

Hospital Authority Annual Report
醫院管理局年報 2001 – 2002



Changing for

Sustainability



醫院管理局
HOSPITAL
AUTHORITY

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Membership of the Hospital Authority

醫院管理局成員

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

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

羅醫生於二〇〇〇年十月一日接替吳光正先生出任醫管局主席。

Prof Sydney CHUNG **鍾尚志教授**

Appointed on 1 July 1999, Prof Chung is the Dean of the Faculty of Medicine of the Chinese University of Hong Kong.

於一九九九年七月一日獲委任，鍾教授是香港中文大學醫學院院長。

Mr LO Chung-hing, SBS **盧重興先生**

Appointed on 1 December 1997, Mr Lo is an experienced banker and a non-executive Director of MTR Corporation Ltd. 於一九九七年十二月一日獲委任為醫管局成員，盧先生是資深銀行家，亦是地鐵有限公司非執行董事。

Mr Anthony WU Ting-yuk **胡定旭先生**

Appointed on 1 December 1999, Mr Wu is an experienced accountant and has been active in public service. 於一九九九年十二月一日獲委任為醫管局成員，胡先生是一名資深會計師，多年一直積極參與公共服務。



Mr Paul YU Shiu-tin, JP **余嘯天先生**

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

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

Ms Nancy CHOW Yee-wah **周綺華女士**

Ms Chow is the General Manager of Administrative Services at Princess Margaret Hospital. Her appointment is until 30 September 2001.

周女士是瑪嘉烈醫院行政事務經理。她是醫管局成員截至二〇〇一年九月三十日。

Dr Margaret CHAN, JP **陳馮富珍醫生**

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

陳醫生以衛生署署長身份出任醫管局成員。

Mr LEE Jark-pui, JP
李澤培先生

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

於一九九七年十二月一日獲委任為醫管局成員，李先生積極參與公共服務多年。

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

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

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

Ms Scarlett PONG Oi-lan
龐愛蘭女士

Appointed on 1 December 2001, Ms Pong is a pharmacist who has been a hospital governing committee member since 1998.

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

Dr Lily CHIANG
蔣麗莉博士

Appointed on 1 December 2001, Dr Chiang is a businesswoman who has extensive community services experience.

於二〇〇一年十二月一日獲委任，蔣博士是商界人士，並有廣泛公共服務經驗。



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，現為怡和太平洋集團顧問。

Mr Vincent FANG Kang
方剛先生

Appointed on 1 April 2000, Mr Fang is a businessman. He has been involved in the hospital governance work of the Hospital Authority 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。

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 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。

Miss Eliza CHAN, JP

陳清霞小姐

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

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

Dr James HWANG Shu-tak

黃樹德醫生

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

於二〇〇一年十二月一日獲委任，黃醫生是伊利沙伯醫院外科部部門主管。

Dr Patrick LI, BBS

李頌基醫生

Dr Li is the Chief of Service of the Department of Medicine at Queen Elizabeth Hospital. His appointment is until 30 September 2001.

李醫生是伊利沙伯醫院內科部部門主管。他是醫管局成員截至二〇〇一年九月三十日。

Dr Conrad LAM Kui-shing

林鉅成醫生

Dr Lam has been a private practitioner for many years. His appointment is until 30 November 2001.

林醫生為一名資深的私人執業醫生。他是醫管局成員截至二〇〇一年十一月三十日。



Prof Thomas WONG Kwok-shing

汪國成教授

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

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

Mr Thomas YIU Kei-chung, JP

姚紀中先生

Mr Yiu is a member of the Authority in his capacity as Deputy Secretary for Health and Welfare. 姚先生以衛生福利局副局長身份出任醫管局成員。

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。

Mr Stanley YING, JP

應耀康先生

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

應先生於二〇〇〇年九月二十九日開始以庫務局局長代表身份出任為醫管局成員。

Prof Richard WONG Yue-chim, SBS, JP
王于漸教授

Appointed on 1 April 2001, Prof Wong is the Head of the Hong Kong Centre for Economic Research of the University of Hong Kong.

於二〇〇一年四月一日獲委任，王教授是香港大學經濟研究中心主任。

Mr Stephen LAU Ka-men, JP
劉嘉敏先生

Mr Lau was the former Privacy Commissioner for Personal Data. His appointment is until 30 November 2001.

劉先生曾任個人資料私隱專員。他是醫管局成員截至二〇〇一年十一月三十日。

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。

Mr Michael HO Mun-ka
何敏嘉先生

Mr Ho represented the health services constituency in the Legislative Council for many years. His appointment is until 30 November 2001.

何先生曾出任立法會及前立法局衛生服務界代表多年。他是醫管局成員截至二〇〇一年十一月三十日。



Mr CHENG Yiu-tong, SBS, JP
鄭耀棠先生

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

於二〇〇〇年四月一日獲委任為醫管局成員，鄭先生是香港工會聯合會會長，並有多年參與公共服務的經驗。

Dr Raymond WU Wai-yung, GBS, JP
鄺維庸醫生

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，鄺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。

Dr C H LEONG, GBS, JP
梁智鴻醫生

Dr Leong has been appointed as a member of the Authority since its inception. He is President of the Hong Kong Academy of Medicine.

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

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院院長。

Chairman's Foreword

主席序言



This is the second year of my term as Chairman and is the Authority's eleventh year of operation. Under the leadership of my predecessors, Sir S Y CHUNG and Mr Peter WOO, and with the hard work of all Hospital Authority staff, we have successfully transformed the quality of public hospital services in Hong Kong over the past decade. However, this remarkable achievement has also brought us some great challenges in the years ahead.

In the 90's, heavy investments into the Hospital Authority, together with management reengineering, have markedly improved the quality of our subsidised healthcare services. However, such improvements have boosted demand enormously. Public hospital services in Hong Kong has grown significantly in recent years at a compound annual growth rate of 6.5% for inpatient admissions, 7.4% for specialist outpatient attendances and 7.2% for accident and emergency attendances. As we are now suffering from severe budgetary constraints while being given the task of making continuous improvements in the level and quality of service, our healthcare professionals are constantly working under great pressure.

In 2001/02, our staff had worked with dedication and commitment towards meeting these challenges. Many initiatives to enhance the productivity and operational efficiency of our work were implemented. For instance, a new cluster management structure was introduced with the appointment of Cluster Chief Executives to facilitate cluster-based rationalisation and integration of clinical and supporting services. Programmes to develop more clinical specialty centres were initiated with a view to avoiding duplication of services. Development of a central purchasing system had started to improve cost-effectiveness. In addition, operational efficiency was achieved through the redeployment of existing staff to commission new services, continued administrative downsizing of the Head Office and hospital management, outsourcing of business support services, and introduction of more automated systems. Initiatives had also been implemented to prioritise our services to care for the more urgent cases over the non-urgent ones.

這是醫院管理局成立的第十一年，也是我出任醫院管理局主席的第二年。在兩位前主席鍾士元爵士和吳光正先生的領導和全體員工辛勤努力下，我們成功提升了香港公立醫院的服務質素。不過，這也為我們帶來種種挑戰。

在九十年代，隨著政府大量投放資源，加上推行管理改革，醫管局的醫療服務質素顯著改善。不過，這亦導致服務需求大幅攀升。近年來，香港公立醫院服務每年以複合比率上升，入院人數、專科門診求診人數及急症室求診人數每年分別增加 6.5%、7.4% 及 7.2%。目前，我們正面對重大的財政限制，但我們仍需不斷改善服務水平及質素，醫護人員工作之艱巨，可想而知。

2001/02 年度內，本局全體員工一直竭盡心力應付這些挑戰。我們推行了多項措施，以提升生產力和運作效率。舉例來說，我們引進了新的聯網管理架構，委任聯網總監理順和整合聯網的臨床和支援服務。我們並建立更多臨床專科中心，避免服務重複。設立中央採購系統以改善成本效益方面，亦漸見成效。此外，我們重新調配現有人手負責新服務、繼續精簡總辦事處及醫院的行政管理架構、將業務支援服務外判，及引進更多自動化系統，藉以提升營運效率。同時，我們為服務釐訂優次，以便首先處理較緊急的個案。

While implementing various strategies for generating productivity savings and service prioritisation under stringent budgetary conditions, we had taken extra care to ensure that the overall quality of healthcare was not compromised. In 2001/02, we continued to develop evidence-based medical practice, implement the mechanism for safe introduction of new procedures, perform regular clinical audits, and improve the two-tier complaint management system to help assure the quality of patient care. The quality of our mental health and pharmacy services was also improved by extending service coverage of the Community Psychiatric Teams, introduction of new psychiatric drugs, development of new models for early detection of mental problems among young people, setting up of satellite pharmacies, round-the-clock pharmacies and medication compliance clinics, and enhancement of the pharmacy information systems.

To ensure the long-term financial sustainability of our current public hospital system, we worked closely with Government during the year to follow up on the recommendations proposed in the Consultation Document on Healthcare Reform, "Lifelong Investment in Health". We completed a consultancy review on the fees structure of public hospital services and its impact on utilisation and affordability to help Government develop proposals for revamping the fees structure. If implemented by Government, these proposals should help us prioritise public subsidies to areas of greatest needs. Support was also provided to Government to formulate study plans for the proposed Health Protection Account. To alleviate the public-private imbalance in utilisation of healthcare services, programmes were implemented to mobilise the private healthcare sector and give patients more choices through the introduction of common referral guidelines, promotion of legal sharing of patient information, and development of collaborative models of service provision in individual specialties. We also initiated a review of the medical insurance industry and started working with private doctors and hospitals to develop effective medical insurance schemes.

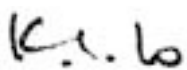
在財政緊絀下推行各項資源增值和服務策略時，我們加倍謹慎，確保不會對整體醫護質素構成影響。2001/02 年度內，我們繼續發展實證醫療、推行安全引進新醫療程序的機制、定期進行臨床審核，以及改善兩層投訴處理制度，確保醫療質素優良。至於精神科及藥劑服務方面，亦見改善，如增加社康精神科小組服務的覆蓋範圍、引進新精神科藥物、發展青少年精神健康早期監測模式、設立衛星藥房、24 小時藥房及服藥療效跟進服務，以及改善藥物資訊系統等。

為確保現時的公立醫院體系在財政上得以長遠維持，年內我們與政府緊密合作，跟進醫療改革諮詢文件《你我齊參與·健康伴我行》的建議。我們剛完成一項顧問研究，探討現時公立醫院服務的收費結構，以及對使用情況和市民負擔能力的影響。這項研究有助政府制定未來的收費結構建議。若政府採納有關建議，我們便可將公帑集中資助最有需要的服務。我們亦協助政府制定頤康保障戶口的研究計劃。為紓緩公私營醫療失衡的問題，我們推行了多項措施，鼓勵私營醫療機構參與及為病人增闢選擇，這包括制定共用轉介指引、合法共用病人資料，以及發展個別專科的服務協作模式。我們亦已著手研究醫療保險一事，並與私家醫生和醫院合作發展可行的醫療保險計劃。

Despite increasing financial and work pressure, the Authority had made important steps towards achieving its corporate vision of collaborating with other healthcare providers to create a cooperative healthcare environment for maximising healthcare benefits and meeting community expectations in 2001/02. These achievements were a credit to all the Authority staff who had worked ceaselessly in providing quality healthcare services to the people of Hong Kong. On behalf of the Authority Board, I would like to take this opportunity to express my most heartfelt thanks to them.

I would also like to extend my appreciation to the members of the Authority Board who had worked and supported the executives and myself to develop and implement the above-mentioned strategic reform measures. I am also grateful to the efforts of the Regional Advisory Committees and Hospital Governing Committees. Their commitment, support and advice had been an inspiration and guiding light for the Authority. We were particularly indebted to Dr E K YEOH, our Secretary for Health, Welfare & Food, for giving us his policy guidance and unfailing support. Last but not the least, we would like to offer our sincere gratitude to all those who served the Authority in many different ways during the year. Without the invaluable contribution and enthusiastic support from the community, the Legislative Council, District Councils, and most importantly the volunteers who worked selflessly in our hospitals, the Authority could hardly make such a good progress in its work at this time of great challenges.

Stepping into its next ten years of operation, the Hospital Authority has experienced a wide range of new challenges and opportunities. Difficult times are ahead and there are a host of budget deficit and human resource issues for the Authority to tackle. However, with a strong culture for the management of change and a team of dedicated healthcare professionals, I am confident that the Authority will be able to overcome all the obstacles hindering its future development and develop into a knowledge-based, competent, efficient and caring healthcare organisation capable of meeting the needs of Hong Kong people. I look forward to the continued support and concerted efforts from all concerned in the years to come.



LO Ka-shui, JP, Chairman

儘管財政及工作壓力日增，醫管局於 2001/02 年度在實現整體目標方面，繼續取得重要進展。醫管局致力與其他醫護機構合作，建立共同協作的醫護環境，以發揮最大的醫護成效及滿足市民期望。有此成績，實有賴醫管局全體職員竭盡心力為香港市民提供優質醫護服務。本人謹代表醫院管理局董事局，向所有職員致以衷心謝意。

我亦藉此機會向醫院管理局董事局的成員致謝。他們的寶貴意見和支持，有助本人和本局行政人員制定及推行上述各項策略改革措施。此外，我亦要多謝區域諮詢委員會和醫院管治委員會各位成員的貢獻。他們積極投入和提供意見，啟導我們向前邁進。我更要特別多謝衛生福利及食物局局長楊永強醫生給予本局政策指示和不渝支持。最後，我要向年內以各種方式為本局提供服務的所有人士，致以衷心謝意。在當前這個困難時刻，如果沒有社會、立法會、區議會，以及醫院義工的寶貴貢獻和積極支持，醫管局便不能取得今天的優異成績。

未來十年，醫管局將會面對更多新的挑戰和機遇。前路仍然崎嶇，我們須處理財政及人力資源等眾多問題。不過，醫管局擁有從容處變的優良文化，以及一隊勤奮卓越的醫護人員，我深信我們不但能克服未來的重重挑戰，更可進一步發展成為一個知識為本、高質素、高效率 and 關顧病人的醫療機構，切合香港市民的需要。我謹祝醫院管理局在未來的歲月，在各界支持和共同努力下，成績更進一步。



醫院管理局主席 羅嘉瑞醫生

Chief Executive's Overview

行政總裁匯報



Introduction

In 2001/02, the Authority continued to face the daunting challenge of meeting the incessantly increasing demand for public hospital services in the context of severe budgetary constraints and ever rising public expectations. Despite a more stabilised rate of increase in service volume in the past few years, our public hospital system was still called on to provide 1,208,427 inpatient and day patient discharges, 2,522,972 Accident & Emergency attendances, 6,090,446 specialist outpatients attendances, 2,452,914 allied health outpatient attendances, and 887,328 general outpatient attendances during the year.

To meet the unprecedented challenges, the Authority deliberated carefully on its priorities of work in 2001/02 and reaffirmed the following six priority areas for organising its improvement initiatives:

- **Access and Volume;**
- **Enhanced Productivity Programme;**
- **Financing and Resource Allocation System;**
- **Distribution Network and Infrastructure;**
- **Quality of Care; and**
- **Human Resource Capabilities and Management.**

引言

在 2001/02 年度，雖然財政緊絀，醫管局繼續處理不斷增加的服務需求及滿足市民的期望。過去數年，服務增長已漸趨穩定。年內，公立醫院的住院及日間服務量為 120 萬 8,427 人次，急症室求診人次為 252 萬 2,972，專科門診求診人次為 609 萬 446，專職醫療門診為 245 萬 2914，而普通科門診的求診人次為 88 萬 7328。

為應付如此艱巨的挑戰，醫管局仔細制定 2001/02 年度的工作，並重新確定六個優先處理範疇為工作重點。這六個範疇包括：

- **服務量及服務方便程度；**
- **資源增值計劃；**
- **融資及資源分配制度；**
- **服務分布網絡及基礎設施；**
- **醫護質素；以及**
- **人力資源的能力和管理。**

Under the six priority work areas, the Authority initiated a total of 249 improvement targets during the year to enhance the accessibility, effectiveness, efficiency and quality of its 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 because of changed circumstances.

With the implementation of these targets, the Authority had improved dynamism and stimulated progress in the organisation while preserving its strength established over the past years. These improvement measures are summarised below.

Access and Volume

While awaiting the introduction of more fundamental reforms by Government to address the imbalance of public and private sectors in the provision of healthcare services, the Authority continued to implement measures permissible under existing policies to tackle the volume and access issue facing the public hospital system.

The overall service capacity of public hospitals was expanded for better access in the year by commissioning 139 additional acute general beds, 392 rehabilitation/infirmity beds, four intensive care beds, 34 psychiatric beds and 40 psychiatric day places. Service coverage was also improved to optimise access in the provision of gynaecology, community psychiatric and community geriatric services, as well as extending service hours and coverage of the additional Magnetic Resonance Imaging service and haemodialysis service.

To address the operational issues of volume demand, new initiatives were implemented to segregate the non-urgent from urgent Accident & Emergency attendance for care by primary care professionals; and to make cluster-based contingency management of medical patients to accommodate seasonal fluctuations. There were increased capacities of the integrated clinics together with development of inter-specialty referral guidelines to relieve the workload of the specialist outpatient clinics.

年內，醫管局根據這六個優先處理範疇制定了 249 項工作目標，以改善服務的方便程度、效益、效率和質素。除其中八項因情況改變而未能全部完成或延期實施外，所有項目均如期或超出原定目標完成。

在達致這些目標後，醫管局已大大改善及促進機構組織的發展，同時鞏固了以往的工作成果。茲將詳情撮述如下。

服務量及方便程度

對於公私營醫療服務失衡的問題，雖則仍有待政府推行根本性的改革，年內醫管局繼續按照既定政策，改善公立醫院的服務量及服務方便程度。

年內，醫管局擴展了公立醫院的整體服務量，增設了 139 張普通科急症病床、392 張康復 / 護養病床、四張深切治療病床、34 張精神科病床及 40 個精神科日間醫院名額，以改善公立醫院服務的方便程度。此外，透過增加婦科、社康精神科及社區老人科的服務範圍、延長及擴展磁力共振掃描及血液透析服務，服務的方便程度亦有所改善。

醫管局於年內推行新措施以應付服務需求，包括甄別急症室的非緊急病人，轉介他們接受基層醫療護理，以及在聯網層面採取應變措施，以應付內科病人季節性的服務需求。此外，透過提升綜合診所的處理量及制定跨專科指引，專科門診診所的工作量亦得以紓緩。

Enhanced Productivity Programme

Under the Enhanced Productivity Programme, the Authority's recurrent funding from Government would be adjusted downwards by 5% for the three financial years starting 2000/01. This requirement reduced the Authority's baseline budget by 2% in 2001/02, imposing great pressure on its financial position given the growing service volume and the over 11% productivity savings previously achieved.

Apart from rationalisation of clinical services, the Authority adopted a number of strategies to achieve the savings requirement during the year. Instead of recruiting new staff, existing staff were redeployed to meet the manpower requirement for the opening of new beds and facilities. Substantial savings were also realised by facilitating implementation of the Government's voluntary retirement scheme among the ex-civil servants in the Authority and converting Lai Chi Kok Hospital into a long stay care home to be operated with funding from the welfare sector. Significant efforts were made to downsize the management structure in the Head Office and hospitals. Further productivity savings were generated through energy conservation schemes, automation of office and supporting functions, and contracting out of laundry services and other business support services.

Financing and Resource Allocation System

Despite stringent savings measures, the Authority still recorded for the first time a deficit equivalent to about 0.7% of the budget in 2001/02, primarily resulting from high staff costs, low staff turnover rate and the need to continue recruiting new clinical staff to cope with the ever-increasing service demand. This, together with the unfavourable financial outlook for the coming year, would draw on the Authority's reserve accumulated over previous years.

To address these issues, the Authority assisted Government in the formulation of healthcare reform plans and their consultation process as a strategy externally. Internally, much work had gone to the development of an equitable resource allocation system for effective and efficient use of available resources.

資源增值計劃

在資源增值計劃下，由2000/01年度開始的三個財政年度，政府給予醫管局的經常撥款會下調5%。在2001/02年度，醫管局的基線預算削減2%，而這是在醫管局於過去已取得超過11%的增值節流，以及近年來服務量不斷增加的情況下進行，因而造成沉重的財政壓力。

除理順臨床服務外，醫管局於年內推行一系列節省開支的策略，包括重新調配現有職員以應付開設新病床及設施的人手需求，以取代增聘人手。此外，透過向已轉職醫管局的公務員推行政府的自願退休計劃，以及將荔枝角醫院改作長期護理院，由社會福利署提供經費，亦節省了大量開支。我們亦精簡了總辦事處及醫院的管理架構、推行節省能源計劃、辦公室自動化計劃，以及外判洗衣及其他業務支援工作，以收增值節流之效。

融資及資源分配制度

儘管嚴格控制開支，醫管局於2001/02年度首次錄得赤字，約為預算的0.7%，這主要是因為職員成本高、流失率低及需要增聘醫療人手以處理不斷上升的需求。加上來年財政前景並不理想，醫管局預計須動用歷年累積下來的儲備。

面對種種問題，醫管局對外協助政府制定醫療改革計劃及支援政府的諮詢工作，對內則發展一個公平公正的資源分配機制，務求資源的運用兼具效益與效率。

Following up on the Government Consultation Document's proposal to target subsidies at areas of greatest needs, the Authority conducted on behalf of Government a consultancy study on the public hospital fees structure and its impact on service utilisation and affordability. A review on the Authority's private ward charges was also performed to formulate short-term and long-term recommendations to properly reflect actual cost of the services provided to private patients. In addition, support was provided to Government to develop study plans for the Health Protection Account proposed in the Consultation Document on Healthcare Reform. To complement the proposed medical saving scheme, discussions were held during the year with the private insurance industry to explore the development of new insurance products.

The Authority had made significant progress in developing an internal resource allocation model to dovetail with the newly implemented population-based formula for funding public hospital services. A proposed model was formulated in the fourth quarter of 2001 to facilitate discussions on the ways and means of rationalising the distribution of resources and encouraging hospital clusters to put more emphasis on the management of service demand and development of preventive or ambulatory/community care. Details of the model would be worked out when more refined specialty costing information was available.

Distribution Network and Infrastructure

Over the past few years, the Authority had taken important steps towards improving its clinical services distribution network. The strategies adopted in 2001/02 focused on supporting Government in the development of a pluralistic primary care system, accelerating the development of integrated community-based care, strengthening collaboration with the private healthcare sector, and promoting disease prevention and health education. Throughout the year, strenuous efforts were made to enhance the Authority's service networks through cluster-based service rationalisation programmes and designation of specialised service centres.

繼政府發表諮詢文件，建議將公帑集中資助需求最大的範疇之後，醫管局代政府進行顧問研究，探討公立醫院的收費結構及其對服務使用情況及市民負擔能力的影響。醫管局亦檢討了私家病房的收費，目的是制定短期及長遠建議，以適當反映為私家病人提供服務的成本。醫管局亦協助政府制定醫療改革諮詢文件建議推行的頤康保障戶口研究計劃。此外，為配合研究中的醫療儲蓄計劃，醫管局於年內與保險業界磋商，研究發展新的醫療保險產品。

為配合政府按人口計算撥款予公立醫院的新機制，醫管局已著手研究內部的資源分配，並於 2001 年第四季制定一個建議模式。這個模式有助改善資源的分配，以及鼓勵醫院聯網加強管理服務需求及推動預防疾病或日間 / 社康護理工作。待取得更多專科成本計算資料後，我們便會制定此模式的細節。

服務分布網絡及基礎設施

過去幾年，醫管局一直積極改善臨床服務的分布網絡。我們於 2001/02 年度採取策略，進一步推展多元化的基層醫療體系、綜合社康護理、與私營醫療界的協作及預防疾病和健康教育等工作。年內，我們推行聯網為本的服務理順計劃及設立專科服務中心，致力改善醫管局的服務網絡。

To support the Government's initiative in developing a pluralistic primary care system in Hong Kong, the Authority took over the management of five pilot general outpatient clinics from the Department of Health and converted them into model Family Medicine-based primary care practice during the year. These clinics promoted Family Medicine training through the provision of community-based and hospital-based programmes for primary care practitioners.

To improve the patient outcome after discharge from hospital and to prevent frequent readmissions, the Authority implemented a number of initiatives in 2001/02 to enhance its community-based services. These included collaborative delivery of outreach services provided by the Community Nursing Service and Community Geriatric Assessment Teams. There were over 9,100 additional hospital and nursing home visits to empower community carers in caring for the terminally ill. Three hospitals also piloted telephone consultation service for discharged patients and five hospitals developed community allied health services.

During the year, the Authority worked closely with the private healthcare sector to identify areas of collaboration. Arrangements were made through the Hong Kong Medical Association to share the discharge summary of patients with private practitioners subject to patient consent, to provide public hospital patients with information on General Practitioners, and to develop common referral protocols on selected disease groups with the private sector.

The Authority continued to collaborate with its community partners in disease prevention and health promotion, particularly in the organisation of anti-smoking initiatives, the "Better Health for Better Hong Kong" Project, and the "Heart at Work" Programme. A territory-wide health education programme was launched in September 2001 to promote the Authority's assessment service for young people with early psychosis. The programme succeeded in instigating referrals from the community for assessment and early treatment, and was awarded the International Association for Business Communicators 2002 Gold Quill Award for communications excellence.

為協助政府發展多元化的基層醫療體系，年內我們接管了衛生署轄下五間普通科門診診所，並將它們發展為家庭醫學診所，為醫生提供社區及醫院為本的培訓，促進家庭醫學的發展。

為促進病人離院後的健康及避免病人經常再入院，醫管局於 2001/02 年度進一步加強社區為本的服務，例如由社康護理服務及社區老人評估小組協作推行外展服務。我們將探訪醫院及護理院的次數增至 9,100 多次，以促進社區照顧者護理末期病患者的工作。此外，有三間醫院新設出院病人電話諮詢服務，另五間醫院推行社區專職醫療服務。

年內，醫管局與私營醫療界緊密聯絡，以便拓展協作。我們跟香港醫學會作出安排，與私家醫生共用病人出院摘要、向公立醫院病人提供普通科醫生的資料，以及與私營醫療機構制定某些疾病的轉介常規。

醫管局繼續與社區合作夥伴攜手推廣預防疾病及促進健康的工作，例如舉辦戒煙活動，以及「健康創繁榮」及「上班人士心臟健康」計劃。2001 年 9 月，醫管局透過全港性的健康教育活動，推廣思覺失調服務。計劃成功為青少年病患者作出轉介，以便及早進行評估及治療，並獲國際傳播專業人士協會頒發 2002 年度金羽獎。

To facilitate rationalisation of services, the Authority implemented a new cluster management structure in the Hong Kong East Cluster on 1 June 2001 and appointed the first Cluster Chief Executive to oversee the overall planning, development and operations of hospital services in the pilot cluster. In charge of a cluster budget, the Cluster Chief Executive was entrusted with the responsibility of ensuring the cost-effective use of resources in the cluster to maximise health benefits of the population. With support of the Authority Board, the new structure was later extended to the Kowloon East Cluster and New Territories East Cluster on 1 October 2001, with the understanding that it would be rolled out to the remaining clusters in the coming year.

Upon implementation of the new cluster management structure, many cluster-based programmes had been initiated to rationalise the Authority's clinical and non-clinical services, e.g., rightsizing the number of beds in the psychiatric hospitals, consolidating most clinical services into five collaborative centres or networks, and intra-cluster rationalisation of services. Efficiency of the Authority's business support services was also improved through consolidation, integration and automation. Major programmes of the year included enhancement of materials management and food services, development of in-house biomedical engineering service, and upgrading of hospital logistics support.

The Authority's clinical service network was further strengthened by the designation of more specialised service centres and the enhancement of information technology/information systems. Priorities in information technology development were to accelerate the rollout of essential clinical systems to all hospitals, delivery of clinical data for the Electronic Patient Record, system infrastructure strengthening to ensure future responsiveness and resilience, and to assess the need for new technologies. More systems were developed using Internet technology to support the practice of evidence-based medicine and knowledge management, and to enhance staff education and communication.

年內，醫管局實施新的聯網管理架構以理順服務。2001年6月1日，港島東醫院聯網首先成立，由聯網總監負責聯網醫院服務的整體規劃、發展及運作。聯網總監控制財政預算，確保資源的運用符合成本效益，以提供最有效的醫療服務。新架構獲醫管局大會支持，於2001年10月1日在九龍東及新界東醫院聯網相繼推行，預計來年會在其他聯網實施。

隨著新聯網管理架構的實施，醫管局陸續從聯網層面理順各項臨床及非臨床服務，例如調整精神科醫院的病床數目、將大部分臨床服務整合為五個協作中心或網絡，以及改善其他聯網服務。醫管局的業務支援服務亦予以鞏固、整合及自動化，以提高效率。年內推行的其他主要計劃包括：加強物料管理及膳食服務、自行發展生物醫學工程及提升醫院後勤設施。

醫管局增設專科服務中心及改良資訊科技系統，進一步加強了它的臨床服務網絡。在發展資訊科技方面，我們加快為所有醫院建立主要的臨床資訊系統、為電子病歷紀錄發展臨床數據、提升系統結構以確保日後的回應速率及復原能力，以及評估對新科技的需求。我們亦研究利用互聯網科技以支援實證醫療和知識管理，以及加強職員教育及溝通工作。

Quality of Care

In 2001/02, the Authority focused its efforts at enhancing the quality of patient care on the following areas: improvement in mental health and pharmacy services, development of evidence-based medical practice, implementation of the mechanism for safe introduction of new procedures, clinical audits, and review of the complaint management system.

During the year, the number of Community Psychiatric Teams was increased from five to eight to achieve territory-wide coverage. New psychiatric drugs were provided to over 2949 suitable patients to improve their quality of life. Pharmacy services were enhanced through expanding functions of the pharmacy information support systems and piloting the satellite pharmacy, round-the-clock pharmacy and medication compliance clinics.

Building on the foundations laid and the momentum generated from past years' development, the Authority continued to promote the practice of evidence-based medicine among its clinicians through the organisation of critical appraisal skills workshops, meta-analysis workshops and clinical guideline development seminars, coupled with an improved access to its Library Information System, electronic Knowledge Gateway as well as the Intranet and Internet websites. To assure the quality of patient care, clinicians of different disciplines and specialties had developed a good number of clinical guidelines in 2001/02 based on international benchmarks, covering a wide range of disease conditions and clinical services. A central review mechanism was also set up to vet the applications for introduction of new medical technologies and interventions into the Authority to ensure safety and facilitate coordination.

Commonly accepted as an important tool for assuring the quality of care, clinical audit was widely conducted by professionals of various disciplines in the Authority to identify areas for improvement and set quality standards for clinical services. In an effort to strengthen its complaint management function, the Authority's Public Complaints Committee conducted an overseas visit to Singapore and the United Kingdom to study their systems of handling patient complaints. Lessons learnt from the visit had been converted into improvement recommendations during the Authority's comprehensive review on its two-tier complaints management system in the third quarter of 2001.

醫護質素

在 2001/02 年度，醫管局進行了多項計劃，包括改善精神健康及藥房服務、發展實證醫療、實施安全引進新醫療程序的機制、進行臨床審核及檢討投訴管理制度，以改善醫護質素。

年內，社康精神科小組由五組增至八組，服務遍及全港各個地區。我們為 2949 名合適病人提供新的精神科藥物，以改善他們的生活質素。我們亦加強藥房服務，例如擴展藥房的資訊系統功能、設立衛星藥房及 24 小時藥房服務，以及推行服藥療效跟進工作。

醫管局在過往建立的基礎上邁進，向前線人員推廣實證醫療。就此，我們舉辦了學習文獻批判技巧工作坊、綜合科研數據分析工作坊、臨床指引發展研討會，以及改善圖書館資訊系統、電子知識通道、內聯網及互聯網網頁。為提供優質的醫療護理，各專科的醫療人員於 2001/02 年度合作制定了一系列臨床指引。這些指引乃參照國際基準而制定，涵蓋多種病症及臨床服務。我們更建立了引進新醫療科技及程序的中央審批機制，以策安全及加強協調。

一向以來，醫管局各科醫護人員都非常重視臨床審核，並以之作為重要工具，找出需予改善的地方及制定服務標準，確保醫護質素優良。為加強投訴管理工作，醫管局公眾投訴委員會於年內前往新加坡及英國作實地考察，探討兩地的病人投訴處理制度。醫管局於 2001 年第三季全面檢討其兩層投訴處理制度時，已根據考察結果作出了實質的改善建議。

Human Resource Capabilities and Management

To meet the challenges of a changing environment and to support the new clustering arrangement, strengthening the human resource capabilities and management continued to be one of the most important work priorities of the Authority in 2001/02. As a result of an in-depth review, the Head Office's human resource management function was revamped in the year with expertise decentralised to clusters to facilitate organisation development.

In line with the direction of organisation development approved by the Authority Board, the senior management structure had been reorganised to better reflect current needs and strengthen capabilities of the core management team comprised of the Chief Executive, Cluster Chief Executives and a number of Directors in the Head Office. As part of the executive development plan and taking the opportunities evolved in the new cluster management structure, job rotations and team building programmes were implemented for senior executives to enhance teamwork during the year.

The Authority recruited 303 additional doctors in 2001/02 to relieve the workload of busy clinical departments, facilitating compensation for statutory holidays, better management of on-call duties and provision of rest periods after long hours of work. A high-level working group was set up in the Head Office to coordinate and monitor the measures taken by hospitals to address the long working hour issue of public doctors. To alleviate workload of other healthcare professionals, 190 additional nurses, 155 allied health staff and 1,920 care workers were employed during the year to enhance direct patient care.

To cope with changes in healthcare practices and to optimise utilisation of human resources, the Authority conducted grade reviews for a number of staff groups during the year, including the support service staff, pharmacy staff and nurses. Manpower indicators were also developed for the key administrative and support staff groups to facilitate manpower review and service improvement.

人力資源能力及管理

面對環境改變及為了配合新的聯網管理安排，年內醫管局繼續以加強人力資源能力及管理為首要工作之一。經深入檢討後，總辦事處的人力資源管理職能予以重整及下放至聯網層面，以推動機構發展。

醫管局按照既定的機構發展路向，重組其高層管理架構，由行政總裁、聯網總監及總辦事處數位總監組成更具凝聚力的核心管理團隊，以配合環境的轉變。我們把握實施新聯網管理架構的良機，於年內推行高層行政人員輪調工作崗位及團隊計劃，作為行政人員發展計劃的一部分。

我們於 2001/02 年度增聘了 303 名醫生，以紓緩繁忙部門的工作量、使醫生可放取法定假期補假、改善候召當值安排，以及讓醫生在長時間當值後可以休息。總辦事處已成立了一個高層工作小組，統籌各醫院推行解決醫生長時間工作問題的措施，並監察進展情況。我們亦於年內增聘了 190 名護士、155 名專職醫療人員及 1,920 名護理工作人員，以紓緩其他專業人員的工作量及加強護理工作。

為配合醫護工作的轉變及善用人力資源，醫管局於年內檢討了支援服務、藥劑及護士等職系。我們亦制定了一些主要行政及支援職系的人力指標，以便進行人力檢討及改善服務。

During the year, the Authority had continued its efforts to enhance competence of its professional staff through training and emphasis on core competency. Core competency based Staff Development Review was piloted and rolled out to doctors, registered nurses and a number of allied health staff grades. In-house training programmes, commissioned training and overseas sponsorship training were organised throughout the year to benefit 6,888 doctors, 23,039 nurses, 7,783 allied health professionals and 6,908 other administrative/supporting staff. A web-based Electronic Learning Centre was developed and commenced operation in July 2001 to provide staff with convenient access to training information and interactive training courses.

To enhance hospital and healthcare management capabilities, the Authority co-organised the International Hospital Congress 2001 with the International Hospital Federation from 15 to 18 May 2001. Participated by over 2,000 delegates with about 500 from 44 overseas countries, the Congress was a great success in promoting the share of knowledge and experience on healthcare management among local and overseas healthcare professionals.

