務報表

Balance sheet
資產負債表

Statement of income and expenditure
收支結算表

Statement of changes in net assets
淨資產變動報表

Cash flow statement
現金流動報表

Notes to the financial statements
財務報表附註

Auditors' Report

To The Members of the Hospital Authority

We have audited the financial statements on pages 196 to 247 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 solely to you, as a body, in accordance with section 10 of the Hospital Authority Ordinance, and for no other purpose. We do not assume responsibility towards or accept liability to any other person for the contents of this report.

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, 2004 and of the deficit and its cash flows for the year then ended.



PricewaterhouseCoopers

CERTIFIED PUBLIC ACCOUNTANTS
Hong Kong, 22 July, 2004

核數師報告

致：醫院管理局成員

本核數師已完成審核載於第 196 頁至 247 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之會計政策，並且貫徹應用該等會計政策。

本核數師之責任是根據審核之結果，對該等財務報表出具獨立意見，並按照醫院管理局條例第十條僅向整體之醫院管理局成員報告，除此之外別無其他目的。本核數師不會就本報告的內容向任何其他人士負上或承擔任何責任。

意見的基礎

本核數師已按照香港會計師公會所頒佈的核數準則進行審核工作。審核範圍包括以抽查方式查核與財務報表所載數額及披露事項有關之憑證，亦包括評審醫院管理局在編製財務報表時所作之重大估計和判斷，所採用的會計政策是否適合醫院管理局之具體情況，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，均以取得所有本核數師認為必需之資料及解釋為目標，以便獲得充分憑證，就該等財務報表是否存有重大錯誤陳述，作出合理之確定。在作出意見時，本核數師亦已評估該等財務報表所載之資料在整體上是否足夠。本核數師相信我們之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，上述之財務報表足以真實兼公平地顯示醫院管理局於二零零四年三月三十一日結算時之財務狀況，及截至該日止年度之虧損及現金流量。



羅兵咸永道會計師事務所

香港執業會計師

香港，二零零四年七月二十二日

Hospital Authority Balance Sheet

At 31 March, 2004

	Note	2004 HK\$' 000	2003 HK\$' 000
Non-Current Assets			
Fixed assets	3	2,263,214	2,285,191
Loans receivable	4	60,684	68,451
Fixed income instruments	5	1,341,122	1,331,001
		3,665,020	3,684,643
Current Assets			
Inventories		674,146	560,291
Loans receivable	4	3,827	4,220
Accounts receivable	6	137,505	97,538
Other receivables		55,750	53,941
Deposits and prepayments		267,769	266,317
Fixed income instruments	5	766,080	-
Cash and bank balances	7	4,305,786	4,854,351
		6,210,863	5,836,658
Current Liabilities			
Creditors and accrued charges	8	1,891,322	1,833,512
Deposits received		30,482	14,042
		1,921,804	1,847,554
Net Current Assets			
		4,289,059	3,989,104
Total Assets Less Current Liabilities			
		7,954,079	7,673,747
Non-Current Liabilities			
Death and disability liabilities	9	78,827	75,451
Net Assets			
		7,875,252	7,598,296
Reserves			
Designated funds	10	443,863	471,231
Revenue reserve		1,016,872	1,390,966
		1,460,735	1,862,197
Deferred Income			
	11	6,414,517	5,736,099
Total Reserves and Deferred Income			
		7,875,252	7,598,296



Mr Anthony T.Y. Wu
Chairman
Finance Committee



Dr William Ho, JP
Chief Executive

醫院管理局 資產負債表

於二零零四年三月三十一日

	附註	2004 港幣千元	2003 港幣千元
非流動資產			
固定資產	3	2,263,214	2,285,191
應收債款	4	60,684	68,451
固定入息工具	5	1,341,122	1,331,001
		<u>3,665,020</u>	<u>3,684,643</u>
流動資產			
存貨		674,146	560,291
應收債款	4	3,827	4,220
應收賬款	6	137,505	97,538
其他應收賬款		55,750	53,941
按金及預付款項		267,769	266,317
固定入息工具	5	766,080	-
現金及銀行結餘	7	4,305,786	4,854,351
		<u>6,210,863</u>	<u>5,836,658</u>
流動負債			
債權人及應付費用	8	1,891,322	1,833,512
已收按金		30,482	14,042
		<u>1,921,804</u>	<u>1,847,554</u>
流動資產淨值		<u>4,289,059</u>	<u>3,989,104</u>
總資產減流動負債		7,954,079	7,673,747
非流動負債			
死亡及傷殘福利責任	9	78,827	75,451
資產淨值		<u>7,875,252</u>	<u>7,598,296</u>
儲備			
指定基金	10	443,863	471,231
收入儲備		1,016,872	1,390,966
		1,460,735	1,862,197
遞延收益	11	6,414,517	5,736,099
儲備及遞延收益總額		<u>7,875,252</u>	<u>7,598,296</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, 2004

	Note	2004	2003
		HK\$' 000	HK\$' 000
Income			
Recurrent Government subvention	12	28,768,545	28,656,670
Capital Government subvention		355,288	414,098
Hospital/clinic fees and charges	13	1,243,156	848,652
Donations		327	329
Transfers from:			
Designated donation fund	10	209,297	100,471
Capital subventions	11	599,469	573,438
Capital donations	11	73,455	77,936
Home loan interest subsidy	11	279,311	332,922
Training and Welfare Fund	11	36,490	-
Investment income		41,411	83,124
Other income		251,216	237,571
		<u>31,857,965</u>	<u>31,325,211</u>
Expenditure			
Staff costs	14	(25,170,232)	(24,797,842)
Medical supplies and equipment		(2,797,464)	(2,600,453)
Utilities charges		(733,044)	(721,241)
Repairs and maintenance	15	(1,030,954)	(1,063,600)
Building projects funded by the Government through the Hospital Authority but not owned by Hospital Authority as set out in note 2(d)(ii) and (iii)		(355,288)	(414,098)
Operating lease expenses - office premises and equipment		(12,717)	(9,377)
Depreciation	3	(671,385)	(644,632)
Other operating expenses		(1,460,975)	(1,294,369)
		<u>(32,232,059)</u>	<u>(31,545,612)</u>
Deficit for the year		(374,094)	(220,401)
Revenue reserve at beginning of year		1,390,966	1,611,367
Revenue reserve at end of year		<u>1,016,872</u>	<u>1,390,966</u>

