Hospital Authority Annual Plan
2013-2014

Keeping
HealthcAre In Sync
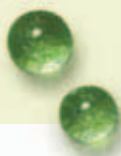
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About this document

The annual plan is an operational plan of the Hospital Authority (HA). It describes what we want to achieve over the next financial year. Outlined in the plan are our major goals and programme targets, and concise description of the work plans of the Head Office and individual Clusters.

Our service targets and activity throughput are set out in the plan to facilitate the public in monitoring HA's performance. Also included is an overview of manpower estimates and budget allocation, illustrating the resources required for carrying out our work plan.

Contents

Introduction from
Chief Executive

Healthcare is based on teamwork in sync among the people in our hospitals and clinics, between the public and private sectors, and between healthcare staff, patients and their families. For the Hospital Authority, TEAM stands for "Together Everyone Achieves More".

The Hospital Authority (HA) is a vast organisation. Our services require the input of many different categories of highly professional and dedicated people working in sync with one another. They cut across different specialties, different levels and different generations of staff. **Keeping HealthcAre In Sync** is chosen as the theme for Annual Plan 2013-14 to accentuate the aspirations of our diverse groups of people united by a common commitment of working together in sync to provide services that seamlessly cover our patients' healthcare needs.

In coming up with this annual plan, we have spent many months reviewing how we can improve our services within the budgets that will be available for the following year. It is a very thorough, thoughtful, and intensive process; one that involves as many people and many levels as possible. We have developed an automation system to help us synchronise the inputs and ensure that the resource allocation is in sync with the service needs.

We highly appreciate that the Government has once again raised its financial provisions for HA, by $2.36 billion for 2013-14, which represents an increase of 5.5% compared to 2012-13. The increased funding will allow us to improve our priority services and manpower situation in sync with our five-year Strategic Plan.

For example, we will continue to allay staff shortage and high turnover by recruiting an additional 200 nurses and 60 allied health professionals, and providing additional Associate Consultant promotion posts to help retain our experienced doctors.
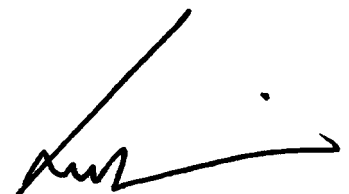
Key service improvements include expanding hospital capacity and enhancing the treatment of critical illnesses. For instance, around 150 acute beds and 130 convalescent beds will be added, and the newly completed North Lantau Hospital will come into operation by phases. Cardiac care will be enhanced with the expansion of emergency percutaneous coronary intervention service. Clinical treatment for stroke patients will be strengthened by implementing in phases the 24-hour thrombolytic service. Besides, we will broaden the scope of the HA Drug Formulary to include two new cancer drugs as Special Drugs and widen the clinical apllications of two therapeutic groups of drugs for Parkinson's disease and cancer.

Meanwhile, we will improve the management of specialist out-patient clinic waiting lists by setting up new case clinics and conducting additional doctor sessions. The episodic quota at general out-patient clinics will also be increased to improve the access of target population groups to the service.

As the patient journey often cuts across different professional groups and service providers, we will continue to establish close partnerships with the other stakeholders. In this regard, as well as involving patients in improving our services, there are continued efforts to collaborate with the non-governmental organisations and the private sector through various public-private partnership programmes.

At the same time, we will enhance corporate governance by implementing the recommendations of the Corporate Governance Review to strengthen accountability and stewardship, and developing a consolidated framework for enhancing risk management.

Overall, with the whole HA community working in sync as a team, we shall strive and thrive to keep our services in sync with the increasing demand and high standard of quality we uphold for our patients.

Dr P Y LEUNG
Chief Executive

Planning Context

This annual plan outlines the specific actions for the second year implementation of HA Strategic Plan 2012-2017

Strategic Plan 2012-2017

Strategic Plan 2012-2017 is the overarching document for service and development planning throughout HA. It sets out the strategies and directions for addressing the key challenges facing HA over the five-year period.

The priorities of annual planning are guided by the strategies outlined in the Strategic Plan. Through the annual planning process, resources are allocated to specific programmes translating the Strategic Plan into actions.

Annual Plan 2013-14 is the second annual plan to outline the actions for implementing the five-year Strategic Plan.
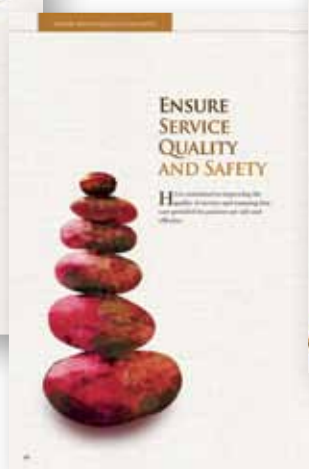
Planning Pr●cess

The annual planning process involves a broadly participative approach with contributions from the whole HA community.

Programmes or initiatives delineated in Annual Plan 2013-14 are crystalised from many months of detailed service and budget planning throughout HA. The annual planning process involves a broadly participative approach. Views of patients groups were collected from regular meetings and written suggestions. Inputs from frontline clinical staff, Cluster management as well as Head Office executives were provided through the following platforms:

- **Coordinating Committees (COCs) and Central Committees (CCs) Annual Planning Forum** held on 27 March 2012 for frontline professionals to present proposed clinical programmes. The proposals were coordinated by the respective subject officers in the Head Office;

- **Head Office Annual Planning Forum** that took place on 28 March 2012 at which Head Office subject officers presented programme proposals that were coordinated at the corporate level or were initiated by the Head Office; and

- **Cluster Annual Planning Forum** organised on 11 May 2012 for Cluster management to propose initiatives that aimed at addressing the service needs of individual Clusters, in particular the key pressure areas.

The forums were interactive, with opportunities for floor members to ask questions, and presenters to make clarifications.

All the proposals presented at the forums were put forward for prioritisation by the Service and Budget Planning Committee (SBPC) chaired by the Chief Executive and involving all the Directors, Heads and Cluster Chief Executives as members. This was carried out with reference to HA's strategic priorities and service directions, the programmes' operational readiness, and the government's healthcare priorities. The SBPC was also advised by the following advisory platforms during the prioritisation process:

- **Medical Policy Group (MPG)** advised on the clinical merits of the clinical proposals, in terms of evidence as well as clinical impact and needs. The MPG comprised the chairmen of all the COCs.

- **Annual Plan Preparatory (APP) meeting** commented on the proposals' feasibility and readiness for implementation. Participants of the meeting were subject officers of the COC/CCs as well as Head Office chief managers and executives.

- **Drug Utilisation Review Committee (DURC)** prioritised the drug components in those proposals that involved the repositioning of drugs or widening use of drugs in HA Drug Formulary.

Suitable proposals with high priority were selected by SBPC for funding considerations through the Government's Resource Allocation Exercise or through internal resource allocation. New programmes that were approved for implementation, together with other core service programmes of HA, were incorporated in the annual plan as programme targets to be achieved. These were subject to endorsement by the HA Board before the annual plan could be finalised for publication.
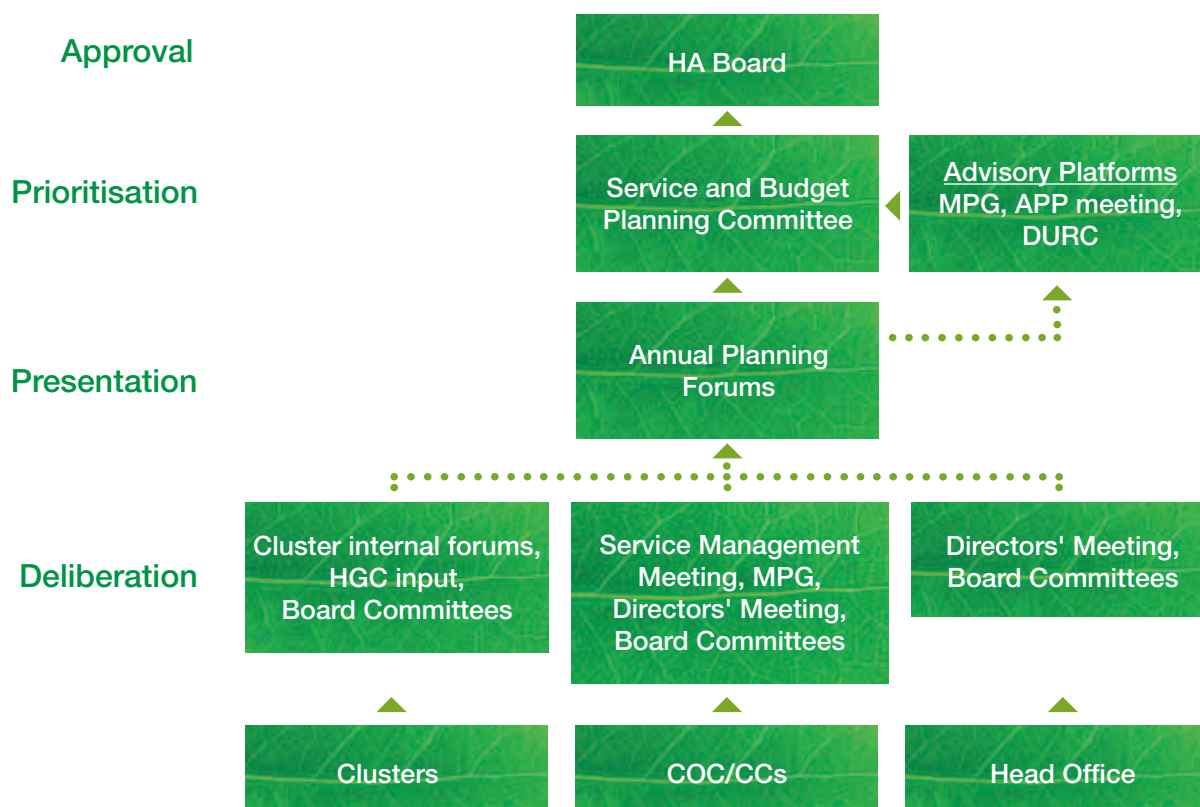
Overall, the HA Board and Committees have provided input to the development of the programmes. For instance,

- The clinical programmes were formulated according to the developmental priorities recommended by the Medical Services Development Committee (MSDC)

- Business support programmes that included equipment and capital works projects were advised by the Supporting Services Development Committee (SSDC)

- Programmes related to IT development were endorsed by the Information Technology Services Governing Committee (ITGC)

- Staff-related initiatives were deliberated by the Human Resource Committee (HRC)

- Clusters' programmes were developed under the guidance of the various Hospital Governing Committees (HGC)

The Board will monitor the progress of the programme targets on a quarterly basis between April 2013 and March 2014.

The overall process and governance structure of the annual planning exercise is illustrated in the diagram below.

Approval	HA Board	
Prioritisation	Service and Budget Planning Committee	Advisory Platforms MPG, APP meeting, DURC
Presentation	Annual Planning Forums	
Deliberation	Cluster internal forums, HGC input, Board Committees	Service Management Meeting, MPG, Directors' Meeting, Board Committees	Directors' Meeting, Board Committees
	Clusters	COC/CCs	Head Office

Annual Plan
Framework

The framework of Annual Plan 2013-14 comprises strategic intents and directions, strategies, programmes and committed targets.