Conclusion

Facing unprecedented changes in 2001/02, the Authority had made significant progress towards improving the accessibility, effectiveness and efficiency of Hong Kong's public hospital system by focusing its work on six priority areas. The achievements were a credit to all the staff who worked tirelessly in the year and to the Hospital Authority Board that provided leadership and guidance. The progress made would help us forge ahead to meet the future challenges in the healthcare system in Hong Kong.

年內，醫管局繼續落實培訓工作及強調核心才能，於促進其專業人員的才能方面，不遺餘力。我們試行以核心才能為本的職員發展檢討，並在醫生、註冊護士及一些專職醫療職系實施。年內，參與內部培訓、托辦培訓及海外培訓課程的人員，包括 6,888 名醫生、23,039 名護士、7,783 名專職醫療人員及 6,908 名其他行政及支援服務人員。我們於 2001 年 7 月設立網上學習中心，為職員提供培訓資料及互動訓練課程。

此外，我們於 2001 年 5 月 15 至 18 日，與國際醫院聯盟合辦 2001 年國際醫院聯盟會議，以促進醫院及醫療管理工作。參加會議的代表多達 2,000 人，其中約 500 人來自海外 44 個國家。是次會議為本地及海外的醫療專業人員提供機會，讓他們交流醫療管理知識、分享經驗。

結論

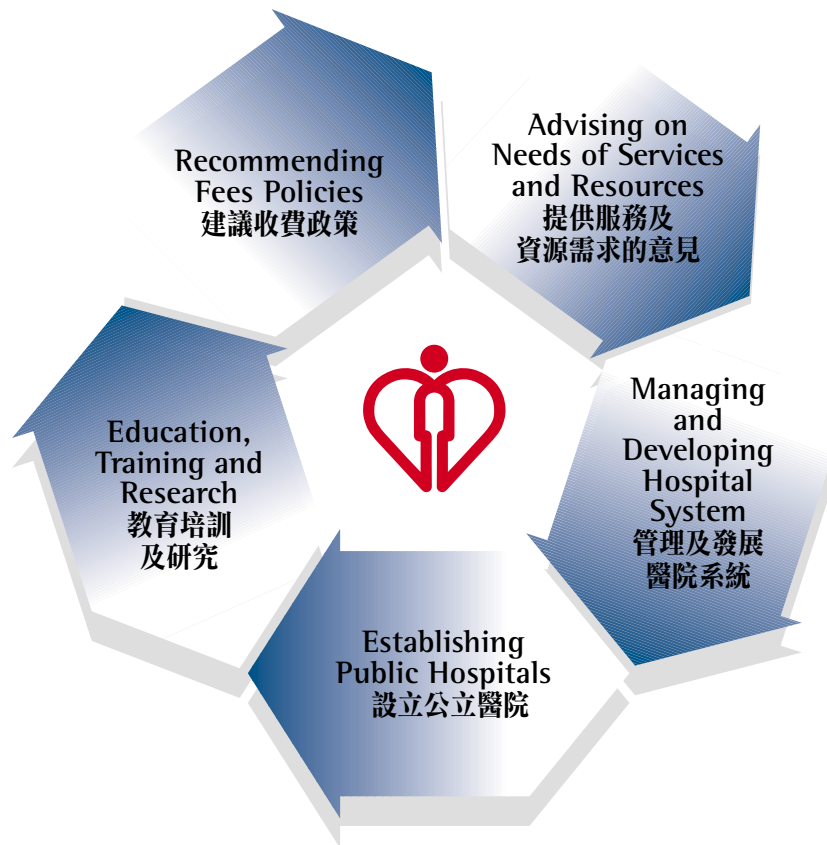
縱使面對前所未見的改變，我們於 2001/02 年度繼續取得可觀的工作進展。我們集中落實六大範疇的工作，使香港的公立醫院服務更為方便、更具效率及成效。這實有賴醫管局全體職員積極進取、努力不懈地工作，以及醫管局各成員的帶領和指導。展望未來，我們將會在已建立的基礎上，繼續向前邁進，克服香港醫療制度所面對的種種挑戰。

Role of the Hospital Authority

醫院管理局的任務

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

根據《醫院管理局條例》，醫院管理局有以下的職能範圍：



Recommending Fees Policies 建議收費政策

Recommending to the Secretary for Health, Welfare and Food appropriate policies on fees for the use of hospital services by the public
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

Advising on Needs of Services and Resources 提供服務及資源需求的意見

Advising the Government on the needs of the public for hospital services and of the resources required to meet those needs
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

Managing and Developing Hospital System 管理及發展醫院系統

Managing and developing the public hospital system
管理及發展公立醫院系統

Establishing Public Hospitals 設立公立醫院

Establishing public hospitals
設立公立醫院

Education, Training and Research 教育培訓及研究

Promoting, assisting and taking part in education and training of persons involved in hospital services or related services
促進、協助及參與培育提供醫院或有關服務的人士

To ensure that these roles are carried out effectively, the Hospital Authority Board discharges its duties through six committees, namely:

- Audit Committee
 - Finance Committee
 - Human Resources Committee,
 - Information Technology Committee
 - Medical Services Development Committee
 - Public Complaints Committee
- (Appendix 2).

為求有效地執行上述任務，醫管局大會透過轄下六個委員會履行其職責：

- 審計委員會
- 財務委員會
- 人力資源委員會
- 資訊科技委員會
- 醫療服務發展委員會
- 公眾投訴委員會

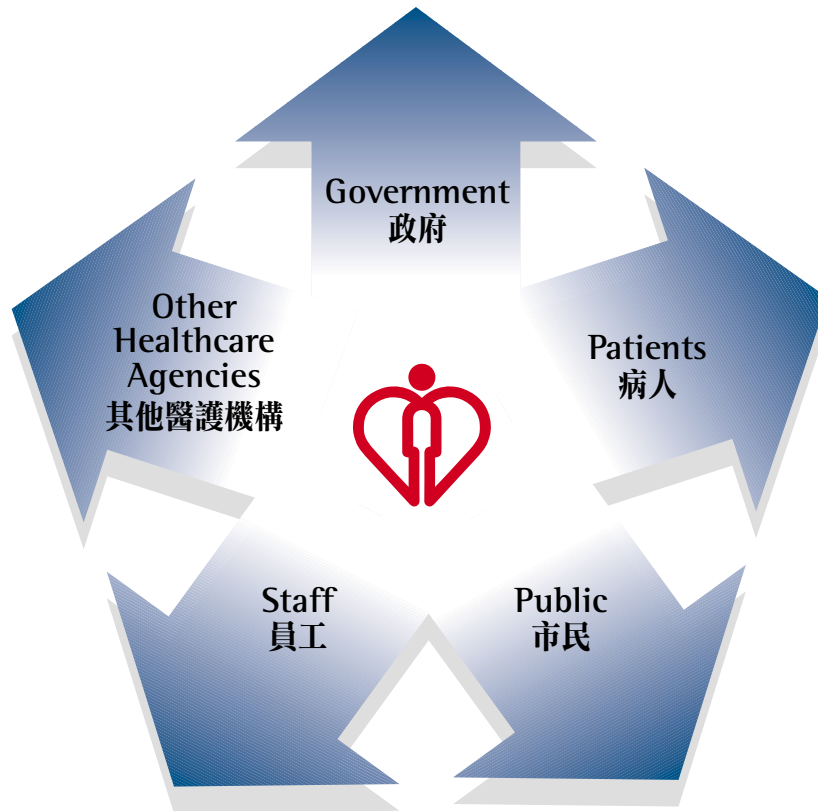
(見附錄二)

Mission Statement

宗旨

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

醫管局訂立了下述的宗旨，以落實其任務：



Government 政府

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;

就公眾對公立醫院服務的需求及應付該等需求所需的資源，向政府提供意見，務求以可得的資源，提供充足、有成果、有效率、物有所值及具高度國際水準的公立醫院服務；

Patients 病人

To meet the different needs of patients for public hospital services, and to improve the hospital environment for the benefit of patients;

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；

Public 市民

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;

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；

Staff 員工

To provide rewarding, fair and challenging employment to all its staff, in an environment conducive to attracting, motivating and retaining well-qualified staff;

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；

Other Healthcare Agencies 其他醫護機構

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.

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

整體目標及策略

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:

醫管局訂定了下列的整體發展目標，以實現其宗旨：

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

醫管局透過下列五項整體策略，達致上述的整體目標：



Outcome-focused 成效為本

Developing outcome-focused healthcare to maximise health benefits and meet community expectations

發展以成效為本的醫療護理，以發揮最大的醫療效益，並迎合社區的期望

Creating Seamless Healthcare 建立連貫的醫療護理

Creating seamless healthcare by restructuring and reorganising medical services in collaboration with other providers and carers in the community

與社區內其他醫護服務提供者及照顧者攜手重組醫療服務，以建立連貫的醫療護理

Community as Partners in Health 與社區攜手合作促進健康

Involving the community as partners in health in the decision-making and caring process

在決策及護理過程中與社區攜手合作促進健康

Organisation Transformation and Development 組織架構蛻變及發展

Cultivating organisation transformation and development through a multi-disciplinary team approach to holistic patient care and continuous quality improvement

透過多部門專科合作的形式進行全人護理及持續質素改善，謀求組織架構上的蛻變及發展

Infrastructure Development and Innovation 基礎設施發展及創新

Promoting corporate infrastructure development and Innovation to support service improvement

促進整體基礎設施的發展及創新，以支援改善服務的措施

Environmental Policy Statement

環保政策宣言

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.

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：



Staff Awareness and Commitment
職員意識及承擔

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

Energy and Utilities Management 能源及設施管理	Pollution Prevention 防止污染	Management 管理	Compliance 遵守法例	Purchasing and Contracting 採購及承辦	Minimisation of Consumption 減少耗用
<p>We will work towards reducing consumption of energy and other utilities in our day-to-day operations.</p> <p>我們會致力在日常運作中減少耗用能源及其他設施。</p>	<p>We will avoid and control environmental pollution by reducing the amount of waste arising from our day-to-day working practices.</p> <p>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。</p>	<p>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.</p> <p>我們會確保個別服務組別會按情況制定及採用特定的環保政策，並設定程序監察環保成效，以便向醫管局大會匯報。</p>	<p>We will comply with all relevant environmental protection ordinances.</p> <p>我們會遵守各項有關環境保護的條例。</p>	<p>We will encourage our suppliers and contractors to adopt similar standards and a comprehensive approach to environmental responsibility in the provision of their services.</p> <p>我們會鼓勵供應商及承辦商在提供服務時，採用類似標準，全面落实保護環境的責任。</p>	<p>We will reduce, reuse and recycle materials to minimise consumption.</p> <p>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。</p>

Priority Areas of Work

優先工作範疇

Faced with the challenges of an ageing population, an imbalanced service utilisation pattern and increasing resource constraints, the Hospital Authority implemented a wide range of initiatives in 2001/02 under its six priority areas of work:

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

面對人口老化、公私營醫療服務使用失衡及資源限制日增等挑戰，醫院管理局於 2001/02 年度在以下六個優先工作範疇推行各種措施：

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

Access and Volume

服務量及服務方便程度

While awaiting the Government's healthcare reform to take effect in improving the imbalanced service utilisation between the public and private sectors, the Hospital Authority continued to adopt various measures permissible under existing policies to deal with the access and volume issue. To ensure appropriate access to public hospital services, the Authority strived to increase its service capacity and to manage volume demand during the year.

在等候政府改革醫療制度以解決公私營醫療服務失衡的同時，醫管局繼續根據現行政策採取各項措施，提升處理能力及加強管理，以改善服務量及服務方便程度。

Improvement to Service Access

A total of 139 additional acute general beds, 392 rehabilitation/infirmity beds, four intensive care beds, 34 psychiatric beds and 40 psychiatric day places were opened in 2001/02 to improve the overall service capacity of public hospitals. Service coverage was also expanded at various levels through eliminating geographical discrepancies in service provision and extending service hours to cope with the growing service demand. Major initiatives implemented in this area included:

- Achieved complete geographic coverage for community psychiatric service by increasing the number of Community Psychiatric Teams from five to eight
- Increased coverage of the Community Geriatric Assessment Teams to licensed private residential care homes to 83.5%

改善服務方便程度

2001/02 年度，醫管局共增設 139 張急症普通科病床、392 張康復 / 護養病床、四張深切治療病床、34 張精神科病床及 40 個精神科日間醫院名額，以改善公立醫院的整體服務能力。此外，我們致力擴展各個層面的服務，減少地區之間服務不均的情況及延長服務時間，以應付不斷增加的服務需求。這方面的主要措施包括：

- 社康精神科小組由五組增至八組，提供覆蓋所有地區的社康精神科服務
- 擴展社區老人評估小組的服務至 83.5% 註冊私營護老院

- Strengthened network arrangement to enhance coverage of gynaecology services in Tseung Kwan O Hospital and North District Hospital
- Extended service hours of Magnetic Resonance Imaging service in Tuen Mun Hospital and haemodialysis service in Alice Ho Miu Ling Nethersole Hospital to meet the needs of patients in the New Territories clusters.
- Enhanced the outreach service of Siu Lam Hospital to provide an additional 363 attendances.

Volume Management

To address the operational issues arising from growing and fluctuating volume demand, initiatives were implemented to segregate urgent and non-urgent Accident & Emergency attendance, to formulate contingency bed management plans for handling seasonal fluctuations, to increase output of integrated clinics to off-load patients from specialist outpatient clinics, and to develop inter-specialty referral guidelines to ensure appropriate use of the specialist outpatient service. These initiatives included:

- 加強網絡安排，擴大將軍澳醫院及北區醫院婦科服務的覆蓋範圍
- 延長屯門醫院磁力共振掃描服務及雅麗氏何妙齡那打素醫院血液透析服務的時間，以應付新界區聯網的病人需求
- 加強小欖醫院的外展服務，增加診視 363 次

管理服務量

為處理運作上的問題及變動不定的服務需求，醫管局推行措施，包括將急症室的緊急及非緊急病人分流、制定病床管理應變計劃以應付季節性的需求、增加綜合診所的處理量以減少專科門診病人，以及制定專科之間的轉介指引以適當使用專科門診服務。這些措施包括：

急症服務壓力大 市民對公營醫療服務需求續見上升，服務量增幅遠高於人口增長，大部分市民使用獲公帑高度補貼的公立醫院服務。一直以來，使用急症醫療的市民中，近四分之三並非緊急個案，香港竟成為全球急症室使用率最高的地方。推行新的收費機制，可望有效調節急症室的使用模式。

Modest charges free up scarce resources

The immense pressure on public hospital services caused by rising healthcare demand have been exacerbated by the free Accident and Emergency (A&E) services provided for all, whatever their means, at Hong Kong's public hospitals, which receive a high rate Government subsidy. Given that 75 % of A&E attendances are not emergencies, A&E charges are introduced to effectively adjust the utilisation pattern of A&E services.



- Implemented pilot projects in the Accident & Emergency Departments of four major acute hospitals to segregate non-urgent patients from urgent patients for management by the Family Medicine trainees
- Implemented contingency measures to admit patients with specific conditions directly from the Accident & Emergency Department to medical wards, and to prepare more beds for acute medical admissions during cold winter months
- Expanded output of the integrated clinics by 60% to provide up to 250,000 consultations through the provision of additional clinical staff and implementation of the Clinical Management System and Outpatient Appointment System
- Trained 20 community-based physicians and developed inter-specialty referral guidelines to help manage service volume in the internal medicine clinics

- 在四間大型急症醫院的急症室將緊急及非緊急病人分流，並由家庭醫學受訓醫生診治非緊急病人
- 採取應變措施，安排急症室特定病情的病人直接入住內科病房，並在寒冷的冬季預備較多急症內科病床
- 增加臨床人員及實施臨床管理系統和門診預約系統，提升綜合診所的處理量 60% 至多達 250,000 人次
- 培訓 20 名社區醫生及制定專科之間的轉介指引，以處理內科診所的服務量

Enhanced Productivity Programme 資源增值計劃

Under the Enhanced Productivity Programme initiated by the Government, the Authority's recurrent funding was subject to a 5% downward adjustment for three financial years starting 2000/01. In 2001/02, the Authority's baseline budget was reduced by 2% because of this requirement.

在資源增值計劃下，由 2000/01 年度起計的三個財政年度，政府給予醫管局的經常撥款下調 5%。因此，在 2001/02 年度，醫管局的基線預算削減了 2%。

改善工作 增值節流

醫管局繼續積極求變及改善工作效率，加強生產力及增值節流，包括透過理順服務，實施中央採購，重整工序，加強環保工作，審慎使用能源。年內，推出一籃子「節省資源投資」計劃，估計在未來五年可節省七億元。

Increased productivity Continuous efforts have been spent to enhance system productivity and implement specific cost-effective measures, such as administrative downsizing, the improved use of available manpower and cluster-based rationalization of services. Other ways of ensuring that crucial new programme initiatives can continue to be introduced include Invest-to-Save programmes, which are calculated to bring \$700 million in savings over the coming five years.



荔康居 — 長期護理服務新模式

前身為荔枝角

醫院的荔康居，去年開始轉型為一間由社會福利署資助的長期護理院，為四百名精神病康復者提供全面的住院服務。荔康居是精神康復服務社區化的一個試驗計劃；同時標誌著醫管局與社會福利署一項創新合作模式。醫管局行政總裁何兆煒醫生到荔康居瞭解運作，並表達對院友的關心。



Rehabilitation services enhanced During the year, Lai Chi Kok Hospital was converted into a long stay care home for 400 residents in rehabilitation from mental diseases. The new home, which provides higher standards of rehabilitative care to the needy, is managed under a new collaborative model between the Hospital Authority subsidiary and the Social Welfare Department. Dr William Ho, the Hospital Authority's Chief Executive, visited the home and chatted with staff and residents.

To achieve the Enhanced Productivity Programme targets, the Authority continued to rationalise its clinical services and implement the proactive “Invest-to-Save” programmes during the year. Other programmes for generating productivity savings in 2001/02 included:

- Redeployed existing staff to meet the manpower requirement for commissioning new beds and day places in Kowloon Hospital, Princess Margaret Hospital, Tai Po Hospital, Tseung Kwan O Hospital and United Christian Hospital
- Facilitated implementation of the Government's voluntary retirement scheme among the ex-civil servants employed by the Authority to realise real dollar savings from the productivity programmes of hospitals
- Converted Lai Chi Kok Hospital into a long stay care home in August 2001 to be operated with funding from the welfare sector, achieving thereby an annual saving of \$89 million with the successful redeployment of 130 staff to other hospitals
- Continued administrative downsizing in the Head Office and hospital management, achieving an accumulative reduction of 22% over the past two years
- Integrated the financial management function in some hospital groups to improve efficiency, including hospitals in the New Territories South and New Territories East Clusters

為落實資源增值計劃的各項目標，醫管局繼續理順臨床服務及推行「節省資源投資計劃」。在2001/02年度推行的其他增值節流措施包括：

- 重新調配職員，以應付九龍醫院、瑪嘉烈醫院、大埔醫院、將軍澳醫院及基督教聯合醫院增設病床及日間名額的人手需求
- 協助向已轉職醫管局的公務員推行政府的自願退休計劃，從而改善各醫院的生產力計劃及實質節省開支
- 荔枝角醫院於2001年8月改作長期護理院，由社會福利界提供經費，因而每年節省8,900萬元，並調配130名職員轉往其他醫院工作
- 總辦事處及醫院管理層繼續精簡行政人手，過去兩年的累計減幅達22%
- 整合各醫院(包括新界南及新界東聯網各醫院)的財政管理職能，以提高效率

- Completed lighting retrofit in a further nine hospitals for energy conservation
- Relocated the laundry equipment of Yan Chai Hospital to Tuen Mun Hospital as replacement for the existing worn-out tunnel washer
- Decommissioned hospital-based laundry in Grantham Hospital and contracted out its laundry service, achieving an approximate annual saving of \$1 million
- Implemented Linen Cart Exchange and Central Sluicing Systems in Haven of Hope Hospital
- Outsourced domestic, security, car park control, gardening, laundry and pest control, in part or in full, in six hospitals, realising an annual saving of approximately \$3 million
- Outsourcing maintenance service for 18 types of low or medium risk biomedical equipment, achieving \$3 million savings per annum
- Engaged a bank to provide a combined payroll and revenue collection service, resulting in an annual cost saving of \$2.2 million as well as a more efficient treasury operation
- Developed a waiver database of the Comprehensive Social Security Assistance Scheme to save manpower in manual processing
- Rolled out an automatic dispatching system to Kwong Wah Hospital and Prince of Wales Hospital to achieve manpower savings through the automation of intra-hospital pottering and transportation service

- 在另外九間醫院重新安裝照明設備，以節省能源
- 將仁濟醫院洗衣房的設備遷往屯門醫院洗衣房，以取代現時陳舊的洗衣機
- 關閉葛量洪醫院洗衣房，將洗衣服務外判，每年節省約 100 萬元
- 於靈實醫院實施被服車交換及中央洗滌系統
- 將六間醫院的內務、保安、停車場管理、園藝、洗衣及防治蟲鼠服務全部或部分外判，每年節省約 300 萬元
- 將 18 種低或中度風險的生物醫學儀器保養服務外判，每年節省約 300 萬元
- 安排由一家銀行負責處理發薪及收費事宜，每年節省 220 萬元及提升了庫務工作效率
- 建立綜合社會保障援助計劃的豁免費用數據庫，以減省人手處理
- 於廣華醫院及威爾斯親王醫院推行自動化派送系統，將院內運送服務自動化以節省人手

Financing and Resource Allocation System 融資及資源分配系統

Another priority of work for the Authority in 2001/02 was to address the healthcare financing issues both externally and internally. Following the Government's publication of a consultation document titled "Lifelong Investment in Health" in December 2000, the Authority had formulated

2001/02 年度，醫管局另一項首要工作是處理醫療融資問題。繼政府於 2000 年 12 月發表《你我齊參與・健康伴我行》諮詢文件後，醫管局已研究有關團體的意見及作出全面的回應，並在整個諮詢

支援政府 研究醫療融資

繼政府發表「你我齊參與，健康伴我行」醫療改革諮詢文件，建議將公帑集中資助需求最大的範疇後，醫管局與衛生福利及食物局保持定期溝通聯繫，並提供支援，配合政府研究和分析各方案的可行性。

Contribution to sustainable health care

The Government's consultation document *Lifelong Investment in Health* recommends reform of Hong Kong's health care system and also proposes a target subsidy approach in public health care services for the most needy patients. The Hospital Authority continues to work closely and regularly with the Health, Welfare and Food Bureau and contributes to the feasibility studies and analysis of different options.



a comprehensive response incorporating the views of key stakeholders to the Government while supporting it throughout the consultation process. Meanwhile, efforts were made to develop an internal resource allocation model to dovetail with the newly implemented population-based formula for funding public hospital services.

External Initiatives

Externally, the Authority completed the following initiatives during the year to assist Government in the formulation of reform plans to address the healthcare financing issues:

- Conducted on behalf of Government a consultancy study on public hospital fees structure and its impact on service utilisation and affordability
- Commenced a review on the mechanism for introducing privately purchased medical items to support the introduction of expensive and new medical technology
- Reviews the Authority's private ward charges and made short-term and long-term recommendations to properly reflect the actual cost of services provided to private patients admitted to public hospitals
- Provided support to Government in the formulation of study plans for the Health Protection Account proposed in the Consultation Document on Healthcare Reform
- Discussed with private insurance companies on the development of new insurance products to complement the proposed medical saving scheme

Internal Initiatives

To dovetail with the new population-based funding model, the Authority had started to develop a population-based internal resource allocation system to rationalise the distribution of resources, and to encourage hospitals and clusters to adopt a more strategic view of health and healthcare, focusing on management of service demand, prevention as well as ambulatory/community care. Related initiatives completed in 2001/02 were listed below:

- Formulated a proposed population-based internal resource allocation model for discussion among senior executives and Hospital Authority Members while collecting more refined costing information for developing the necessary details
- Compiled headcount-based specialty costing information of the previous year for benchmarking purpose to encourage efficient use of resources in hospital clusters

過程中予以協助。同時，醫管局亦著手制定一套內部資源分配模式，以配合按人口計算的新公立醫院撥款機制。

對外

對外方面，醫管局於年內完成了以下工作，協助政府制定有關醫療融資的改革計劃：

- 代政府進行顧問研究，探討公立醫院的收費結構及其對服務使用情況及市民負擔能力的影響
- 開始檢討引進私人購買醫療項目的機制，協助引入昂貴及嶄新醫療科技
- 檢討私家病房收費及作出短期及長遠的建議，以便適當反映公立醫院為私家病人提供服務的成本
- 協助政府制定計劃，以研究醫療改革諮詢文件有關設立頤康保障戶口的建議
- 就發展新保險產品與私家保險公司商討，以便與建議的醫療儲蓄計劃相輔而行

對內

為配合按人口計算撥款的新機制，醫管局已著手制定相應的內部資源分配系統，並鼓勵醫院及聯網創新醫療護理策略，注重服務需求管理、預防疾病及日間／社康護理。在2001/02年度完成的工作包括：

- 制定按人口分配內部資源的建議模式，以供高級行政人員及醫管局成員討論，並蒐集更詳細的成本計算資料以訂出細節
- 編製上年度以人頭計算的專科成本資料，作為鼓勵醫院聯網有效運用資源的參考基準



加強溝通 體現問責

一直以來醫管局積極推動社區參與公立醫院服務的發展，透過不同渠道定期與社會各界及病人組織溝通和廣泛聽取意見，貫徹和體現問責精神。醫管局代表每年會出席各區議會會議解釋和徵詢議員對醫管局周年工作計劃的意見；此外，亦會定期聯繫各病人互助組織瞭解其實際需要，加強溝通。

Communication for accountability

As an accountable and responsive public organisation, the Hospital Authority has been actively communicating with the community and patient groups in the provision of public hospital services through various channels. As part of the on-going efforts to solicit community feedback, HA representatives attend District Council meetings every year to brief as well as collect views from council members on annual plan service targets; regular liaison with patient self-help groups is also conducted to foster mutual understanding.

- Developed and agreed with Government on a new set of performance indicators for monitoring the Authority's work upon implementation of the population-based funding arrangement
- Formulated strategies for setting up the income budgets of hospitals and enhancing their non-medical fee income base
- Developed a mechanism to improve the cash flow spending of the Capital Works Reserve Fund Block Vote for hospital improvement upon transfer of the budget from the Architectural Services Department

- 與政府議定一套新指標，用作監察按人口撥款機制實施之後醫管局的工作表現
- 制定策略以編製醫院的收入預算及增加醫院醫療收費以外的收入
- 設立機制改善基本工程儲備基金內醫院改善計劃整筆撥款的流動現金支出，以便從建築署接收有關預算。



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Distribution Network and Infrastructure

服務分布網絡及基礎設施

Strategic Directions

As part of its ongoing review on and improvement to the organisation of services, the Authority adopted the following strategic directions in 2001/02 to consolidate and rationalise its distribution network for clinical service delivery.

Development of a Pluralistic Primary Care System

A number of programmes were implemented to support the Government's initiative in developing a pluralistic primary care system in Hong Kong:

策略路向

檢討及改善服務規劃是醫管局持續進行的工作。我們於 2001/02 年度採取以下的策略，以整固及理順臨床服務的分布網絡。

發展多元化的基層醫療體系

年內，醫管局推行了多項計劃，以支援政府在香港發展多元化基層醫療體系的工作：

- Took over the management of five pilot general outpatient clinics from the Department of Health and converted them into model Family Medicine-based primary care practice
- Enhanced the information systems of these clinics to facilitate the practice of Family Medicine and communication of health information with the hospital specialties
- Strengthened the training programmes for Family Physicians by recruiting 20 part-time Family Medicine specialists from the private sector to provide training to the community-based trainees, and by improving hospital-based Family Medicine training in Ophthalmology, Ear, Nose, Throat and Dermatology
- Recruited and trained a total of 106 specialist trainees of various disciplines (75 in Family Medicine, 21 in Internal Medicine and 10 in Paediatrics) to facilitate the development of a pluralistic primary care service model

Development of Integrated, Multi-disciplinary Community-based Care

To improve patient outcome after discharge from hospital and to prevent frequent readmissions, the Authority implemented the following measures to strengthen its community-based services:

- Developed a collaborative framework to guide the delivery of outreach services provided by the Community Nursing Service and Community Geriatric Assessment Teams
- Strengthened the 11 home care teams to conduct over 9,100 additional general hospital and nursing home visits to enhance liaison with healthcare professionals and to empower community carers in caring for the terminally ill
- Provided medical, nursing and psychiatric services to over 700 frail elderly at their own homes through the Community Geriatric Assessment Teams and Psycho-geriatric Teams
- Piloted telephone consultation service for discharged patients in three hospitals, successfully reducing the unplanned readmission rates of selected clinical programmes

- 接管衛生署轄下五間普通科門診診所，由它們提供家庭醫學形式的基層醫療服務
- 加強該五間診所的資訊系統，以促進家庭醫學及與醫院專科的資訊連繫
- 為加強家庭醫學培訓，已聘請 20 名私家醫生為兼職家庭醫學專科醫生，提供社區為本的訓練，並改善醫院為本的眼科、耳鼻喉科及皮膚科家庭醫學訓練
- 培訓 106 名專科醫生（家庭醫學 75 人、內科 21 人、兒科 10 人），以便發展多元化的基層醫療服務

發展跨專科的綜合社康護理

為改善病人出院後的醫療成效及避免病人經常再入院，醫管局推行了以下措施，以加強社康護理服務：

- 在外展服務方面，制定社康護理服務及社區老人評估小組的協作綱領
- 加強 11 支家居護理小組的服務，將探訪普通科醫院及護理院的次數增至 9,100 多次，以促進與醫護人員的連繫及社區照顧者護理末期病患者的能力
- 社區老人評估小組及老人精神科小組為 700 多名體弱長者提供家居醫療、護理及精神科服務
- 在三間醫院設立出院病人電話諮詢服務，成功降低某些臨床計劃的病人未經預約再入院率

發展家庭醫學 政府決定由醫管局管理衛生署普通科門診診所。日後住院，專科門診及普通科門診醫護服務可以連貫起來，把病情穩定的病人由專科轉往基層醫護機構跟進。而基層醫護的多元化發展將更具成本效益及有助家庭醫學的發展。

Enhanced role of Family Medicine

With the Government general outpatient clinics come under the management of Hospital Authority, secondary and tertiary care can be better integrated with the primary one. As a result, stabilised patients can be referred from the specialist system to primary care. Primary care will become now more diverse and cost-effective, while training opportunities in family medicine are much enhanced.





跨專科處理長期病患 香港就如不少發達國家一樣，人口急速老化，人口結構面臨改變。預計到2016年，本港65歲以上人口將增至13%。此外，香港繁忙而急速的生活節奏也導致慢性病如糖尿、中風、心臟病等日趨普遍。醫管局採取跨專科，跨專業的合作模式，推行對個別疾病重點改善計劃，促進醫療成效。

Care for the seniors and chronically ill

By 2016, an estimated 13% of the population will be aged 65 or over. The Hospital Authority is meeting the challenges of a rapidly ageing population through focused improvement programmes to care for seniors with chronic illnesses such as diabetes mellitus, stroke and heart conditions, under a multi-disciplinary approach.

- Piloted hospital-based community allied health service in five hospitals to enhance pre-discharge preparation and post-discharge support
- Organised enhanced courses and seminars on hospice care, renal rehabilitation and geriatric care to strengthen community nursing support to selected clinical specialties

Establishment of Stronger Collaboration with Other Sectors in the Community

During the year, the Authority worked closely with the private healthcare sector to identify areas of collaboration. Progress in this area included:

- Arranged through the Hong Kong Medical Association to share discharge summary of patients with private practitioners subject to patient consent, to provide public hospital patients with information on General Practitioners, and to develop referral protocols on selected disease groups with the private sector
- Formulated and promulgated a comprehensive action plan for promoting stronger collaboration between the public and private healthcare sectors
- Shared with the private sector two protocols on management of eye diseases through the College of Ophthalmologists of Hong Kong

- 在五間醫院推行醫院為本的社區專職醫療服務，以改善安排病人出院的工作及出院後的支援
- 舉辦有關善終服務、腎臟康復及老人護理的課程及講座，以加強對一些臨床專科的社康護理支援

與社區內其他機構加強協作

年內，醫管局與私營醫療界緊密連繫，界定協作範圍。這方面的進展包括：

- 在病人同意下透過香港醫學會與私家醫生共用出院摘要，向公立醫院病人提供私家醫生資料，及與私營醫療機構制定某些疾病的轉介常規
- 制定及頒布綜合行動計劃，以促進公私營醫療機構的合作
- 經由香港眼科醫學院與私營醫療機構共用兩套治療眼疾的臨床常規

「思覺失調」計劃市民接受 成效超著

醫管局年內得到政府額外撥款，在全港成立了四個「思覺失調」中心，提供一站式服務，方便轉介，使有需要的青少年可以在一個開放而友善的環境接受評估和治療。「思覺失調」是一種早期不正常精神狀態，較大機會發生在15-25歲的青少年身上。自2001年9月推出以來，計劃已成功處理達700宗個案，成效超著。

Adolescent early psychosis programme exceed targets

With additional funding from the Government, the Hospital Authority opened four Centres in September 2001 to offer a one-stop service for adolescents diagnosed with early psychosis in caring surroundings where they can receive optimum treatment. Early psychosis - typically evidenced by a sense of losing touch with reality - can develop at any age, but more common among adolescents. The new programme has exceeded targets by helping some 700 people.





與政府攜手 助市民戒煙 醫管局大力支持政府反吸煙的政策方針。年內，推出戒煙輔導服務計劃，除了向市民廣泛推廣吸煙的害處之外，又在公立醫院成立了十間「無煙新天地」社區戒煙輔導中心，為有意戒煙的病人及市民提供專業輔導，並按個別人士需要提供尼古丁補充療法。

Tobacco wars The Hospital Authority plays an active role in implementing the Government's anti-smoking policy. The 10 new Smoking Counselling and Cessation Centres established throughout the territory help educate the public the health hazards of smoking. Smokers will quit the habit through counselling and follow-up services delivered by health care professionals. Nicotine replacement therapy (NRT) is available if needed.

