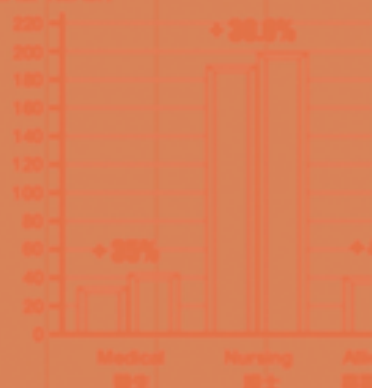


Number of Staff (000)
員工人數 (百人數)



以
公
司
崗
位

HA in Focus

醫管局 透視
2005

專
業
實
幹

醫訊
Healthcare Facts
& Figures
一覽

Private
Hospitals
私家醫院
15%

Hospital
Authority
醫院管理局
85%

Hospital Authority Annual Report
醫院管理局年報 2003 - 2004



醫院管理局
HOSPITAL
AUTHORITY

HA in Focus 醫管局透視 2005

HA in Focus contains the Hospital Authority's 2003/04 Annual Report and the latest healthcare facts and figures. It highlights the Authority's major initiatives and reports on its finances in the past year. The Authority seeks to keep the public fully informed of all aspects of its work in the Hong Kong healthcare arena so as to ensure transparency and accountability.

《醫管局透視》備有醫院管理局 2003/04 年度年報，
列載最新的主要醫療統計數據，並介紹醫管局去年的重點工作項目
和財政報告，使讀者對香港的醫療服務現況一目了然。透過這份刊物，
醫管局向公眾闡述其運作，以體現透明度和問責性。

Contents 目錄

Chairman's Foreword 主席序言	2
Hospital Authority's Corporate Governance Structure 醫院管理局的機構管治架構	6
Chief Executive's Overview 行政總裁匯報	20
Healthcare Facts and Figures 醫訊一覽	55



Chairman's Foreword

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

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

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

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

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

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

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

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

主席序言

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

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

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

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



Patients come first, despite financial challenges

The Hospital Authority provides more than 90% of Hong Kong's health care services, yet fees and charges from increasingly used services amount to a mere 3% of its cost. It has been recording deficits since 2001.

Effective savings programmes help reduce the resulting budgetary deficits and service standards are regularly scrutinised to ensure that high quality health care and patient interests remain top priority.

病人福祉 重於財赤

醫管局承擔了本港九成以上醫療服務，一直堅持恪守為市民提供優質醫療服務的職責，以病人的利益為首位。市民對公營醫院服務需求不斷上升，收費平均只佔成本3%，自2001年開始已錄得赤字；在維持合理服務水平情況下，本局將繼續嚴格推行節流計劃。

這方面的弱點一一浮現。為此，大會積極籌劃全力提升醫管局人力資源職能的水平。

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

財政緊絀仍然是醫管局面對的主要問題。雖然我

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

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

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

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

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

Dedicated service to the last

Dr C H Leong chaired the Hospital Authority through tremendously challenging times, especially in the vigorous and long drawn-out war against SARS. The departure of this experienced and dedicated professional and community servant was marked by many heartfelt tributes from Board members and staff.



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

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

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

Dr C H LEONG, GBS, JP
Chairman

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

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



任重道遠 堅持到底

梁智鴻醫生擔任醫管局主席期間，以其豐富經驗和對工作的熱誠，沉著帶領醫管局面對各種艱難挑戰。沙士期間，梁主席與全局共渡時艱，克服逆境。全體成員及員工對梁主席的請辭深表惋惜，並感謝他多年的重大貢獻。

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

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

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

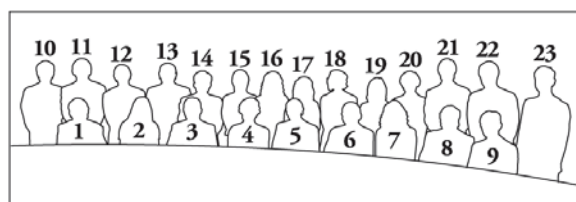
醫院管理局主席

梁智鴻醫生

Text from "Chairman's Foreword"
Hospital Authority Annual Report 2003/04.
原文見醫院管理局2003/04年報《主席序言》

醫院管理局的機構管治架構

根據《醫院管理局條例》，醫管局大會成員由香港特別行政區行政長官任命。大會成員本著機構管治原則，力求醫管局在工作表現、問責性及道德操守方面達致最高標準。



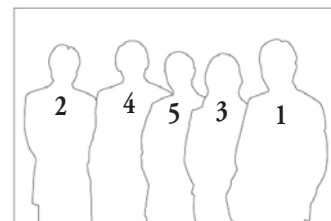
- | | | |
|---|--|--|
| 1 Dr P Y LAM, JP
林秉恩醫生 | 9 Dr William HO, JP
何兆煒醫生 | 16 Professor Judy TSUI LAM Sin-lai
徐林倩麗教授 |
| 2 Dr Lily CHIANG
蔣麗莉博士 | 10 Prof LAM Shiu-kum
林兆鑫教授 | 17 Miss Iris CHAN Sui-ching
陳萃菁小姐 |
| 3 Mr Clifton CHIU Chi-cheong
趙志鎔先生 | 11 Mr Paul YU Shiu-tin, JP
余嘯天先生 | 18 Mrs Gloria NG WONG Yee-man, JP
吳王依雯女士 |
| 4 Mrs Eleanor LING LEE Ching-man, SBS, JP
林李靜文女士 | 12 Mr Edward HO Sing-tin, SBS, JP
何承天先生 | 19 Ms Elizabeth TSE, JP
謝曼怡女士 |
| 5 Dr C H LEONG, GBS, JP (Chairman)
梁智鴻醫生（主席） | 13 Prof Thomas WONG Kwok-shing
汪國成教授 | 20 Dr Loretta YAM, BBS
任燕珍醫生 |
| 6 Dr Raymond WU Wai-yung, GBS, JP
鄧維庸醫生 | 14 Dr Anthony HO Yiu-wah
何耀華博士 | 21 Mr Vincent FANG Kang, JP
方剛先生 |
| 7 Miss Eliza C H CHAN, JP
陳清霞小姐 | 15 Mrs MONG KO Mei-yee
蒙高美懿女士 | 22 Mr LO Chung-hing, SBS
盧重興先生 |
| 8 Mr Anthony WU Ting-yuk, JP
胡定旭先生 | | 23 Dr Lawrence T WONG
黃至剛博士 |

Audit Committee

審計委員會

The Audit Committee was established to review the Hospital Authority's internal and external audit activities, its internal control and risk management processes, as well as its financial and other reporting.

審計委員會負責檢討醫管局各項內外審計工作、內部管控及風險管理程序、財政狀況，以及其他匯報。



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

Finance Committee

財務委員會

The Finance Committee was formed to advise and make recommendations to the Board on the financial planning, performance, monitoring and reporting aspects of the Authority.

財務委員會就醫管局的財務規劃、表現、監察及匯報向大會提供意見及作出建議。



- 1 Mr Anthony WU Ting-yuk, JP (Chairman)
胡定旭先生（主席）
- 2 Dr Anthony HO Yiu-wah
何耀華博士
- 3 Dr William HO, JP
何兆煒醫生
- 4 Prof S K LAM
林兆鑫教授
- 5 Mr LO Chung-hing, SBS
盧重興先生

- 6 Mrs Gloria NG WONG Yee-man, JP
吳王依雯女士
- 7 Ms Elizabeth TSE, JP
謝曼怡女士
- 8 Ms Loretta YAM, BBS
任燕珍醫生
- 9 Miss Susie HO, JP
何淑兒女士
- 10 Mr Michael SOMERVILLE

Human Resources Committee

人力資源委員會

The Human Resources Committee focuses on the post-SARS staff management issues, remunerations and benefits, review of human resources policies and practices, training and development, and future human resources plan.

人力資源委員會主要工作包括沙士後的員工管理事宜、薪酬及福利、人力資源政策及守則檢討、培訓及發展，以及日後的人力資源規劃。



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

2 Mr Vincent FANG Kang, JP
方剛先生

3 Dr William HO, JP
何兆煒醫生

4 Mr Billy KONG, JP
江焯開先生

5 Mr John LEUNG
梁熾輝先生

6 Dr Kim MAK
麥建華博士

7 Prof Thomas WONG Kwok-shing
汪國成教授

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

9 Dr Loretta YAM, BBS
任燕珍醫生

10 Mrs Ingrid YEUNG
楊何蓓茵女士

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

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

Medical Services Development Committee

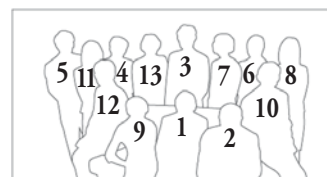
醫療服務發展委員會

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

In addition, the Committee deliberated on the various topical issues related to public healthcare management, including the epidemiological pattern of diseases in Hong Kong, future projections on demand for public hospital beds, suicidal acts in general hospitals, management of missing patients, directions for clinical research development and support given to staff, and development of the drug formulary.

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

此外，委員會亦審議各個有關公共醫療管理的課題，包括香港疾病的流行病學趨勢、公立醫院病床未來需求的預測、普通科醫院病人的自殺行為、失蹤病人的處理、臨床科研發展的路向及對員工的支援，以及制備藥物配方集。



1 Dr Raymond WU Wai-yung, GBS, JP (Chairman)
鄺維庸醫生（主席）

2 Prof Thomas WONG Kwok-shing
汪國成教授

3 Dr William HO, JP
何兆煒醫生

4 Dr Anthony HO Yiu-wah
何耀華博士

5 Prof S K LAM
林兆鑫教授

6 Mrs MONG KO Mei-yee
蒙高美懿女士

7 Mrs Gloria NG WONG Yee-man, JP
吳王依雯女士

8 Ms Elizabeth TSE, JP
謝曼怡女士

9 Dr Loretta YAM, BBS
任燕珍醫生

10 Mr Paul YU Shiu-tin, JP
余嘯天先生

11 Miss Iris CHAN Sui-ching
陳萃菁小姐

12 Dr T H LEUNG, JP
梁挺雄先生

13 Miss Susie HO, JP
何淑兒女士

Planning Committee

The Planning Committee was set up to formulate strategies, directions and priorities relating to the provision and development of services of the Authority.

規劃委員會

規劃委員會就醫管局的服务提供及發展制訂策略、路向和優次。



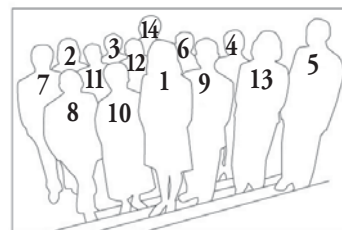
- 1 Dr C H LEONG, GBS, JP (Chairman)
梁智鴻醫生（主席）
- 2 Miss Eliza C H CHAN, JP
陳清霞小姐
- 3 Dr Lily CHIANG
蔣麗莉博士
- 4 Mr Clifton CHIU Chi-cheong
趙志鋈先生
- 5 Mr Vincent FANG Kang, JP
方剛先生
- 6 Dr Anthony HO Yiu-wah
何耀華博士
- 7 Dr William HO, JP
何兆煒醫生
- 8 Mr Edward HO Sing-tin, SBS, JP
何承天先生
- 9 Mrs Eleanor LING LEE Ching-man, SBS, JP
林李靜文女士
- 10 Prof Thomas WONG Kwok-shing
汪國成教授
- 11 Mr Anthony WU Ting-yuk, JP
胡定旭先生
- 12 Dr Raymond WU Wai-yung, GBS, JP
鄺維庸醫生
- 13 Miss Susie HO, JP
何淑兒女士

Public Complaints Committee

公眾投訴委員會

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

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



1 Miss Eliza C H CHAN, JP (Chairman)
陳清霞小姐（主席）

2 Miss Iris CHAN Sui-ching
陳萃菁小姐

3 Rev Dr Eric CHONG Chee-min
張志明牧師

4 Dr LAM Ching-choi, JP
林正財醫生

5 Dr Conrad LAM Kui-shing, JP
林鉅成醫生

6 Mr Carlos LEUNG Sze-hung
梁士雄先生

7 H H Judge David LOK
陸啟康 區域法院法官

8 Mr MA Ching-yuk, JP
馬清煜先生

9 Mr Alexander MAK Kwai-wing
麥貴榮先生

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

11 Mr Anthony WONG Luen-kin, JP
黃鑾堅先生

12 Prof Thomas WONG Kwok-shing
汪國成教授

13 Ms Virginia WU
伍惠瓊女士

14 Dr YU Yuk-ling
余毓靈醫生

Absent 缺席：
Dr Joseph KWOK Kin-fun, JP
郭鍵動博士

Staff Committee

The Staff Committee was formed to advise the Authority Board on the organisation structure of the Hospital Authority Head Office and the appointment, salary structure and performance of the senior executives.

