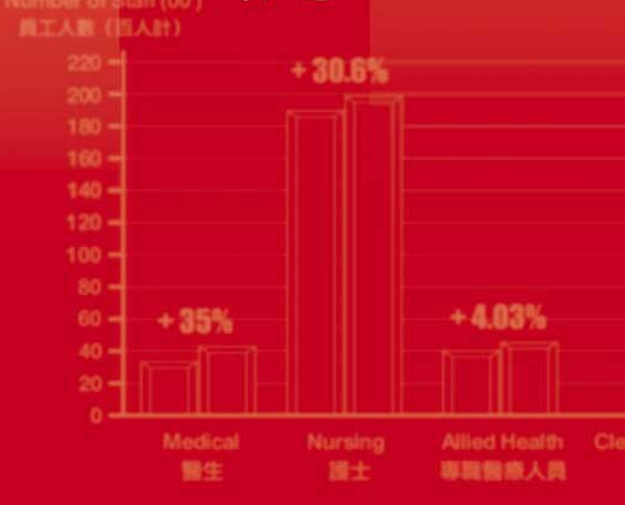
HA in Focus 醫管局透視

醫訊一覽 Healthcare Facts & Figures

年報 Annual Report 2002 – 2003

醫院管理局
HOSPITAL AUTHORITY



HA in Focus 醫管局透視

HA in Focus, containing the Hospital Authority's 2002/03 Annual Report and the latest healthcare facts and figures, highlights the Authority's major initiatives and reports on its finances. It seeks to keep the public fully informed in a transparent and accountable manner about the full range of the Authority's work in the Hong Kong healthcare arena.

《醫管局透視》備有醫院管理局年報，介紹醫管局去年的主要工作項目和財政報告，並列載最新的醫療資料和數據，使讀者對香港的醫療服務現況一目了然。透過出版這份刊物，醫管局向公眾交代其運作詳情，以體現透明度和問責性。

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Moving towards a Sustainable Future

疫境自強 延展新路

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

Towards the end of 2002/03, Hong Kong was hard hit by a new epidemic named Severe Acute Respiratory Syndrome (SARS). The disease was so novel and elusive that it came to the kill with such rapidity whilst we were not quite prepared for it. It was heartbreaking to witness some 1,755 victims of the disease being admitted to our hospitals within weeks, many of them were our own staff who acquired the infection through unreservedly treating their patients. During those days, I had the

Dr C H Leong appointed 4th HA Chairman

In October 2002, Dr Lo Ka-shui (right) was succeeded as Chairman of the Hospital Authority (HA) by Dr C H Leong (left). Dr Leong is a respected healthcare professional with a wealth of relevant knowledge and active experience gained through Board membership and committee chairmanships ever since the HA was set up in 1990.

梁智鴻醫生出任醫管局第四任主席

繼羅嘉瑞醫生(右)後，梁智鴻醫生(左)於2002年10月獲委任為醫管局主席。梁醫生早在醫管局於1990年成立之前，已被委任為醫管局成員，歷年來並出任多個專責委員會主席，對領導醫管局的管理和發展貢獻良多。憑藉他的資深經驗，有利於制定日後醫管局的策略發展方向。

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

在2002/03年年底，香港遭受一種名為「嚴重急性呼吸系統綜合症」（SARS）的新疫症突襲，造成沉重打擊。這是一種殺傷力巨大的全新疫症，令人難以捉摸。疫症在我們未具足夠防範時，悄然施襲。在短短數周內，便有1,755人染病，

Swift defeat for SARS

In early 2003, the Hospital Authority teams successfully beat back SARS, thus rising to the greatest single challenge Hong Kong's public healthcare system has ever known. Their unwavering professionalism and courage over a testing three-month period helped strengthen the resolve of the entire community.

協力同心　奮勇抗炎

2003 年 SARS 疫症對香港公營醫療體系帶出史無前例的巨大挑戰。三個多月的漫長戰役，全憑醫管局全體員工堅毅意志和專業精神，加上政府、市民全力支持齊心抗疫，終於克服這場世紀疫症。

HA Board helps sustain open communications during SARS

During the 2003 SARS epidemic, a specially constituted task force of the over 20-strong Authority Board strengthened communication among the public, HA management and staff, thus effectively monitoring management and supporting front-line staff in a spirit of openness and public accountability.

SARS期間醫管局大會充當市民溝通橋樑

醫管局大會由二十多位專業及獨立成員組成，定期舉行公開會議。SARS爆發期間，大會成立專責小組，為前線提供支援，並監察管理層的工作成效，充當市民、醫管局及前線人員的橋樑，體現公開問責精神。

pleasure of involving directly in the management and the decision-making process of the Authority. I also had the honour of standing by our front-line colleagues, up keeping their morale, holding the hands of those who fell sick, delivering eulogy to praise those who gave life to save their patients and to console their beloved. I was spellbound, amazed and moved by the selflessness, dedication, comradeship, unity and innovation of all our staff during this crisis. It had given me a much more enriched understanding of

在醫管局的醫院接受治療，實在令人痛心。當中有很多更是我們的員工，他們在悉心照料病人時受到感染。在這段期間，我有幸能直接參與醫管局的管理及決策過程，並與前線同事並肩作戰、為他們打氣、慰問患病的同事、頌揚捨身救治病人的殉職員工及慰問他們的家屬。全體員工在疫症中的無私奉獻及團結拚搏精神，令我深受感動，景仰之情不能言喻。對於所有醫生、護士、健康服務助理、專職醫療人員、醫院管理及行政人員的瑜亮情操，我體會至深。作為他們其中一份子，我深以為傲。

Visits by HA Board boost confidence of front-line

During the SARS epidemic, Dr Leong and fellow Board members made numerous visits to many hospitals, gathering facts at first hand, boosting the confidence of front-line staff and comforting colleagues who had fallen prey to the virus. The photo shows a compassionate gesture from Dr C H Leong to a staff member at Princess Margaret Hospital.

醫管局大會　為前線打氣

疫潮肆虐之際，梁主席與大會成員奔波於各家醫院，實地了解前線最新情況。在主席的領導下，大會與全體員工並肩作戰，親為奮力抗疫的員工打氣之餘，並向不幸染病的同事致以深切的慰問，給奮勇抗疫的醫護人員帶來信心與鼓勵。 圖為梁智鴻醫生巡視瑪嘉烈醫院。

Independent Review Panel reports on HA's handling of SARS crisis

In May 2003, an independent HA Review Panel chaired by Mr Ronald Arculli assessed how the Authority had handled the SARS crisis. Its local and overseas expert members together charted the valuable experience gained, identifying areas for improvement and recommending how best to prepare for other possible major outbreaks of infectious disease.

獨立委員會檢討跟進醫管局處理SARS危機成效

2003年5月，醫院管理局大會委託本地及外國專家組成獨立檢討委員會，由夏佳理先生出任主席，匯集醫管局應付疫潮爆發的資料，審視是次疫症中醫管局在處理疫症的表現；總結可汲取的寶貴經驗，為準備應付將來可能出現的大型疫症作出建議。

doctors, nurses, healthcare assistants, allied health workers, hospital managers and administrators. I felt very proud to be a member of them.

At the time of writing this foreword, there were no more new cases of SARS for sometime, and most of the remaining cases were slowly moving along the path of recovery. The battle was won through the effort and determination of all the staff of the Hospital Authority, generously supported and encouraged by the whole of Hong Kong. Members of the Authority Board also assumed a pivoted role, setting up a Task Force not only to offer support but also to monitor the efficacy of the management, acting as a bridge between the public, the Authority and the frontline staff. The extra load of SARS had not dampened our commitment to provide the

在撰寫這序言之際，香港已有一段日子再沒出現新的SARS個案，尚在留醫的SARS病人亦大部分逐漸康復。戰勝疫症，實有賴全局上下員工的艱苦努力和堅毅意志，以及全港市民的支持和鼓勵。誠然，醫管局大會成員亦擔當了關鍵角色。大會成立了專責小組，一方面提供支援，另方面則監察管理層的工作成效，充當市民、醫管局與

前線人員的橋樑。SARS所帶來的額外工作量，無損我們為市民提供所需公共醫療服務的士氣，亦沒有影響我們改革公立醫療體制以提升質素的決心。

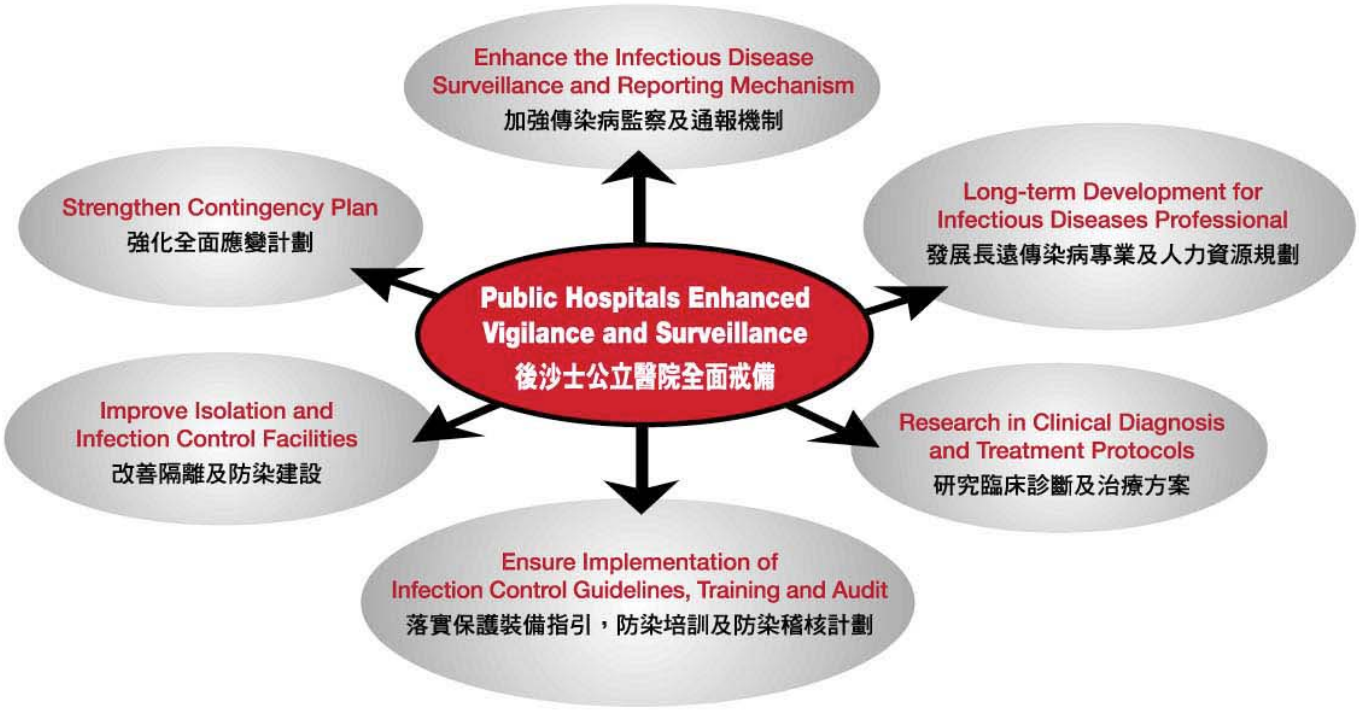
在疫情消退後，醫管局委託了一批在醫院管理、危機應變、審核及公共行政方面具備豐富經驗的

Ready for future challenges

The HA has shown itself pro-active against any future challenges from SARS or other major infectious diseases. It has developed a contingency plan for major outbreaks of such diseases, built public hospital isolation facilities, conducted professional training, reaffirmed personal protective equipment (PPE) standards, and enhanced infectious disease surveillance. About 1,400 isolation beds were under construction by the first quarter of 2004 and work has started on an infectious disease block.

居安思危　積極備戰

醫管局為可能隨時突然重臨的沙士疫症及其他大型傳染病作好準備，制定一套危機應變計劃、加建隔離設施、培訓人才、確認保護衣物的標準、強化傳染病監察機制。病房改裝工程方面，2004年首季已有大約一千四百張隔離病床投入服務，同時亦展開了興建傳染病大樓的工程。



needed public healthcare services nor our determination to reform the public hospital system to continuously improve our service quality.

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

本地及外國專家，檢討SARS爆發期間匯集的各種經驗，以加強日後應付重大疫症的能力。此外，政府亦成立了一個專家小組，檢討政府包括醫管局對SARS疫症爆發的管控工作。醫管局一方面正等待檢討委員會的檢討結果及建議，另一方面，我們在2002/03財政年度結束前已開始策劃重整服務模式、加建隔離設施及培訓更多所需人才，為疫症可能重臨作好準備。

IT at the service of patients and front-line

The year under review saw the rollout of a Clinical Management System. Using the existing Electronic Knowledge Gateway (eKG), front-line medical staff can now access the latest evidence-based medical information worldwide even more rapidly. This in turn is bringing improved clinical decision-making, helps to reduce medical risks and an enhanced service to patients.

