

HOSPITAL AUTHORITY
STRATEGIC PLAN 2012-2017



醫院管理局
HOSPITAL
AUTHORITY



CONSOLIDATING
FOR HEALTH



*F*ingerprints

Seemingly Trivial

Yet by No Means Simple or Plain

With Every Ridge Precise and Concise

Our Uniqueness Reflected by Their Grains

Consolidating our fingerprints together in the shape of a strong and healthy tree symbolises our unity as an organisation. Like leaves on a tree that provide shade and nutrients, it also illustrates our commitment as members of the HA community working in unison and giving our best. For it is in the spirit of “Consolidating for Health” that the HA will most certainly thrive and blossom out, as we continue the mission of helping people stay healthy.

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EXECUTIVE SUMMARY

The Strategic
Plan 2012 – 2017 of the Hospital
Authority (HA) is the overarching
document for service and development planning
throughout HA. It outlines the directions and strategies
that we are pursuing in the coming five years.

The Plan provides a framework for our clinicians and
executives to align their programme initiatives in the annual
planning process. It will guide the development of our
annual plans for the next five years starting with Annual
Plan 2012-13. The aim is to usher the HA community
towards achieving the vision and mission
of the organisation.



Planning Process

The strategic planning process is led by the HA Board. It is broadly participative, involving some 750 stakeholders. From the process, four main themes and a host of related strategic intents and strategies are crystallised:

- **Staff** – allaying manpower shortage and high turnover of clinical staff through a comprehensive strategy to provide a workplace of choice that attracts and retains people
- **Services** – better managing growing demands and ensuring service quality and safety against the background of manpower constraints; as well as engaging patients and community as HA's partners in healthcare
- **Resources** – ensuring adequate resources for meeting service needs, including key enablers and the optimal use of available resources
- **Governance** – the need to enhance corporate governance and address issues that relate to corporate structure and accountability reporting

Strategies for Allaying Staff Shortage and High Turnover

- Retain people by supporting staff with high quality training and structured career development, relieving their workload, and improving their terms and conditions of employment when necessary.
- Attract people to join HA by offering them more flexibility and choices in their employment. At the same time, options are developed with a view to increasing the supply of clinical professionals.
- Motivate people by promoting good management and leadership, enhancing staff communication and involvement, as well as supporting staff with effective performance management and recognition for good performance.





Strategies for Better Managing Growing Service Demand

- Enhance service capacity to meet the demand in priority services, with particular focus on high needs communities, high demand life threatening diseases, and services with pressing issues of waiting time and access.
- Increase service efficiency by developing new models of service delivery.
- Reduce the demand through measures to cut down on unnecessary or avoidable cases, and developing more upstream care options for secondary prevention of chronic diseases so as to cut down on complications and the need for hospital or specialist care.
- Share out the demand, particularly those that can be managed in the private or non-governmental organisation (NGO) sectors.

Strategies for Ensuring Service Quality and Safety

- Enhance clinical risk management strategies to improve patient and staff safety, with particular focus on building safety culture and developing safer models of service.
- Modernise HA by adopting modern technology and treatment options which have a proven track record of improving clinical outcomes and service efficiency in a cost-effective way, and upkeep the standard of medical equipment and facilities.
- Improve clinical practice through enhancing clinical governance and implementing continuous quality improvement systems.





Strategies for Enhancing Partnerships with Patients and Community

- Involve patient groups and community partners in delivering care.
- Engage patients and community partners in improving the way services are delivered.
- Take patient-centred approach in communication with patients and carers.

Strategies for Ensuring Adequate Resources to Meet Service Needs

- Ensure financial sustainability by enhancing efficiency in resource utilisation and review Government funding.
- Continue to develop a fair and transparent resource allocation system.
- Enhance key enablers, including business support services, capital works, and IT services.

Strategies for Enhancing Corporate Governance

- Reinforce the governance structure and processes of the HA Board and strengthen executive support to the Board.
- Develop and maintain an integrated enterprise-wide risk management approach in HA.

Implementation and Monitoring

Strategies and priorities that require re-distribution of or additional resources will be implemented and monitored through the annual planning process. A progress report on the Strategic Plan will also be submitted to the HA Board every year.



FOREWORD BY CHAIRMAN

The Strategic Plan communicates an array of strategies that HA is taking up to address current and future healthcare needs and challenges. The aim is to strategically position HA in the years ahead for continued success.

In 2011, we commemorated the 20th anniversary of the establishment of HA. Even as we celebrate our many achievements in delivering quality healthcare to the people of Hong Kong, we remain mindful of the greater challenges that lie ahead.

A survey of patient satisfaction indicates that our services are generally well-regarded by our patients. This is a testimony to the exceptional performance, dedication and professionalism of our staff members. However, we are facing ever-increasing demands for HA services to be even “bigger and better”. To better manage the community needs and expectations, we have carried out a strategic planning exercise to chart our way forward. The results of this exercise are crystallised in the HA Strategic Plan 2012 – 2017.

Many people have contributed to the development of the Strategic Plan. I am particularly grateful for the support and time accorded by our frontline staff and patient groups. We are determined to work together in tandem to translate the strategies into action.

I am confident that the strategic directions of the plan will usher HA towards achieving the vision of Healthy People, Happy Staff, Trusted by the Community.

A handwritten signature in black ink, consisting of a series of loops and a long, sweeping upward stroke.

Anthony Wu
Chairman





INTRODUCTION BY CHIEF EXECUTIVE

I am delighted to present the new HA Strategic Plan 2012 – 2017, Consolidating for Health. Led by the HA Board, this is the product of a year-long process of extensive consultation and environmental scanning. Some 750 staff members and stakeholders contributed by participating in discussion forums and giving constructive comments.

The new Strategic Plan leverages on the progress from the previous Strategic Plan 2009 – 2012, and responds to the present and emerging environment. Covered in the new Plan are HA's corporate goals and strategic priorities, including key enablers of our clinical services such as manpower, IT support, business support, and capital works. It serves as a framework for our executives and clinicians to align their programmes in the annual planning process.

Throughout the consultation exercise of the Strategic Plan, the dominant message coming through was that our frontline staff members were stretched by the expanding services in the context of manpower constraints. This was taking a toll on their morale and job satisfaction. Hence, when developing this Plan, great emphasis was placed on tackling staffing and workload issues as a matter of priority. In this connection, we are consolidating our services in the next couple of years in order to regain our focus on priority services. This is to enable the HA community to restore strength and vitality so that step by step and hand in hand, we could scale new heights in the years to come.

I wish to take this opportunity to register my gratitude to the Board Members for their guidance and support, and to our staff and patients who have taken their valuable time to participate in developing the Plan.



Dr P Y Leung
Chief Executive



CONTEXT

HA is a statutory and independent body responsible for the provision of all public hospital services in Hong Kong. We also provide some primary care services and are accountable to the Government for the effective and efficient delivery of a comprehensive range of highly subsidised preventive, curative and rehabilitative medical care.

We currently manage 41 public hospitals / institutions supplying a total of some 27 000 beds, 49 specialist outpatient clinics (SOPC) and 74 general outpatient clinics (GOPC). These facilities are organised into seven Clusters according to geographical locations. Our staff strength is around 60 800.

First Strategic Plan (2009-2012)

HA developed its first Strategic Plan in 2009. It outlined the service directions and strategies that we were pursuing in the three years starting from financial year 2009-10 to address key challenges relating to service demand and quality and safety, and manpower issues.





The Plan has guided our annual planning process and submission of Resource Allocation Exercise (RAE) bids to the Government over the last three years. Progress is made in all the strategies and priorities set out in the document. This is reflected in the annual plans in the three years, which carried the programmes and initiatives taken to translate the strategies and priorities into actions.

Specifically, significant capacity has been added across the Hospital Clusters. For example, 240 additional beds were provided and there was an increase of 170 600 in SOPC attendances. Progress has also been made through the implementation of a variety of service modernisation and quality improvement initiatives with investment in people, technology, infrastructure and partnerships. In addition, a number of service plans were developed to guide major clinical programmes. These include the adult mental health service plan, elderly service plan and coronary heart disease service plan. Hospital clinical service plans have also been formulated to prepare for major hospital development projects, such as the redevelopment of United Christian Hospital, Kwong Wah Hospital, Kwai Chung Hospital, and Queen Elizabeth Hospital.

However, the first Strategic Plan is predominantly a service plan and so has focused mainly on clinical services, with only a limited coverage on manpower situation. Hence, outstanding issues and gaps remain in terms of other service areas of HA, including key enablers such as finance, business support, capital works, and IT services.

It is also recognised that frontline staff and patients could be better engaged in the development of the Strategic Plan. Greater participation is thus adopted in the formulation of the new Strategic Plan.







GUIDING PRINCIPLES FOR STRATEGIC PLANNING

The basic premise for HA services is to make essential healthcare services available to all residents of Hong Kong at an affordable cost to the society.

This is with regard to the principle as stated in the HA Ordinance that “no person should be prevented, through lack of means, from obtaining adequate medical treatment.”

To maximise health gain within allocated resources, our strategic planning is underpinned by the need for us to prioritise our services. This is guided by the Government’s direction, set forth by the Secretary for Food and Health in the report “Building a Healthy Tomorrow” in 2005, which is for HA to focus on four priority areas:

-  Acute and emergency care;
-  Services for the low income group and the underprivileged;
-  Illnesses that entail high cost, advanced technology and multidisciplinary professional teamwork in their treatment; and
-  Training of healthcare professionals.

In addition, as the principal provider of public healthcare services, our planning takes reference to the Government's healthcare policy. This includes the healthcare reform directions of enhancing primary care to reinforce its gatekeeping role in the health system; promoting public-private partnership (PPP) to address imbalance in the patient loads of the public and private sectors; and developing electronic health record (eHR).

Our strategic planning is also guided by our Vision, Mission and Values.