醫院管理局

收支結算表

截至二零零四年三月三十一日止年度

	附註	2004 港幣千元	2003 港幣千元
收入			
經常性政府補助	12	28,768,545	28,656,670
資本性政府補助		355,288	414,098
醫院／診療所收費	13	1,243,156	848,652
捐贈		327	329
轉調自：			
指定捐贈基金	10	209,297	100,471
資本補助	11	599,469	573,438
資本捐贈	11	73,455	77,936
購屋貸款利息津貼	11	279,311	332,922
培訓及福利基金	11	36,490	-
投資收益		41,411	83,124
其他收益		251,216	237,571
		<u>31,857,965</u>	<u>31,325,211</u>
支出			
員工成本	14	(25,170,232)	(24,797,842)
醫療物品及設備		(2,797,464)	(2,600,453)
公用開支		(733,044)	(721,241)
維修及保養	15	(1,030,954)	(1,063,600)
由政府透過醫管局撥款但非由 醫管局擁有的建築工程 [附註2(d)(ii)及(iii)]		(355,288)	(414,098)
營運租賃開支 — 辦公室及設備		(12,717)	(9,377)
折舊	3	(671,385)	(644,632)
其他營運開支		(1,460,975)	(1,294,369)
		<u>(32,232,059)</u>	<u>(31,545,612)</u>
年內虧損		(374,094)	(220,401)
年初之收入儲備		1,390,966	1,611,367
年終之收入儲備		<u>1,016,872</u>	<u>1,390,966</u>

Hospital Authority

Statement of Changes in Net Assets

For the year ended 31 March, 2004

	Designated Funds	Revenue Reserve	Deferred Income	Total
	HK\$'000 <i>[Note 10]</i>	HK\$'000	HK\$'000 <i>[Note 11]</i>	HK\$'000
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
Deficit for the year	-	(220,401)	-	(220,401)
At 31 March, 2003	471,231	1,390,966	5,736,099	7,598,296
Additions during the year	219,518	-	1,667,143	1,886,661
Utilisation during the year	(246,886)	-	-	(246,886)
Transfers to statement of income and expenditure	-	-	(988,725)	(988,725)
Net gains/(losses) not recognised in statement of income and expenditure	(27,368)	-	678,418	651,050
Deficit for the year	-	(374,094)	-	(374,094)
At 31 March, 2004	443,863	1,016,872	6,414,517	7,875,252

醫院管理局
淨資產變動報表

截至二零零四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 [附註 10]	港幣千元	港幣千元 [附註 11]	港幣千元
於二零零二年三月三十一日	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)
未於收支結算表確認之淨盈餘/ (虧損)	(48,319)	-	340,791	292,472
年內虧損	-	(220,401)	-	(220,401)
於二零零三年三月三十一日	471,231	1,390,966	5,736,099	7,598,296
年內增加	219,518	-	1,667,143	1,886,661
年內轉調往收支賬目	(246,886)	-	-	(246,886)
轉調往收支結算表	-	-	(988,725)	(988,725)
未於收支結算表確認之淨盈餘/ (虧損)	(27,368)	-	678,418	651,050
年內虧損	-	(374,094)	-	(374,094)
於二零零四年三月三十一日	443,863	1,016,872	6,414,517	7,875,252

Hospital Authority

Cash Flow Statement

For the year ended 31 March, 2004

	Note	2004	2003
		HK\$' 000	HK\$' 000
Net cash outflow from operating activities	16	(802,603)	(504,232)
Investing activities			
Investment income received		41,411	83,124
Purchases of fixed assets		(650,947)	(478,545)
Net decrease/(increase) in bank deposits with maturity over three months		2,179,959	(2,053,458)
Net increase in fixed income instruments		(776,201)	(1,189,327)
Net cash inflow/(outflow) from investing activities		794,222	(3,638,206)
Net cash outflow before financing		(8,381)	(4,142,438)
Financing activities			
Designated donation fund	10	10,221	7,219
North District Hospital Fund	10	(23,456)	(196,112)
HA Building Fund	10	-	(28,301)
Tseung Kwan O Hospital Fund	10	(14,133)	(392,525)
Capital subventions	11	577,593	435,268
Capital donations	11	73,354	43,277
Home loan interest subsidy	11	815,779	846,542
Training and Welfare Fund	11	200,417	-
Net cash inflow from financing		1,639,775	715,368
Increase/(decrease) in cash and cash equivalents		1,631,394	(3,427,070)
Cash and cash equivalents at beginning of year		719,432	4,146,502
Cash and cash equivalents at end of year		2,350,826	719,432
Represented by			
Cash and bank balances		4,305,786	4,854,351
Less: bank deposits with maturity over three months	7	(1,954,960)	(4,134,919)
		2,350,826	719,432

醫院管理局

現金流動報表

截至二零零四年三月三十一日止年度

	附註	2004 港幣千元	2003 港幣千元
營運活動現金流出淨額	16	(802,603)	(504,232)
投資活動			
已收投資收益		41,411	83,124
購置固定資產		(650,947)	(478,545)
銀行三個月以上之定期存款的 淨額減少／(增加)		2,179,959	(2,053,458)
固定入息工具的淨額增加		(776,201)	(1,189,327)
投資活動之現金流入／(流出)淨額		794,222	(3,638,206)
融資前之現金流出淨額		(8,381)	(4,142,438)
融資活動			
指定捐贈基金	10	10,221	7,219
北區醫院基金	10	(23,456)	(196,112)
醫管局大樓基金	10	-	(28,301)
將軍澳醫院基金	10	(14,133)	(392,525)
資本補助	11	577,593	435,268
資本捐贈	11	73,354	43,277
購屋貸款利息津貼基金	11	815,779	846,542
培訓及福利基金	11	200,417	-
融資活動之現金流入淨額		1,639,775	715,368
現金及現金等值之增加／(減少)		1,631,394	(3,427,070)
年初之現金及現金等值		719,432	4,146,502
年終之現金及現金等值		2,350,826	719,432
來自			
現金及銀行結餘		4,305,786	4,854,351
減：銀行三個月以上之定期存款	7	(1,954,960)	(4,134,919)
		2,350,826	719,432

Hospital Authority

Notes to the Financial Statements

1. The Hospital Authority

(a) Background

The Hospital Authority (“HA”) is a statutory body established on 1 December, 1990 under the Hospital Authority Ordinance. The Hospital Authority Ordinance provides the HA with the powers to manage and control the delivery of public hospital services in Hong Kong. Under the Hospital Authority Ordinance, the HA is responsible for the following:

- advising the Government of 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; and
- promoting, assisting and taking part in education and training of HA staff and research relating to hospital services.

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

The HA has also entered into agreements with the individual governing bodies of the ex-subvented hospitals (the “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.

(b) Developments during the year

As part of the Government’s healthcare reform plan, the HA has taken over the management and operation of all general outpatient clinics (“GOPCs”) from the Department of Health since July 2003. Under the arrangement, the transfer of the title and ownership in respect of the related operating assets of the GOPCs are subject to formal approval from the Government, which is expected to be obtained in 2004/05.

In order to promote the development and research of Chinese medicine in Hong Kong, the HA has entered into agreements in December 2003 with three non-governmental organisations (“NGOs”). Under these agreements, the HA will provide an annual lump sum grant to the NGOs which allows the NGOs to operate Chinese medicine clinics in Hong Kong. These NGO clinics will provide Chinese medicine outpatient services including the prescription of Chinese herbal medicine and related services.