Collaboration in Health Promotion Initiatives

The Authority continued to collaborate with other primary healthcare providers in disease prevention and health promotion, with focus on the following in 2001/02:

- Launched a series of anti-smoking activities including smoking cessation classes to educate inpatients and the public on the harmful effects of smoking in support of the World No-Smoking Day
- Provided training on smoking cessation counselling to 75 nurses from 34 public hospitals to support the provision of tobacco dependency treatment
- Documented the smoking status of individual patients in the Authority's Clinical Management System starting from September 2001 to help identify the smoking population
- Organised a territory-wide multi-disciplinary collaborative health education programme to promote the Authority's assessment service for young people with early psychosis with a view to educating the public on the symptoms of psychosis, the importance of early intervention, and the need to avoid stigmatisation on the disease
- Expanded in collaboration with community partners the programmes and activities of the Authority's Health InfoWorld, which included

促進健康方面的合作

2001/02 年度，醫管局繼續與其他基層醫護服務提供者合作，推廣預防疾病及促進健康的工作：

- 響應世界不吸煙日，舉辦多項戒煙活動，包括戒煙班，向住院病人及公眾說明吸煙的害處
- 為 34 間公立醫院 75 名護士提供戒煙輔導培訓，協助推行戒除煙癮治療計劃
- 由 2001 年 9 月起在醫管局臨床管理系統中記錄個別病人是否吸煙，以識別吸煙者
- 舉辦跨科協作的全港健康教育計劃，推廣醫管局為思覺失調青少年提供的服務，並向市民說明思覺失調的徵狀、及早治理的重要性及避免標籤效應
- 與社區夥伴攜手推廣健康資訊天地的計劃及活動，包括與病人組織聯絡、為社區照顧者舉辦專題講座，以及為各類人士舉辦健康教育活動

「思覺失調」計劃獲頒國際傳訊獎 「思覺失調」服務計劃的成功，全賴市民能夠識別「思覺失調」的主要徵狀和認識到及早治療的重要，從而協助和轉介身邊有需要人士。教育宣傳活動融合跨部門專業配合，及得到社會各界人士的支持和參與。由於推廣計劃策略目標清晰，手法全面而有系統，因而獲「國際傳播專業人士協會」頒發 2002 年度金羽獎，表揚醫管局健康教育推廣的傑出成就。



Education programme wins international award

The success of the new public education programme on the symptoms of early psychosis has significantly increased the number of early referrals and necessary treatment. The strong community impact achieved in less than a year reflects excellent collaboration among community partners and multi-disciplinary teams as well as a highly focused communications plan. The achievements of Hospital Authority in the health education programme are well recognised with the award of the prestigious International Association of Business Communicators (IABC) 2002 Gold Quill Award for Communications Excellence.



liaison with patient associations, thematic empowerment workshops for community carers, and health promotion activities targeted at different population groups

- Arranged over 60,000 people to visit the Health InfoWorld and conducted outreach programmes to disseminate health messages to more than 240,000 people
- Organised the “Better Health for Better Hong Kong” project in collaboration with Li Ka Shing Foundation. The programme was supported by Hong Kong Federation of Trade Unions and Hong Kong Confederation of Trade Unions. Health InfoWorld provided health tests and structured health education programmes to over 6,000 people from the high-risk groups
- Advocated a health conscious lifestyle among the working population by enrolling about 2,000 employees from 31 companies in the InfoWorld’s “Heart Health at Work” programme through the Hong Kong General Chamber of Commerce
- Initiated the “Well Women’s Workshop” project to help over 2,200 women learn more about their health through thematic exhibits, interactive talks, bone density test and health lunch

- 安排六萬多人參觀健康資訊天地，及透過外展活動向超過 24 萬人宣傳健康訊息
- 與李嘉誠基金會合辦「健康創繁榮」運動，並得到香港工會聯合會及香港職工會聯盟支持，為 6,000 多名健康高危人士作健康測試及舉辦健康教育活動
- 健康資訊天地推行上班人士心臟健康運動，宣傳健康的生活方式。此運動獲香港總商會支持，共有 31 間公司超過 2,000 名僱員參加
- 舉辦婦女健康增值大學堂，內容包括專題展覽、互動講座、骨質密度測試及健康午餐；超過 2,200 名婦女透過工作坊更加了解本身的健康狀況
- 得到君域扶輪社支持，合辦贊助計劃，為多個病人互助組織提供支援，以推廣病友自助互助活動，發揮共融精神





婦女健康增值大學堂

身兼婦女事務委員會主席的醫管局成員梁劉柔芬議員參觀醫管局健康資訊天地的「婦女健康增值大學堂」時高度評價對模擬家居環境布置，多樣化的活動，和生動實用的學習手法。學堂活動由專業人員主持，內容以婦女健康起居生活模式及預防疾病為主題。年內，已有2200名婦女參加過學習班。

Focus on women's health

Legislator the Hon. Sophie Leung Lau Yau-fun, SBS, JP, a member of the Hospital Authority Board and the Women's Commission chairperson, visited Health InfoWorld's Well Women Workshop. Mrs Leung praised the simulated home environment and the variety of interactive and practical programmes on offer. These professionally conducted programmes focus on a healthy lifestyle and the prevention and detection of common diseases among women. Over 2,200 women benefited during the year under review.

- Introduced a joint sponsorship programme with Rotary Club of Queensway to provide financial aid for patient groups to foster self-help and care empowerment
- Employed a "multi-media strategy" to extend the coverage of the InfoWorld's health education among the general public, focusing the theme of its media messages on the three pillars of health, i.e., mental wellness, regular exercise and balanced diet
- Organised a charity concert for the Hospital Authority Charitable Foundation at the Cultural Centre in October 2001 to raise funds for needy patients and to thank the regular donors for their continuing support
- Enhanced the Authority's well-established network for media communication with timely and regular dissemination of relevant information through press releases, arranged interviews, press conferences/briefings, media lunches, as well as daily handling of press enquires to sustain the public's understanding of and support for the work of public hospitals
- Conducted a series of training workshops for hospital staff with responsibilities of handling media requests to strengthen the two-way communication between public hospitals and the media

- 透過各種傳播媒體，向市民推廣健康資訊天地的健康教育，並以心理健康、定期運動及均衡飲食為主要訊息
- 2001年10月，在文化中心舉辦慈善音樂會，為醫院管理局慈善基金籌款及向持續支持的捐款人士致意
- 加強行之有效的溝通網絡，通過新聞稿、預約專訪、記者招待會／簡報會及午餐會發布資料及回應傳媒查詢，以促進市民了解及支持公立醫院的工作
- 為處理傳媒查詢的醫院職員舉辦培訓工作坊，以改善公立醫院與傳媒的雙向溝通



健康創繁榮

健康資訊天地植根社群，是醫管局與社區合作促進市民健康的重要橋樑。健康資訊天地與李嘉誠基金會合辦為期五年的「健康創繁榮」全港健康推廣活動，已成功為超過二萬名勞工階層市民提供免費健康測試和輔導，從中識辨健康高危一族，然後跟進介入，倡導「時時開心、日日運動、餐餐均衡」的生活模式。活動配合學術科研，將經驗資料轉化為實証知識，以期發展可行的健康生活模式。

Better Health for a Better Hong Kong

Health InfoWorld, a learning resource centre dedicated to meeting community needs for health education, draws systematically on the Hospital Authority's wealth of specialised knowledge. Its collaboration with the Li Ka Shing Foundation on a five year territory wide "Better Health for a Better Hong Kong" programme has already provided health checks and healthy advises for more than 20,000 members of the general public. The programme also identifies high risk groups in readiness for evidence-based medical studies to contribute to a healthy community.



管理層改革

年內，醫管局總辦事處進行了改革，又在醫院層面推行聯網管理。改革後的高層管理團隊由行政總裁，五位總監及聯網總監組成。同時，亦確立按人口計算的資源分配模式。行政總監會議是醫管局內部的重要管理溝通機制之一。會議由行政總裁主持，定期與所有醫院行政總監及管理層共同商討服務發展策略、檢討資源運用和運作效率，保證大家掌握運作和發展。

Keeping pace with clustering

With the management structure streamlining in the Head Office as well as the implementation of hospital clustering, the top management team now comprises the Chief Executive, five Directors and Cluster Chief Executives (CCE). Furthermore, the population-based funding approach was also adopted for resource allocation. The monthly Hospital Chief Executive (HCE) Round Table reviews service development strategies, evaluates use of resources and efficiency of operations, and provides work progress updates to the management team.

Service Network

Strenuous efforts were made in 2001/02 to enhance the Authority's service networks through cluster-based service rationalisation programmes and designation of specialised service centres.

Cluster-based Service Rationalisation Programmes

To facilitate the streamlining and rationalisation of services within a hospital cluster, the Authority implemented a new cluster management structure in the Hong Kong East Cluster on 1 June 2001 and appointed the first Cluster Chief Executive to oversee the overall planning, development and operations of hospital services in the pilot cluster. In charge of a cluster budget, the Cluster Chief Executive was entrusted with the responsibility of ensuring the cost-effective use of resources in the cluster to maximise health benefits to the population. With support from the Hospital Authority Members and staff, the new cluster management structure was extended to the Kowloon East Cluster and New Territories East Cluster on 1 October 2001. The pace of development of the clustering concept would be accelerated with the reorganisation of the existing eight hospital clusters into five mega clusters over the next two years.

With the introduction of a new cluster management structure, the following cluster-based service rationalisation programmes were initiated in 2001/02:

- Rationalised the number of community nursing centres in each cluster based on a set of newly developed criteria

服務網絡

2001/02 年度，醫管局為加強聯網服務，推行了多項服務理順計劃及設定專科服務中心。

聯網服務理順計劃

為精簡及理順聯網服務，醫管局於 2001 年 6 月 1 日在港島東醫院聯網推行新的管理架構，並委任首位聯網總監負責處理服務的整體規劃、發展及運作事宜。聯網總監亦負責聯網的財政預算，故此必須確保資源的運用符合成本效益，以提高為市民帶來的健康效益。在醫管局成員及職員支持下，新聯網架構於 2001 年 10 月 1 日擴展至九龍東及新界東推行。在未來兩年，醫管局會繼續落實將八個醫院聯網重組為五個聯網的工作。

2001/02 年度，隨著新聯網管理架構的推行，醫管局進行了下述理順服務計劃：

- 按照新準則理順聯網的社康護理中心數目

- Strengthened the networking of chronic pain service between hospitals of different clusters through the establishment of multidisciplinary pain management teams in the four referral centres
- Set up cluster-based allied health services on audiology and clinical psychology in the Hong Kong West Cluster to achieve better service alignment and pooling of expertise
- Consolidated neuro-surgical service into five collaborative centres to dovetail with the development of mega clusters
- Established a referral network for neuro-rehabilitation with defined referral sources
- Developed and implemented a territory-wide service collaboration plan for prosthetics & orthotics with comprehensive coverage to all inpatients and rationalisation of outpatient delivery point in each cluster
- Relocated the ophthalmology day surgery service in Yan Chai Hospital to Caritas Medical Centre to improve efficiency
- Integrated the microbiology and tuberculosis laboratory services at Queen Mary Hospital and Grantham Hospital to improve service quality
- Set up telemedicine link between Ruttonjee & Tang Shiu Kin Hospital and St John Hospital to support the Accident & Emergency service on Cheung Chau Island

Designation of Specialised Service Centres

During the year, the Authority continued to strengthen its clinical services network through designation of specialised service centres. Initiatives in this area included:

- Designated Queen Mary Hospital and Prince of Wales Hospital as bone marrow transplant centres, Grantham Hospital as the centre for complex cardiac cases, and Princess Margaret Hospital as the centre for infectious disease to provide territory-wide coverage for specialised paediatric services
- Formulated development strategy and service plan for setting up a Toxicology Reference Laboratory in Princess Margaret Hospital
- Revised the contingency plan for radiation incidents with reference to hospital networking and rolled out to all clinical staff in the Accident & Emergency Departments
- Reviewed the organisation and provision of trauma service and formulated short-term and long-term plans for improvement
- Reviewed isolation facility and tuberculosis bed requirements in 16 hospitals with the designation of Kowloon Hospital and Grantham Hospital as management centres for multi-drug resistant tuberculosis cases
- Followed up on the Surgical Service Review Report prepared by the international expert panel and formulated proposed directions for future development of specialty services under surgery

- 在四個轉介中心成立治療痛症的跨專科小組，加強為不同聯網的醫院建立長期痛症服務網
- 在港島西聯網建立聽力學及臨床心理學的聯網專職醫療服務，匯集專才以提高工作效率
- 將腦外科服務整合為五個協作中心，配合聯網的發展
- 設立腦科康復轉介網絡，清楚界定轉介單位
- 制定及推行全港性的義肢修復及矯形服務協作計劃，為所有住院病人提供服務及理順各聯網的門診服務
- 將仁濟醫院的眼科日間外科服務遷往明愛醫院，以改善效率
- 整合瑪麗醫院及葛量洪醫院的微生物學及結核病化驗服務，以改善質素
- 在律敦治及鄧肇堅醫院與長洲醫院之間建立遙距醫療聯繫，以支援長洲的急症室服務

設定專科服務中心

為加強臨床服務，醫管局於年內增設更多專科服務中心。這方面的工作包括：

- 在提供全港性的兒科專科服務方面，指派瑪麗醫院及威爾斯親王醫院為骨髓移植中心、葛量洪醫院為處理複雜的心臟病個案中心、瑪嘉烈醫院為傳染病專科中心
- 制定瑪嘉烈醫院毒理參考化驗室的發展策略及服務計劃
- 根據醫院網絡而修訂輻射事故應變計劃，並通知急症室所有臨床職員遵行
- 檢討創傷服務的組織運作，並制定短期及長遠的改善計劃
- 檢討16間醫院治療結核病的隔離設施及病床需求，並指定九龍醫院及葛量洪醫院為治療多種抗藥結核病個案的中心
- 跟進國際專家小組的外科服務檢討報告，就外科專科服務的發展路向作出建議

Infrastructure

To support its highly complex and sophisticated service distribution network, the Authority invested a lot in building up the required infrastructure, focusing mainly on business support services, information technology/information systems, and capital works.

Business Support Services

Taking advantage of the development of a new cluster management structure, the Authority implemented a number of cluster-based initiatives to improve the cost-efficiency of its business support services through consolidation, integration and automation. Major programmes of the year included enhancement of materials management and food service, development of in-house biomedical engineering service, and upgrading of hospital logistics.

Supply Chain Management and Food Service

The following initiatives were implemented in 2001/02 to work towards supply chain management and central food production:

- Developed an enhanced web-based maintenance module of the Asset Management System and rolled it out to all public hospitals together with the Materials Management Inventory Control System to reduce process costs and inventories
- Piloted electronic purchase requisition in Tuen Mun Hospital and United Christian Hospital to streamline the internal ordering process
- Completed a project study on the technical feasibility and financial viability of establishing a Central Food Production Unit for supplying quality food products to inpatients, with strategies for developing the Unit formulated and endorsed by the Authority Board

Biomedical Engineering Services

To improve risk management and quality standards of its biomedical equipment, the Authority developed new contractual relationships with the Electrical & Mechanical Services Trading Fund and established an in-house biomedical engineering team to take over part of the services previously provided by the Electrical & Mechanical Services Department. Since its inception, the in-house biomedical engineering team had put into place an equipment safety hazard alert system, standardised specification for 56 types of equipment, and completed a quality assurance check for high risk equipment items in the ex-subsidised hospitals.

基礎設施

為支援複雜的服務分布網絡，醫管局投放大量資源以建立所需的基礎設施，這主要包括業務支援服務、資訊科技 / 資訊系統及基本工程等。

業務支援服務

隨著新聯網管理架構的實施，醫管局從聯網層面推行多項計劃，透過鞏固、整合及自動化，改善其業務支援服務的成本效益。年內進行的主要工作包括加強物料管理及膳食服務、自行發展生物醫學工程及提升醫院後勤設施。

物料供應連鎖管理及膳食服務

醫管局於 2001/02 年度進行下列工作，以改善物料供應連鎖管理及集中食品製作：

- 在所有公立醫院推行網上資產管理系統保養組件及物料管理存貨控制系統，以減低採購成本及存貨量
- 屯門醫院及基督教聯合醫院實施電子採購系統，以精簡內部訂貨程序
- 就設立中央食品製作組為住院病人供應優質食物一事，完成技術及財政的可行性研究，而設立製作組的策略亦已獲醫管局大會通過

生物醫學工程服務

為改善生物醫學儀器的風險管理及質素標準，我們與機電工程營運基金合作，並發展本身的生物醫學工程小組，處理過去由機電工程署提供的一些服務。自生物醫學工程小組成立以來，該組已制訂儀器安全危險預警系統、56 種儀器的規格，並就前補助醫院的高風險儀器進行質素保證測試。



醫院區域聯網 更增經濟效益

醫院區域聯網的發展，促進醫院之間進一步互補優勢，理順服務，促進培訓，加強資源運用。新架構有助整合臨床服務，及加強鞏固基礎建設和支援服務規劃，增加公共醫療整體經濟效益。

Clustering for greater efficiency As the Hospital Authority moves forward with its mega hospital cluster management structure, clinical services and hospitals are complementing and collaborating in a more cost effective manner. There have already been significant improvements and new efficiencies in the rationalisation and consolidation of hospital infrastructure and supporting services.

Hospital Logistics

In support of the delivery of clinical services, the following programmes were implemented to improve hospital logistics:

- Conducted studies on the technological options for future development of telecommunication and paging systems of public hospitals to develop service improvement plans
- Enhanced the Non-Emergency Ambulance Transfer Service by acquiring two additional vehicles and replacing five vehicles
- Introduced an elderly patient transport service in all clusters to facilitate easy access of outpatient services by frail elderly people
- Implemented a special two-year minor works programme with 83 projects initiated to enhance the repairs and maintenance of hospitals
- Provided 160 fume hoods to ensure chemical safety for staff working in high risk places, and procured 400 adjustable hospital beds to enhance safety of patients and staff

醫院後勤服務

醫管局實施了下列計劃以改善醫院後勤設施，支援臨床服務：

- 研究醫院通訊及傳呼系統的發展技術方案，以制定服務改善計劃
- 添置兩輛及更換五輛救護車，加強非緊急救護車載送服務
- 在所有聯網設立病人載送服務，協助老弱病人到醫院及診所求診
- 實施為期兩年的特別小型工程計劃，開展83項醫院維修保養工程
- 作為預防措施，為處理化學品的職員提供160個防煙罩，以及購置400張可調校的病床，確保病人及職員安全

Information Technology/Information Systems

Clinical Systems

Work priorities of the year were to accelerate the rollout of essential clinical systems in support of the collection and delivery of clinical data for the Electronic Patient Record, to review the architecture of these systems for ensuring future responsiveness and resilience, and to assess the need for new information technologies. Major initiatives included:

- Developed, implemented and upgraded the required corporate information systems and equipment in five hospital extension blocks
- Rolled out the Clinical Management System (Inpatient) to all the remaining 17 non-acute hospitals
- Implemented the Clinical Management System (Outpatient) in the remaining specialty units of five major acute hospitals
- Installed the integrated version of the Psychiatric Clinical Information System and Clinical Management System in the psychiatric units of 12 hospitals
- Extended the Outpatient Appointment System to all the allied health departments to facilitate the booking and scheduling of patient appointments
- Implemented the Laboratory Information and Radiology Information Systems in Ruttonjee Hospital and Yan Chai Hospital to improve the provision of timely laboratory results and radiological reports to clinicians
- Expanded functionality of the Clinical Management System to enhance the documentation and communication of patient outcomes, the streamlining of various clinical processes, the evaluation of clinical care, as well as the provision of decision support to clinicians on drug prescribing

Non-Clinical Systems

The development of non-clinical systems focused on the use of information and Internet technology to support the practice of evidence-based medicine and knowledge management, to facilitate the education of healthcare professionals and patients, as well as to enhance communication internally among clinicians and externally with private practitioners. Information systems were also developed to improve hospital supporting services. For instance, a dietetic and catering management system was implemented in six hospitals to facilitate therapeutic diet management, streamline catering service operations, and develop an inter-hospital patient diet information exchange.

資訊科技／資訊系統

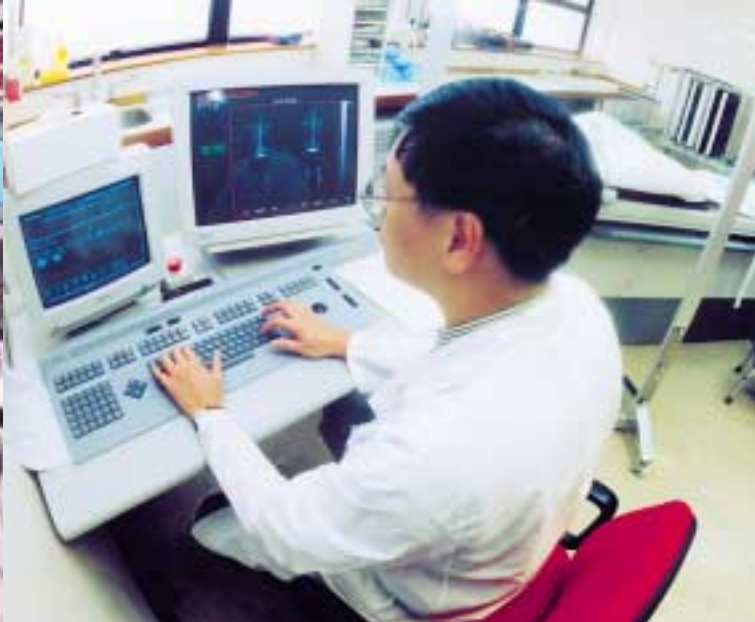
臨床系統

年內，醫管局加快推展可供電子病歷紀錄收發臨床數據的重要系統、檢討臨床管理系統及電子病歷紀錄的系統結構，確保日後的回應速率及復原能力良好，以及評估新科技的應用。已處理的主要工作包括：

- 為五間醫院的新翼大樓建立、實施及提升資訊系統及設備
- 為其餘17間非急症醫院加快實施臨床管理系統(住院)
- 完成在五間大型急症醫院餘下的專科引進臨床管理系統(門診)
- 完成在12間醫院的精神科引進綜合的臨床資訊系統及臨床管理系統
- 在專職醫療部推行門診預約系統，處理病人預約及排期工作
- 在律敦治醫院及仁濟醫院實施化驗資訊系統及放射資訊系統，加快向臨床人員提供化驗結果及放射報告
- 發展及擴充臨床管理系統的功能，以便記錄及傳送診症資料、精簡各種臨床護理程序、進行臨床護理審核，以及支援臨床人員開處藥物的工作

非臨床系統

非臨床系統的發展集中於利用資訊及互聯網科技，以支援實證醫療及知識管理、加強對專業人員及病人的教育，以及促進臨床人員之間及與私家醫生的溝通。我們亦發展改善醫院支援服務的資訊系統。舉例來說，我們在六間醫院實施營養及膳食管理系統，以促進食療管理、精簡膳食服務運作及建立跨醫院的病人膳食資訊聯繫。



面對挑戰 維持服務質素

面對科技和財政的挑戰，醫管局更加著重提升服務成本效益。一方面繼續進行臨床稽核及制訂臨床指引和常規等重要工作，以維持醫護質素。另一方面配合新的聯網安排，集中在指定中心提供高科技而使用量低，專門及先進的服務，力求效益兼備。

Achieving cost effectiveness

Facing with challenges from new medical technologies and resource limitations, the Hospital Authority has been putting extra efforts to enhance cost-effectiveness in service provision. To ensure service quality and standards, clinical audits are conducted and clinical protocols formulated. In line with new clustering management, highly complex medical services with low utilisation, which require specialised expertise and sophisticated equipment, will in future be concentrated in designated centres to ensure efficient and effective service delivery.

Infrastructure Systems

To ensure the operational efficiency of its information systems, the Authority has strived to enhance the capabilities of its information technology infrastructure on an ongoing basis. In 2001/02, the following initiatives were successfully implemented to improve the quality and performance of the information technology services:

- Completed the implementation of system tools to automate the management of workstations installed at hospitals in relation to software distribution, problem resolution and inventory management
- Established the network infrastructure for redevelopment projects in Castle Peak Hospital, Kowloon Hospital, Ruttonjee Hospital and United Christian Hospital
- Piloted the use of Electronic Data Interchange Engine for electronic procurement in the Head Office and interface with the Hong Kong Patient Master Index in Alice Ho Miu Ling Nethersole Hospital and Tuen Mun Hospital
- Replaced the obsolete Mainframe and Unix storage disks with advanced disk storage servers to achieve better performance at reduced unit costs
- Upgraded the network infrastructure in two acute hospitals and ten non-acute hospitals according to the Authority's planned strategy for 2001-2003

基礎設施

為確保資訊系統的運作效能，醫管局於促進其資訊科技基礎設施的工作，從不間斷。就此，我們於 2001/02 年度推行了下述改善措施：

- 引進系統工具，使醫院的終端機在軟件分發、解決問題及存貨管理方面達致自動化
- 為青山醫院、九龍醫院、律敦治醫院及基督教聯合醫院的重建計劃設立資訊網絡
- 總辦事處試用電子數據聯通的採購功能。雅麗氏何妙齡那打素醫院及屯門醫院建立與香港病人總索引的界面聯繫
- 用先進的磁碟儲存伺服器取代主機及 Unix 磁碟貯存器，以較低的單位成本取得更佳效益
- 在兩間急症醫院及 10 間非急症醫院實施醫管局 2001-2003 年度的網絡改善措施

- Enhanced the availability and resilience of mission-critical clinical systems in the mid-range (UNIX) computing environment
- Set up the Information Technology Call Centre to provide integrated problem management, advanced technology for call routing and caller identification, as well as problem detection and remote monitoring
- Piloted the introduction of mobile computing for selected inpatient clinical functions and for remote access in the provision of community-based nursing services to improve communication
- Provided assistance to Health & Welfare Bureau in conducting the Project Definition Study for Hong Kong's Health Information Infrastructure

Capital Works

To meet the increasing healthcare needs arising from an ageing and growing population, the Authority continued to plan and construct new facilities and redevelop existing facilities in its hospitals, taking into account the latest development trends in modern healthcare delivery. In 2001/02, the following capital works projects had been implemented:

- Completed the remodelling of Tsan Yuk Hospital into an ambulatory care centre after relocation of its inpatient obstetrics and neonatal services to Queen Mary Hospital in November 2001
- Completed the construction of a Trauma & Emergency Centre at the Accident & Emergency Department of Prince of Wales Hospital in March 2002
- Refurbished the facilities of MacLehose Medical Rehabilitation Centre
- Implemented redevelopment plans to improve the facilities in Caritas Medical Centre, Castle Peak Hospital and Kowloon Hospital

- 在中程的電子計算環境(Unix)加強重要臨床系統的使用方便程度及復原能力
- 成立醫管局資訊科技召喚中心，以施行綜合問題處理系統、先進的召喚路線及召喚人識別科技，以及問題檢測及遙距監察
- 引進流動電子計算功能以執行一些院內臨床工作，以及透過遙距電子通路，促進社康護理服務的聯繫
- 協助衛生福利局就香港的醫療資訊基礎設施進行計劃界定研究

基本工程

為應付人口老化及增長所帶來的醫療需求，醫管局參照現代醫療服務的發展趨勢，不斷規劃及興建新設施，以及重建轄下醫院的設施。在 2001/02 年度進行的基本工程包括：

- 於 2001 年 11 月將贊育醫院的住院產科及初生嬰兒服務遷往瑪麗醫院，並將該院改為日間護理中心
- 於 2002 年 3 月完成威爾斯親王醫院急症室的創傷及急症中心興建工程
- 完成麥理浩復康院的翻新工程
- 實施重建計劃，改善明愛醫院、青山醫院及九龍醫院的設施

Quality of Care

醫護質素

Major programmes to enhance the systems and tools necessary for delivery of quality care in 2001/02 included improvements in mental health and pharmacy services, development of evidence-based medical practice, implementation of the mechanism for safe introduction of new procedures, clinical audits, and review of the complaints management system.

我們於 2001/02 年度推行各項計劃，包括改善精神健康及藥房服務、發展實證醫學、實施安全引進新醫療程序的機制、進行臨床審核，以及檢討投訴處理制度，確保醫護質素良好。

- Enhanced the availability and resilience of mission-critical clinical systems in the mid-range (UNIX) computing environment
- Set up the Information Technology Call Centre to provide integrated problem management, advanced technology for call routing and caller identification, as well as problem detection and remote monitoring
- Piloted the introduction of mobile computing for selected inpatient clinical functions and for remote access in the provision of community-based nursing services to improve communication
- Provided assistance to Health & Welfare Bureau in conducting the Project Definition Study for Hong Kong's Health Information Infrastructure

Capital Works

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Improvements in Mental Health and Pharmacy Services

In recognition of the significant morbidity and even mortality associated with mental health problems in the community, the Authority had accorded priority over the development of its mental health services with implementation of the following initiatives in 2001/02:

- Increased the number of Community Psychiatric Teams from five to eight to achieve territory-wide coverage
- Provided new psychiatric drugs to 2949 suitable patients to improve their quality of life
- Developed and administered a new model for early detection of problems to 1727 young people with mental illness, of whom 674 had subsequently received timely treatment.

Emphasis this year was also put on enhancing effectiveness of the care process through rolling out the following improvements to the Authority's pharmacy services:

- Expanded functions of the pharmacy systems to support automated dispensing and rollout of the Clinical Management System to hospitals
- Revamped the drug database to support the provision of drug prescribing decision support to clinicians
- Established satellite pharmacy service in two acute hospitals and round-the-clock pharmacy service in three acute hospitals to ensure drug safety for inpatients
- Set up medication compliance clinics in four specialist outpatient clinics to improve drug compliance of patients and to increase their drug knowledge

Evidence-based Medical Practice

Building on the foundations laid and the momentum generated from past years' development, the Authority continued to promote the practice of evidence-based medicine among its frontline clinicians. Major initiatives introduced during the year included:

- Organised seven specialty-based critical appraisal skills workshops, two meta-analysis workshops and two clinical guideline development symposia to equip clinicians with the necessary knowledge and skills for using best evidence in clinical decision making
- Coordinated a multi-centred clinical trial to assess effectiveness of Low Molecular Weight Heparin in local Chinese Stroke patients

改善精神健康及藥房服務

鑑於與精神健康有關的個案日增，部分個案甚至導致死亡，故此醫管局將發展精神健康服務訂為重點工作。我們在 2001/02 年度推行下列措施：

- 社康精神科小組由五組增至八組，提供覆蓋全港的社康精神科服務
- 為 2,949 名病人提供新的精神科藥物，以改善病人的生活質素
- 推行一個早期監測模式，為 1,727 名有精神健康問題的青少年驗診，並為其中 674 人及早提供治療

年內，我們就藥房服務推行了下列改善措施，用以加強醫護成效：

- 增強藥房系統的功能，以支援自動化配藥及在醫院推行臨床管理系統
- 重整藥物數據庫，支援臨床人員開處藥物的工作
- 在兩間急症醫院設立衛星藥房，並在三間急症醫院提供 24 小時藥房服務，確保住院病人的藥物安全
- 在四間專科門診診所設立病人服藥療效跟進服務，提供輔導及加強病人對藥物的認識

實證醫療

醫管局在過去數年所建立的基礎上，繼續向前線臨床人員推廣實證醫療。年內進行的主要工作包括：

- 舉辦七次專科文獻批判技巧工作坊、兩個綜合科研數據分析工作坊及兩個臨床指引研討會，協助臨床人員掌握所需知識及技能，於臨床決策時善用實證
- 統籌多個中心的臨床試驗，以評估低分子量肝素對本港中風中國人的療效



- Developed and promulgated clinical guidelines on a wide range of disease conditions or clinical services, including leukemia, diabetic mellitus, chronic obstructive pulmonary disease, acute epiglottitis, upper gastrointestinal bleeding, point-of-care pathology testing, infirmary service, fall prevention, bed sore management, radiosurgery treatment for common brain tumors, oncology for osteosarcoma and lymphoma, specialty nursing service in continence, rehabilitation, orthopaedic & traumatology and Accident & Emergency, management of viral croup and Kawasaki Disease, management of sexual assault victims, and pharmaceutical service delivery
- Improved knowledge management by implementing the electronic Knowledge Gateway for eight clinical specialties, upgrading its hardware and data infrastructure and extending electronic journal access to all hospitals
- Installed additional workstations, data ports together with the peripheral equipment and necessary software in hospital wards to facilitate access to the Authority's Library Information System, electronic mail function, as well as the Intranet and Internet websites
- Developed a web application on the toxicology of Traditional Chinese Medicine to provide clinicians with a handy electronic database on the drug data of some common poisonous Chinese Medicine
- Conducted project definition studies for the Trauma Registry System, the Blood Transfusion Networking System, interface of Community-based Nursing Service with the Clinical Management System, the Operating Theatre Management System, and the Antibiotic Resistance Surveillance System
- 就多種疾病或臨床服務制定及頒布指引，包括白血病、糖尿病、慢性阻塞性肺病、急性會厭炎、上胃腸道出血、在護理點進行的病理學化驗、療養服務、預防摔跌、褥瘡治理、常見腦腫瘤的放射外科治療、骨肉瘤及淋巴瘤腫瘤科、失禁／康復／矯形及創傷外科／急症室專科護理、病毒類別及川崎病治理、對性侵犯受害人的治理，以及藥劑服務
- 改善知識管理，包括設立八個臨床專科的電子知識通道、加強硬件及數據基礎設施，以及將醫管局所有醫院接達電子醫療刊物資料庫
- 在醫院病房增設工作站、數據埠、周邊設備及所需軟件，用以接連醫管局圖書館資訊系統、電子郵件、內聯網及互聯網
- 發展網頁應用程式，以便臨床人員查閱一些常見的有毒中藥資料
- 就創傷紀錄系統、輸血網絡系統、社康護理服務與臨床管理系統之間的聯繫、手術室管理系統及抗生素耐藥性監測系統等進行界定研究



病人安全為前提 對於昂貴的嶄新醫療科技及藥物，醫管局的大前提是要確保病人安全。醫管局針對科技的療效和成本效益，繼續探討臨床實證，協調本地和國際經驗，以及研究引入這些科技對病人的安全性，倫理和財務考慮。

Stronger evidence - better decisions

Decisions on adopting rapidly emerging and often expensive new medical technologies and medications clearly involve far more than accurate costing. They require refined and centralized ways of examining the clinical evidence. In addition, local and international experience must be well coordinated and patient safety and ethical aspects must be given the first priority.

Mechanism for Safe Introduction of New Procedures

To ensure the introduction of emerging medical technologies and interventions in a safe and coordinated manner, the Authority implemented a corporate mechanism for safe introduction of new procedures into its clinical service system commencing February 2001. A central review mechanism was set up to vet the new procedure applications with participation of the Clinical Coordinating Committees and a central register of the new procedures was established for reference of clinicians.

Clinical Audits

As an important tool for assuring the quality of patient care, clinical audit was widely conducted by professionals of various disciplines in the Authority. During the year, clinical audit programmes were performed on the following subjects to identify areas for improvement:

- the utilisation of general-purpose ultrasound in non-radiology departments in 13 acute hospitals;
- the availability of diagnostic and staging information in breast cancer patients referred for adjuvant treatment;
- the radiation shielding, patient communication and report turnaround time in radiology;
- the outcome of chest pain management;
- the Community Nursing Service and Community Psychiatric Nursing Service;
- restraint of patient, naso-gastric tube feeding and wound dressing; and
- compliance to guidelines in prosthetics & orthotics, dietetics, and diagnostic radiology.

安全引進新醫療程序的機制

為了安全及有系統地引入新科技及醫療程序，醫管局由 2001 年 2 月起施行安全引進新醫療程序的機制。我們亦成立了一個中央檢討機制，在各臨床專科統籌委員會協助下，評審新醫療程序的使用及制定一份新醫療程序清單供臨床人員參考。

臨床審核

臨床審核是確護理質素的重要工具，獲醫管局各專科人員廣泛採用。年內，醫管局審核下列各項的臨床表現，以改善服務：

- 在 13 間急症醫院的非放射學部門使用一般超音波儀器的情況；
- 接受輔助治療乳癌病人的診斷及分期資料；
- 放射學部的輻射防護、病人溝通及報告回轉時間；
- 胸痛治療成效；
- 社康護理服務及精神科社康護理服務；
- 約制病人、胃喉餵飼及傷口敷藥；以及
- 義肢矯形、營養膳食及放射診斷指引的遵行情況。

投訴是改善服務的動力

醫管局的公眾投訴委員會直屬醫管局大會，負責審議及決定所有投訴及上訴個案，是局內處理投訴的最高組織。為了貫徹醫管局公平、公正及公開的處理投訴原則，委員會成員全部來自社區，包括法律、會計、宗教、病人、學術、醫護及教育界等代表。年初，主席陳清霞女士帶領委員到英國考察，交流經驗。

Public complaints - a learning opportunity

The independent Public Complaints Committee under the Hospital Authority Board examines and passes judgment on all public complaints and appeals cases. Patient groups representative serves on this Committee, with other members being drawn from the legal, financial, academic and health care professions as well as religious representatives. A delegation of committee members led by the chairlady Miss Eliza Chan has visited the United Kingdom to observe how patient complaints are handled there.