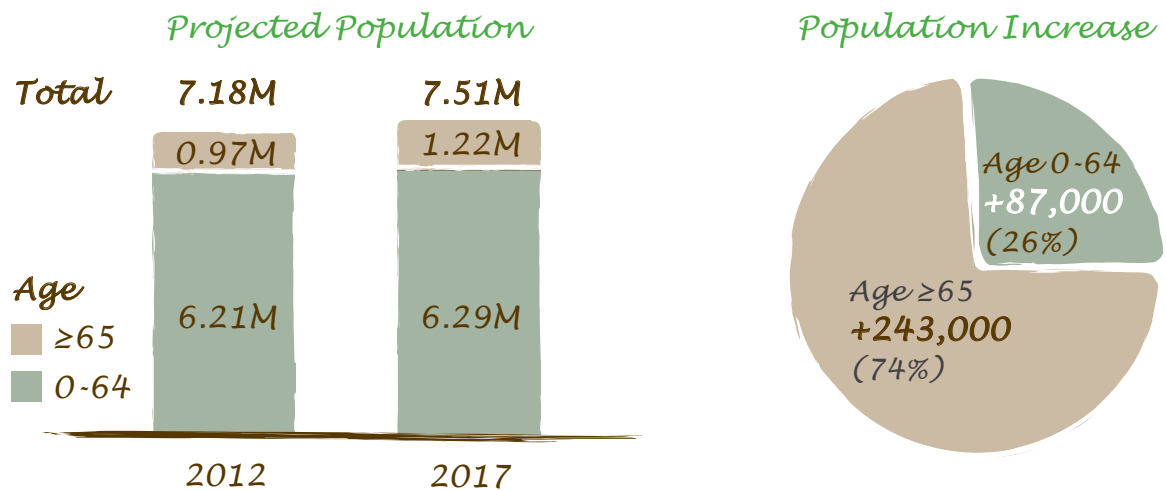


OUR ENVIRONMENT AND KEY CHALLENGES

Changing Demographics and Healthcare Needs

The population of Hong Kong is projected to increase by around 5% from 7.18 million persons in 2012 to 7.51 million in 2017. Close to three-quarters of this increase is attributable to growth in the elderly population aged 65 years or over. To illustrate, between 2012 and 2017, the number of elderly people will grow from 0.97 million to 1.22 million. This means that their proportion in the whole population will increase from 13.6% of the total to 15.6% in the next five years.

Demographic Change, Year 2012 to 2017



The disproportionate increase in the elderly population places growing demand on the healthcare system. For healthcare services provided by HA, the relative risk of an elderly person being hospitalised is about four times that of a non-elderly person. This explains the fact that despite making up only 13% of the Hong Kong population, elderly people accounted for around 50% of all hospital bed days in HA in 2010.

Apart from volume increase, the complexities of illness of elderly people are also more profound. In HA, the average cost of treatment for an elderly patient is 57% higher than that for a non-elderly patient. This is mainly due to sicker or more complex medical conditions, higher number of admissions, and longer length of stay, which is 9.7 days on average for an elderly patient compared to 5.3 days for a non-elderly patient.

Using general specialty bed utilisation as an illustration, in 2010 non-elderly people required 1.3 beds per 1 000 population; for the elderly the bed requirement was 11.8 beds per 1 000 population, which is nine times that of non-elderly population. Projection to 2016 suggests that under the current service delivery model, for every one bed increase for the non-elderly population, the elderly population will require 20.2 beds.



It is projected that the service throughput of HA will have to grow by an average of at least 2% every year for the next few years in order to cater for the ever increasing demand arising from population growth and ageing. This is nonetheless a conservative estimation because it is based on current service utilisation rates and has not factored in service gaps and backlogs, such as waiting lists for SOPC first consultation and elective surgeries, and the effect of new services. In addition, the rapid advances in bio-medical technology also contribute significantly to demand growth.

Analysis shows that there is a high need to increase the service capacity in the New Territories West and Kowloon East Clusters, in particular for inpatient beds. The catchment areas of these two Clusters have the highest population growth, at an annual rate of 1.5% (compared to the Cluster average of 0.8%) in the period between 2007 and 2016. At the same time, the New Territories West Cluster also has the highest growth rate in terms of elderly population, which is 5.3% per year compared to the average of 2.9% among the Clusters.

Chronic Health Conditions

Concomitant with population ageing in Hong Kong is an increasing occurrence of chronic illnesses. Analysis of leading causes of death indicates that cancer, diseases of the heart, pneumonia, stroke, respiratory diseases, and renal diseases are the main causes of mortality in the elderly population, accounting for almost 80% of deaths in this age group in 2010 according to data from the Centre for Health Protection. All of these are chronic conditions, with the exception of pneumonia, and pose a major burden to the healthcare system.

In addition, diabetes and hypertension are two common chronic diseases that could lead to major health problems and complications. Analysis

shows that 43% of the patients attending the GOPC of HA have either hypertension or diabetes. These two conditions are common risk factors for heart disease and stroke, which not only are the leading causes of death, but also occupy a large proportion of inpatient days. Other complications of diabetes include kidney failure, eye disease and nerve damage.

It is projected that between 2012 and 2017, the number of patients who are being treated for diabetes in HA will increase by 29% from 427 000 to 549 000; the increase for those with hypertension is 29%, from 1 163 000 to 1 498 000. For patients with coronary heart disease, the increase is 26%, from 205 000 to 258 000.

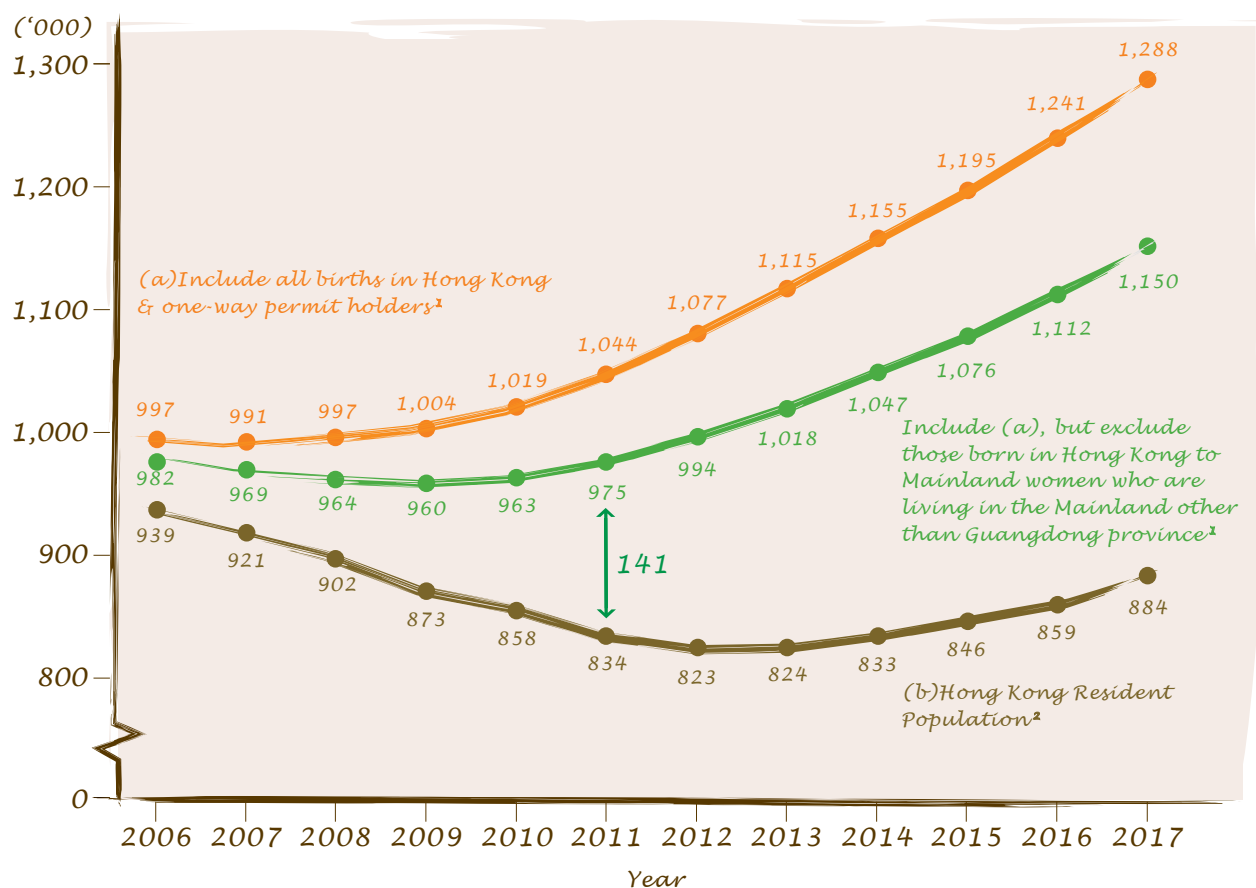
Cross-Border Service Demand

There are considerable cross-border populations who are eligible for public healthcare services in Hong Kong. These include Hong Kong people residing in the Mainland for work, family or other reasons; as well as children born in Hong Kong to Mainland mothers and who possess the right of abode in Hong Kong. These eligible persons residing in China can return to Hong Kong at anytime to receive public healthcare services.

According to the census information compiled by the National Bureau of Statistics of China in 2010, there were some 200 000 Hong Kong people living in China. In addition, it is estimated that 141 000 children born in Hong Kong to Mainland mothers are currently living in the nearby Guangdong province. This number is projected to increase to 266 000 in 2017.



Estimated & Projected Number of Eligible Persons for HA Services Aged 0 to 14, Year 2006 to 2017

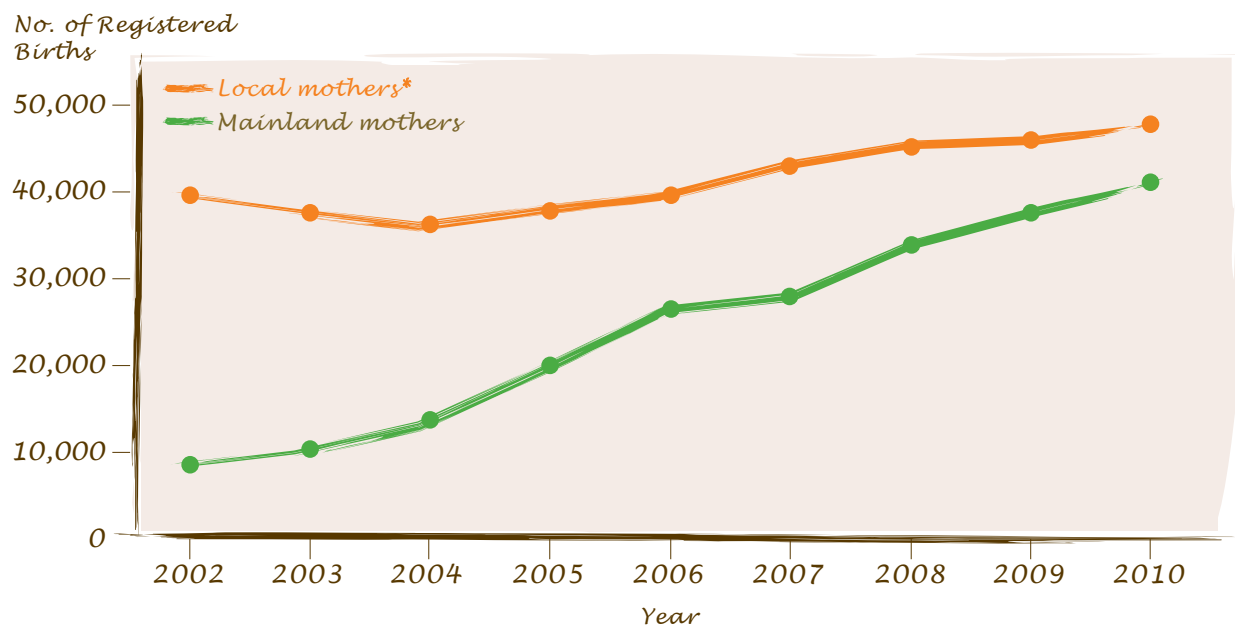


Source:

1. Compiled and projected by the HA in consultation with Census and Statistics Department in March 2012
2. Hong Kong Annual Digest of Statistics 2011 and Hong Kong Population Projections 2010–2039, Census and Statistics Department

The rapid increase in Mainland children eligible for HA services stems from a growing number of births in Hong Kong to Mainland mothers in recent years. Such births increased from less than 10 000 before 2003 to over 40 000 in 2010. Over 70% of them were delivered in private hospitals.