醫院管理局

財務報表附註

1. 醫院管理局

(a) 背景

醫院管理局（「醫管局」）於一九九零年十二月一日根據《醫院管理局條例》成立為法定團體。《醫院管理局條例》賦予醫管局管理及掌管香港公立醫院服務的權力。根據《醫院管理局條例》，醫管局負責：

- 就公眾對醫院服務之需求及所需之資源，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繳付的費用，向衛生福利及食物局局長建議恰當的政策；
- 設立公立醫院；及
- 促進、協助及參與有關醫院服務的教育，員工培訓及科研。

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，其他資產的擁有權則由政府保留。

醫管局亦與個別前補助醫院（「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。

因此，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。

(b) 年內之發展

作為政府的醫療改革計劃的一部分，醫管局由二零零三年七月起接管衛生署所有普通科門診診所。根據安排，這些普通科門診診所相關營運資產之業權及擁有權的轉讓，須經政府正式批准，預料在二零零四至零五年度可獲得批准。

為促進香港中醫藥發展及科研，醫管局於二零零三年十二月與三間志願團體簽訂協議。根據協議，醫管局每年會提供一筆資助予這些志願團體在香港開辦中醫診所。這些診所會提供中醫門診服務，包括處方中藥及相關服務。

Hospital Authority

Notes to the Financial Statements

1. The Hospital Authority (Continued)

(c) *Hospitals and other institutions*

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

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
The 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 utilised by HACare as a long stay care home and will be returned to the Government upon the completion of the decommissioning process by the end of December 2004)
MacLehose Medical Rehabilitation Centre
Nam Long Hospital (ceased operation during December 2003. It is planned that the vacated premises will be returned to the Hong Kong Anti-Cancer Society for developing a nursing home for cancer patients during 2004/05)
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

醫院管理局 財務報表附註

1. 醫院管理局 (續)

(c) 醫院及其他機構

在結算日，由醫管局管理及掌管的醫院及機構如下：

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，待二零零四年十二月底結束運作後交還政府)
麥理浩復康院
南朗醫院 (於二零零三年十二月停止營運，空置院舍計劃交還香港防癌會，以便在二零零四至零五年度發展為一所癌症病人護理院)
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

Hospital Authority

Notes to the Financial Statements

1. The Hospital Authority (Continued)

(c) *Hospitals and other institutions (Continued)*

Schedule 1 Hospitals and Schedule 2 Hospitals: (Continued)

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
Yung Fung Shee Memorial Centre

Other Institutions:

HACare (will become inactive upon the completion of the decommissioning process of the long stay care home by the end of December 2004)
Hong Kong Red Cross Blood Transfusion Service
Rehabaid Centre
General outpatient clinics, other clinics and associated units

醫院管理局 財務報表附註

1. 醫院管理局 (續)

(c) 醫院及其他機構 (續)

附表1 醫院及附表2 醫院：(續)

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
容鳳書紀念中心

其他機構：

荔康居 (此長期護理院在二零零四年十二月底結束運作後將會停止活動)
香港紅十字會輸血服務中心
復康專科及資源中心
普通科門診診所、其他診療所及有關科組

Hospital Authority

Notes to the Financial Statements

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, 2004. Intra-group transactions and balances have been eliminated on combination.

(b) 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(d)(i) are recognised when incurred.

Hospital fees and charges are recognised when services are provided.

Designated donations are recognised as income when the amounts have been received or are receivable from the donors and the related expenditure is charged to the 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(d)(i).

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(d)(i).

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

Transfers from the Training and Welfare Fund are recognised when the related expenditure is charged to the statement of income and expenditure.

Investment income from fixed income instruments is recognised as set out in note 2(f).

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

醫院管理局

財務報表附註

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二零零四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銷。

(b) 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(d)(i)資本化規定的非經常性補助金，則於費用發生時確認。

醫院收費於提供服務時確認。

指定用途捐贈於收款或應收款及有關開支已記入收支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(d)(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。

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

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。

培訓及福利基金之轉調，於有關開支記入收支結算表時確認。

來自固定入息工具的投資收益按附註 2(f)的方式確認。

來自銀行存款之投資收益按照尚未償還之本金及適用之利率按時間比例入賬。

Hospital Authority

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(c) *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. Properties donated to the HA with values of over HK\$250,000 are capitalised as set out in note 2(d)(i). 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.

(d) *Capitalisation of fixed assets*

(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 fixed assets is set out in note 2(e).

(ii) For properties which are funded by the Government through the HA but are owned by an ex-subvented governing body, the associated expenditure is charged to the 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.

醫院管理局

財務報表附註

2. 主要會計政策 (續)

(c) 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。捐贈予醫管局而價值超過港幣25萬元的物業，按附註2(d)(i)所列資本化。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。

(d) 固定資產資本化

(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。

固定資產的會計政策列於附註2(e)。

(ii) 由政府透過醫管局撥款但由前補助機構管治團體擁有的財產，有關開支於支出時即記入收支結算表列作開支入賬。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。

Hospital Authority

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(d) Capitalisation of fixed assets (Continued)

- (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 hardware, software and systems are capitalised (subject to the minimum expenditure limits set out in note 2(d)(i) above) and the corresponding amounts are credited to the deferred income - capital subventions and capital donations accounts for capital expenditure funded by the Government and donations respectively.
- (v) Fixed assets transferred from the hospitals to the HA at 1 December, 1991 was recorded at nil value.

(e) Fixed assets and depreciation

Fixed assets 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
Data processing equipment	3 - 6 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.

(f) 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.

醫院管理局 財務報表附註

2. 主要會計政策 (續)

(d) 固定資產資本化 (續)

- (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，有關開支會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、電腦硬件、軟件及系統的開支已資本化（根據上文附註 2(d)(i)所列的最低限額）。如屬資本開支，會視乎是政府撥款或捐贈撥款而將相應款額分別記入遞延收益－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固定資產以無價值入賬。

(e) 固定資產及折舊

固定資產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
數據處理設備	3-6 年

資產出售或不再使用所產生之盈虧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提折舊。

(f) 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益。

Hospital Authority

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(g) 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.

(h) 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.

(i) 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.

(j) 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.

(k) 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.

(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.

醫院管理局

財務報表附註

2. 主要會計政策 (續)

(g) 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，並對過時及消耗緩慢的存貨作撇賬準備。

可變現淨值參考替換成本釐定。

(h) 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，是已減去呆賬撥備後的款項。

(i) 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。

(j) 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。

(k) 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。

(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，這些離職福利會予以確認。

Hospital Authority

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(k) *Employee benefits (Continued)*

(iii) Death and disability benefits costs

The cost of HA's obligations in respect of death and disability benefits provided to employees is recognised as staff costs in the statement of income and expenditure with reference to regular actuarial valuations performed by an independent qualified actuary. The present value of HA's future obligations is discounted by reference to market yields on Hong Kong Exchange Fund Notes, which have terms to maturity approximating the terms of the related obligations.

The death benefits for eligible employees are accounted for as post employment defined benefits. Actuarial gains and losses to the extent of the amount in excess of 10% of the greater of the present value of the HA's obligations in respect of death liabilities and the fair value of any qualifying insurance policies taken out are recognised in the statement of income expenditure over the expected average remaining service lives of the employees. The disability benefits are accounted for as other long-term employee benefits. Actuarial gains and losses are recognised immediately in the statement of income and expenditure.

Further details of the death and disability liabilities are set out in note 9.