The strategic intents, directions and strategies are laid out in the Strategic Plan 2012-2017. The strategic intents set out what HA wants to achieve in the coming five years, while the strategic directions outline the broad directions for achieving the intended goals. At the same time, the strategies map out what we need to do to get to the intended goals. The specific programmes are the action plans of HA to carry out the strategies, and the targets are the measurable terms for programme monitoring and accountability reporting.

The strategic intents of **Keeping HealthcAre In Sync** are as follows:

- Allay staff shortage and high turnover

- Better manage growing service demand

- Ensure service quality and safety

- Enhance partnership with patients and community

- Ensure adequate resources for meeting service needs

- Enhance corporate governance

Keeping HealthcAre In Sync

Strategic Intents (What we want to achieve)	Strategic Directions (Where we are going)	Strategies (How we get there)
Allay Staff Shortage and High Turnover	Retain people	Relieve workload of clinical staff
		Enhance training and development
		Strengthen career development and grade management
	Attract people	Increase manpower supply
	Motivate people	Promote good management and leadership
Better Manage Growing Service Demand	Increase capacity	Increase capacity in high needs communities
		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
Ensure 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
Enhance Partnership with Patients and Community	Engage partners in care	Engage patients and community partners in service improvement
	Improve patient communication	Take patient-centred approach in communication with patients and carers
Ensure Adequate Resources for Meeting Service Needs	Ensure financial sustainability	Enhance efficiency in resource utilisation and review Government funding
		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
	Enhance risk management	Develop and maintain an integrated enterprise-wide risk management approach

Vision

- **Healthy People**
- **Happy Staff**
- **Trusted by the Community**

Mission

- **Helping People Stay Healthy**

Values

- **People-centred Care**
- **Professional Service**
- **Committed Staff**
- **Teamwork**

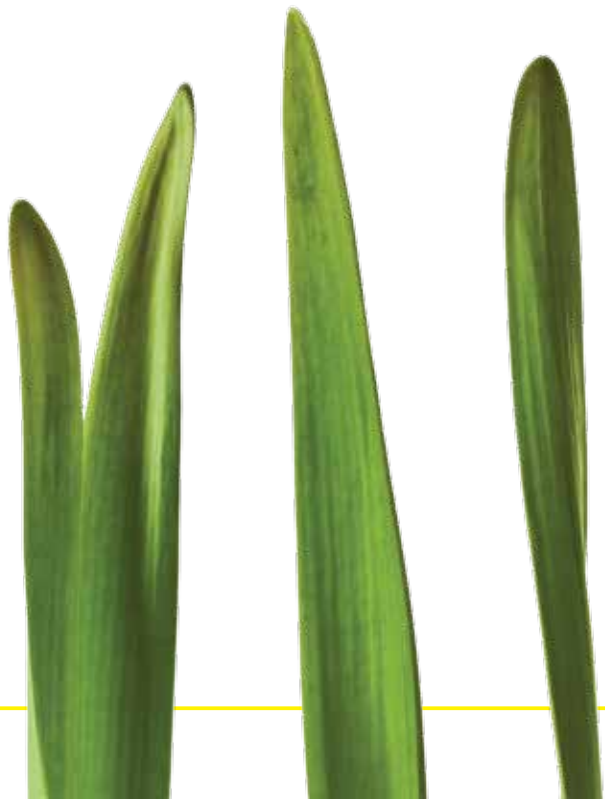# Strategic Intents and **Programme Targets**

Keeping HealthcAre In Sync maps out six Strategic Intents and 25 Strategies with around 125 corresponding Programme Targets that reflect the work we are doing to implement the five-year Strategic Plan.

Delineated in this chapter are 96 of our programme targets. Other programme targets that are specific to a certain Cluster or Head Office division are presented in the sections under Cluster Plans and Head Office Plan respectively. About half of the programmes listed here are newly included initiatives, while others are ongoing programmes or a continuation of previous years' initiatives. Newly included initiatives are highlighted with the symbol 🍃 for easy reference.

Programmes marked with the symbol Ⓡ are initiatives related to healthcare reforms or are commissioned by the Government. These include measures for enhancing primary care, promoting public-private partnership in healthcare, strengthening public healthcare safety net, and facilitating electronic health record development.
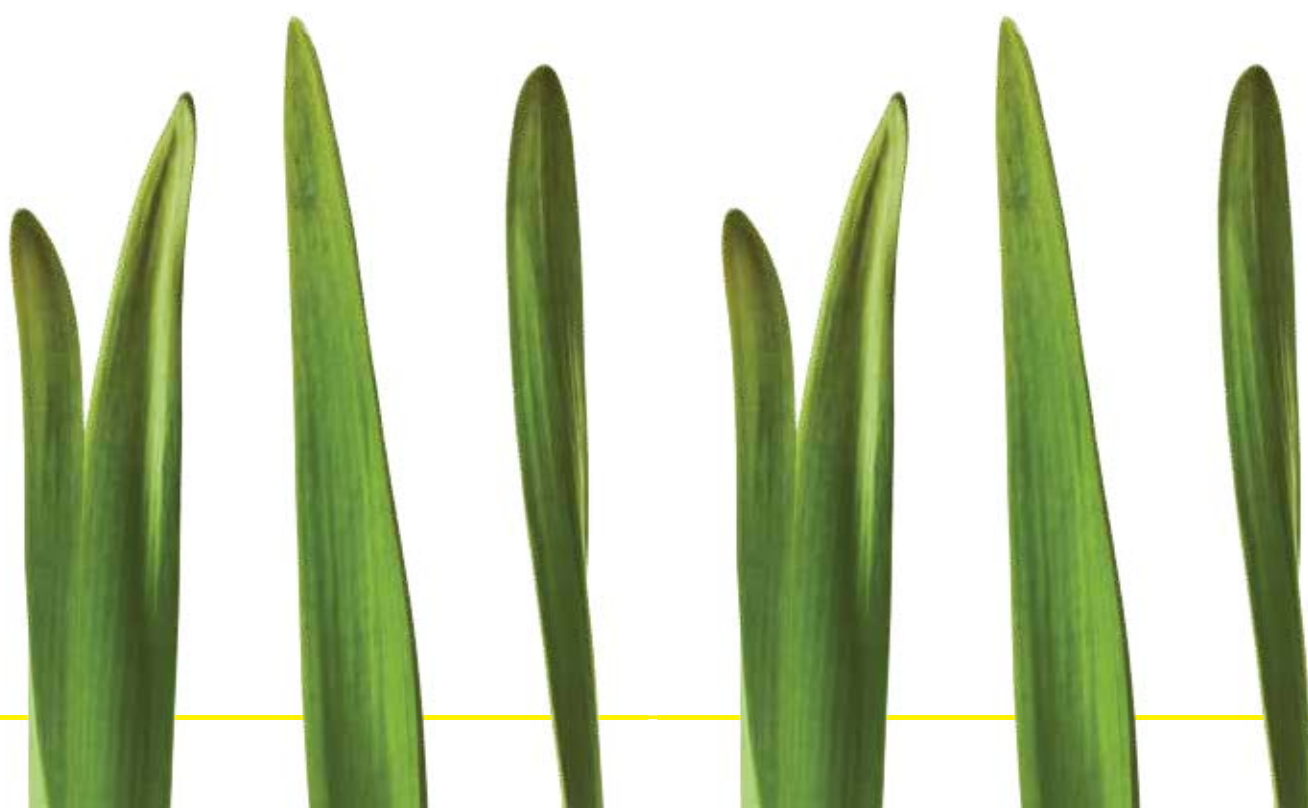
Allay Staff Shortage and High Turnover

Our strategies for 2013-14

- Relieve workload of clinical staff
- Enhance training and development
- Strengthen career development and grade management
- Increase manpower supply
- Promote good management and leadership

Relieve workload of clinical staff

Action	Target
Provide more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals	Recruit an additional 60 patient care assistants for allied health services by 1Q14
Beef up the supporting staff manpower in A&E departments to relieve the workload of clinical staff	Provide additional patient care assistants in the A&E departments of eight acute hospitals by 1Q14

Enhance training and development

Action	Target
Enhance training for intern doctors, 🍃 which includes strengthening the orientation programme with structured simulation training throughout the year	Implement an enhanced internship training programme for all intern doctors by 1Q14
Enhance clinical skills of doctors 🍃 by sponsoring mandatory and other highly recommended simulation training based on the training guidelines of the Hong Kong Academy of Medicine	Sponsor simulation training courses for doctors in the specialties of general surgery, orthopaedics, gynaecology, urology, paediatrics and anaesthesia by 1Q14
Continue to sponsor overseas training of doctors, nurses and allied health staff for them to acquire specialised knowledge and skills in support of HA's development priorities	Offer around 180 overseas training scholarships by 1Q14
Provide training subsidy to nurses and allied health staff who participate in recognised service-related post-graduate programmes	Offer training subsidy to around 355 nurses and 200 allied health staff by 1Q14
Continue to roll out the two-year Preceptorship Scheme to enhance proficiency of fresh nurse graduates	Provide preceptorship to 1 600 newly recruited nurse graduates by 1Q14
Provide more training opportunities for allied health professionals and nurses so as to facilitate service advancement and professional development	Provide 26 specialty training and 130 enhancement programmes for nurses, one specialty training and eight enhancement programmes for pharmaceutical staff, and 60 enhancement programmes for allied health staff by 1Q14
Consolidate core competencies of newly recruited allied health graduates	Provide three-year structured on-the-job training to 200 newly recruited allied health staff by 1Q14

Strengthen career development and grade management

Action		Target
Foster succession planning of senior nursing and allied health grades by creating development positions for job rotation at senior management level	🌿	Recruit two senior staff for the development posts by 1Q14
Strengthen Human Resources (HR) capability and succession planning by establishing a HR grade management framework, enhancing training support and developing a HR talent pool	🌿	Recruit nine HR management trainees, and open four HR development positions at middle management level by 1Q14
Enhance support for grade management by developing an IT system of Integrated HR Management Information Access to provide timely manpower information for workforce monitoring and identification of critical pressure areas	🌿	Pilot an Integrated HR Management Information Access system by 1Q14
Encourage Enrolled Nurses (EN) to upgrade their skills and competency to Registered Nurse (RN) level		Offer training sponsorship to around 80 ENs undertaking voluntary RN Conversion Programme, by 1Q14
Enhance promotion opportunities for frontline doctors by creating more Associate Consultant positions		Provide additional 120 Associate Consultant posts by 4Q13

Increase manpower supply

Action	Target
Recruit more allied health professionals to cope with increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation	Recruit additional 60 allied health professionals by 1Q14
Strengthen the nursing workforce in HA, with more senior coverage included to meet the operational needs of advanced practice areas such as ICU and critical care, and to match the supervision requirement of nursing standard	Recruit 200 additional nurses for acute settings and high pressure areas by 1Q14

Action	Target
Strengthen the manpower of frontline doctors to meet service needs	Recruit around 275 additional Resident Trainees by 1Q14
Continue to train up more nurses in the three HA nursing schools at QEH, CMC and TMH ®	Provide training places for 300 Registered Nurse (RN) and 100 Enrolled Nurse (EN) new students by 4Q13
Conduct 18-month Midwifery programme to increase the supply of midwives	Conduct midwifery programme with a new intake of 100 trainees by 1Q14