資訊系統支援前線　強化病人服務

年內，醫管局全面推出臨床資訊管理系統。其一向行之有效的「醫啟知」系統亦為前線醫護人員提供最新國際及本港專業醫學實証資訊。此電子平台確保前線可隨時隨地獲得最新資訊支援，以助臨床決策，減低醫療風險，提昇本港醫療服務素質水平，造福病人。

isolation facilities and training more needed personnel to enhance its preparedness for another possible infectious disease outbreak.

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

Working under tremendous pressure, the managerial and frontline staff of the Authority had met with these challenges with vision,

Hospital cluster system proves its value

In 2002/03, the HA continued to reform management, rationalize its service provisions and improve its mega hospital cluster system. Proof of the value of the cluster system emerged during the SARS outbreak; service provision could be coordinated among the various hospitals and limited resources could be flexibly deployed.

醫院聯網發揮協調效能

年內，醫管局繼續推行管理改革，完善醫院聯網架構，理順服務。SARS期間，聯網架構發揮重要效用，醫院之間互通信息，協調服務，緊密配合，結集力量，使有限的醫療資源得以靈活調配。

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

dedication and professionalism in the year. Strategies were formulated and new initiatives implemented to overcome the volume and access issue through the development of community oriented service models and improving cost-effectiveness of the service delivery system. During the past two years, the growth in activities for the Authority's outreach and community services such as Community Nursing Service, Community Psychiatric Nursing Service, Community Psychiatric Service, Psycho-geriatrics Service and Community Geriatric Assessment Service, had increased by over 70%. With the takeover of general out-patient clinics from the Department of Health, the Authority had improved cost-effectiveness of its service networks by better integrating the secondary/tertiary care with primary care. The development of designated centres for high complexity and low volume services requiring specialised expertise and sophisticated equipment was speeded up to ensure efficiency and effectiveness in service delivery. The full-scale rollout of the Clinical Management System and enhancements of

Learning for lifelong professional development

The HA believes in setting its staff firmly on the path of continuous improvement and lifelong professional development. During the year the HA renewed contracts with around 1,000 doctors, nurses and allied health professionals. Following the SARS outbreak, the HA expects to employ a further 300 doctors and 400 nurses to ease staff pressures and meet ever-growing service demands.

持續學習　迎新挑戰

醫管局成立以來，不斷追求知識，不斷求進，培育優質專業醫療人員隊伍的任務從未間斷。過去一年醫管局增聘了近千名醫生、護士及專職醫療人員。SARS疫症之後，亦將增聘三百多名醫生及四百多名護士，盡量紓緩前線人手，應付不斷增加的服務量。

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

Prudent approach to public hospital charges

The HA provides 94% of Hong Kong's in-patient medical services and 98% of its medical costs are funded by the Government. To help sustain the public hospital system financially and to direct limited resources more effectively towards those patients who most need public healthcare, public hospital charges underwent a modest revision during the year. A charge of $100 for use of accident and emergency facilities was also introduced. This resulted in a decrease of just under 11 per cent in attendance at such facilities during the period February 2003 to February 2004.

公立醫院收費適度調整

現時全港超過 94%的住院醫療服務由醫管局負責提供，政府承擔 98%的醫療開支。為確保公立醫療體系的運作長遠可持，讓公立醫院的有限資源可以集中，幫助真正有需要依賴公營服務的市民，尤其經濟有困難的長者和長期病患者，政府去年曾適度調整收費和引入部分收費項目，包括2002年11月開始，病人每次往急症室求診，酌收一百元診金。新收費實施一年後，使用急症室人數由2003年2月約十七萬四千人次遞減至2004年2月約十五萬五千人次。

the Electronic Knowledge Gateway had greatly strengthened the Authority's information technology support, facilitating clinical decision-making and information sharing.

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

道的改善，亦大大強化了醫管局的資訊科技支援，有助臨床決策及共用資訊。

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

為處理公私營醫療服務使用失衡的情況，醫管局已制訂策略，促進公私營醫療的聯繫，如訂立轉介指引及常規、試行新的的協作模式、為私家醫生提供培訓，以及發展共用病人資訊的基礎設施等。

health professionals and care assistants, and by enhancing the professional and managerial training of different grades of staff.

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

Despite the daunting challenges of escalating demand and the SARS outbreak, the Authority had achieved considerable success over the past year in attaining its set goals and strategic objectives. Much credit should go to our professional workforce who contributed selflessly and tirelessly towards the provision of quality care to the patients. I also wish to show my deep appreciation to the Government and my colleagues on the Authority Board and various committees for their guidance,

年內，醫管局亦協助政府重整收費結構及研究長遠醫療融資方案，以目標資助為原則，務使香港的公立醫療體制能持續發展。經過深入的研究及廣泛的公眾諮詢後，醫管局於2003年4月成功實施收費調整，而新的急症室收費早於2002年11月已經實施。在實施新收費的同時，

Alert system prepares healthcare workers and community

The HA has devised effective new contingency plans, based on international practices, to handle major outbreaks of infectious disease. In particular, a colour-coded alert system – green, yellow and red – reflects different observed patterns for a given outbreak, thus how that disease is likely to affect the territory. The system will shape the awareness and define the response of all public and private sector healthcare workers and the community at large. Meshing with the Government's response plan on the possible resurgence of SARS, it makes it easier for all involved to take appropriate and timely measures.

傳染病警戒系統防患未然

鑑於SARS經驗，醫管局於疫潮過後隨即制定新的危機應變機制，按國際認可做法設立傳染病三級警示系統，以「綠黃紅」三種顏色標示不同級別，有助提高公私營機構的醫護人員以及市民大眾對醫院或香港境內傳染病潛在風險的警覺性，同時亦與特區政府預防SARS重臨的應變計劃緊密配合，及早作出適當的應變措施。

understanding and support, without which the Authority could hardly make any progress in its work at this time of great challenges. Members of the Board are becoming aware of their accountability in managing the Authority as stipulated in the Hospital Authority Ordinance. In this connection, the Board is already reassessing its role in governance, i.e., how members could better work with the executives, set policy directions to guide the Authority, and give unfailing support to the executives, not only in routine functions but also in time of epidemics and major disasters.

醫管局亦明白須為市民設立安全網，而且政府政策訂明：市民不應因經濟困難而得不到所需醫療服務，故醫管局亦設有合理的費用減免機制，幫助有需要的病人。

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

Three-tier Alert System
三色應變警示機制

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

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

Dr C H LEONG, GBS, JP, Chairman

醫院管理局主席　梁智鴻醫生

Text from ***Chairman's Foreword,***
Hospital Authority Annual Report 2002/03
原文為醫院管理局 2002 / 03年報《*主席序言*》

Quality Healthcare Tops the Agenda

醫療服務 質量為先

Introduction
引言

2002/03 was a year of great challenge to the Hospital Authority. Approaching the end of the year in March 2003, a sudden epidemic arising from the elusive disease named Severe Acute Respiratory Syndrome (SARS) shocked Hong Kong and the whole world, seriously affecting the Authority,s normal operations. To cope with the SARS crisis, the Authority had reorganised its services by deferring non-urgent services, redeploying staff to high load areas and cascading move of patients to convalescent institutions. By the time this report was compiled, the epidemic had subsided and the Authority's activities were gradually reverted to normality. However, in light of the need to get prepared for future epidemics, the Authority had revisited its service delivery strategies to introduce additional facilities designated for infectious diseases, intensive care and staff support. These changes would have significant impact on the operational mode and financial position of the Authority in future. Progress of the Authority's post-SARS initiatives would be described in greater detail in the next Annual Report, when findings of the SARS review panels were released and their recommendations adopted for implementation.

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

自SARS爆發的起始期及初期至2003年3月底，醫管局做了大量工作，以期三管齊下遏止此神秘疫症蔓延，即控制病毒擴散、保護員工免受感染及加強病人醫療成效。在得悉內地肺炎個案增加後，醫管局

Unprecedented solidarity halts savage epidemic

The epic struggle against SARS in early 2003 brought out the best in the entire Hong Kong community. Our healthcare workers set an especially courageous example. The Hospital Authority (HA), the Department of Health and the Health, Welfare and Food Bureau took concerted action, with the HA effectively mobilizing and managing public hospital resources in line with the overall Government strategy.

同舟共濟 走出疫境

2003年春季SARS突然來襲，香港各界保持臨危不亂，尤其是首當其衝的醫護人員，緊守崗位積極對抗這種前所未見的致命病毒。疫症初期，醫管局與衛生署、衛生福利及食物局同心協力；根據政府擬定處理和控制疫症的策略醫管局負責動員和管理各間公營醫院的資源，各盡所能，在不同領域發揮不可或缺的作用，方能戰勝這場世紀疫潮。

During the preparatory and early phases of the SARS Outbreak up to end of March 2003, the Authority had done a lot of work to contain spread of the mysterious disease through a three-pronged approach, i.e., containing transmission of the virus, protecting staff from infection and enhancing patient outcome. Following reports of increase in pneumonia cases in the Mainland, a Working Group on Severe Community Acquired Pneumonia (SCAP) comprising Head Office senior executives, infectious disease specialists, respiratory physicians, intensive care physicians and microbiologists was set up on 11 February 2003 to monitor the situation and advise on the approaches to be adopted. On 12 February, a case reporting system was set up and cases were reported to the Department of Health for follow-up epidemiological studies. The Working Group held a series of meetings in February to compare SCAP cases of 2001/02 and 2002/03 and found no evidence of recent surge of cases. On 21 February, the first set of frequently asked questions on SCAP with case definition was released to frontline healthcare workers. With developing knowledge on SCAP, a series of information packages and guidelines on the management of SCAP were issued throughout February

Infection control guidelines protecting staff and community

When SARS broke out, the HA took measures to contain the spread of the virus, protect its staff against infection, and enhance treatment effects for SARS patients. In February 2003, infection control guidelines were issued and leaflets published to remind staff to guard against droplet transmission, wash their hands properly, and wear Personal Protective Equipment as mandated.

防染指引　保護員工及市民

SARS爆發，醫管局三管齊下遏止病毒蔓延，包括控制病毒擴散、保護員工免受感染及加強病人醫療成效等。2003年2月，醫管局為每位員工發出感染控制指引，並刊印數萬份不同小冊子提醒員工採取飛沫預防措施，正確洗手及正確使用保護衣物方法。

在2003年2月11日成立了「嚴重社區感染肺炎」工作小組，成員包括總辦事處高層行政人員、傳染病專家、呼吸系統科醫生、深切治療科醫生及微生物學家，以協助監察情況，並就應採納的應對方針提供意見。2月12日，個案通報機制成立，我們向衞生署通報個案，以便進行流行病學研究。工作小組在二月舉行多次會議，比較2001/02及2002/03年的「嚴重社區感染肺炎」個案，但無證據顯示期間的個案飆升。2月21日，

Staying on top of the battle

Senior HA management held daily round-up meetings to assess the rapidly changing SARS situation and plan and implement effective action. Chaired by the HA's Chief Executive, these were attended from the start of the epidemic by HA directors, cluster chief executives, subject officers and senior executives from Head Office. Representatives from the Department of Health and the Health, Welfare and Food Bureau, as well as HA Board members, also took part at a later stage.

每日總結　監察疫情

由疫症爆發開始，醫管局管理層每天召開會議匯報疫情，進行整體分析、統籌及指揮。會議由行政總裁領導，參與者包括總監、各區醫院聯網總監、有關專家和各部門主管等。疫症後期，衛生署、衛生福利及食物局及醫管局大會亦有代表參與。

and March to all public hospitals. Though there was no sign of clustering of cases or obvious increase in any particular type of organism at this early stage, we saw the development unusual and raised worries about an unknown virus. Infection control measures including droplet cohorting of patients, wearing gowns/gloves, masks, hand-washing and environmental disinfections were recommended to all public hospitals and clinics.

With the outbreak of SARS in early March 2003, the Authority had made vigorous efforts together with the Department of Health to contain transmission of the virus through contact tracing. A SARS Control Centre was set up at the Authority's Head Office with regional coordinators appointed to work with the Department of Health and the Police to expedite action in contact tracing. A comprehensive electronic online web-based information system known as 'e-SARS' was developed within a few days by making use of the existing Clinical Management System of the Authority to provide real time information on the newly admitted SAR patients to ensure expeditious tracing and tracking of contacts. To alert the private general practitioners and family physicians on the presentation and development of the disease to facilitate early identification of suspected SARS cases, a number of training sessions were organised for them during initial phase of the epidemic. A website for general practitioners was also set up to provide updated information about the disease and to answer questions on SARS. Surveillance of the disease in old aged homes was enhanced through the Community Geriatric Assessment Teams and Visiting Medical Officers.