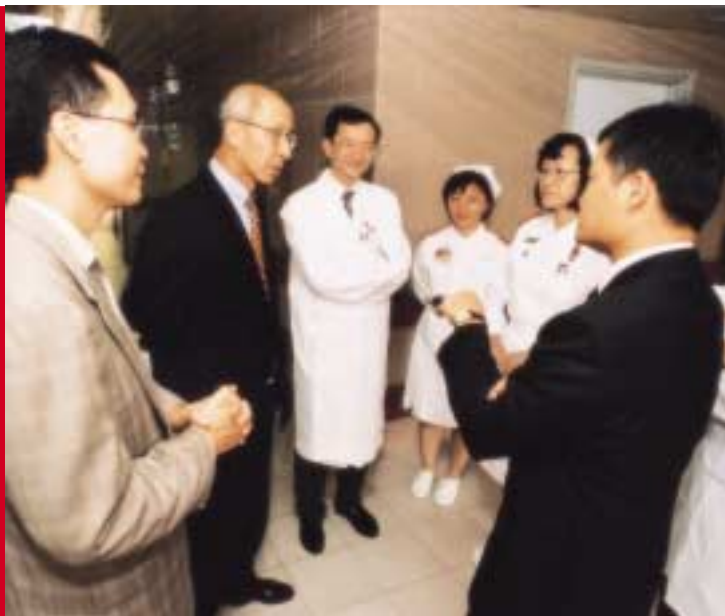


Complaint Management System

In an effort to strengthen its complaints management function, the Authority's Public Complaints Committee conducted an overseas visit to Singapore and the United Kingdom to study their systems of handling patient complaints. Observations during the visit had been converted into recommendations for improving the Authority's two-tier complaints management system. In response to Government's proposal to improve the existing patient complaint mechanisms in the Consultation Document on Healthcare Reform, the Authority completed a comprehensive review on its internal system of handling patient complaints and implemented a number of concrete improvement proposals, including designating Complaint Managers to provide timely handling of complaints at the hospital level, improving reporting and monitoring of complaints, and expanding membership of the Public Complaints Committee.

投訴管理制度

為促進投訴管理工作，醫管局的公眾投訴委員會前往新加坡及英國實地考察，研究兩地的病人投訴處理制度。委員會根據觀察所得提出一些建議，以改善醫管局的兩層投訴處理制度。政府在醫療改革諮詢文件中，建議改善現行病人投訴機制。就此，醫管局已全面檢討其病人投訴處理制度，並實施了多項具體改善建議，包括在醫院層面委派投訴經理盡快處理投訴、改善呈報及監察工作，以及增加公眾投訴委員會的成員數目。



Other Improvement Initiatives

Other initiatives implemented during the year to improve the quality of care included:

- Launched the universal antenatal HIV/AIDS screening programme and provided treatment to patients identified to be HIV-positive
- Introduced nucleic acid testing for the donated blood
- Reviewed and established engineering design standards for isolation and infection control facilities
- Enhanced timely communication and knowledge acquisition on infection control by providing information technology support to Infection Control Officers in the acute hospitals
- Piloted a framework for benchmarking the quality of X-Ray films

其他改善措施

年內推行的其他服務改善措施包括：

- 為所有產婦進行愛滋病毒產前測試，並為呈陽性反應者提供治療
- 對捐贈血液作核酸檢查
- 檢討及制定隔離及傳染病控制設施的工程設計標準
- 為急症醫院的感染控制人員提供資訊科技支援，加強溝通及資料傳遞
- 訂立測定 X 光片質素的基準架構

Human Resource Capabilities and Management

人力資源的能力及管理

To meet the challenges of a changing environment and to support the new clustering arrangement, strengthening the human resource capabilities and management continued to be one of the work priorities of the Authority in 2001/02. In this regard, a review was conducted on the human resource management function of the Authority with a view to identifying its strengths and weaknesses as well as enhancing its role as strategic partner to line managers. As a result of the review, the Head Office's human resource function was reorganised with expertise decentralised to clusters to facilitate organisation development.

為應付環境的轉變及支援新的醫院聯網架構，醫管局於 2001/02 年度繼續以加強人力資源的能力及管理為首要工作之一。為此，醫管局就其人力資源管理系統進行了檢討，以研究其優劣及使之成為管理人員的策略夥伴。其後，總辦事處的人力資源職能亦已重組，並下放至聯網層面執行，以利機構發展。



主席總裁與前線對話 全港就業市場欠佳，職員流失率低，影響了晉升及培訓機會，亦可能損及職員士氣及員工關係，醫管局也面對這難題。主席羅嘉瑞醫生及行政總裁何兆煒醫生定期與員工代表見面，聆聽和分享他們的意見和心聲。

Direct dialogue keeps communication channels open

The low staff turnover caused by current weaknesses in the local job market can hold back promotion prospects and thin out trainee intake. To preserve and strengthen staff morale and relations, open discussion of these and other issues is essential. So Chairman Dr Lo Ka Shui and Chief Executive Dr William Ho meet regularly with staff representatives to communicate and share their views, suggestions and aspirations.



工作量日增 過去十年，公共醫療服務不斷改善，贏得公眾信任和支持。有此成績，全賴醫管局前瞻而進取的管理環境，持續學習及增值文化，及盡忠職守的團隊，以及完善的服務體制及設施。目前面對的主要問題，是要在財政極為緊絀的情況下應付不斷增加的工作量。

Sound culture softens resource constraints

The Hospital Authority has gained public confidence and support through a progressive management environment and a culture of continuous and value-added learning. It has developed professional and dedicated teams as well as reputable service delivery systems and facilities. All these have prepared it well for the current challenge of managing an ever-increasing public demand within a constrained budgetary situation.

Senior Management Structure and Executive Development

In line with the direction of organisation development approved by the Authority Board, the senior management structure of the Authority had been reorganised. Under the new structure, organisation capabilities of the Authority's core management team, comprised of the Chief Executive, the Cluster Chief Executives and a number of Directors in the Head Office, was strengthened to better reflect current needs. As part of the executive development plan and taking the opportunities evolved in the new cluster management structure, job rotations for some senior executives and Hospital Chief Executives were implemented and a number of team building programmes were organised for 36 senior executives during the year.

高層管理架構及行政發展

為貫徹醫管局大會通過的機構發展路向，醫管局重組了它的高層管理架構。行政總裁、聯網總監及數位總監組成了一個更具凝聚力的核心管理小組，推動目前各項重要工作。隨著新聯網管理架構的發展，醫管局於年內落實行政發展計劃，安排一些高級行政人員及醫院行政總監輪調工作崗位，以及為 36 名高級行政人員舉辦團隊發展課程。

Grade Review

To cope with changes in healthcare practices and to optimise utilisation of human resources, the Authority conducted ongoing reviews on the grade structures of its various types of staff. A new grade structure was implemented in November 2001 for support service staff to enhance the delivery of general support services. Grade reviews were also performed for pharmacy and nursing services to support the development of new patient care delivery model. Recommendations of the grade reviews were being rolled out in phases.

Workload of Frontline Staff

In 2001/02, the Authority recruited 303 additional doctors to relieve the workload of busy departments, facilitating compensation for statutory holidays, better arrangement of on-call duties and provision of rest periods after long hours of work. A high-level working group was set up in the Head Office to coordinate and monitor the measures taken by hospitals to address the long working hour issue of public doctors. Ongoing efforts were made to enhance communication between frontline supervisors and doctors to reach mutually agreed arrangements on the provision of rest days.

職系檢討

為應付醫療服務的轉變及善用人力資源，醫管局不斷檢討其職系架構。2001 年 11 月，我們為支援服務人員採用新的職系架構，以加強一般支援服務。此外亦檢討了藥房及護理職系，以便推展新的病人護理模式。各項檢討建議現正分階段予以實施。

前線人員的工作量

醫管局在 2001/02 年度增聘了 303 名醫生，以紓緩繁忙部門的工作量、使醫生可放取法定假期補假、改善候召當值安排，以及讓醫生在長時間當值後可以休息。醫管局總辦事處成立了一個由高層人員組成的工作小組，負責統籌及監察各醫院為解決醫生工時過長問題而進行的工作。醫管局並致力加強前線主管及醫生之間的溝通，以便就休息日達成雙方同意的安排。



員工表現實幹精神 市民對公營醫療服務需求一直上升，加上醫療科技及程序不斷發展，成本飛升，是醫管局另一個財政壓力來源。財政緊絀而需求不減，令公共醫療系統負荷日重，前線人員疲於應付，但仍堅守崗位，表現專業實幹精神，致力保持素質水平，為市民服務。

Rising to the challenge

The demand for public health care services is ever increasing and the newest medical technologies and procedures are often undeniably expensive. The budgetary situation, however, is becoming more stringent. Despite the extra strain that such stringency places on the Hospital Authority's frontline teams, their dedication, competence and professionalism remain undimmed and their culture of service to patients continues to be exemplary.

To alleviate workload of other healthcare professionals, 190 additional nurses and 155 allied health staff were employed during the year. Some 1,920 care workers were also recruited to enhance direct patient care in support of the Government's Initiatives for Wider Economic Participation Programme. These workers provided support at hospital wards, clinical departments, clinics and other departments under pressure. They also provided assistance to healthcare professionals in the delivery of community services and outreach support for discharged mental patients.

Management of People Resources

To steer the development of manpower indicators, a corporate-wide survey was conducted to collect relevant manpower and service level data for the key administrative and support services, including Human Resources Service, Food Service, Domestic/Hotel Service, Patient Records & Information Management, and Patient/Community/Media Relations. With the assistance of all General Managers (Administrative Services) and on the basis of the survey findings, manpower indicators for these administrative and support staff groups were developed to provide hospital management with some useful planning information for manpower review and service improvement.

To ensure optimal utilisation of human resources, existing staff were re-deployed to support the opening of new beds and services. A total of 779 staff proceeded on early retirement in 2001/02 under the Government's Voluntary Retirement Scheme, resulting in substantial productivity savings.

為紓緩其他醫護人員的工作量，醫管局於年內增聘了190名護士及155名專職醫療人員。醫管局亦積極支持政府的扶貧計劃，於年內聘請了1,920名護理工作人員，加強直接護理病人的工作。這些人員被派往繁忙的醫院病房、臨床部門、診所及其他部門工作，並協助醫護人員為出院精神病人提供社區外展支援服務。

管理人力資源

為發展人力指標，醫管局進行了一項調查，就人力資源、膳食、內務／酒店服務、醫療紀錄及資訊管理、病人／社區／傳媒關係等主要的行政及支援服務，收集人力及服務水平數據。各行政事務總經理根據調查結果，制定這些行政及支援職系的人力指標，為醫院管理層提供了有用的人力檢討及服務規劃資料。

為了善用人力資源，我們重新調配現有職員，以應付開設新病床及服務的人手需求。在2001/02年度，共有779名職員參加了政府的自願退休計劃，因而節省了不少資源。





實證為本 終身學習 面對日新月異的醫療科技，醫管局發展一系列的知識管理措施。醫療知識管理為醫護專業人員提供最佳實證以助決策和服務。發展電子知識通道，可以加強應用實証知識及實証醫學。年內，又設立網上學習中心，支援專業人員持續學習。

Digitally determined Improved clinical decisions and vigorous professional development for enhanced patient services depend heavily on amassing the best evidence and on being able to access it readily. The Hospital Authority meets such requirements by harnessing the latest digital technology, principally through its electronic knowledge gateway (eKG) and its e-Learning Centres for continuous learning of healthcare professionals.

Enhancement of Professional Competence

During the year, focus was put on applying the core competency sets in the Staff Development Review process. Core competency based Staff Development Review was piloted and rolled out to a number of staff grades, including doctors, registered nurses, medical social workers, medical technologists/laboratory technicians, radiographers, and prosthetist-orthotists.

In-house training programmes, commissioned training and overseas sponsorship training were organised throughout the year to enhance competencies of clinical, administrative and supporting staff in support of services directions. A total of 6,888 doctors, 23,039 nurses, 7,783 allied health professionals and 6,908 other administrative/supporting staff attended these programmes.

加強專業才能

年內，我們於職員發展檢討中引入核心才能，並向醫生、註冊護士、醫務社會工作員、醫務化驗師／實驗室技術員，放射技師及義肢矯形師等職系推行。

醫管局於年內舉辦了多項培訓課程、托辦培訓及海外培訓課程，藉以加強臨床人員、行政及支援服務人員的才能，參加課程的包括 6,888 名醫生、23,039 名護士、7,783 名專職醫療人員及 6,908 名其他行政及支援服務人員。



研討大會 中外交流 每年的「醫院管理局研討大會」是醫療界的一大盛事。為期數天的會議，為業界提供了一個與海外學者專家就一些前瞻性的醫療課題討論爭鳴的場合，互相交流知識，分享經驗。在 2001 年，醫管局與「國際醫院聯盟」合辦會議，參加者超過 2000 多人，來自本港，內地，及四十多個海外國家。

Internationally connected The Hospital Authority Annual Convention has long been Hong Kong's most visible health care forum. It provides a platform where local and overseas health care professionals can discuss recent developments and exchange views on the direction and vision of health care issues. In 2001, the Hospital Authority and the International Hospital Federation (IHF) hosted a joint convention attracting more than 2,000 qualified participants from Hong Kong, the Mainland and some 40 countries.



關懷照顧者 醫管局一向重視及推動關懷文化，關心病人的同時，也關心員工健康及職業安全。年內委任職員健康大使，推廣「關懷照顧者」計劃，致力減低職業風險，促進工作效率和為員工提供心理支援。

Staff Health Ambassadors programme launched In fulfilling its community role, the Hospital Authority is very much in the business of caring. This caring culture also extends to the occupational safety and health of its own staff. The new Staff Health Ambassadors programme follows the principle of "Caring for the Carers". To minimize occupational hazards and risks, everyone is encouraged to work smarter, and staff receive support at individual and group levels.

To enhance hospital and healthcare management capabilities, the Authority co-organised the International Hospital Congress 2001 with the International Hospital Federation from 15 to 18 May 2001 at the Hong Kong Convention & Exhibition Centre. Participated by over 2,000 delegates with about 500 from 44 overseas countries, the Congress was a great success in promoting the share of knowledge and experience on healthcare management among local and overseas healthcare professionals.

Eight workshops/seminars on clinical ethics and care for the terminally ill were organised for frontline healthcare professionals to develop their competence and expertise in handling clinical ethical issues. In connection with this, a group of seven Authority members and staff were sponsored to attend a five-day structured course on medical ethics in the United Kingdom. To implement the Medical Council's revised professional code and conduct on care of the terminally ill, a set of guidelines was developed and promulgated to staff of the Authority and related professional associations, academic organisations and patient support groups.

為強化醫院及醫療管理，醫管局與國際醫院聯盟在 2001 年 5 月 15 至 18 日假香港會議展覽中心合辦 2001 年國際醫院聯盟會議。這次會議的參加者超過 2,000 人，其中約 500 名來自 44 個海外國家，有助促進本港及外地醫療管理人員交流知識及經驗。

我們亦為前線醫護人員舉辦了八個有關末期病人護理的醫療倫理工作坊／研討會，以拓展他們處理醫療倫理事宜的能力及專長。醫管局亦贊助了七名人員往英國參加為期五天的醫療倫理課程。此外，為實施香港醫務委員會經修訂的末期病人護理專業守則，我們制定了一套指引，並向醫管局員工、各有關專業及學術團體，以及病人支援組織公布。

Electronic Learning Centre

To leverage on today's web based technology, an Electronic Learning Centre was developed and commenced operation in July 2001 through the Hospital Authority Intranet and Internet. This new platform provided staff with a timely and convenient access to training information and interactive training courses that could be taken at their own pace and location. Since its inception, the Centre's list of e-learning courses continued to grow, incorporating a good number of subscribed management and computer skills courses as well as the in-house developed professional/clinical courses. With the organisation of a series of road-shows and demonstrations, the number of registered users of the Centre increased rapidly to exceed 15,000 by end of the fiscal year.

Staff Health and Wellness

To maintain a healthy workforce and to build a caring and positive work environment in the Authority, a team of Staff Health Ambassadors were appointed during the year to help launch a series of thematic programmes focusing on "Mental Health & Stress Coping", "Happy Family & Happy Work" and "Healthy Lifestyle". Through hospital visits, follow-up on injury-on-duty cases, establishment of staff health resources corners and the Staff Health Letter Box, both the commitment of line managers and staff members to promote a quality work life in the Authority was greatly enhanced.

Staff Communication and Relations

To support implementation of the new cluster management structure in the pilot clusters, communication strategy and action plans were formulated and implemented to keep staff abreast of the latest developments and to involve them in the change process. Open forums, letters to staff, cluster newsletters, designated cluster websites and cluster conferences were organised to align common objectives, directions and the way forward among key stakeholders.

In addition, a number of sharing sessions and two large-scale seminars on internal communication strategies and practices were conducted in the year to identify ways and means of enhancing communication and collaboration.

網上學習中心

醫管局充分利用現今的網上科技，於2001年7月成立網上學習中心，職員可透過內聯網及互聯網閱覽培訓資料及登入互動培訓課程，並按照本身的進度學習，而不受時地限制。網上學習中心陸續增辦課程，例如管理及電腦課程，以及局內編訂的專業／醫療課程。經過多個巡迴展覽及示範講解後，中心的登記使用者在本年度急升至超過15,000人。

職員的身心健康

為確保職員健康及締造關懷員工的環境，醫管局在年內委派員工健康大使，推廣「精神健康及壓力處理」、「家庭多Fun工作滿分」及「健康生活方式」等計劃。此外，透過醫院探訪、跟進工傷個案、設立職員健康資源角及職員健康信箱等，亦大大加強了管理人員及員工對促進優質工作生活的積極性。

員工溝通及關係

隨著新聯網管理架構的實施，醫管局制定及推行各項溝通策略及行動計劃，讓員工能夠掌握最新的發展情況及參與發展過程。我們透過公開論壇、致函員工、聯網通訊、專設網頁及聯網會議等，與各主要服務參與者積極聯繫，制定共同的目標、方針及路向。

此外，我們在年內舉辦了多個分享會及兩個內部溝通策略及實踐研討會，探討加強溝通協作之道。

Distribution of Public Hospitals and Institutions

公立醫院及醫療機構的分布

HONG KONG WEST 香港西

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

HONG KONG EAST 香港東

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

KOWLOON CENTRAL 九龍中

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

KOWLOON WEST 九龍西

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

KOWLOON EAST 九龍東

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

NEW TERRITORIES EAST 新界東

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

NEW TERRITORIES NORTH 新界北

- 40 Castle Peak Hospital 青山醫院
- 41 Pok Oi Hospital 博愛醫院
- 42 Siu Lam Hospital 小欖醫院
- 43 Tuen Mun Hospital 屯門醫院





Highlights of initiatives in Hospital Clusters

Major initiatives undertaken by Hospital Clusters for Service Improvement during 2001/2002

Hong Kong East Cluster

- Established new cluster management structure in June 2001
- Formed 11 clinical and three allied health integrated teams in the cluster to manage services
- Reengineered service delivery models and implemented more flexible manpower deployment in the cluster
- Enhanced accessibility of hospital facilities and equipment to patients in the cluster
- Set up a Cluster Quality & Risk Management Committee to drive changes in high risk areas
- Developed multi-disciplinary care plan extending from acute to convalescent care to shorten length of stay
- Implemented a structured triage system for common medical conditions to manage access
- Established inter-hospital transfer guidelines and quota to reduce waiting time
- Streamlined and standardised clinical protocols
- Enhanced community outreach services to reduce over 20% unplanned readmissions and 18% Accident & Emergency attendances of geriatric patients
- Organised outreach clinics and block booking of appointments for infirmary patients
- Provided multi-disciplinary neuro-rehabilitation
- Implemented outreach community rehabilitation programmes and services through mobile clinics for high-risk and frail patients
- Extended the Diabetes Mellitus Shared Care Programme to private practitioners
- Implemented Breast Imaging Partnership Programme with privately operated centres and breast surgeons
- Trained community carers and volunteers as health partners of the cluster
- Increased day and ambulatory services to minimise in-patient needs
- Enhanced efficiency and output of Ophthalmology services through day surgery and triage clinic
- Reorganised pathology laboratories to achieve economy of scale and to provide core emergency laboratory service at community hospitals
- Extended cook-chill catering service to all cluster hospitals
- Reduced the over usage of the Non-Emergency Ambulance Transfer Service by 5%
- Implemented Laboratory Information System and Radiology Information System for efficient transfer and retrieval of information
- Promoted occupational health and safety in hospitals and provided relevant training to staff
- Shared staff welfare facilities and organised joint training programmes for staff across the cluster
- Established tele-medicine link between Ruttonjee & Tang Shiu Kin Hospitals and St John Hospital
- Formulated a disaster contingency plan for Cheung Chau
- Develop St. John Hospital as an accredited Family Medicine Training Centre
- Attained ISO accreditation for Clinical Oncology services

聯網工作概覽

2001/02 年度醫院聯網的主要服務改善工作

港島東聯網

- 於 2001 年 6 月設立新的聯網管理架構
- 成立 11 個臨床及 3 個專職醫療隊伍以整合服務
- 重整服務模式及更靈活地調配人手
- 提高病人使用醫院設施及儀器的方便程度
- 成立聯網服務質素及風險管理委員會，以處理高危醫療務
- 制定急症以至療養服務的跨科護理計劃，縮短病人住院期
- 就常見的內科疾病實施分流制度，調節使用情況
- 訂立轉院指引及名額，縮短輪候時間
- 簡化及劃一臨床常規
- 加強社區外展服務，減少年老病人的未經預約再入院比率及往急症室求診的情況，減幅分別超過 20% 及 18%
- 為護養病人設立外展診所及分批預約
- 提供跨科合作的腦科康復服務
- 推行社區康復外展計劃及服務，為容易發病及體弱病人設立流動診所
- 與私家醫生合作推行糖尿病護理計劃
- 與私營醫療機構及外科醫生合作推行乳房掃描計劃
- 為社區照顧者及義工提供培訓，使他們成為聯網的健康夥伴
- 拓展日間服務以減少住院需要
- 透過日間外科及分流診所，加強眼科服務的效率和處理量
- 重組病理學化驗室以達致經濟效益，並在社區醫院提供緊急化驗服務
- 推展速凍烹製膳食服務至所有聯網醫院
- 減少非緊急救護車載送服務使用率 5%
- 實施化驗資訊系統及放射資訊系統，方便資料傳送及檢索
- 在醫院推廣職業健康及安全，並為職員提供培訓
- 聯網職員共用福利設施及進行聯合培訓
- 建立律敦治及鄧肇堅醫院與長洲醫院的遙距醫學聯繫
- 為長洲居民制定災難應變計劃
- 將長洲醫院發展為認可家庭醫學培訓中心
- 為臨床腫瘤服務獲取 ISO 質素認證

Hong Kong West Cluster

- Relocated Tsan Yuk Hospital's inpatient obstetrics and neonatal services to Queen Mary Hospital and remodelled the hospital into an ambulatory care centre to provide one-stop outpatient and community services for women and the elderly
- Took over the management and operation of Sai Ying Pun General Outpatient Clinic from the Department of Health
- Integrated rehabilitation services at Duchess of Kent Children's Hospital, Fung Yiu King Hospital, MacLehose Medical Rehabilitation Centre and Tung Wah Hospital to improve service quality and efficiency through sharing of medical expertise across hospitals
- Piloted a patient transport service to help frail elderly patients receive outpatient service in cluster hospitals and clinics
- Integrated the microbiology and tuberculosis laboratory services of Queen Mary Hospital and Grantham Hospital to improve service quality and achieve manpower savings
- Established cluster-based clinical psychology and audiology services to improve service quality and efficiency through better service alignment and pooling of expertise
- Integrated prosthetic and orthotic services of the cluster by setting up a prosthetic centre at MacLehose Medical Rehabilitation Centre and three satellite clinics at Tung Wah Hospital, Queen Mary Hospital, Duchess of Kent Children's Hospital and David Trench Rehabilitation Centre
- Piloted a community speech therapy project to identify the need for and evaluate the outcome / benefit of out-reach speech therapy service to residents of old age homes with neurological dysphasia
- Established direct transfer arrangement for heart failure patients from the Accident & Emergency Department of Queen Mary Hospital to the cardiac unit of Grantham Hospital to streamline transfer procedures and improve efficiency of care
- Enhanced the family medicine training programme by expanding service capacity of the integrated clinic at Tsan Yuk Hospital
- Completed installation of the Picture Archiving Communication System in Duchess of Kent Children's Hospital, creating a total filmless operation environment in the hospital

港島西醫院聯網

- 贊育醫院產科及初生嬰兒住院服務遷往瑪麗醫院，並重新發展為日間護理中心，為婦女及老人提供一站式門診及社區服務
- 從衛生署接管西營盤普通科門診診所
- 整合大口環根德公爵夫人兒童醫院、馮堯敬醫院、麥理浩復康院及東華醫院的復康服務，共用專長以改善服務質素及效率
- 設立病人載送服務，接載年老體弱的門診病人往聯網醫院及診所
- 整合瑪麗醫院及葛量洪醫院微生物學及肺結核化驗服務，以改善服務質素及減省人手
- 設立聯網臨床心理學及聽力學服務，加強服務協調及共用專長，從而改善服務質素及效率
- 整合聯網的義肢修復及矯形服務，在麥理浩復康院設立義肢修復中心，以及在東華醫院、瑪麗醫院、大口環根德公爵夫人兒童醫院及戴麟趾康復中心設立衛星診所
- 推行社區言語治療計劃，研究護老院的言語障礙患者對外展服務的需求及評審治療成效
- 直接將瑪麗醫院急症室的心臟衰竭病人轉送葛量洪醫院心臟科，以簡化轉院程序及改善護理效率
- 拓展贊育醫院綜合診所的服務以加強家庭醫學培訓
- 在大口環根德公爵夫人兒童醫院裝設圖像資料系統，建立無菲林的運作環境

Kowloon East Cluster

- Opened 91 additional acute beds in United Christian Hospital
- Opened four additional intensive care beds and 48 additional acute beds in Tseung Kwan O Hospital
- Opened 40 additional psychiatric day hospital places in United Christian Hospital
- Commenced community psychiatric service in United Christian Hospital
- Extended community geriatric outreach service to more private old age homes in the Tseung Kwan O and SaiKung Region
- Installed the Clinical Management System in Haven of Hope Hospital
- Commenced Magnetic Resonance Imaging Service in United Christian Hospital
- Implemented protocols for ten common conditions in infirmary service in Haven of Hope Hospital
- Took over the management and operation of Tseung Kwan O Jockey Club Clinic from the Department of Health
- Commenced a three-bed Paediatric High Dependency Unit in United Christian Hospital
- Implemented energy conservation initiatives in United Christian Hospital and Haven of Hope Hospital
- Implemented central registration and central workshop at the Integrated Rehabilitation Services Department in Tseung Kwan O Hospital
- Established new cluster management structure in October 2001
- Appointed cluster coordinators for all major clinical and non-clinical services
- Commenced operation of the cluster procurement centre as from December 2001 onwards
- Formulated strategic directions for the Kowloon East Cluster
- Integrated the Obstetric & Gynaecology Departments of United Christian Hospital and Tseung Kwan O Hospital, and the Radiology Departments of Tseung Kwan O Hospital and Haven of Hope Hospital under the single team concept

九龍東醫院聯網

- 於基督教聯合醫院增設 91 張急症病床
- 於將軍澳醫院增設 4 張深切治療病床及 48 張急症病床
- 於基督教聯合醫院增設 40 個精神科日間醫院名額
- 於基督教聯合醫院開設社康精神科服務
- 推展社區老人科外展服務至將軍澳及西貢區更多私營護老院
- 於靈實醫院安裝臨床管理系統
- 於基督教聯合醫院開設磁力共振掃描服務
- 於靈實醫院實施 10 種常見症狀的護理常規
- 從衛生署接管將軍澳賽馬會診所
- 於基督教聯合醫院設立有 3 張病床的兒科加護病房
- 於基督教聯合醫院及靈實醫院推行節省能源措施
- 於澳軍澳醫院綜合復康部設立中央登記系統及中央工場
- 於 2001 月 10 月成立新的聯網管理架構
- 委出各主要臨床及非臨床服務的聯網服務統籌專員
- 於 2001 年 12 月啟用聯網採購中心
- 制定九龍東聯網的發展策略路向
- 貫徹單一團隊概念，整合基督教聯合醫院及將軍澳醫院的婦產科，以及將軍澳醫院與靈實醫院的放射部門

Kowloon Central Cluster

- Opened a number of specialty wards in Queen Elizabeth Hospital including Isolation Ward, Adolescent Ward, Paediatric Oncology Ward and Special Observation Ward to cater for different needs of patients
- Opened a Cardiac Diagnostic & Interventional Centre in Queen Elizabeth Hospital to provide comprehensive cardiac services
- Reviewed the overall hospital risk management and clinical audit structure of Queen Elizabeth Hospital to ensure high quality of patient care
- Obtained the ISO 17025 accreditation for the Anatomical Pathology & Medical Microbiology Laboratories of Queen Elizabeth Hospital
- Opened 136 inpatient beds in Kowloon Hospital to enhance rehabilitation and infirmary care for patients transferred from United Christian Hospital
- Coordinated planning of the Kowloon Hospital Phase I Redevelopment Project
- Enhanced community psychiatric services for the Wong Tai Sin and Kowloon City Region
- Strengthened the work of Community Geriatric Assessment Teams and Community Nursing Service by paying more visits to nursing homes and providing training to community carers
- Set up visual rehabilitation service for patients with visual field loss in Hong Kong Eye Hospital
- Set up Family Medicine Clinic in Hong Kong Buddhist Hospital to provide community-based training to Family Medicine trainees
- Rolled out the Clinical Management System to clinics and wards of Kowloon Hospital, Hong Kong Buddhist Hospital and Hong Kong Eye Hospital
- Relocated ophthalmology outpatient service from Hong Kong Buddhist Hospital to Hong Kong Eye Hospital commencing July 2001 to improve service quality
- Completed renovation works for the A4 Ward of Hong Kong Buddhist Hospital
- Collected a total of 193,830 blood units and supplied 406,853 units of processed blood components and plasma products to public and private hospitals
- Obtained the “Good People Management Award” organised by the Labour Department for Hong Kong Eye Hospital

九龍中醫院聯網

- 於伊利沙伯醫院開設多個專科病房，包括隔離病房、青少年病房、兒科腫瘤科病房及特別觀察病房，以配合各類病人的需要
- 於伊利沙伯醫院開設心臟診斷及治療中心，提供心臟科綜合服務
- 檢討伊利沙伯醫院的整體醫院風險管理及臨床審核架構，確保提供高質醫護服務
- 為伊利沙伯醫院解剖病理學及醫療微生物學化驗室獲取 ISO 17025 質素認證
- 於九龍醫院開設 136 張康復及護養病床，照顧基督教聯合醫院轉來的病人
- 統籌九龍醫院第 I 期重建的規劃工作
- 加強黃大仙及九龍城區的社康精神科服務
- 增加探訪護理院的次數及為社區照顧者提供訓練，加強社區老人評估小組的工作及社康護理服務
- 於香港眼科醫院為視野缺失患者設立視力康復服務
- 於香港佛教醫院設立家庭醫學診所，為家庭醫學受訓醫生提供社區為本的培訓
- 於九龍醫院、香港佛教醫院及香港眼科醫院的診所及病房實施臨床管理系統
- 由 2001 年 7 月起，把香港佛教醫院的眼科門診服務遷往香港眼科醫院，以提升服務質素
- 翻修香港佛教醫院 A4 病房
- 收集 193,830 單位血液，並向公立及私家醫院供應 406,853 份經處理的血液及血漿製品
- 香港眼科醫院頒獲勞工處「良好人事管理獎」

Kowloon West Cluster (including New Territories South)

- Completed the clinical audits of patient fall and bed sore with implementation of cluster-based improvement measures
- Enhanced intra-cluster collaborations in the provision of Community Geriatric Assessment Service and Community Nursing Service to increase service capacity and coverage to private old aged homes
- Formulated cluster-based clinical protocols in stroke and stroke rehabilitation to provide better coordinated care to patients
- Integrated the governance and management of Kwong Wah Hospital and Wong Tai Sin Hospital commencing 1 April 2001
- Integrated human resources management, finance management, facilities management, and procurement & supplies functions between Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Wong Tai Sin Hospital
- Provided health education and training to patients and carers to enhance their self-care skills on management of chronic diseases and minor ailments
- Strengthened service provision to the terminally ill and their family members by opening a family room for hospice patients in Our Lady of Maryknoll Hospital
- Organised health promotion activities like health talks and health checks in collaboration with the District Councils and other community organisations
- Organised continued education and training programmes for private practitioners
- Commissioned 256 new extended care beds in the Princess Margaret Hospital Lai King Building
- Integrated pathology services of Princess Margaret Hospital and Yan Chai Hospital to improve service quality and efficiency
- Established a Community Health Resource Centre in Princess Margaret Hospital to promote health education and disease prevention and to support carers in the community
- Established the Golden Art Gallery in the Princess Margaret Hospital Lai King Building to promote art and humanities for the benefit of patients
- Enhanced cluster-based pharmacy service by setting up refill and compliance clinic, satellite clinic and 24-hour pharmacy service in Princess Margaret Hospital, and bed side discharge medication counselling service in Yan Chai Hospital
- Reengineered and integrated obstetrics & gynaecology services in the New Territories South Region
- Established a memory clinic in Caritas Medical Centre to provide multidisciplinary care for elderly patients with dementia through collaboration with the psychiatric teams of Kwai Chung Hospital
- Established a resuscitation training centre in Caritas Medical Centre to coordinate staff training on resuscitation skills and to promote first aid and resuscitation response in the community
- Strengthened the development of Family Medicine by taking over the management of Cheung Sha Wan Jockey Club Clinic from the Department of Health commencing November 2001
- Participated in the “Healthy City” initiatives coordinated by the Kwai Ching, Tsuen Wan and Shum Shui Po District Councils to promote health and a healthy environment in the community

九龍西醫院聯網 (包括新界南)

- 完成病人摔跤及褥瘡治理的臨床審核工作，並推行聯網改善措施
- 加強社區老人評估服務及社康護理服務的聯網協作，以增加服務量及對私營護老院的服務覆蓋範圍
- 制定中風及其康復治療的聯網臨床常規，改善病人護理工作
- 由 2001 年 4 月 1 日起合併廣華醫院及黃大仙醫院的管治及管理
- 將廣華醫院、聖母醫院及黃大仙醫院的人力資源、財政及設施管理，以及物料採購及供應職能合併
- 為病人及照顧者提供健康教育及訓練，加強他們對長期疾病及輕微症狀的護理能力
- 加強聖母醫院的善終服務，為末期病患者及病人家屬開設靜室
- 與區議會及其他社區團體合辦健康講座及健康檢查等活動
- 為私家醫生舉辦持續教育及培訓計劃
- 於瑪嘉烈醫院荔景大樓增設 256 張延續護理病床
- 合併瑪嘉烈醫院及仁濟醫院的病理學服務，以改善服務質素及效率
- 於瑪嘉烈醫院設立社區健康資源中心，推廣健康教育及預防疾病的工作，為社區照顧者提供支援
- 於瑪嘉烈醫院荔景大樓設立「聚頤雅軒」，向病人推廣藝術文化活動，使病人獲益
- 加強聯網的藥房服務，包括在瑪嘉烈醫院設立補充配藥及服藥療效跟進服務、衛星診所及 24 小時藥房服務，並在仁濟醫院推行病人出院前用藥輔導
- 重組新界南的婦產科服務
- 於明愛醫院設立記憶力診所，與葵涌醫院精神科小組協作，為老年癡呆症病人提供跨科護理
- 於明愛醫院設立復甦法訓練中心，為職員及市民提供急救和復甦訓練
- 由 2001 年 11 月起接管衛生署長沙灣賽馬會診所，加強家庭醫學發展
- 參與葵青、荃灣及深水埗三個區議會舉辦的「健康城市」運動，推廣健康的生活及社區環境

- Launched the “Healing the Heart, Healing the Mind” Project in Kwai Chung Hospital to enhance community awareness of psychiatric diseases and to reduce stigmatisation of patients with mental illness
- Converted Lai Chi Kok Hospital into a long stay care home with 400 places for stable patients with chronic mental illness
- Commenced day service for substance abuse patients in Kwai Chung Hospital
- Launched the “Early Assessment Services for Young People with Early Psychosis” Programme in Kwai Chung Hospital in collaboration with local welfare agencies to facilitate early detection and treatment of mental illnesses among the adolescents
- Provided additional liaison consultation sessions in Kwai Chung Hospital to enhance the coverage of psychiatric service to other cluster hospitals
- 於葵涌醫院舉辦「痊心痊意」活動，提高市民對精神病的認識，以消除對精神病患者的誤解
- 將荔枝角醫院改為長期護理院，提供 400 個名額，照顧情況穩定的長期精神病患者
- 於葵涌醫院開設日間服務，治療誤用藥物的病人
- 於葵涌醫院與區內福利機構合作推行思覺失調服務計劃，以便及早診治有精神健康問題的青少年
- 增加葵涌醫院的精神科診症節數，加強對其他聯網醫院的服務支援