Promote good management and leadership

Action	Target
Develop corporate training programmes for different levels of staff to foster good management practices	Develop a standard orientation package for new recruits; provide communication training for frontline staff; offer coaching skills training to junior supervisors and leadership development programmes for those in the succession talent pool by 1Q14
Continue to ascertain development needs and enhance the competency of clinical leaders through 360-degree feedback mechanism	Enhance and maintain the competency based 360-degree feedback system for clinical leaders by 1Q14
Enhance HR services by establishing a systematic framework of monitoring and sharing mechanism to help ensure consistency in the interpretation and implementation of HR policies across HA	Conduct HR policy alignment reviews and develop a central HR knowledge bank on HR policies and procedures by 1Q14
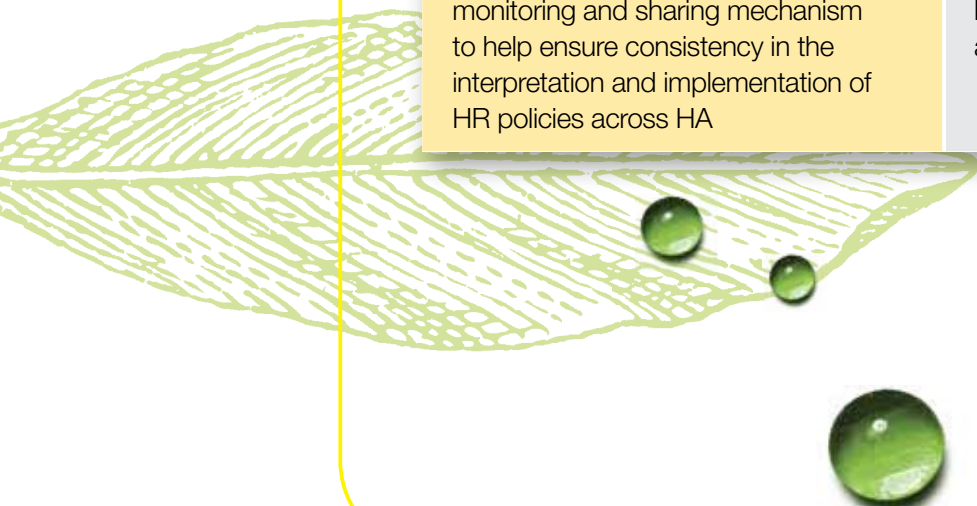
Better Manage Growing Service Demand

Our strategies for 2013-14

- Increase capacity in high needs communities

- Increase capacity on high demand life threatening diseases

- Increase capacity for services with pressing issues of waiting time and access

- Develop more efficient service models

- Reduce unnecessary or avoidable cases

- Enhance management and secondary prevention of chronic diseases

- Transfer high volume low complexity cases to community partners

Increase capacity in high needs communities	
Action	**Target**
Strengthen the capacity of inpatient services in KEC	Open additional 40 acute beds and 36 convalescent beds at TKOH, and 36 convalescent beds at HHH by 4Q13
Reinforce the capacity of inpatient services in NTWC	Open additional 40 acute beds and 38 convalescent beds at TMH, and 40 acute beds at POH by 4Q13
Enhance the capacity of clinical services in KWC	Commence operation of the new ambulatory and rehabilitation block at CMC and open 20 additional convalescent beds by 1Q14, as well as start service provision at the new North Lantau Hospital by 3Q13

Increase capacity on high demand life threatening diseases

Action	Target
Continue to strengthen cardiac care by expanding the emergency percutaneous coronary intervention (PCI) service and adding more Cardiac Care Unit beds	Roll out extended-hour emergency PCI services to PMH, PWH and UCH for 80 additional cases, and add two more beds in the cardiac care units at PMH by 1Q14
Improve acute stroke management by providing 24-hour thrombolytic treatment	Start 24-hour thrombolytic service for acute ischaemic stroke patients in PYNEH, QEH and PWH by 1Q14
Provide prompt review by neurologists of patients suffering from transient ischaemic attack (TIA) by setting up fast-track TIA clinics for indicated patients	Roll out the TIA clinic programme in HKEC and NTEC to serve a total of 1 000 patients by 1Q14
Enhance haemodialysis services for patients with end stage renal disease to improve their health outcomes	Provide hospital haemodialysis to 28 additional patients by 1Q14
Improve respiratory care provided to chronic obstructive pulmonary disease (COPD) patients in respiratory failure by strengthening the non-invasive ventilation (NIV) service at acute hospitals	Provide enhanced NIV service by concentrating expertise and care for 20 designated medical beds in QMH, UCH, PMH, PWH and POH by 1Q14
Strengthen radiotherapy service to support the use of high technology radiotherapy in cancer treatment	Recruit a total of seven additional radiation therapists in HKEC, KCC, KWC, NTEC and NTWC by 1Q14
Foster palliative care by providing psychosocial services for terminal stage cancer patients and their caregivers or family members	Provide psychosocial care by medical social workers and / or clinical psychologist to 1 600 cancer patients by 1Q14

Increase capacity for services with pressing issues of waiting time and access

Action	Target
Improve the management of specialist outpatient clinic (SOPC) waiting lists by setting up new case clinics and conducting additional doctor sessions 🌿	Manage a total of 13 000 new cases on the SOPC waiting lists in KEC, KWC, NTEC and NTWC by 1Q14
Alleviate the long waiting time at SOPC pharmacies by improving the workflow and increasing the manpower	Recruit additional eight pharmacists and 16 dispensers by 1Q14
Allay the waiting lists for surgeries by promoting day and same day surgery and opening additional operating theatre sessions 🌿	Provide operations for 460 additional surgical and orthopaedics cases in HKWC, KCC, KWC and NTEC by 1Q14
Improve the accessibility of diagnostic services by enhancing the Electro-Medical Diagnostic Units 🌿	Provide 27 additional sessions per week of endoscopy and electro-medical diagnostic services in HKEC and NTWC by 1Q14
Enhance the capacity of radiological imaging services so as to improve their accessibility	Add a MRI machine in RH and attend to an additional 2 000 cases by 1Q14
Enhance surge capacity to cater for increased workload during high season of flu epidemic 🌿	Build up buffer capacity in acute and convalescent wards and communicate with the public on HA's arrangements for the winter flu surge, by 1Q14
Improve the access of target population groups to public primary care services by improving the service capacity of general outpatient clinics (GOPC) Ⓡ	Increase the GOPC episodic quota by a total of 18 700 attendances in KEC and NTWC by 1Q14
Increase the capacity of HbA1c service for the growing number of diabetes patients 🌿	Provide 15 000 additional HbA1c tests in HKEC, HKWC, KEC and NTWC by 1Q14
Increase the quota of universal prenatal screening for Down syndrome in all the eight HA obstetric units to address the growth in service demand	Provide prenatal Down Syndrome screening to all eligible obstetric patients in HA by 1Q14

Develop more efficient service models

Action	Target
Improve the long term management of ventilator assisted children by centralising their care with multidisciplinary support and specialised facilities	Set up designated service at the Duchess of Kent Children's Hospital for ventilator assisted children, with three new beds opened by 2Q13

Reduce unnecessary or avoidable cases

Action	Target
Expand the Community Health Call Centre (CHCC) service to support patients with chronic illnesses and enhance the 24-hour mental health hotline service of HA	Manage an additional 28 000 calls in CHCC by 1Q14
Offer timely assessment and early intervention to patients with probable mental health problems so as to reduce unnecessary psychiatric and other hospital admissions	Provide 1 500 psychiatric consultation liaison attendances at the A&E department in PWH by 1Q14

Enhance management and secondary prevention of chronic diseases

Action		Target
Extend the community case management programme for patients with severe mental illnesses to three more districts, including Wong Tai Sin, Sai Kung and North District		Provide case management service to around 2 800 patients with severe mental illness by 1Q14
Continue to improve the care provided to mental health patients requiring inpatient services		Provide recovery oriented treatment programmes for psychiatric patients in the wards, and improve the physical setting of the psychiatric admission wards at PYNEH, KH and TPH by 1Q14
Offer timely and appropriate treatment to elderly patients with age-related macular degeneration (AMD) and diabetic related eye diseases, including sight-threatening diabetic retinopathy	🍃	Provide anti-vascular endothelial growth factor (VEGF) treatment to around 500 new AMD cases, and specialist eye services for 4 000 new cases of diabetic related eye diseases by 1Q14

Transfer high volume low complexity cases to community partners

Action		Target
Continue to implement the pilot programme of purchasing haemodialysis service from qualified service providers in the community, including private hospitals and NGOs, for public patients with end-stage renal disease	Ⓡ	Provide haemodialysis treatment to additional 20 public patients under the public-private partnership (PPP) programme by 1Q14
Sustain the pilot PPP programmes of purchasing cataract surgeries, primary care service and radiological investigation service from the private sector for HA patients	Ⓡ	Benefit a total of 3 000 patients under the three pilot PPP programmes by 1Q14

Ensure Service Quality and Safety

Our strategies for 2013-14

- Build safety culture

- Develop safer service models

- Adopt modern technology and new treatment options

- Upkeep the standard of medical equipment

Build safety culture

Action		Target
Foster psychosocial services for healthcare staff to strengthen the preparedness and emergency response for disasters and crisis intervention	🍃	Establish a governance structure on disaster psychological services and conduct skill enhancement training programmes by 1Q14
Refine the risk stratification of psychiatric patients with a history of violence so that the appropriate level of care could be provided to these patients accordingly	🍃	Revamp the existing Priority Follow-up (PFU) System to a recovery-oriented Special Care System, and start rolling it out to Clusters by phases in 3Q13

Develop safer service models

Action	Target
Enhance medication safety using IT system to support clinical workflow and reduce errors in medication prescription and transcription	Implement the Inpatient Medication Order Entry (IPMOE) system in PMH by 1Q14
Enhance medication safety by upgrading the aseptic dispensing facilities to meet the environmental control requirements in the aseptic compounding process	Commence the upgrade of aseptic dispensing facilities in QMH and PMH by 4Q13
Further improve sterilisation methods in operating theatres to align with international standards	Reduce the use of flash sterilisation for elective operations, replace linen wrapper with water repellent disposable wrapper, and establish centralised Theatre Sterilisation Service Unit (TSSU) in QMH and KWH by 1Q14
Improve accuracy of body identification and flow control by using radio frequency identification (RFID) in hospital mortuaries	Further roll out the RFID system to six more hospital mortuaries in HA by 1Q14
Enhance the safety of blood administration procedures by meeting the International Society of Blood Transfusion (ISBT) global standard for identification, labelling and information transfer of human blood	Develop and update the new software of Unique Patient Identification (UPI) devices in all HA Hospitals to cater for the ISBT 128 standard by 1Q14
Enhance blood transfusion safety and reduce the risk of transfusion reaction through increasing the production and supply of leucodepleted blood products	Prepare 20 000 units of leucodepleted red blood cells and fresh frozen plasma and collect 4 000 adult doses of leucodepleted platelet concentrates by 1Q14
Strengthen pharmacy support for hospitalised children to enhance the quality and safety of medication use for paediatric patients	Achieve 100% screening of medication orders of general paediatric inpatients by 1Q14