醫管局就「嚴重社區感染肺炎」向前線醫護人員發出首份常見提問及個案定義資料。隨著我們對該疾病所知增多，我們在2月及3月向公立醫院發放多份有關管控「嚴重社區感染肺炎」的資料及指引。雖然在此初期並無群集感染或任何病毒明顯增加的跡象，但我們察覺到情況異乎尋常，一種不知名的病毒，令眾人惶惑不安。我們建議所有公立醫院及診所採取感染控制措施，包括集中隔離病人以控制飛沫傳染、穿上保護袍／手套、佩戴口罩、洗手及進行環境消毒。

e-SARS to expedite contact tracing

Working with the Department of Health and Hong Kong Police, the HA built out its e-SARS system from the existing Clinical Management System in a mere three days. The real-time information on hospital admissions of SARS patients that the system provided greatly enhanced contact tracing and surveillance.

e-SARS系統加速接觸追蹤

醫管局聯同衛生署、香港警察竭力控制病毒蔓延。在三天內，在醫管局臨床管理資訊系統的基礎上，設立了e-SARS系統，提供新入院SARS病人的實時資訊，迅速進行接觸追蹤及監察。

Daily briefings to inform the public

Representatives from HA and Department of Health chaired daily SARS media briefings to ensure the public were properly updated. Details included the number of suspected and confirmed cases of infection and the names of buildings where occupants had confirmed cases of SARS.

疫情發布　從未間斷

醫管局及衛生署代表在疫症期間，從未間斷每天舉行新聞發布會，向全港市民公布最新SARS感染數據、疫廈名稱，讓市民掌握疫情最新狀況。

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

In an effort to improve the outcome of managing patients infected with this unknown disease, advisory groups were formed in the early phase of the epidemic to evaluate and discuss possible diagnostic and treatment approaches. Clinical information was collected, analysed and disseminated to parties

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

SARS爆發使整個公立醫院系統面臨重大考驗，員工在巨大壓力、極度惶恐、疲憊及緊張的狀態下工作。為保護員工免受感染，醫管局常設的中央感染控制委員會修訂了指引，並透過每日出版

Upon recovery from SARS, Dr Ho supports hospital colleagues

HA Chief Executive Dr William Ho paid many fact-finding visits to the Prince of Wales Hospital and set great store by meeting infected staff and patients. He himself contracted SARS in late March 2003. While in hospital, he shared in decision making through video conferencing and after convalescence returned to work to help spearhead the fight against the disease.

何醫生SARS初癒即與員工並肩抗疫

醫管局行政總裁何兆煒醫生2003年3月多次親往威爾斯親王醫院了解實際情況，探望受感染同事及病人，他自己亦於3月25日証實染上SARS。何醫生留院期間仍然參與抗疫工作，利用視像會議與同事共謀決策。何醫生康復後隨即返回工作崗位，與同事一起對抗SARS。圖為何醫生康復後再次探訪醫院，對員工的工作情況表達關心。

involved via the Authority's SARS website and experience sharing forums/seminars to provide them with updated knowledge of the disease. New treatment modalities were later evaluated and, where appropriate, pilot tested. All the above-mentioned measures were coordinated and directed by the daily morning round-up meetings in the Head Office, chaired by the Chief Executive and attended by all Directors, Cluster Chief Executives and other senior executives, with participation of the Authority Chairman and representative from the Health, Welfare and Food Bureau at a later stage.

Despite the SARS outbreak, there had been overall growth in the Authority's activities during the year except for accident and emergency services, where the introduction of a new charge successfully reduced misuse.

的「抗炎日訊」、醫院感染控制網絡及聯網感染控制小組，向前線人員發布。此外，亦透過近年設立的聯繫護士制度，進行感染控制的溝通和審核，直達病房層面。除為員工提供足夠有效的個人防護裝備外，我們亦透過每日實地講解、培訓班及經驗分享會，進行持續的防感染教育，並實行多項環境改善措施，如加設病毒過濾網、改善病房通風及按接觸風險劃分區域，以減低環境因素所引起的感染風險。

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

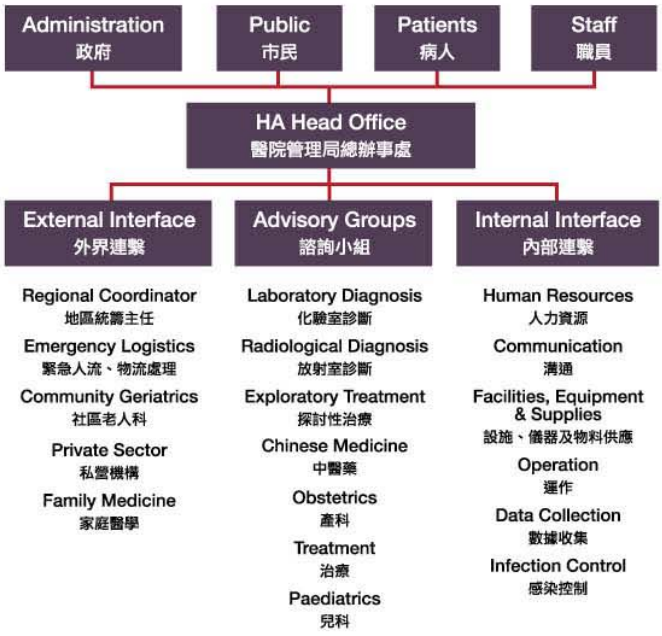
Improving the environment and isolation facilities to enhance infection control

Dr Lily Chiu, Cluster Chief Executive (Kowloon West), explains to Government officials and a Legislative Councillor the steps being taken to prevent cross infection through improved ward conditions and isolation facilities. The HA has readied 1,400 isolation beds in 14 acute hospitals.

改善環境　加強隔離設施

醫管局致力改善病房環境及強化隔離設施，以減低病人及員工感染病毒的風險。年內於十四家急症醫院進行大規模工程，並已改建一千四百張隔離病床。圖為九龍西聯網總監趙莉莉醫生向政府官員及立法會議員介紹醫院預防感染的隔離設施。

Organisation for Crisis
應付危機的組織



In 2002/03, our public hospital system handled a total of 1,198,103 in-patient and day patient discharges and deaths, 2,380,064 accident and emergency attendances, 8,754,286 specialist out-patient attendances and 1,264,923 general out-patient attendances.

有參與，而在較後期間亦有醫管局主席及衞生福利及食物局的代表參與。

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

Informed is forewarned

From March 2003, the HA issued a large volume of posters, leaflets and stickers on infection control for front-line medical staff to reinforce their alertness.

海報告示　時刻提醒防染意識

醫管局在2003年3月開始印製大量宣傳預防感染的海報、單張和告示等，廣泛分派到各前線單位，提醒同事時刻對病毒保持高度警覺，提高他們的防疫意識。

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

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

- Developing **community-oriented service** models to take advantage of new opportunities and overcome volume and access challenges
- 發展**社區導向的服務模式**，在服務量及服務方便程度方面，化挑戰為機遇

- Enhancing **organisational performance** through managerial reform, hospital clustering and service rationalisation, as well as governance enhancement
- 透過管理革新、聯網架構、理順服務及加強管治，提高**體制成效**

- Formulating new **human resource strategies** to face environmental challenges, and developing people to enhance performance at all levels
- 制訂新的**人力資源策略**，以迎接挑戰及人盡其才

- Enhancing **system sustainability** through assisting and advising Government in healthcare financing reform, revamp of charges implementation of population-based funding and resource allocation system, and continued generation of productivity savings
- 協助政府推行醫療融資改革、重整收費、推行按人口計算的撥款及資源分配機制、繼續增值節流，使**體制能夠持續發展**

- Improving **cost-effectiveness of the service delivery system** through territory-wide development of quaternary centres and referral networks, knowledge management initiatives, and focused work on specific diseases and conditions
- 設立遍及全港的第四層服務中心及轉介網絡、推行知識管理措施，以及加強對某些疾病的治理，改善**服務效益**

- Developing **public-private interface** to redress the imbalance in distribution of workload and improve efficiency in the use of available health resources overall
- 推動**公私營醫療的銜接**，解決工作量分布不均的情況及改善整體醫療資源的效益

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

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

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

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

Improving integration and services

In July 2003, the HA started to run all government General Out-patient Clinics instead of the Department of Health. This will lead to a more consolidated three-tier healthcare structure – primary, secondary and tertiary care. It will also further strengthen community-based services and the training of primary care doctors. During the year, 100 family medicine trainees were recruited.

接管基層門診　整合醫療服務

醫管局由2003年7月起，接管所有衛生署的普通科門診服務。此舉有助醫管局整合基層、住院及延續服務的三層醫療架構，加強提供以社區為本的服務，更有利發展基層醫療培訓。年內，醫管局增聘了一百名家庭醫學受訓醫生。

Developing Community-oriented Service Models
發展社區導向的服務模式

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

To improve health status of the population, initiatives were implemented in collaboration with the Department of Health and other non-government organisations to promote disease prevention, health education and training of healthcare professionals in the welfare sector. The cost-effectiveness and access to care was further enhanced through expansion of nurse-led services and introduction of more multi-

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

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

High take-up for community healthcare programmes

The HA regularly offers a wide variety of care, empowerment and health promotion programmes through Health InfoWorld, its gateway to public health education. Other community-oriented initiatives include the HA's Smoking Counselling and Cessation Centres, which in 2002/03 served more than 30,000 smokers in line with the Government's anti-smoking policy.

推廣健康　責無旁貸

醫管局經常舉辦不同類型的健康推廣活動，透過局內「健康資訊天地」加強公眾健康教育。其他以社區為本的健康推廣項目包括支持政府反吸煙政策而成立的社區戒煙輔導中心，2002/03年度參加專業戒煙輔導及戒煙班的吸煙者約有三萬人。

Community-oriented care to enhance service quality and public-private interface

To improve cost effectiveness in a climate of scarce resources, the HA seeks to further enlarge the provision of community-oriented services, make more use of technology to enhance evidence-based decisions, develop the infrastructure that supports clinical services, and consolidate the hospital cluster network.

倡議社區導向服務　推動公私營合作

在醫療資源緊絀的情況下，醫管局仍不斷致力維持具質素的醫療服務，以實幹態度服務市民。同時大力推廣發展社區導向服務模式，有效應用實証醫療科技，發展基礎設施支援臨床服務，並進一步鞏固聯網發展，務求使有限的資源得以發揮最大成效。

skilled outreach nursing and rehabilitation services. Ten hospital and community-based smoking counselling and cessation centres were established in 2002/03 with over 4,000 smoking cessation sessions conducted for smokers.

The Authority continued to invest in infrastructure development during the year to support clinical service delivery. A total of 366 additional beds and 80 additional day places were opened to meet the growing healthcare needs of an ageing and expanding population. Other major capital works projects implemented included redevelopment of Pok Oi Hospital and the Radiotherapy Centre at Princess Margaret Hospital.

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

年內，醫管局繼續投資發展基礎設施，以支援臨床服務。醫管局共增設了366張病床及80個日間名額，以配合人口老化及人口增長的醫療需要。期間進行的大型基本工程計劃，包括重建博愛醫院及興建瑪嘉烈醫院放射治療中心。

醫管局亦提升了資訊科技的基礎設施及功能，以助精簡程序，並確保臨床環境可獲24小時的有效支援。年內的發展主要是全面推展臨床管理系統及設立電子病歷紀錄，以助共用資訊。

Continuous IT upgrades to support front-line

Upgrades to the HA's information technology infrastructure and capabilities during 2002/03 included enhancements to the Clinical Management System (CMS) and the electronic Patient Record (ePR). The CMS, with its six million plus patient records, supports front-line workers with readily available information of each patient and also opens the way to improved treatment and management regimes.

資訊系統　支援前線

醫管局不斷提升資訊科技的基礎設施及功能，以助精簡程序，年內全面推展臨床管理系統及設立電子病歷紀錄，以助共用資訊。公立醫院電腦化的臨床資訊管理系統（CMS），包含超過六百萬位曾於公立醫院接受診治的病人紀錄，方便醫護人員掌握病人的病情及用藥等資料。

Enhancing Organisational Performance
提高體制成效

The Authority's organisational performance was improved through managerial reform, hospital clustering and service rationalisation, as well as governance enhancement. With implementation of a pilot cluster management structure in three of the seven hospital clusters in the previous year, the Authority reviewed the experience and rolled out formal cluster management structure to all clusters in 2002/03 with the appointment of Cluster Chief Executives for the remaining clusters. Accountable to the total resources allocated to respective clusters, the Cluster Chief Executives had initiated many services rationalisation programmes during the year to improve the organisation's clinical, managerial and administrative functions at the cluster level.

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

在全面推行新的聯網管理架構後，醫管局的管理層亦進行重組，成立由行政總裁、總辦事處總監及聯網總監組成的決策架構，加強總辦事處在策略領導、政策釐定、管理革新、協調聯網措施方面的角色。醫管局亦舉辦了工作坊及規劃會議，加強與衞生福利及食物局、衞生署及社會福利署的聯繫，以助策劃公共醫療及福利服務。此外，醫管局亦成立了臨床倫理委員會、為科研倫理委員會制訂國際認可標準、採納風險管理模式處理公眾投訴事宜，以及修訂內部審計功能，以加強機構及聯網的管治。

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

Hospital clusters further consolidated

During the year under review, the HA consolidated the hospital cluster network. This now has seven clusters, each under the oversight of a Cluster Chief Executive tasked with resource allocation and service provision. Management reforms, service rationalization and system enhancement initiatives were also carried out.