Number of Births to Local Mothers* and Mainland Mothers in Hong Kong Year 2002 to 2010



Source: Demographic Statistics Section, Census and Statistics Department

* Approximated by the difference between total births in Hong Kong and births to Mainland mothers in Hong Kong

As a result of the demand surge for obstetric services, HA is facing stiff competition for obstetrics manpower from the private hospitals which are expanding their services for Mainland pregnant women. There is also a growing pressure on HA's neonatal intensive care unit (NICU) to admit newborns transferred from private hospitals, which do not have NICU facilities.

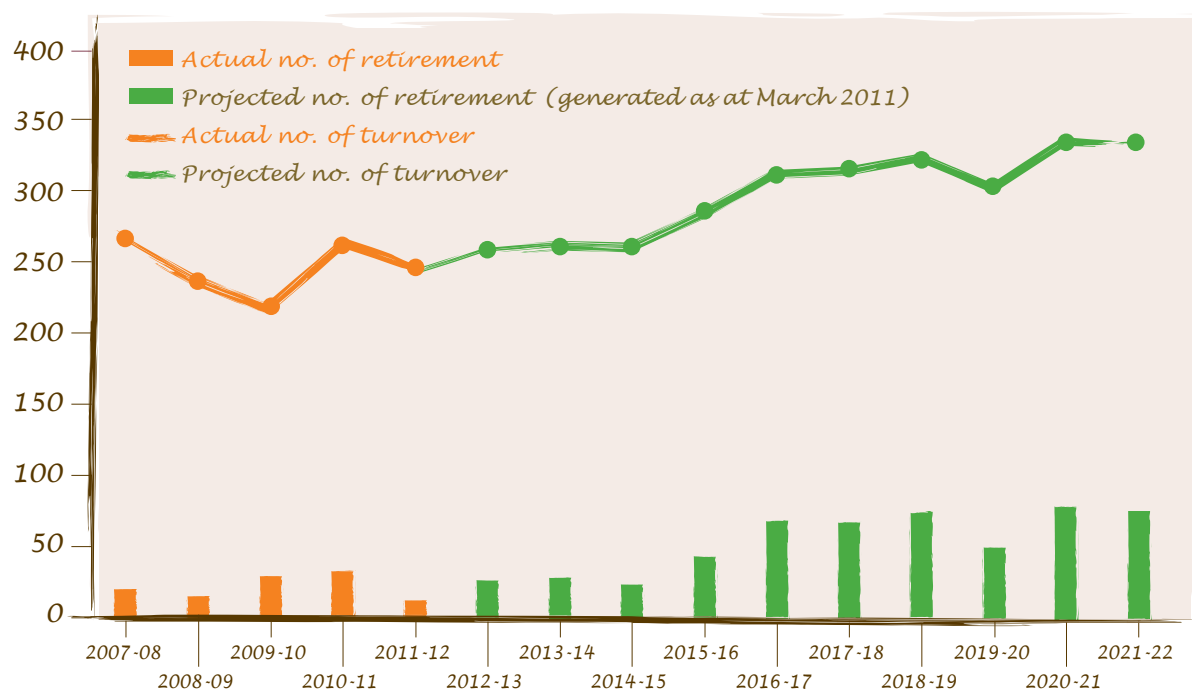
To ease the tremendous pressure on the overall obstetric and neonatal care services, and to ensure that local pregnant women are given priority for services, the Government has limited the number of non-local mothers giving birth in Hong Kong to 34 400 in 2012. Consequently, HA has substantially reduced the deliveries quota available for non-local pregnant women from 9 800 to around 3 400 in 2012. In addition, bookings from non-local pregnant women will only be accepted when spare capacity is available. The overall quota limit for deliveries in 2013 will be determined by the Government later on after discussions with HA and the private hospitals.



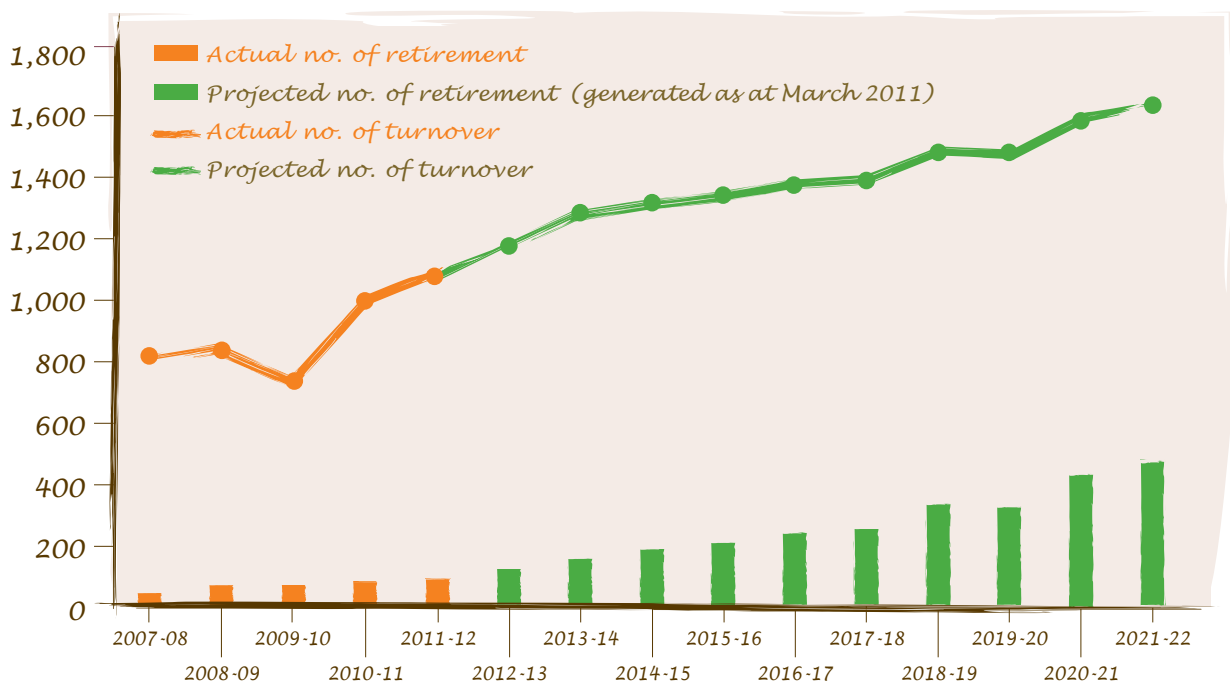
Manpower Situation

Healthcare is a labour intensive industry, requiring sufficient numbers of skilled staff working to provide quality services. However, HA currently faces a major issue of manpower shortage of clinical professionals. This is exacerbated by a high turnover of doctors, nurses and allied health professionals from resignation as well as retirement. The turnover rates are projected to increase further in the coming years as manpower competition intensifies from a blooming private healthcare sector and as more professional staff approach retirement age. In particular, the Government announced in the 2011-12 Budget that four sites were reserved in Wong Chuk Hang, Tai Po, Tseung Kwan O and Lantau Island for the construction of private hospitals. Inevitably, we will be bracing for even greater competition for healthcare manpower in the face of further expansion of private hospitals.