(iv) Other employee benefits costs

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

(l) *Government grants*

Subvention grants approved for the year less amounts spent on fixed assets 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 fixed assets as set out in note 2(d)(iv). This includes capital expenditure on furniture, fixtures, equipment, motor vehicles, computer hardware, 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 11] are credited to deferred income and recognised as income to match against the related employee costs as and when these are incurred.

(m) *Translation of foreign currencies*

Transactions in foreign currencies are translated at exchange rates ruling at the transaction dates. Monetary assets and liabilities denominated in foreign currencies are translated at rates of exchange ruling at the balance sheet date. Exchange gains and losses are dealt with in the statement of income and expenditure.

醫院管理局

財務報表附註

2. 主要會計政策 (續)

(k) 僱員福利 (續)

(iii) 死亡及傷殘福利開支

醫管局用以支付職員死亡及傷殘福利責任的開支，是根據獨立認可精算師定期所作的精算估值，在收支結算表確認為職員開支。醫管局將來用以支付此等責任的現值，是根據與有關責任年期相若的香港外匯基金債券市場回報按貼現率計算。

合資格僱員的死亡福利列為離職後的界定福利。精算盈餘或虧損中超逾醫管局用以支付職員死亡福利責任的現值，及所購買任何有效保險的公允價值中較高者的 10% 之金額，會以僱員的預計尚餘平均服務年期，在收支結算表確認。傷殘福利列為其他長遠職員福利，精算盈餘及虧損即時在收支結算表確認。

有關死亡及傷殘福利責任的詳情見附註 9。

(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。

(l) 政府補助

本年度經核准的政府補助金扣除本年內用於固定資產的開支，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(d)(iv)所述將相同金額資本化，列為固定資產。這個項目已包括家具、固定裝置、設備、汽車、電腦硬件、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 11]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。

(m) 外幣換算

外幣交易是根據交易日的匯率轉換。以外幣為單位的貨幣資產及負債，於資產負債表的日期按匯率轉換，透過轉換所得的盈餘及虧損記入收支結算表。

Hospital Authority

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(n) Related parties

Parties are considered to be related to the HA if the party has the ability, directly or indirectly, to control the HA or exercise significant influence over the HA in making financial and operating decisions, or vice versa.

For the purpose of these financial statements, transactions between the HA and Government departments, agencies or Government controlled entities, other than those transactions such as the payment of rent and rates, fees etc. that arise in the normal dealings between the Government and the HA, are considered to be related party transactions. Significant related party transactions during the year principally included annual recurrent and capital subventions received from the Government, a special grant received from the Government for setting up a Training and Welfare Fund and amounts paid to Electrical and Mechanical Services Department for providing various engineering and building maintenance services to HA. These transactions are disclosed in notes 9, 11, 12 and 15 to these financial statements.

醫院管理局

財務報表附註

2. 主要會計政策 (續)

(n) 關聯人士

與醫管局關聯的人士，是指直接或間接有能力控制醫管局作出財政及運作決策，或對此深具影響的關聯人士，反之亦然。

就本財務報表之編訂，醫管局與政府部門、機構或政府控制實體之間的交易，除政府與醫管局的正常交易如支付租金、差餉及費用等外，均視作關聯人士交易。年內的重大關聯人士交易，主要包括政府撥與的每年經常性及資本性補助、成立「培訓及福利基金」的政府特別資助，以及支付機電工程署為醫管局提供各種工程及屋宇保養服務的款項。這些交易列載於本財務報表附註9，11，12及15。

Hospital Authority

Notes to the Financial Statements

3. Fixed assets

	Buildings & improvements	Furniture, fixtures & equipment	Motor vehicles	Capital expenditure in progress	Computer hardware, software & systems	Total
	HK\$'000	HK\$'000	HK\$'000	HK\$'000	HK\$'000	HK\$'000
Cost:						
At 1 April, 2003	1,052,825	4,336,775	114,665	37,119	2,173,339	7,714,723
Reclassifications	5,500	(373)	-	(30,018)	24,891	-
Cost adjustments	(1,444)	-	-	-	-	(1,444)
Additions	228	374,367	1,564	21,227	255,005	652,391
Disposals	-	(63,937)	(1,243)	-	(1,442)	(66,622)
At 31 March, 2004	1,057,109	4,646,832	114,986	28,328	2,451,793	8,299,048
Accumulated depreciation:						
At 1 April, 2003	131,039	3,464,744	98,486	-	1,735,263	5,429,532
Charge for the year	21,374	370,243	5,917	-	273,851	671,385
Disposals	-	(62,726)	(1,213)	-	(1,144)	(65,083)
At 31 March, 2004	152,413	3,772,261	103,190	-	2,007,970	6,035,834
Net book value:						
At 31 March, 2004	904,696	874,571	11,796	28,328	443,823	2,263,214
At 31 March, 2003	921,786	872,031	16,179	37,119	438,076	2,285,191

醫院管理局
財務報表附註

3. 固定資產

	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 硬件、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 2003 年 4 月 1 日	1,052,825	4,336,775	114,665	37,119	2,173,339	7,714,723
重新分類	5,500	(373)	-	(30,018)	24,891	-
開支調整	(1,444)	-	-	-	-	(1,444)
增加	228	374,367	1,564	21,227	255,005	652,391
出售	-	(63,937)	(1,243)	-	(1,442)	(66,622)
於 2004 年 3 月 31 日	1,057,109	4,646,832	114,986	28,328	2,451,793	8,299,048
累積折舊：						
於 2003 年 4 月 1 日	131,039	3,464,744	98,486	-	1,735,263	5,429,532
本年度之折舊	21,374	370,243	5,917	-	273,851	671,385
出售	-	(62,726)	(1,213)	-	(1,144)	(65,083)
於 2004 年 3 月 31 日	152,413	3,772,261	103,190	-	2,007,970	6,035,834
賬面淨值：						
於 2004 年 3 月 31 日	904,696	874,571	11,796	28,328	443,823	2,263,214
於 2003 年 3 月 31 日	921,786	872,031	16,179	37,119	438,076	2,285,191

Hospital Authority

Notes to the Financial Statements

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. Interest charged on the downpayment loans is determined by the HA from time to time and is currently set at 2.174% below the average of the best lending rates of the note-issuing banks. New applications for the downpayment loans were suspended since April 2002.