Adopt modern technology and new treatment options

Action		Target
Widen the scope of HA Drug Formulary to cover more drugs which have accumulated scientific evidence on clinical efficacy	(R)	Include two new cancer drugs as Special Drugs in the HA Drug Formulary and widen the clinical applications of two therapeutic groups of drugs for Parkinson's disease and cancer by 2Q13
Modernise diagnostic services for cancer patients by expanding the cytogenetic services for blood cancer in the three designated centres at PWH, QEH and QMH, and the predictive molecular testing service for lung, breast and colorectal cancers in all clusters	(leaf)	Provide cytogenetic tests to 130 additional patients, and conduct 500 additional predictive molecular tests by 1Q14
Enhance the management of medical devices		Provide medical devices for 47 interventional procedures, build up common catalogues, and develop a system infrastructure for tracking medical devices by 1Q14
Improve transplant services by enhancing transplant coordination and laboratory support, and cell and tissue bank services	(leaf)	Set up a laboratory-based transplant coordination centre in QMH, and increase skin and eye tissue harvesting in QMH, HKEH and PWH by 1Q14
Adopt Minimally Invasive Surgery (MIS) technique in hysterectomy surgeries for gynaecological patients who meet suitable surgical criteria	(leaf)	Use MIS in 60% of the hysterectomy surgeries conducted for suitable gynaecological patients by 1Q14
Provide updated treatment for patients with benign prostate hyperplasia (BPH)	(leaf)	Standardise the use of bipolar transurethral resection of prostate for suitable patients in 16 HA hospitals by 1Q14

Action	Target
Modernise the treatment for patients with advanced Parkinson's disease by providing Deep Brain Stimulation treatment	Provide Deep Brain Stimulation treatment for a total of 27 suitable patients with advanced Parkinson's Disease by 1Q14
Build up expertise of HA in the cutting-edge technology of Robotic Assisted Surgery (RAS) through cross cluster collaboration so that hospitals that are equipped with the robots could share the facility with other clusters / hospitals	Perform a total of 99 collaborative RAS cases across clusters by 1Q14

Upkeep the standard of medical equipment

Action	Target
Replace outdated hip prosthesis with modern implants in the management of osteoporotic fracture	Replace all hip prosthesis with modern implants by 1Q14
Continue to replace and add medical equipment critical to HA services, including radiological equipment, surgical equipment, endoscopic equipment, laboratory analyser or pathology equipment, and physiological equipment	Complete the replacement / acquisition of around 710 pieces of medical equipment by 1Q14

Enhance Partnership with Patients and Community

Our strategies for 2013-14

- Engage patients and community partners in service improvement
- Take patient-centred approach in communication with patients and carers

Engage patients and community partners in service improvement	
Action	**Target**
Improve the engagement of patients in service improvement by developing an information system to facilitate complaint management and effective communication with patients in HA hospitals	Develop and implement an information system for managing patient complaints and feedbacks by 1Q14
Conduct hospital-based patient satisfaction surveys to gather feedback from patients regarding the hospital services	Develop a short-form questionnaire and conduct a trial run of the questionnaire at designated hospitals by 1Q14

Take patient-centred approach in communication with patients and carers

Action	Target
Enhance the public complaint hotline services so that timely response could be provided 🌱	Achieve the target of responding to complaint hotline calls in the voice mail within one working day and attending to walk-in complainants within 30 minutes by 1Q14
Continue to enhance the competency of front-line staff in complaint management and conflict resolution through mediation skills training	Train another 120 healthcare workers on mediation skills to build up a critical mass of trained conflict resolution personnel in HA by 1Q14
Set up stations or kiosks in hospitals to provide chronic disease patients with information on patient groups and community resources 🌱 Ⓡ	Set up a total of seven Patient Resources Stations or Kiosks in the prominent areas of hospitals in all Clusters by 1Q14
Conduct training need analysis on volunteers serving under HA to facilitate the formulation of appropriate training programmes for volunteers 🌱	Compile an analytical report on the training needs of HA volunteers by 3Q13

Ensure Adequate Resources for Meeting Service Needs

Our strategies for 2013-14

- Enhance efficiency in resource utilisation and review Government funding

- Develop a fair and transparent resource allocation system

- Strengthen business support services

- Foster capital works and facility improvement

- Improve IT services

Enhance efficiency in resource utilisation and review Government funding

Action	Target
Liaise with the Government to formulate a longer term funding arrangement for HA, with a view to devising a mechanism that will provide stable funding growth to dovetail with HA's rising resource needs	Discuss with the Government HA's financial requirements for the coming years by 1Q14

Develop a fair and transparent resource allocation system

Action	Target
Modernise HA's Internal Resource Allocation System through developing a model based on total patient journey that will facilitate more equitable resource allocation to priority areas of need	Develop a patient-based measure that assesses the total resource need, taking into account treatment complexity throughout the entire medical journey of each patient at HA, by 1Q14
Enhance the annual planning process in HA by developing an automated system to synchronise the data and improve efficiency of the workflow	Complete the development of the automated Annual Planning System (APS) and launch the programme monitoring module of the system by 1Q14

Strengthen business support services

| Action	Target
Continue to implement the improvement plan for HA's Non-emergency Ambulance Transfer Service (NEATS) to shorten patients' waiting time and improve the service's punctuality standard	Recruit additional 15 drivers and 29 attendants for the expansion of NEATS ambulance fleet by 1Q14
Expand the capacity of HA laundry services through out-sourcing the Shum Wan laundry service	Extend the Shum Wan laundry service to North Lantau Hospital, KH and HHH by 1Q14
Enhance biomedical engineering services to support the modernisation and safety standard of medical equipment in public hospitals	Provide acceptance testing for 18 000 medical equipments and offer specification vetting for 5 500 quotations / tenders by 1Q14
Extend the auto-refill service of medical consumables and linen items in hospital wards	Roll out the auto-refill service to QEH and KH in KCC; and PWH, SCH and SH in NTEC by 1Q14

Foster capital works and facility improvement

Action	Target
Coordinate the preparatory works to facilitate service commissioning of major capital projects that will be completed in the near future, such as the redevelopment of Yan Chai Hospital (YCH) which will be completed in 2016	Set up commissioning teams for the redevelopment of YCH project, construction of new Tin Shui Wai Hospital, and re-provisioning of Yaumatei Specialist Clinic by 2Q13
Support the service and facility planning for approved hospital redevelopment projects that are currently in the planning pipeline	Set up planning teams in the clusters and Head Office for the redevelopment of UCH, KWH and QMH, by 2Q13

Improve IT services

Action	Target
Continue to implement the "Filmless HA" project and test out the image processing technology in operating theatres	Maintain the central server to support the image processing system in 15 operating theatres by 1Q14
Enhance the quality assurance and risk management process of IT systems	Review the control process for quality assurance in IT system development by 1Q14
Enhance HA's clinical IT systems to support the implementation of eHR in Hong Kong in 2014	Provide system enhancement of HA's Clinical Systems and conduct staff engagement programme to cater for the launch of the territory-wide eHR project, by 1Q14
Continue to develop the Clinical Management System (CMS) III in accordance with the Clinical Systems Strategy 2012-2017 of HA	Roll out the revamped modules of CMS, develop inpatient medication order entry system, and commence development of the phase two project including new clinical functions and new database platform by 1Q14

Action	Target
Implement and roll out the new Patient Billing System	Roll out the new solution to the remaining Clusters (HKEC, KEC, KWC, NTEC, NTWC) in two phases by 2Q13 and 1Q14
Implement the electronic online system for eligibility checking of Hong Kong Identity Card Holders for subsidised public healthcare services	Roll out the electronic online system by 3Q13
Develop an IT system to support the process reengineering of the Samaritan Fund	Complete the development and testing of the software for automating and enhancing the processes in preparation for Go Live, by 1Q14
Provide IT service to support hospital development projects	Continue the setup of infrastructure and implement information systems in new hospital blocks, including new extension block of TKOH, the new ambulatory and rehabilitation block at CMC, and the North Lantau Hospital, by 1Q14
Implement IT technology refreshment to support hospital services	Continue to replace ageing corporate IT network, server, PC workstations, related equipment and obsolete application software by 1Q14
Provide IT technical agency service to the Food and Health Bureau and the Department of Health in support of various Government-led health initiatives	Continue to provide IT support services for the eHR programme, Health Care Voucher Scheme, Vaccination Scheme, Communicable Disease Information System Programme, and the Department of Health's Laboratory Information System by 1Q14
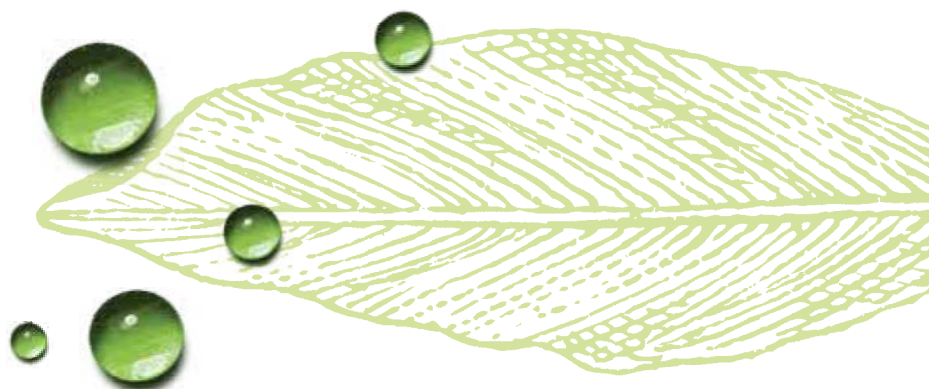
Enhance Corporate Governance

Our strategies for 2013-14

- Reinforce the governance structure and processes of the Board

- Develop and maintain an integrated enterprise-wide risk management approach

Reinforce the governance structure and processes of the Board

Action	Target
Enhance corporate governance at the Board level by consolidating the results of implementing the recommendations of the Phase One Corporate Governance Review	Document all aspects of the Board's enhanced corporate governance practices in a consolidated "Corporate Governance Code" to provide detailed and transparent reference and guidance on corporate governance matters, by 3Q13
Enhance corporate governance at Cluster / hospital level by implementing the recommendations of the Phase Two Corporate Governance Review	Compile and promulgate a new Manual on the Operation of the Committees to consolidate the governance practices of Hospital Governing Committees, by 1Q14

Develop and maintain an integrated enterprise-wide risk management approach

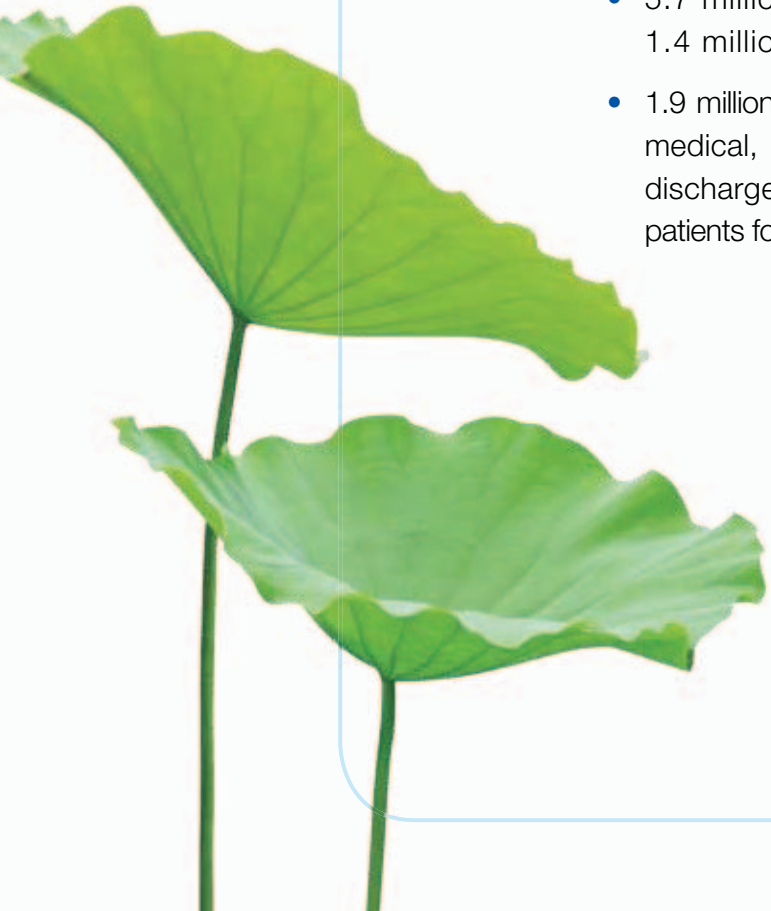| Action	Target
Enhance corporate governance by developing an Enterprise Risk Management Framework to provide a consolidated and holistic approach to assessing and managing risks	Develop an Enterprise Risk Management Framework by 1Q14

Service Targets
and Resource Estimates

HA provides 27 153 hospital beds and manages 7.8 million patient days a year

HA delivers a comprehensive range of preventive, curative and rehabilitative medical services to ensure access of every citizen to affordable healthcare. We currently manage 41 public hospitals / institutions, 47 SOPCs and 74 GOPCs. These facilities are organised into seven Clusters according to geographical locations.