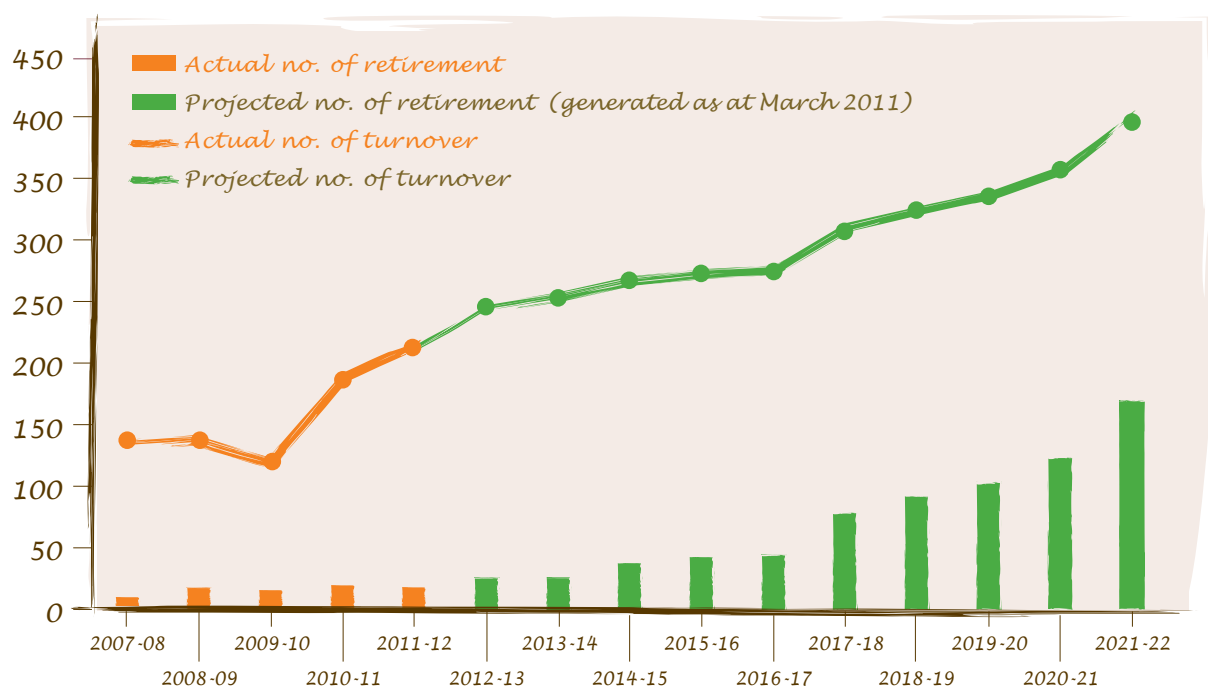
Projected Turnover of Doctors



Projected Turnover of Nurses



Projected Turnover of Allied Health Professionals



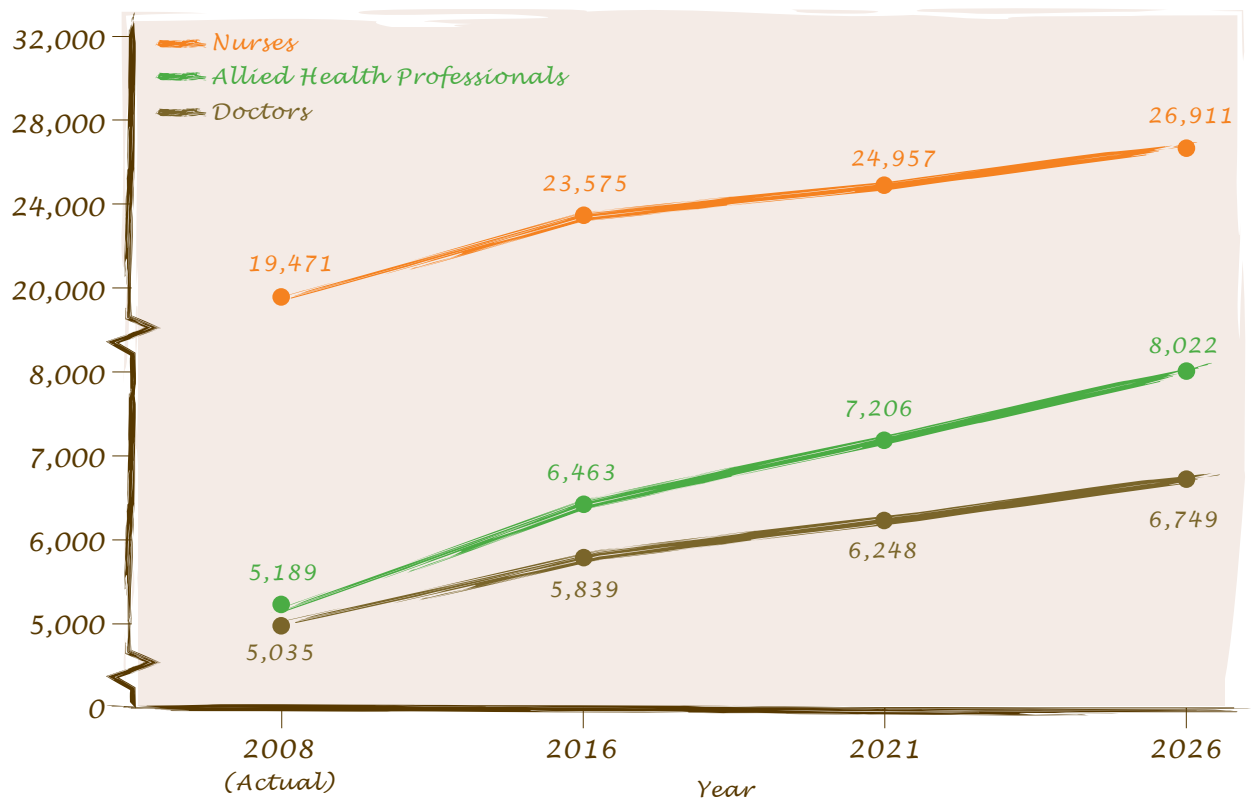
Besides turnover replacement, additional manpower is also required due to an increase in service demand. The projected total number of doctors required for HA to meet growing service demand will increase from around 5 040 in 2008 to 6 750 in 2026. This represents a growth rate of 1.6% per annum. All in all, we need to recruit at least 380 additional doctors every year to meet both staff replacement and service needs. However, there are now only 250 local medical graduates every year, and the number will only go up to 320 starting from 2015. Hence, the demand for doctor manpower will continue to exceed supply in the coming few years.

For nurses, the shortfall situation may begin to ease after 2011 because of increased student intakes into HA nursing schools and the university nursing programmes in the past few years. These two sources combined are expected to boost up the supply of new nurses available to HA by some 1 800 in 2012; while HA needs to take in 1 700 additional nurses every year. Nonetheless, we are facing stiff competition from the private hospitals for nurse graduates. Between 2008 and 2026, the projected number of nurses required for HA will increase from 19 470 to 26 910. This is an annual growth rate of 1.8%.

As for allied health professionals, diagnostic radiographers are in short supply; and the demand for allied health input has been growing because of multidisciplinary models for chronic disease management. Overall, the manpower requirement for allied health professionals will increase from 5 190 in 2008 to 8 020 in 2026, at a growth rate of 2.4% per annum.



Projected Manpower Requirement Arising from Growth in Service Demand



The medium to long-term manpower projection in HA is updated once every two to three years. The results of the latest round of projection conducted in 2010 were submitted to the Government for the planning of healthcare student places in local universities for the 2012-2014 triennium. The next round is currently underway, with the participation of the respective grade managers and frontline staff, including doctors from the respective clinical specialty committees, nurse representatives, and representatives from each allied health discipline. The results will be available in 2013.



Patients' Expectation

With a better educated populace and more access to health information, public patients now have a higher expectation of HA services. In the first HA-wide Patient Satisfaction Survey commissioned by HA and conducted by the Chinese University of Hong Kong between June and October 2010, the results reflected that there was room for improvement in some areas of our services with regard to meeting our patients' expectation. These include food quality, choice for patients, communication with patients and their families, and information on discharge and care at home. Nevertheless, 80% of the patients rated their care as excellent, very good or good. Meanwhile, almost 90% of the patients indicated they have confidence and trust in our doctors and nurses.

In the survey, some 5 000 patients discharged from 25 acute and extended care hospitals in all seven HA Clusters were interviewed by phone about their recent experience as inpatients and their satisfaction with the public healthcare services from admission to discharge. The survey provided us with important insight on patient care. This is helpful in shaping and planning our strategies and measures for improving the service quality of our hospitals in the coming years.

Moreover, feedbacks or even complaints received from patients through other channels are also regarded as important information for gauging patients' expectation and hence serve as a good reference point for us to improve the way that services are delivered.



Medical Technology and Facilities

An important factor affecting the quality of care is the standard of our medical technology and facilities. In terms of medical technology, there have been significant advances on this front internationally. Hence, managing the introduction of new drugs and new technologies into our services in a timely manner remains a key to enhancing the quality of care. At the same time, it has to be based on clinical and cost effectiveness evidence, and with consideration of efficiency in resource utilisation and financial sustainability.

In this regard, significant efforts have been put in replacing obsolete medical equipment in HA over the past few years with increased funding from the Government. For example, all CT and MRI scanners that were in use for over ten years have recently been replaced with newer machines. Nevertheless, there is still a large backlog of outdated equipment. An estimated 32% (or about 3 700 items) of our medical equipment are still aged ten years or over and are in need of replacement or upgrading.

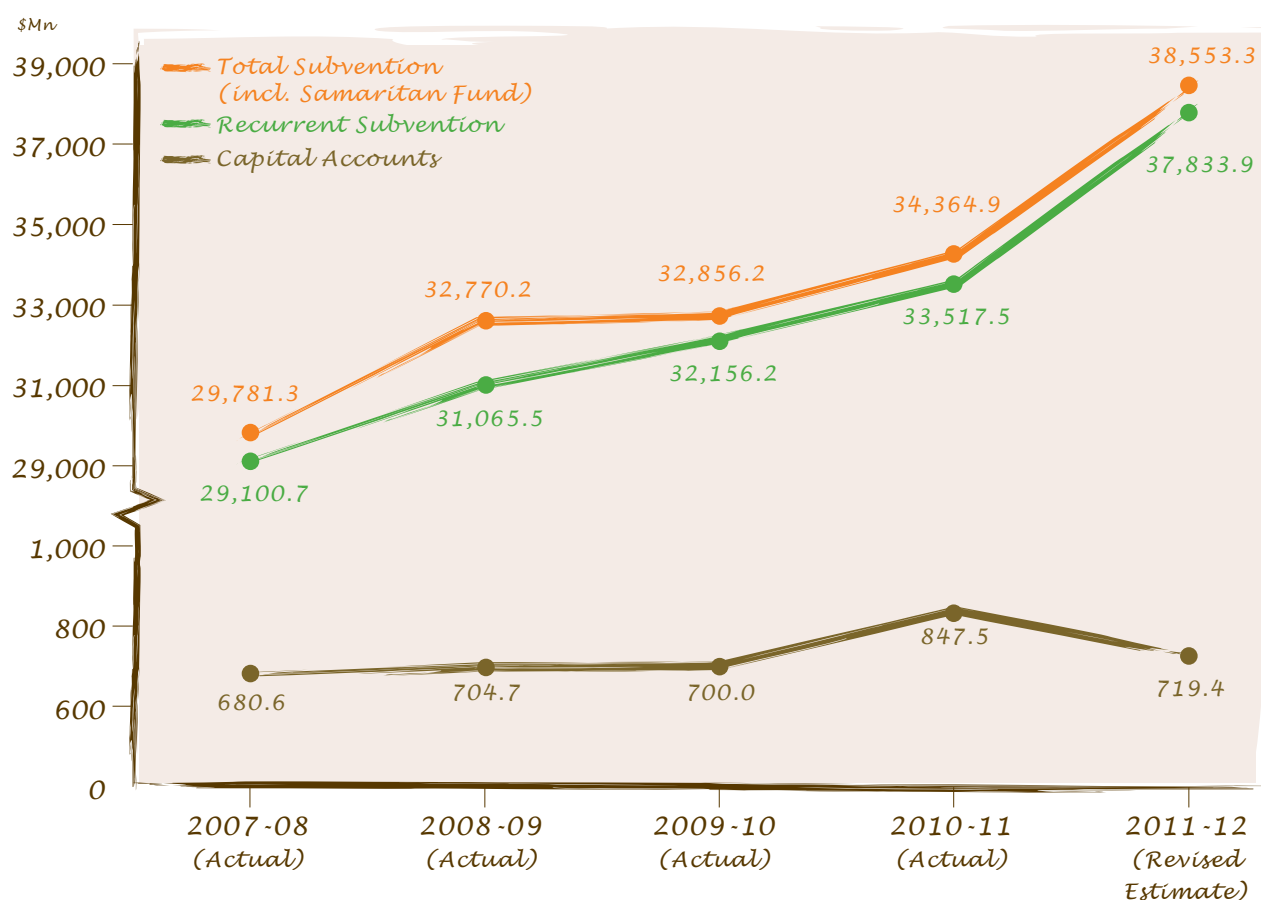
With regard to physical facilities, HA manages around 300 building blocks with a total floor area in excess of 2.6 million square metres. Around half of the buildings were completed more than 30 years ago and some are even aged over 85 years. It is a challenge to maintain this large stock of ageing facilities. For some of the very old buildings, redevelopment works are needed either to the individual blocks or even the entire hospital. Examples are the United Christian Hospital and the Kwong Wah Hospital.



Financial Situation

Being a public healthcare provider, HA relies heavily on the financial provision from the Government to meet service needs. Over 90% of our budget comes from the Government which has been staunchly supporting HA. The amount of recurrent funding from the Government has increased significantly by 30% over the years, from \$29.1 billion in 2007 to \$37.8 billion in 2011. An additional \$2.6 billion was also provided for buying and upgrading our equipment.