New Territories East Cluster

- Established new cluster management structure in October 2001
- Integrated and repositioned medical and allied health services on cluster basis with one team for each service / function across hospitals
- Integrated administrative services on cluster basis including financial management, supply chain management, human resources and facility management to achieve savings and better service quality
- Set up an information technology framework within the cluster to facilitate dissemination of knowledge and staff communication
- Implemented various information systems to enhance efficiency and cost-effectiveness, including the Laboratory Request System, Automatic Despatch System, Outpatient Appointment System, and Dietetic & Catering Management System
- Developed family medicine in Alice Ho Miu Ling Nethersole Hospital, North District Hospital and Prince of Wales Hospital
- Commissioned new services in Alice Ho Miu Ling Nethersole Hospital, including the mammography service, sleep study laboratory, a piloted mid-wife led birth centre and a child & adolescent mental health centre
- Commissioned new services in North District Hospital, including the Community Psychiatric Service, Community Geriatric Assessment Service, Diabetes Mellitus Foot Clinic, Stoma Clinic, Incontinence Clinic and outpatient clinics in the specialties of gynaecology, neurosurgery, thoracic surgery and paediatric surgery
- Strengthened rehabilitation support to acute hospitals in the cluster by opening a spinal cord injury rehabilitation centre, a orthopaedic rehabilitation unit and a psychiatric rehabilitation garden in Tai Po Hospital
- Strengthened psychiatric services by opening 34 new acute psychiatric beds, enhancing community psychiatric and psycho-geriatric services, implementing an early assessment service for young people with psychosis, and introducing new anti-psychotic drug therapy as well as psychiatric out-patient occupational therapy service
- Improved pharmacy services through automation of the outpatient dispensing service and setting up of drug compliance clinics
- Enhanced service quality in Prince of Wales Hospital by opening the Trauma and Emergency Centre, establishing a central phlebotomist team, and implementing risk management initiatives
- Enhanced hospice service by strengthening the outreach home care teams and developing a home-based hospice care service in Bradbury Hospice
- Promoted interface between the public and private healthcare sectors in the New Territories East Region through development of referral guidelines and sharing of clinical information

新界東醫院聯網

- 於 2001 年 10 月成立新的聯網管理架構
- 重整及合併聯網醫院的醫護及專職醫療服務，每項服務 / 職能由一個小組負責統籌
- 合併聯網的財政、物料供應、人力資源及設施等行政管理事務，以節省開支及提高服務質素
- 建立聯網資訊科技架構，促進資料發佈及職員溝通
- 實施索取化驗資料、自動化派送、門診預約及營養膳食管理等多個資訊系統，以提高效率及成本效益
- 於雅麗氏何妙齡那打素醫院、北區醫院及威爾斯親王醫院發展家庭醫學
- 於雅麗氏何妙齡那打素醫院開設新服務，包括乳房 X 光服務、睡眠研究所、由助產士主理的分娩中心，以及兒童及青少年精神健康中心
- 在北區醫院開設新服務，包括社康精神科服務、社區老人評估服務、糖尿病足科、造口護理、失禁治理，以及婦科、腦外科、胸肺外科及兒科外科門診服務
- 在大埔醫院增設脊髓復康中心、矯形外科復康組及精神科康復花園，為聯網的急症醫院提供支援
- 加強精神科服務，包括增設 34 張急症精神科病床、加強社康精神科及老人精神科服務、提供青少年思覺失調評估、採用新的精神科藥物及設立精神科職業治療門診服務
- 改善藥房服務，實施門診配藥自動化及設立跟進病人服藥療效的診所
- 提高威爾斯親王醫院的服務質素，包括設立創傷及急救中心、中央靜脈切開手術小組，以及實施風險管理措施
- 強化外展家居護理小組及在白普理寧養中心設立家居寧養服務
- 制定轉介指引及共用臨床資料，促進新界東公私營醫療的聯繫

New Territories West Cluster

- Opened the Tuen Mun Hospital Ambulatory Care Centre
- Extended service hours of the Magnetic Resonance Imaging and pharmacy services in Tuen Mun Hospital
- Extended the hospice home care service of Tuen Mun Hospital to cover public holidays
- Commissioned day minor surgery service in the Ambulatory Care Centre of Tuen Mun Hospital
- Integrated the management of Siu Lam Hospital and Castle Peak Hospital
- Implemented the Early Intervention Programme for young people with mental illness in Castle Peak Hospital
- Commissioned services in the new Blocks D and F of the Phase II Stage I Redevelopment of Castle Peak Hospital
- Set up the Institute of Mental Health in Castle Peak Hospital to further promote mental health in the community
- Enhanced the outreach services of Siu Lam Hospital
- Delinked North District Hospital from the New Territories North Cluster to dovetail with the latest development of hospital clusters
- Integrated the pathology and radiology services of Tuen Mun Hospital and Pok Oi Hospital
- Commenced initial building works under the Pok Oi Hospital Redevelopment Project
- Implemented third party logistics warehouse management in the New Territories North Cluster
- Took over the management of Yan Oi General Outpatient Clinic from the Department of Health to develop Family Medicine practices and training

新界西醫院聯網

- 於屯門醫院設立日間醫護中心
- 延長屯門醫院磁力共振掃描及藥房的服務時間
- 擴展屯門醫院的善終家居護理服務，於公眾假期如常服務
- 在屯門醫院日間醫護中心開設小手術服務
- 合併小欖醫院及青山醫院的管理
- 於青山醫院推行青少年思覺失調服務計劃
- 啟用青山醫院第 I 階段第 II 期重建後的 D 座及 F 座大樓
- 青山醫院設立精神健康中心，進一步發展社康精神健康服務
- 加強小欖醫院的外展服務
- 安排北區醫院脫離新界北醫院聯網，以配合聯網的最新發展
- 合併屯門醫院及博愛醫院的病理學及放射服務
- 進行博愛醫院重建計劃首階段興建工程
- 外判新界北聯網的倉庫物流管理
- 接管衛生署仁愛普通科門診診所，並發展家庭醫學服務及培訓

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Membership of the Hospital Authority 醫院管理局成員

Chairman 主席

Dr LO Ka-shui, JP
羅嘉瑞醫生

Members 成員

Miss Eliza C H CHAN, JP
陳清霞小姐

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

Miss Iris CHAN Sui-ching
陳萃菁小姐

Mr CHENG Yiu-tong, SBS, JP
鄭耀棠先生

Dr Lily CHIANG (*from 1.12.2001*)
蔣麗莉博士 (由 2001 年 12 月 1 日起)

Ms Nancy CHOW (*up to 30.9.2001*)
周綺華女士 (截至 2001 年 9 月 30 日)

Prof Sydney CHUNG
鍾尚志教授

Mr Vincent FANG Kang
方剛先生

Mr Michael HO Mun-ka (*up to 30.11.2001*)
何敏嘉先生 (截至 2001 年 11 月 30 日)

Dr Anthony HO Yiu-wah (*from 1.12.2001*)
何耀華博士 (由 2001 年 12 月 1 日起)

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

Dr James HWANG Shu-tak (*from 1.12.2001*)
黃樹德醫生 (由 2001 年 12 月 1 日起)

Dr Conrad LAM Kui-shing, JP, (*up to 30.11.2001*)
林鉅成醫生 (截至 2001 年 11 月 30 日)

Prof S K LAM
林兆鑫教授

Mr Stephen LAU Ka-men, JP (*up to 30.11.2001*)
劉嘉敏先生 (截至 2001 年 11 月 30 日)

Members 成員

Mr LEE Jark-pui, JP
李澤培先生

Dr C H LEONG, GBS, JP
梁智鴻醫生

The Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
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Dr Patrick LI, BBS (*up to 30.9.2001*)
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Mrs Eleanor LING LEE Ching-man, SBS, JP
林李靜文女士

Mr LO Chung-hing, SBS
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Mrs MONG KO Mei-yee (*from 1.12.2001*)
蒙高美懿女士 (由 2001 年 12 月 1 日起)

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龐愛蘭女士 (由 2001 年 12 月 1 日起)

Prof Thomas WONG Kwok-shing
汪國成教授

Prof Richard WONG Yue-chim, SBS, JP
王于漸教授

Mr Anthony WU Ting-yuk
胡定旭先生

Dr Raymond WU Wai-yung, GBS, JP
鄺維庸醫生

Mr Stanley YING, JP (*representing Secretary for the Treasury*)
應耀康先生 (代表庫務局局長)

Mr Thomas YIU Kei-chung, JP
Deputy Secretary for Health & Welfare (*from 17.4.2001*)
姚紀中先生 衛生福利局副局長 (由 2001 年 4 月 17 日起)

Mr Paul YU Shiu-tin, JP (*from 1.12.2001*)
余嘯天先生 (由 2001 年 12 月 1 日起)

Finance Committee 財務委員會

Chairman 主席

Mr Anthony WU Ting-yuk
胡定旭先生

Members 成員

Miss Eliza C H CHAN, JP (*from 1.12.2001*)
陳清霞小姐 (由 2001 年 12 月 1 日起)

Miss Joanna CHOI
(*representing the Deputy Secretary for Health and Welfare*)
蔡釗嫻小姐 (代表衛生福利局副局長)

Mr Vincent FANG Kang (*up to 30.11.2001*)
方剛先生 (截至 2001 年 11 月 30 日)

Dr Anthony HO Yiu-wah (*from 20.12.2001*)
何耀華博士 (由 2001 年 12 月 20 日起)

Mr Michael HO Mun-ka (*up to 30.11.2001*)
何敏嘉先生 (截至 2001 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)

Prof S K LAM (*from 20.12.2001*)
林兆鑫教授 (由 2001 年 12 月 20 日起)

Mr LEE Jark-pui, JP
李澤培先生

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

Mr LO Chung-hing, SBS
盧重興先生

Ms Scarlett PONG Oi-lan (*from 20.12.2001*)
龐愛蘭女士 (由 2001 年 12 月 20 日起)

Prof Richard WONG Yue-chim, SBS, JP
王于漸教授

Mr Stanley YING, JP (*representing Secretary for the Treasury*)
應耀康先生 (代表庫務局局長)

Mr Michael SOMERVILLE

Mr Paul WHITMORE (*up to 30.11.2001*)
(截至 2001 年 11 月 30 日)

Audit Committee 審計委員會

Chairman 主席

Dr LAU Wah-sum, GBS, JP (*up to 30.11.2001*)
劉華森博士 (截至 2001 年 11 月 30 日)

Mr Clifton CHIU Chi-cheong (*from 1.12.2001*)
趙志鎔先生 (由 2001 年 12 月 1 日起)

Members 成員

Mr Vincent FANG Kang
方剛先生

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

Mr LEE Jark-pui, JP (*from 20.12.2001*)
李澤培先生 (由 2001 年 12 月 20 日起)

Mr Anthony WU Ting-yuk
胡定旭先生

Mr Paul YU Shiu-tin, JP (*from 20.12.2001*)
余嘯天先生 (由 2001 年 12 月 20 日起)

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*)
姚紀中先生 (衛生福利局副局長)

Human Resources Committee 人力資源委員會

Chairman 主席

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

Members 成員

Mr CHENG Yiu-tong, SBS, JP (*up to 30.11.2001*)
鄭耀棠先生 (由 2001 年 11 月 30 日起)

Miss Joanna CHOI
(*representing Deputy Secretary for Health & Welfare*)
蔡釗嫻小姐 (代表衛生福利局副局長)

Ms Nancy CHOW (*up to 30.9.2001*)
周綺華女士 (截至 2001 年 9 月 30 日)

Mr Vincent FANG Kang (*from 1.12.2001*)
方剛先生 (由 2001 年 12 月 1 日起)

Mr Michael HO Mun-ka (*up to 30.11.2001*)
何敏嘉先生 (截至 2001 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 James HWANG Shu-tak (*from 1.12.2001*)
黃樹德醫生 (由 2001 年 12 月 1 日起)

Dr Conrad LAM Kui-shing, JP (*up to 30.11.2001*)
林鉅成醫生 (截至 2001 年 11 月 30 日)

Mr Stephen LAU Ka-men, JP (*up to 30.11.2001*)
劉嘉敏先生 (截至 2001 年 11 月 30 日)

Dr Patrick LI, BBS (*up to 30.9.2001*)
李頌基醫生 (截至 2001 年 9 月 30 日)

Mrs MONG KO Mei-yee (*from 1.12.2001*)
蒙高美懿女士 (由 2001 年 12 月 1 日起)

Prof Thomas WONG Kwok-shing
汪國成教授

Dr Raymond WU Wai-yung, GBS, JP (*from 1.12.2001*)
鄺維庸醫生 (由 2001 年 12 月 1 日起)

Mr Billy KONG, JP
江焯開先生

Dr Kim MAK
麥建華博士

Mrs Kathryn WONG
黃區潔霜女士

Information Technology Committee 資訊科技委員會

Chairman 主席

Mr John STRICKLAND, GBS, JP

Members 成員

Dr Lily CHIANG (*from 1.12.2001*)
蔣麗莉博士 (由 2001 年 12 月 1 日起)

Miss Joanna CHOI
(*representing Deputy Secretary for Health & Welfare*)
蔡釗嫻小姐 (代表衛生福利局副局長)

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

Mr Stephen LAU Ka-men, JP (*up to 30.11.2001*)
劉嘉敏先生 (截至 2001 年 11 月 30 日)

Dr C H LEONG, GBS, JP
梁智鴻醫生

Dr Patrick LI, BBS (*up to 30.9.2001*)
李頌基醫生 (截至 2001 年 9 月 30 日)

Dr Raymond WU Wai-yung, GBS, JP
鄺維庸醫生

Mr Steve BEASON
卞以信先生

Prof Joseph LEE
李川軍教授

Mrs LEUNG YIU Lai-ping
梁饒麗萍女士

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

Chairman 主席

Dr C H LEONG, GBS, JP
梁智鴻醫生

Members 成員

Miss Iris CHAN Sui-ching
陳萃菁小姐

Dr Margaret CHAN, JP
陳馮富珍醫生

Dr Anthony HO Yiu-wah (*from 1.12.2001*)
何耀華博士 (由 2001 年 12 月 1 日起)

Mr Michael HO Mun-ka (*up to 30.11.2001*)
何敏嘉先生 (截至 2001 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 James HWANG Shu-tak (*from 1.12.2001*)
黃樹德醫生 (由 2001 年 12 月 1 日起)

Dr Conrad LAM Kui-shing, JP (*up to 30.11.2001*)
林鉅成醫生 (截至 2001 年 11 月 30 日)

Prof S K LAM
林兆鑫教授

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

Dr Patrick LI, BBS (*up to 30.9.2001*)
李頌基醫生 (由 2001 年 9 月 30 日起)

Mrs MONG KO Mei-yee (*from 1.12.2001*)
蒙高美懿女士 (由 2001 年 12 月 1 日起)

Ms Scarlett PONG Oi-lan (*from 1.12.2001*)
龐愛蘭女士 (由 2001 年 12 月 1 日起)

Prof Thomas WONG Kwok-shing
汪國成教授

Mr Stanley YING, JP (*representing Secretary for the Treasury*)
應耀康先生 (代表庫務局局長)

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

Mr Paul YU Shiu-tin, JP (*from 1.12.2001*)
余嘯天先生 (由 2001 年 12 月 1 日起)

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 CHONG Chee-min (*from 1.12.2001*)
張志明牧師 (由 2001 年 12 月 1 日起)

Rev CHU Yiu-ming (*up to 30.11.2001*)
朱耀明牧師 (截至 2001 年 11 月 30 日)

Mr Michael HO Kam-tat (*up to 30.11.2001*)
何金達先生 (截至 2001 年 11 月 30 日)

Dr Joseph KWOK Kin-fun, JP
郭鍵勳博士

Dr LAM Ching-choi (*from 1.12.2001*)
林正財醫生 (由 2001 年 12 月 1 日起)

Dr Conrad LAM Kui-shing, JP
林鉅成醫生

H H Judge David LOK (*from 1.12.2001*)
陸啟康區域法院法官 (由 2001 年 12 月 1 日起)

Mr MA Ching-yuk, JP (*from 1.12.2001*)
馬清煜先生 (由 2001 年 12 月 1 日起)

Mr Alexander MAK Kwai-wing (*from 1.12.2001*)
麥貴榮先生 (由 2001 年 12 月 1 日起)

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

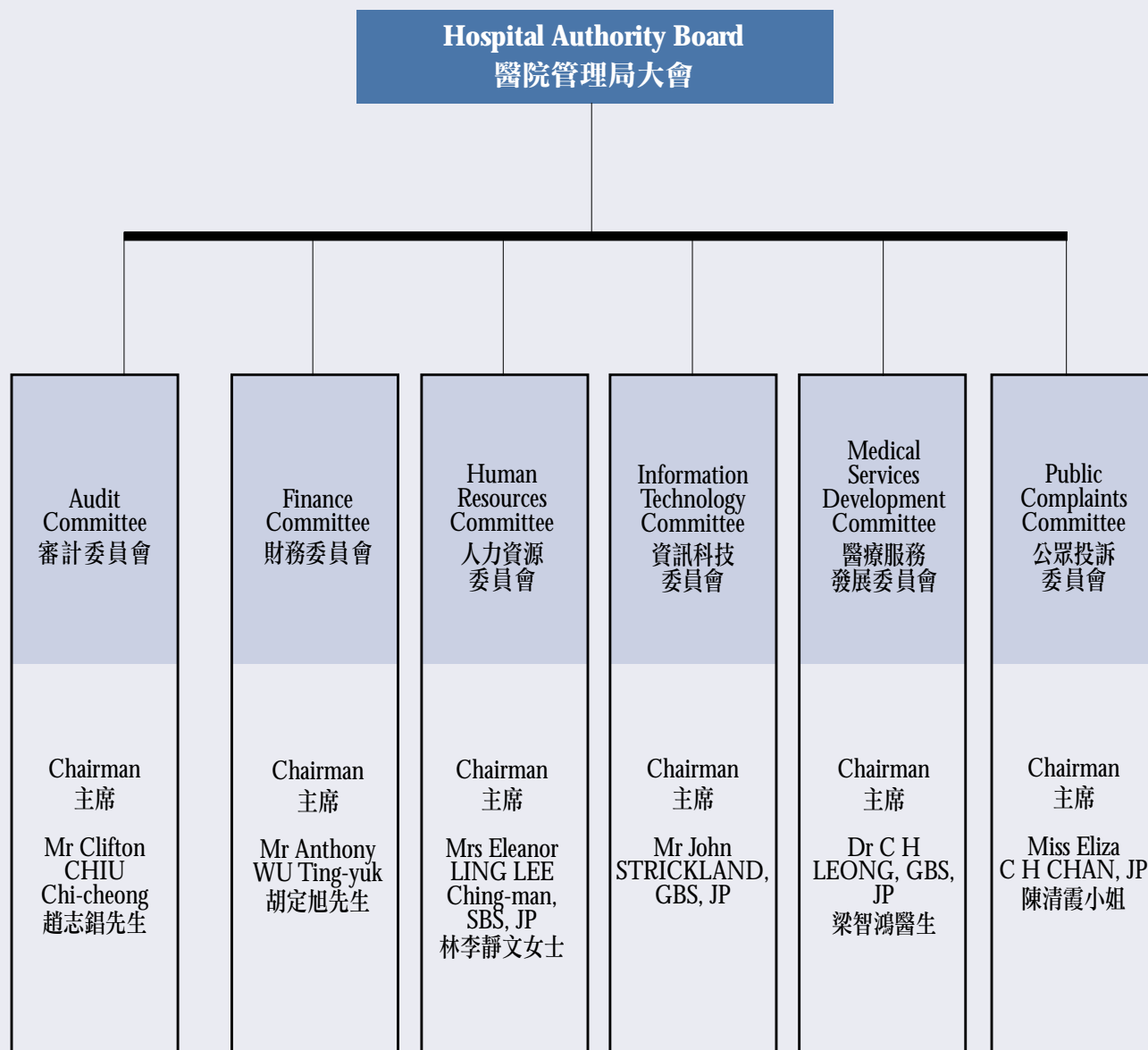
Prof Thomas WONG Kwok-shing (*from 1.12.2001*)
汪國成教授 (由 2001 年 12 月 1 日起)

Mr Anthony WONG Luen-kin, JP (*from 1.12.2001*)
黃鑾堅先生 (由 2001 年 12 月 1 日起)

Ms Virginia WU Wei-kin (*from 1.12.2001*)
胡惠瓊女士 (由 2001 年 12 月 1 日起)

Mr James YIP Shiu-kwong
葉兆光先生 (截至 2001 年 11 月 30 日)

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



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

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

Chairman 主席

Mr Simon SIT Poon-ki
薛磐基先生

Ex-officio members 當然成員

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

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

Members 成員

Dr CHENG Ngok
鄭岳醫生

Mr Roland CHOW Kun-chee
周近智先生

Mr George H C HUNG
熊翰章先生

Ms KO Siu-wah, SBS, JP
高荅華女士

Major Gideon LAM (*up to 31.12.2001*)
林基甸少校 (截至 2001 年 12 月 31 日)

Mr LAM Sum-chee
林森池先生

Ms Elizabeth LAW
羅君美女士

Mr LEE Jark-pui, JP
李澤培先生

Mr LEUNG Wo-ping, JP
梁和平先生

Mr 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 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 (*from 1.1.2002*)
曹瑞雲牧師 (由 2002 年 1 月 1 日起)

Miss WONG Pui-ha, JP
黃佩霞女士

Mr YEUNG Po-kwan, JP
楊寶坤先生

Bradbury Hospice 白普理寧養中心

Chairman 主席

Mr Raymond S K WONG
王紹強先生

Ex-officio members 當然成員

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

Hospital Chief Executive – Prof Allan CHANG
醫院行政總監 - 張明仁教授

Members 成員

Mr Clarence CHANG Ching-po
張正甫先生

Sister Helen KENNY
祁愛蘭修女

Dr Anne LEE
李詠梅醫生

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

Dr Joyce MA
馬麗莊博士

Father John RUSSELL

Mr Andrew WILLIAMSON

Mr Dominic WONG Shing-wah, 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

Dr YU Wing-kwong
余榮光醫生

Mr Royce YUEN
袁文俊先生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Caritas Medical Centre 明愛醫院

Chairman 主席

Dr Christina CHOW, BBS, JP
周寶煌醫生

Ex-officio members 當然成員

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

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

Members 成員

Mr Stephen CHENG Po-hong, JP
鄭寶康先生

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

Dr Anthony HO Yiu-wah
何耀華博士

Rev Francis LERDA, PIME
力理得神父

Mr Bernard LEUNG
梁經邦先生

Prof LEUNG Ping-chung, SBS, JP
梁秉中教授

Mr David PUN Yue-wah
潘裕華先生

Mr TAM Kwok-kiu, MH
譚國僑先生

Mr Alexander WONG
王建明先生

Mrs Linda WONG LEUNG Kit-wah
王梁潔華女士

Mr William WONG Kuen-wai
黃權威先生

Sister Catherine WU
吳文綿修女

Castle Peak Hospital 青山醫院

Chairman 主席

Prof John LEONG Chi-yan, JP
梁智仁教授

Ex-officio members 當然成員

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

Hospital Chief Executive - Dr NG Hon-shing
(up to 30.11.2001)
醫院行政總監 - 吳漢城醫生
(截至 2001 年 11 月 30 日)

Dr Joseph LEE Man-ho (from 1.12.2001)
李文豪醫生 (由 2001 年 12 月 1 日起)

Members 成員

Mr CHAN Nei-keong, JP
陳乃強先生

Mr CHOONG Yin-lee
鍾應利先生

Dr CHOW Chun-bong
周鎮邦醫生

Ms Paula CHOY Wing-ping, JP
蔡永平女士

Dr CHUNG See-yuen
鍾思源醫生

Mr LEE Hung-sham
李洪森先生

Mrs Rita LIU, BBS
廖湯慧靄女士

Mr Alfred SHUM
岑鈺文先生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Cheshire Home, Chung Hom Kok 春磡角慈氏護養院

Chairman 主席

Dr Albert WONG Chi-Chiu
王志釗醫生

Ex-officio members 當然成員

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

Hospital Chief Executive – Mrs Anita CHAN NG Shuet-fun
醫院行政總監 - 陳吳雪芬女士

Members 成員

Mrs Shelley CHOW
周慧思女士

Mr Alan CRAWLEY
高萊先生

Ms Janice MORTON
莫珍妮女士

Dr WONG Chun-por
王春波醫生

Mrs Linda WONG LEUNG Kit-wah
王梁潔華女士

Ms Catherine YEN
嚴嘉洵女士

Mr Paul YOUNG Tze-kong, JP
楊子剛先生

Cheshire Home, Shatin 沙田慈氏護養院

Chairman 主席

Mr YEUNG Po-kwan, JP
楊寶坤先生

Ex-officio members 當然成員

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

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

Members 成員

Mr CHENG Kwong-woon
鄭廣桓先生

Mr Alan CRAWLEY
高萊先生

Mr KONG Wood-chiu
江活潮先生

Dr LAM Cho-ye
林祖怡醫生

Prof LAM Tai-hing
林大慶教授

Prof Edith LAU Ming-chu
劉明珠教授

Prof Arthur K C LI, GBS, JP
李國章教授

Ms Janice MORTON
莫珍妮女士

Mr Alfred POON Sun-biu
潘新標先生

Ms WAH Kit-ying
華潔瑩女士

Membership of the Hospital Governing Committees

醫院管治委員會成員

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

Chairman 主席

Dr Louis HSU Che-shek
許子石醫生

Ex-officio members 當然成員

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

Hospital Chief Executive – Prof Keith LUK Dip-kei
醫院行政總監 - 陸駿驥醫生

Members 成員

Mr Johnsmen AU Chung-man
歐中民先生

Mrs Sabrina AUYANG
歐陽林麗明女士

Mr T T CHEUNG
張達棠先生

Ms FOK Mei-ling
霍美玲女士

Ms Maggie KOONG May-kay
孔美琪女士

Prof LAU Yu-lung
劉宇隆教授

Mr LEE Wai-man
李偉文先生

Prof John LEONG Chi-yan, JP
梁智仁教授

Mr Herbert TSOI Hak-kong, JP
蔡克剛先生

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

Dr Arthur YAU
邱明才醫生

Grantham Hospital 葛量洪醫院

Chairman 主席

Dr Y L PANG, JP
彭玉陵先生

Ex-officio members 當然成員

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

Hospital Chief Executive – Dr S C LEUNG
醫院行政總監 - 梁秀芝醫生

Members 成員

Mrs Marjorie BRAY
黎敦義夫人

Prof S K LAM
林兆鑫教授

Mr Edward LAU Man-hon
劉文瀚先生

Mr Lawrence K H LEE
李金鴻先生

Mr Edwin LEUNG Chung-ching
梁仲清先生

Mrs Elizabeth LI
李吳伊莉女士

Mr Willie LUI Pok-shek, JP
呂博碩先生

The Hon MA Fung-kwok, JP
馬逢國議員

Prof MOK Che-keung
莫志強教授

Dr Joseph Y C PAN
潘蔭基醫生

Ms Vera RUTTONJEE-DESAI
維拉律敦治 - 荻茜小姐

Mr TSENG Cheng, JP
曾正先生

Prof John WONG, SBS
黃健靈教授

Mr James YUE
俞翊鵬先生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Haven of Hope Hospital 靈實醫院

Chairman 主席

Mr Charles C Y CHIU
趙宗義先生

Ex-officio members 當然成員

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

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

Members 成員

Dr Thomas CHAN Sze-tong, JP
陳思堂醫生

Mr Leroy KUNG Lin-yuen
孔令遠先生

Dr Joseph KWAN Kai-cho
關繼祖博士

Dr Philip KWOK Chi-kuen, JP
郭志權博士

Dr LAM Ching-choi
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
溫悅球先生

Mr WONG Kai-man, JP
黃啟民先生

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 – Dr CHEUK Tsan
醫院行政總監 - 卓贊醫生

Members 成員

Mr AU Kit-ming, MH
歐潔名先生

Ms Elaine CHUNG, JP
鍾麗嫻女士

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
黎時媛居士

Mr Anthony LAM Chi-tat
林志達先生

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 Wing-sheun
釋永常法師

Ven SIK Wing-sing
釋永惺法師

Mr Dicky H M SUNG
孫希明先生

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 香港眼科醫院

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 – Dr David CHAN
醫院行政總監 - 陳志雄醫生

Members 成員

Prof Sydney CHUNG
鍾尚志教授

Prof S K LAM
林兆鑫教授

Mr Alexander MAK
麥貴榮先生

Mr NG Yin-nam
吳彥男先生

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 Kenneth R DEAYTON
戴義敦先生

Ex-officio members 當然成員

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

Hospital Chief Executive – Dr C K LIN
醫院行政總監 - 連智傑醫生

Members 成員

Mr CHAN Kai-ming
陳啟明先生

Prof Gregory CHENG
鄭彥銘教授

Prof Raymond LIANG Hin-suen
梁憲孫教授

Mrs Patricia LING WOO Sau-ha
林胡秀霞女士

Mr Vincent LO Wing-sang, JP
羅榮生先生

Mr Philip TSAI Wing-chung
蔡永忠先生

Mr Luke S K WONG
黃兆光先生

Mrs Irene YAU, JP
丘李賜恩女士

Membership of the Hospital Governing Committees

醫院管治委員會成員

Kolwoon Hospital 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 – Dr Y C CHOY
醫院行政總監 - 蔡炫中醫生

Members 成員

Dr Steven CHOW
周志文博士

Mr Philip FAN
范仁鶴先生

Prof Joseph KWOK Kin-fun, 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 LUK Wai-kong
陸偉綱先生

Mr Alexander MAK
麥貴榮先生

Mrs Delia PEI CHEN Chi-ken, JP
邊陳之娟女士

Dr WONG Yee-him
黃以謙醫生

Kwai Chung Hospital 葵涌醫院

Chairman 主席

Mr Clifton CHIU Chi-cheong
趙志鋈先生

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

Members 成員

Mr CHAN How-chi
陳孝慈先生

Dr Sylvia CHEN Chia-lu, JP
陳嘉璐醫生

Prof HO Puay-peng
何培斌教授

Mr Danny LAM Sing-hung
林昇洪先生

Mr Moses LEE
李摩西先生

Ms Terry T LOWE
盧鳳菁女士

Mr Philip NG Chung-tak
吳重德先生

Mr Willie WONG Long-chi
黃朗智先生

Ms WONG Mee-chun, JP
黃美春女士

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

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

Chairman 主席

Mr Stephen CHOW Chun-kay, BBS
周振基先生

Ex-officio members 當然成員

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

Hospital Chief Executive – Dr C C LUK
醫院行政總監 - 陸志聰醫生

Members 成員

Ms Joanlin C L AU
歐中樑女士

Mr Christopher CHAN Yiu-chong
陳耀莊先生

Dr CHOW Chun-hung
周震雄醫生

Mr FUNG Wing-chung, BBS
馮永聰先生

Mr IP Kwok-chung, BBS, JP
葉國忠先生

Mr KAN Chi-ho, MH
簡志豪先生

Mrs Deborah KWAN SIU Lai-kwan, JP
關蕭麗君女士

Mr Andy LAU Kam-kwok
劉金國先生

Mr LEUNG Kam-fong
梁錦芳先生

Mr John MA Hung-ming
馬鴻銘先生

Mr Maximilian MA Yung-kit
馬壠傑先生

Mr Benny NG Pang-lin, BBS
吳彭年先生

Mr TSENG Cheng, JP
曾正先生

Mr Eddie WANG
王定一先生

Mr Senta WONG, BBS
王忠桐先生

Prof Jean WOO
胡令芳教授

Mr Ricky YEUNG Chiu-sing
楊超成先生

MacLehose Medical Rehabilitation Centre 麥理浩復康院

Chairman 主席

Dr David FANG, SBS, JP
方津生醫生

Ex-officio members 當然成員

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

Hospital Chief Executive - Dr Cissy YU
醫院行政總監 - 余詩思醫生

Members 成員

Ms Barbara CHAN
陳蕙婷女士

Mr Albert CHEUNG Ho-sang, JP
張皓生先生

Prof CHOW Shew-ping, JP
周肇平教授

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

Dr Marion FANG Sum-suk, SBS, JP
方心淑博士

Mr LEE Man-ban, SBS, JP
李文彬先生

Prof John LEONG Chi-yan, JP
梁智仁教授

Mr David MONG Tak-yeung
蒙德揚先生

Mr Joseph M F NG
吳茂輝先生

Mr Jacob TSE Yui-suen
謝銳蔭先生

Mr William TSENG
鄭漢光先生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Nam Long Hospital 南朗醫院

Chairman 主席

Dr Selwyn SO Kai-ming
蘇啟明醫生

Ex-officio members 當然成員

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

Hospital Chief Executive - Dr S C LEUNG
醫院行政總監 - 梁秀芝醫生

Members 成員

Dr John CHAN Kwok-cheung
陳國璋醫生

Mr CHEUNG Che-Kwok
張之珪先生

Mr LAI Hok-lim
黎學廉先生

Mrs LAU YU Po-kwan
劉余寶堃女士

Mr William PO Kam-man
蒲錦文先生

Dr POON Yeuk-foo
潘若芙醫生

Mr SUEN Lai-sang
孫勵生先生

Dr Vincent TSE Kin-chuen
謝建泉醫生

North District Hospital 北區醫院

Chairman 主席

Mr Stephen LAU Ka-men, JP
劉嘉敏先生

Ex-officio members 當然成員

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

Hospital Chief Executive - Dr K K LAI
醫院行政總監 - 黎景光醫生

Members 成員

Mr HAU Kam-lam
候金林先生

Mr LAU Hou-ting
劉效庭先生

Mr David LI Ka-fai
李家暉先生

Mr LIU Poon-keung
廖本強先生

Mr Paul MAK
麥鎮南先生

Mrs Gloria NG WONG Yee-man, JP
吳王依雯女士

Dr PANG Hok-tuen, JP
彭學端醫生

Dr Annie YEUNG Shou-fong
楊秀芳醫生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Our Lady of Maryknoll Hospital 聖母醫院

Chairman 主席

Dr Conrad LAM Kui-shing, JP
林鉅成醫生

Ex-officio members 當然成員

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

Hospital Chief Executive – Miss Margaret HONG
醫院行政總監 - 康鳳傑小姐

Members 成員

Sister Agnes CAZALE
石美德修女

Mr Vincent CHANG
鄭永生先生

Mr CHOI Luk-sing
蔡六乘先生

Ms Carlye F L CHU
朱芬齡女士

Rev CHU Yiu-ming
朱耀明牧師

Dr Benedict CHUNG Yat-ki
鍾逸基醫生

Sister Helen KENNY
祁愛蘭修女

Mrs Marigold LAU
劉賴筱韜女士

Dr LI Chun-sang
李俊生醫生

Sister Marilu LIMGENCO
林敏妮修女

Sister Betty Ann MAHEU
安貝蒂修女

Mr MAK Hoi-wah
麥海華先生

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

Mrs Beverly TONG
湯郭佩英女士

Dr YU Wing-kwong
余榮光醫生

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

Chairman 主席

Dr Raymond WU Wai-yung, GBS, JP
鄺維庸醫生

Ex-officio members 當然成員

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

Hospital Chief Executive - Dr Pamela LEUNG, JP
醫院行政總監 - 梁明娟醫生

Members 成員

Mr CHAN Bing-woon, SBS, JP
陳炳煥先生

Rev CHU Yiu-ming
朱耀明牧師

Dr HUANG Chen-ya
黃震遐醫生

Ms KO Siu-wah, SBS, JP
高荳華女士

Mr LAM Sum-chee
林森池先生

Mr LEUNG Sau-chi, JP
梁秀志先生

Mr LI Fook-hing
李福慶先生

Mrs June LI
李余愛喜女士

Mr Simon SIT Poon-ki
薛磐基先生

Prof TAM Sheung-wai, GBS, JP
譚尚渭教授

Mr YEUNG Po-kwan, JP
楊寶坤先生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Pok Oi Hospital 博愛醫院