職員委員會

職員委員會負責向大會就醫管局總辦事處的組織架構及高層行政人員的聘任、薪酬架構及工作表現提供意見。



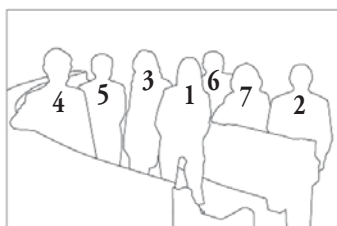
- | | |
|---|---|
| 1 Dr C H LEONG, GBS, JP (Chairman)
梁智鴻醫生（主席） | 5 Dr William HO, JP
何兆煒醫生 |
| 2 Miss Eliza C H CHAN, JP
陳清霞小姐 | 6 Mrs Eleanor LING LEE Ching-man, SBS, JP
林李靜文女士 |
| 3 Dr Lily CHIANG
蔣麗莉博士 | 7 Mr Anthony WU Ting-yuk, JP
胡定旭先生 |
| 4 Mr Clifton CHIU Chi-cheong
趙志鋈先生 | 8 Dr Raymond WU Wai-yung, GBS, JP
鄺維庸醫生 |

Supporting Services Development Committee

支援服務發展委員會

The Supporting Services Development Committee was set up to review and make recommendations on the provision and development of business support services, information technology and capital works to support clinical service delivery in the Hospital Authority.

支援服務發展委員會負責檢討支援醫管局醫療服務的工作、資訊科技與基本工程及有關發展，並作出建議。



1 Dr Lily CHIANG (Chairman)
蔣麗莉博士（主席）

2 Mr Edward HO Sing-tin, SBS, JP
何承天先生

3 Miss Eliza C H CHAN, JP
陳清霞小姐

4 Dr William HO, JP
何兆煒醫生

5 Dr Anthony HO Yiu-wah
何耀華博士

6 Prof Thomas WONG Kwok-shing
汪國成教授

7 Mrs Ingrid YEUNG
楊何蓓茵女士

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

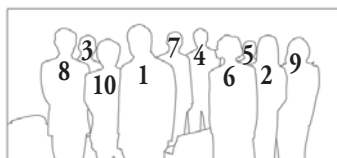
* 醫管局另設有**資訊科技諮詢委員會**，以便就資訊科技事宜向醫管局行政總裁提供技術意見。委員會由施德倫先生擔任主席，其他成員包括卞以信先生、李川軍教授及梁饒麗萍女士。

Main Tender Board

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

中央投標委員會

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



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

Staff Appeals Committee

The Staff Appeals Committee was formed by the Authority Board in December 2002 to replace the Staff Appeals Subcommittee of the Human Resources Committee as an independent body to handle staff appeals which have already exhausted the normal staff complaint channels within the Authority.

職員上訴委員會

職員上訴委員會於2002年12月成立，以取代人力資源委員會轄下的職員上訴小組委員會。委員會屬獨立組織，負責審議醫管局內經正常職員投訴渠道處理的上訴個案。

Hospital Governing Committees

To enhance community participation and governance of the public hospitals in accordance with the Hospital Authority Ordinance, Hospital Governing Committees have been established in 38 hospitals to receive regular management reports from Hospital Chief Executives, monitor operational and financial performance of the hospitals, participate in human resource and procurement functions, as well as hospital and community partnership activities.

醫院管治委員會

根據《醫院管理局條例》，為促進社區參與及加強公立醫院管治，醫管局在38間醫院成立了醫院管治委員會收閱醫院行政總監的定期管理報告，監察醫院在運作和財務方面的表現，並參與人力資源及採購職能的管治工作，以及醫院和社區的協作活動。

Regional Advisory Committees

In accordance with the Hospital Authority Ordinance and to provide the Authority with advice on the healthcare needs for specific regions of Hong Kong, the Authority has established three Regional Advisory Committees to give advice to the Authority on the healthcare needs of local communities.

區域諮詢委員會

為聽取地區對醫療服務需要的意見，醫管局根據《醫院管理局條例》成立了三個區域諮詢委員會，就本區的醫療需要向醫管局提供意見。

Executive Management

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

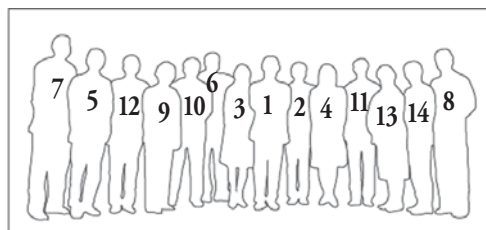
Under the powers stipulated in the Hospital Authority Ordinance, the Hospital Authority determines the remuneration and terms and conditions of employment for all of its employees. Remuneration packages of executive directors and other senior managers are aimed at attracting, motivating and retaining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



行政管理

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

根據《醫院管理局條例》賦予的權力，醫管局可釐定所有僱員的薪酬及服務條件。面對具競爭性的國際市場，為行政總監及其他高級管理人員而釐定的薪酬配套，旨在吸引、激勵及挽留高質素人才。至於高級行政人員的薪酬，則由醫管局大會的職員委員會按個別情況考慮及審批。



1 Dr William Ho, JP
何兆煒醫生

Chief Executive
行政總裁

2 Dr KO Wing-man, JP
高永文醫生

Director (Professional Services & Public Affairs)
專業及公共事務總監
(Also overseeing the human resources function after departure of Dr Kathleen SO)
(於蘇碧嫻醫生離任後兼管人力資源職能)

3 Dr Vivian TAAM WONG, JP
黃譚智媛醫生

Director (Professional Services & Medical Development)
專業事務及醫療發展總監
(also overseeing corporate affairs)
(兼管中央事務)

4 Ms Nancy TSE
謝秀玲女士

Director (Finance) 財務總監
(also overseeing the information technology function)
(兼管資訊科技職能)

5 Dr M Y CHENG
鄭文容醫生

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

6 Mr Andre GREYLING
高寧安先生

Deputy Director (Information Technology)
副總監 (資訊科技)

7 Mr David ROSSITER
羅熙達先生

Deputy Director (Human Resources)
副總監 (人力資源)

8 Dr CHEUNG Wai-lun
張偉麟醫生

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

9 Dr Lily CHIU
趙莉莉醫生

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

10 Dr York CHOW, SBS
周一嶽醫生

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

11 Dr FUNG Hong, JP
馮康醫生

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

12 Dr Lawrence LAI, JP
賴福明醫生

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

13 Dr Pamela LEUNG, JP
梁明娟醫生

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

14 Dr TSE Chun-yan
謝俊仁醫生

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

Text from "Role, Mission, Corporate Vision, Corporate Governance and Environmental Policy Statement of the Hospital Authority" Hospital Authority Annual Report 2003/04.
全文見醫院管理局 2003/04 年報《醫管局的任務、宗旨、整體目標、機構管治及環保政策宣言》部份





Chief Executive's Overview

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

World Health Organization and other healthcare conferences, Hong Kong was uniformly praised for our achievements in fighting the disease, our groundbreaking discovery of the Coronavirus and its genetic sequence, our information management capabilities, and the transparency by which we operate - something of great importance to international efforts in the control of emerging infections.

The Authority continued to face challenges after the SARS epidemic subsided. As there was great worry that SARS might come back again, huge amounts of work

Supplies readied for future crises

When SARS broke out, the supply of protective gear was once tight. Since SARS, the Hospital Authority has kept a three-month sufficient stock of face masks and protective gear ready for hospitals should any serious outbreaks of infectious disease occur.

物資供應充足 防患未然

沙士疫症爆發初期，各種保護衣物的供應特別緊張。疫後醫管局已確保口罩和保護衣物存量足夠供應前線三個月之用，以應付疫症若一旦再重臨醫院隨時備有充足物資供應。



suspended. Shops were closed and the economy suffered by the billions.

Yet SARS also brought out the best among Hong Kong people. The whole society was united to fight this unknown enemy. Support for frontline healthcare workers was overwhelming. The image of brave and selfless healthcare staff risking their lives day and night to attend to patients and save Hong Kong and the world from the deadly disease conjured up feelings of heroism and solidarity. In the international arena such as the

was done to quickly construct additional isolation facilities, improve ventilation in hospitals, train up healthcare workers in critical areas, re-write and test comprehensive contingency plans, stockpile personal protective equipment and relevant drugs, in addition to following up the long-term health needs of the SARS survivors, some of whom beginning to show late complications of this new and unknown disease. There were also three rounds of comprehensive review and inquiry into the epidemic: the Government-commissioned SARS Expert Committee, the HA's own

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

於全球管控新疫症都極為重要。

在疫情消退後，醫管局繼續面對重大挑戰。由於擔心沙士可能會捲土重來，我們全力展開工作，從速加建隔離設施、改善醫院通風系統、培訓急需的醫護人手、重新釐訂及測試全面應變計劃、貯備個人防護裝備及所需藥物。此外，我們亦為沙士康復者的長遠醫療需要作出跟進。香港就此疫症進行了三輪全面檢討及調查工作，分別由政府的「沙士專家委員會」、醫管局的「沙士疫症



Respect and renewed courage

Several hundred Hospital Authority staff went down with SARS; tragically six of those contracting the disease while on duty never recovered. Senior management paid their respects at Gallant Garden.

The Hong Kong SARS Mutual Help Association was established at the end of 2003 to promote self help and mutual help among recovered patients and their families.

悼念勇士 扶助康復

醫管局數百位同事在沙士期間不幸受感染，當中六位醫護人員更盡忠殉職。管理層代表於清明節往浩園向殉職的醫護人員墓前獻花哀悼，再表敬意。香港沙士互助會於2003年底成立，藉著結集康復者及其家屬，使彼此發揮自助互助的精神。

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

檢討委員會」，以及立法會的「調查沙士疫情專責委員會」進行。為進行這些調查及跟進有關建議，已動用大量人力物力。與此同時，沙士及禽流感在鄰近國家的零星爆發，令我們的警覺大為提高，並積極監察疫情及隔離懷疑病患者。

此外，2003/04年度是本地醫療體制開展重大變革的一年。年內，我們分兩個階段實施新收費，以減少市民不適當地使用公立醫療服務，並加強

Review Panel on SARS, and the Legislative Council's Select Committee on SARS. Enormous amounts of time and resources were devoted to these inquiries, as well as to follow up recommendations. Meanwhile, threats of sporadic cases of SARS and the Avian Flu appearing in neighbouring countries kept us on great alert, busy in doing surveillance and isolating suspected cases.

On top of that, the year 2003/04 was a year planned for major changes in the local healthcare system to begin with. New fees and charges designed to reduce

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

GOPC — Opportunities for service rationalization

The Hospital Authority took over all General Outpatient Clinics (GOPCs) from the Department of Health in July 2003, which created new opportunities for service rationalization. Hospitals will gradually transfer their stable chronic patients from Specialist Outpatient Clinics to these GOPCs.

The new arrangement also offers a valuable setting for training in family medicine and it is well aligned with the overall move towards a community-oriented medical service.

接管門診 理順服務

2003年7月醫管局接管衛生署所有普通科門診診所後，開拓了理順服務的契機。醫院可以將情況穩定的長期病患者，由專科門診轉往普通科門診跟進治理。普通科門診亦為本港培訓家庭醫生締造理想環境，有助醫療服務配合以社區為本的銜接。



inappropriate use of public services, together with an enhanced waiver system for those who could not afford, were introduced in two phases during the year. Major structural reorganisation of the public healthcare system in accordance with the Government's master plan proceeded with the HA taking over all the 59 General Outpatient Clinics from the Department of Health (DH), together with some 800 staff. With the extraordinary dedication and performance of staff, these major tasks were successfully accomplished even in the midst of the epidemic and its aftermath.

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

Internally, organisational evolution continued with managerial, financial and service reforms. Under the

費用減免機制，協助有經濟困難的市民。根據政府的整體發展計劃，醫管局接管衛生署 59 間普通門診診所，以及其 800 多名職員，落實了公立醫療體制的重大架構重組。有賴職員的盡心服務和出色表現，儘管面對疫症及其後遺影響，這些主要工作都能一一完成。

醫管局須面對的另一項嚴峻挑戰，是政府為削減公共服務開支而實施的預算削減。年內，藉著新

務方面。「自願提早退休計劃」共有 1,942 名醫管局職員及 557 名公務員參加，成績理想，但我們須同時處理衍生的士氣問題，以及資深員工離職而對運作造成的影響。

對內方面，我們繼續推行管理、財政及服務改革，推動組織蛻變。在嚴峻的預算及運作挑戰下，醫管局已不能延續醫院及科組為本的文化，而特別在沙士期間員工的呼聲，促使我們有必要加強



Increasing needs and pressures

The Hospital Authority's deficit reached some \$374 million. The deficit is attributable to the rising healthcare needs of a rapidly ageing and expanding population and the escalating cost of new drugs and medical technology.