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:

	2004	2003
	HK\$' 000	HK\$' 000
Repayable within one year	3,827	4,220
Repayable after one year	60,684	68,451
	64,511	72,671

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, with maturity periods of no more than 5 years. The overall expected yield of instruments held by the HA is between 1.3% and 4.4% (2003: 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:

	2004	2003
	HK\$' 000	HK\$' 000
Mature within one year	766,080	-
Mature in the second to fifth year, inclusive	1,341,122	1,331,001
	2,107,202	1,331,001

醫院管理局

財務報表附註

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。首期貸款的息率由醫管局不時訂定，現時為發鈔銀行最優惠貸款平均利率減2.174%。首期貸款計劃自二零零二年四月起暫停接受新申請。

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：

	2004	2003
	港幣千元	港幣千元
一年內償還	3,827	4,220
一年後償還	60,684	68,451
	64,511	72,671

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。這些債券的年期不超過五年。醫管局所持有的工具整體預期收益在1.3%至4.4%之間(二零零三年：1.9%至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：

	2004	2003
	港幣千元	港幣千元
一年內到期	766,080	-
第二至第五年到期	1,341,122	1,331,001
	2,107,202	1,331,001

Hospital Authority

Notes to the Financial Statements

6. Accounts receivable

	2004	2003
	HK\$' 000	HK\$' 000
Bills receivable [note 6(a)]	179,325	132,154
Accrued income	10,515	4,576
	<hr/>	<hr/>
Less: Provision for doubtful debts	189,840 (52,335)	136,730 (39,192)
	<hr/>	<hr/>
	<u>137,505</u>	<u>97,538</u>

(a) *Aging analysis of bills receivable is set out below:*

	2004	2003
	HK\$' 000	HK\$' 000
0-30 days	57,869	47,083
31-60 days	25,229	20,649
61-90 days	17,192	10,101
Over 90 days	79,035	54,321
	<hr/>	<hr/>
	<u>179,325</u>	<u>132,154</u>

The HA's policy in respect of patient billing is as follows:

- (i) Private patients and non-eligible persons are required to pay a deposit on admission to hospital.
- (ii) Interim bills are sent to all inpatients in the case of long hospitalisation period. Private and non-eligible patients are billed more frequent than public patients.
- (iii) A final bill will be sent if the patient has not settled the outstanding amount on discharge.
- (iv) For long outstanding debts, legal action will be instituted for selected cases. Patients who have financial difficulties may be considered for a waiver of fees charged, with due consideration given to the financial, social and medical conditions of the applicants during the application stage.

醫院管理局
財務報表附註

6. 應收賬款

	2004	2003
	港幣千元	港幣千元
應收賬單 [附註 6(a)]	179,325	132,154
累計收入	10,515	4,576
	189,840	136,730
減：呆賬撥備	(52,335)	(39,192)
	137,505	97,538

(a) 應收賬單的賬齡分析如下：

	2004	2003
	港幣千元	港幣千元
0-30 日	57,869	47,083
31-60 日	25,229	20,649
61-90 日	17,192	10,101
超過 90 日	79,035	54,321
	179,325	132,154

醫管局有關病人賬單的政策如下：

- (i) 私家病人及非符合資格人士入院時須繳付訂金。
- (ii) 醫院會向長期住院的病人發出中期賬單，私家病人及非符合資格人士會比公立病人收到較頻密的賬單通知。
- (iii) 假如病人在出院時未繳付尚欠的費用，醫院會發出最後賬單通知。
- (iv) 醫管局會就長期拖欠的賬款按個別情況採取法律行動。有經濟困難的病人，醫管局會根據申請人在申請時的經濟、社交及健康狀況，適當考慮予以費用減免。

Hospital Authority

Notes to the Financial Statements

7. Cash and bank balances

	2004	2003
	HK\$' 000	HK\$' 000
Deposits with banks		
- Within three months of maturity when placed	2,254,475	637,725
- More than three months of maturity when placed	1,954,960	4,134,919
Cash at bank and in hand	96,351	81,707
	<u>4,305,786</u>	<u>4,854,351</u>

8. Creditors and accrued charges

	2004	2003
	HK\$' 000	HK\$' 000
Accounts payable [note 8(a)]	101,343	81,502
Accrued charges and other payables [note 8(b)]	1,789,979	1,752,010
	<u>1,891,322</u>	<u>1,833,512</u>

(a) *Aging analysis of accounts payable is set out below:*

	2004	2003
	HK\$' 000	HK\$' 000
0-30 days	97,533	76,060
31-60 days	2,496	3,235
61-90 days	955	803
Over 90 days	359	1,404
	<u>101,343</u>	<u>81,502</u>

All accounts payable as at 31 March, 2004 are expected to be settled within one year.

(b) Accrued charges and other payables include provision for unutilised annual leave of HK\$836,793,000 (2003: HK\$845,796,000) and contract gratuity accrual of HK\$251,848,000 (2003: HK\$230,440,000).

醫院管理局
財務報表附註

7. 現金及銀行結餘

	2004	2003
	港幣千元	港幣千元
銀行存款		
- 存入時到期日不超過三個月	2,254,475	637,725
- 存入時到期日超過三個月	1,954,960	4,134,919
銀行及手持現金	96,351	81,707
	<u>4,305,786</u>	<u>4,854,351</u>

8. 債權人及應付費用

	2004	2003
	港幣千元	港幣千元
應付賬款[附註 8(a)]	101,343	81,502
應付費用及其他賬款[附註 8(b)]	1,789,979	1,752,010
	<u>1,891,322</u>	<u>1,833,512</u>

(a) 應收賬款的賬齡分析如下：

	2004	2003
	港幣千元	港幣千元
0-30 日	97,533	76,060
31-60 日	2,496	3,235
61-90 日	955	803
超過 90 日	359	1,404
	<u>101,343</u>	<u>81,502</u>

所有截至二零零四年三月三十一日的應付賬款應於一年內繳付。

(b) 應付費用及其他賬款包括未放年假撥備港幣 836,793,000 元（二零零三年：港幣 845,796,000 元），以及應計合約酬金港幣 251,848,000 元（二零零三年：港幣 230,440,000 元）。

Hospital Authority

Notes to the Financial Statements

9. 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:

	2004	2003
	HK\$' 000	HK\$' 000
Current service cost	7,062	6,745
Interest cost	3,907	3,935
Actuarial (gains)/losses recognised	(4,422)	5,372
Total, included in staff costs	6,547	16,052

The amounts recognised in the balance sheet are as follows:

	2004	2003
	HK\$' 000	HK\$' 000
Present value of funded obligations	75,544	75,677
Fair value of plan assets	(827)	(1,154)
	74,717	74,523
Unrecognised actuarial gains	4,110	928
Death and disability liabilities in the balance sheet	78,827	75,451

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

	2004	2003
	HK\$' 000	HK\$' 000
At 1st April	75,451	61,077
Total expense - as shown above	6,547	16,052
Premium/benefit paid	(3,171)	(1,678)
At 31st March	78,827	75,451

Principal actuarial assumptions are as follows:

	2004	2003
	%	%
Discount rate	5.00	5.50
Assumed rate of future salary increases	3.89	3.56

醫院管理局

財務報表附註

9. 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：

	2004	2003
	港幣千元	港幣千元
現行服務開支	7,062	6,745
利息開支	3,907	3,935
確認的(盈餘)/虧損精算估值	(4,422)	5,372
總計(包括在員工成本內)	6,547	16,052

資產負債表予以確認的款額如下：

	2004	2003
	港幣千元	港幣千元
資助責任的現值	75,544	75,677
計劃資產的公允價值	(827)	(1,154)
未予確認的盈餘精算估值	74,717	74,523
	4,110	928
資產負債表中的死亡及傷殘福利責任	78,827	75,451

在資產負債表日期予以確認的責任變動如下：

	2004	2003
	港幣千元	港幣千元
4月1日	75,451	61,077
總開支 - 列於上	6,547	16,052
支付保費/福利	(3,171)	(1,678)
3月31日	78,827	75,451

主要的精算估值假設如下：

	2004	2003
	%	%
貼現率	5.00	5.50
假設未來薪金增幅	3.89	3.56

Hospital Authority

Notes to the Financial Statements

10. Designated funds

	Designated donation fund	North District Hospital Fund	HA Building Fund	Tseung Kwan O Hospital Fund	Total
	<i>[Note 2(c)]</i> HK\$'000	<i>[Note 10(a)]</i> HK\$'000	<i>[Note 10(b)]</i> HK\$'000	<i>[Note 10(c)]</i> HK\$'000	HK\$'000
At 1 April, 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
Additions during the year	219,518	-	-	-	219,518
Utilisation during the year	(209,297)	(23,456)	-	(14,133)	(246,886)
At 31 March, 2004	243,693	61,157	-	139,013	443,863

All these funds are maintained in designated bank and investment accounts which are included under cash and bank and fixed income instruments balances respectively.