醫院聯網　持續鞏固

醫管局的醫院聯網新架構得到進一步的發展。年內成功全面實施七個聯網，並委出聯網總監，負起資源及服務管理的重任。此外，醫管局繼續推行管理改革，服務理順計劃以提昇體制成效。

Enhancing System Sustainability
使體制能夠持續發展

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

Based on findings of a consultancy study completed during the year by the Authority, Government had formulated its policy on fees and charges revision, which was implemented in April 2003 with the new charge for accident and emergency service taking effect earlier in November 2002. The Authority had also conducted an analysis on the distribution of hospital bed day utilisation in Hong Kong and provided necessary research support to the Health, Welfare and Food Bureau for its study on the long-term healthcare financing option of introducing the "Health Protection Account".

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

While facilitating changes in the healthcare financing system, the Authority continued to make strenuous efforts to improve system efficiency and generate savings, including administrative downsizing, services rationalisation, central purchasing, process-reengineering and implementation of "Invest-to-save" projects. Instead of hiring new staff, 152 existing staff members were redeployed to meet the manpower requirement for the opening of new beds and facilities.

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

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

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

醫管局一方面協助改革醫療融資體制，另方面則繼續積極改善體制效能及爭取節流，包括精簡行政管理架構、理順服務、進行中央採購、重整程序及推行「節省資源投資」計劃。為應付新增病床及設施的人手需求，局方重新調派了152名現有員工擔當有關工作，毋需另聘新員工。

"Invest to save" programmes bear fruit

During 2002/03, additional proactive "Invest-to-Save" programmes were implemented and clinical services were increasingly rationalized. Some $14 million was saved as a result of energy conservation measures in 13 public hospitals. Savings of approximately $12 million accrued from measures involving electrical, mechanical and biomedical engineering services.

「節省資源投資」計劃見成效

醫管局繼續理順臨床服務及推行「節省資源投資計劃」，透過在十三間公立醫院推行節省能源措施，在2002/03年度約節省了一千四百萬元開支，而電力、機械及生物醫學工程服務亦節省了約一千二百萬元開支。

Developing Public-private Interface
推動公私營醫療的銜接

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

On the clinical side, hospital clusters worked closely with local private practitioners and hospitals to develop referral guidelines and protocols as well as shared care programmes. Examples of the protocols developed included those on cataract, rectal bleeding and low back pain. Public-private collaborative models on service provision were piloted in selected general outpatient clinics and a few specialised services, such as planning for Positron Emission Tomography service. In addition, the Authority capitalised on its professional expertise and knowledge infrastructure to provide education and training for private practitioners. Courses organised in 2002/03 included two continuous medical education programmes for private general practitioners, training in laparoscopic/ hysteroscopic surgery for private gynaecologists, and collaborative training in ophthalmology.

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

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

在臨床服務方面，醫院聯網與區內私家醫生及醫院緊密合作，制訂一些常見疾病的轉介指引、常規及共同護理計劃，如白內障、直腸出血及腰痛的治理常規，並在一些選定的普通科門診診所及數項專科服務，試行公私營協作服務模式，如正電子放射斷層掃描服務的規劃。此外，醫管局善用其專長及專業知識，為私家醫生提供進修機會和培訓。在2002/03年度舉辦的課程，包括兩項為私家醫生而設的持續醫學進修計劃、即為私家婦科醫生而設的腹腔鏡／子宮鏡外科培訓，以及眼科協作培訓。

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

Improving Cost-effectiveness of the Service Delivery System
改善服務效益

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

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

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

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

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

為配合新的聯網安排及人口為本的資源分配機制，年內醫管局加快發展第三層及第四層臨床服務網絡。複雜程度高但使用量低、需要專門技術及先進設備的醫療服務，會集中在指定中心進行，以確保服務效率及效益。各臨床專科包括深切治療科、內科、腦外科、兒科、病理學及外科，在制訂網絡

To ensure standard of care and minimise mishaps, the Authority continued to implement various risk management and quality assurance initiatives in the year. These included the launch of an Authority-wide surgical wound surveillance programme, review and upgrade of quality standards in hospital annual plans, organisation of surgical audits on oesophagectomy, major hepatectomy and liver transplant, introduction of a framework for promotion of clinical practice guidelines, and development of a clinical data policy manual to strengthen the protection of data confidentiality.

To promote the use of best evidence in clinical decision-making, the Authority's electronic knowledge gateway (eKG) was extended to cover seven additional clinical specialties and put on the Internet for easy access by staff members. In line with the Government's directive, the Authority had developed a research-oriented model for setting up Chinese Medicine out-patient clinics in public hospitals

安排、轉介常規及相互收費機制方面，亦取得了顯著進展。

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

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

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

Designated centres targeting efficiency, effectiveness and patient safety

High complexity low volume medical services were concentrated in specially designated centres. This is a cost-effective move that will also make for increased professionalism in service delivery. As well as developing more clinical protocols and guidelines, implementing clinical audits, and improving risk management and quality assurance, the HA will expand its Mechanism for the Safe Introduction of New Procedures to provide further protection of patient safety.

特定中心增強效益與病人安全

醫管局為維持整體服務效率及效益，把複雜程度較高，但使用量較低並需要專門技術及先進設備的醫療服務，集中在指定中心進行。此舉有助保障服務的專業素質。此外亦不斷制訂及更新臨床常規指引、進行臨床審核、加強風險管理機制和素質保證措施，同時擴展引進新程序的機制，確保新科技或療法能安全及有系統地引進，保障病人安全。

Establish evidence and standards in advancing Traditional Chinese Medicine (TCM)

In line with the Government's long-term policy on TCM, the HA is developing evidence-based Chinese Medicine research. In 2003, Chinese Medicine Clinics were set up in Tung Wah, Yan Chai and Tai Po Nethersole Hospitals, and TCM training programmes were provided for over 1,000 staff.

實證為本　制訂準則
長遠發展中醫藥

為配合政府發展中醫藥的長遠目標，醫管局以科研為本的模式，推廣實證中醫發展。在2003年度，在東華醫院、仁濟醫院及大埔那打素醫院開設公立醫院的中醫藥門診診所，並為超過一千名員工舉辦中醫藥培訓課程。

to help establish evidence and standards of practice in Chinese Medicine. Two such clinics in collaboration with the Tung Wah Group and the two universities were in operation in 2002/03 at Kwong Wah Hospital and Tung Wah Hospital, backed up by a standardised Chinese Medicine dispensing service, the necessary information systems, and a central database on the toxicity of Chinese herbs.

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

Formulating New Human Resource Strategies
制訂新的人力資源策略

To build up a team of dedicated workforce with professional competence and versatility to meet environmental challenges, the Authority continued to implement new human resource strategies for enhancing staff performance at all levels. In 2002/03, our workforce was enhanced by recruiting some 300 doctors, 310 nurses, 230 allied health professionals, and 1,000 care assistants. The initiative of recruiting 1,920 personal care and ward supporting staff to assist in direct patient care, which started in 2001/02, was completed during the year.

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

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

在進行全面的人力資源策略檢討後，醫管局制訂措施，加強對聯網人力資源職能的支援、提升職員才能及重整人力資源行政程序。年內，我們就

Reinforcing two-way communications

At a time when services are being rapidly reorganized and human resources significantly redeployed, the HA is reinforcing communication at and across all staff levels in order to address staff concerns and make decision making fully transparent. Good staff morale and meaningful exchanges are essential to future progress.

雙向溝通　上下一心

面對服務重組及人力資源策略的急速轉變，醫管局不斷加強與員工的溝通，力求決策透明，回應員工的訴求。醫管局深明有效的溝通對推動未來的發展至關重要，近年不斷求變，有賴局內同人上下一心，發揮緊密的團隊精神，得以衝破難關，繼續奮勇向前。

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

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

藥房、視光師、視覺矯正師、臨床心理學家及物理學家職系進行了檢討，就他們的才能、角色及職責作清晰界定。至於護理職系的新人手架構，在與各級護士進行緊密協商後，已落實推行。因應不斷轉變的環境及機構需要，新入職人員的薪酬條件亦予以調整，以增加靈活性。

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

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

Conclusion
結論

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

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

Text from ***Chief Executive's Overview,***
Hospital Authority Annual Report 2002/03
原文為醫院管理局 2002 / 03年報《*行政總裁匯報*》

Role of Hospital Authority
醫院管理局的任務

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

根據《醫院管理局條例》（第113章），醫院管理局作為一個法定團體，負責：

Mission Statement
宗旨

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

醫管局訂立了下述的宗旨，以落實其任務：

- To advise the Government of the needs of the community for public hospital services and of the resources required to meet these needs, in order to provide adequate, efficient, effective and value for money public hospital services of the highest standards recognised internationally within the resources obtainable
- 就公眾對公立醫院服務的需求及應付該等需求所需的資源，向政府提供意見，務求能以可得資源，提供充足、有成果、有效率、物有所值及具高度國際水準的公立醫院服務
- To serve the public with care, dedication and efficiency, and to encourage community participation in the system, resulting in better care and more direct accountability to the public
- 以關懷及竭誠精神，有效率地為市民服務，並鼓勵社區參與，務求提供更佳的醫療服務及更直接向公眾負責
- To meet the different needs of patients for public hospital services, and to improve the hospital environment for the benefit of patients
- 因應病人的不同需要而提供適當的公立醫院服務，並改善醫院環境，使病人得益
- To provide rewarding, fair and challenging employment to all its staff, in an environment conducive to attracting, motivating and retaining well-qualified staff
- 為員工提供合理薪酬、公平待遇及富挑戰性的工作環境，以吸引、激勵及挽留高質素的員工
- To collaborate with other agencies and bodies in the healthcare and related fields both locally and overseas to provide the greatest benefit to the local community
- 與海外及本地其他醫療護理服務機構及有關團體攜手合作，造福本港市民

Corporate Vision and Strategies
整體目標及策略

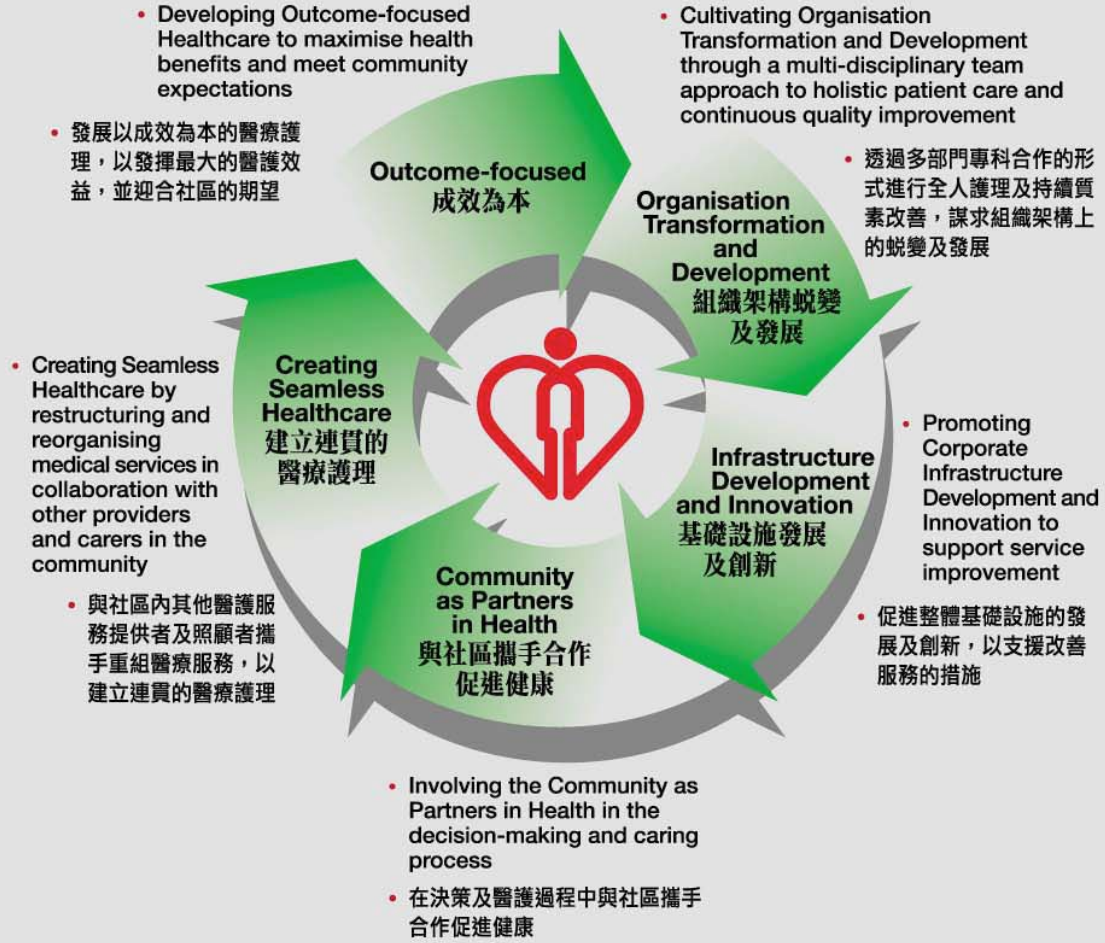
To realise its mission, the Hospital Authority has developed the following Corporate Vision: "The Hospital Authority will collaborate with other healthcare providers and carers in the community to create a seamless healthcare environment which will maximise healthcare benefits and meet community expectations."