需求不斷 壓力激增

年內，醫管局錄得赤字達 3 億 7,400 萬元。由於人口老化及人口增長令醫療需求增加、新科技及藥物開支急升，政府的公營醫療開支因而百上加斤。

的人口為本資源分配機制，以及政府增加的抗疫撥款，醫管局雖有一些進帳，但仍擺脫不了赤字的威脅，截至年底，醫管局的赤字達 3 億 7,400 萬元。由於人口老化及人口增長令醫療需求增加、新科技及藥物開支急升，以及醫管局有責任為醫護人員提供培訓，醫療開支因而百上加斤。我們跟隨政府向醫管局員工審慎實施減薪，此外，我們亦推行「自願提早退休計劃」，促進員工更替，以備落實工作及人手重整，特別是在業務支援服

中央統籌及管控。現時，我們的聯網中期架構共有七個醫院聯網（日後計劃進一步整固為五個大聯網），由行政總裁、醫管局總辦事處的總監及七位聯網總監組成的新領導架構，現已確立。我們亦已推行人口為本的新資源分配模式，以鼓勵聯網醫院之間理順服務、促進公私營協作，以及發展日間及社區醫療提升服務效益。同時，我們亦審慎進行臨床審核，以科學及理性方式發展倡議的醫護模式，促進全面服務理順及改善，如統

stringent budgetary and operational challenges, the Authority could ill afford continuing with a culture that promoted individuality of hospitals and service units. Feedback from staff particularly during the SARS crisis was also one calling for greater centralisation and control. With the interim structure of seven hospital clusters in place (which is planned for further merging to five mega-clusters in the future), the scene was set for a new top leadership team structure comprising the Chief Executive, the Directors in HA Head Office and the seven Cluster Chief Executives. A new population-based resource allocation formula was implemented to drive home an incentive environment for service rationalisation among hospitals within clusters, promote public-private collaboration, and manage services more cost-effectively by shifting towards ambulatory and community care. At the same time, territory-wide service rationalisations and improvements were facilitated by carefully conducted clinical audits to advance recommended care models in a scientific and rational manner. Examples included the centralisation of liver transplantation service, a new model for stroke care, and a community collaborative model for care of the elderly in institutions.

Lastly, it proved an enormous undertaking to manage human resources satisfactorily in such a big organisation as the HA with more than 50,000 staff, undergoing major changes and subject to a multitude of challenges including something as big as SARS. A number of weaknesses had indeed been identified, for which steps were taken to improve the organisation's capabilities. Rapid electronic dissemination of key messages from top management, daily staff newsletters during crisis time, the use of Staff Ambassadors, staff hotlines, direct dialogue with staff unions, and timely staff forums proved effective in enhancing communication. Steps were taken to enhance the Human Resources Division in Head Office, and plans were made to establish

separate human resource functions in hospital clusters. Consistency of practices across the organisation was ensured through such mechanisms as central coordination of the specialty training programmes of doctors, recruitment of professional staff, and coordination of staff promotions and transfers. The success or otherwise of the HA in meeting community needs and fulfilling the organisational mission continued to depend on the dedication, professionalism, and teamwork of our valuable staff, whose brilliance was amply shown and felt by all during the unfortunate epidemic of SARS.

The SARS epidemic

It was generally believed that SARS was brought to Hong Kong by a visitor from Guangzhou in southern China, who was admitted and subsequently died in our Kwong Wah Hospital. Crossing the border on 21 February 2003, he spread the disease in a downtown hotel to many others, who in turn became index patients in several countries as well as in our Prince of Wales Hospital. Hospital management of Prince of Wales Hospital first noticed a group of staff from the same ward took sick leave on 10 March 2003. By the time this unknown but highly infectious disease was coined SARS by the World Health Organization on 15 March 2003, it had already brought down more than 40 staff, patients and visitors, and the whole hospital was shrouded in fear.

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

合肝移植服務、採用中風治理新模式，以及採用社區協作模式加強護理居於院舍的長者。

醫管局的職員人數超過五萬，加上機構面對重大轉變及多重挑戰（如沙士疫症），要妥善管理人力資源，殊非易事。不過，我們已鑑辨出機構的一些弱點，並已著手提升有關能力。透過種種措施，如以電子方式迅速發布管理層的重要訊息、在重大事故發生時出版每日員工通訊、設立員工大使及員工熱線、與工會直接對話，以及適時舉

沙士疫症

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



Chief Executive fights SARS in more ways than one

Hospital Authority Chief Executive Dr William Ho contracted SARS in March last year. Despite a hospital stay of nearly a month, he remained closely involved in fighting against SARS, and his frequent morale-boosting letters to staff had a great effect.

As soon as he recovered, he undertook a round of hospital visits to encourage his fearless colleagues.

對抗疫境 上下齊心

醫管局行政總裁何兆煒醫生去年三月不幸感染沙士，留院近一個月。何醫生於病中仍然十分關注抗疫工作，又數度致信予全體員工，激勵士氣。病後初癒即馬不停蹄往各醫院探望同事，對所有英勇拼搏的同事親予鼓勵。

辦員工論壇等，均是加強溝通的有效措施。我們已著手加強總辦事處的人力資源部，並計劃在醫院聯網另行設立人力資源部門。而藉著不同機制，如由中央統籌醫生的專科培訓計劃、專業人員招聘，以及員工升遷，可確保機構行事有一貫準則。然而，醫管局成功與否，仍有賴我們一群優秀員工的專業盡責和堅毅團結，他們的傑出表現，在沙士一疫中已發揮得淋漓盡致。

疫症已令該院逾40名醫護人員、病人及訪客染病，全院瀰漫著惶恐氣氛。

在此之前，醫管局已就神秘病症在廣州蔓延的消息，向醫護人員發出預警。醫管局中央感染控制委員會於2003年2月11日開會，並成立專家小組，調查醫管局醫院所有非典型肺炎的嚴重個案，並發布有關嚴重流感的指引和資料。很遺憾，我們未能從正式渠道獲得內地當時情況的最新資料，

regarding what was happening in Mainland China was available through the formal channels, and no tests were available to differentiate this yet uncharacterised disease from thousands other cases of atypical pneumonia.

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

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

Keep frontline on the alert

During the SARS crisis, a dedicated internal audio visual channel — the *HA Channel*, targeting front-line staff was set up at the three hospitals with the most SARS patients.

Supporting various other means of communication, this channel highlighted infection control guidelines and carried updates on the outbreak. A daily staff bulletin, *Battling SARS Update*, delivered similar messages.

疫潮情報 時刻發放

抗疫期間，醫管局除透過電郵、海報和單張等宣傳防染訊息外，每日在醫院張貼《抗災日訊》。又在三家接收最多沙士病人的醫院設立視像廣播頻道HA Channel《抗災台》，提醒員工正確防染方法及發放疫情最新資訊，務求令前線人員對病毒經常保持高度警覺。



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

which was soon overwhelmed. The total number of SARS patients in the Amoy Gardens cohort eventually reached 329.

The Government announced a number of public health measures on 27 March 2004 as further steps to control the epidemic. SARS became a notifiable disease under the law on the same day. Residents of Amoy Gardens were moved to an isolation camp, and the residential block was thoroughly disinfected. The Government and HA decided to designate the Princess Margaret

而當時亦沒有測試可供使用，以便將此未定性的病症與其他眾多的非典型肺炎個案加以區分。

當疫症在威爾斯親王醫院爆發，應變措施隨之啟動，包括管理層每日召開會議、採取連串行動將威爾斯親王醫院的病人轉往其他醫院以減輕病人負荷量、衛生署展開接觸追縱、將病人隔離及採取集中治理安排，以及使用抗病毒藥物及類固醇作測試治療。在全力偵查病毒元凶下，我們終於

在僅僅兩周內，疫症已在香港大規模擴散。醫管局行政總裁及統領威爾斯親王醫院的聯網總監均告染病。至此，醫管局主席憑其醫學專長，瞬即全情參與醫管局的日常事務，與高層行政人員並肩作戰，應付當前的難關。直至淘大花園事件爆發，疫情進入高峰期。由2003年3月24日開始，大量染病居民相繼入住醫管局的醫院，特別是基督教聯合醫院，令該院不勝負荷。而接受集中治理的淘大花園沙士病人，累計達329人。



Widening the scope of management-staff dialogue

To strengthen two-way communications, Dr William Ho, Chief Executive, meets regularly with the front-line staff. These face-to-face dialogues are broadcast to other hospitals via teleconferencing, thus helping boost staff morale and improve management-staff relations.

上情下達 消弭隔閡

為加強與員工溝通，聆聽和分享他們的意見和心聲，行政總裁何兆煒醫生定期親往醫院與前線員工直接對話，並以視象會議形式將討論內容轉播至多家醫院。管理層透過與員工溝通使下情上達，提高工作士氣。

取得突破。2003年3月22日，香港大學的研究小組發現元凶為冠狀病毒。在此期間，政府實施多項措施，統籌各方面的抗疫力量，包括在衛生福利及食物局之下成立特別專責小組、聯絡內地衛生當局獲取疾病的資料，以及尋求世界衛生組織專家的意見。

政府在2004年3月27日公布多項公共衛生措施，以進一步遏止疫症。同日，沙士成為法定通報傳染病。淘大花園的居民亦遷往隔離營，大廈進行徹底消毒。而鑑於瑪嘉烈醫院長久以來都是專門治理傳染病的公立醫院，故政府及醫管局決定，該院在2003年3月29日成為接收沙士病人的指定醫院，其現有病人會遷往其他醫院。但病人增加的速度仍超出預期，更不幸的，是深切治療部的主要人員亦告染病。醫管局由中央作出統籌，

Hospital, with its long tradition of specialising in infectious diseases, to receive SARS patients on 29 March 2003 after decanting all its existing patients to other hospitals. Still, the speed by which patient load built up was unexpected, and this was compounded by the unfortunate event of key staff in the Intensive Care Unit themselves brought down by the disease. Through central coordination, additional manpower from other hospitals was deployed to Princess Margaret Hospital to help out. The Wong Tai Sin Hospital was also designated to receive convalescing SARS patients to relieve the workload of acute hospitals. Gradually, other

Throughout the epidemic that infected 1,755 people within weeks in Hong Kong, the Authority had adopted a three-pronged approach to control its spread in the community, i.e., containing transmission of the virus, protecting staff from infection and enhancing patient outcome. A SARS Control Centre was set up at the HA Head Office with regional coordinators appointed to work with the Department of Health and the Police to expedite action in contact tracing. A comprehensive electronic online web-based information system known as “e-SARS” was developed within a few days by making use of the existing Clinical Management System to

“Star of Life” – new tribute to courage

The community was deeply moved by the efforts of health care workers during SARS; the Hospital Authority alone received donations of HK\$140 million.

Some designated funding was used to create the “Star of Life” pin for presentation to staff in recognition of their selfless dedication and extraordinary courage. The pin also commemorated heroes who sacrificed their lives while saving those of others.



hospitals took over to share out the workload, and the designation of Princess Margaret Hospital officially ended on 11 April 2003.

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

provide real time information on newly admitted SARS patients. Training sessions were held for private practitioners on the presentation of SARS to facilitate early identification and referral of suspected cases to the HA. A website for general practitioners was also set up to provide updated information about the disease and to answer questions on SARS. Surveillance of the disease in old age homes was enhanced through the Community Geriatric Assessment Teams and Visiting Medical Officers.