Service Targets

Our Service Throughputs

- 1.5 million inpatient / day patient discharge episodes, serving an estimated 0.7 million Hong Kong residents

- 2.2 million A&E attendances, serving around 1.3 million people in Hong Kong

- 8.9 million SOPC attendances for some 1.8 million patients

- 5.7 million primary care attendances for approximately 1.4 million patients

- 1.9 million community outreach visits, which include outreach medical, nursing and allied health services to support our discharged patients, in particular geriatric and psychiatric patients for rehabilitation in the community

Throughput Targets for 2013-14

To meet increasing service demand arising from an ageing and growing population, we plan to increase hospital service throughput by around 1.9% in the coming year, which translates into an additional 28 000 inpatient and day patient discharge episodes. We also hope to increase the throughput for primary care services by 2.9%, with an increase of 164 000 attendances to enhance medical care and disease management for elderly and chronic disease patients.

A comparison of our estimated throughput in 2012-13 and activity targets for 2013-14 for the various services is shown in Figure 1. These and other key service statistics are delineated in Appendix 1, while Appendix 2 provides a breakdown of the activity throughput for the various Clusters.

Figure 1. Comparison of Service Throughput in 2012-13 and Activity Targets for 2013-14

(million)

Legend:
- 2012-13 *
- 2013-14 **

Service	2012-13 *	2013-14 **
Inpatient & Day Patient Discharge Episodes	1.51	1.53
A&E Attendances	2.24	2.24
SOP Attendances (Clinical & Allied Health)	8.89	8.95
Primary Care Attendances	5.75	5.91
Community Outreach Visits	1.92	1.96

* Estimated figures   ** Activity targets (Projected figures)
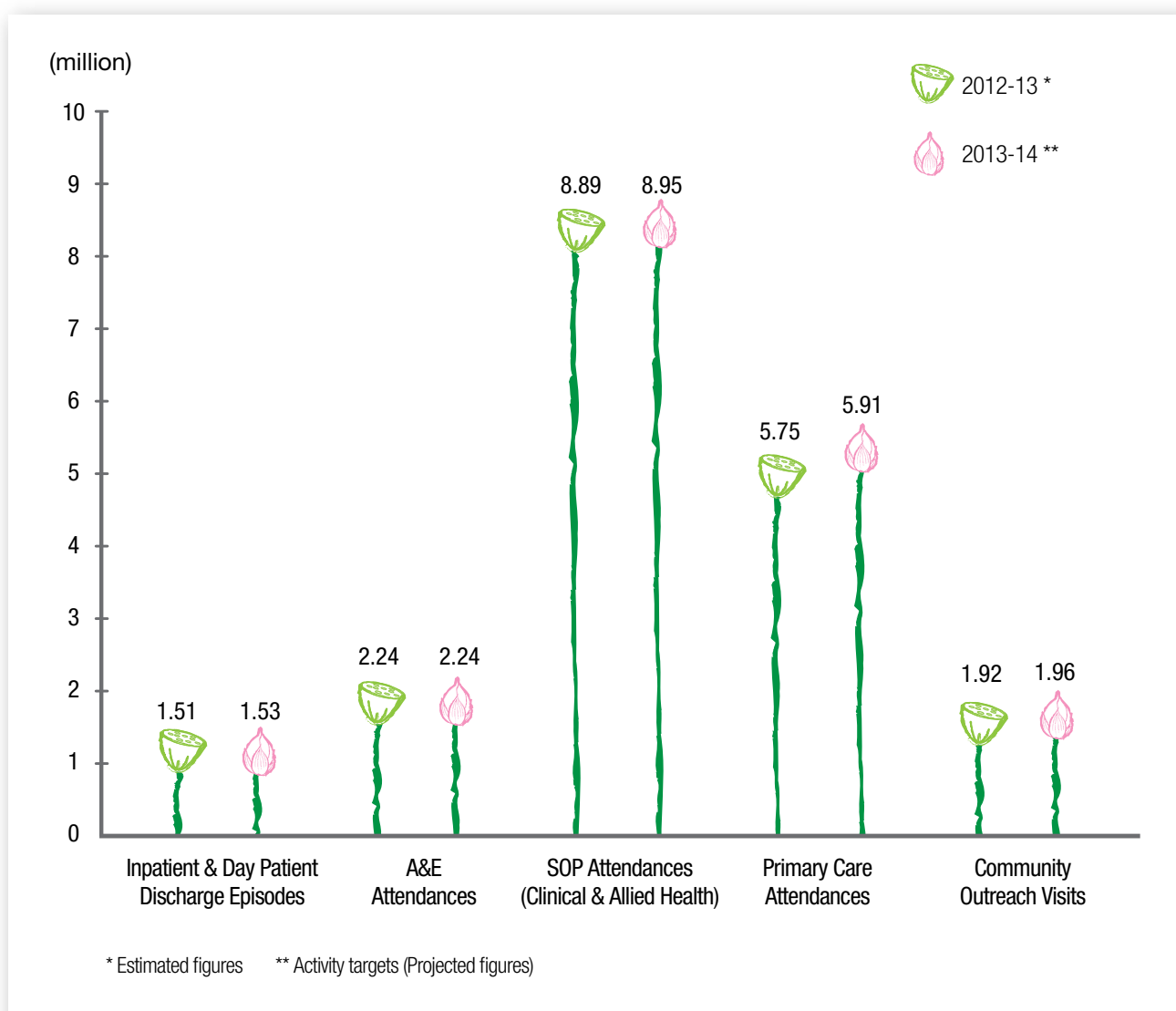
Manpower Estimates

HA's existing staff strength is 63 957 full-time equivalents. Around 70% of them are providing direct patient care, while others provide essential supporting services such as managing patient records and maintaining the proper functioning of patient amenities.

It is estimated that we need to increase our manpower by 3.6% in the coming year to implement activity growth and other new programmes and service improvement initiatives. At the same time, new recruits are also needed to replace staff members who have left from resignation or retirement.

To address manpower issues, we are recruiting as many suitable healthcare professionals as there are available. However, in view of the limited supply of local healthcare graduates and stiff competition from the private sector, it is anticipated we would be able to recruit around 300 doctors, 2 100 nurses and 610 allied health professionals in 2013-14. Figure 2 provides a breakdown of our estimated staff strength for the coming year. A detailed comparison of the manpower estimates for 2012-13 and 2013-14 is provided in Appendix 1.

Figure 2: Estimated Staff Strength in 2013-14

Medical
5 579
(9%)

Nursing
22 683
(34%)

Others
30 899
(47%)

Allied health
6 729
(10%)
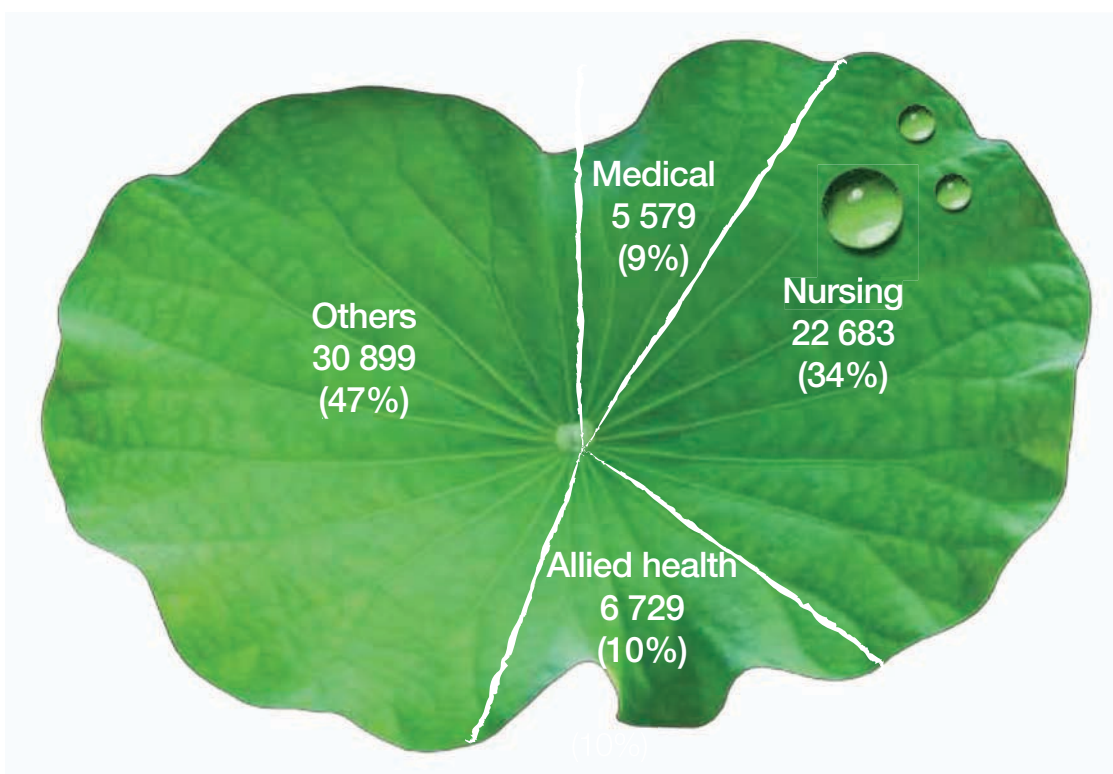
Budget Allocation

The Government is increasing the provision for HA by $2.36 billion in the coming year.

Government's Financial Provision for HA for 2013-14

The financial provision indicated by the Government for 2013-14 is $45,053.6 million, representing an increase of 5.5% as compared to the Revised Estimate of $42,690.8 million in 2012-13 (excluding the one-off injection of $10 billion to the Samaritan Fund in 2012-13). However, if the one-off injection to the Samaritan Fund is included in the 2012-13 Revised Estimate, then the total financial provision for 2013-14 will indicate a decrease of 14.5% by comparison. Figure 3 gives a breakdown of the various components of the provision for the two financial years.

Overall, as illustrated by Figure 4, the Government has consistently increased its financial provision to HA over the past few years.