Chairman 主席

Mr TSANG Yuen-hung, MH
曾元鴻先生

Ex-officio members 當然成員

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

Hospital Chief Executive - Dr H C LEE
醫院行政總監 - 李海滋醫生

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Mr Bunny CHAN Chun-bun, JP
陳振彬先生

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

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何顯毅先生

Mr Alex HO Kang-por
何鏡波先生

Mr LOCK Kwok-on
駱國安先生

Mr David TSOI Tai-wai
蔡大維先生

Dr Jimmy WONG Chi-ho
王賜豪醫生

Mr Sam WONG Chun-sing, MH
王振聲先生

Mr WONG Kai-tai
黃啟泰先生

Mr Zachary WONG Wai-yin
黃偉賢先生

Ms Annie WU Suk-ching, SBS, JP
伍淑清女士

Mr Chris YIP Fong-keung, MH
葉方強先生

Prince of Wales Hospital 威爾斯親王醫院

Chairman 主席

Mr John CHAN Cho-chak, GBS, JP
陳祖澤先生

Ex-officio members 當然成員

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

Hospital Chief Executive – Prof Allan CHANG
醫院行政總監 - 張明仁教授

Members 成員

Ms Annie LIANG BENTLEY
梁安妮女士

Prof Sydney CHUNG
鍾尚志教授

Mr James B HAYBYRNE
賀彬先生

Mr Philip WONG Chak-piu
黃澤標先生

Co-opted Members 增選成員

Ms Nancy KIT, JP
關港子女士

Mr Stephen LIU Wing-ting, JP
廖榮定先生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Princess Margaret Hospital 瑪嘉烈醫院

Chairman 主席

Mr Vincent FANG Kang
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

Hospital Chief Executive – Dr Lily CHIU
醫院行政總監 - 趙莉莉醫生

Members 成員

Mr CHAN Sui-kau, GBS, JP
陳瑞球先生

Mr CHAU How-chen, SBS, JP
周厚澄先生

Dr Lily CHIANG
蔣麗莉博士

Dr Andy CHIU Tin-yan
招天欣醫生

Mrs Alice CHIU TSANG Hok-wan, JP
趙曾學韞女士

Mr CHOW Yick-hay, BBS
周奕希先生

Mr Larry KWOK Lam-kwong
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

Queen Elizabeth Hospital 伊利沙伯醫院

Chairman 主席

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

Ex-officio members 當然成員

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

Hospital Chief Executive – Dr York CHOW, SBS, JP
(*up to 31.8.2001*)

醫院行政總監 - 周一嶽醫生
(截至 2001 年 8 月 31 日)

Dr Lawrence LAL, JP (*from 1.9.2001*)
賴福明醫生 (由 2001 年 9 月 1 日起)

Members 成員

Mrs Sheilah CHENG CHATJAVAL
鄭兆齡女士

Mr CHEUNG Che-kwok
張之珏先生

Dr Steven CHOW
周志文博士

Mr Vincent FANG Kang
方剛先生

Dr LEE Kin-hung
李健鴻醫生

Mr Christopher MOK Wah-chiu
莫華釗先生

Mr NG Kin-sun
伍建新先生

Dr NG YEOH Saw-kheng
黃楊素瓊醫生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Queen Mary Hospital 瑪麗醫院

Chairman 主席

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

Ex-officio members 當然成員

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

Hospital Chief Executive –
Dr Vivian WONG TAAM Chi-woon, JP (*up to 31.8.2001*)
醫院行政總監 - 黃譚智媛醫生 (截至 2001 年 8 月 31 日)

Dr York CHOW, SBS, JP (*from 1.9.2001*)
周一嶽醫生 (由 2001 年 9 月 1 日起)

Members 成員

Mr LAM Kin-lai
林乾禮先生

Prof S K LAM
林兆鑫教授

Prof John WONG, SBS
黃健靈教授

Mr Dicky YIP, BBS, JP
葉迪奇先生

Co-opted members 增選成員

Dr Anthony HO Yiu-wah (*from 29.5.2001*)
何耀華博士 (由 2001 年 5 月 29 日起)

Dr Ronald LU
呂元祥博士

Ms Ada WONG Ying-kay, JP
黃英琦女士

Rehabaid Centre 復康專科及資源中心

Chairman 主席

Mr Thomas J MULVEY, JP
馬偉東先生

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 – Ms Cecilia LAM Shiu-ling
醫院行政總監 - 林小玲女士

Members 成員

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秦飛鵬先生

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

Ms Elizabeth WONG YEUNG Po-wo
黃楊寶和女士

Membership of the Hospital Governing Committees

醫院管治委員會成員

Ruttonjee & Tang Shiu Kin Hospitals

律敦治及鄧肇堅醫院

Chairman 主席

Mr TSENG Cheng, JP
曾正先生

Ex-officio members 當然成員

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

Hospital Chief Executive – Dr MA Hok-cheung
醫院行政總監 - 馬學章醫生

Members 成員

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黎敦義夫人

Mr Charles CHAN Sing-chuk, JP
陳聖澤先生

Mr Raymond CHOW Wai-kam, JP
周偉淦先生

Mrs Peggy LAM, SBS, JP
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Mr Sebastian LAU Ki-chit
劉奇諾先生

Mr Edwin LEUNG Chung-ching
梁仲清先生

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

Mr Richard TANG Yat-sun, BBS, JP
鄧日燊先生

Dr Richard YU Yue-hong
余宇康醫生

Mr James YUE
俞翊鵬先生

Shatin Hospital

沙田醫院

Chairman 主席

Mr Michael HO Mun-ka
何敏嘉先生

Ex-officio members 當然成員

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

Hospital Chief Executive – Dr Susanna LO
醫院行政總監 - 盧時楨醫生

Members 成員

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張學敏先生

Prof Samuel T CHANSON
陳天雄教授

Mr Joseph KEUNG Shu-hoi
姜書海先生

Prof KWOK Siu-tong
郭少棠教授

Mrs Molly LEE
李蔡婉霞女士

Mr Arthur LI Ka-tat
李家達先生

Mr Thomas PANG Cheung-wai
彭長緯先生

Mr Peter SUEN Yiu-chan
孫耀燦先生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Tai Po Hospital 大埔醫院

Chairman 主席

Mr LEE Jark-pui, JP
李澤培先生

Ex-officio members 當然成員

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

Hospital Chief Executive – Dr Nancy TUNG
醫院行政總監 - 董秀英醫生

Members 成員

Mr Ruy Octavio BARRETTO
白理桃先生

Mrs Gladys CHEN
陳左惠嫻女士

Mr CHEUNG Wing-fai
張榮輝先生

Mr Richard FUNG Lap-chung
馮立中先生

Mr Tony LUK Ka-luen
陸嘉鑾先生

Ms Scarlett PONG Oi-lan
龐愛蘭女士

Mr Sammy POONE, 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

Dr YU Kwan
於群醫生

Tsan Yuk Hospital 贊育醫院

Chairman 主席

Mrs Ivy WU KWOK Sau-ping, JP
胡郭秀萍女士

Ex-officio members 當然成員

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

Hospital Chief Executive –
Dr Vivian WONG TAAM Chi-woon, JP (*up to 31.8.2001*)
醫院行政總監 - 黃譚智媛醫生
(截至 2001 年 8 月 31 日)

Dr York CHOW, SBS, JP (*from 1.9.2001*)
周一嶽醫生 (由 2001 年 9 月 1 日起)

Members 成員

Mr CHAN Choi-hi
陳財喜先生

Prof HO Pak-chung
何柏松教授

Mrs Rita LIU, BBS
廖湯慧靄女士

Mrs Kathryn LOUEY, BBS
雷羅慧洪女士

Prof MA CHUNG Ho-kei, JP
馬鍾可璣教授

Mr Robert SZE
史習陶先生

Mr Lincoln TSO
曹禮先生

Ms Margaret WONG
王曼雲女士

(The Committee was dissolved on 18 January 2002 upon relocation of the hospital's inpatient obstetrics and neonatal services to the Queen Mary Hospital)

(隨著醫院的產科及初生嬰兒住院服務遷往瑪麗醫院，委員會於 2002 年 1 月 18 日解散)

Membership of the Hospital Governing Committees

醫院管治委員會成員

Tuen Mun Hospital 屯門醫院

Chairman 主席

Dr C H LEONG, GBS, JP
梁智鴻醫生

Ex-officio members 當然成員

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

Hospital Chief Executive – Dr M Y CHENG
醫院行政總監 - 鄭文容醫生

Members 成員

Mr CHAN How-chi
陳孝慈先生

Mr Michael CHAN Kee-huen
陳記煊先生

Dr Eddie CHAN Tat
陳達醫生

Mr Kenneth LAM Yiu-kin
林耀堅先生

Mr Kenneth LAU Ip-keung, MH, JP
劉業強先生

Dr the Hon TANG Siu-tong, JP
鄧兆棠議員

Mr TSO Shiu-wai
曹紹偉先生

Mr Jonathan YU Hoy-gin, JP
余開堅先生

Tung Wah Hospital 東華醫院

Chairman 主席

Mr Stephen CHOW Chun-kay, BBS
周振基先生

Ex-officio members 當然成員

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

Hospital Chief Executive – Dr K T TOM
醫院行政總監 - 譚錦添醫生

Members 成員

Mr Christopher CHAN Yiu-chong
陳耀莊先生

Mr Albert CHEUNG Chung-put, JP
張中弼先生

Dr CHIU Hin-kwong, JP
招顯洸醫生

Mr HUNG Wing-tat
熊永達先生

Mr Andy LAU Kam-kwok
劉金國先生

Mr Edwin LEUNG Chung-ching
梁仲清先生

Mr LEUNG Kam-fong
梁錦芳先生

Mr Frederick LUI Lai-cheung, JP
呂禮章先生

Mr Willie LUI Pok-shek JP
呂博碩先生

Mr John MA Hung-ming
馬鴻銘先生

Mr Maximilian MA Yung-kit
馬壙傑先生

Mr TSENG Cheng, JP
曾正先生

Mr Eddie WANG
王定一先生

Mr Senta WONG, BBS
王忠桐先生

Mr Ricky YEUNG Chiu-sing
楊超成先生

Membership of the Hospital Governing Committees

醫院管治委員會成員

Tung Wah Eastern Hospital 東華東院

Chairman 主席

Mr Stephen CHOW Chun-kay, BBS
周振基先生

Ex-officio members 當然成員

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

Hospital Chief Executive – Dr K T TOM
醫院行政總監 - 譚錦添醫生

Members 成員

Mr Christopher CHAN Yiu-chong
陳耀莊先生

Mr Albert CHEUNG Chung-put, JP
張中弼先生

Mr Andy LAU Kam-kwok
劉金國先生

Mr LEUNG Kam-fong
梁錦芳先生

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Mr Maximilian MA Yung-kit
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楊超成先生

TWGH Fung Yiu King Hospital 東華三院馮堯敬醫院

Chairman 主席

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王忠桐先生

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Chairman 主席

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

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

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Rev Paul TSANG Kai-choy

曾繼才牧師

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郁德芬女士

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Chairman 主席

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鄭蘇薇女士

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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 – Dr David CHENG
醫院行政總監 - 鄭柏榮醫生

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陳耀星先生

Mr CHAU Tak-wai

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Mr Raymond LEE Man-chun

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王忠秣先生

Mr Stanley YIM Yuk-lun

嚴玉麟先生

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

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

Chairman 主席

Dr Conrad LAM Kui-shing, JP (*up to 30.11.2001*)
林鉅成醫生 (截至 2001 年 11 月 30 日)

Dr Anthony HO Yiu-wah (*from 1.4.2002*)
何耀華博士 (由 2002 年 4 月 1 日起)

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Mr KO Tam-kan
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Mr Y L PANG, JP
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龐曹聖玉女士

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譚錦添醫生

Mr TSENG Cheng, JP
曾正先生

Dr Damayanthi WIJEDORU
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王海國教授

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Mrs Ivy WU KWOK Sau-ping, JP
胡郭秀萍女士

Mr Ricky YEUNG Chiu-sing
楊超成先生

Mr Dicky YIP, BBS, JP
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楊子剛先生

Kowloon Regional Advisory Committee 九龍區域諮詢委員會

Chairman 主席

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鄧維庸醫生 (截至 2002 年 3 月 31 日)

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余嘯天先生 (由 2002 年 4 月 1 日起)

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Hospital Authority Chief Executive or his representative
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Director of Health or her representative
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Mr Eddie WANG
王定一先生

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李澤培先生

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醫院管理局行政總裁或其代表

Director of Health or her representative
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李家達先生

Dr Winston W C LIM (*up to 17.9.2001*)
林恒柱醫生 (截至 2001 年 9 月 17 日)

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廖湯慧靄女士

Mr Tony LUK Ka-luen
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王紹強先生

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黃耀聰先生

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楊寶坤先生

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羅嘉瑞醫生

Members 成員

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何兆煒醫生

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林李靜文女士

Mr LO Chung-hing, SBS
盧重興先生

Employee Trustees 僱員代表

Ms Sylvia FUNG Yuk-kuen
馮玉娟女士

Mr TONG Kar-wai
湯嘉偉先生

Dr WONG Tak-cheung
黃德祥醫生

Mr Benjamin LEE Cheung-mei (*from 17.9.2001*)
李祥美先生 (由 2001 年 9 月 17 日起)

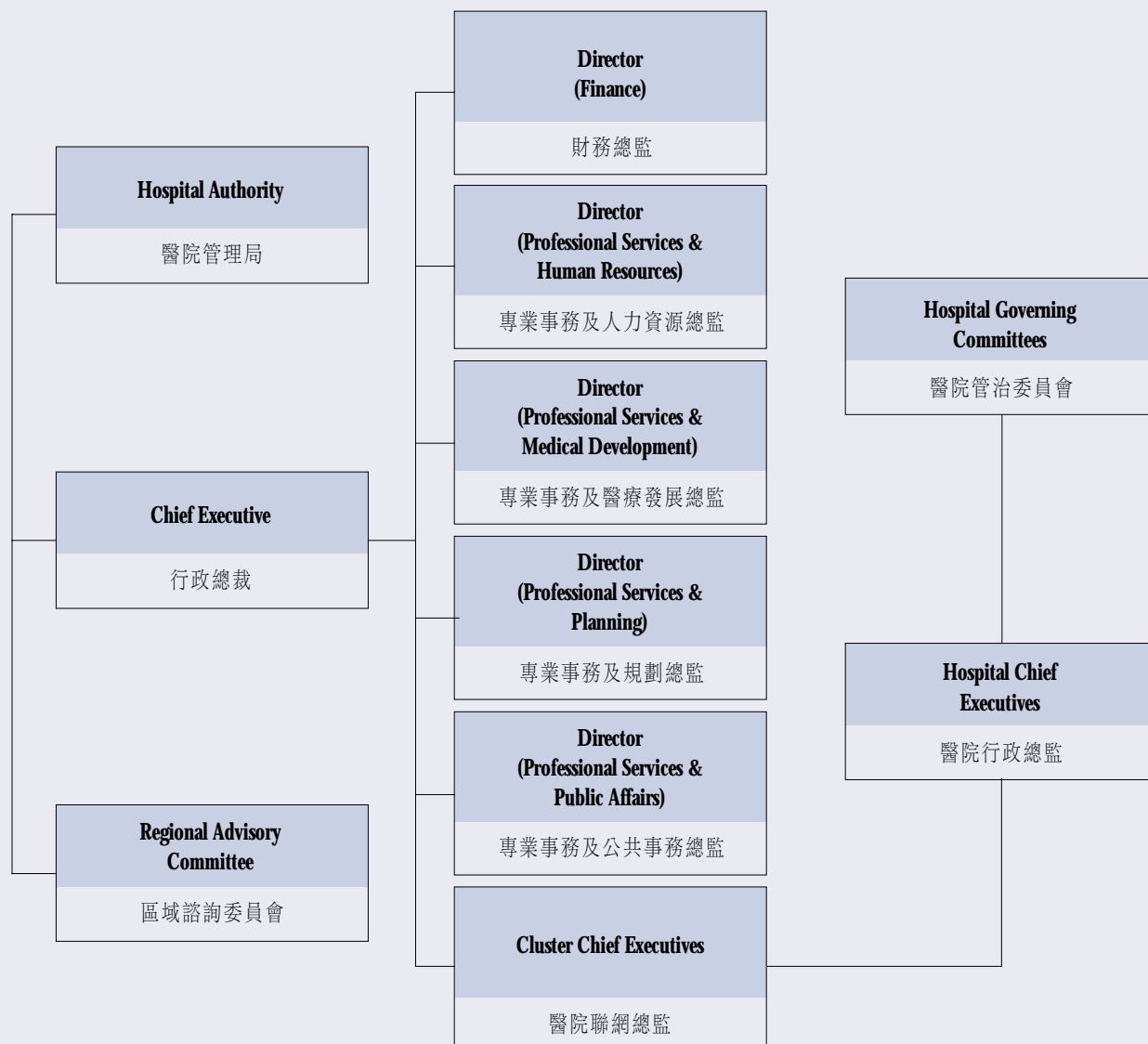
Independent Trustees 獨立信託委員

Dr E K YEOH, JP
楊永強醫生

Mr Marvin CHEUNG Kin-tung, SBS, JP
張建東先生

Ms Amy YIP Yok-tak, BBS, JP (*from 17.9.2001*)
葉約德女士 (由 2001 年 9 月 17 日起)

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



According to the Hospital Authority salary remuneration chart, the salary range of the first five staff members in 2001/02 are :
在醫管局的薪酬幅度表上，2001/02 年度的首五位員工薪酬如下：

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

Organisation Structure of the Hospital Authority

醫院管理局行政架構

Chairman 主席

Chief Executive
行政總裁

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

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

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

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

Director (Finance)
財務總監

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

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

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

Name of Officer 任職人員

Dr William HO, JP
何兆煒醫生

Dr FUNG Hong, JP
馮康醫生

Dr KO Wing-man, JP
高永文醫生

Dr Kathleen SO, JP
蘇碧嫻醫生

Dr Vivian TAAM WONG, JP
黃譚智媛醫生

Ms Nancy TSE
謝秀玲女士

Prof Allan CHANG
張明仁教授

Dr Pamela LEUNG, JP
梁明娟醫生

Dr C Y TSE
謝俊仁醫生

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

Hong Kong East & West Clusters 港島東及港島西醫院聯網		No. of beds (as at 31.3.2002) 病床數目 (截至 2002 年 3 月 31 日)
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院		240
Duchess of Kent Children's Hospitals at Sandy Bay 大口環根德公爵夫人兒童醫院		130
Grantham Hospital 葛量洪醫院		579
MacLehose Medical Rehabilitation Centre 麥理浩復康院		130
Nam Long Hospital 南朗醫院		200
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院		1,733
Queen Mary Hospital 瑪麗醫院		1,550
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院		687
St John Hospital 長洲醫院		93
Tsan Yuk Hospital 贊育醫院		88
Tung Wah Eastern Hospital 東華東院		303
TWGH's Fung Yiu King Hospital 東華三院馮堯敬醫院		296
Tung Wah Hospital 東華醫院		787
Wong Chuk Hang Hospital 黃竹坑醫院		200
Sub-total 小計		7,016
Population * 人口 *		1,443,100
Beds per '000 population 每千人病床數目		4.86

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

Caritas Medical Centre 明愛醫院	1,392
Haven of Hope Hospital 靈實醫院	305
Hong Kong Buddhist Hospital 香港佛教醫院	356
Hong Kong Eye Hospital 香港眼科醫院	64
Kowloon Hospital 九龍醫院	1,259
Kwai Chung Hospital 葵涌醫院	1,534
Kwong Wah Hospital 廣華醫院	1,425
Our Lady of Maryknoll Hospital 聖母醫院	258
Princess Margaret Hospital 瑪嘉烈醫院	1,561
Queen Elizabeth Hospital 伊利沙伯醫院	1,850
Tseung Kwan O Hospital 將軍澳醫院	410
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	1,006
United Christian Hospital 基督教聯合醫院	1,265
Yan Chai Hospital 仁濟醫院	873
Sub-total 小計	13,558
Population * 人口 *	3,196,500
Beds per '000 population 每千人病床數目	4.24

New Territories East & West Clusters 新界東及新界西醫院聯網		No. of beds (as at 31.3.2002) 病床數目 (截至 2002 年 3 月 31 日)
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院		492
Bardbury Hospice 白普理寧養中心		26
Castle Peak Hospital 青山醫院		1,691
Cheshire Home, Shatin 沙田慈氏護養院		296
North District Hospital 北區醫院		633
Pok Oi Hospital 博愛醫院		404
Prince of Wales Hospital 威爾斯親王醫院		1,364
Shatin Hospital 沙田醫院		649
Siu Lam Hospital 小欖醫院		300
Tai Po Hospital 大埔醫院		960
Tuen Mun Hospital 屯門醫院		1,633
Sub-total 小計		8,448
Population 人口 *		2,338,600
Beds per '000 population 每千人病床數目		3.61
Grand Total 總計		29,022
Population 人口 *		6,978,200
Beds per '000 population 每千人病床數目		4.16

* 2001 end year population estimate (including marine population and transients)

* 2001 年年底的人口估計 (包括水上及流動人口)

Public Hospitals Services 公立醫院服務

	1997 / 98	1998 / 99	1999 / 00	2000 / 01	2001 / 02
General Inpatient Services (excluding Psychiatry and Mentally Handicapped) 普通科住院服務 (不包括精神科及弱智服務)					
(a) Number of discharges ¹ 出院人次 ¹	973,642	1,040,476	1,091,454	1,151,661	1,194,329
(b) Number of patient days (bed days occupied) 病人日數目 (佔用病床日)	5,845,142	6,265,834	6,560,035	6,638,917	6,744,886
(c) Average occupancy rate (%) 平均住用率 (%)	83.3	83.8	86.1	84.9	85.0
(d) Average length of stay (days) 平均住院時間 (日數)	7.3	7.3	7.3	7.1	7.1
(e) Number of Accident and Emergency attendances ² 急症室求診人次 ²	2,168,777	2,360,679	2,407,118	2,403,090	2,522,972
Outpatient Clinics (excluding Psychiatry and Mentally Handicapped) 門診診療所 (不包括精神科及弱智服務)					
(a) Number of specialist outpatient attendances 專科門診求診人次	4,570,147	4,938,277	5,054,669	5,304,186	5,432,486
(b) Number of allied health outpatient attendances 專職醫療門診求診人次	2,423,071	2,694,653	2,495,776	2,395,407	2,452,914
(c) Number of integrated clinic attendances 綜合診所求診人次	-	-	25,630	89,482	146,793
(d) Number of general outpatient attendances 普通科門診求診人次	759,127	756,723	776,578	813,710	887,328
Community Nursing Services 社康護理服務					
(a) Number of patients treated 治理病人數目	31,643	34,946	40,199	45,944	50,960
(b) Number of home visits 家訪次數	439,319	478,633	554,269	633,003	685,712
Psychiatric and Mentally Handicapped Services 精神科及弱智服務					
(a) Number of discharges ¹ 出院人次 ¹	11,849	12,502	13,156	14,306	14,098
(b) Number of patient days (bed days occupied) 病人日數目 (佔用病床)	1,915,740	1,917,301	1,887,811	1,853,017	1,695,559
(c) Average occupancy rate (%) 平均住用率 (%)	90.6	89.7	86.3	83.5	82.0
(d) Average length of stay (days) 平均住用率 (日)	165.9	167.5	163.2	190.8	150.0
(e) Number of psychiatric specialist outpatient attendances 精神科專科門診人次	371,788	400,198	432,069	471,262	511,167

¹ including deaths 包括死亡人數² including Accident and Emergency follow-up attendances 包括急症室覆診人次

Statistics on Inpatient, Accident and Emergency Specialist Outpatient Services, 2001/02

2001/02 年度住院服務、急症服務及專科門診服務統計

Institution 機構	Total IP & DP Discharges and Deaths 住院及日間 病人出院及 死亡總數	Inpatient Occupancy Rate (%) 住院病人 住用率 (%)	Inpatient Average Length of Stay (days) 住院病人 平均住院 時間(日數)	Total A&E Attendances 急症室 求診總人次	Total SOP Attendances 專科門診 總人次	Total AH OP Attendances 專職醫療 門診總人次	Total integrated clinic attendances 綜合診所 總求診人次
Hong Kong East Cluster 港島東醫院聯網							
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	337	92.9	119.7	-	-	234	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	93,828	88.9	7.4	196,908	564,192	172,289	26,807
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	28,987	89.2	7.9	110,507	104,122	122,566	2,826
St John Hospital 長洲醫院	3,910	73.5	11.2	13,641	2,058	13,883	-
Tung Wah Eastern Hospital 東華東院	8,232	86.1	14.1	-	104,532	71,542	1,612
Wong Chuk Hang Hospital 黃竹坑醫院	865	90.5	62.9	-	-	-	-
Sub-total 小計	136,159	88.7	8.8	321,056	774,904	380,514	31,245
Hong Kong West Cluster 港島西醫院聯網							
Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	2,458	59.8	16.3	-	16,993	29,884	-
TWGH Fung Yiu King Hospital 東華三院馮堯敬醫院	2,577	85.1	29.4	-	-	228	-
Grantham Hospital 葛量洪醫院	13,292	65.4	14.0	-	54,046	2,541	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	688	88.7	48.4	-	-	1,254	-
Nam Long Hospital 南朗醫院	1,830	69.8	26.1	-	741	1,901	-
Queen Mary Hospital 瑪麗醫院	101,564	80.8	5.4	149,874	522,525	200,748	-
Tung Wah Hospital 東華醫院	23,367	75.9	17.6	-	44,357	7,978	-
Tsan Yuk Hospital 贊育醫院	10,762	56.7	4.2	-	30,132	4,939	16,656
Sub-total 小計	156,538	75.9	8.8	149,874	668,794	249,473	16,656

	Total IP & DP Discharges and Deaths 住院及日間 病人出院及 死亡總數	Inpatient Occupancy Rate (%) 住院病人 住用率 (%)	Inpatient Average Length of Stay (days) 住院病人 平均住院 時間(日數)	Total A&E Attendances 急症室 求診總人次	Total SOP Attendances 專科門診 總人次	Total AH OP Attendances 專職醫療 門診總人次	Total integrated clinic attendances 綜合診所 總求診人次
Kowloon East Cluster 九龍東醫院聯網							
Haven of Hope Hospital 靈實醫院	6,313	90.6	22.0	-	7,217	3,575	-
Tseung Kwan O Hospital 將軍澳醫院	24,632	72.0	4.7	119,295	95,614	52,230	1,395
United Christian Hospital 基督教聯合醫院	81,679	89.5	5.6	238,797	438,881	221,991	23,496
Sub-total 小計	112,624	86.4	6.5	358,092	541,712	277,796	24,891
Kowloon Central Cluster 九龍中醫院聯網							
Hong Kong Buddhist Hospital 香港佛教醫院	7,774	80.3	16.5	-	28,279	4,480	-
Hong Kong Eye Hospital 香港眼科醫院	6,784	41.5	4.7	-	214,572	140,779	-
Kowloon Hospital 九龍醫院	15,234	84.1	22.1	-	62,109	114,328	-
Queen Elizabeth Hospital 伊利沙伯醫院	136,788	88.1	5.7	231,399	631,234	196,706	3,710
Rehabaid Centre 復康專科及資源中心	-	-	-	-	102	3,533	-
Sub-total 小計	166,580	85.3	8.2	231,399	936,296	459,826	3,710
Kowloon West Cluster 九龍西醫院聯網							
Caritas Medical Centre 明愛醫院	57,463	79.9	9.2	141,639	332,311	100,767	5,210
Kwai Chung Hospital 葵涌醫院	4,044	78.4	147.6	-	161,224	43,882	-
Kwong Wah Hospital 廣華醫院	93,285	87.0	5.2	244,250	345,542	139,772	3,958
Lai Chi Kok Hospital 荔枝角醫院	72	13.7	3008.1	-	-	-	-
Our Lady of Maryknoll Hospital 聖母醫院	8,658	68.1	9.1	-	59,004	27,389	5,709
Princess Margaret Hospital 瑪嘉烈醫院	89,497	87.8	6.4	151,920	332,110	105,764	-
TWGH Wong Tai Sin Hospital 東華三院黃大仙醫院	8,881	77.2	33.8	-	-	1,081	-
Yan Chai Hospital 仁濟醫院	45,600	92.9	6.3	161,496	182,412	65,615	-
Sub-total 小計	307,500	82.3	10.7	699,305	1,412,603	484,270	14,877

	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	47,745	88.4	5.0	142,784	200,407	94,220	5,804
Bradbury Hospice 白普理寧養中心	645	86.3	12.9	-	467	2,082	-
North District Hospital 北區醫院	31,894	81.3	6.0	137,301	157,250	82,855	-
Prince of Wales Hospital 威爾斯親王醫院	102,479	84.4	5.4	202,581	624,386	186,684	19,676
Cheshire Home, Shatin 沙田慈氏護養院	2,571	86.4	33.4	-	-	936	-
Shatin Hospital 沙田醫院	5,505	89.4	35.7	-	800	3,632	-
Tai Po Hospital 大埔醫院	7,754	84.5	33.7	-	115	902	-
Sub-total 小計	198,593	85.4	8.5	482,666	983,425	371,311	25,480
New Territories West Cluster 新界西醫院聯網							
Castle Peak Hospital 青山醫院	2,114	86.3	294.4	-	69,765	22,149	-
Pok Oi Hospital 博愛醫院	4,873	81.3	22.6	-	31,828	21,390	-
Siu Lam Hospital 小欖醫院	102	98.7	597.5	-	-	-	-
Tuen Mun Hospital 屯門醫院	123,344	90.5	5.2	280,580	524,326	186,185	29,934
Sub-total 小計	130,433	88.9	12.2	280,580	625,919	229,724	29,934
Grand-total 小計	1,208,427	84.4	9.3	2,522,972	5,943,653	2,452,914	146,793

Notes:
註：

1. Rehabaid Centre and Hong Kong Red Cross Blood Transfusion Service are Hospital Authority institutions with specific functions but no hospital beds.
復康專科及資源中心及香港紅十字會輸血服務中心屬醫院管理局機構，各有特定職能，兩間中心均不設病床。
2. Lai Chi Kok Hospital has been renamed as Lai Chi Kok Hospital HACare Home which is under the management of HACare since August 2001.
荔枝角醫院已自 2001 年 8 月改名為荔康居，由醫院管理局的附屬公司管理。
3. The specialist outpatient attendances for different clinics are grouped under respective hospital management.
各診所的專科門診求診人次是按組別歸入所屬醫院之下。

Statistics on Community Services, 2001/02

2001/02 年度社康服務統計

Institution 機構	Community Nursing Service * 社康護理服務*	Community Psychiatric Nursing Service * 精神科社康 護理服務*	Community Psychiatric Service # 社區精神科服務#	Psychogeriatrics Service # 老人精神科服務#	Community Geriatric Assessment Service @ 社區老人 評估服務@
Hong Kong East Cluster 港島東醫院聯網					
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	81,420	8,070	1,517	2,929	-
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	-	100,546
St John Hospital 長洲醫院	4,762	-	-	-	-
Sub-total 小計	86,182	8,070	1,517	2,929	100,546
Hong Kong West Cluster 港島西醫院聯網					
TWGH Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	-	30,153
Queen Mary Hospital 瑪麗醫院	46,954	2,482	1,990	7,959	-
Sub-total 小計	46,954	2,482	1,990	7,959	30,153
Kowloon East Cluster 九龍東醫院聯網					
Haven of Hope Hospital 靈實醫院	28,096	-	-	-	2,624
United Christian Hospital 基督教聯合醫院	121,335	5,881	1,402	3,538	25,454
Sub-total 小計	149,431	5,881	1,402	3,538	28,078
Kowloon Central Cluster 九龍中醫院聯網					
Kowloon Hospital 九龍醫院	40,553	3,480	1,483	4,867	24,174
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	-	12,771
Sub-total 小計	40,553	3,480	1,483	4,867	36,945

	Community Nursing Service * 社康護理服務*	Community Psychiatric Nursing Service * 精神科社康 護理服務*	Community Psychiatric Service # 社區精神科服務#	Psychogeriatrics Service # 老人精神科服務#	Community Geriatric Assessment Service @ 社區老人 評估服務@
Kowloon West Cluster 九龍西醫院聯網					
Caritas Medical Centre 明愛醫院	62,642	-	-	-	30,351
Kwai Chung Hospital 葵涌醫院	-	14,280	2,342	7,762	-
Kwong Wah Hospital 廣華醫院	34,003	-	-	-	29,648
Our Lady of Maryknoll Hospital 聖母醫院	43,468	-	-	-	-
Princess Margaret Hospital 瑪嘉烈醫院	71,931	-	-	-	37,827
Sub-total 小計	212,044	14,280	2,342	7,762	97,826
New Territories East Cluster 新界東醫院聯網					
AHML Nethersole Hospital 雅麗氏何妙齡那打素醫院	17,146	-	-	-	-
North District Hospital 北區醫院	27,377	-	1,766	-	2,038
Shatin Hospital 沙田醫院	34,733	3,929	2,399	4,975	16,796
Tai Po Hospital 大埔醫院	-	1,937	1,041	-	8,511
Sub-total 小計	79,256	5,866	5,206	4,975	27,345
New Territories West Cluster 新界西醫院聯網					
Castle Peak Hospital 青山醫院	-	14,261	3,148	5,432	-
Tuen Mun Hospital 屯門醫院	71,292	-	-	-	23,277
Sub-total 小計	71,292	14,261	3,148	5,432	23,277
Grand-total 總計	685,712	54,320	17,088	37,462	344,170

* For Community Nursing Service and Community Psychiatric 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會診次數。

@ For Community Geriatric Assessment Service, the activity refers to total number of outreach attendances and assessments performed.
 @ 有關數字是指社區老人評估服務的外展及評估總數。

Note : The activity performed in different centres/teams are grouped under respective hospital management.
 註：各中心及小組的數字是按組別歸入所屬醫院之下。

Public Feedback Statistics

公眾意見統計

Public Complaints Committee 公眾投訴委員會

Nature of Cases 個案性質	Complaints received (1.4.2001-31.3.2002) 投訴數目(1.4.2001-31.3.2002)
Medical Services 醫療服務	76
Staff Attitude 職員態度	6
Administrative Procedure 行政程序	2
Others 其他	5
Total Number of Complaints 總投訴個案	89

Hospital Complaints / Appreciation Statistics 醫院投訴 / 讚揚數目(1.4.2001 – 31.3.2002)

Nature of Complaint Cases 投訴個案性質	Number 數字
Medical Services 醫療服務	710
Staff Attitude 職員態度	505
Administrative Procedure 行政程序	221
Others 其他	160
Total Number of Complaints 總投訴個案	1,596
Total Number of Appreciation 總讚揚數目	26,576