從其他醫院調派人手增援瑪嘉烈醫院，黃大仙醫院亦奉命成為接收沙士康復病人的指定醫院，以紓緩急症醫院的負擔。及後，其他醫院相繼分擔工作量，至2003年4月11日，瑪嘉烈醫院正式完成作為治理沙士指定醫院的使命。

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

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

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

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

同心結幸運星
Star of Life

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



醫護奮勇抗炎 深獲表揚

沙士肆虐期間，社區給醫護人員的支持排山倒海而來，醫管局獲捐贈金錢物資總值超過1.4億元。疫後，醫管局利用部分指定捐款製作「同心結幸運星」紀念章送贈每位員工。紀念章代表市民表揚醫護人員抗炎的英勇事跡，眾位捨生救人醫護人員的偉大英靈，以及香港人堅定的抗炎決心。

在疫症期間，香港於僅僅數周內，便有1,755人染病。醫管局從三方面著手遏止疫症在社區擴散，即阻截病毒蔓延、保護醫護人員免受感染及改善病人醫療成效。醫管局總辦事處成立了沙士控制中心，委派地區統籌人員與衛生署及警務處協作，加快進行接觸追縱。我們利用現有的臨床管理系統，在數日內建立了「沙士電子資料庫」的全面網上資訊系統，提供沙士新入院病人的實時資訊。我們亦為私家醫生提供培訓，講解沙士的病徵，以便私家醫生能及早偵察疾病及將懷疑病患者轉

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

The SARS outbreak put the entire public hospital system to test with staff working under immense pressure, fear, weariness and stress. To protect staff from infection, guidelines were revised taking into account the evolving knowledge on the disease, and promulgated to frontline staff through multiple channels. These included e-mail messages, staff forums, the daily SARS bulletin “Battling SARS Update” and the hospital and cluster-based Infection Control networks, assisted by the Link Nurse System built up in recent years. While the supply of personal protective equipment was fraught with difficulty at the time because of worldwide shortages in the face of

Despite these measures, healthcare workers continued to be infected. Besides the high infectivity of the virus and its multiple modes of transmission, one of the key factors was the appearance of “cryptic patients” who did not manifest the typical symptoms and signs of SARS according to the World Health Organization criteria and therefore evaded identification. This led to a number of outbreaks including that in the Alice Ho Miu Ling Nethersole Hospital, Tai Po Hospital, Caritas Medical Centre and later North District Hospital. Recognising this, the HA further revised guidelines to assume all acute patients as potential SARS patients, with major implications on the supply of personal

Improved volunteer training benefits public

After SARS, the Hospital Authority, through its Health InfoWorld, upgraded obligatory training in infection control for more than ten thousand hospital volunteers to better equip them to protect their own and others' safety during services. During the year, hospital volunteers served as Hand Hygiene Campaign ambassadors, taking crucial messages about best hand-hygiene practice from hospitals deep into the community.



huge increase in demand, central coordination in the HA and education to staff on proper usage gradually eased off the problem. Continuous education on infection control precautions was arranged through daily briefings in the workplace, formal training and experience sharing sessions. A number of environmental measures such as addition of viral filters, improvement of ventilation in wards and zoning by risk of exposure were also taken to reduce the risk of infection arising from environmental factors.

protective equipment and infection control procedures. At the height of the epidemic, the HA Board met twice every week to monitor the situation. Board members also participated in hospital audits and helped in the communication with frontline staff, including manning the staff hotline.

As regards improving outcome of patients suffering from this hitherto unknown disease, advisory groups of experts in HA and the two Universities were formed since the early phase of the epidemic to evaluate and

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

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



加強義工培訓 惠澤社群健康

沙士疫後，醫管局透過健康資訊天地全面提升醫院義工培訓。全港萬多名醫院義工必須接受防感染培訓，學習防染要訣，保障自己和他人的安全及健康。年內，醫院義工更擔任「幫幫手·洗洗手」運動「潔手大使」，把潔手知識從醫院全面推廣至社區，進一步深化市民的防染意識。

開會兩次，以監控情況。大會成員亦參與到醫院進行審核，並協助與前線人員溝通，包括接聽員工熱線。

為改善對此不知名病症的醫療成效，自疫情初期，醫管局與兩間大學的專家組成了諮詢小組，評估及討論各種可行的診斷及治療方法。我們收集臨床資料加以分析，並透過醫管局的沙士網頁、經驗交流會及討論會將資料發放予各有

在醫管局、政府及全港市民一同努力下，疫情終於在2003年5月底成功受控。在抗疫的過程中，醫管局全體員工專業拚搏、無私奉獻，贏得全港市民激節讚賞。在疫症期間及之後，我們從市民收到心意卡及捐助，源源不絕。截至年底，醫管局及其慈善基金共收獲1億4,150萬元捐款，用以在疫症時期及之後購買個人防護裝備及改善醫院設施。

discuss possible diagnostic and treatment approaches. Clinical information was collected, analysed and disseminated to parties involved via the Authority's SARS website and experience sharing forums and seminars to provide them with updated knowledge of the disease. Alternative treatment suggestions received from different sectors and countries were evaluated through literature and expert review. The use of Chinese Medicine for prevention, treatment and rehabilitation was pilot tested. Local and international publications were scanned and posted on the e-Knowledge Gateway. Disease management experiences were published in international peer-reviewed journals. A central clinical database for all SARS patients was set up to facilitate comprehensive analysis of the disease, its diagnosis, progression and treatment.

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

Post-SARS work

With the epidemic subsided and despite a seriously traumatised organisation, the HA had no time for rest. The backlog of other patients who did not attend or were deferred during the epidemic had to be cleared. There was also great expectation from the public on

quickly improved hardware and software in the Authority should there be a return of SARS or other infectious diseases. With the society paying a high price for both human lives and the economy, the pent up sentiments of the public and staff brought forth two simultaneous inquiries - the Government commissioned SARS Expert Committee and the HA Review Panel on SARS. Enormous amounts of time and energy were devoted to these investigations, while at the same time improvement works proceeded in full speed. The reports of the two inquiries led to a total of 91 recommendations, most of which had already been taken on board in the plans of the HA and government departments.

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

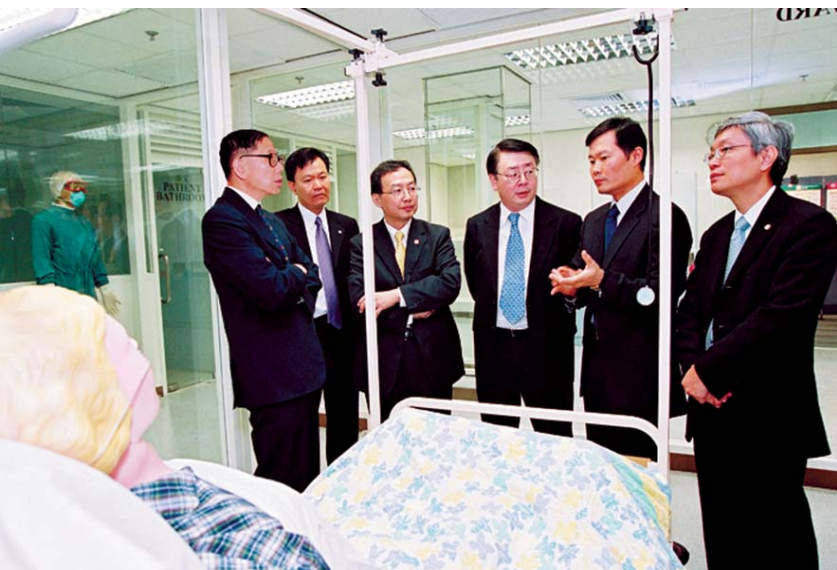
Secondly, learning from the SARS experience, the HA contingency plans for infectious disease outbreaks and other major incidents such as civil disasters and bio-terrorism were comprehensively revamped with emphasis on establishing clear command, coordination, control and communication structures, as well as detailed service diversion and staff deployment arrangements. As regards infectious diseases, a three-tiered and colour coded response plan was formulated, which dovetailed with the Government's new multi-department contingency plan. Multiple drills at all levels were held to test out and improved upon these plans.

疫後工作

當疫情消退，醫管局雖經歷重創，但仍無歇息餘地。我們須處理在疫症期間沒有到診或更改診期的積壓病人，而鑑於沙士可能重臨或會有其他傳染病爆發，市民亦熱切期望醫管局能迅速改善其硬件和軟件設施。經此一疫，社會在人命及經濟方面付出了巨大代價，鑑於公眾及員工的積壓情緒，政府（「沙士專家委員會」）及醫管局（「沙士疫症檢討委員會」）分別同時進行兩項調查。調查工作動用了大量人力物力，

發的能力。目前，我們正籌劃在瑪嘉烈醫院興建一幢設備先進的傳染病大樓，而醫管局亦繼續貯備足夠三個月用量的個人防護裝備及所需藥物，以防範大型疫症發生。

此外，汲取沙士的經驗，醫管局全盤修訂傳染病爆發及其他重大事故的應變計劃，如社區災難及生化恐怖襲擊，著重建立清晰的指揮、統籌、管控及溝通架構，以及詳細的服務分流及員工調配安排。就傳染病方面，我們制訂了三層的颜色



Centre for Health Protection reflects collaborative action

In tackling the SARS crisis, the Hospital Authority and the Department of Health (DH) achieved outstanding new levels of communication, partnership and collaboration.

Besides increasing public health resources, the Authority and the DH have both seconded staff to create the Centre for Health Protection in December 2003 – a major step in strengthening the public healthcare system.

夥伴合作 更上層樓

去年沙士危機，促進了醫管局和衛生署更緊密的溝通和合作，打造了新的基礎。雙方除了在公共衛生計劃同時投放資源外，2003年12月公布共同借調員工攜手成立衛生防護中心，強化公共衛生體系對抗傳染病的工作。

與此同時，改善工作亦全速進行。兩份調查報告共提出91項建議，大部分已納入醫管局及政府部門的工作計劃。

首先，醫管局立即在14間大型急症醫院進行改裝工程，以加強感染控制設施，包括通風及空氣過濾裝置。至本財政年度末，有關醫院已建置約1,400張隔離病床，以提升應付日後疫症爆

發的應變計劃，配合政府新的跨部門應變計劃。這些計劃在不同層面進行測試演習，並不斷改進。

中央傳染病委員會亦設立了加強機制，以制訂指引、落實防染執行網絡、推行全面培訓，以及加強對護老院、醫院及醫護人員的健康監察，防範疫症再現。在醫管局大會層面，我們成立了「緊急應變策導委員會」，確立在重大事故發生時的管

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

All these efforts proved timely. There were new sporadic outbreak of SARS in Singapore, Taiwan and Beijing during the year. There were also extensive outbreaks of Avian Flu infection in poultry in many surrounding countries and regions, with fatal human cases occurring in Vietnam and Thailand. In response, the Authority launched the Yellow Alert for a total period of four months according to the new contingency plan and continued to maintain high vigilance over surveillance and isolating suspected cases. Safety in laboratories was re-emphasised and enforced. Meanwhile, more than 700 sessions on infection control training were held using a separate Staff Training and Welfare Fund allocated from the Government. With the concerted effort of HA and other government departments, Hong Kong emerged unscathed.

On the clinical side, the management of SARS patients was critically evaluated with active participation of

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

For recovered SARS patients, comprehensive follow-up programmes were developed and implemented to



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

治方式。此外，醫管局向政府提供一切所需支援，協助成立新的衛生防護中心，以及籌劃新的傳染病資訊系統。醫管局、衛生署及警務處利用資訊科技抗疫的傑出合作成果，在2004年5月獲得了「斯德哥爾摩科技挑戰獎」。

所有這些工作證實部署及時。年內，沙士在新加坡、台灣及北京再有零星爆發，而在多個鄰近國家及地區的家禽，均出現了大規模的禽流感疫情，越南及泰國更發生致命的人類感染個案。醫管局

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

我們亦就沙士的康復病人制訂及實施全面跟進計劃，關注他們可能出現的併發症、功能障礙及心



Centre to nourish staff's personal growth

The Hospital Authority's Centre for Personal Growth and Crisis Intervention - *Oasis* - provides personal counselling services to staff. During the year, these services included post-SARS support by clinical psychology professionals for staff affected by SARS and their families.

As well as regular seminars and training workshops, *Oasis* provides sessions where professionals share their experiences and explore different personal growth strategies.

心靈綠洲 疫後支援

為向員工提供照顧心靈的服務，醫管局成立「心靈綠洲」（個人成長及危機處理中心）。中心不時舉辦講座及培訓，邀請各界專業人士，分享人生體驗，探討培育個人成長的方法。年內，中心亦為受沙士影響的員工及其家屬提供持續的疫後支援，安排專業人員提供臨床心理服務。

遂根據新的應變計劃，啟動黃色警示，歷時達四個月，以保持高度警覺監察疾病及隔離懷疑個案，並重新檢定及加強實驗室的安全。同時，我們利用政府特別設立的員工培訓及福利基金，舉辦700多節感染控制培訓。藉著醫管局與其他政府部門通力合作，香港幸而未受影響。

在臨床方面，前線臨床人員積極參與就沙士病人

理狀況。對受影響的員工及其家屬，我們為他們提供持續的疫後支援，包括醫管局「心靈綠洲」心理輔導服務。醫管局及政府亦與社區機構合辦了多項員工獎勵及福利計劃，以表揚員工抗疫的出色表現。

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

Recognising the need for greater involvement of the private sector in epidemics, the Authority also stepped up communication with the Private Hospital Association and various professional organisations to map out future strategies. New initiatives included maintaining specific web pages for infectious disease outbreaks and public-private interface in the HA Internet website to facilitate information flow; training to private practitioners on infection control, clinical practices and laboratory safety; planning for surge capacity in the private sector to help out during an epidemic; and mobilising the private sector in disease surveillance. The Visiting Medical Officer scheme was further taken forward to enhance its effectiveness in reducing hospital admissions and enhancing infection control capabilities in old age homes.

Internally, the opportunity was also taken to review weaknesses of the organisation exposed during the SARS epidemic. It was recognised that inadequacies existed in internal and external communication, human resource management capabilities, and that the top executive layer was simply too thin after years of stringent savings and downsizing. Plans were formulated to strengthen these functions through appropriate recruitment and training.