Figure 3: Financial Provision by Government for 2012-13 and 2013-14

	2012-13 (Revised) $Mn	2013-14 (Estimate) $Mn
Operating Account		
Recurrent Subvention	**41,933.5**	**44,401.2**
Increase in Recurrent Subvention		2,467.7
		5.9%
Capital Account		
Equipment and Information Systems	**757.3**	**652.4**
Decrease in Capital Account		(104.9)
		-13.9%
Financial Provision (excluding Samaritan Fund)	**42,690.8**	**45,053.6**
Increase in Financial Provision		2,362.8
		5.5%
Samaritan Fund (SF)	**10,000.0**	**0.0**
Total Financial Provision with SF	**52,690.8**	**45,053.6**
Decrease in Total Financial Provision		(7,637.2)
		-14.5%

40

Figure 4: Financial Provision by the Government for 2009-10 through 2013-14
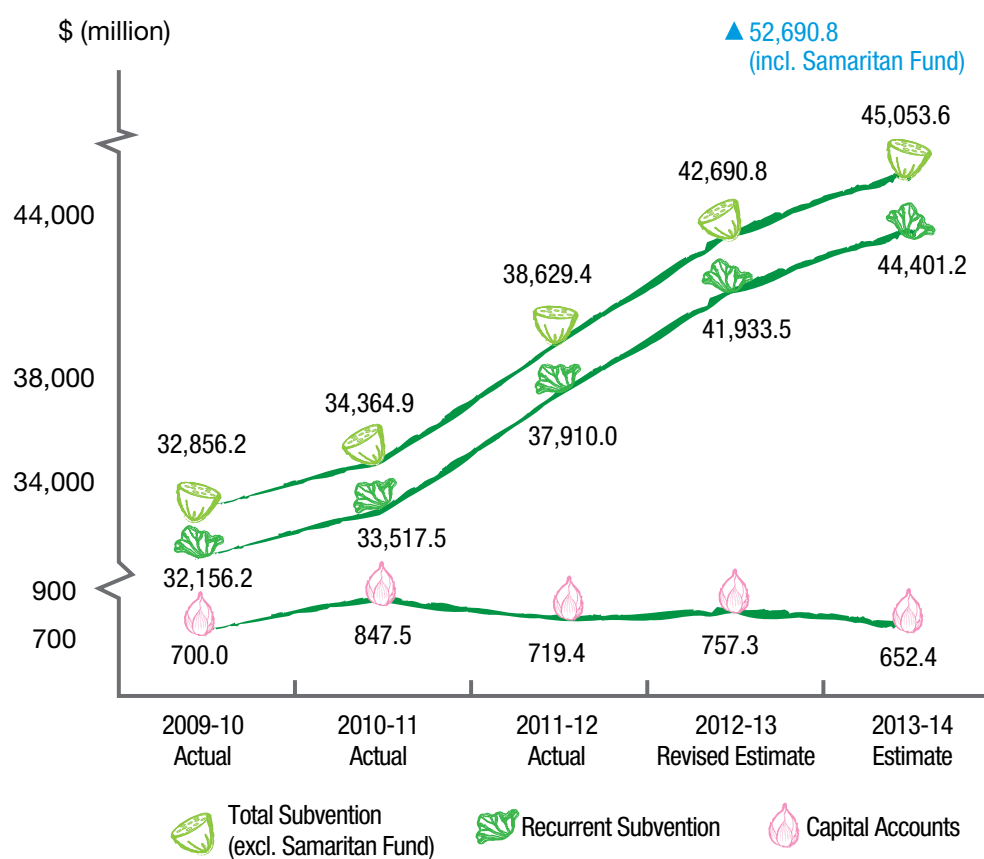
Funding Allocation

HA will continue to meet the healthcare needs of the population by making use of the additional provision to enhance priority services as well as implementing measures to maintain an adequate workforce for providing quality care. The major initiatives are listed below.

Operating Account

(a) With an additional recurrent funding of $1,200 million, service provision will be strengthened in the following key areas to meet growing demand and enhance service quality:

- supporting the service commissioning of the North Lantau Hospital Phase One, CMC Phase Two redevelopment, new pharmacy at TKOH New Ambulatory Block, and Kwun Tong Jockey Club GOPC;

- setting up commissioning teams for coordinating the preparatory works to facilitate service commissioning of YCH redevelopment, new Tin Shui Wai Hospital, and Yaumatei Specialist Clinic re-provisioning;

- increasing capacity in high needs communities by opening an additional total of around 120 acute beds in TKOH, TMH and POH;

- improving the access of critically ill patients to intensive care by opening one additional Intensive Care Unit (ICU) bed and seven High Dependency Unit (HDU) beds;

- increasing service capacity to meet admission surge during high season of flu epidemic;

- supporting technology advancement and new treatment options for higher standard of care for urological, gynaecological and neurosurgical patients;

- keeping up the standard of essential clinical and laboratory services by replacing obsolete medical equipment;

- enhancing the management of technology adoption for interventional medical devices in improving the standard of patient care;

- improving sterilisation services for operating theatres through facility enhancement, equipment modernisation and capacity building;

- enhancing clinical risk management through proactive identification, evaluation and reduction of risk factors that could give rise to medical incidents; and

- strengthening support services to provide better back-up for the growing and advancing healthcare services.

(b) $800 million additional provision for various health initiatives, which include :

- enhancing the services provided to patients with life-threatening diseases by improving their access to time-critical care and adopting modern technology in their treatment;

- enhancing cancer services by improving the access of cancer patients to timely and appropriate care for their conditions;

- strengthening mental health services according to HA's Adult Mental Health Service Plan 2010-2015;

- enhancing eye disease treatment for elderly patients;

- allaying manpower shortage and high turnover of healthcare staff for quality patient care;

- enhancing nursing workforce in HA by recruiting additional nurses and strengthening their staffing level in acute settings;

- improving waiting list management by implementing measures to enhance services that have pressing issues of waiting list and access;

- improving the access of target population groups to public primary care services by improving the physical capacity of GOPC and increasing the GOPC episodic quota;

- enhancing drug quality by a number of measures including the expansion of coverage of HA Drug Formulary;

- enhancing paediatric care services including prenatal screening to minimise congenital disability; and

- enhancing transplant services.

(c) $575 million additional provision for various new and on-going initiatives, including the following:

- opening of additional 130 convalescent beds in TMH, HHH, TKOH and CMC;

- five-year project to explore collaboration with non-governmental organisations to enhance the capacity of infirmary services;

- carrying out repair, maintenance and improvement of hospital and clinic buildings and facilities;

- implementation of energy conservation and related measures in HA hospitals, clinics and buildings to enhance the stability of the electricity supply systems and improve energy consumption efficiency in the long term; and

- facilitating the system development, enhancement and maintenance of the Government's eHealth System and Primary Care Directory, and providing IT support services for the eHR programme.

Capital Account

(d) After taking into account the overall fiscal considerations and other relevant factors, the Government's capital funding provision to HA for modernising and upgrading medical equipment and technology is $652.4 million for 2013-14, representing a decrease of 13.9% as compared to the 2012-13 Revised Estimate of $757.3 million. The provision includes:

- $425 million for the procurement of equipment, which will enable us to continue replacing and adding medical equipment critical to our services, such as radiological equipment, surgical equipment, endoscopic equipment, laboratory analyser or pathology equipment, and physiological equipment;

- $227.4 million for the development of Information Technology and Information Systems
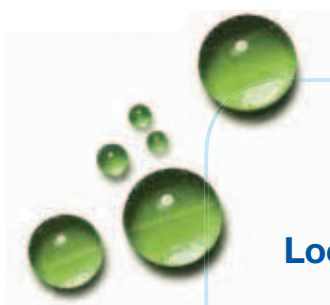
Looking Ahead

Being the major public healthcare service provider in Hong Kong, HA continues to serve as the ultimate safety net for the community in terms of meeting their healthcare needs. Relying almost entirely on government subvention to deliver the services, HA will need to go on working with the Government to formulate a sustainable funding arrangement for enhancing the manpower of our healthcare staff, better management of growing demands, improving service quality and safety, and ensuring adequate resources for meeting our service needs.
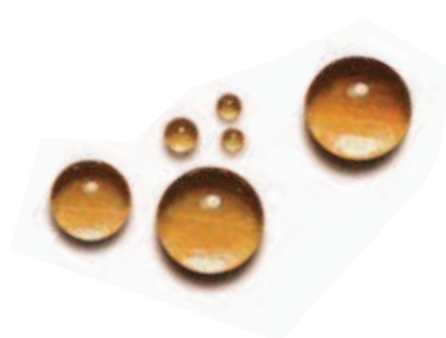
Head Office
Plan

This section sets out the work plans of the HA Head Office for 2013-14

There are four parts in this Head Office Plan. The first part contains a general summary of major initiatives that are spearheaded or coordinated by Head Office executives. The other parts cover three specific areas of work led by Head Office that are the key enablers of HA services, including business support services, capital works, and information technology (IT) services.

Head Office Plan Components

- Head Office (HAHO)
- Business Support Services
- Capital Work
- Information Technology Services

Head Office (HAHO)

The HA Head Office (HAHO) is organised into the following six divisions:

- Cluster Services

- Corporate Services

- Finance and Information Technology Services

- Human Resources

- Quality and Safety

- Strategy and Planning

Major Challenges

Service demand on HA continues to escalate as a result of population growth and ageing as well as an increase in cross-border population. At the same time, we are facing a continual shortage in the manpower of doctors. It is imperative for HAHO to demonstrate leadership in taking steps to address the situation and ensuring the quality and safety of our services. Besides, we have to take the lead in enhancing the structure and process of corporate governance and ensure that the resources made available to HA are managed in a fair and cost-effective manner.

Major Initiatives

As in previous years, HAHO is organising the annual HA Convention to provide a platform for different disciplines of healthcare staff and executives, as well as local and overseas experts to share their latest knowledge and experience on healthcare management. It is a major event of the HA community, and the upcoming 19th HA Convention will be held on 15 and 16 May 2013.