(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 North District Hospital which is managed by the HA as agent for the Government. All interest earned from this grant is repaid annually to the Government. The hospital was commissioned in the financial year 1997/98. An amount 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.

(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. The HA Building was commissioned in the financial year 1997/98. The remaining fund balance of the HA Building Fund, of HK\$32,080,000, was returned to the Government during the financial year 2002/03.

醫院管理局 財務報表附註

10. 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(c)] 港幣千元	[附註10(a)] 港幣千元	[附註10(b)] 港幣千元	[附註10(c)] 港幣千元	港幣千元
於2002年4月1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
年內增加	219,518	-	-	-	219,518
轉調往收支賬目	(209,297)	(23,456)	-	(14,133)	(246,886)
於2004年3月31日結餘	243,693	61,157	-	139,013	443,863

所有這些基金存於指定銀行及投資戶口，並列入現金、銀行及固定入息工具結餘內。

(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。北區醫院已於一九九七至九八的財政年度內啟用。截至二零零二年三月三十一日應付政府的港幣 188,400,000 元，已於二零零二至零三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，未經使用的餘額將會退還給政府。

(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。醫管局大樓已於一九九七至九八的財政年度內啟用，基金尚餘的港幣 32,080,000 元款額，於二零零二至零三的財政年度已退還給政府。

Hospital Authority

Notes to the Financial Statements

10. Designated funds (Continued)

(c) Tseung Kwan O Hospital Fund

During the financial year 1995/96, the Government advanced HK\$2,047,290,000 to the HA for the construction of Tseung Kwan O Hospital. All interest earned from this grant is repaid annually to the Government. The hospital was commissioned in the financial year 1999/2000. An amount 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.

11. Deferred income

	Capital subventions	Capital donation	Home loan interest subsidy	Training and Welfare Fund	Total
	[Note 2(l)] HK\$'000	[Note 2(c)] HK\$'000	[Note 11(a)] HK\$'000	[Note 11(b)] HK\$'000	HK\$'000
At 1 April, 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
Additions during the year	577,593	73,354	815,779	200,417	1,667,143
Transfers to statement of income and expenditure	(599,469)	(73,455)	(279,311)	(36,490)	(988,725)
At 31 March, 2004	1,230,158	1,033,056	3,987,376	163,927	6,414,517

(a) Home Loan Interest Subsidy Scheme ("HLISS")

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 subsidies granted are subject to a number of restrictions as further 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.

醫院管理局

財務報表附註

10. 指定基金 (續)

(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，以興建將軍澳醫院。所有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二零零零的財政年度內啟用。截至二零零二年三月三十一日應付政府的港幣 373,000,000 元款額，已於二零零二至零三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。

11. 遞延收益

	資本補助	資本捐贈	購屋貸款 利息津貼	培訓及 福利基金	總計
	[附註2(d)] 港幣千元	[附註2(c)] 港幣千元	[附註11(a)] 港幣千元	[附註11(b)] 港幣千元	港幣千元
於 2002 年 4 月 1 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
年內增加	577,593	73,354	815,779	200,417	1,667,143
轉調往收支結算表	(599,469)	(73,455)	(279,311)	(36,490)	(988,725)
於 2004 年 3 月 31 日結餘	1,230,158	1,033,056	3,987,376	163,927	6,414,517

(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內。

Hospital Authority

Notes to the Financial Statements

11. Deferred income (Continued)

(b) Training and Welfare Fund

During the financial year 2003/04, the Government made a special grant of HK\$200,000,000 to the HA for setting up a Training and Welfare Fund to provide (i) its health care staff with additional training to maintain and enhance their expertise in infectious disease control in the hospital setting, (ii) special recuperation grant and additional compensation for those health care staff who contracted Severe Acute Respiratory Syndrome while on duty, and (iii) for the implementation of other staff welfare initiatives.

The Training and Welfare Fund is maintained in designated bank accounts which are included under cash and bank balances.

12. Recurrent Government subvention

The HA receives annual operating grants from the Government to provide hospital services in Hong Kong. Recurrent Government subvention for the year includes reimbursement received from the Government of HK\$610,405,000 (2003: Nil) for additional expenditure incurred by HA to fight against Severe Acute Respiratory Syndrome.

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, 2004 and 2003, no provision for clawback was required under the terms of the draft MAA.

13. 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 net of such waivers. The amount of hospital/clinics fees and charges waived for the financial year ended 31 March, 2004 amounted to HK\$513,974,000 (2003: HK\$364,292,000).

14. Staff costs

(a) Remuneration of Five Highest Paid Executives

The remuneration of the five highest paid executives, which is included in the staff costs for the year, are in the following remuneration bands:

	2004	2003
	Number of employees	Number of employees
\$3,500,001 - \$4,000,000	4	4
\$4,000,001 - \$4,500,000	1	-
\$4,500,001 - \$5,000,000	-	1
	5	5

醫院管理局

財務報表附註

11. 遞延收益 (續)

(b) 培訓及福利基金

在二零零三至零四的財政年度內，政府給予醫管局港幣 200,000,000 元的特別撥款作為培訓及福利基金，以便醫管局 (i) 向醫護人員提供額外培訓，保持及加強他們對醫院內傳染病的管控能力；(ii) 向因工感染嚴重急性呼吸系統綜合症的醫護人員發放特別康復金及額外賠償；及 (iii) 推行其他員工福利活動。

培訓及福利基金存於指定銀行戶口內，並列入現金及銀行結餘內。

12. 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。年內的經常性政府補助包括政府發還醫管局用以對抗嚴重急性呼吸系統綜合症的額外開支，即港幣 610,405,000 元（二零零三年：無）。

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。截至二零零三年及二零零四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撥備。

13. 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。在截至二零零四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 513,974,000 元（二零零三年：港幣 364,292,000 元）。

14. 員工成本

(a) 五名薪金最高的受薪行政人員

五名薪金最高的受薪行政人員，其薪金包括在本年度的員工成本內，所屬薪金組別如下：

	2004	2003
	職員數目	職員數目
3,500,001 元 - 4,000,000 元	4	4
4,000,001 元 - 4,500,000 元	1	-
4,500,001 元 - 5,000,000 元	-	1
	5	5