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

Overall activities

The SARS epidemic brought about a notable reduction in the whole range of the Authority's activities in 2003/04, except general outpatient activities because of the takeover of general outpatient clinics from the Department of Health during the year. Our hospital system handled around 975,383 inpatient and day patient discharges and deaths, 1,828,729 accident and emergency attendances, 7,644,511 specialist outpatient attendances and 4,297,848 general outpatient



attendances. Besides the epidemic itself, measures adopted under the Yellow Alert period after SARS, suspension of a significant number of beds to facilitate the enhancement of isolation facilities, as well as introduction of new fees and charges contributed to the decrease in activities.

Operating in context of the SARS outbreak and its after-effects on Hong Kong's social, economic, political and healthcare environment, the Authority continued to

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

但立法會仍決定成立獨立的「專責委員會」，展開另一輪調查。醫管局這次須投入更多人力物力，回顧事件中每個細節，應付漫長的研訊過程。調查工作在本財政年度末尚未完結，然而，調查最終引發了香港醫療界的劇變。

整體服務

2003/04 年度沙士一疫，令醫管局全線服務有顯著縮減，惟普通科門診服務除外，因醫管局於年內



Sustainable development of evidence-based Traditional Chinese Medicine In the past year, the Hospital Authority set up evidence-based Chinese Medicine Clinics in three hospitals (Tung Wah, Yan Chai and Alice Ho Miu Ling Nethersole Hospitals) to support Government policies on developing Traditional Chinese Medicine. An evaluation has already been completed on the operations of these clinics.

實證科研 鞏固中醫藥持續發展

醫管局為配合特區政府發展中醫藥的方向，年內在東華醫院、仁濟醫院和雅麗氏何妙齡那打素醫院設立三家以實證科研為本的中醫門診診所，並已為中醫門診診所的運作成效作出評估和編寫報告。

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

儘管政府「沙士專家委員會」及醫管局「沙士疫症檢討委員會」已於 2003 年 10 月發表報告書，

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

organise its improvement initiatives for 2003/04 under a planning framework comprising the following five major directions:

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

Under these five strategic directions, the Authority initiated a total of 238 improvement targets during the year to maintain its service level and enhance service quality with a view to meeting the community's demand for public healthcare services. All these targets were achieved with results either in line with or exceeding the original targets except for eight, which were partially achieved or deferred to 2004/05 because of changed circumstances.

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

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

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

To improve health status of the population, population-oriented health programmes such as smoking cessation and other disease prevention campaigns were launched in collaboration with the Department of Health and other non-government organisations. In support of the Government's cervical cancer screening programme, the Authority had formulated and implemented a shared care plan with other healthcare providers on the

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

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

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

社區導向服務模式：提升體制效益及改善人口健康

醫管局在過往已有的基礎上，繼續發展社區導向的服務模式，進行跨部門及跨機構協作，以公眾



Recovered mental patients better prepared to integrate into the community

After an earlier pilot project on helping patients recovered from mental illness return to the community, the year under review saw further development of the *EXITERS* (Extended care patients Intensive Treatment, Early diversion and Rehabilitation Stepping stone) programme.

This helps recovered patients leave hospital and integrate as readily and as fully as possible into society. Already some 100 hospital patients have been discharged through *EXITERS*.

毅置安居 促進康復 重投社會

醫管局在上一年度推出精神病患者重投社會試驗計劃，讓病人早日重返社區。年內繼續發展精神病患者重投社會計劃，加強為精神病患者而設的「毅置安居計劃」，協助康復病人早日融入社區，重過正常生活。目前，已有逾100名病人透過此計劃出院。

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

及市民健康為先，提升服務效益。在2003年7月順利接管衛生署餘下59間普通科門診診所後，醫管局的服務網絡大為擴展，有利發展多元化基層醫療，以及將基層與中層服務整合。藉著在普通科門診發展資訊科技基礎設施，我們可更有效推動家庭醫學的發展。我們加強為家庭醫學受訓醫生提供社區專科培訓，並推行借調計劃，以便他

provision of follow-up care for patients referred from the programme. The initiative of setting up three research-oriented Chinese Medicine Clinics and a Clinical Toxicology Laboratory was implemented ahead of schedule to promote evidence-based Chinese Medicine practices.

To strengthen support to ambulatory and community care, the Authority had standardised a number of patient teaching kits on diabetes, respiratory, hypertension, cardiac, stroke and renal care for promoting the self-

elderly persons with depression and suicidal risk. Guidelines for handling elder abuse cases had been formulated with plans to promote awareness and training in the coming year.

In 2003/04, the Authority continued to draw on the resources available in the community through collaboration with external agencies. Collaboration projects were launched with 25 community partners to strengthen allied health services provision in the social service sector. In addition, a group of 34 Community



care ability of patients and community carers. Significant progress was achieved for the Extended-care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone (EXITERS) Project during the year. A total of 223 patients were recruited for the Project and its target of discharging 100 patients was exceeded by more than 25%. The Elderly Suicide Prevention Programme was extended to the Hong Kong West and Kowloon East Clusters to achieve territory-wide coverage for early assessment and treatment of

Rehabilitation Practitioners were recruited and allocated to the clusters for training and service provision. The Community Geriatric Assessment Teams of the Authority collaborated with the Department of Health's visiting health teams to pilot an integrated approach in providing outreach services to old aged homes. A proposal was presented to the Health, Welfare & Food Bureau and the Social Welfare Department with plans for piloting infirmary care in non-hospital setting in 2004/05.

們到社區老人評估小組、急症室、紓緩治療科、精神健康診所及衛生署的老人健康中心與母嬰健康院接受培訓。年內，我們聘請了38名醫科畢業生參加新設的全科醫療執業實習計劃。

為改善市民健康，我們與衛生署及志願機構合辦切合市民需要的健康計劃，如戒煙及其他疾病預防計劃。為響應政府推行的子宮頸癌檢驗計劃，醫管局聯同其他醫護機構制訂及推行共

顧者的能力。年內，協助精神病患者重投社會的「毅置安居計劃」，取得顯著進展。我們共招募了223名病人參加計劃，並以100名病人出院為目標，結果出院人數超出25%。「防止老人自殺計劃」亦進一步推展至港島西及九龍東聯網，為患有抑鬱及具自殺傾向的老人提供早期評估及治療，該計劃的服務網絡已遍及全港。我們亦制訂了老人受虐個案的處理指引，並計劃在來年進行宣傳及舉辦培訓。



Innovative ways maximize resources

Central Food Production Units serving groups of hospitals now use cook-chill technology - a revolutionary approach to streamlining catering services. There are also plans to launch a pilot public-private food services partnership.

Such enhanced productivity programmes are typical of the prudent approach the Hospital Authority brings to the deployment of scarce resources.

創新思維 資源增值

醫管局一直奉行審慎理財的原則，透過資源增值計劃，更有效善用物資。膳食方面，由中央食品製作組為多家醫院提供服務，使用速凍科技煮食，運作行之有效，將會推行膳食供應公私營合作先導計劃，為醫院提供膳食，以達更佳成本效益。

同護理，以照顧計劃所轉介的病人。設立三間科研為本中醫診所及一間臨床毒理學化驗室的計劃，較原定時間提前完成，以促進實證中醫藥服務的發展。

為加強日間及社區醫療的發展，醫管局統一糖尿病、呼吸系統病、高血壓、心臟病、中風及腎病護理的病人教育配套，以提升病人自理及社區照

在2003/04年度，醫管局繼續與外界機構合作，善用社區現有資源。我們與25個社區夥伴舉辦協作計劃，加強在社會服務機構提供專職醫療服務。此外，我們聘請了34名社區康復治療師，並派調到各聯網提供培訓及服務。醫管局的社區老人評估小組亦與衛生署的醫療探訪隊合作，試行為護老院提供綜合外展服務。我們已向衛生福利及食物局和社會福利署提交建議，在2004/05年度試行在非醫院環境提供護養服務。

Enhancing performance to overcome challenges

To address the resource issue, the Authority continued to strive for better organisational productivity and performance through cluster management reform during the year. The evolving cluster management structure was used as a platform for effective service rationalisation and consolidation both in clinical and non-clinical areas. Reviews had been conducted on the cluster finance, human resources and administrative

support strategies, as well as development of information technology infrastructure. During the year, the number of beds in the seven hospital clusters was right-sized by 1,200 in line with the Authority's direction to shift more hospital-based services to ambulatory and community care. In addition to the provision of step down care at integrated clinics, a step down arrangement for treating stable psychiatric patients at general outpatient clinics was piloted in the Kowloon West and New Territories West Clusters.

Enterprise Resource Planning (ERP) system to achieve further enhancements

During the year, the Hospital Authority conducted an encouraging study into the feasibility of introducing an Enterprise Resource Planning (ERP) system, and is now actively planning for ERP implementation. ERP, a management concept as well as a technology, significantly improves organization effectiveness and efficiency by integrating systems and sharing information among such functional divisions as finance, human resources and supply chain management.

策略規劃 提升資源管理效益

醫管局在年內進行機構資源規劃系統可行性研究，結果令人鼓舞。機構資源規劃是一種管理概念和科技，透過在不同功能組別的協作，例如財務、人力資源、供應鏈管理等，利用綜合電腦系統及共用資訊，來提升機構的效率及效能；本局現正積極策劃開展機構資源規劃系統。



functions to improve overall system efficiency. A study on the organisational effectiveness of various cluster nursing management structures was also completed and reports compiled for staff consultation. The Linen Production Unit was closed and its budget decentralised to clusters to achieve greater efficiency.

In 2003/04, productivity savings were generated from a variety of sources, including change of service model, implementation of human resources and business

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

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

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

As at May 2004 截至 2004 年 5 月

Notes:

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

備註：

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

提升表現 克服挑戰

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

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

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

在 2003/04 年度，我們加快推行業務支援服務的理順計劃。在更完善的資訊系統協助下，我們可進行更有效的採辦、訂購及合約安排，年內達至的措施包括有：重組總辦事處採購及物資

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

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

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

Enhancing healthcare system sustainability

Following the principles of shared responsibility and target subsidies to areas of greatest need, the Authority



implemented a variety of programme initiatives in 2003/04 to promote the sustainability of our public healthcare system. With assistance of the necessary operational and information technology systems, a revised public hospital fees and charges structure was implemented at beginning of the year together with an enhanced waiver mechanism to better target the available public resources to those in need. A review conducted in the year end indicated that attendances at the Accident & Emergency Departments had decreased by about 19% compared with corresponding figures in the previous year due to

管理職能、蟲鼠防治服務採用大宗合約安排、在選定醫院試行由供應商管理縫線的存貨及採用定期保養合約、購置大型放射儀器及被服用品供應採用全包方案、就冠狀血管成形術的常用消耗品擬訂規格認可產品名單，以及劃一病人自購醫療用品的採購程序。為加強業務支援服務，各項資訊系統進一步推展，如營養及膳食管理系統、管理昂貴及高風險醫療消耗品的條碼支援系統、電子採購申請系統，以及支援非緊急救護車載送服務的自動派遣系統。此外，透過

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

確保醫療體制持續發展

根據共同分擔及集中資助最需要者的原則，醫管局在 2003/04 年度推行多項措施，促進公立醫療



雙向交流 聆聽病友心聲

醫管局一向非常重視病友對醫院服務的意見，管理人員定期與病人組織代表會面交流，直接聽取病友對服務發展的關注，共同努力改善公營醫療服務的質素。年內，更先導性出版「關懷短訊」，將局內最新服務發展迅速發放，定期讓病友盡快掌握第一手資料。

Patients' views solicited through 2-way communications

The Hospital Authority values patients' opinions, meeting regularly with patient groups to discover at first hand what patients think about service development.

Such direct exchanges go a long way in helping to improve the quality of public medical services. A pilot newsletter "CarePlus" has been initiated to update patients on the development of new services.

與機電工程營運基金達成更物有所值的服務協議，機電及生物醫學工程服務取得的生產力節省約達 1,000 萬元。

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

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

a significant reduction in the number of non-urgent and semi-urgent cases after the fees revision. The fees and charges for private patients in public hospitals had also been revised in accordance with the no subsidy and cost-plus principle in the third quarter of 2003.

To support Government in the formulation of longer-term healthcare financing options, the Authority initiated a feasibility study on the setting up of a subsidised medical insurance scheme for selected groups who might have means to seek treatment in the private sector. A business model framework for the proposed scheme was developed in December 2003 and the Authority Board's approval had subsequently been obtained to conduct Phase 2 to Phase 4 of the study concurrently in the coming year.

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

Prioritisation of public healthcare services could not have been more important at this time of increasing resource constraints. In 2003/04, the Authority conducted a thorough review of the scope and goals of its Community Geriatric Assessment Service with a view to targeting the available resources at the most needy areas in coming years. A standardised triage system with objective prioritisation criteria was implemented at the Psychiatric Specialist Outpatient Departments. Efficiency of the new Specialist Outpatient and Allied Health Appointment Booking System was improved to avoid duplication of bookings. Cluster clinical ethics committees were established to address priority issues such as liver transplant, physical



restraint, and interface of Chinese Medicine and Western Medicine, under guidance of the Central Clinical Ethics Committee. A central mechanism was established to manage and control the introduction of new technologies with significant resource implications. To dovetail with the Government's population-based funding mechanism and the Authority's strategic directions, a new population-based internal resource allocation system was formulated and implemented to encourage hospital clusters to focus on the development of community-oriented services to improve population health.