Government Financial Provision to HA for 2007-08 through 2011-12





Although it is important to have a long-term funding arrangement to facilitate longer term planning, the Government funding is traditionally committed on a yearly basis. Nonetheless, a three-year interim funding arrangement was made with the Government from 2009-10 to 2011-12, where the Government committed to increasing the recurrent subvention for HA by \$872 million every year for the three consecutive years. For 2012-13, the Government will further increase the recurrent subvention by \$1,100 million. We will continue to work with the Government on the recurrent funding arrangement for the coming years.

With the gloomy outlook of the global economy in the coming years, we will need to further improve cost efficiency and stretch every dollar received from the Government. This is despite the fact that the Government is committed to increasing the overall public health expenditure in Hong Kong to 17% of the recurrent Government expenditure by 2012, and developing other financing options.

Summary

Service demand on HA is escalating as a result of population growth and ageing, as well as an increase in cross-border populations. While increasing service capacity seems like a natural response, we are facing a serious problem of manpower shortage and staff turnover. Therefore, there will be a limit to service expansion despite staunch financial support from the Government. What is clear is that more of the same is not the answer. We need to explore other ways of managing the demand without compromising the quality and safety of our services. In response to higher patients' expectations, there is also a need to further improve the way that our services are delivered. Looking ahead, we have to make more efficient use of our resources to improve services, facilities and equipment. In addition, as public healthcare provider, HA will continue to support the Government's healthcare reforms and policy.



PLANNING PROCESS

The strategic planning process is broadly participative with inputs from both internal and external stakeholders. Extensive consultation and discussion were conducted to ensure stakeholders' voices were heard.

Overall, the planning process involves the following components:

- Environmental scanning of HA's internal and external context as set out in the previous chapter
- Review of the previous Strategic Plan to make out prevailing issues and gaps
- Consultation and discussion to identify key issues and challenges and formulate strategies for meeting the challenges

The process is coordinated by a project team from the Strategy & Planning Division who reports to the Directors' Meeting and also to the HA Board. The Board is the ultimate authority for approving the strategies. Besides discussions at Board and functional committee meetings, Board Members held a strategic planning workshop in July 2011 to deliberate key issues and strategic responses.



In total, some 750 stakeholders participated in the consultation exercise in 2011:

- A series of meetings with around 350 doctors, nurses and allied health professionals from the Clinical Coordinating Committees (COCs) and Central Committees (CCs) in March and in November.
- Workshops with executives – these include a workshop participated by Hospital Chief Executives and Head Office Chief Managers in April, and another one by Cluster Chief Executives and Head Office Directors and Heads in May.
- Meeting in July 2011 and February 2012 with Chairmen of Hospital Governing Committees.
- Meetings with staff representatives from all the different Staff Group Consultative Committees, including those for doctors, nurses, allied health, administrative and clerical staff, and supporting staff between September and December.
- Discussion at the Patient Advisory Committee meeting in September. A meeting with representatives of various patient groups was also held in January 2012.



STRATEGIC FRAMEWORK

From the planning process, four main themes and a host of related strategic intents and strategies were articulated and crystallised:

- **Staff** – allaying manpower shortage and high turnover of clinical staff, and the solution is not simply recruiting more people but a more comprehensive strategy is needed to provide a workplace of choice that attracts and retains people
- **Services** – better managing growing demands and ensuring service quality and safety against the background of manpower constraints; as well as engaging patients and community as HA's partners in healthcare
- **Resources** – ensuring adequate resources for meeting service needs, including key enablers and the optimal use of available resources
- **Governance** – the need to enhance corporate governance and address issues that relate to corporate structure and accountability reporting

Set out in the ensuing chapters are the specific directions and strategies for achieving these strategic intents, while the overall framework is presented on the next page. The framework also illustrates how the strategies relate to the vision statement of HA.



<i>Strategic Intents (What we want to achieve)</i>	<i>Strategic Directions (Where we are going)</i>	<i>Strategies (How we get there)</i>	<i>Vision</i>
<p>Allay Staff Shortage and High Turnover</p>	Retain people	Relieve workload of clinical staff	<p>Happy Staff</p> 
		Improve terms and conditions of frontline staff	
		Enhance training and development	
		Strengthen career development and grade management	
	Attract people	Offer flexibility and choices in employment	
		Increase manpower supply	
	Motivate people	Promote good management and leadership	
		Enhance staff communication and engagement	
		Provide better recognition and incentives	



<i>Strategic Intents</i> (What we want to achieve)	<i>Strategic Directions</i> (Where we are going)	<i>Strategies</i> (How we get there)	<i>Vision</i>
B etter Manage Growing Service Demand	Increase capacity	Increase capacity in high needs communities	Healthy People
		Increase capacity on high demand life threatening diseases	
		Increase capacity for services with pressing issues of waiting time and access	
	Increase efficiency	Develop more efficient service models	
	Reduce demand	Reduce unnecessary or avoidable cases	
		Enhance management and secondary prevention of chronic diseases	
	Share out demand	Transfer high volume low complexity cases to community partners	
E nsure Service Quality and Safety	Enhance clinical risk management	Build safety culture	
		Develop safer service models	
	Modernise HA	Adopt modern technology and new treatment options	
		Upkeep the standard of medical equipment and facilities	
	Improve clinical practice	Enhance clinical governance	
		Implement continuous quality improvement systems	
E nhance Partnership with Patients and Community	Engage partners in care	Involve patient groups and community partners in care delivery	
		Engage patients and community partners in service improvement	
	Improve patient communication	Take patient-centred approach in communication with patients and carers	

<i>Strategic Intent</i> (What we want to achieve)	<i>Strategic Directions</i> (Where we are going)	<i>Strategies</i> (How we get there)	<i>Vision</i>
Ensure Adequate Resources for Meeting Service Needs	Ensure financial sustainability	Enhance efficiency in resource utilisation and review Government funding	Trusted by the Community
		Develop a fair and transparent resource allocation system	
	Enhance key enablers	Strengthen business support services	
		Foster capital works and facility improvement	
		Improve IT services	
Enhance Corporate Governance	Strengthen accountability and stewardship	Reinforce the governance structure and processes of the Board	
		Strengthen executive support to the Board	
	Enhance risk management	Develop and maintain an integrated enterprise-wide risk management approach	





ALLAY STAFF SHORTAGE AND HIGH TURNOVER

Good people management is the key to successful staff engagement and retention. In HA, we will regularly review our “people” strategies, particularly in relation to human resource management structure and policies. The objective is to demonstrate that HA cares for its staff and will listen to and act upon their concerns. A major focus would be on enhancing the people management skills of all rank of managers, starting from top management.

A coordinated and systematic approach based on the framework of “attract, retain and motivate” will be adopted to foster a culture of engagement, caring and support for staff:

- Retain people by supporting staff with high quality training and structured career development, relieving their workload, and improving their terms and conditions of employment when necessary.
- Attract people to join HA by offering them more flexibility and choices in their employment. At the same time, options are developed with a view to increasing the supply of clinical professionals.
- Motivate people by promoting good management and leadership, enhancing staff communication and involvement, as well as supporting staff with effective performance management and recognition for good performance.

Retain People

A great deal of effort will go into staff retention as a stopgap measure to prevent further wastage of clinical staff. This will particularly focus on improving their workload, employment conditions, opportunities for training and development, and career prospects.

Relieve Workload of Clinical Staff

To avoid overburdening our clinical staff and to help them maintain a good work-life balance, we will re-prioritise projects that require extra clinical manpower, and redesign care processes to streamline work flow and reduce unnecessary workload. In addition, we are recruiting more part-time doctors and allocating resident trainees to priority pressure areas with enhanced transparency.



More support workers such as phlebotomists and clerical staff will also be employed to help relieve clinical professionals from non-clinical duties. Other measures include modernising our patient care equipment and facilities, such as using electrically operated beds and adopting auto-refill systems for ward supplies to cut down on unnecessary manual tasks.

Improve Terms and Conditions of Frontline Staff

The employment terms and conditions of frontline clinical staff will be regularly reviewed in terms of fairness and competitiveness. This includes enhancing the honorarium scheme for doctors who take up additional workload. We are also putting in place measures to improve work arrangement, such as exempting pregnant staff from overnight on-site call duties and aligning the leave taking arrangement of staff who do not work 5-day week.

Moreover, there will be improvement to staff's health benefits. Examples include enhancing staff clinics, improving access to some medical services, providing health checks for high risk groups or certain age groups of staff, and strengthening Occupational Safety and Health of ward staff.

Enhance Training and Development

We will continue to support staff with high quality training courses. These include specialty training for doctors, nurses and allied health professionals, and scholarship for overseas training. In this respect, a Training and Development (T&D) Central Committee has been set up to strengthen T&D governance and develop effective training strategies. As a first step, the Committee will establish a corporate framework for the prioritisation of both clinical and non-clinical training programmes.

Meanwhile, a consultancy study is commissioned to review simulation training in HA. Further to this, we are enhancing training support for staff, such as reinforcing examination leave arrangement for doctors, and providing training subsidy for nurses and allied health staff.

Strengthen Career Development and Grade Management

To bolster staff morale and job satisfaction, we will step up measures to provide additional promotion opportunities for experienced staff, with the creation of more senior posts and enhanced career progression models. We will also strengthen the grade management of both clinical and non-clinical staff. This includes enhancing grade management structure, developing structured career development paths, defining core competencies of critical jobs and organising relevant training.

Attract People

To address manpower issues, we are committed to reinforcing our workforce and recruiting as many suitable healthcare professionals as there are available. Yet this is an uphill task given the limited supply of local healthcare graduates and stiff competition from the private sector. In response, we are actively exploring options to attract more clinical professionals to join HA as well as to increase manpower supply.

Offer Flexibility and Choices in Employment

We will develop more flexible work options such as part-time employment and flexible work hours in order to tap into the professional pool in the latent market. This is also a viable retention measure for staff who prefer such an arrangement due to changing family commitment or other reasons.



Increase Manpower Supply

Measures in this respect include fostering recruitment drives for local doctors and nurses; recruiting overseas doctors using limited registration; and continuing to train up more nurses at HA's nursing schools. In addition, we are enhancing the role of allied health professionals in complementing medical and nursing staff, and recruiting more allied health staff to enhance multidisciplinary care. We will also continue to work with the Government and the local universities to increase healthcare student intake, in particular medical students.

Motivate People

Our frontline staff work with immense dedication. To help reinforce their commitment, morale and job satisfaction, we will improve people management, staff communication and engagement, and recognition for good performance.

Promote Good Management and Leadership

Efforts will be put into promoting good management and leadership so as to create positive work climates, build trust and ensure effective team working. Key to this is enhancing management ability and soft “people” skills of line managers. This includes training for supervisors and managers on effective performance management skills, as well as learning and sharing on how to manage poor performing staff. In connection, 360-degree performance appraisal will be implemented for more senior positions.