Hospital Authority

Notes to the Financial Statements

14. Staff costs (Continued)

(a) Remuneration of Five Highest Paid Executives (Continued)

Details of the total amount of remuneration of the five highest paid executives, excluding ex-gratia compensation under the one-off exercise of the Voluntary Early Retirement Programme, are as follows:

	2004	2003
	HK\$' 000	HK\$' 000
Basic salaries and allowances	15,438	15,262
Performance-related compensation	1,466	3,044
Provident fund contributions / accrued gratuities	1,603	1,615
	18,507	19,921

(b) Retirement schemes

The HA operates an occupational retirement scheme, the Hospital Authority Provident Fund Scheme (the "HAPFS"). In accordance with the Mandatory Provident Fund ("MPF") Schemes Ordinance, the HA set up an MPF Scheme on 1 December, 2000 by participating in a master trust scheme provided by INVESCO Strategic MPF Scheme (the "MPFS"). Permanent employees can choose between the HAPFS and the MPFS while contract and temporary employees are required to join the MPFS.

(i) The HAPFS

The HAPFS is a defined contribution scheme. It is established and governed by its Trust Deed and Rules dated 22 October, 1991, and registered under section 18 of the Hong Kong Occupational Retirement Schemes Ordinance ("ORSO"). The Scheme was terminated on 1 April, 2003 for the purpose of establishing a new provident fund scheme ("the New HAPFS"), with effect from that date. All the funds, assets and monies of the HAPFS as at 1 April, 2003 were transferred to the New HAPFS. The New HAPFS is established under a Trust Deed and Rules dated 29 January, 2003 and registered under section 18 of the ORSO.

Most employees who have opted for the HA terms of employment are eligible to join the HAPFS on a non-contributory basis. The HAPFS 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.

The monthly normal contribution by the HA is currently set at 15% of each member's monthly basic salary. The percentage of benefit entitlement, receivable by the employee on resignation or retirement, increases with the length of service.

醫院管理局

財務報表附註

14. 員工成本 (續)

(a) 五名酬金最高的受薪行政人員 (續)

五名酬金最高的受薪行政人員的酬金總額，不包括一次性自願離職計劃的特惠金賠償，詳情如下：

	2004	2003
	港幣千元	港幣千元
基本月薪及津貼	15,438	15,262
與表現掛鈎的補償	1,466	3,044
公積金供款/ 應付合約酬金	1,603	1,615
	18,507	19,921

(b) 退休金計劃

醫管局實施「醫管局公積金計劃」的職業退休計劃。此外，根據強制性公積金計劃條例的規定，醫管局於二零零零年十二月一日透過加入景順強積金策略計劃的一項集成信託計劃成立「強制性公積金計劃」。常額僱員可選擇加入「醫管局公積金計劃」或「強制性公積金計劃」，合約及臨時僱員則須加入強積金計劃。

(i) 醫管局公積金計劃

「醫管局公積金計劃」是一項界定供款計劃。根據一九九一年十月二十二日的信託契約與規則成立及受其監管，並根據香港職業退休計劃條例第十八條註冊。計劃於二零零三年四月一日終止，新的公積金計劃（「醫院管理局新公積金計劃」）於同日成立。「醫管局公積金計劃」截至二零零三年四月一日的所有資金、資產及款額，轉調至「醫院管理局新公積金計劃」。「醫院管理局新公積金計劃」是根據二零零三年一月二十九日的信託契約與規則成立，並根據香港職業退休計劃條例第十八條註冊。

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。

醫管局的每月正常供款現為僱員底薪的 15%。僱員在辭職或退休時可獲的利益比率隨服務年資增加。

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Notes to the Financial Statements

14. Staff costs (Continued)

(b) Retirement schemes (Continued)

(i) The HAPFS (Continued)

At 31 March, 2004, the total membership was 38,881 (2003: 41,467). During the year ended 31 March, 2004, the HA contributed to the scheme HK\$2,028,414,000 (2003: HK\$2,141,141,000), which is included in the staff costs for the year. The scheme's net asset value as at 31 March, 2004 was HK\$22,238,084,000 (2003: HK\$17,038,476,000).

(ii) MPFS

Effective from the MPF commencement date of 1 December, 2000, the HA joined the INVESCO Strategic MPF Scheme which has been registered with the Mandatory Provident Fund Schemes Authority and authorised by the Securities and Futures Commission.

The HA's contributions to MPFS are determined according to each member's terms of employment. Members' mandatory contributions are fixed at 5% of monthly salary up to a maximum of HK\$1,000 per month.

At 31 March, 2004, the total membership was 9,308 (2003: 7,100). During the year ended 31 March, 2004, total members' contributions were HK\$68,943,000 (2003: HK\$51,859,000). The HA contributed to the scheme HK\$99,531,000 (2003: HK\$54,991,000), which is included in the staff costs for the year. The net asset value as at 31 March, 2004 was HK\$706,069,000 (2003: HK\$168,038,000).

(c) Voluntary Early Retirement Programme

During the financial year 2003/04, approximately 1,940 applications for early retirement under the Voluntary Early Retirement Programme ("VERP") were approved by the Board. Under the VERP, the total amount of ex-gratia payment was approximately HK\$680,088,000 and is included under staff costs for the year. Of this, an unpaid amount of HK\$54,537,000 is included under creditors and accrued charges at 31 March, 2004.

15. Repairs and maintenance

The HA has entered into agreements with the Government for providing biomedical and general electronics engineering services, hospital engineering services and health building maintenance services to the HA. According to the terms of agreements, the amounts incurred for these services for the year amounted to HK\$595,788,000 (2003: HK\$623,395,000).

醫院管理局

財務報表附註

14. 員工成本 (續)

(b) 退休金計劃 (續)

(i) 醫管局公積金計劃 (續)

於二零零四年三月三十一日，計劃共有 38,881 名成員（二零零三年：41,467 名）。在截至二零零四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 2,028,414,000 元（二零零三年：港幣 2,141,141,000 元），這筆款項已包括在本年度的員工成本內。於二零零四年三月三十一日，計劃的資產淨值為港幣 22,238,084,000 元（二零零三年：港幣 17,038,476,000 元）。

(ii) 強積金計劃

由二零零零年十二月一日強積金的生效日期起，醫管局加入景順強積金策略計劃，此計劃已向強制性公積金管理局註冊，並經證券及期貨監察事務委員會認可。

醫管局對強積金計劃的供款，根據每名成員的僱用條件而定。成員的強制性供款固定為月薪 5%，以每月港幣 1,000 元為上限。

於二零零四年三月三十一日，計劃共有 9,308 名成員（二零零三年：7,100 名）。在截至二零零四年三月三十一日止之年度內，成員的供款總額為港幣 68,943,000 元（二零零三年：港幣 51,859,000 元）。醫管局對計劃的供款為港幣 99,531,000 元（二零零三年：港幣 54,991,000 元），已包括在本年的員工成本內。於二零零四年三月三十一日，計劃的資產淨值為港幣 706,069,000 元（二零零三年：港幣 168,038,000 元）。