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

由於有迫切需要改善公私營醫療使用的失衡情況，醫管局加強推動公私營機構在醫療方面的銜接。各醫院聯網已推行出院病歷簡報計劃，提供病人的住院及門診資料，方便病人轉往私家醫生求診。

知識及技能，協助他們為有經濟能力的病人提供更多服務。

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



Lifelong education the way forward for health care workers

Particularly as the role of community nurses is further strengthened, health care workers must engage in lifelong education to keep abreast with the times. Currently, nearly 60 % of nurses in public hospitals have degrees, with more than 400 holding master's degrees.

During the year, the Hospital Authority employed some 500 registered nurses. It plans to recruit 400 nurses in the coming year.

持續學習 提升專業知識技能

配合社區導向服務模式的整體發展方向，社康護士的角色將進一步強化。護理專業人員必須終身學習，才能與時並進；現時公立醫院護士中取得學士學位的差不多佔六成，另有約400名擁有碩士學位。醫管局於年內共聘請約500名註冊護士，並計劃在來年增聘400位護士。

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

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

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

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

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

of survival rates. Surveillance on infectious diseases was strengthened by implementing a central mechanism for analysis of antibiotic resistance data. A joint infectious disease service team comprising physicians and microbiologists was set up in each hospital cluster to achieve better coordination in the prevention and treatment of infectious diseases.

To assure professional accountability and quality of care, the Authority conducted clinical audits in selected areas throughout the year. The clinical audits completed in 2003/04 included those performed on the risk adjusted performance standards for Cardiac Catheterisation Laboratories, two Obstetric & Gynaecology procedures, three major types of surgical operations, and the practices for blood transfusion, pressure sore prevention, indwelling urethral catheter care and Community Nursing Service. An audit was also initiated to investigate the feasibility of developing a prospective data capturing mechanism for risk adjusted surgical outcome measurement.

To promote the total quality concept and continuous quality improvement, the Authority emphasised the further development of the Clinical Management System and electronic Patient Record to support clinical decision making, hospital operation and service delivery. During the year, Phase II of the Clinical Management System was implemented in all acute and non-acute hospitals to enhance its functions. The Clinical Data Analysis and Reporting System was developed to support analysis of outpatient and laboratory data. Phase I of the Operating Theatre Management System was rolled out to facilitate the planning and utilisation of scarce theatre resources. The Blood Transfusion Service and Hospital Blood Banks Networking System was installed to improve operations of the Service. The Medical Records Tracing System was piloted in the Hong Kong East,

發展質素為本文化：釐訂服務優次、 強調臨床管治

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

醫管局在現有服務分布系統的穩固基礎上，全力改善第三及第四層臨床服務網絡，將高度複雜及用量低的專科服務，統合在數間指定中心提供，以確保質素及成本效益。我們亦制訂轉介常規及指引，統一治療模式，並協助臨床人員就特定病況選擇最有效及適切的療法。在 2003/04 年度，我們制訂了臨床常規／標準，以助急性心臟病、急性中風及精神分裂治療的服務發展及評估，並理順腦科康復及紓緩治療服務。2003 年 7 月，我們設立肝臟移植中央名冊，將這項高尖服務整固，集中在一個移植中心進行，確保服務質素。此外，經完成對創傷病人傷勢影響的分析後，我們制訂了病人抵院前轉送其他就近醫院的指引，而癌病登記冊亦加強了有關乳癌資料的收集，以助分析存活率。我們亦設立了抗生素抗藥性資料分析的中央機制，以加強對傳染病的監控。各醫院聯網已成立傳染病監控聯合隊伍，由醫生及微生物學家組成，以加強協調對傳染病的防治工作。

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

為提倡全面質素概念及持續質素改善，醫管局著力推展臨床管理系統及電子病歷紀錄，以支援臨床決定、醫院運作及服務提供。年內，所有急症及非急症醫院已實施第二期臨床管理系統，以提升系統功能。我們亦發展臨床數據分析及匯報系統，以助分析門診及化驗資料。第一期手術室管理系統亦推展應用，以助規劃及善用有限的手術室資源。另外亦已實施香港紅十字會輸血服務與醫院血庫的網絡系統，以改善香港紅十字會輸血服務的運作。港島東、九龍西及新界東聯網已試行醫療紀錄追查系統，以助醫療紀錄管理。此外，為電子病歷紀錄的全面實施作準備，我們採用了健康第七階標準，提升臨床數據庫及資料庫的內容。同時，我們編訂了臨床資料政策手冊，確保資料保密及安全。我們亦檢討了徵取病人同意進行治療的過程及工具，並修訂同意表格，向病人提供充足資訊，以協助他們作出醫療決定。

為貫徹對環保的承諾，醫管局於 2003/04 年度制訂及實施聯網呈報系統，以監察醫院聯網在能源

Kowloon West and New Territories East Clusters to facilitate medical records management. To pave the way for the development of a full-scale electronic Patient Record, contents of the clinical data repository and data warehouse were upgraded with implementation of the Health Level 7 standard. In addition, a clinical data policy manual was compiled to ensure data privacy and security. A review of the informed consent process and tools was conducted and the consent forms revised to provide patients with adequate information for making care decisions.

To honour its commitment to environmental protection, the Authority developed and implemented a reporting system for hospital clusters to monitor their performance in energy and utilities management in 2003/04. During the year, six public hospitals achieved the Gold WasteWise status and 21 received the WasteWise logo under the WasteWise Accreditation Scheme.

Building human resource capability and rewarding performance

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

In an effort to foster a performance-oriented organisational climate, the Authority continued to develop core competencies for its various grades of staff. During the year, core competency sets were formulated for the allied health grades of Physiotherapists,

Occupational Therapists, Dietitian, Speech Therapists and Podiatrists. Competency-based Staff Development Reviews for Enrolled Nurses, Dispensers and Podiatrists had started following finalisation of their core competencies. Professional grade reviews were conducted for most of the allied health grades to clarify their roles and responsibilities to facilitate appointment and performance assessment. Special leave policy and arrangements for frontline workers were developed and implemented to encourage performance during the SARS epidemic.

To meet the training needs of medical graduates under a tight budget, the Authority conducted a survey on the specialist requirements of different clinical specialties at the beginning of the year and devised plans for the intake and contract renewal of the Resident doctors in various specialist training programmes. A framework of Programme Directors was set up in different specialties to provide career guidance and counselling for the specialist trainees. Information about the development opportunities for trainees in both the public and private sectors was disseminated regularly through career talks and a dedicated website.

To support its continuous learning culture, the Authority had put into place mechanisms such as the electronic Knowledge Gateway, the e-learning programme and the professional training programmes offered by the Institute of Health Care. Apart from the in-house programmes, arrangements were made for staff members to attend training courses organised by other local and overseas institutions. In 2003/04, 237 registered nurses and 115 enrolled nurses were sponsored to take degree/diploma conversion courses in tertiary education institutes. A total of 55 registered nurses were sponsored to undertake post-basic psychiatric nursing programmes to enhance their

及設施管理方面的表現。年內，六間公立醫院獲得「明智減廢計劃」金標誌，21間獲得「明智減廢計劃」標誌。

裝備人力資源及獎勵表現

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

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

在緊縮的預算下，為應付醫科畢業生的培訓需求，醫管局在年初向各臨床專科調查專科醫生的需求，並為各項專科醫生培訓計劃訂定招聘及續聘駐院醫生的方案。各專科均設立了課程總監，以便為專科受訓醫生提供職業指引和輔導。透過就業講

座及專設網頁，我們定期向公私營機構的受訓醫生發放專業發展資訊。

醫管局設立不同機制，以推廣持續學習文化，如電子知識通道，電子學習課程及醫管局進修學院提供的專業培訓。除局內培訓外，我們亦安排員工接受其他由本地及海外機構舉辦的培訓。在2003/04年度，我們贊助了237名註冊護士及115名登記護士報讀專上院校的學位／文憑轉讀課程。此外，我們贊助了55名註冊護士修讀精神科護理的深造課程，以加強他們的精神科護理能



Environmental responsibility rewarded

The Hospital Authority has always been actively promoting protection measures for environmental conservation. During the year, the Hospital Authority was awarded the WasteWise Logo by the Government. This recognised its excellent performance in reducing the amount of waste generated internally or through the provision of medical and related services. The Authority was also commended on its efforts and contributions to environmental protection.

環保承擔 取得殊榮

本局在促進優質醫療的同時，亦積極推行環保措施，為保育環境作出貢獻。年內，本局喜獲香港特別行政區政府環境保護署頒發「明智減廢標誌」，嘉許及表揚本局醫院在減少內部及由服務產生廢物的卓越表現，以及對環保作出的努力和貢獻。

psychiatric nursing competencies. An integrated multi-disciplinary training programme for healthcare professionals was organised to facilitate skill transfer and delivery of integrated clinical services in hospital and community settings. A common Continuous Professional Development (CPD) framework for Medical Social Workers, Audiologists, Dietitians and Clinical Psychologists was also developed to encourage CPD activities of the allied health staff.

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

Conclusion

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



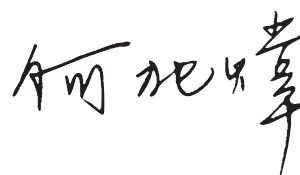
Dr William Ho, JP
Chief Executive

力。我們又為醫護人員舉辦跨專科的綜合培訓課程，促進技能交流，以便他們在醫院及社區提供整合的臨床服務。我們亦為醫務社會工作員、聽力學家、營養師及臨床心理學家設立共通的持續專業發展架構，鼓勵專職醫療人員參與持續專業發展。

面對不斷轉變的機構環境，醫管局明白有必要加強與員工的溝通，令決策透明，以及處理員工關注的各項人力資源問題。年內，我們制訂溝通策略，以便向員工有效發放重要的機構訊息，計劃已得到人力資源委員會通過。我們並以「自我提升，面對轉變」為題，推出一連串持續計劃，協助員工互相支援，面對各種轉變。我們又成立了員工健康策導委員會，與聯網有關的委員會合作，舉辦不同活動，推廣員工健康。有關職業安全的健康檢查清單及安全計劃亦已制訂，用以在公立醫院推廣職業安全。屯門及葵涌社區已相繼獲世界衛生組織評定為安全社區，我們現正在另外兩個社區進行籌備工作，以期達至同一目標。醫院管理局公積金計劃在2003年4月經修訂信託契約後，我們推出了選擇計劃，讓成員加入。在更完善的人力資源／薪酬系統支援下，由2003年6月起，各成員已可就個人的公積金作出投資選擇。