The Authority aims to achieve this corporate vision by adopting the following five Corporate Strategies:

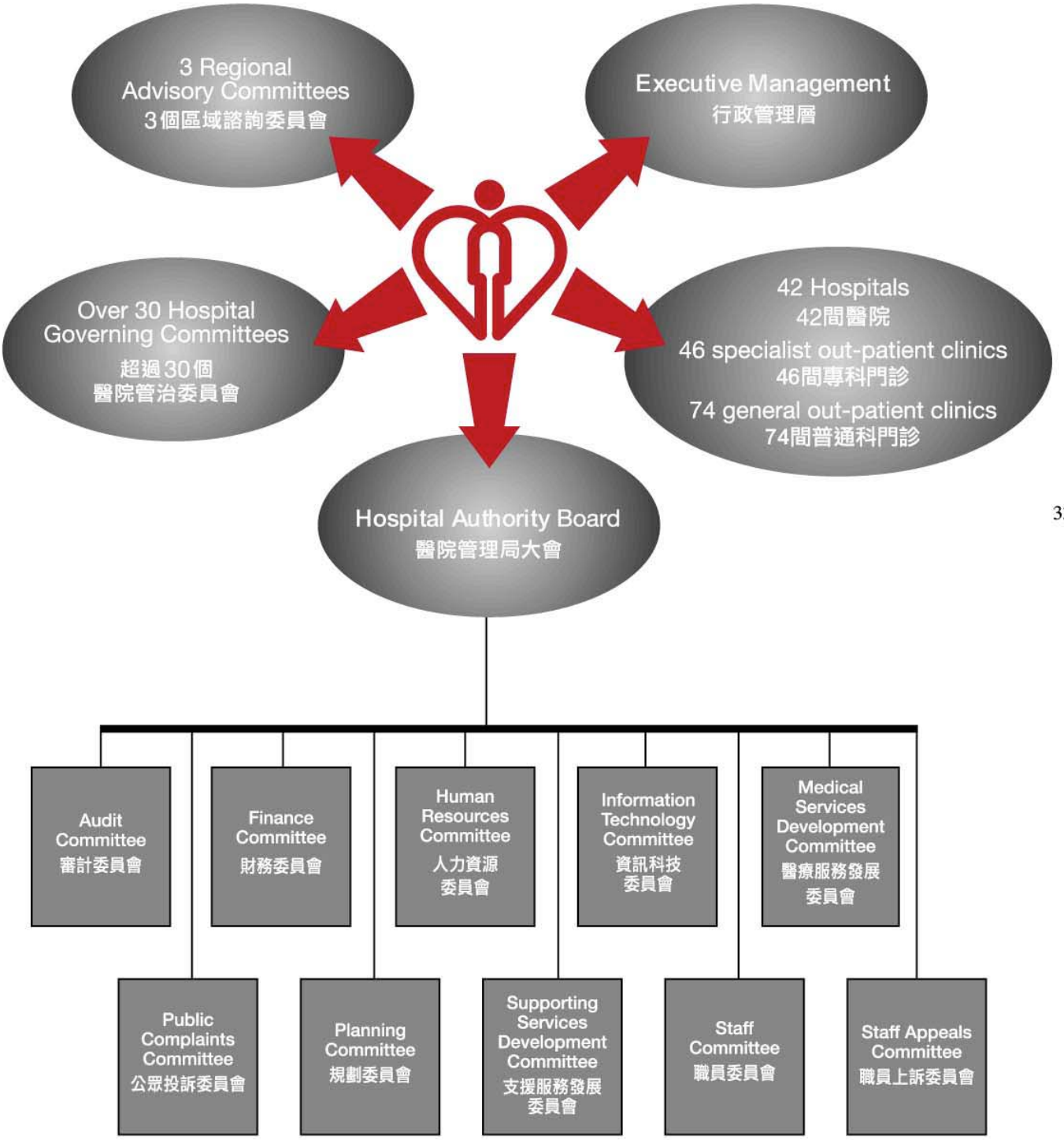
醫管局訂定以下的整體目標，以貫徹其宗旨：

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

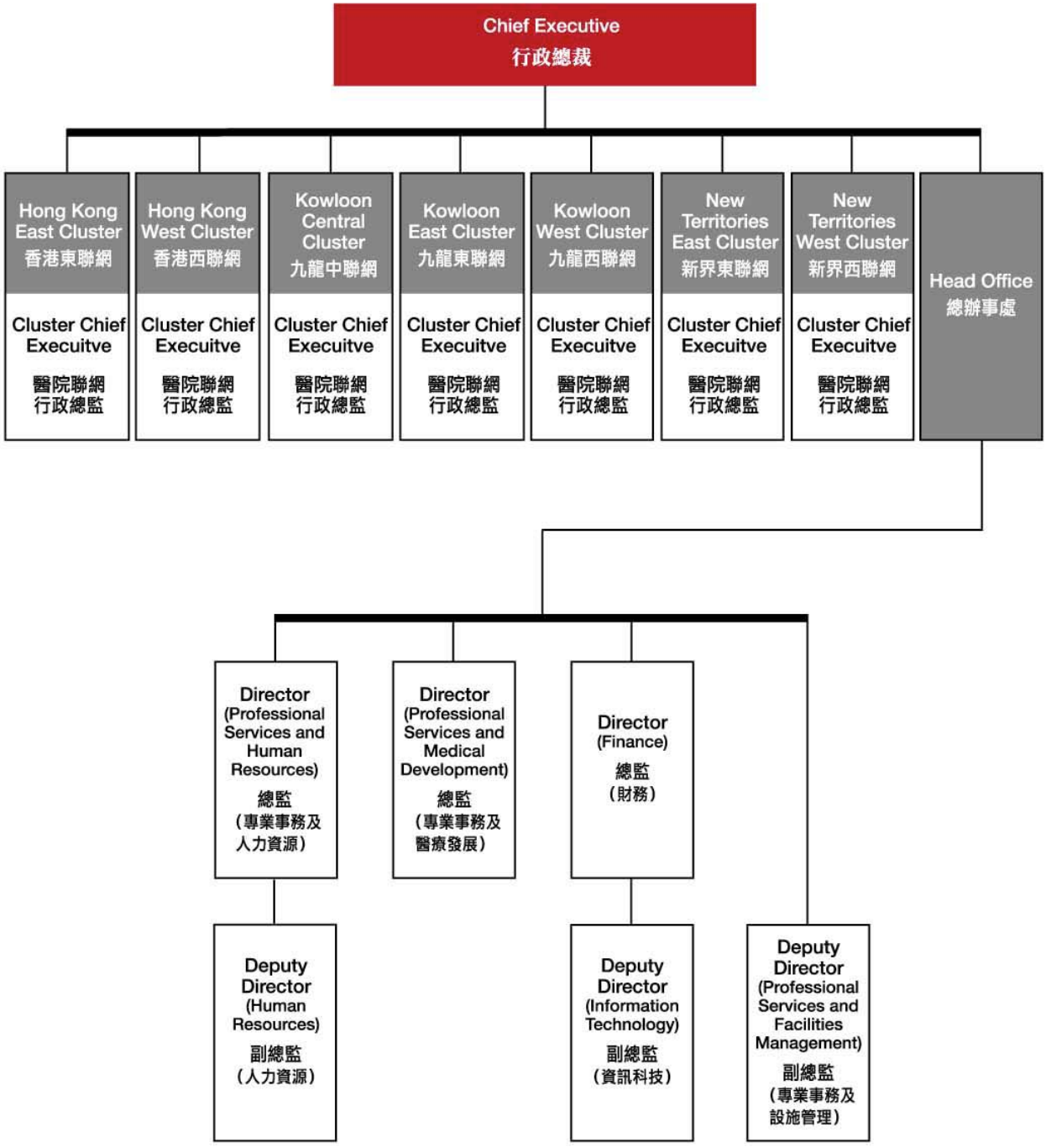
醫管局採納以下五項整體策略，達致上述的整體目標：



Hospital Authority Structure and Organization
醫院管理局組織架構



Executive Management
行政管理層



Membership of Hospital Authority Board
醫院管理局大會成員

Chairman	**主席**
Dr C H LEONG, GBS, JP	梁智鴻醫生, GBS, JP
Members	**成員**
Miss Eliza C H CHAN, JP	陳清霞小姐, JP
Miss Iris CHAN Sui-ching	陳萃菁小姐
Dr Lily CHIANG	蔣麗莉博士
Mr Clifton CHIU Chi-cheong	趙志錩先生
Prof. Sydney CHUNG	鍾尚志教授
Mr Vincent FANG Kang, JP	方剛先生, JP
Dr Anthony HO, Yiu-wah	何耀華博士
Mr Edward HO Sing-tin, SBS, JP	何承天先生, SBS, JP
Dr William HO, JP (Chief Executive, Hospital Authority)	何兆煒醫生, JP （醫院管理局行政總裁）
Dr P Y LAM, JP (Director of Health)	林秉恩醫生, JP （衞生署署長）
Prof. LAM Shiu-kum	林兆鑫教授
Mrs Eleanor LING LEE Ching-man, SBS, JP	林李靜文女士, SBS, JP
Mr LO Chung-hing, SBS	盧重興先生, SBS
Mrs MONG KO Mei-yee	蒙高美懿女士
Mrs Gloria NG WONG Yee-man, JP	吳王依雯女士, JP
Ms Elizabeth TSE, JP (representing Secretary for Financial Services & the Treasury)	謝曼怡女士, JP （代表財經事務及庫務局局長）
Prof. Judy TSUI LAM Sin-lai	徐林倩麗教授
Dr Lawrence T WONG	黃至剛博士
Prof. Thomas WONG Kwok-shing	汪國成教授
Mr Anthony WU Ting-yuk	胡定旭先生
Dr Raymond WU Wai-yung, GBS, JP	鄔維庸醫生, GBS, JP
Dr Loretta YAM Yin-chun	任燕珍醫生
Mr Thomas YIU Kei-chung, JP (Deputy Secretary for Health, Welfare & Food)	姚紀中先生, JP 衞生福利及食物局副局長（衞生）
Mr Paul YU Shiu-tin, JP	余嘯天先生, JP

As at May 2004　截至2004年5月

Distribution of Public Hospitals and Institutions
公立醫院及醫療機構的分布圖

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 東華三院馮堯敬醫院
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 春磡角慈氏護養院
9. Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院
10. Ruttonjee Hospital 律敦治醫院
11. St. John Hospital 長洲醫院
12. Tang Shiu Kin Hospital 鄧肇堅醫院
13. Tung Wah Eastern Hospital 東華東院
14. Wong Chuk Hang Hospital 黃竹坑醫院