Further to this, we will develop structured succession planning for both the clinical and managerial streams. A systematic process will be in place whereby high potential staff members are identified, assessed and developed to ensure that they are ready to assume key roles within the organisation. Supervision and career development support for junior / younger staff will also be enhanced.



Enhance Staff Communication and Engagement

We plan to enhance staff communication and staff engagement both through existing staff consultative structures and by developing new strategies. The role of Human Resource Division in staff communication will be strengthened to collaborate with Corporate Communication Department to develop an integrated staff communication strategy. A new Corporate Communication Committee has been established to formulate strategy. Within the existing staff consultative committees, staff representatives will be engaged in early stage of policy formation. Face-to-face forums, video conferences, and Live-casts will be used to supplement the consultative committee meetings. In addition, corporate events such as group volunteering activities will be organised to engage staff and their families, and to foster a sense of pride and belonging to the organisation.

Provide Better Recognition and Incentives

There will be continued efforts to support staff with well-structured performance management mechanism where clear objectives are defined and staff's performance is effectively appraised. In connection, we will explore effective modes of recognition and incentives that are appropriate in public healthcare sector to recognise good performance. Furthermore, initiatives will be taken to facilitate patients to express their appreciation of frontline staff. These include enabling patients to vote for the most helpful / friendly staff.





BETTER MANAGE GROWING SERVICE DEMAND

In the coming few years, HA will seek to consolidate services and protect hospital core functions in order to adequately carry out our priority services.

The priority areas of our services are:

- Acute and emergency care;
- Services for the low income group and the underprivileged;
- Illnesses that entail high cost, advanced technology and multidisciplinary professional teamwork in their treatment; and
- Training of healthcare professionals.

These include services for emergency admissions, and interventions to take care of patients with life threatening and critical illnesses, such as cancer treatment and life saving interventions. The general principle is that we will ensure that deficiencies and gaps in these priority areas are filled before we consider undertaking other additional healthcare initiatives.

There are four strategic directions in managing growing service demand:

- Enhance service capacity to meet the demand in priority services, with particular focus on high needs communities, high demand life threatening diseases, and services with pressing issues of waiting time and access
- Increase service efficiency by developing new models of service delivery
- Reduce the demand through measures to cut down on unnecessary or avoidable cases, and developing more upstream care options for secondary prevention of chronic diseases
- Share out the demand, particularly those that can be managed in the private or NGO sectors



Increase Capacity

To some extent, service capacity will be expanded in the next few years to meet the demand in HA's priority services. The location of additional capacity will particularly target at high needs communities, high demand life threatening diseases, and services with pressing issues of waiting time and access.

Increase Capacity in High Needs Communities

The aim is to ensure a more even distribution of healthcare services, particularly in high needs areas. For example, a new community hospital with 250-300 beds will be constructed in Tin Shui Wai and due for completion in 2016, and the newly completed Community Health Centre in north Tin Shui Wai is being put into service. In addition, more beds are to be opened at Pok Oi Hospital and the Tuen Mun Hospital by phases. Meanwhile, Tseung Kwan O Hospital is undergoing expansion; Phase One development of the new North Lantau Hospital, which is a 160-bed facility is scheduled to be completed in end 2012; while Phase Two redevelopment of the Caritas Medical Centre is due for completion in end 2013.

Increase Capacity on High Demand Life Threatening Diseases

The focus is on serious conditions requiring multidisciplinary and time-critical care. Some examples are cancer, heart disease, renal failure and stroke. Other than capacity increase to improve patients' access to time-critical care, these services will be improved with modern technology and drugs, and coordinated service models. Examples include expanding the primary / emergency percutaneous coronary intervention (PCI) service for



suitable patients who have just had an ischaemic heart attack; providing thrombolytic service for indicated acute stroke patients, which is an international standard; exploring the development of one-stop service to provide coordinated cancer services and facilitate time critical diagnosis and treatment.

Increase Capacity for Services with Pressing Issues of Waiting Time and Access

To facilitate effective and timely clinical treatment, reinforcements will be made to the capacity of clinical supporting services such as anaesthesia, intensive care, radiology, pathology, blood transfusion service, and pharmacy. In particular, CT and MRI services will be enhanced to reduce the waiting time for diagnostic investigation in cancer care. We will also provide additional neonatal intensive care unit (NICU) beds in order to cope with the increased demand from deliveries in both public and private hospitals.

Increase Efficiency

Another strategy for improving patients' access to services is to explore better ways of meeting the same needs, such as adopting new service models that simplify workflow and increase efficiency.

Develop More Efficient Service Models

Examples in this respect include adopting ambulatory models of care such as day surgery and same-day surgery. This is also an international trend for improving patient experience and saving their time which will be wasted by staying over at the hospital. In connection, we are reviewing the governance and management of operating theatres with an aim to



improve their service efficiency. This includes better coordination of the multidisciplinary work among surgeons, anaesthetists, and operating theatre nurses, as well as of the work process and patient flow across pre-operative, operative and post-operative care (e.g. ICU and HDU).

Additionally, there will be increase in the use of new pharmaceutical products that do not require hospital admissions or specialist settings for administering the drugs, such as the use of oral drugs in chemotherapy.

Reduce Demand

Strategies for reducing service demand are basically centred on cutting down on unnecessary or avoidable cases, and developing more upstream care options for secondary prevention of chronic diseases so as to cut down on complications and the need for hospital or specialist care.

Reduce Unnecessary or Avoidable Caseload

Avoidable hospital admissions and unnecessary SOPC consultations are two major areas where active measures will be taken to cut down on the caseloads. In terms of reducing avoidable hospitalisation, the focus will be on elderly patients and chronic disease patients who are at high risk of hospital admissions. The strategy is to enhance community support

so that their medical needs could be met outside hospitals instead of repeated admissions to the hospital. HA will partner with patient groups, volunteers and NGOs to provide the support.

In relation to this, we will improve contingency planning and surge monitoring of emergency services, such as A&E and medicine specialty services, and reduce unnecessary admissions. A system will also be developed to monitor surges arising from cross-border demands.

With regard to managing SOPC caseloads, we will step up efforts to contain the “inflow” of new cases by reinforcing the gatekeeping role of Family Medicine clinics and GOPCs. This will involve facilitating the access of primary care clinics to radiological diagnostic services, such as X-ray, CT and MRI. However, apart from reducing unnecessary SOPC referrals, measures will also be needed to avoid unnecessary referrals to radiological diagnostic services from both specialists and primary care clinicians. At the same time, we will develop clinical referral protocols and put in place an e-referral system to monitor the appropriateness of SOPC referrals and to enable more objective triaging and timely feedback to the referring clinicians. At the same time, we will promote the “outflow” of unnecessary follow-up cases whose conditions have stabilised. This is by discharging stabilised patients back to their referring doctors in the primary care settings, including private family doctors, for continued care.



Enhance Management and Secondary Prevention of Chronic Diseases

To reduce demand arising from complications of chronic diseases, we will continue to reinforce chronic disease management in accordance with the primary care development strategy of the Government's healthcare reform. This includes providing multidisciplinary risk assessment and management for chronic disease patients in particular those with diabetes, uncontrolled hypertension and chronic obstructive pulmonary disease (COPD). Besides, we are implementing patient empowerment initiatives to educate and motivate chronic patients to take up part of the disease management responsibilities through self care and lifestyle modifications, such as diet restrictions for patients with diabetes and fatty liver. Partnerships will be forged with patient groups, volunteers and NGOs in the implementation of these initiatives.

Other measures include promoting higher uptake of seasonal influenza and pneumococcal vaccinations by public patients who have a high risk of developing complications if infected, such as elderly and paediatric patients with chronic diseases, and pregnant women. At the same time, in accordance with the adult mental health service plan of HA, we will provide proactive individualised care for mental health patients by reinforcing community care, and enhancing the therapeutic environment and multidisciplinary care in inpatient psychiatric services.



Share Out Demand

The option of sharing out the demand for high volume, low complexity services with appropriate care partners such as the private sector or NGOs that possess the capacity through public-private partnership (PPP) is an important strategy according to the Government's healthcare reform direction.

Transfer High Volume Low Complexity Cases to Community Partners

Relevant services where PPP is underway include cataract surgery, haemodialysis, radiological imaging services, primary care, and chronic disease management. Considerations will be given to extend the PPP programmes or explore other PPP options subject to reviews on their effectiveness.



ENSURE SERVICE QUALITY AND SAFETY

HA is committed to improving the quality of services and ensuring that care provided for patients are safe and effective.



Relevant strategies fall into the following three broad directions:

- Enhance clinical risk management strategies to improve patient and staff safety, with particular focus on building safety culture and developing safer models of service
- Modernise HA by adopting modern technology and treatment options which have a proven track record of improving clinical outcomes and service efficiency in a cost-effective way, and by upkeeping the standard of medical equipment and facilities
- Improve clinical practice through enhancing clinical governance and implementing continuous quality improvement systems

Enhance Clinical Risk Management

The delivery of healthcare is complex and involves multiple parties at different time points and locations. There are inherent risks involved in clinical investigations, treatment and patient care processes. Adverse events could also arise from a breakdown or errors in the communication process.

Overall, risk management in HA will be enhanced through proactive identification, evaluation and reduction of risk factors that could result in injury to patients and staff, and the risk of loss to the organisation itself. Specifically, patient and staff safety will be enhanced through two major strategies that target at reducing the risks relating to the “human factor” and “system and process factor” that could give rise to medical incidents. The two respective strategies are building safety culture and developing safer models of service delivery.



Build Safety Culture

Being part of a comprehensive approach to risk reduction in patient care, safety culture will be built along two streams of action: upstream and downstream.

Upstream

As the saying goes, prevention is better than cure. So the upstream measure in safety culture is to cultivate an environment of assurance, preparedness and prevention. In the coming years, we are targeting two key areas for “upstream” improvements: (a) medication safety; and (b) communication during care processes. In other words, we are going to build up a strong culture which highly values medication safety and effective communication during care processes, and which places high awareness on avoiding pitfalls in these two areas.

On an individual level, we will enhance staff communication skills and strengthen medication safety awareness. On a team level, training schemes like crew resources management (CRM) will be rolled out to nurture a speak-out culture and enhance situational capabilities among staff working in compartmentalised and high-risk patient care environments such as operating theatres, intensive care units and labour wards. Furthermore, systems will be implemented to drive culture change by changing staff’s work patterns. Examples include computerised drug-drug interaction screening and dosage limits precautions, electronic medication ordering systems, and dangerous drugs policy.

Downstream

As a downstream measure, we will enhance our management of adverse events by seeking to improve expectation management and damage control. In this respect, we will promote open disclosure

and effective investigation in response to adverse incidents through established mechanisms such as the Advanced Incident Reporting System (AIRS). We will also continue to foster learning from incidents through different channels of information dissemination, including the HA Risk Alert publication and staff forum.