結論

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



醫院管理局行政總裁

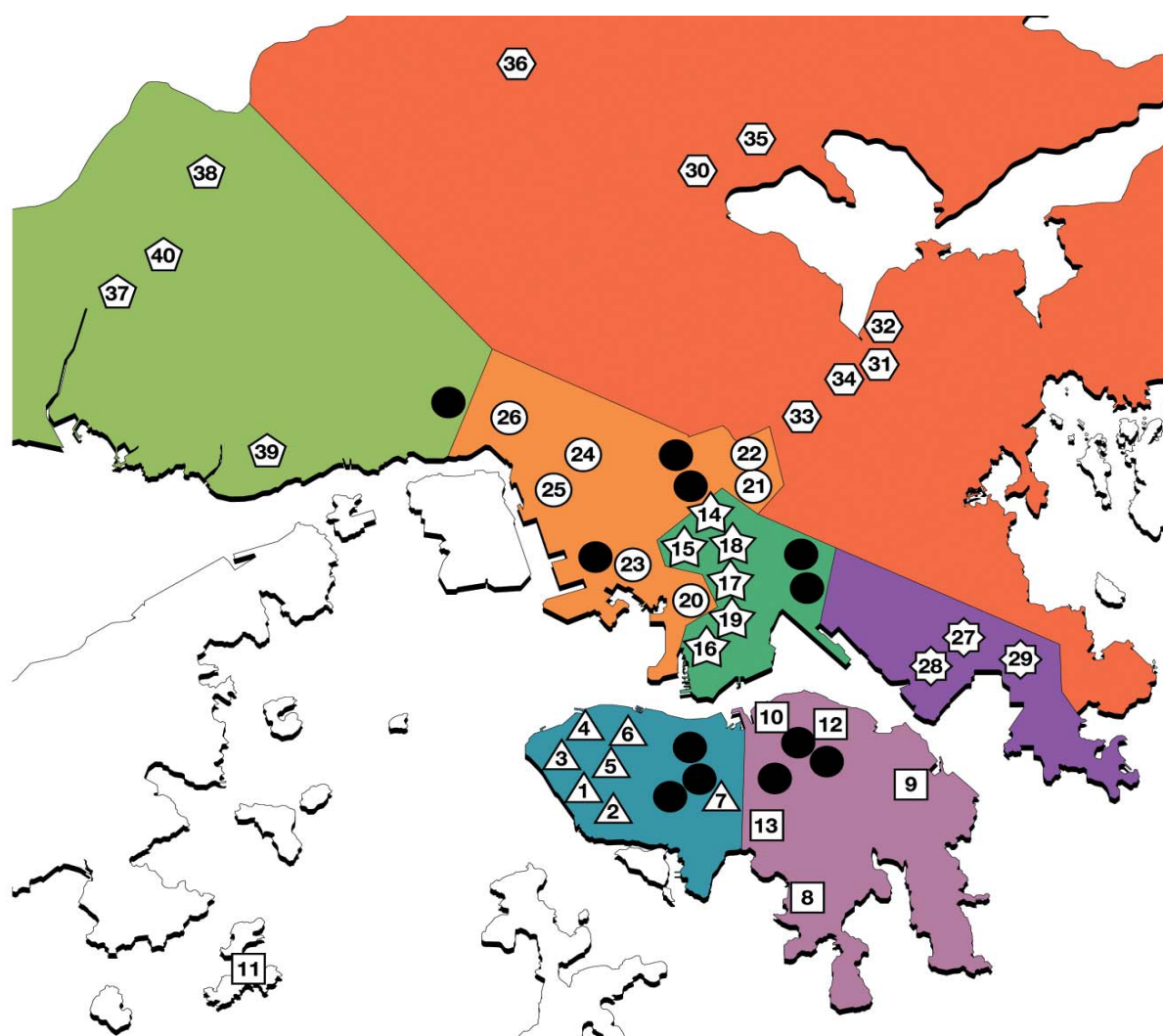
何兆煒醫生

Text from "Chief Executive's Overview"
Hospital Authority Annual Report 2003/04.
原文見醫院管理局 2003/04 年報《行政總裁匯報》



Distribution of Public Hospitals, Institutions and Private Hospitals

公立醫院，醫療機構及私家醫院的分布圖



● Private Hospital 私家醫院

HONG KONG WEST 港島西

- 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 東華三院馮兆敬醫院
- ⑥ Tung Wah Hospital 東華醫院
- ⑦ Grantham Hospital 葛量洪醫院

HONG KONG EAST 港島東

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

KOWLOON CENTRAL 九龍中

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

KOWLOON WEST 九龍西

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

KOWLOON EAST 九龍東

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

NEW TERRITORIES EAST 新界東

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

NEW TERRITORIES WEST 新界西

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

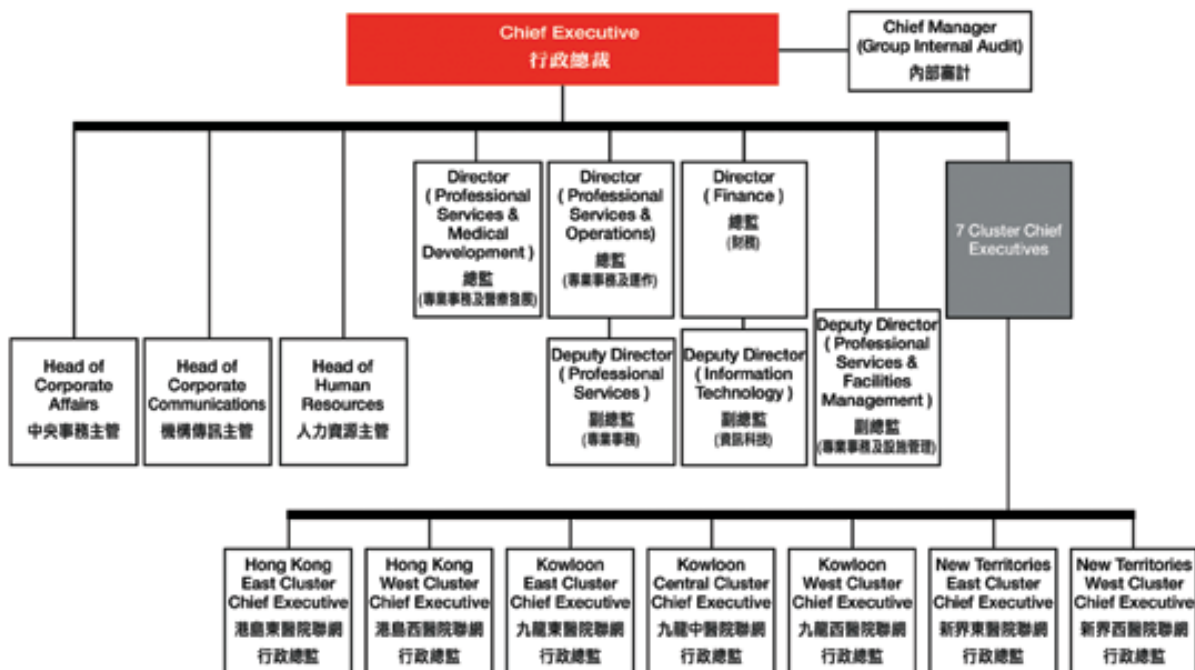
Hospital Authority Structure and Organization

醫院管理局組織架構



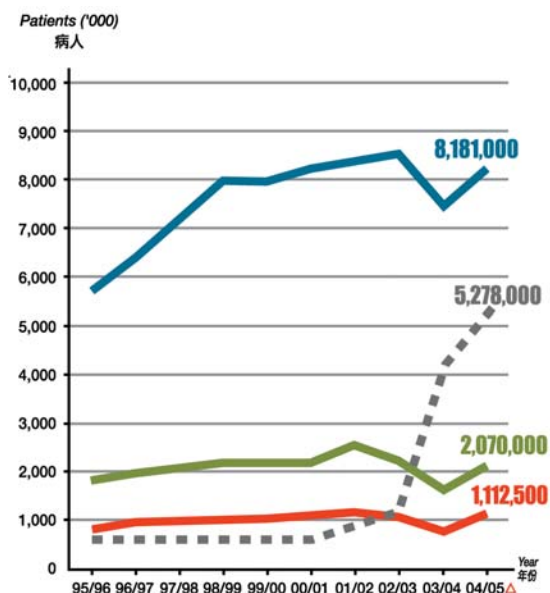
Executive Management

行政管理層



Hospital Authority Services

醫院管理局服務



△ Estimated figure 預測數字

* In 2003, HA took over all the General Out-patient Clinics from the Department of Health.

2003年醫管局自衛生署接管了所有普通科門診診所

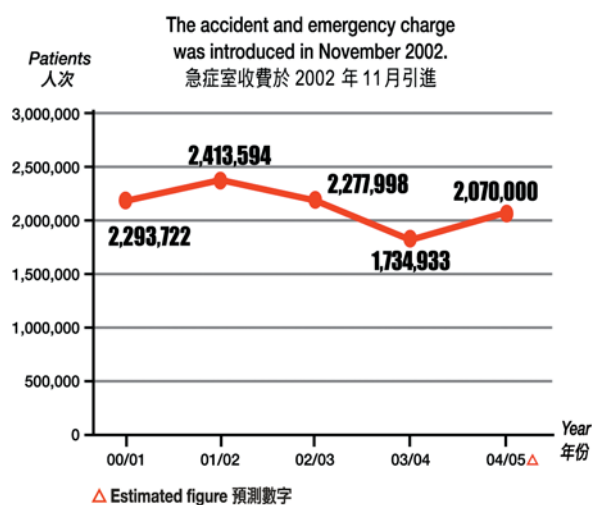
Services 服務	In-patient and Day-patient Discharges & Deaths 住院及日間病人出院及死亡總人次	Specialist Out-patient Attendances 專科門診總求診人次	General Out-patient Attendances 普通科門診總求診人次
Year 年份			
2000/2001	1,165,967	8,260,337	813,710
2001/2002	1,208,427	8,543,360	887,328
2002/2003	1,198,103	8,753,765	1,264,923
2003/2004	975,381	7,645,651	4,301,386
2004/2005	1,112,500	8,181,000	5,278,000

△ Estimated figure 預測數字

As of 2004 截至2004年

Number of Attendances at A&E

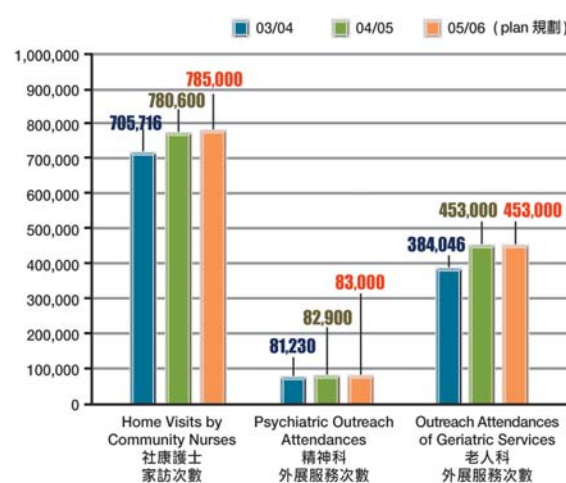
使用急症室人次



As of 2004 截至2004年

Rehabilitation & Outreach Services

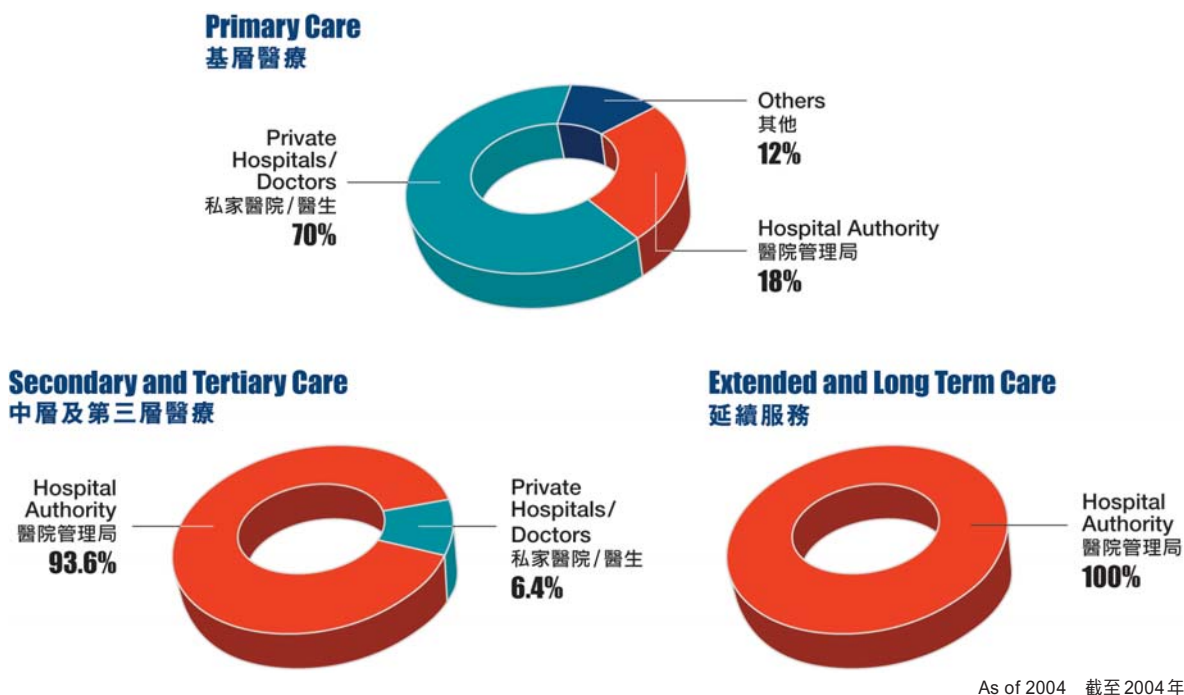
復康及外展服務



As of 2004 截至2004年

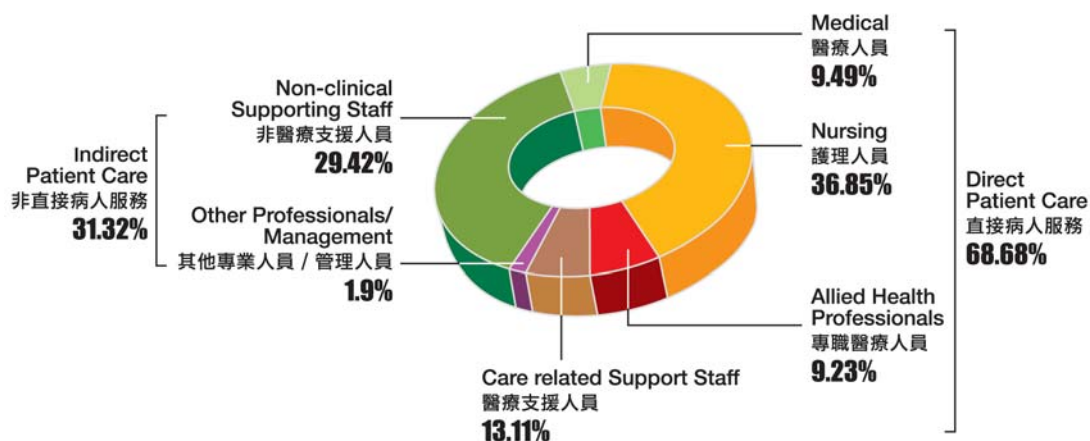
3-level Healthcare Structure in Hong Kong