KOWLOON CENTRAL 九龍中

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

KOWLOON WEST 九龍西

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

KOWLOON EAST 九龍東

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

NEW TERRITORIES EAST 新界東

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

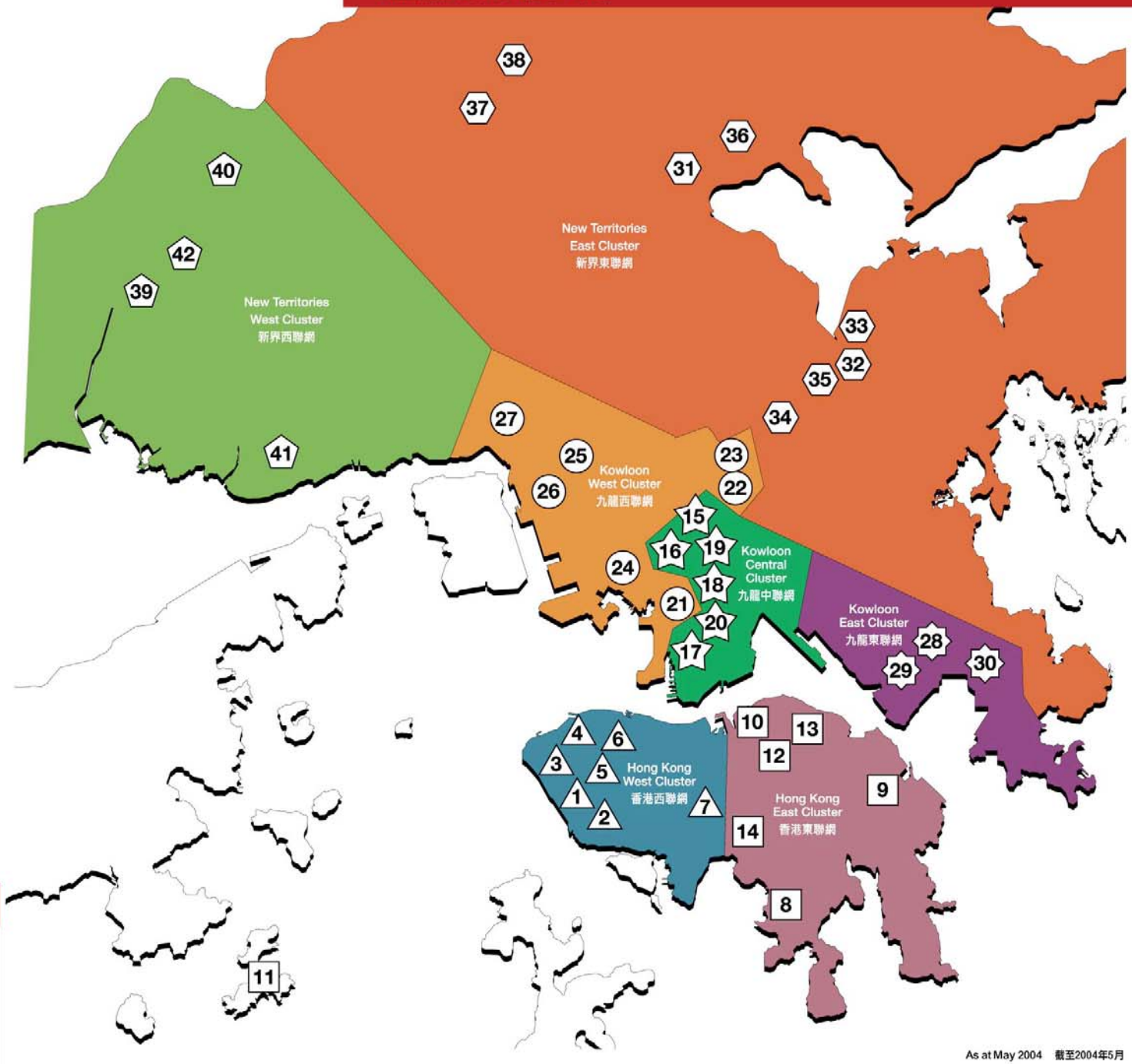
NEW TERRITORIES WEST 新界西

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

Total Number of Hospitals in Hong Kong
全港醫院總數目

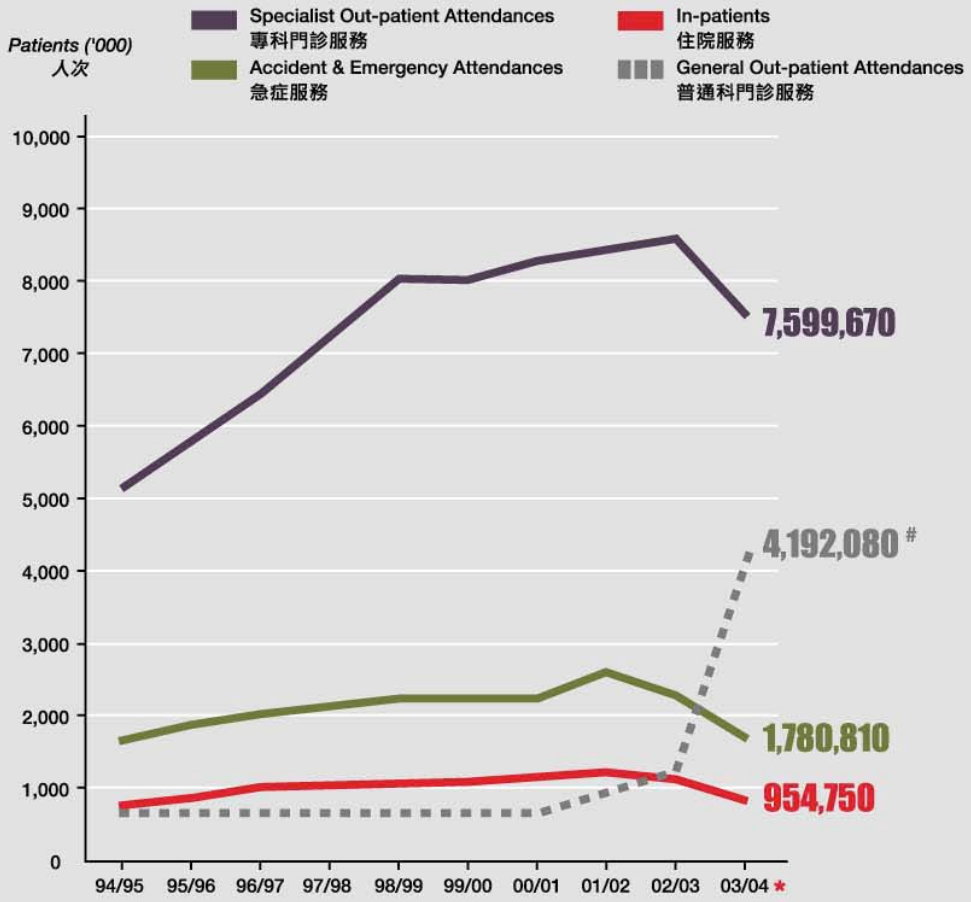
42 Public Hospitals 公立醫院

12 Private Hospitals 私家醫院



As at May 2004 截至2004年5月

Hospital Authority Services
醫院管理局服務



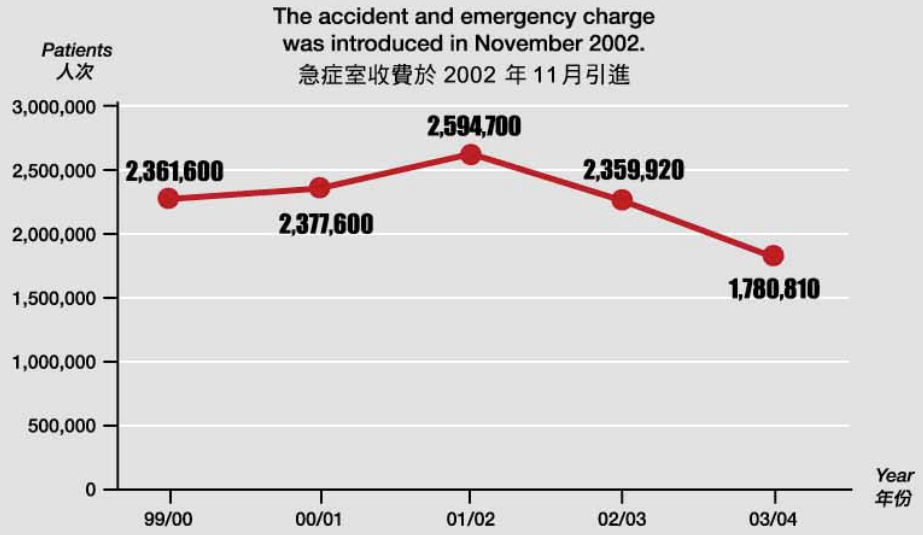
* Projected figure 預測數字

\# 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

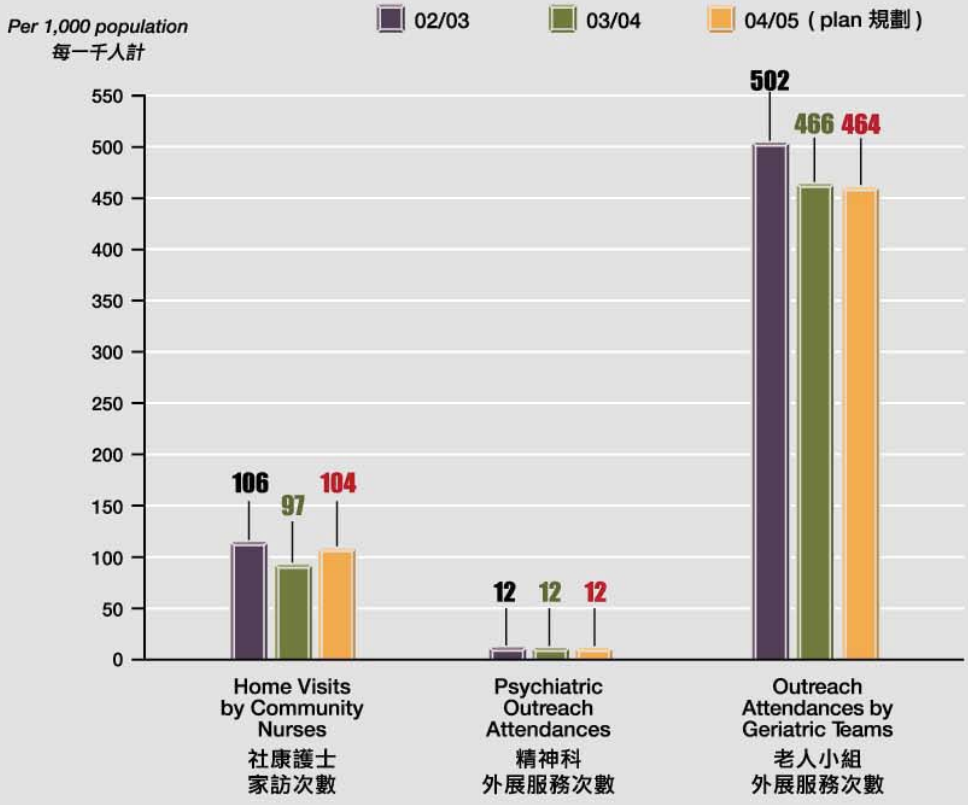
Services 服務 / Year 年份	In-patient and Day-patient Discharges & Deaths 住院及日間病人出院及死亡總人次	Specialist Out-patient Attendances 專科門診總求診人次	General Out-patient Attendances 普通科門診總求診人次
1999/2000	1,089,330	8,216,700	750,700
2000/2001	1,154,600	8,131,700	805,800
2001/2002	1,213,600	8,461,500	938,800
2002/2003	1,209,660	8,889,050	1,250,570
2003/2004 *	954,750	7,599,670	4,192,080

* Projected figure 預測數字

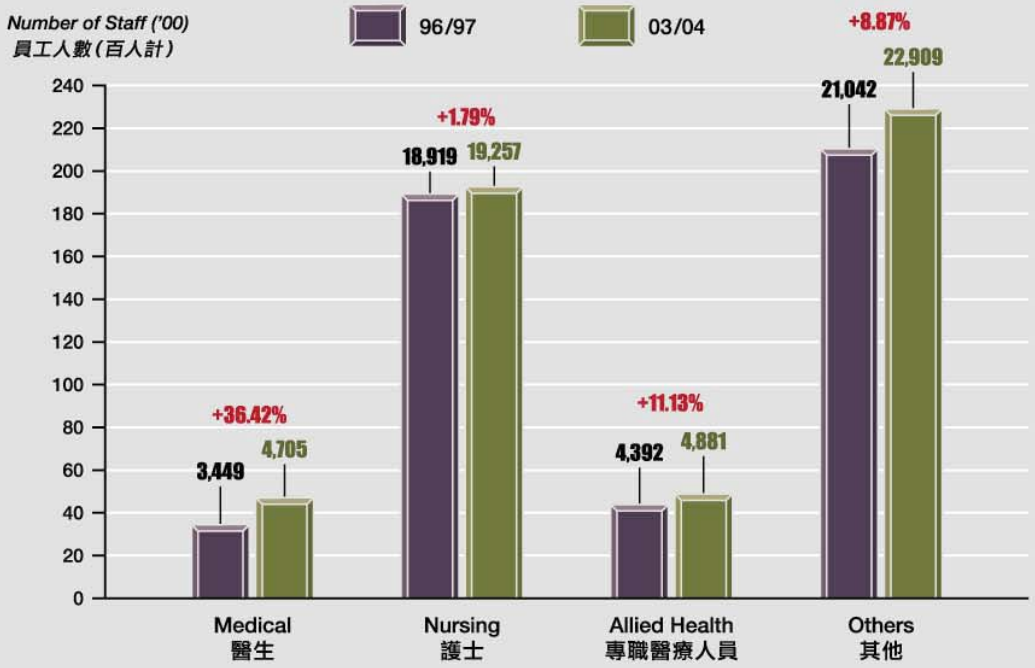
Number of Attendances at A&E
使用急症室人次



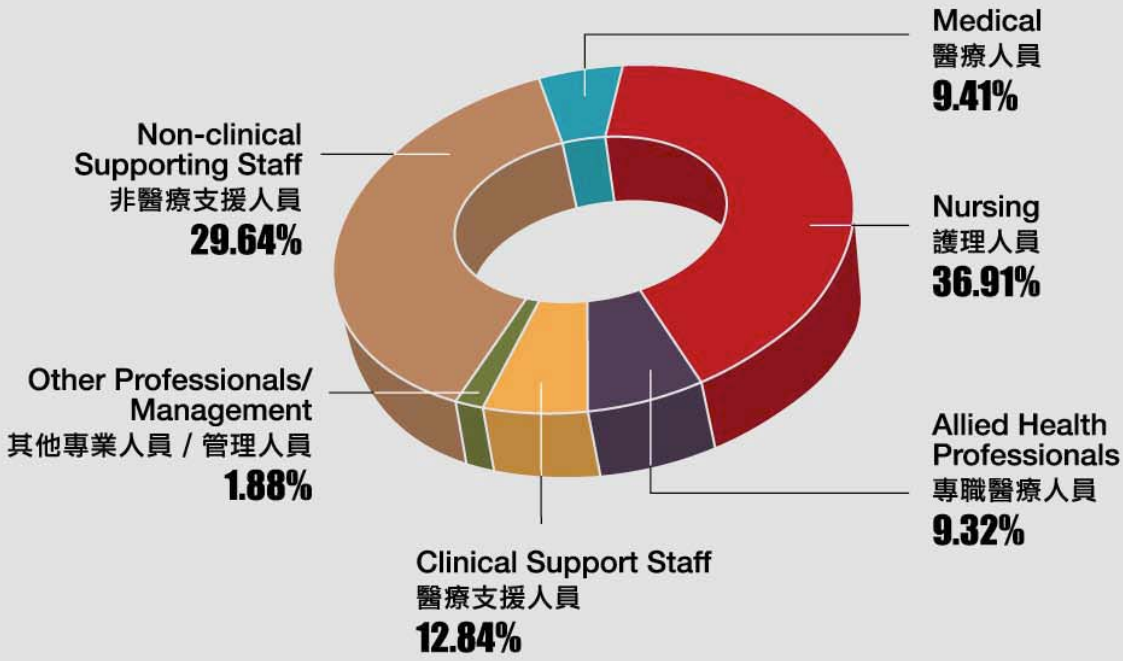
Hospital Authority Rehabilitation & Outreach Services
醫院管理局的復康及外展服務