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）

Medical 醫療	97/98	98/99	99/00	00/01	01/02
Consultant 顧問醫生	466	494	496	501	526
Senior Medical Officer/Associate Consultant 高級醫生 / 副顧問醫生	791	860	873	879	903
Medical Officer/Resident 醫生 / 駐院醫生	2030	2112	2292	2508	2676
Intern/Extern 駐院 / 非駐院實習醫生	291	334	314	330	351
Senior Dental Officer/Dental Officer 高級牙科醫生 / 牙科醫生	3	4	4	4	4
Medical Total 醫療人員總計	3581	3804	3979	4222	4460
Nursing 護理					
Senior Nursing Officer and above 高級護士長或以上	117	114	111	105	99
Department Operations Manager 部門運作經理	181	191	186	177	173
General 普通科					
Ward Manager 病房經理	557	563	553	541	532
Nurse Specialist 專科護士	159	170	172	176	194
Nursing Officer 護士長	1801	1861	1830	1779	1737
Registered Nurse 註冊護士	8041	8726	9379	10081	11063
Student Nurse 註冊護士學生	2762	2769	1855	1228	360
Enrolled Nurse 登記護士	3098	3205	3234	3437	3481
Pupil Nurse 登記護士學生	786	632	416	112	
Midwife/Other 助產士 / 其他	109	105	95	92	84
Psychiatric 精神科					
Ward Manager 病房經理	112	113	115	110	105
Nurse Specialist 專科護士	13	14	14	14	15
Nursing Officer 護士長	214	223	218	215	212
Nurse 註冊護士	627	707	787	877	978
Student Nurse 註冊護士學生	360	357	240	141	33
Enrolled Nurse 登記護士	642	652	648	645	644
Pupil Nurse 登記護士學生	35	33	27	16	-
Nursing Total 護理人員總計	19614	20435	19880	19746	19710
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	10	11	11	11	11
Clinical Psychologist 臨床心理學家	54	57	59	60	70
Dietitian 營養師	76	79	77	80	84
Dispenser 配藥員	656	660	642	640	665
Medical Laboratory Technician 醫務化驗員	1097	1104	1092	1088	1085
Mould Laboratory Technician 製模實驗室技術員	28	28	28	28	28
Optometrist 視光師	25	24	26	26	26
Orthoptist 視覺矯正師	10	13	12	12	12
Occupational Therapist 職業治療師	399	417	427	445	463
Pharmacist 藥劑師	162	170	170	179	202

Physicist 物理學家	39	39	38	38	38
Physiotherapist 物理治療師	637	657	659	685	709
Podiatrist 足病治療師	17	19	21	20	22
Prosthetist-Orthotist 義肢矯形師	82	89	91	93	96
Radiographer 放射技師	756	775	771	798	808
Scientific Officer (Medical) 科學主任(醫務)	56	56	57	56	56
Speech Therapist 言語治療師	41	45	49	51	53
Medical Social Worker 醫務社會工作主任	145	147	147	155	160
Others 其他	5	2	2	2	2
Allied Health Total 專職醫療人員總計	4295	4392	4379	4467	4590
Health Care Assistant 健康服務助理	3394	3825	3868	4138	4561
Ward Attendant 病房服務員	2318	2155	1999	1710	1310
General Services Assistant / Technical Services Assistant (Care-related) 一般事務 / 技術服務助理(護理)	-	-	-	-	140
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	5712	5980	5867	5848	6011
Direct Patient Care Total 直接病人護理人手總計	33202	34611	34105	34283	34771
Others 其他					
Chief Executive / Directors / Deputy Director 行政總裁 / 總監 / 副總監	14	13	10	9	7
Cluster Chief Executive / Hospital Chief Executive 醫院聯網總監 / 醫院行政總監	43	42	42	37	33
Senior Executive Manager, Executive Manager, General Manager 高級行政經理 / 行政經理 / 總經理	108	110	105	104	101
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	873	879	853	851	859
Other Supporting Staff - Clerical, Secretarial, Workmen, Artisan, Laundry Workers, etc 其他支援人員 — 文員、秘書、工人、技工、 洗衣工人等	15294	15548	15093	14649	14037
Non-direct Patient Care Total 非直接病人護理人手總計	16332	16592	16103	15650	15037
Grand Total 醫管局人手總計	49534	51203	50208	49933	49808

Note : Strength figures reported above include all permanent and contract staff working on full-time or part-time basis.
 註：上述人手數目包括所有全職或兼職的常額及合約僱員。

Manpower Position of the Hospital Authority – by Institution

醫院管理局人手狀況（按機構分類）

Institution 機構	No. of staff (as at 31.3.2002) 職員數目 (截至 2002 年 3 月 31 日)				Total 總計
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	145	464	136	517	1262
Bradbury Hospice 白普理寧養中心	2	30	3	21	56
Caritas Medical Centre 明愛醫院	203	752	174	784	1913
Castle Peak Hospital 青山醫院	48	525	51	606	1230
Cheshire Home (Shatin) 沙田慈氏護養院	1	90	12	85	188
Cheshire Home (Chung Hom Kok) 春磡角慈氏護養院	3	52	9	96	160
Duchess of Kent Children's Hospital 根德公爵夫人兒童醫院	11	69	42	119	241
Grantham Hospital 葛量洪醫院	49	358	58	282	747
Haven of Hope Hospital 靈實醫院	16	261	48	278	603
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	3	78	45	150	276
HK Tuberculosis, Chest & Heart Diseases Association 香港防癆心臟及胸病協會	0	0	0	11	11
Hong Kong Buddhist Hospital 香港佛教醫院	17	143	23	141	324
Hong Kong Eye Hospital 香港眼科醫院	35	71	15	112	233
Kowloon Hospital 九龍醫院	43	646	145	604	1438
Kwai Chung Hospital 葵涌醫院	62	644	73	572	1351
Kwong Wah Hospital 廣華醫院	289	1142	241	1104	2776
MacLehose Medical Rehabilitation Centre 麥理浩復康院	3	35	39	83	160
Nam Long Hospital 南朗醫院	8	87	10	98	203
North District Hospital 北區醫院	114	504	95	442	1155
Our Lady of Maryknoll Hospital 聖母醫院	59	225	50	202	536
Pamela Youde Nethersole Eastern Hospital 尤德夫人那打素醫院	364	1258	289	1536	3447

	No. of staff (as at 31.3.2002) 職員數目 (截至 2002 年 3 月 31 日)				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Pok Oi Hospital 博愛醫院	39	188	45	232	504
Prince of Wales Hospital 威爾斯親王醫院	438	1520	384	1437	3779
Princess Margaret Hospital 瑪嘉烈醫院	314	1295	274	1237	3120
Queen Elizabeth Hospital 伊利沙伯醫院	482	1790	445	1615	4332
Queen Mary Hospital 瑪麗醫院	422	1618	439	1470	3949
Rehabaid Centre 復康專科及資源中心	0	1	13	13	27
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	93	413	155	583	1244
Shatin Hospital 沙田醫院	27	319	59	355	760
Siu Lam Hospital 小欖醫院	4	71	5	207	287
St John Hospital 長洲醫院	6	43	10	74	133
Tai Po Hospital 大埔醫院	31	309	59	371	770
Tsan Yuk Hospital 贊育醫院	10	39	28	52	129
Tseung Kwan O Hospital 將軍澳醫院	118	362	104	279	863
Tuen Mun Hospital 屯門醫院	384	1449	357	1467	3657
Tung Wah Eastern Hospital 東華東院	39	199	55	248	541
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	10	88	18	131	247
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	30	252	42	289	613
Tung Wah Hospital 東華醫院	43	350	57	304	754
United Christian Hospital 基督教聯合醫院	348	1259	305	1283	3195
Wong Chuk Hang Hospital 黃竹坑醫院	5	57	12	139	213
Yan Chai Hospital 仁濟醫院	140	631	128	680	1579
Total 總計	4458	19687	4552	20309	49006*

*Not including 334 core staff in the Hospital Authority Head Office and 468 staff in Hospital Authority's agency services.

* 不包括醫管局總辦事處核心職員 334 名及醫管局代理服務職員 468 名。

Resource Utilisation by Hospital Clusters and Other Financial Information

醫院聯網的資源使用及其他財務資料

Cluster 聯網	Resource Utilisation 使用資源 (百萬元)
Hong Kong East Cluster 港島東醫院聯網	3,199.2
Hong Kong West Cluster 港島西醫院聯網	3,830.5
Kowloon East Cluster 九龍東醫院聯網	2,721.3
Kowloon Central Cluster 九龍中醫院聯網	3,944.4
Kowloon West Cluster 九龍西醫院聯網	6,762.1
New Territories East Cluster 新界東醫院聯網	4,815.9
New Territories West Cluster 新界西醫院聯網	3,169.9
Hospital Authority Head Office 醫管局總辦事處	324.6
Others * 其他*	1,709.6
Total Resource Utilisation 使用資源總額	30,477.5

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

* 包括用於共同服務及節省投資計劃的資源

Analysis of Hospital / Clinic Fees and Charges

醫院診療所收費分析

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

Hospital fees and charges that are uncollectible are written off in the Statement of Income and Expenditure for the year. In addition, provision is also made for those outstanding hospital fees and charges as at the financial year-end. The amount of provision for doubtful debts in financial year 2001/2002 is HK\$41,979,000 (2001: HK\$29,079,000). Such provision is assessed based on both the aging as well as the recoverability rate of outstanding hospital fees and charges as at the financial year-end.

醫院管理局所提供的醫療服務，是根據憲報規定的收費表徵收，並於服務提供時，在該年度的收支結算表確認為收入。未能收取的費用則會在該年度的收支結算表內註銷。此外，亦會為財政年度終結時尚未清繳的醫院費用作呆帳準備。2001至2002財政年度的呆帳準備為港幣41,979,000元（2001年則為港幣29,079,000元）。上述的呆帳準備，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：

	2001 / 2002			2000 / 2001		
	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		754,823	(68.3%)		735,270	(68.8%)
Hospital/clinic fees written-off and changes in provision for doubtful debts 註銷的醫院 / 診療所收費及呆帳預留款項的變動						
- Actual write-off 實際註銷的收費		13,786			23,749	
- Increase / (Decrease) in provision 呆帳預留款項的增加 / (減少)		12,900			(5,456)	
		26,686	(2.4%)		18,293	(1.7%)
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 *		304,477	(27.5%)		299,778	(28.0%)
- Non-Entitled Persons * 非符合資格人士 *		20,180	(1.8%)		16,158	(1.5%)
Total hospital/clinic fees and charges 醫院 / 診療所收費總額		1,106,166	(100%)		1,069,499	(100%)

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

*符合資格人士指持有香港身份證的病人，其他病人則屬非符合資格人士。

Hospital Authority Training and Development Expenditure 2001/2002

2001/2002 醫院管理局職員培訓及發展開支

Hospital / Institution 醫院 / 機構	Amount 款額
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	\$716,554
Bradbury Hospice 白普理寧養中心	\$76,274
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	\$119,521
Cheshire Home (Chung Hom Kok) 春磡角慈氏護養院	\$56,590
Caritas Medical Centre 明愛醫院	\$798,248
Castle Peak Hospital 青山醫院	\$285,866
Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	\$68,913
TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院	\$92,538
Grantham Hospital 葛量洪醫院	\$201,850
Haven of Hope Hospital 靈實醫院	\$165,766
Hong Kong Buddhist Hospital 香港佛教醫院	\$15,742
Hong Kong Eye Hospital 香港眼科醫院	\$200,582
Kwai Chung Hospital 葵涌醫院	\$780,908
Kowloon Hospital 九龍醫院	\$566,715
Kwong Wah Hospital 廣華醫院	\$1,080,961
MacLehose Medical Rehabilitation Centre 麥理浩復康院	\$125,843
North District Hospital & Fanling Hospital 北區醫院 / 粉嶺醫院	\$952,421
Nam Long Hospital 南朗醫院	\$44,589
Our Lady of Maryknoll Hospital 聖母醫院	\$67,684
Princess Margaret Hospital 瑪嘉烈醫院	\$1,346,496
Pok Oi Hospital 博愛醫院	\$137,916
Prince of Wales Hospital 威爾斯親王醫院	\$1,686,834
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	\$1,921,329
Queen Elizabeth Hospital 伊利沙伯醫院	\$4,866,544
Queen Mary Hospital 瑪麗醫院	\$3,125,318
Rehabaid Centre 復康專科及資源中心	\$36,219
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	\$406,639
Cheshire Home (Shatin) 沙田慈氏護養院	\$23,055
Shatin Hospital 沙田醫院	\$202,777
St John Hospital 長洲醫院	\$54,173
Siu Lam Hospital 小欖醫院	\$25,925
The Hong Kong Tuberculosis, Chest and Heart Diseases Association 香港防癆心臟及胸病協會	\$5,250

Hospital / Institution 醫院 / 機構	Amount 款額
Tuen Mun Hospital 屯門醫院	\$1,516,766
Tai Po Hospital 大埔醫院	\$366,720
Tung Wah Eastern Hospital 東華東院	\$253,296
Tung Wah Hospital 東華醫院	\$227,839
Tsan Yuk Hospital 贊育醫院	\$253,093
United Christian Hospital 基督教聯合醫院	\$1,858,320
Wong Chuk Hang Hospital 黃竹坑醫院	\$42,970
TWGH Wong Tai Sin Hospital 黃大仙醫院	\$162,237
Yan Chai Hospital 仁濟醫院	\$513,571
HA Head Office 醫管局總辦事處	\$1,623,114
Total 總數	\$27,073,965

Central Programmes 中央計劃	Amount 款額
Central sponsorship 中央贊助款額	\$1,461,718
Consultants' Continuous Education 顧問醫生的持續教育	\$1,123,325
Commissioned Training 委託培訓計劃	\$5,556,218
IANs' Commissioned Training & Enhancement Programmes 護理深造學院委託培訓及深造計劃	\$633,464
Management & Staff Development Programmes 管理及職員發展計劃	\$1,937,269
Vocational Skills Training for Supporting & Clerical Staff 支援及文書職系的職業技能培訓	\$968,249
Total 總數	\$11,680,242

Capital Works Summary - 2001/2002

2001/2002 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－基本工程摘要				
Hong Kong				
香港				
Various Hospitals 多間醫院	Hospital Improvements Stage III - 8 Hospitals (DKCH, GH, KWH, NLH, OLMH, TWH, UCH, YCH) 醫院改善計劃第 III 期－8 間醫院 (根德公爵夫人兒童醫院、葛量洪醫院、 廣華醫院、南朗醫院、聖母醫院、東華醫院、 基督教聯合醫院、仁濟醫院)	07/98	07/02	196.057
Various Hospitals 多間醫院	Hospital Improvements Stage IV - 13 Hospitals (CPH, FH, KH, KCH, LCKH, PMH, PWH, QEH, QMH, SJH, TSKH, TYH, TMH) 醫院改善計劃第 IV 期－13 間醫院 (青山醫院、粉嶺醫院、九龍醫院、 葵涌醫院、荔枝角醫院、瑪嘉烈醫院、 威爾斯親王醫院、伊利沙伯醫院、 瑪麗醫院、長洲醫院、鄧肇堅醫院、 贊育醫院、屯門醫院)	06/98	12/02	122.026
Maclehose Medical Rehabilitation Centre 麥理浩復康院	Refurbishment 翻新	03/98	09/01	56.630
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	06/02	78.660
Ruttonjee Hospital 律敦治醫院	Relocation of Tang Shiu Kin Hospital's Accident & Emergency Department 調遷鄧肇堅醫院急症室	01/01	03/03	153.530
Kowloon				
九龍				
Caritas Medical Centre 明愛醫院	Redevelopment Phase I 重建第一期	01/98	01/02	794.200
Kowloon Hospital 九龍醫院	Refurbishment & Redevelopment Phase I 翻新及重建第一期	03/98	02/02	929.311
Kwong Wah Hospital 廣華醫院	Provision of Rehabilitative Environment for Patients and Provision of Covered Walkway 為病人提供康復環境及搭建有蓋行人路	08/00	03/04	16.000

Institution 機構	Project 工程	Planned/Actual Start Date 計劃／ 實際動工日期	Planned/Actual Completion 計劃／ 實際完成日期	Current Estimate (in million) 目前估價 (百萬元)
Section 1 - Major Projects Under Construction				
第一部份－基本工程摘要				
New Territories				
新界				
Tseung Kwan O Hospital 將軍澳醫院	District hospital with about 400 beds and ambulatory care centre 興建設有約 400 張病床及日間護理中心的醫院	04/96	04/99	2,094.290
Castle Peak Hospital 青山醫院	Redevelopment Phase II 重建工程第二期	04/98	08/05	1,194.005
Princess Margaret Hospital Lai King Building 瑪麗醫院荔景大樓	Hospital with 250 infirmary beds 興建設有 250 張療養病床的醫院	10/98	07/00	592.575
Tuen Mun Hospital 屯門醫院	Tuen Mun Polyclinic - Relocation 調遷屯門分科診療所	06/98	03/01	519.660
Prince of Wales Hospital 威爾斯親王醫院	Trauma Centre 創傷中心	08/97	12/01	94.140
Pok Oi Hospital 博愛醫院	Redevelopment & Expansion into 622 bed acute hospital 重建及擴充成為有 622 張急症病床的醫院	06/00	12/06	2,128.955
Sub-Total 小計				8,970.039
Section 2 - Major Projects Planned (Funds Earmarked)				
第二部份－計劃中的大型工程(預留款項)				
Hong Kong				
香港				
Tang Siu Kin Hospital 鄧肇堅醫院	Remodelling into an Ambulatory Care Centre 改建為日間護理中心	01/03	12/04	235.205
New Territories				
新界				
Caritas Medical Centre 明愛醫院	Redevelopment Phase II 重建工程第二期			1,672.640
Princess Margaret Hospital 瑪嘉烈醫院	Radiotherapy Centre and Accident & Emergency Department 放射治療中心及急症室			589.573
Tuen Mun Hospital 屯門醫院	Redevelopment of Staff Quarters 重建職員宿舍			1,297.301
Sub-Total 小計				3,794.719
Total 總計				12,764.758

Performance Indicators of the Hospital Authority

醫院管理局的工作表現指標

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

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

(I) Health Improvement for the healthcare system in Hong Kong ⁽¹⁾ (for reference only) 香港醫療體制下的健康改善 ⁽¹⁾ (只供參考)	For the calendar year ended December 2000 截至 2000 年 12 月曆年的數字
(i) Natality 出生率	
• Life expectancy at birth (year) 出生時的預期壽命 (年數)	
– Male 男	77.0
– Female 女	82.2
• Life expectancy at age 65 65 歲時的預期壽命 (年數)	
– Male 男	16.5
– Female 女	20.1
(ii) Mortality 死亡率	
• Still birth rate (per 1000 births) 死胎率 (每 1000 名出生嬰兒)	5.6
• Perinatal mortality rate (per 1000 births) 圍產期死亡率 (每 1000 名出生嬰兒)	6.8
• Infant mortality rate (per 1000 live births) 嬰兒死亡率 (每 1000 名存活出生嬰兒)	3.0
• Standardised death rate from all causes (per 1000 population aged 15-64) 因各種原因致命的標準死亡率 (每 1000 名 15-64 歲人口)	1.8
• Standardised death rate from all causes (per 1000 population aged 65 and over) 因各種原因致命的標準死亡率 (每 1000 名 64 歲人口)	34.6
• Crude death rates (per 1000 population) for selected cause of death : 因下列原因致命的粗略死亡率 (每 1000 人)	
– Malignant neoplasm 癌症	1.7
– Heart diseases, including hypertension heart diseases 心臟病，包括高血壓心臟病	0.8
– Cerebrovascular diseases 腦血管病	0.5
• Suicide rates (Death cases per 1000 population) 自殺率 (每 1000 人的死亡人數)	
– Up to age 64 64 歲或以下	0.1
– Age 65 and above 65 歲或以上	0.3
• Death rate from accidents (per 1000 population) 意外死亡率 (每 1000 人)	0.1

	For the fiscal year ended March 2001 截至 2001 年 3 月 財政年度的數字	For the fiscal year ended March 2002 截至 2002 年 3 月 財政年度的數字
(II) Fair Access ⁽¹⁾ 服務方便程度 ⁽¹⁾		
(i) Access to professional services in Hospital Authority 獲取醫管局專業服務的方便程度		
• No. of registered doctors per 1000 population 每 1000 人的醫生人數	0.6	0.6
• No. of qualified nurses per 1000 population 每 1000 人的合資格護士人數	2.7	2.8
• No. of allied health professionals per 1000 population 每 1000 人的專職醫療人員數目	0.7	0.7
(ii) Access to public hospital services 獲取公立醫院服務的方便程度		
• No. of beds per 1000 population 每千人的病床數目		
– General 普通科	3.0	3.0
– Infirmary (per 1000 population aged 65 and over) 療養科 (每 1000 名 65 歲或以上人口)	3.4	3.7
– Mentally ill 精神科	0.8	0.7
– Mentally handicapped 智障科	0.1	0.1
(iii) Access to ambulatory service 獲取日間醫療服務的方便程度		
• No. of specialist outpatient doctor sessions per 1000 population 每 1000 人的專科門診醫生節數	61.3	63.4
• No. of psychiatric day places per 100,000 population 每 10 萬人的精神科日間名額	9.4	9.9
• No. of geriatric day places per 100,000 population aged 65 and over 每 10 萬名 65 歲或以上人口的老人科日間名額	70.8	68.3
(iv) Access to community services 獲取社康服務的方便程度		
• No. of nurses for Community Nursing Service per 100,000 population 每 10 萬人的社康服務護士人數	5.0	5.2
• No. of nurses for Community Psychiatric Nursing Service per 100,000 population 每 10 萬人的精神科社康服務護士人數	1.2	1.3
(III) Effective Delivery of Appropriate Healthcare 有效提供適當的醫護服務		
• Unplanned readmission rate within 28 days (including day patients) 28 日內未經預約再入院率 (包括日間病人)		
– General 普通科	7.1%	7.2%
– Mentally ill 精神科	3.7%	3.6%
• Accident & emergency admission rate (to own hospital) 急症室入院率 (同一醫院) (as % of accident & emergency first attendance) (佔急症室首次求診人次百分率)	21.8%	21.7%
• Accident & emergency re-attendance rate (<48 hours) 急症室再求診率 (<48 小時) (as % of accident & emergency first attendance) (佔急症室首次求診人次百分率)	3.3%	3.4%

	For the fiscal year ended March 2001 截至2001年3月 財政年度的數字	For the fiscal year ended March 2002 截至2002年3月 財政年度的數字
(IV) Efficiency⁽¹⁾ 效率⁽¹⁾		
(i) Utilisation of services 服務使用		
<i>Accident and emergency</i> 急症室		
• Accident & emergency attendance per 1000 population 每1000人的急症室求診率	353.2	366.4
<i>Inpatient services</i> 住院服務		
• Inpatient & daypatient discharges & deaths per 1000 population 每1000人的住院及日間病人出院及死亡人數	171.4	175.5
• Bed occupancy rate (inpatient only) 病床佔用率（僅限住院病人）	84.6%	84.4%
• Average length of stay (days) (inpatient only) ⁽²⁾ 平均住院日數（僅限住院病人） ⁽²⁾		
– General 普通科	6.6	6.6
– Infirmary 療養科	112.0	119.5
– Mentally ill 精神科	178.7	140.4
– Mentally handicapped 智障科	326.5	329.3
– Overall 整體	10.0	9.3
• Day patients as % of total discharges and deaths 日間病人佔出院及死亡人數百分率	24.4%	25.5%
<i>Outpatient services</i> 門診服務		
• General outpatient attendances per 1000 population 每1000人的普通科門診求診人次	119.6	128.9
• Specialist outpatient attendance (clinical) per 1000 population 每1000人的專科門診（臨床服務）求診人次	849.0	863.2
• Specialist outpatient attendances (integrated clinics) per 1000 population 每1000人的專科門診（綜合診所）求診人次	13.2	21.3
• Specialist outpatient attendances (allied health services) per 1000 population 每1000人的專科門診（專職醫療服務）求診人次	352.1	356.2
<i>Community services</i> 社康服務		
• No. of home visits by community nurses (per 1000 population) 社康護士家訪次數（每1000人）	93.0	99.6
• No. of home visits by community psychiatric nurses 精神科社康護士家訪次數（每1000人）	7.1	7.9
• No. of psychiatric day hospital attendances (per 1000 population) 每1000人的精神科日間醫院求診人次	23.7	26.3
• No. of geriatric day hospital attendances (per 1000 population aged 65 and over) 每1000名65歲或以上人口的老人科日間醫院求診人次	164.5	160.9
• No. of outreach services attendances by Community Psychiatric Teams (per 1000 population) 社區精神科小組外展服務次數（每1000人）	1.3	2.5
• No. of outreach services attendances by Psychogeriatric Teams (per 1000 population aged 65 and over) 老人精神科小組外展服務次數（每1000名65歲或以上人口）	41.9	48.6

	For the fiscal year ended March 2001 截至2001年3月 財政年度的數字	For the fiscal year ended March 2002 截至2002年3月 財政年度的數字
• No. of outreach services attendances by Community Geriatric Assessment Teams (per 1000 population aged 65 and over) 社區老人評估小組外展服務次數（每1000名65歲或以上人口）	351.4	442.8
• No. of elderly cases assessed for infirmity care services by Community Geriatric Assessment Teams (per 1000 population aged 65 and over) 社區老人評估小組處理的老人療養服務個案 （每1000名65歲或以上人口）	2.9	3.4
(ii) Maximising use of resources 善用資源		
Unit costs (based on total HA costs) (\$) 單位成本（根據醫管局總成本計算）（元）		
• Cost per patient discharged (including daypatients) 離院病人每名成本（包括日間病人）		
– General 普通科	15,985	16,390
– Infirmary 療養科	189,250	190,720
– Mentally ill 精神科	136,042	142,400
– Mentally handicapped 智障科	499,657	495,920
• Cost per specialist outpatient attendance 專科門診每次成本	661	740
• Cost per accident & emergency attendance 急症室求診每次成本	571	580
• Cost per home visit by community nurse 社康護士每次家訪成本	346	340
• Cost per home visit by community psychiatric nurse 精神科社康護士每次家訪成本	1,041	1,050
• Cost per psychiatric day hospital attendance 精神科日間服務每次求診成本	893	880
• Cost per geriatric day hospital attendance 老人科日間服務每次求診成本	1,513	1,480
(V) Patient / Carer Experience 病人 / 照顧者經驗		
(i) Waiting times 輪候時間		
• % of accident & emergency cases within the target waiting time 在目標輪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 - < 15 minutes) 分流類別第II級（危急個案 - <15分鐘）	97%	98%
– Triage III (urgent cases - <30 minutes) 分流類別第III級（緊急個案 - <30分鐘）	90%	91%
• Median waiting time for first appointment at specialist clinic (weeks) 各專科診所首次輪候時間中位數（星期）	4	5
• Average queuing time for consultation at specialist clinic (minutes) 各專科診所平均候診時間（分鐘）	< 60	< 60

	For the fiscal year ended March 2001 截至2001年3月 財政年度的數字	For the fiscal year ended March 2002 截至2002年3月 財政年度的數字
(ii) Patient satisfaction 病人滿意程度		
• No. of patient appreciation per 1000 discharges and deaths 每1000名出院及死亡人數的病人讚揚數目	23.2	22.0
• No. of patient complaints per 1000 discharges and deaths 每1000名出院及死亡人數的病人投訴數目	1.4	1.3
(VI) Health Outcomes 健康成數		
• Number of neonatal deaths per 1000 live births in Hospital Authority hospital 醫管局醫院每1000名存活出生嬰兒中的初生嬰兒死亡人數	2.1	1.7

Note¹: Figures for 00/01 and 01/02 may be different from those presented in Annual Report 00/01 and Annual Plan 02/03 because of the availability of up-to-date benchmark population data from Census and Statistics Department based on the results of the 2001 Population Census. Population includes usual residents, mobile residents and visitors.

註¹: 因為統計署基於2001年人口普查結果，提供了最新人口數據基準，所以00/01及01/02年度的數字，可能與00/01年度年報及02/03工作計劃書中所載有出入。人口一項包括經常居民、流動居民及訪客。

Note²: For general and overall inpatient service, average length of stay refers to the sum of length of stay of discharged inpatients divided by the corresponding number of inpatients discharged. For mentally ill, mentally handicapped and infirmity specialty, the statistics on average length of stay is based on number of patients treated at specialty level.

計算普通科及整體住院服務的平均住院時間，是將出院病人的住院日數總和除以出院人數。計算精神科、智障科及療養科病人的平均住院時間，是將各科出院病人的住院日數總和除以經專科治理的人數。

Age Group 年齡組別	Mid 2000 2000年中	Mid 2001 2000年中
0-14	1,151,500	1,130,400
15-64	4,907,000	4,983,500
65+	744,400	771,400
All Age Group@ 所有年齡組別	6,802,900	6,885,400

@ may not added up to total due to rounding

@ 因湊合整數關係，所有年齡組別的數目未必相等於各分項數目的總和。

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Auditors' Report

To The Members of the Hospital Authority

We have audited the financial statements on pages 118 to 155 which have been prepared in accordance with accounting principles generally accepted in Hong Kong.

Respective responsibilities of the Hospital Authority and auditors

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

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

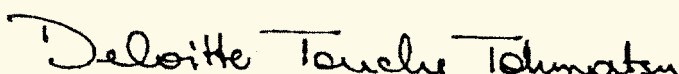
Basis of opinion

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

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

Opinion

In our opinion the financial statements give a true and fair view of the state of affairs of the Hospital Authority as at 31 March, 2002 and of the deficit and its cash flows for the year then ended.



DELOITTE TOUCHE TOHMATSU

CERTIFIED PUBLIC ACCOUNTANTS

HONG KONG

26 September, 2002

審計師報告書

致：醫院管理局成員

本審計師 (以下簡稱「本行」) 已審核載於第118頁至155頁按照香港一般認可之會計標準編制的財務報表。

醫院管理局和審計師的個別責任

醫院管理局條例規定醫院管理局須編制財務報表。於編制該等以真實及公平為目的之財務報表時，醫院管理局須挑選及貫徹採用合適的會計政策。

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

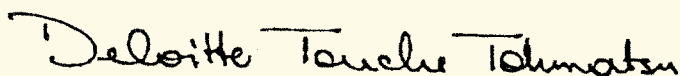
意見的基礎

本行根據香港會計師公會頒佈的審計準則進行審核工作。審核範圍包括以抽查方式審查與財務報表內所載數額和披露事項有關的憑證，亦包括評估醫院管理局在編制該等財務報表時所作的重大估計及判斷，以及所採用的會計政策是否適用於醫院管理局的具體情況，且有无被貫徹應用及作充足的披露。

本行在策劃和執行審核工作時，是以取得本行認為需要的資料及解釋為目標，以便令本行有足夠的憑證，就該等財務報表是否存有重大的錯誤陳述，作合理的確定。在表達意見時，本行亦已衡量該等財務報表所載的資料在整體上是否足夠。本行相信，本行的審核工作已為下列意見建立了合理的基礎。

意見

依照本行的意見，上述的財務報表均真實及公平地反映醫院管理局於二〇〇二年三月三十一日的財務狀況，以及截至該日止年度醫院管理局的虧損和現金流量。



德勤·關黃陳方會計師行

香港執業會計師

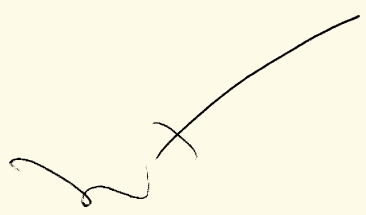
二〇〇二年九月二十六日

Hospital Authority

Balance Sheet

31 March, 2002

	Notes	2002	2001
		HK\$' 000	HK\$' 000
ASSETS			
Non-Current Assets			
Property, plant and equipment	3	2,458,020	2,517,836
Loans receivable	4	65,921	58,931
Fixed income instruments	5	9,831	131,843
		<u>2,533,772</u>	<u>2,708,610</u>
Current Assets			
Inventories		469,674	486,178
Loans receivable	4	3,469	2,148
Accounts receivable and other current assets [net of provision for doubtful debts of HK\$41,979,000 (2001: HK\$29,079,000)]		297,112	303,985
Deposits and prepayments		149,726	289,099
Fixed income instruments	5	131,843	199,044
Cash and bank balances	6	6,227,963	5,922,152
		<u>7,279,787</u>	<u>7,202,606</u>
Current Liabilities			
Creditors and accrued charges	7	2,184,722	1,856,996
Deposits received		41,535	22,992
		<u>2,226,257</u>	<u>1,879,988</u>
Net Current Assets		<u>5,053,530</u>	<u>5,322,618</u>
NET ASSETS		<u>7,587,302</u>	<u>8,031,228</u>
RESERVES			
Designated funds	8	4,314,057	4,412,777
Revenue reserve		815,225	1,100,614
		<u>5,129,282</u>	<u>5,513,391</u>
DEFERRED INCOME	9		
Capital subventions		1,390,204	1,428,905
Capital donations		1,067,816	1,088,932
		<u>2,458,020</u>	<u>2,517,837</u>
TOTAL RESERVES AND DEFERRED INCOME		<u>7,587,302</u>	<u>8,031,228</u>


Mr Anthony T.Y. Wu
Chairman
Finance Committee


Dr William Ho, JP
Chief Executive

醫院管理局 資產負債表

二〇〇二年三月三十一日

	附註	2002 港幣千元	2001 港幣千元
資產			
非流動資產			
物業、廠房及設備	3	2,458,020	2,517,836
應收債款	4	65,921	58,931
固定入息工具	5	9,831	131,843
		<u>2,533,772</u>	<u>2,708,610</u>
流動資產			
存貨		469,674	486,178
應收債款	4	3,469	2,148
應收賬款及其他流動資產			
[減去呆賬準備港幣 41,979,000 元		297,112	303,985
(二〇〇一年：港幣 29,079,000 元)]		149,726	289,099
按金及預付款項		131,843	199,044
固定入息工具	5	6,227,963	5,922,152
現金及銀行結餘	6	<u>7,279,787</u>	<u>7,202,606</u>
流動負債			
債權人及應付費用	7	2,184,722	1,856,996
已收按金		41,535	22,992
		<u>2,226,257</u>	<u>1,879,988</u>
流動資產淨值		<u>5,053,530</u>	<u>5,322,618</u>
資產淨值		<u>7,587,302</u>	<u>8,031,228</u>
儲備			
指定基金	8	4,314,057	4,412,777
收入儲備		815,225	1,100,614
		<u>5,129,282</u>	<u>5,513,391</u>
遞延收益	9		
資本補助		1,390,204	1,428,905
資本捐贈		1,067,816	1,088,932
		<u>2,458,020</u>	<u>2,517,837</u>
儲備總額及遞延收益		<u>7,587,302</u>	<u>8,031,228</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, 2002

	Notes	2002	2001
		HK\$' 000	HK\$' 000
Income			
Recurrent Government Subvention	10	29,277,564	27,897,596
Capital Government Subvention		249,800	261,485
Hospital/clinic fees and charges	11	781,509	753,563
Donations		285	478
Transfers from :			
Designated donation fund	8	105,780	94,859
Capital subventions	9	610,704	774,731
Capital donations	9	86,689	95,411
Investment income		123,352	210,813
Other income		205,617	247,349
		31,441,300	30,336,285
Expenditure Utilising Current Year's Income			
Staff costs	14	(25,064,137)	(23,574,339)
Medical supplies and equipment		(2,570,467)	(2,372,795)
Building projects funded by Government through the HA but not owned by HA [note 2 (e)]		(249,800)	(261,485)
Operating lease expenses - office premises		(7,856)	(8,093)
Depreciation	3	(692,015)	(855,653)
Other operating expenses		(3,084,266)	(2,952,149)
		(31,668,541)	(30,024,514)
Expenditure Utilising Previous Years' Unspent Budget	12	(58,148)	(55,461)
		(31,726,689)	(30,079,975)
(Deficit) / Surplus for the year		(285,389)	256,310
Revenue reserve as at beginning of year		1,100,614	844,304
Revenue reserve as at end of year		815,225	1,100,614

There were no recognised gains or losses other than the (deficit) / surplus for the year.