香港醫療服務的三層架構



Manpower of Hospital Authority

醫院管理局醫療人力資源

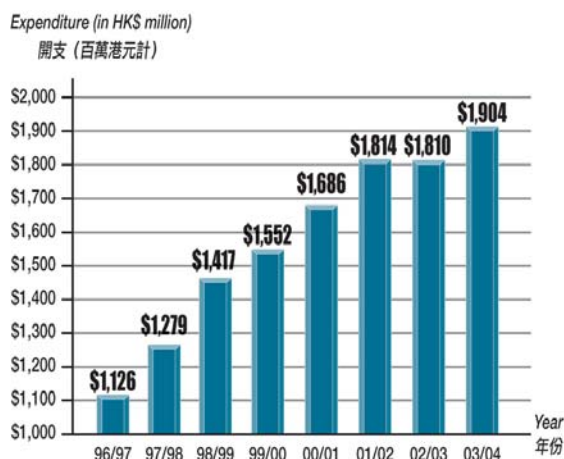


Note: As at December 2004, HA had a staff strength of 52,299 full-time equivalents.
備注：截止2004年12月，醫管局有相當於全職的僱員52,299人

As of 2004 截至2004年

Hospital Authority's Expenditure on Drugs

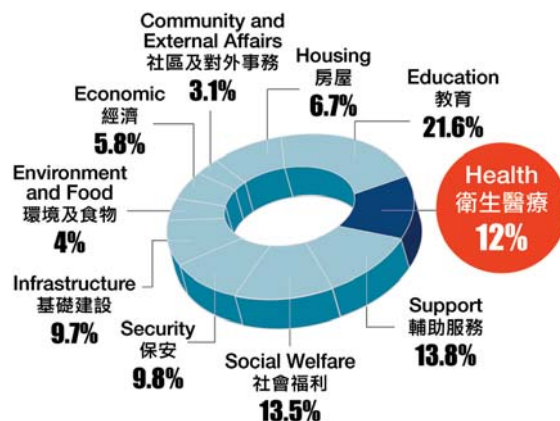
醫院管理局藥物開支



As of 2004 截至2004年

2005/06 HKSAR Public Expenditure on Health (Estimate)

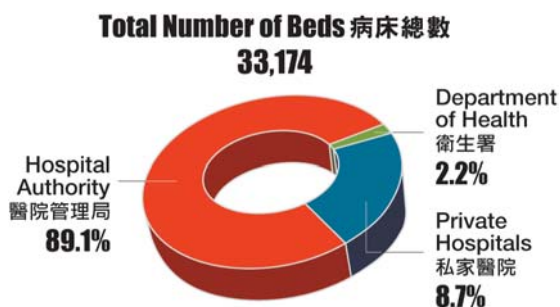
特區政府於2005/06年衛生醫療公共開支 (預算)



Source: The 2005-06 Budget
資料來源：05/06 財政年度 政府財政預算案

Distribution of Hospital Beds

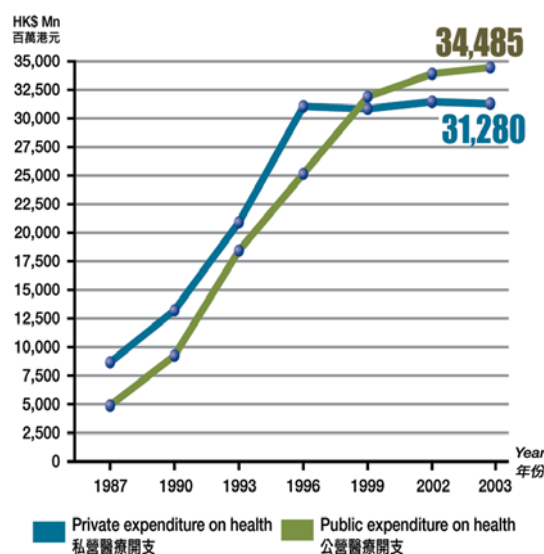
醫院病床分布



As of 2003 截至2003年

Medical and Healthcare Expenditure

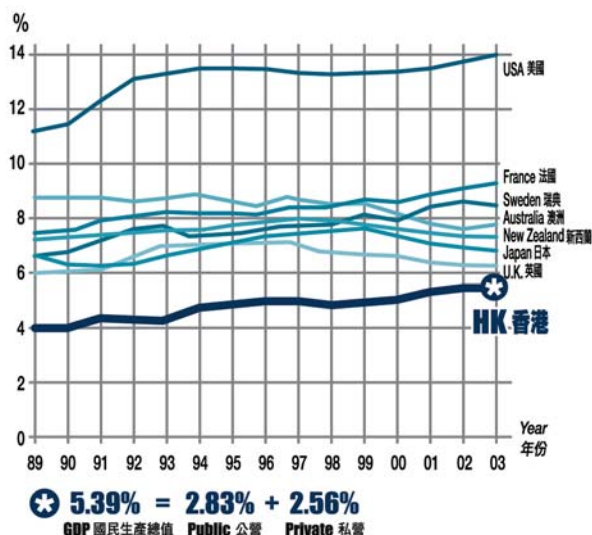
衛生醫療開支



As of 2004 截至2004年
Source: Census and Statistics Department 資料來源：政府統計署

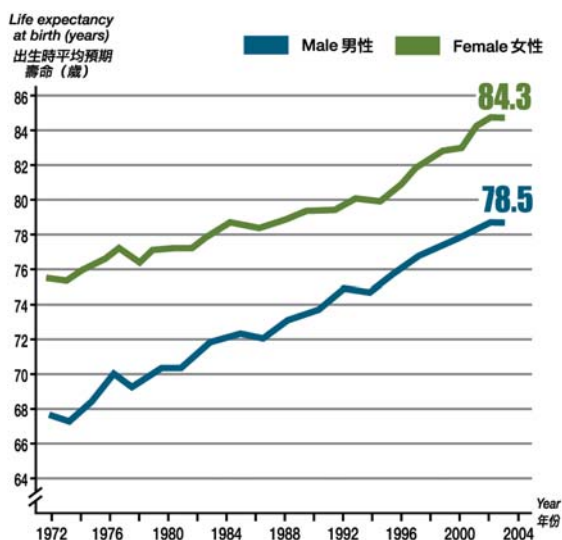
Health Service Expenditure as Percentage of GDP

醫療服務開支佔國民生產總值百分比



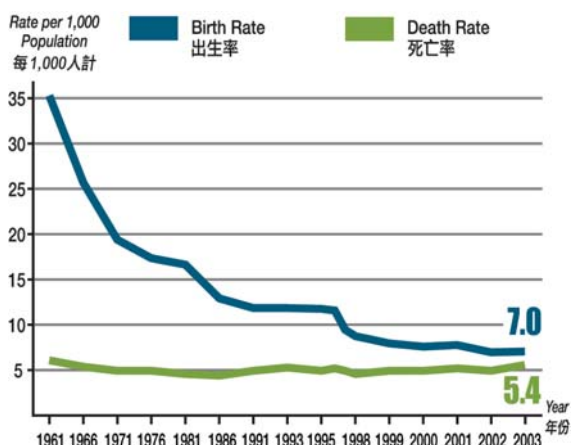
Life Expectancy at Birth

出生時平均預期壽命



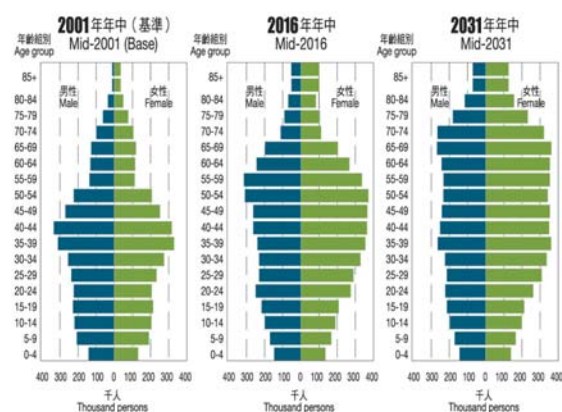
Rates of Births and Deaths

出生率及死亡率



Mid-Year Population Age Pyramid

人口增長及人口老化情況





Chairman's Foreword 主席序言	2
Role, Mission, Corporate Vision, Corporate Governance and Environmental Policy Statement of the Hospital Authority 醫管局的任務、宗旨、整體目標、機構管治及環保政策宣言	6
Board's Overview 大會匯報	36
Chief Executive's Overview 行政總裁匯報	42
Overview of Work by Cluster Chief Executives: 聯網總監工作概述	
• Hong Kong East Cluster 港島東醫院聯網	76
• Hong Kong West Cluster 港島西醫院聯網	84
• Kowloon East Cluster 九龍東醫院聯網	92
• Kowloon Central Cluster 九龍中醫院聯網	98
• Kowloon West Cluster 九龍西醫院聯網	104
• New Territories East Cluster 新界東醫院聯網	110
• New Territories West Cluster 新界西醫院聯網	118
Appendices 附錄	128
Auditors' Report 核數師報告	193
Audited Financial Statements 經審核的財務報表	204

This CD-ROM contains
the full version of the Hospital Authority Annual Report 2003-2004.

To request a print copy of the Annual Report ,
please contact the Authority :
Tel : 2300 7159 email : hapublicviews@ha.org.hk



光碟載有醫院管理局 2003-2004 年度年報
如欲索取印刷本，請聯絡醫院管理局：
電話：2300 7159 電郵：hapublicviews@ha.org.hk

Please visit HA InfoNet : <http://www.ha.org.hk> for further information on Hospital Authority
如欲了解更多醫管局資料，請登醫管局資訊網：<http://www.ha.org.hk>

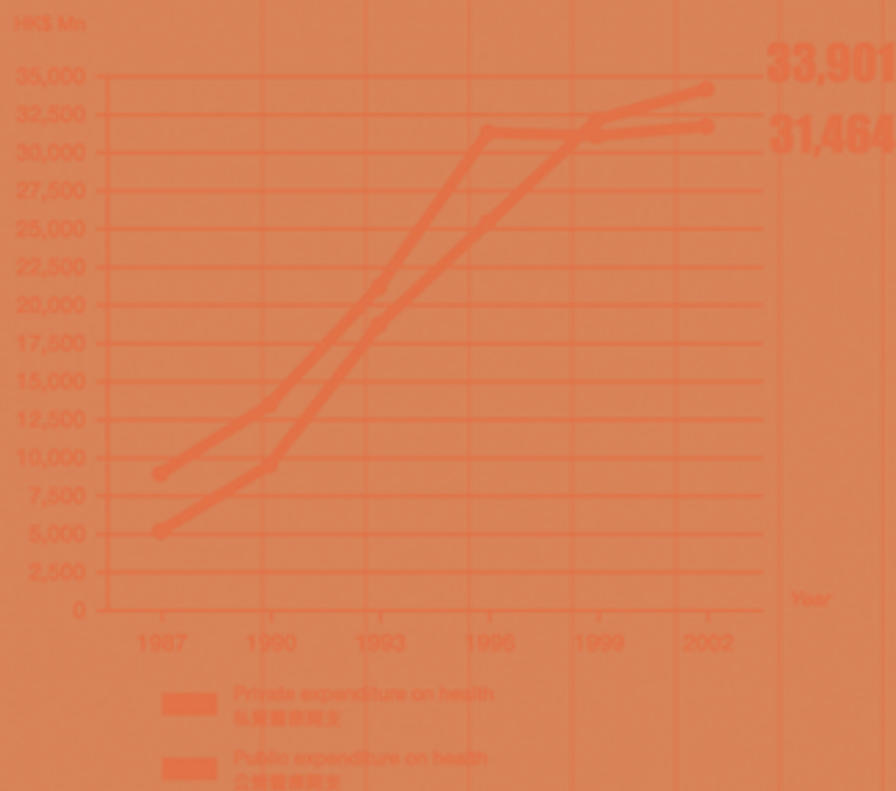
Non-clinical
Supporting Staff
非醫療支援人員
29.64%

Other Professionals/
Management
其他專業人員 / 管理人員
1.88%

Medical
醫療人員
9.41%

Nursing
護理人員
36.91%

Allied Health
Professionals
 allied 醫療人員
9.32%



Published by Hospital Authority
醫院管理局編印