Staff in Hospital Authority
醫院管理局員工增減率



Manpower of Hospital Authority
醫院管理局醫療人力資源



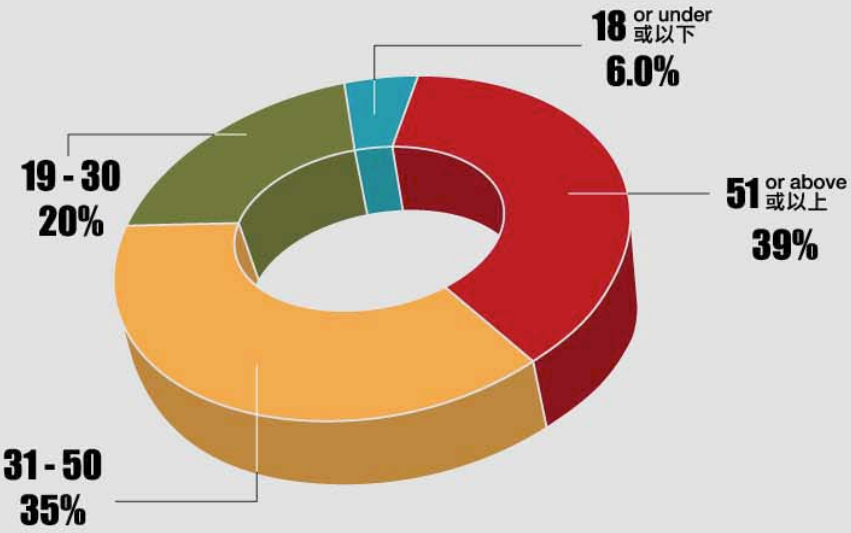
Note: As at December 2003, HA had a staff strength of 52,697 full-time equivalents.

備注：截至 2003 年 12月，醫管局有相當於全職的僱員 52,697人

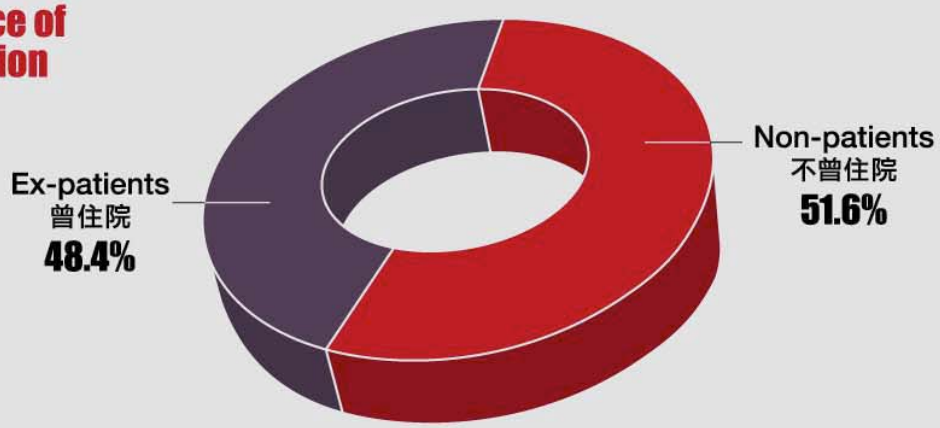
Profile of Hospital Authority Volunteers
醫院管理局義工剪影

Total Number of Volunteers 義工總數
11,318

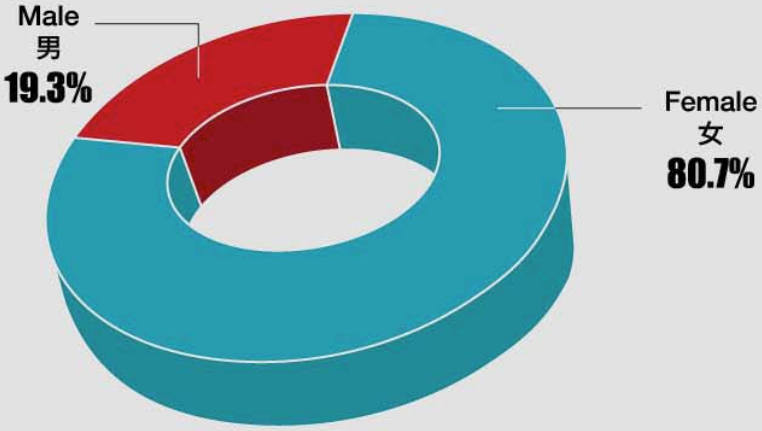
By Age 年齡



By Experience of Hospitalisation 住院經驗

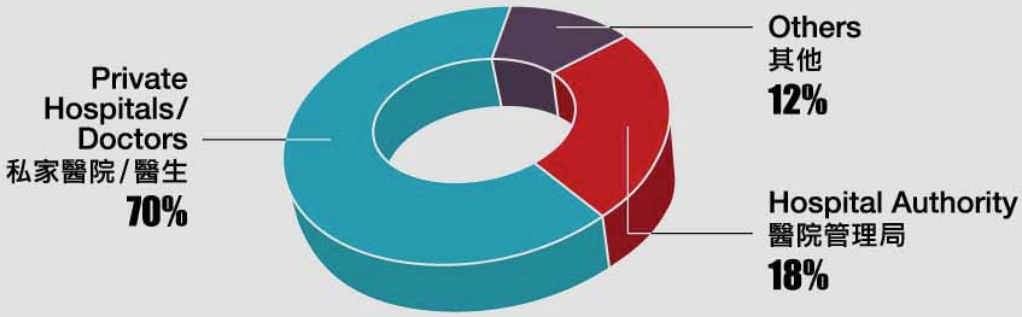


By Sex 性別

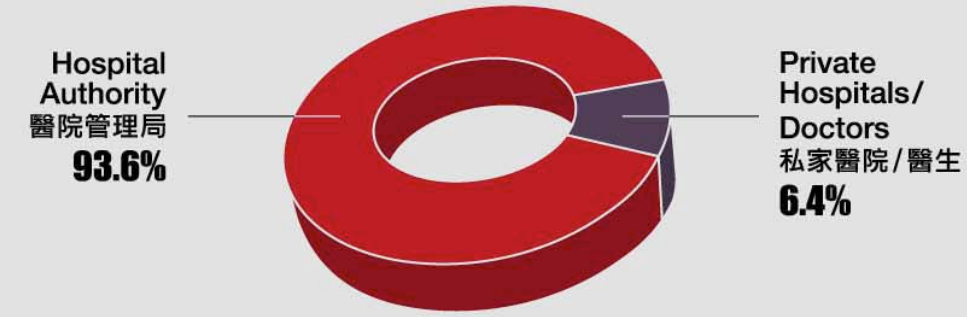


3-level Healthcare Structure in Hong Kong
香港醫療服務的三層架構

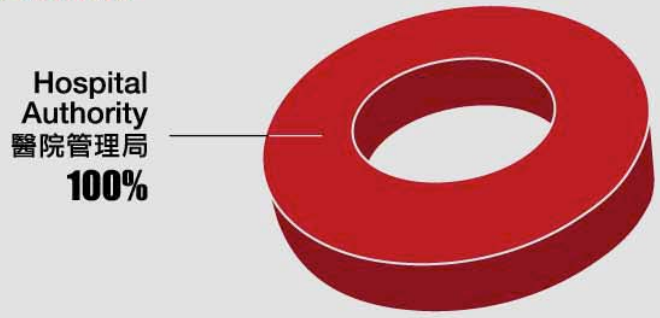
Primary Care
基層醫療



Secondary and Tertiary Care
中層及第三層醫療



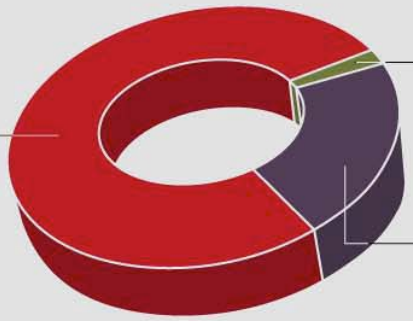
Extended and Long Term Care
延續服務



As of 2003 截至2003年

Distribution of Hospital Beds
醫院病床分佈

Total Number of Beds 病床總數
29,188



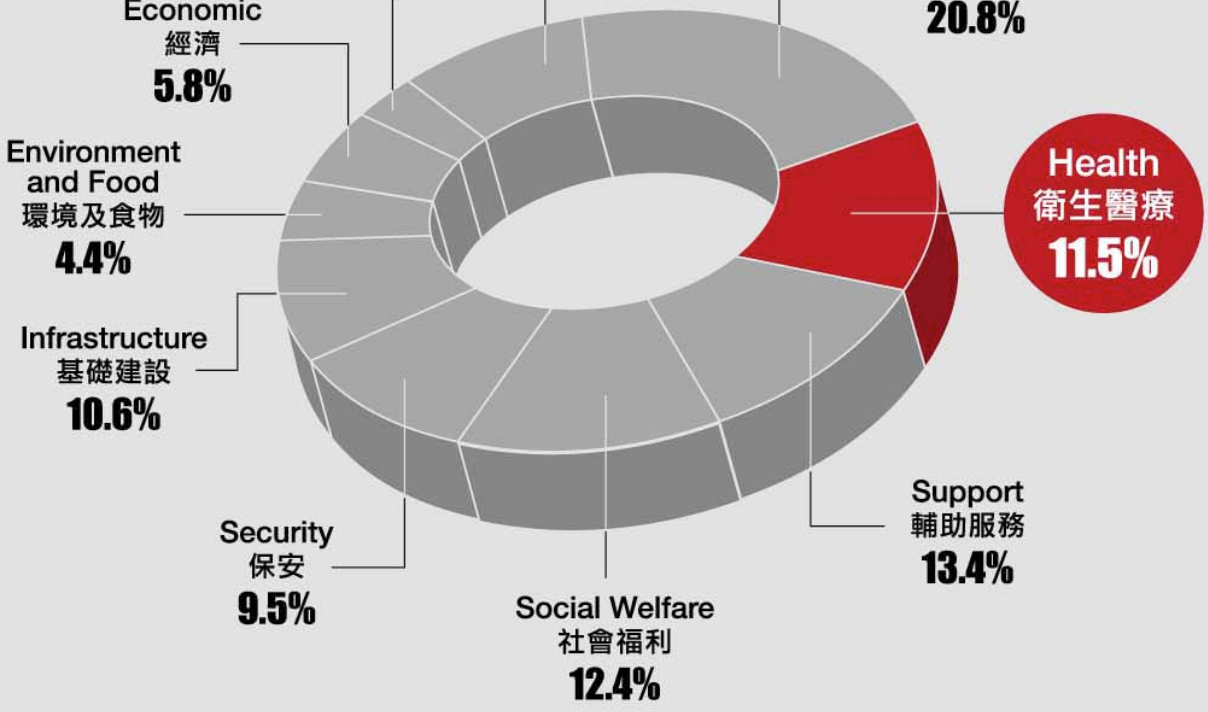
Department of Health 衛生署 **2.2%**

Hospital Authority 醫院管理局 **88.9%**

Private Hospitals 私家醫院 **8.9%**

As of 2003 截至2003年

2004/05 HKSAR Government Public Expenditure on Health (Estimate)
特區政府於2004/05年衛生醫療公共開支（預算）