(c) 自願離職計劃

在二零零三年至零四年的財政年度內，醫管局大約共批核 1,940 宗自願離職計劃申請。根據計劃，醫管局需支付的特惠金總額約為港幣 680,088,000 元，並已包括在本年度的員工成本內，其中尚未支付的港幣 54,537,000 元，亦已包括在截至二零零四年三月三十一日止的債權人及應付費用內。

15. 維修及保養

醫管局與政府達成協議，由政府向醫管局提供生物醫學及一般電子工程服務、醫院工程服務及醫療建築物之保養服務。根據協議條款，年內這些服務涉及的款項為港幣 595,788,000 元（二零零三年：港幣 623,395,000 元）。

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Notes to the Financial Statements

16. Reconciliation of the deficit for the year to net cash outflow from operating activities

	2004	2003
	HK\$' 000	HK\$' 000
Deficit for the year	(374,094)	(220,401)
Investment income	(41,411)	(83,124)
Loss on disposal of fixed assets	1,539	6,742
Income transferred from deferred income	(988,725)	(984,296)
Depreciation	671,385	644,632
Increase in death and disability liabilities	3,376	14,374
Increase in inventories	(113,855)	(90,617)
Decrease/(increase) in loans receivable	8,160	(3,281)
Increase in accounts receivable	(39,967)	(51)
(Increase)/decrease in other receivables	(1,809)	145,684
Increase in deposits and prepayments	(1,452)	(116,591)
Increase in creditors and accrued charges	57,810	210,190
Increase/(decrease) in deposits received	16,440	(27,493)
Net cash outflow from operating activities	<u>(802,603)</u>	<u>(504,232)</u>

17. Funds in trust

At 31 March, 2004, funds held in trust (including accrued interest income) for the Government are set out below:

	2004	2003
	HK\$' 000	HK\$' 000
Health Care and Promotion Fund	67,862	75,270
Health Services Research Fund	6,363	8,702
	<u>74,225</u>	<u>83,972</u>

醫院管理局
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16. 年內虧損與營運活動現金流出之淨額對賬表

	2004	2003
	港幣千元	港幣千元
年內虧損	(374,094)	(220,401)
投資收益	(41,411)	(83,124)
出售固定資產虧損	1,539	6,742
轉調自遞延收益之收入	(988,725)	(984,296)
折舊	671,385	644,632
死亡及傷殘福利責任增加	3,376	14,374
存貨增加	(113,855)	(90,617)
應收債款減少／(增加)	8,160	(3,281)
應收賬款增加	(39,967)	(51)
其他應收款項(增加)／減少	(1,809)	145,684
按金及預付款項增加	(1,452)	(116,591)
債權人及應付費用增加	57,810	210,190
已收按金增加／(減少)	16,440	(27,493)
營運活動現金流出淨額	<u>(802,603)</u>	<u>(504,232)</u>

17. 信託基金

於二零零四年三月三十一日，醫管局為政府管理的信託基金數額（包括應收利息收入）如下：

	2004	2003
	港幣千元	港幣千元
健康護理及促進基金	67,862	75,270
醫療服務研究基金	6,363	8,702
	<u>74,225</u>	<u>83,972</u>

Hospital Authority

Notes to the Financial Statements

18. Donations from the Hong Kong Jockey Club Charities Trust

During the year ended 31 March, 2004, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$37,307,000 (2003: HK\$50,154,000) to the following hospitals and programmes of the HA.

	HK\$'000
Jockey Club Cares Programme	25,000
Hong Kong Red Cross Blood Transfusion Service	1,243
Caritas Medical Centre	2,206
Castle Peak Hospital	6,645
Prince of Wales Hospital	1,528
Princess Margaret Hospital	283
Queen Elizabeth Hospital	356
Ruttonjee & Tang Shiu Kin Hospitals	46
	37,307

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

19. Commitments

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

	2004	2003
	HK\$'000	HK\$'000
<i>(a) Capital commitments</i>		
Authorised but not contracted for	2,020,309	1,000,342
Contracted for but not provided	1,287,101	399,799
	3,307,410	1,400,141

The capital commitments disclosed above include both costs to be capitalised under fixed assets 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(d).

醫院管理局 財務報表附註

18. 來自香港賽馬會慈善信託基金的捐贈

在截至二零零四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 37,307,000 元（二零零三年：港幣 50,154,000 元）：

	港幣千元
賽馬會愛心醫療計劃	25,000
香港紅十字會輸血服務中心	1,243
明愛醫院	2,206
青山醫院	6,645
威爾斯親王醫院	1,528
瑪嘉烈醫院	283
伊利沙伯醫院	356
律敦治及鄧肇堅醫院	46
	<u>37,307</u>

根據附註 2(c)(ii)所載的會計政策，捐贈列入指定捐贈基金內。

19. 承擔

於結算日，醫管局有以下之承擔：

	2004	2003
	港幣千元	港幣千元
(a) 資本承擔		
已獲授權但未訂契約	2,020,309	1,000,342
已訂契約但未撥備	1,287,101	399,799
	<u>3,307,410</u>	<u>1,400,141</u>

根據附註 2(d)所述的會計政策，上述所列的資本承擔包括將會資本化的固定資產開支，以及行將記入收支結算表的開支。

Hospital Authority

Notes to the Financial Statements

19. Commitments (Continued)

(b) Operating lease commitments

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

	2004	2003
	HK\$'000	HK\$'000
Land and buildings		
Within one year	3,795	4,760
In the second to fifth year, inclusive	2,316	2,400
	6,111	7,160
Equipment		
Within one year	5,427	5,427
In the second to fifth year, inclusive	1,661	7,088
	7,088	12,515

20. Taxation

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

21. 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. At 31 March, 2004, the net assets of HACare were HK\$3,221,000 (2003: HK\$1,643,000). No consolidated financial statements are prepared as the amounts involved are immaterial.

22. Contingent liabilities

During the financial year 2001/02, a number of doctors filed claims against the HA for alleged failure to grant rest days and statutory holidays in the past six years. The estimated claims amounted 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.

23. Comparative figures

Certain comparative figures in the statement of income and expenditure have been expanded or reclassified to conform with the current year's presentation.

24. Approval of financial statements

The financial statements were approved by members of the HA on 22 July, 2004.

醫院管理局

財務報表附註

19. 承擔 (續)

(b) 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：

	2004	2003
	港幣千元	港幣千元
房地產		
一年內期滿	3,795	4,760
二至五年內期滿	2,316	2,400
	6,111	7,160
設備		
一年內期滿	5,427	5,427
二至五年內期滿	1,661	7,088
	7,088	12,515

20. 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。

21. 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。於二零零四年三月三十一日，荔康居的資產淨值為港幣 3,221,000 元（二零零三年：港幣 1,643,000 元）。由於涉及的實質金額無關重要，故並沒有制備綜合財務報表。

22. 或然負債

在二零零一至零二年的財政年度，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，因此在財務報表內並未作出撥備。

23. 比較數字

收支結算表中若干比較數字已重新呈列或分類，以便與今年的呈報方式一致。

24. 財務報表的通過

本財務報表已於二零零四年七月二十二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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