The focus is on ensuring immediate and appropriate handling of sentinel events so as to minimise harm to patients and the impacts of such events, and on preventing the recurrence of similar incidents in future through experience sharing among hospitals and staff. To further strengthen this culture of openness and safety awareness, we will also develop initiatives to enhance the psychological preparedness, mental resilience and conflict resolution capability of our staff.

Develop Safer Service Models

The focus on this front in the coming years is to improve infection control in hospitals and reduce the risk of infection by targeting the “system and process factor” in service delivery. For example, we will eliminate flash sterilisation methods in surgical operations and develop in the hospitals a centralised sterilisation system for operating theatres. There will also be sustained efforts to reduce the re-use of Single Use Devices (SUD). To prevent disease outbreaks in wards, we will implement “find and confine” strategy in the treatment of multi-drug resistant organisms (MDRO) such as Vancomycin-resistant Enterococci (VRE), and prevent Legionnaires’ disease by stepping up risk assessment and decontamination of targeted water systems such as drinking water and fresh-water cooling towers.

Separately, new technology and workflow will be adopted to guard against potential errors. This includes automated blood bank analysers, 2-D barcode system for correct patient and sample identification, and use of radio frequency identification (RFID) in mortuary operation.



Modernise HA

Modern healthcare is heavily technology driven. HA will invest in health technology and treatment options which have a proven track record of improving clinical outcomes and service efficiency in a cost-effective way. At the same time, we will upkeep the standard of our medical equipment and facilities by systematically revamping outdated components.

Adopt Modern Technology and New Treatment Options

Overall, we will continue to take a strategic approach to technology planning in order to adopt appropriate modern technologies in a timely manner and to avoid wastage associated with technologies acquired in a piece-meal or haphazard manner. However, development in this area is subject to the availability of resources such as manpower, facility space, and funding. Modern technologies that will be pursued include:

- Digitalisation of Linear Accelerator (LINAC) technology for different types of cancer treatments; upgrade and provide more radiological equipments such as CT and MRI scanners; introduce Positron Emission Tomography (PET) scan services in phases
- Build up infrastructure and expertise for minimal invasive surgery in all clusters
- Introduce and explore the roles of robotic assisted surgery in modern healthcare
- Modernise equipment and facilities in allied health and rehabilitation services, e.g. robotic assisted therapy devices

We will continue to review and update the HA Drug Formulary (HADF) to reflect contemporary healthcare practice and standard. Likewise, we are establishing a HA Medical Device Formulary (HAMDF) to formalise the vetting and introduction of interventional medical devices, and bring their management and funding in line with other HA services.

Further, we are employing IT and communication technology to digitalise and archive healthcare images, thereby enabling remote access by doctors anytime, anywhere. The first major initiative is to digitalise radiology images in all public hospitals, under the “Filmless HA” project, by 2013-14. This builds an infrastructure for image distribution across all public hospitals in Hong Kong. Besides enhancing the accessibility of medical images to healthcare workers, it also lays the foundation for electronic patient record and future development of telemedicine.

In line with the Government’s healthcare policy, HA will contribute to the planning and development of a brand new Centre of Excellence in Paediatrics at the Kai Tak site, and set up Phase I Clinical Trial Centres in Queen Mary Hospital and Prince of Wales Hospital to support the two medical schools in running clinical trials.

Separately, we are supporting the development of genetic and genomic services. In this regard, we will work together with the Department of Health, the academic institutes (especially the medical faculties), and the Academy of Medicine to propose to the Government an overall strategy and territory-wide model for genetics and genomic services in Hong Kong. At the same time, we will build up infrastructure and expertise in genetic and genomic services, and establish a HA genetic and genomic test formulary to formalise the prioritisation of new tests for clinical use and dovetail their management and funding with other HA services.



Upkeep the Standard of Medical Equipment and Facilities

We will prioritise and replace obsolete medical equipment by phases. The list of outdated equipment is wide-ranging, from basic equipments for essential therapy in rehabilitation and pathology laboratory; to specialised equipments for intensive care such as ventilators, and operating theatre and cardiac equipments.

At the same time, we will redevelop old hospitals and facilities to accommodate the level of change or improvement required for the delivery of modern healthcare services. Major projects underway include the redevelopment of Yan Chai Hospital, United Christian Hospital, Kwong Wah Hospital, and Queen Mary Hospital.

Improve Clinical Practice

Clinical practice in HA is being improved by enhancing clinical governance and through a methodical process of continuous quality improvement.

Enhance Clinical Governance

We will carry out a review of clinical governance to ensure clinical standards and quality of care. In this connection, a task force comprising HA Board Members, non-HA experts, and HA executives and frontline clinical staff will be formed, and an external consultant will be engaged for advice.



Implement Continuous Quality Improvement System

Continuous quality improvement (CQI) is a system that seeks to improve service delivery with an emphasis on future results. A set of statistical tools is used to identify problems and processes that need improvement, but its emphasis is on maintaining quality in the future, not simply controlling a process.

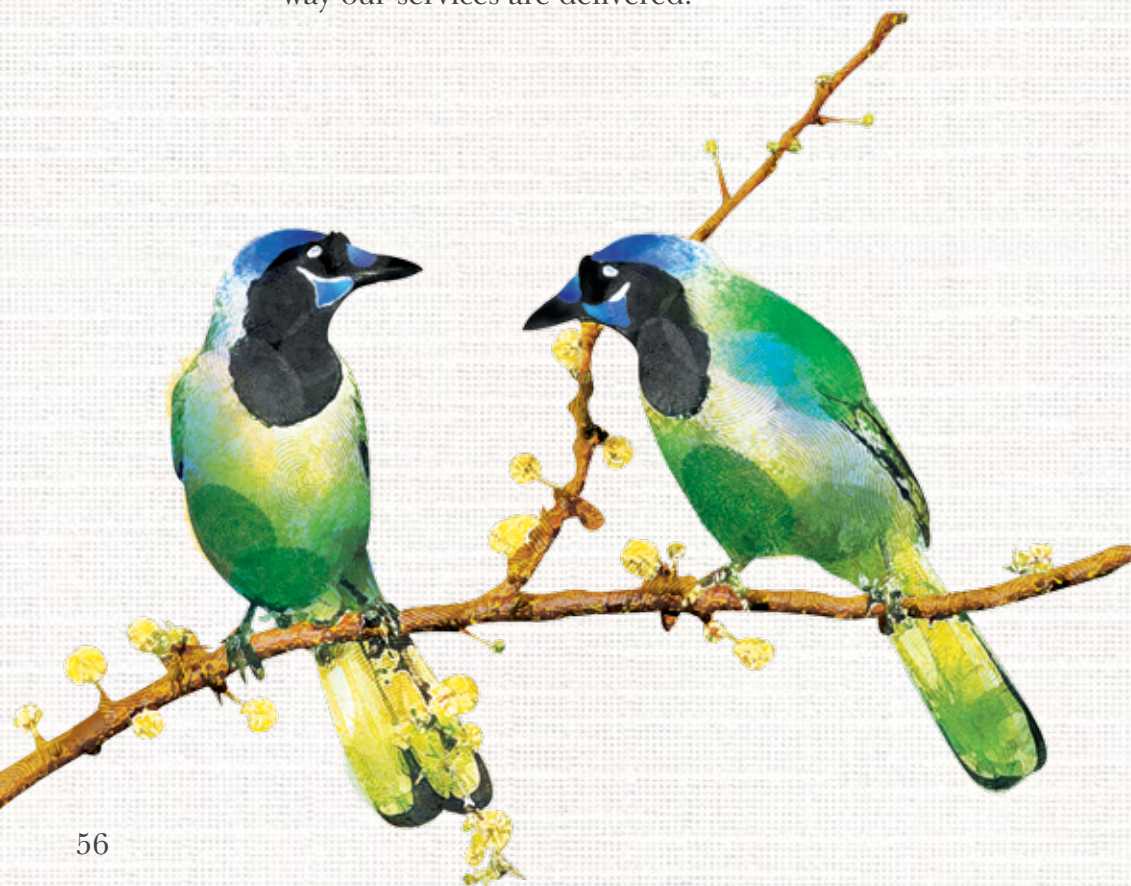
The hospital accreditation programme is an example that involves CQI. Five HA hospitals have been accredited by the Australian Council on Healthcare Standards under the pilot scheme. Beginning 2012, we will roll out Phase Two of the programme in a total of 15 HA hospitals within a time frame of five to seven years. Meanwhile, we will continue to support the territory-wide development of accreditation standards and to build up the local surveyor system.

Another example is the Surgical Outcome Monitoring and Improvement Programme (SOMIP). In its development, the data set was carefully selected with reference to the National Surgical Quality Improvement Programme (American College of Surgeons) and formally validated and risk adjusted by an independent third party to ensure comparability across HA. Reference will be made to SOMIP when developing similar programmes in HA.



ENHANCE PARTNERSHIP WITH PATIENTS AND COMMUNITY

HA recognises that patients and the community are important partners that we can work closely with to better manage service demand and improve service quality. It is also our intention to enhance the experience for patients and their families by building on the principles of patient-centred care. This means working in partnership with patients and their family members and our community partners, in order to empower patients in caring for their own health and provide mutual support for each other, and for them to help improve the way our services are delivered.



Engage Partnership in Care

We are committed to developing patients, volunteers and other community organisations as our health partners. And we will enable our health partners to participate in delivering care and in improving our services if they so wish.

Involve Patient Groups and Community Partners in Care Delivery

We will mobilise patient groups, volunteers and NGOs to assist in delivering care, in particular to elderly patients and patients with chronic illnesses. Specifically, patient groups could help to deliver patient empowerment programmes where they could educate and motivate their fellow patients who have chronic diseases to actively participate in their disease management through self care and lifestyle modifications. Other examples where patient groups and community partners could make a contribution include providing community support for elderly patients and chronic disease patients so that their healthcare needs could be met outside hospitals instead of repeated admissions to the hospital. Another area where such partnerships could be forged is rehabilitation programmes for patients with chronic conditions, such as stroke, heart disease (cardiac rehabilitation), and spinal cord injury.



Engage Patients and Community Partners in Service Improvement

We will formally establish a Patient Advisory Committee under the HA management structure and organise regular meetings to seek feedback and input from members on the development of HA services. The Committee will also assist in disseminating relevant information to patients groups so that they could have a better understanding of HA's services and development.

Separately, we will make use of the results of the HA-wide Patient Satisfaction Survey to improve our services. A task group has been formed to follow up the survey results and recommendations and prioritise improvement plans. In addition, regular surveys will be conducted every two to three years to monitor changes in patients' experience and satisfaction. Similarly, we will continue to liaise with patient groups, health professional bodies, district councils and other local groups to collect their views and feedbacks on HA services.



Improve Patient Communication

It is a great challenge to communicate clinical information clearly and effectively to patients and their carers. Yet this is critical for ethical and high-quality health care. Poor communication in this regard can adversely affect patients' experience and health outcomes. We will strive to improve communication with patients and carers by taking a patient-centred approach in our communication.