Community and External Affairs 社區及對外事務 **3.0%**

Housing 房屋 **8.6%**

Education 教育 **20.8%**

Economic 經濟 **5.8%**

Environment and Food 環境及食物 **4.4%**

Health 衛生醫療 **11.5%**

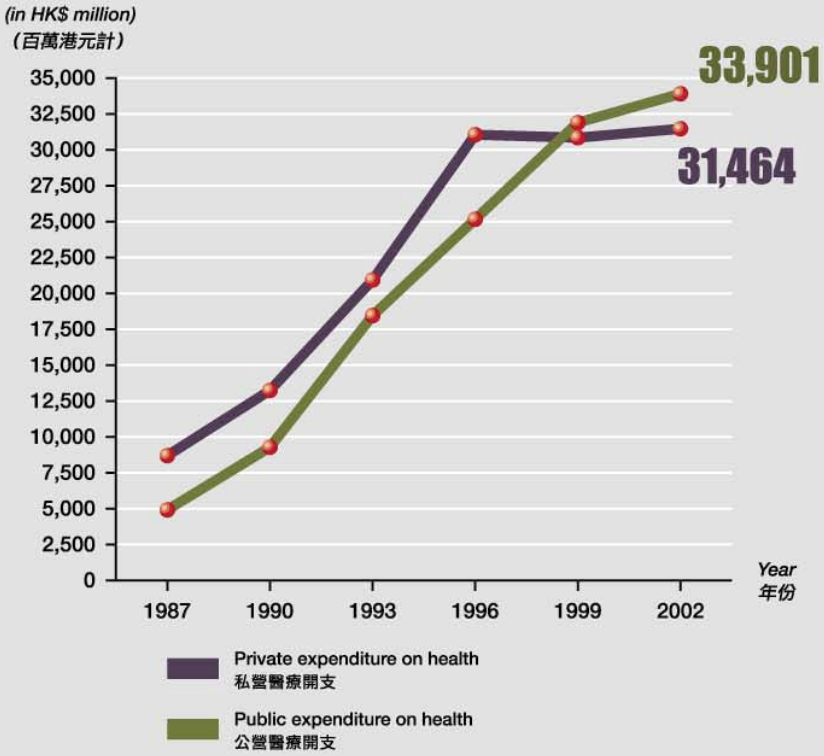
Infrastructure 基礎建設 **10.6%**

Support 輔助服務 **13.4%**

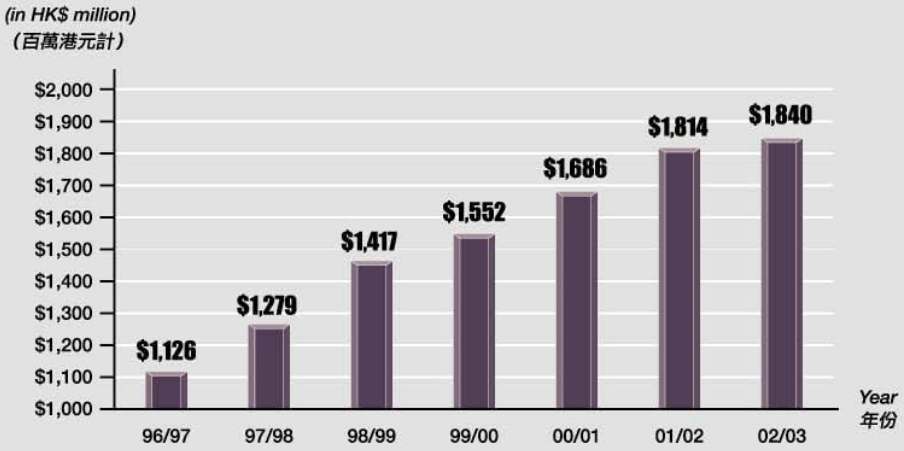
Security 保安 **9.5%**

Social Welfare 社會福利 **12.4%**

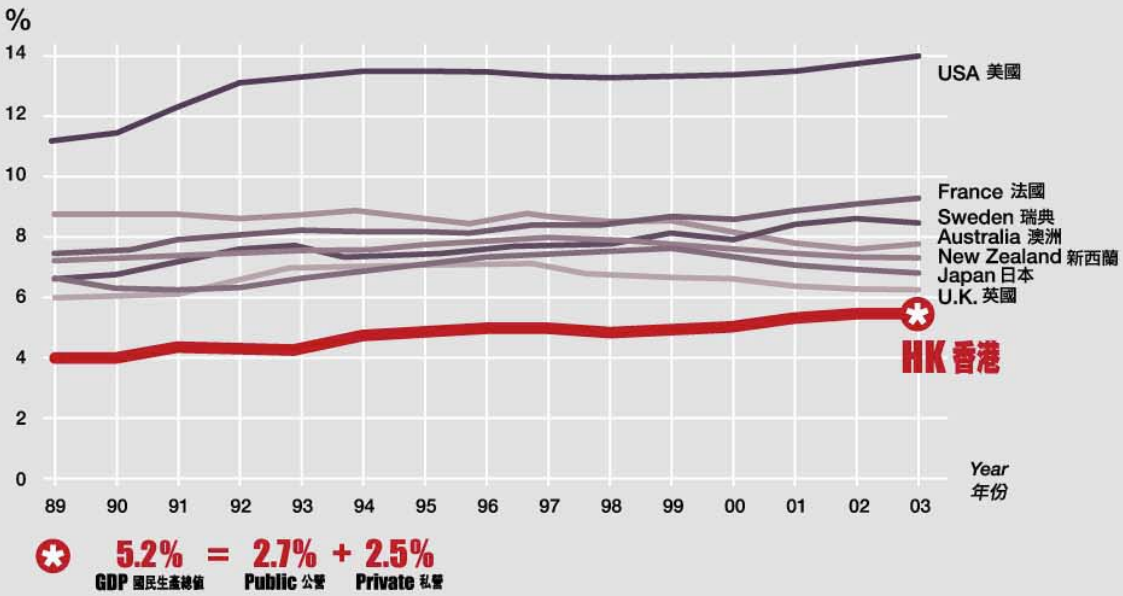
Medical and Healthcare Expenditure
衛生醫療開支



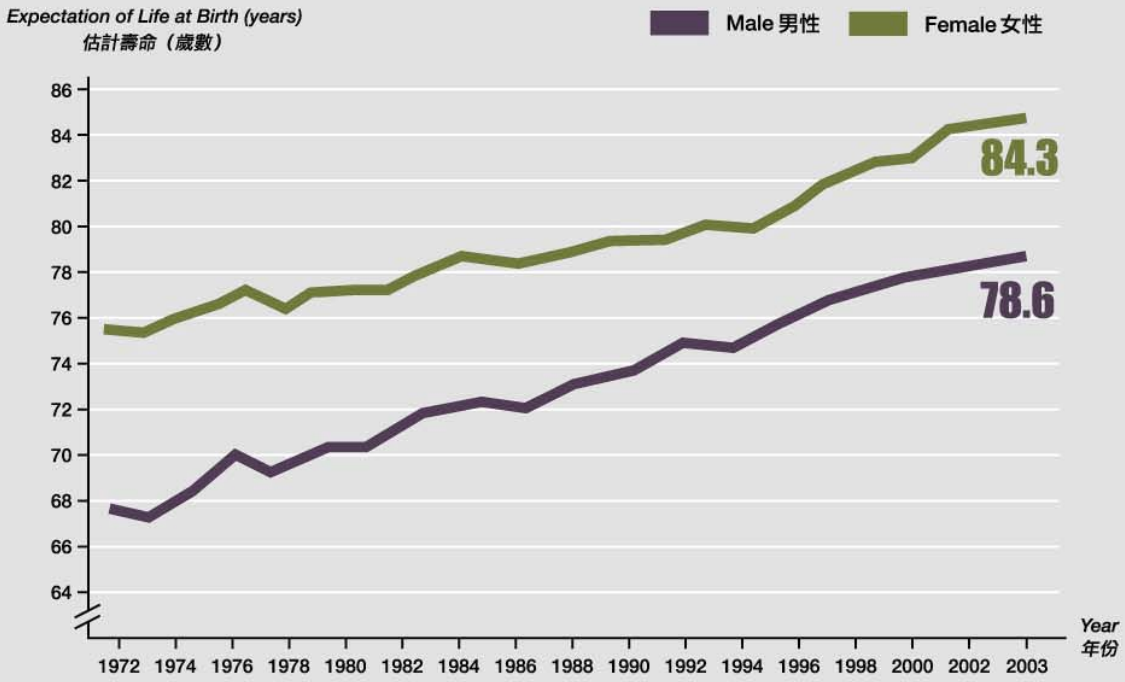
Hospital Authority's Expenditure on Drugs
醫院管理局藥物開支



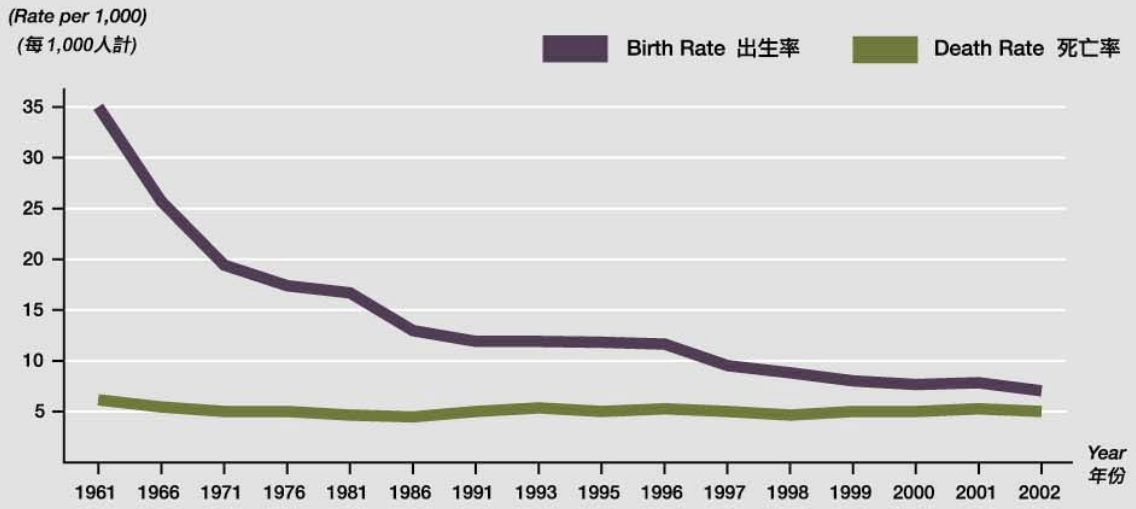
Health Service Expenditure as Percentage of GDP
醫療服務開支佔國民生產總值百分比



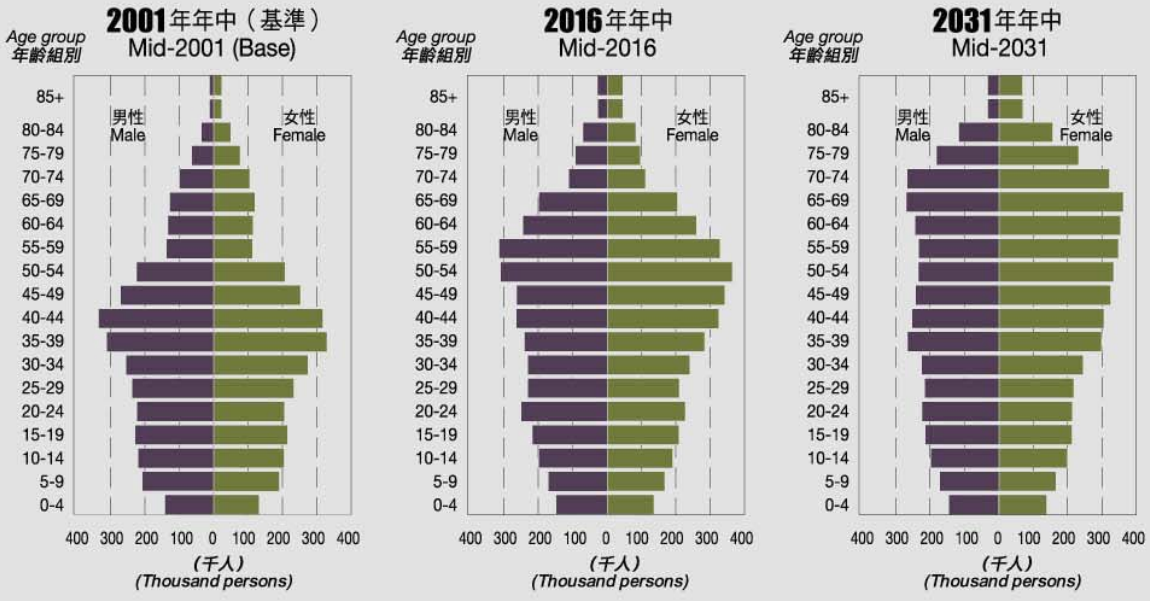
Life Expectancy at Birth
估計壽命



Rates of Births and Deaths
出生及死亡率



Population Age Pyramid
人口增長及人口老化情況



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

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

As at May 2004　截至2004年5月

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

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