Various divisions of HAHO will provide leadership for some 95 programme targets corresponding to the six strategic intents of Annual Plan 2013-14. Most of these targets are already outlined in the earlier chapter on Strategic Intents and Programme Targets. Main examples are highlighted below.
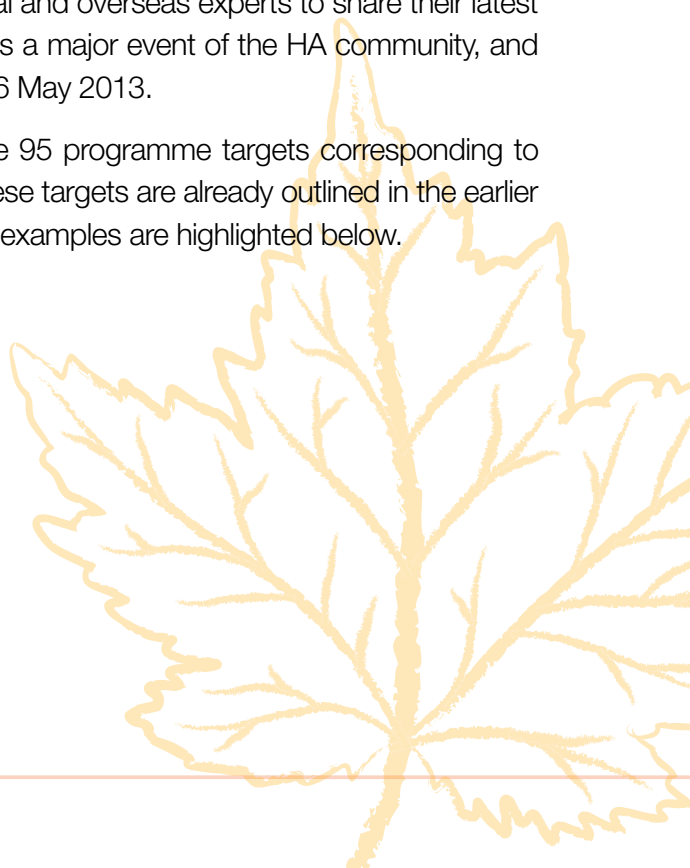
- To **allay staff shortage and high turnover**, we will implement measures to relieve clinician's workload, enhance training and development, strengthen career development, increase manpower supply as well as promote good management and leadership. These include:

  - Enhance orientation and training programmes for interns, and sponsor simulation training courses for doctor to enhance their clinical competency

  - Foster succession planning of senior nursing and allied health grades, and recruit additional 200 nurses and 60 allied health professionals

  - Recruit more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals

  - Develop corporate training programmes for different levels of staff to foster good management practices

  - Conduct Human Resources (HR) policy review and develop a central HR knowledge bank on HR policies and procedures

- To **better manage growing service demand**, we will increase capacity in priority areas including high demand life threatening diseases and services with pressing issues of waiting time and access; develop more efficient service model and enhance management and secondary prevention of chronic diseases. Major initiatives include:

  - Provide extended-hour emergency percutaneous coronary intervention (PCI) service to strengthen cardiac care

  - Implement 24-hour thrombolytic service and roll out the Transient Ischaemic Attack (TIA) clinic programme to enhance the treatment for stroke patients

  - Improve the management of specialist out-patient clinic (SOPC) waiting lists by setting up new case clinics and conducting additional doctor sessions

  - Enhance the service capacity of general out-patient clinics (GOPC) and increase their episodic quota

  - Extend the community case management programme for patients with severe mental illness to more districts

- To **ensure service quality and safety**, we will implement measures to build safety culture, develop safer service models, and adopt modern technology and new treatment options. Actions include:

- Foster psychosocial services for healthcare staff to strengthen the preparedness and emergency response for disasters and crisis intervention

- Strengthen pharmacy support for hospitalised children to enhance the quality and safety of medication use for paediatric patients

- Broaden the scope of HA Drug Formulary to include two new cancer drugs as Special Drugs and widen the clinical applications of two therapeutic groups of drugs for Parkinson's disease and cancer

- Modernise the diagnostic services for cancer patients by expanding the cytogenetic services and predictive molecular testing service

- Adopt Minimally Invasive Surgery (MIS) technique in hysterectomy surgeries for suitable gynaecological patients

- There are also continued efforts to **enhance partnership with patients and community**, which include the following:

  - Improve the engagement of patients in service improvement by developing an information system for managing patient complaints and feedback

  - Conduct hospital-based patient satisfaction surveys to gather feedback from patients regarding the hospital services

  - Set up stations or kiosks in hospitals to provide chronic disease patients with information on patient groups and community resources

- We will **ensure adequate resources for meeting service needs** by enhancing efficiency in resource utilisation and liaising with Government to formulate a longer term funding arrangement. Our internal resource allocation system will be modernised to facilitate the allocation of resources to priority areas of need. At the same time, we are reinforcing the key enablers of HA services. These key enablers include business support services, capital works, and IT services, action plans of which are outlined in the ensuing sections.

- Last but not least, we will **enhance corporate governance** by implementing the recommendations of the Corporate Governance Review to strengthen accountability and stewardship; and developing an Enterprise Risk Management Framework to provide a consolidated and holistic approach for enhancing risk management.

Business Support Services

Business Support Services Department (BSSD) is a corporate multi-skilled team within the Cluster Services Division of the HA Head Office. Core functions and leadership of BSSD encompass a wide portfolio of non-clinical support activities and operational systems integral to the smooth running of hospitals and clinics. These functions include:

- Hospital support services – including patient food, patient transport, laundry, security, waste management, etc.

- Procurement, logistics and supply management

- Equipment management and maintenance

- Biomedical engineering services

A major role of BSSD in the annual planning exercise of HA is to coordinate and manage the resource bidding and submission of funding proposals to the Government's Capital Block Vote (CBV) for the procurement of medical equipment. In prioritising the medical equipment proposals, BSSD works closely with the Central Technology Office (CTO) under the Quality and Safety Division of the Head Office. This aims to enhance equipment planning and technology alignment.

In addition, BSSD is also responsible for compiling information pertaining to the furniture and equipment requirements of major capital works projects in the application to the Government's Capital Works Reserve Fund.

Major Challenges

As at July 2012, the total asset of medical equipment items in HA is valued at around $9,032 million. Of these, around 38% are major equipment items with a unit cost of over $1 million, while 35% are minor equipment items costing over $150,000 per piece / unit.

With additional funding support from the Government since 2007-08, HA has allocated a total of some $2,923 million for the systematic replacement of aged medical equipment and the acquisition of new / additional medical equipment. Meanwhile, in order to cater for the increased service demand as a result of growing public expectation and patient load, there is a need for our support services, such as the non-emergency ambulance transfer service (NEATS), to be strengthened and enhanced.

Major Initiatives in 2013-14

The major initiatives of BSSD for 2013-14 are as follows:

- Implement by phases an improvement plan for HA's non-emergency ambulance transfer service (NEATS) to shorten patients' waiting time and improve the service's punctuality standard

- Continue to replace and add medical equipment critical to our services, including radiological equipment, surgical equipment, endoscopic equipment, laboratory analyser or pathology equipment, and physiological equipment. This involves a total of some 710 pieces of medical equipment, and the total cost is estimated to be around $620 million

- Enhance biomedical engineering services to support the modernisation and safety standard of medical equipment in public hospitals

- Extend the auto-refill service of medical consumables and linen items in hospital wards

- Expand the service of the out-sourced Shum Wan Laundry

BSSD Targets

Recruit 15 drivers and 29 attendants in the Phase Two expansion of NEATS ambulance fleet	1Q14
Complete the replacement / acquisition of around 710 pieces of medical equipment	1Q14
Provide acceptance testing for 18 000 medical equipment and offer specification vetting for 5 500 tenders / quotations	1Q14
Roll out the auto-refill service to QEH and KH in KCC; and PWH, SCH and SH in NTEC	1Q14
Extend the out-sourced laundry service to North Lantau Hospital, KH and HHH	1Q14

Capital Works

Capital works in HA are coordinated by the Capital Planning Department (CPD), which is one of the departments under the Strategy and Planning Division of the HA Head Office. To manage the different aspects of capital works, CPD is organised into the following five sections:

- Planning and Development

- Capital Projects

- Building Works

- Engineering and Projects

- Administration and Operation

CPD is responsible for the planning, development and maintenance of quality healthcare facilities through multi-disciplinary professional teamwork. Its functions are as follows:

- To plan and develop safe and efficient facilities, with designs that are flexible, environmentally friendly and conducive to optimal care delivery

- To plan, organise and manage resources to ensure that major capital projects are completed on schedule and within budget

- To provide and maintain quality facilities and infrastructure to facilitate the delivery of patient-centred health care services to the community

- To ensure the provision of safe, reliable, practical, cost-effective, quality and modern healthcare engineering facilities and infrastructure in a timely manner

Major Challenges

HA has one of the largest and most complex building stocks in Hong Kong, comprising a total of over 2 600 000 m^2 floor space in around 300 buildings. There will be a number of opportunities and challenges in 2013-14 for CPD in managing resources to renew, upgrade and maintain these facilities.

To meet the growing medical needs of the community, a total of 23 major capital works projects, which amount to a total project cost in the order of $88 billion, have been initiated and are at various stages of planning and development. Out of these, six projects involving a budget of $9 billion have been approved by the Government, while six projects are given approval to progress to the next stage and the other 11 projects are under review. In addition, around 1 200 minor
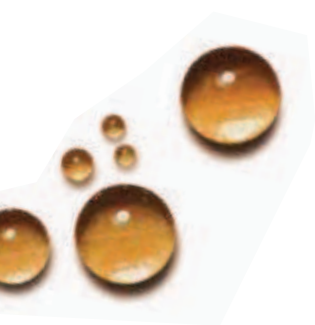
works projects will need to be carried out for the improvement and maintenance of existing premises, with a total annual expenditure of $730 million.

In view of the fact that major infrastructure projects in Hong Kong continue to dominate the construction industry, it is inevitable that there will be further escalations in the tender prices of HA's capital works projects in the coming year.

Major Initiatives in 2013-14

As one of the key enablers of HA services, CPD will undertake the following major initiatives in 2013-14 to ensure that our healthcare facilities are able to meet the demands of quality service provision:

- Increase the capacity for service expansion by commencing the construction works for the new Tin Shui Wai Hospital (TSWH), Centre of Excellence in Paediatrics (CEP), and the re-provisioning of Yaumatei Specialist Clinic at QEH.

- Keep modernising HA's facilities by carrying out preparatory works for the expansion of UCH, and the redevelopment of KWH and QMH.

- Make buildings safer by commencing the ward renovation works for KCH and the major refurbishment works for BH.

Capital Works Targets

Commence decanting works for the expansion of UCH	2Q13
Commence preparatory works for the redevelopment of KWH	2Q13
Complete the feasibility study on decanting works for the redevelopment of QMH	2Q13
Commence design-and-build contract for the construction of TSWH	2Q13
Commence design-and-build contract for the re-provisioning of Yaumatei Specialist Clinic at QEH	3Q13
Commence design-and-build contract for the establishment of CEP	3Q13
Commence ward renovation in KCH	3Q13
Commence major refurbishment of BH	1Q14
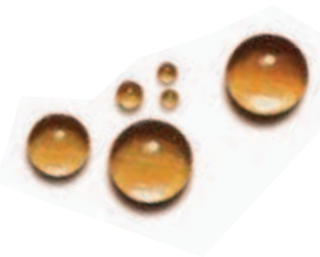
Information Technology Services

To meet the ever increasing demand on public healthcare services and associated business support requirements within HA, IT enabled solutions are recognised as a strategic investment for HA to improve its overall level of efficiency, effectiveness and quality of care in the delivery of day-to-day healthcare services. HA is recognised as a leading and innovative user of IT in the healthcare industry and investment in IT is carefully prioritised during the corporate strategic planning and annual operational planning cycles to ensure optimal outcomes are achieved in alignment with clinical and business needs.

The HA Information Technology Services (HAITS) is responsible for the management, maintenance and development of HA's investment in IT and performs multiple roles, including:

- **Establishment of the IT Framework** – HAITS supports the corporate direction in IT development, including the IT policy, standards and strategy. HAITS also ensures that a risk-based approach to information security and privacy is undertaken through the systematic adoption of controls to prevent adverse events, ensure compliance and to maintain consistent enforcement actions, all of which maintain the goal of protecting HA information assets, including patient data.

- **Internal Service Provider** – HAITS provides a range of services for the support, maintenance and development of IT systems, including Clinical and Business Supporting IT Systems; Informational and Collaborative IT Systems; and IT infrastructure.