Take Patient-centred Approach in Communication with Patients and Carers

We will enhance the communication skills of staff, including providing mediation skills training for frontline staff. Besides, we will review and enhance channels of communication to enable patients and their families to interact with healthcare professionals in order to allay their anxieties and respond to their queries. Examples of existing platforms include the community health call centre services for supporting discharged patients, and the SMART Patient Website.



ENSURE ADEQUATE RESOURCES FOR MEETING SERVICE NEEDS

It has been HA's strategic priority to make the most efficient use of available resources and manages costs, services and infrastructure effectively to meet the community's healthcare needs while maintaining financial sustainability. Hence, we will continue to develop a fair and transparent internal resources allocation system to ensure effective deployment of resources in a focused manner that is targeted at HA service priorities. This includes resources in terms of manpower and other key enablers such as business support services, capital works and facility improvement, and IT services.



Ensure Financial Sustainability

Enhance Efficiency in Resource Utilisation and Review Government Funding

As the current three-year funding arrangement will lapse in 2012, we have re-assessed the current funding model with regard to anticipated resource implications in the coming years and taking into account service efficiency. Considerations include the following:

- Service demand growth – including rising complexity of treatment and service delivery model, and the impact of increasing use of HA services by more elderly patients and our strategic focus on the treatment of life-threatening conditions.
- Cost increase in improving service quality and safety – this includes ongoing improvement in the coverage of HA core services such as review and update of the HA Drug Formulary and establishing a Medical Device Formulary; improvement of patient safety measures; modernisation of HA services, technology and facilities.
- Measures to address manpower issues – these include changes in staff mix and recruitment of additional staff, and enhancement in staff training.
- Development of more efficient service models – including the increased use of ambulatory services, such as day surgery and day rehabilitation.



We will continue to develop more efficient service models and discuss the future funding arrangement with the Food and Health Bureau, dovetailing with the Government's Resource Allocation Exercise (RAE) timeline. In particular, we will discuss with the Food and Health Bureau on formulating a longer term funding arrangement for HA. At the same time, we will also continue to provide the relevant expertise and technical support to the Government in its deliberations of healthcare financing reform.

Develop a Fair and Transparent Resource Allocation System

The Service and Budget Planning Committee (SBPC) chaired by the Chief Executive of HA and involving all Directors and Heads and Cluster chiefs is steering and monitoring the annual planning process. This includes vetting and approval of proposals, endorsement of internal resource allocation, and monitoring of programme implementation. The resource allocation process will be further enhanced through the following measures:

- Develop an integrated planning process to align the planning and allocation of recurrent funding, major equipment, facility improvement works, new drugs, IT support, and manpower.
- Engage key stakeholders in the annual planning process. This includes open forums for the presentation of proposals, enhancing the advisory functions of clinical committees in the preparation of proposals, involvement of annual planning coordinators from all clusters, and enhanced coordinating roles for subject officers.



Enhance Key Enablers

Strengthen Business Support Services

Enhancements in business support services in the coming years cover the main patient service areas of food, transportation and laundry. For example, we will enhance food quality by upgrading the catering facilities in HA hospitals and adopting the cook-chill cum cold-plating technology when the opportunity arises. With regard to transportation, we are implementing by phase an improvement plan for HA's non-emergency transport services (NEATS) to shorten patients' waiting time and improve the punctuality standard. Besides, laundry service capacity will be expanded in order to meet the increased demand arising from clinical service expansion and new hospital developments. This includes outsourcing the Shum Wan Laundry to an external service provider, and when the opportunity arises, expand or build HA-operated laundry facilities.

At the same time, we will improve efficiency and effectiveness in the procurement and maintenance of medical equipment and other consumables, such as through bulk purchase.



Foster Capital Works and Facility Improvement

We will enhance the planning of major hospital development projects. These include the construction of the new Centre of Excellence in Paediatrics and Tin Shui Wai Hospital, and the redevelopment of Yan Chai Hospital. The redevelopment of United Christian Hospital and Kwong Wah Hospital are also underway, and clinical service plans have been formulated to guide their master development plans. Next in line is the formulation of clinical services plan and master development plan for the redevelopment of Queen Mary Hospital.

Further to this, we are modernising the physical environment of our hospitals and clinics. This includes refurbishment of old buildings, as well as renovations to provide barrier free access and to address the safety concerns of frail and elderly patients.

At the same time, efforts are being made to develop environmental-friendly buildings. For instance, “green features” are adopted in the design of new hospital buildings, including atrium greening, skylight for natural illumination of interior space, and large area of green roof or terrace. Other measures include implementing energy conservation initiatives and formulating strategies to manage and reduce carbon emissions, thus helping to minimise the environmental impact of our hospital operation.

Improve IT Services

There will be continued efforts in our IT service to develop and improve clinical systems to support the delivery of clinical care. The focus is to make our Clinical Management System (CMS) more robust by building advanced capabilities and functionalities of CMS III. This will be carried out with enhanced communication with and involvement of frontline staff so that the system is user friendly and helps streamline their workload.

We will also develop and improve corporate IT systems to help drive an efficient organisation. This includes upgrading the enterprise resource planning (ERP) system and introducing automation for other manually intensive processes, such as surgical instrument tracking and tracing system. In connection, IT infrastructure will be strengthened in order to support the development of clinical and corporate IT systems. This includes enhancing network security, addressing capacity constraint of corporate data centres, and replacing ageing corporate IT equipment.

Meanwhile our IT service will continue to serve as a technical agency for the electronic health record (eHR) office of the Government to implement the eHR programme and provide an information sharing infrastructure bridging the public and private sectors.





ENHANCE CORPORATE GOVERNANCE

Corporate governance refers to the processes by which organisations are directed, controlled and held to account. While the current framework and arrangements for corporate governance in HA already include a number of good practices, we shall strive for continuous improvement to enhance corporate governance and reflect best practices. Strategies for achieving this objective are identified and consolidated from external consultancy reviews.

Major strategic directions in the coming years for enhancing corporate governance is to strengthen accountability and stewardship by reinforcing the Board's governance structure and processes and executive support to the Board; as well as enhance risk management by developing and maintaining an integrated enterprise-wide risk management approach in HA.

Strengthen Accountability and Stewardship

Reinforce Governance Structure and Processes of the Board

The specific corporate governance structure of HA, including the role and structure of the Board, is largely driven by the provisions of the HA Ordinance. Measures for reinforcing the governance structure and processes of the Board include formalising and periodically reviewing matters reserved for the Board to ensure efficient Board operation and effectiveness; conducting annual review / self-assessment in the Board; and implementing future year agenda planning. The role and functions of the Executive Committee will be enhanced to act as a bridge between the Board, its committees and the management. The terms of reference of various functional committees will be reviewed to enhance their functions.

In addition, the Board's involvement in long-term strategy and planning will be realigned to place increased emphasis on the development stage of strategy and planning so that the Board could provide guidance in balancing competing demands. This is carried out mainly through the functional committees, such as the Supporting Services Development Committee for input in long-term capital expenditure planning; the Medical Services Development Committee in developing long-term clinical service plans and strategies; the Human Resources Committee in long-term manpower planning; and the Finance Committee in overseeing the HA budget, the Provident Fund Scheme and charitable trusts.



Strengthen Executive Support to the Board

The executive management plays a vital role in supporting the Board and its functional committees in discharging their duties. The role of the executives in this regard will be refreshed. Designated support for each functional committee will be formalised and strengthened. Capacity building will be another area of focus to enhance HA's corporate capability through robust talent management and proactive succession planning.

Enhance Risk Management

Develop and Maintain an Integrated Enterprise-wide Risk Management Approach

Currently, risk management is embedded in different functions of HA. This model will be enhanced to move to an integrated enterprise-wide risk management approach that provides a holistic view of the enterprise risks facing HA and integrates with strategy and planning. Specific efforts will be put into developing and maintaining an HA-wide integrated risk management framework and reporting structure, involving enhancements at both the management and the Board levels.





For example, a risk group at the management level will be formed, with participation of risk management expertise from each HA function, to steer the development of the enterprise-wide risk management approach and to coordinate and regularly report on the various risk profiles. At the Board level, the role of the Audit Committee will be strengthened to further oversee risk processes related activities, including enterprise risk management. While each functional committee is to consider matters relating to risk management relevant to its function, the Executive Committee will oversee key risks in conjunction with long-term strategy and planning so as to facilitate the Board in discharging its duties with respect to risk management and the development of risk mitigating strategies.



IMPLEMENTATION AND MONITORING

The directions set out in this Strategic Plan will guide HA towards achieving the vision of Healthy People, Happy Staff, Trusted by the Community.

Strategies and priorities that require re-distribution of or additional resources will be implemented through the annual planning process. Specifically, the annual planning process for the coming five years will be guided by the Strategic Plan so that resources are targeted at these priority areas.

In addition, the Service and Budget Planning Committee (SBPC) chaired by the Chief Executive of HA and comprising all Directors and Heads and Cluster chiefs will steer the annual planning process to ensure that the annual plans align with the Strategic Plan. The implementation of these programmes is also monitored by the SBPC to ensure consistency with the supported objectives.

To monitor service demand, there will be regular reviews of demographic and service statistics. Comprehensive service demand projection covering the whole spectrum of HA services will continue to be carried out at intervals to assess the future trends.



Furthermore, the manpower situation will be closely monitored in terms of turnover rate, vacancies, manpower strength and age profile of staff so that replacement requirements arising from staff resignation or retirement could be proactively factored in during short-term workforce planning. The data will also help reflect the strategies for their implementation and whether adjustments are needed when working out the details.

Meanwhile, medium to long-term manpower projection is updated once every two to three years. The last round of projection was conducted in 2010. The next round is currently underway and the results will be released and updated on the HA website in 2013.

Separately, a Taskforce on Medical Workforce Review has been set up to plan and monitor HA's doctor manpower. The taskforce is chaired by the Chief Executive and comprising senior executives and 25 representatives from the Clinical Coordinating Committees (COCs), Doctor Staff Group Consultative Committee and various doctor groups and unions. Responsibilities of the taskforce include the following:

- Review doctors' workload in the HA by clinical specialty
- Ascertain the number of doctors required by clinical specialty
- Advise on a mechanism of allocating Resident Trainees
- Propose a system of recognising clinical workload

Overall, as an additional monitoring mechanism for the implementation of the strategies and priorities, a progress report on the Strategic Plan will be submitted to the HA Board every year.



ABBREVIATIONS

A&E	Accident and Emergency
CT	Computerised Tomography
GOPC	General Outpatient Clinic
HA	Hospital Authority
HDU	High Dependency Unit
ICU	Intensive Care Unit
IT	Information Technology
MRI	Magnetic Resonance Imageing
NGO	Non-government Organisation
SOPC	Specialist Outpatient Clinic



Published by the Hospital Authority
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We welcome your suggestions on the Hospital Authority Strategic Plan.
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This Strategic Plan can also be downloaded from the Hospital Authority website.