醫院管理局 收支結算表

截至二〇〇二年三月三十一日

	附註	2002 港幣千元	2001 港幣千元
收入			
經常性政府補助	10	29,277,564	27,897,596
資本性政府補助		249,800	261,485
醫院 / 診療所收費	11	781,509	753,563
捐贈		285	478
轉調自：			
指定捐贈基金	8	105,780	94,859
資本補助	9	610,704	774,731
資本捐贈	9	86,689	95,411
投資收益		123,352	210,813
其他收益		205,617	247,349
		31,441,300	30,336,285
源自本年收入之支出			
職員費用	14	(25,064,137)	(23,574,339)
醫療物品及設備		(2,570,467)	(2,372,795)
由政府透過醫管局撥款但非由 醫管局擁有的建築工程 [附註 2(e)]		(249,800)	(261,485)
營運租賃開支 - 辦公室		(7,856)	(8,093)
折舊	3	(692,015)	(855,653)
其他營運開支		(3,084,266)	(2,952,149)
		(31,668,541)	(30,024,514)
源自去年未經使用的預算之支出	12	(58,148)	(55,461)
		(31,726,689)	(30,079,975)
(虧損) / 盈餘		(285,389)	256,310
年初之收入儲備		1,100,614	844,304
年終之收入儲備		815,225	1,100,614

除本年度（虧損）/ 盈餘外，並無其他確認的損益。

Hospital Authority

Cash Flow Statement

For the year ended 31 March, 2002

	Notes	2002	2001
		HK\$' 000	HK\$' 000
Net Cash (Outflow) / Inflow from Operating Activities	13	(469,434)	221,865
Return on Investments			
Interest received		123,352	210,813
Investing Activities			
Purchases of property, plant and equipment		(637,576)	(725,058)
Net increase in bank deposits with maturity over three months		(76,962)	(120,209)
Net decrease in fixed income instruments		189,213	323,488
Net Cash Outflow from Investing Activities		(525,325)	(521,779)
Net Cash Outflow before Financing		(871,407)	(89,101)
Financing Activities			
Designated Donation Fund	8	(12,472)	22,827
Home Loan Interest Subsidy Fund	8	479,798	282,111
Death and Disability Fund	8	29,710	147,927
North District Hospital Fund	8	59,550	(22,900)
HA Building Fund	8	(153)	(3,091)
Tseung Kwan O Hospital Fund	8	(93,753)	(220,933)
Capital subventions	9	572,003	597,085
Capital donations	9	65,573	127,973
Net Cash Inflow from Financing Activities		1,100,256	930,999
Increase in Cash and Cash Equivalents		228,849	841,898
Cash and Cash Equivalents at Beginning of Year		3,917,653	3,075,755
Cash and Cash Equivalents at End of Year		4,146,502	3,917,653
Represented by			
Cash and bank balances	6	6,227,963	5,922,152
Less: bank deposits with maturity over three months		(2,081,461)	(2,004,499)
		4,146,502	3,917,653

醫院管理局 現金流動報表

截至二〇〇二年三月三十一日

	附註	2002	2001
		港幣千元	港幣千元
營運活動現金（流出） / 流入淨額	13	(469,434)	221,865
投資回報			
已收利息		123,352	210,813
投資活動			
購置物業、廠房及設備		(637,576)	(725,058)
銀行三個月以上之定期存款的淨額增加		(76,962)	(120,209)
固定入息工具的淨額減少		189,213	323,488
投資活動之現金流出淨額		(525,325)	(521,779)
融資前的現金流出淨額		(871,407)	(89,101)
融資活動			
指定捐贈基金	8	(12,472)	22,827
購屋貸款利息津貼基金	8	479,798	282,111
死亡及傷殘基金	8	29,710	147,927
北區醫院基金	8	59,550	(22,900)
醫管局大樓基金	8	(153)	(3,091)
將軍澳醫院基金	8	(93,753)	(220,933)
資本補助	9	572,003	597,085
資本捐贈	9	65,573	127,973
融資活動之現金流入淨額		1,100,256	930,999
現金及現金等值之增加		228,849	841,898
年初之現金及現金等值		3,917,653	3,075,755
年終之現金及現金等值		4,146,502	3,917,653
來自			
現金及銀行結餘	6	6,227,963	5,922,152
減去：銀行三個月以上之定期存款		(2,081,461)	(2,004,499)
		4,146,502	3,917,653

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2002

1. The Hospital Authority

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

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

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

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

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

Head Office

Schedule 1 Hospitals and Schedule 2 Hospitals:

Alice Ho Miu Ling Nethersole Hospital
Bradbury Hospice
Caritas Medical Centre
Castle Peak Hospital
Cheshire Home, Chung Hom Kok
Cheshire Home, Shatin
Duchess of Kent Children's Hospital at Sandy Bay
Fanling Hospital
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
MacLehose Medical Rehabilitation Centre

醫院管理局 財政報告附註

截至二〇〇二年三月三十一日

1. 醫院管理局

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

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

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

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

在結算日，由醫管局管理及掌管的醫院及機構如下：

總辦事處

附表1 醫院及附表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
粉嶺醫院
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
麥理浩復康院

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2002

1. The Hospital Authority (cont'd)

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

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

Standalone Specialist Clinics

David Trench Rehabilitation Centre
East Kowloon Polyclinic
Ngau Tau Kok Jockey Club Clinic
Pamela Youde Polyclinic
Southorn Centre
Tang Chi Ngong Specialist Clinic
Tuen Mun Polyclinic
Yaumatei Jockey Club Polyclinic
Yaumatei Specialist Clinic Extension
Yuen Long Yung Fung Shee Ophthalmic Centre
Yung Fung Shee Memorial Centre

醫院管理局 財政報告附註

截至二〇〇二年三月三十一日

1. 醫院管理局(續)

附表1 醫院及附表2 醫院：(續)

南朗醫院
北區醫院
聖母醫院
東區尤德夫人那打素醫院
博愛醫院
威爾斯親王醫院
瑪嘉烈醫院
伊利沙伯醫院
瑪麗醫院
律敦治及鄧肇堅醫院
沙田醫院
小欖醫院
長洲醫院
大埔醫院
贊育醫院
將軍澳醫院
屯門醫院
東華東院
東華三院馮堯敬醫院
東華三院黃大仙醫院
東華醫院
基督教聯合醫院
黃竹坑醫院
仁濟醫院

獨立專科診所：

戴麟趾康復中心
東九龍分科診療所
牛頭角賽馬會診所
尤德夫人分科診所
修頓中心
鄧志昂專科診療所
屯門分科診所
油麻地賽馬會分科診所
油麻地專科診所新翼
元朗容鳳書眼科診所
容鳳書紀念中心

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2002

1. The Hospital Authority (cont'd)

General Outpatient Clinics:

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

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

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

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

Yan Oi General Outpatient Clinic
(under Tuen Mun Hospital)

Other Institutions :

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

2. Significant Accounting Policies

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

(a) Basis of presentation

The financial statements reflect the recorded book values of those assets owned by the HA and the liabilities assumed by the HA upon the integration with both the Schedule 1 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, 2002. Intra-group transactions and balances have been eliminated on combination.

醫院管理局

財政報告附註

截至二〇〇二年三月三十一日

1. 醫院管理局(續)

普通科門診診所：

長沙灣賽馬會普通科門診診所
(由明愛醫院管理)

東九龍普通科門診診所
(由聖母醫院管理)

西營盤賽馬會普通科門診診所
(由瑪麗醫院管理)

將軍澳賽馬會普通科門診診所
(由將軍澳醫院管理)

仁愛普通科門診診所
(由屯門醫院管理)

其他機構：

荔康居
香港紅十字會輸血服務中心
復康專科及資源中心
其他診療所及有關科組

2. 主要會計政策

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

(a) 呈報之基準

本財務報表反映出當附表1 醫院及附表2 醫院一體化時醫管局所擁有之資產及所承擔之負債的有紀錄賬面值。由醫管局管理及掌管，但並非由醫管局所擁有的資產，並未列入本財務報表內。

醫管局的財務報表包括截至二〇〇二年三月三十一日止的財政年度內總辦事處和所有附表1 醫院及附表2 醫院、專科診所、普通科門診診所及其他機構（「集團」）的收入及支出。集團內的交易及結餘在合併時已互相對消。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2002

2. Significant Accounting Policies (cont'd)

(b) Adoption of Statements of Standard Accounting Practice

In the current year, the HA has adopted for the first time the following new and revised Statements of Standard Accounting Practice ("SSAPs") issued by the Hong Kong Society of Accountants:

SSAP 14 (Revised)	Leases
SSAP 28	Provisions, contingent liabilities and contingent assets
SSAP 31	Impairment of assets
SSAP 35	Accounting for government grants and disclosure of government assistance

Except for SSAP 14 (Revised) "Leases", the adoption of these new and revised SSAPs has not resulted in changes to the HA's accounting policies that have affected the amounts reported for the current or prior periods. However, the new and revised SSAPs have introduced additional and revised disclosure requirements which have been adopted in these financial statements. Comparative amounts for the prior year have been restated in order to achieve a consistent presentation.

Leases

SSAP 14 (Revised) has introduced some amendments to the basis of accounting for operating leases, and to the disclosures of HA's leasing arrangements. Specifically, an analysis of total future minimum lease payments under non-cancellable operating leases is required rather than the annual commitment which was disclosed under the old SSAP 14.

(c) Recognition of income

Recurrent grants are recognised on an accrual basis. Non-recurrent grants that are spent on expenditure which does not meet the capitalisation criteria as set out in note 2(e)(i) are recognised when incurred.

Hospital fees and charges are recognised when services are provided.

醫院管理局

財政報告附註

截至二〇〇二年三月三十一日

2. 主要會計政策(續)

(b) 採用香港會計實務準則

醫管局今年首次採用以下的香港會計師公會發出的新訂及修訂會計實務準則：

會計實務準則第 14 號 (修訂)	租賃
會計實務準則第 28 號	撥備、或然負債及或然資產
會計實務準則第 31 號	資產減值
會計實務準則第 35 號	政府補助款之會計及政府資助事項之披露

除會計實務準則第 14 號 (修訂)「租賃」外，採用這些新訂及修訂準則，並無改變醫管局的會計政策，以及影響本年或過往期間的資料數額。然而，本財務報表已採用了該等新訂及修訂準則之新增及經修訂披露規定。前一年的比較數字亦作出相應調整，以保持格式一貫。

租賃

會計實務準則第 14 號 (修訂)「租賃」就營運租賃的會計基礎及醫管局租賃安排的披露引入一些修訂，特別是新準則規定須就不可撤銷的營運租賃作未來最低租金總值的分析，而非如舊有做法列出每年的租賃承擔。

(c) 收入之確認

經常性補助金，以權責發生制原則確認。用於不歸入附註 2(e)(i)資本化規定的非經常性補助金，則於費用發生時確認。

醫院收費於提供服務時確認。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2002

2. Significant Accounting Policies (cont'd)

(c) Recognition of income (cont'd)

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

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

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

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

(d) Donations

(i) Donated assets

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

Donated assets with a value of over \$100,000 each are capitalised on receipt of the assets. The amount of the donated assets is credited to the 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 income and expenditure account.

(ii) Cash donations

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

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

醫院管理局

財政報告附註

截止二〇〇二年三月三十一日

2. 主要會計政策(續)

(c) 收入之確認(續)

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

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

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

來自銀行存款之投資收入按照尚未償還之本金及適用之利率按時間比例入賬。

(d) 捐贈

(i) 捐贈資產

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

每項價值超過港幣10萬元的捐贈資產，會於收取時資本化。捐贈資產的金額會記入遞延收益 - 資本捐贈的貸方。

每年，一筆相等於這些資產折舊的金額及出售資產的賬面淨值會由遞延收益 - 資本捐贈轉調往收支賬目的貸方。

(ii) 現金捐贈

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

作為一般營運之用的非指定用途捐贈，於收款時列入該年度之支賬目內。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2002

2. Significant Accounting Policies (cont'd)

(e) Capitalisation of property, plant and equipment

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

Building projects costing \$250,000 or more;

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

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

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

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

醫院管理局

財政報告附註

截止二〇〇二年三月三十一日

2. 主要會計政策(續)

(e) 物業、廠房及設備資本化

(i) 由一九九一年十二月一日起，下列各類由醫管局擁有的資產經已資本化：

費用在港幣 25 萬元或以上的建築工程；

以個別計算，費用在港幣 10 萬元或以上的所有其他資產；及

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

物業、廠房及設備的成本計算已列於附註 2(f)。

(ii) 由政府透過醫管局撥款但由前補助機構管治團體擁有的財產，有關開支於支出時即記入收支賬目列作開銷入賬。根據與前補助機構管治團體的協議，建築工程雖然由政府透過醫管局撥款，但擁有權是屬於有關的管治團體。同樣會計政策也採用於由政府透過醫管局撥款的北區醫院、將軍澳醫院和醫管局大樓。捐贈予醫管局而價值超過港幣 25 萬元的財產已資本化，相應款額已記入遞延收益 - 資本捐贈的貸方。

(iii) 至於非由醫管局擁有的財產的隨後改善開支，只要改善不構成財產的一個附連部分及在遷移後可供醫管局重新使用，有關開支已資本化。否則，有關開支便記入開支發生的該年度的收支賬目內。

(iv) 家具、固定裝置、設備、汽車、電腦軟件及系統的開支已資本化（根據上文附註 2(e)(i)所列的最低限額）。如屬資本開支，會視乎是政府撥款或捐贈撥款而將相應款額分別記入遞延收益 - 資本補助及資本捐贈的貸方。

(v) 於一九九一年十二月一日由醫院轉調往醫管局的物業、廠房及設備以無價值入賬。

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2002

2. Significant Accounting Policies (cont'd)

(f) Property, plant and equipment and depreciation

Property, plant and equipment is stated at cost less depreciation and accumulated impairment losses.

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

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

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

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

(g) Fixed income instruments

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

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

醫院管理局 財政報告附註

截止二〇〇二年三月三十一日

2. 主要會計政策(續)

(f) 物業、廠房及設備與折舊

物業、廠房及設備乃按成本值減折舊及累積減值入賬。

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

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

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

未完成的資本開支在資產啟用前不予折舊。

(g) 固定入息工具

固定入息工具是按交易日作為基準予以確認。

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

Hospital Authority

Notes to the Financial Statements

For the year ended 31 March, 2002

2. Significant Accounting Policies (cont'd)

(h) Inventories

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

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

(i) Retirement benefits costs

Payments to 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 income and expenditure account 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.

(j) Government Grants

Subvention grants approved for the year less amounts spent on property, plant and equipment during the year are classified as recurrent grants. Government subventions of a capital nature ("capital subventions") are credited to the deferred income - capital subventions account and the corresponding amounts are capitalised as property, plant and equipment as set out in note 2(e)(iv). This includes capital expenditure on furniture, fixtures, equipment, motor vehicles, computer software and systems. Each year, an amount equal to the depreciation charge for the assets and net book value of assets disposed is transferred from the deferred income – capital subventions account and credited to the income and expenditure account.

醫院管理局

財政報告附註

截止二〇〇二年三月三十一日

2. 主要會計政策(續)

(h) 存貨

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

計算可變現淨值時已有顧及替換成本。

(i) 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。記入收支賬中的退休福利開支，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。

(j) 政府補助

本年度經核准的政府補助金扣除本年內用於物業、廠房及設備的開支，列為經常性補助金。資本性質的政府補助（「資本補助」）會記入遞延收益 - 資本補助的貸方，並按附註2(e)(iv)所述將相同金額資本化，列為物業、廠房及設備。這個項目已包括家具、固定裝置、設備、汽車、電腦軟件及系統。每年，一筆相等於該等資產折舊的金額及出售資產的賬面淨值會由遞延收益 - 資本補助轉調往收支賬目的貸方。

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3. Property, Plant and Equipment

	Buildings & Improvements	Furniture, Fixtures & Equipment	Motor Vehicles	Capital Expenditure in Progress	Computer Software & Systems	Total
	HK\$'000	HK\$'000	HK\$'000	HK\$'000	HK\$'000	HK\$'000
Cost:						
At 1 April, 2001	958,870	3,859,274	101,397	103,266	1,767,407	6,790,214
Reclassifications	82,289	5,416	-	(126,553)	38,848	-
Additions	6,921	353,190	7,991	83,509	185,965	637,576
Disposals	(989)	(59,446)	-	-	(2,055)	(62,490)
At 31 March, 2002	1,047,091	4,158,434	109,388	60,222	1,990,165	7,365,300
Accumulated depreciation:						
At 1 April, 2001	88,929	2,762,066	85,826	-	1,335,557	4,272,378
Reclassifications	-	1,827	-	-	(1,827)	-
Provided for the year	22,197	438,315	7,010	-	224,493	692,015
Eliminated on disposals	(989)	(54,813)	-	-	(1,311)	(57,113)
At 31 March, 2002	110,137	3,147,395	92,836	-	1,556,912	4,907,280
Net book values:						
At 31 March, 2002	936,954	1,011,039	16,552	60,222	433,253	2,458,020
At 31 March, 2001	869,941	1,097,208	15,571	103,266	431,850	2,517,836

4. Loans Receivable

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

	2002	2001
	HK\$' 000	HK\$' 000
Repayable within one year	3,469	2,148
Repayable after one year	65,921	58,931
	69,390	61,079

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3. 物業、廠房及設備

	建築物及 裝修	家具、 固定裝置 及設備	汽車	未完成的 資本開支	電腦軟件 及系統	總計
	港幣千元	港幣千元	港幣千元	港幣千元	港幣千元	港幣千元
成本：						
於 2001 年 4 月 1 日	958,870	3,859,274	101,397	103,266	1,767,407	6,790,214
重新分類	82,289	5,416	-	(126,553)	38,848	-
增加	6,921	353,190	7,991	83,509	185,965	637,576
出售	(989)	(59,446)	-	-	(2,055)	(62,490)
於 2002 年 3 月 31 日	1,047,091	4,158,434	109,388	60,222	1,990,165	7,365,300
累積折舊：						
於 2001 年 4 月 1 日	88,929	2,762,066	85,826	-	1,335,557	4,272,378
重新分類	-	1,827	-	-	(1,827)	-
本年度之折舊	22,197	438,315	7,010	-	224,493	692,015
出售時撇銷	(989)	(54,813)	-	-	(1,311)	(57,113)
於 2002 年 3 月 31 日	110,137	3,147,395	92,836	-	1,556,912	4,907,280
賬面淨值：						
於 2002 年 3 月 31 日	936,954	1,011,039	16,552	60,222	433,253	2,458,020
於 2001 年 3 月 31 日	869,941	1,097,208	15,571	103,266	431,850	2,517,836

4. 應收債款

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

	2002	2001
	港幣千元	港幣千元
一年內償還	3,469	2,148
一年後償還	65,921	58,931
	69,390	61,079

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5. Fixed Income Instruments

The fixed income instruments represent Hong Kong Dollar Bonds and Exchange Fund Notes which are generally held by the HA to maturity. The 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:

	2002	2001
	HK\$'000	HK\$'000
Mature within one year	131,843	199,044
Mature more than one year	9,831	131,843
	<u>141,674</u>	<u>330,887</u>

6. Cash and Bank Balances

The cash and bank balances represent:

	2002	2001
	HK\$'000	HK\$'000
Cash and bank balances	6,230,919	5,932,937
Cash book balance less unrepresented cheques	(2,956)	(10,785)
	<u>6,227,963</u>	<u>5,922,152</u>

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

The HA has available banking facilities totalling HK\$300 million (2001: HK\$300 million) which at 31 March, 2002 have not been utilised.

7. Creditors and Accrued Charges

Creditors and accrued charges include an accrual for accumulated annual leave of HK\$828,994,000 (2001: HK\$779,353,000).

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5. 固定入息工具

固定入息工具是指醫管局一般持有直至到期日的港元債券及外匯基金債券。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：

	2002	2001
	港幣千元	港幣千元
一年內到期	131,843	199,044
一年後到期	9,831	131,843
	<u>141,674</u>	<u>330,887</u>

6. 現金及銀行結餘

現金及銀行結餘是指：

	2002	2001
	港幣千元	港幣千元
現金及銀行結餘	6,230,919	5,932,937
扣除未兌現支票的現金賬結餘	(2,956)	(10,785)
	<u>6,227,963</u>	<u>5,922,152</u>

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

醫管局可運用的銀行融資共港幣3億元（二〇〇一年：港幣3億元）。於二〇〇二年三月三十一日並未動用。

7. 債權人及應付費用

債權人及應付費用包括累積應計年假港幣828,994,000元（二〇〇一年：港幣779,353,000元）。

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8. Designated Funds

	Designated Donation Fund	Home Loan Interest Subsidy Fund	Death and Disability Fund	North District Hospital Fund	HA Building Fund	Tseung Kwan O Hospital Fund	Total
	[Note 2(d)] HK\$'000	[Note 15] HK\$'000	[Note 16] HK\$'000	[Note 17] HK\$'000	[Note 18] HK\$'000	[Note 19] HK\$'000	HK\$'000
Balance at 1 April, 2000	215,898	2,175,379	679,582	244,075	31,545	860,357	4,206,836
Additions during the year	117,686	873,260	149,892	-	-	-	1,140,838
Utilisation during the year	(94,859)	(591,149)	(1,965)	(22,900)	(3,091)	(220,933)	(934,897)
Balance at 31 March, 2001	238,725	2,457,490	827,509	221,175	28,454	639,424	4,412,777
Additions during the year	93,308	884,122	32,714	-	-	-	1,010,144
Utilisation during the year	(105,780)	(404,324)	(3,004)	(19,850)	(153)	(14,353)	(547,464)
Transfer of funds	-	-	-	79,400	-	(79,400)	-
Return of unspent funds to Government	-	-	-	(188,400)	-	(373,000)	(561,400)
Balance at 31 March, 2002	226,253	2,937,288	857,219	92,325	28,301	172,671	4,314,057

9. Deferred Income

	Capital Subventions	Capital Donations	Total
	[Note 2 (j)] HK\$'000	[Note 2(d)] HK\$'000	HK\$'000
Balance at 1 April, 2000	1,606,551	1,056,370	2,662,921
Additions during the year	597,085	127,973	725,058
Transfers to income and expenditure account	(774,731)	(95,411)	(870,142)
Balance at 31 March, 2001	1,428,905	1,088,932	2,517,837
Additions during the year	572,003	65,573	637,576
Transfers to income and expenditure account	(610,704)	(86,689)	(697,393)
Balance at 31 March, 2002	1,390,204	1,067,816	2,458,020

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8. 指定基金

	指定捐贈 基金	購屋貸款 利息津貼 基金	死亡及 傷殘基金	北區醫院 基金	醫管局 大樓基金	將軍澳 醫院基金	總計
	[附註 2(d)] 港幣千元	[附註 15] 港幣千元	[附註 16] 港幣千元	[附註 17] 港幣千元	[附註 18] 港幣千元	[附註 19] 港幣千元	港幣千元
於 2000 年 4 月 1 日結餘	215,898	2,175,379	679,582	244,075	31,545	860,357	4,206,836
年內增加	117,686	873,260	149,892	-	-	-	1,140,838
轉調往收支賬目	(94,859)	(591,149)	(1,965)	(22,900)	(3,091)	(220,933)	(934,897)
於 2001 年 3 月 31 日結餘	238,725	2,457,490	827,509	221,175	28,454	639,424	4,412,777
年內增加	93,308	884,122	32,714	-	-	-	1,010,144
轉調往收支賬目	(105,780)	(404,324)	(3,004)	(19,850)	(153)	(14,353)	(547,464)
轉調款額	-	-	-	79,400	-	(79,400)	-
退還政府的未經使用餘額	-	-	-	(188,400)	-	(373,000)	(561,400)
於 2002 年 3 月 31 日結餘	226,253	2,937,288	857,219	92,325	28,301	172,671	4,314,057

9. 遞延收益

	資本補助	資本捐贈	總計
	[附註 2(j)] 港幣千元	[附註 2(d)] 港幣千元	港幣千元
於 2000 年 4 月 1 日結餘	1,606,551	1,056,370	2,662,921
年內增加	597,085	127,973	725,058
轉調往收支帳目	(774,731)	(95,411)	(870,142)
於 2001 年 3 月 31 日結餘	1,428,905	1,088,932	2,517,837
年內增加	572,003	65,573	637,576
轉調往收支帳目	(610,704)	(86,689)	(697,393)
於 2002 年 3 月 31 日結餘	1,390,204	1,067,816	2,458,020

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10. Recurrent Government Subvention

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

The draft MAA, described in Note 1, provides a formula for the clawback of the excess of income over expenditure in the reporting period. For the years ended 31 March, 2002 and 2001, no provision for clawback was required under the terms of the draft MAA.

11. Hospital / Clinic Fees and Charges

The charges for hospital services provided by the HA are levied in accordance with those stipulated in the Gazette. Since the Gazette stipulates that the medical charges for certain types of patients could be waived, the hospital/clinic fees and charges recognised as income in the Statement of Income and Expenditure are stated at net of such waivers. The hospital/clinics fees and charges waived for the financial year ended 31 March, 2002 amounted to HK\$324,658,000 (2001: HK\$315,936,000).

12. Expenditure Utilising Previous Years' Unspent Budget

In the year ended 31 March, 2001, certain hospitals' expenditure was less than their budget allocation. It is the HA's policy to permit the hospitals to utilise part of their previous years' unspent budget for specifically approved purposes in future years. The expenditure utilising the previous years' unspent budget amounted to HK\$58,148,000 (2001: HK\$55,461,000) during the current financial year which is 0.18% (2001: 0.18%) of the total expenditure for the current year.

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10. 經常性政府補助

醫管局每年獲政府的營運補助，在香港提供醫院服務。

附註1所述的行政安排備忘錄草擬本訂定了一個計算報告期間盈餘回扣的方程式。截至二〇〇一及二〇〇二年三月三十一日止之年度，並無需要根據行政安排備忘錄草擬本的回扣規定作出任何準備。

11. 醫院 / 診療所收費

醫管局所提供的醫療服務，是根據憲報所刊載的收費表而收取費用。由於憲報訂明某類病人的醫療費用可以豁免，在收支結算表中確認為收入的醫院 / 診療所收費，乃扣除了這些豁免數額。在截至二〇〇二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 324,658,000 元（二〇〇一年：港幣 315,936,000 元）。

12. 源自去年未經使用的預算之支出

在截至二〇〇一年三月三十一日的年度內，某些醫院的開支，較預算撥款為低。醫管局的政策是容許這些醫院在之後的年度使用部份未經使用的預算，作獲得特別批准的用途。在本財政年度內，源自去年未經使用的預算之支出數額為港幣 58,148,000 元（二〇〇一年：港幣 55,461,000 元），即佔本年總開支 0.18%（二〇〇一年：0.18%）。

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13. Reconciliation of the (Deficit) / Surplus for the year to Net Cash (Outflow) / Inflow from Operating Activities

	2002	2001
	HK\$' 000	HK\$' 000
(Deficit) / Surplus for the year	(285,389)	256,310
Investment income	(123,352)	(210,813)
Loss on disposal of property, plant and equipment	5,377	14,490
Income transferred from deferred income	(697,393)	(870,142)
Depreciation	692,015	855,653
Decrease (Increase) in inventories	16,504	(30,612)
Increase in loans receivable	(8,311)	(27,919)
Decrease in accounts receivable and other current assets	6,873	30,388
Decrease (Increase) in deposits and prepayments	139,373	(27,647)
(Decrease) Increase in creditors and accrued charges	(233,674)	225,595
Increase in deposits received	18,543	6,562
Net cash (outflow) / inflow from operating activities	(469,434)	221,865

14. Provident Fund Scheme

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

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

The scheme is managed by a separate board of trustees.

During the year ended 31 March, 2002, the HA contributed to the scheme HK\$2,125,698,000 (2001: HK\$2,038,560,000), which is included in the staff costs of HK\$25,064,137,000 (2001: HK\$23,574,339,000).

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13. (虧損) / 盈餘與營運活動現金 (流出) / 流入之淨額對賬表

	2002	2001
	港幣千元	港幣千元
(虧損) / 盈餘	(285,389)	256,310
投資收入	(123,352)	(210,813)
出售物業、廠房及設備虧損	5,377	14,490
轉調自遞延收益之收入	(697,393)	(870,142)
折舊	692,015	855,653
存貨減少 (增加)	16,504	(30,612)
應收債款增加	(8,311)	(27,919)
應收賬款及其他流動資產減少	6,873	30,388
按金及預付款項減少 (增加)	139,373	(27,647)
債權人及應付費用 (減少) 增加	(233,674)	225,595
已收按金增加	18,543	6,562
營運活動現金 (流出) / 流入之淨額	(469,434)	221,865

14. 公積金計劃

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

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

該計劃是由一個獨立的信託委員會管理。

於截至二〇〇二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2,125,698,000元（二〇〇一年：港幣2,038,560,000元），這筆款項已包括在港幣25,064,137,000元（二〇〇一年：港幣23,574,339,000元）的職員費用內。

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15. Home Loan Interest Subsidy Scheme

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

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

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

16. Death and Disability Scheme

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

17. North District Hospital Fund

During the financial year 1993/94, the Government advanced to the HA a sum of HK\$1,690,350,000 for the construction of the North District Hospital. The sum is held by the HA in trust for the Government to meet the construction costs of the project which is managed by the HA as agent for the Government. During the financial year 1995/96, the Government transferred HK\$79,400,000 from this fund to Tseung Kwan O Hospital Fund. All interest earned from this grant will be repaid annually to the Government. The hospital was substantially completed and was commissioned in the financial year 1997/98. During the financial year 2001/02, the amount of HK\$79,400,000 previously transferred from Tseung Kwan O Hospital Fund was fully returned to this fund. At 31 March, 2002, the fund balance was HK\$92,325,000 after deducting the balance payable to the Government of HK\$188,400,000. The remaining fund balance will be used for construction costs and any unspent balance will be repaid to the Government.

18. HA Building Fund

During the financial year 1994/95, the Government advanced to the HA a sum of HK\$405,670,000 for the construction of the HA Building. This sum is the maximum amount of Government financial support for the project. Any interest earned from this grant will be treated as the HA's income. The HA Building was substantially completed and was commissioned in the financial year 1997/98. At 31 March, 2002, the fund balance was HK\$28,301,000. The remaining fund balance will be used for remaining construction costs and any unspent balance will be repaid to the Government.

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15. 購屋貸款利息津貼計劃

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

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

該計劃由醫管局按照不同職員組別的職員總薪酬的特定比率供款資助。

16. 死亡及傷殘計劃

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

17. 北區醫院基金

於一九九三至九四的財政年度內，政府預支港幣1,690,350,000元予醫管局以興建北區醫院。醫管局受託於政府管理這筆款項，以支付由醫管局作為政府代理人負責這項工程的興建費用。在一九九五至九六的財政年度內，政府把基金內港幣79,400,000元轉調往將軍澳醫院基金內。所有來自這筆款項的利息將會每年歸還政府。北區醫院已於一九九七至九八的財政年度內大體上落成及啟用。在二〇〇一至〇二的財政年度內，先前轉調往將軍澳醫院基金的港幣79,400,000元悉數歸還此基金。於二〇〇二年三月三十一日，在結餘中減去應付政府的港幣188,400,000元後，基金的結餘為港幣92,325,000元。基金結餘將用以支付建築開支，未經使用的餘額將會退還給政府。

18. 醫管局大樓基金

於一九九四至九五的財政年度內，政府預支港幣405,670,000元予醫管局以興建醫管局大樓。這筆款項是政府對這項工程財政支持的最高限額。而任何來自這筆款項的利息將被視為醫管局的入息。醫管局大樓已於一九九七至九八的財政年度內大體上落成及啟用。於二〇〇二年三月三十一日，基金的結餘為港幣28,301,000元。基金結餘將用以支付建築開支，未經使用的餘額將會退還給政府。

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For the year ended 31 March, 2002

19. Tseung Kwan O Hospital Fund

During the financial year 1995/96, the Government advanced HK\$2,047,290,000 to the HA and transferred HK\$79,400,000 from North District Hospital Fund for the construction of Tseung Kwan O Hospital. This grant is the maximum amount of financial support from the Government. All interest earned from this grant is repaid annually to the Government. The hospital was substantially completed and was commissioned in the financial year 1999/2000. During the financial year 2001/02, the amount of HK\$79,400,000 was returned to North District Hospital Fund. At 31 March, 2002, the fund balance was HK\$172,671,000 after deducting the balance payable to the Government of HK\$373,000,000. Any unspent money will be repaid to the Government when the project is completed.

20. Funds in Trust

At 31 March, 2002, the HA held in trust for the Government an amount of HK\$96,879,000 (2001: HK\$109,457,000), including accrued interest income.

21. Donations from the Hong Kong Jockey Club Charities Trust

During the year ended 31 March, 2002, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$53,902,000 (2001: HK\$117,823,000) to the following hospitals and programmes of the HA.

	HK\$'000
Jockey Club Cares Programme	21,686
HK Red Cross Blood Transfusion Service	1,986
Caritas Medical Centre	9,452
Castle Peak Hospital	2,612
Kwai Chung Hospital	5,200
Pamela Youde Nethersole Eastern Hospital	495
Prince of Wales Hospital	6,345
Princess Margaret Hospital	1,478
Queen Elizabeth Hospital	1,173
Queen Mary Hospital	28
Ruttonjee and Tang Shiu Kin Hospitals	3,343
Tuen Mun Hospital	104
	<hr/>
	53,902

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19. 將軍澳醫院基金

於一九九五至九六的財政年度內，政府預支港幣2,047,290,000元予醫管局，並自北區醫院基金轉調港幣79,400,000元以興建將軍澳醫院。這筆款項是政府對這項工程財政支持的最高限額，而來自這筆款項的利息將會每年歸還政府。將軍澳醫院已於一九九九至二〇〇〇的財政年度內大體上落成及啟用。在二〇〇一至〇二的財政年度內，基金將港幣79,400,000元歸還北區醫院基金。在二〇〇二年三月三十一日，在結餘中減去應付政府的港幣373,000,000元後，基金的結餘為港幣172,671,000元。任何未經使用的餘額將於工程完成後歸還政府。

20. 信託基金

二〇〇二年三月三十一日，醫管局為政府管理的信託基金數額為港幣96,879,000元（二〇〇一年：港幣109,457,000元），其中包括應收利息收入。

21. 來自香港賽馬會慈善信託基金的捐贈

在截至二〇〇二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53,902,000元（二〇〇一年：港幣117,823,000元）：

	港幣千元
賽馬會愛心醫療計劃	21,686
香港紅十字會輸血服務中心	1,986
明愛醫院	9,452
青山醫院	2,612
葵涌醫院	5,200
東區尤德夫人那打素醫院	495
威爾斯親王醫院	6,345
瑪嘉烈醫院	1,478
伊利沙伯醫院	1,173
瑪麗醫院	28
律敦治及鄧肇堅醫院	3,343
屯門醫院	104
	53,902

Hospital Authority

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22. Commitments

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

	2002	2001
	HK\$'000	HK\$' 000
Capital Commitments		
Authorised but not contracted for	1,419,243	2,285,231
Contracted for but not provided in the financial statements	742,000	966,174
	2,161,243	3,251,405
Operating Lease Commitments		
Commitments for future minimum payments under non-cancellable operating leases in respect of land and buildings which fall due as follows:		
Within one year	4,580	6,365
In the second to fifth year, inclusive	4,356	3,374
	8,936	9,739

23. Taxation

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

24. Subsidiary

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

25. Contingent Liabilities

A number of doctors have filed claims against the HA for alleged failure to grant rest days and statutory holidays in the past six years. The estimated claims amount to HK\$63,474,000. The cases have been transferred from the Labour Tribunal to the Court of First Instance of the High Court of HKSAR. Since the actions are 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 as at 31 March, 2002.

26. Approval of Financial Statements

The financial statements were approved by members of the HA on 26 September, 2002.

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22. 承擔

於結算日，醫管局有以下承擔：

	2002	2001
	港幣千元	港幣千元
資本承擔		
已獲授權但未訂契約	1,419,243	2,285,231
未列入財政報告書內的已訂契約	742,000	966,174
	2,161,243	3,251,405
營運租賃承擔		
於下列時間到期的不可撤銷房地產營運租賃之未來最低租金承擔：		
一年內期滿	4,580	6,365
二至五年內期滿	4,356	3,374
	8,936	9,739

23. 稅項

醫管局按一九九〇年醫管局條例獲豁免繳稅，故並無作出稅項準備。

24. 附屬機構

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

25. 或然負債

若干醫管局醫生就過去六年未獲給予休息日及法定假期向醫管局申索賠償，估計的索償款額達港幣63,474,000元。個案已呈交勞資審裁處及香港特別行政區高等法院原訟法庭審理。由於訴訟尚處於初期階段，故未可確切估計醫管局須負的責任，因此在截至二〇〇二年三月三十一日的財政報告內，並未作出撥備。

26. 財政報告的通過

本財政報告已於二〇〇二年九月二十六日獲醫管局成員通過。

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