- **Agency Service Provider** – HAITS also acts as a technical agent for the Government in support of various Government-led initiatives. In particular, HAITS has been appointed by the Government to provide technical support for developing the necessary standards, solutions and infrastructure for the electronic Health Record (eHR) programme.

A robust governance structure is in place to ensure that IT investment is prioritised and aligned with clinical and business needs. The services of HAITS are governed by the HA Board through the Information Technology Services Governing Committee (ITGC) and is supported by the IT Technical Advisory Sub-Committee for advice on IT technology and infrastructure directions. Programmes related to IT development are prioritised according to their business needs by the Coordinating Committee in IT, or COC (IT) for short, and endorsed by the ITGC before implementation. Programme targets with key performance indicators for major development initiatives are reported for progress monitoring together with regular progress updates to the ITGC.

Major Challenges

The corporate priority of improving service quality through better coordinated care and of reducing avoidable medical errors is driving an increase in investments of IT enabled solutions. With the significant increase in reliance on IT and the complexity of managing the IT investment, HAITS faces a number of key challenges as follows:

(a) Providing adequate quality assurance and managing the reliability, availability and serviceability of the IT enabled solutions;

(b) Adopting effective controls to safeguard the security and privacy of HA's information assets;

(c) Developing appropriate sourcing strategy to effectively meet the increasing IT services demands;

(d) Managing the adoption of mobile technology and devices;

(e) Sustaining an IT-capable workforce to meet dynamic and evolving service requirements; and

(f) Managing rising internal and external demand for IT services.

With the increase in complexity of the IT enabled solutions and integration with other systems and medical equipment to meet business needs, and reliance on these solutions in their daily operations, there are major challenges in ensuring the quality and reliability of these solutions. Ensuring sensitive information remains protected and accurate at all times and that this information continues to be available in a timely manner to those that have an authorised need to access this information is a critical requirement for delivering effective healthcare services. The rapid development of mobile technology and devices has generated significant expectation from front-line users. It is important to keep updating these technologies and evaluate their adoption in the HA environment within the available resources, and manage the expectations from the front-line users.

Major Initiatives in 2013-14

HAITS has responsibility for a number of initiatives in 2013-14, including support for the service plans of both internal and external stakeholders. Majority of the HA initiatives are multi-year projects and the major initiatives are highlighted as follows:

Internal Service Provider

- Continue the technical support to the "Filmless HA" project, and building the related infrastructure for the radiological image sharing programme

- Continue the roll-out of Clinical Management System III for its enhanced support of patient care delivery process and commence the Phase Two project development of new clinical functions and exploration of new database platform

- Complete the roll-out of the new Patient Billing System to enable HA to meet future business strategies through more sophisticated billing mechanisms

- Implement the electronic online system for the eligibility checking of Hong Kong Identity Card holders for subsidised medical services

- Complete the roll-out of the new system for the modernisation of pharmaceutical product procurement services

- Complete the system upgrade and enhancements for the Enterprise Resources Planning System

- Complete the development and testing of the software for automating and enhancing the existing processes of Samaritan Fund project.

- Provide IT service to support service operation for the opening of new hospitals and hospital blocks

- Enhance the clinical systems to cater for the launch of territory-wide eHR project

- Replace ageing corporate IT equipment and obsolete application software for reducing the operation risks of IT systems in supporting hospital services

Agency Service Provider

- Continue the provision of technical agency services to the eHR programme, Communicable Disease Information System programme and support other eHealth related initiatives led by the Government

- Continue to provide IT support to the Government-led Health Care Voucher Scheme, Vaccination Scheme and Primary Care Directory Scheme

- Provide IT support for the development of system interfaces with the Government's Communicable Disease Information System

- Provide IT support for the implementation of new version of Laboratory Information System for the Department of Health's Chemical Pathology and Haematology Laboratory

HAITS Targets

Internal Service Provider

Filmless HA Project	1Q14
• Continue to install image viewing facilities in the final batch of 12 hospitals	
Development of Clinical Management System (CMS) III	1Q14
• Continue the roll-out of the revamped clinical systems including CMS, Patient Administration System, Laboratory Information System, Radiology Information System and Pharmacy Management System	
• Continue to develop Inpatient Medication Order Entry System, conduct its roll-out in PMH and commence preparation work for two other hospitals	
• Commence Phase Two project including development of new clinical functions (e.g. nursing application and clinical imaging) and exploration of new database platform	
Patient Billing System	2Q13 & 1Q14
• Roll out the new solution to the remaining clusters (NTEC, HKEC, KEC, NTWC, KWC) in two tranches	
Hong Kong Identity Card Holders Eligibility Checking Project	3Q13
• Conduct Go Live of the IT system to facilitate the checking of eligibility of non-permanent Hong Kong Identity Card holders for subsidised public healthcare services	
Modernisation of Pharmaceutical Product Procurement Systems	2Q13
• Complete the roll-out of the Enterprise Resource Planning functionality for two remaining clusters (NTWC and KWC) as part of IT support for pharmaceutical product procurement enhancement initiatives	
Upgrade of the Enterprise Resource Planning System	4Q13
• Complete the upgrade project for all modules	
IT System to Support the Samaritan Fund Reengineering Project	1Q14
• Complete the development and testing of the software for automating and enhancing the existing processes in preparation for Go Live	
New Hospital / Hospital Block Projects	1Q14
• Continue the set-up of infrastructure and implement information systems in new hospital blocks, including Tseung Kwan O Hospital new extension block, North Lantau Hospital, and Caritas Medical Centre new ambulatory and rehabilitation block	
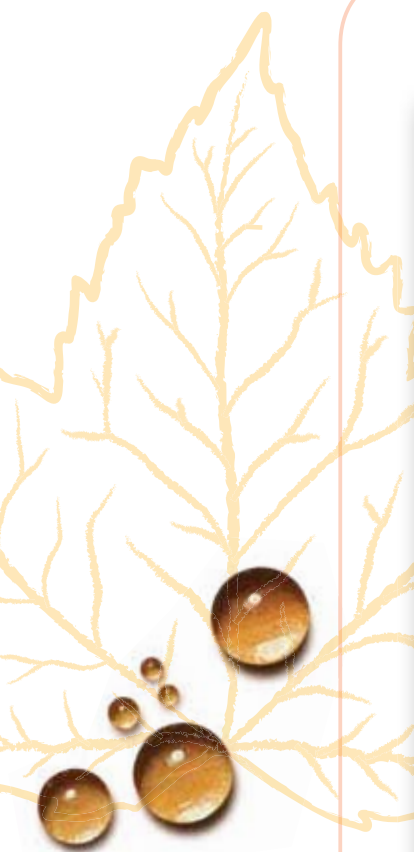
Enhancement of Clinical Systems for eHR project | 1Q14

- Provide system enhancement of HA's clinical systems to cater for the launch of territory-wide eHR project

IT Technology Refreshment | 1Q14

- Continue to replace ageing corporate IT network, server, PC workstations, related equipment and obsolete application software in HA

Agency Service Provider

Electronic Health Record (eHR) Programme | 1Q14

- Continue the development of core sharing infrastructure for eHR, CMS extension modules for private hospitals and clinics, and the piloting of standards and interfacing

Health Care Voucher Scheme and Vaccination Scheme | 1Q14

- Continue the IT support for the Government's Health Care Voucher, Vaccination, and Primary Care Directory schemes

Communicable Disease Information System Programme (CDIS) | 1Q14

- Provide IT support for the development of system interfaces with the Government's Communicable Disease Information System

Laboratory Information System for Department of Health | 1Q14

- Provide IT support for the implementation of new version of Laboratory Information System for the Department of Health

Cluster
Plans

This section contains an overview of the work plans of the seven Clusters for 2013-14.

The front page of each Cluster Plan contains a map showing the distribution of hospitals and general outpatient clinics in the cluster. Hospitals with A&E service are marked with the symbol ✚ for easy identification. Together with the cluster map is a table indicating the population distribution of the cluster's catchment area and the proportion of elderly people in the population.

Sequence of the Plans

- Hong Kong East Cluster (HKEC)
- Hong Kong West Cluster (HKWC)
- Kowloon Central Cluster (KCC)
- Kowloon East Cluster (KEC)
- Kowloon West Cluster (KWC)
- New Territories East Cluster (NTEC)
- New Territories West Cluster (NTWC)

Hong Kong East Cluster (HKEC)
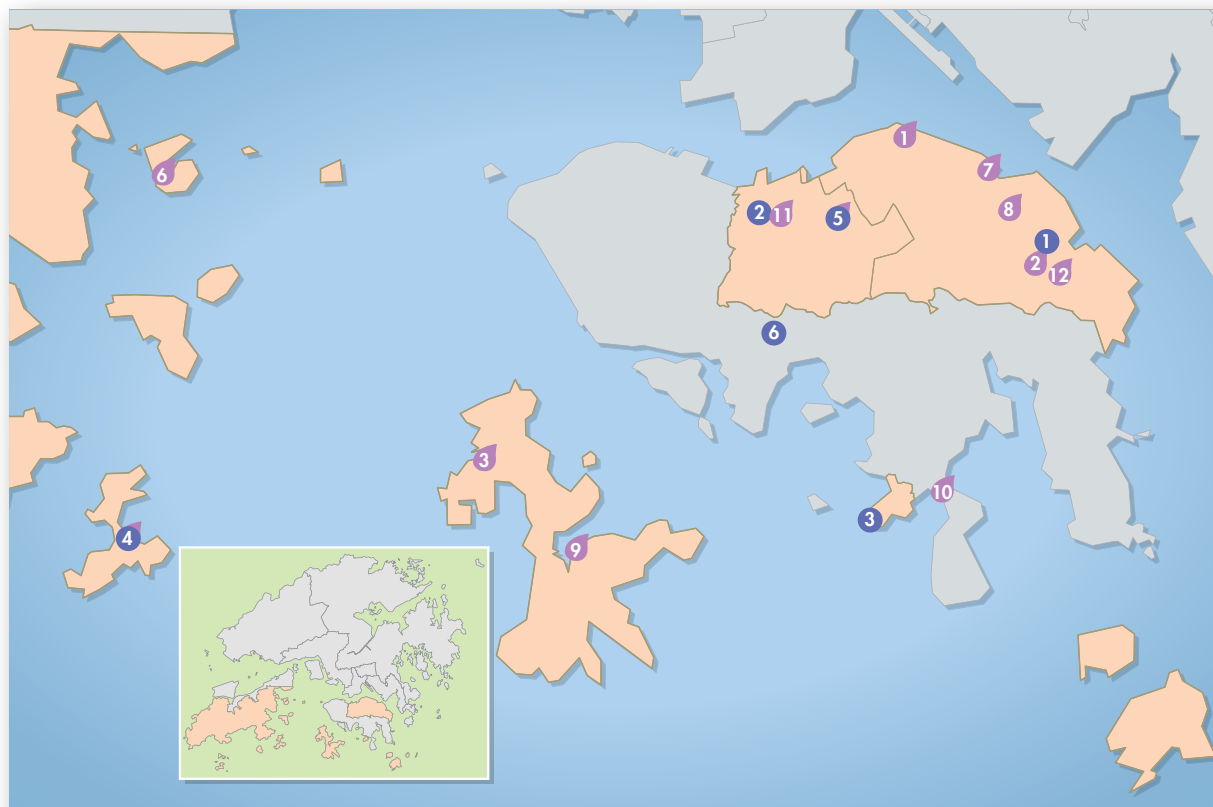
Hospital

1 Pamela Youde Nethersole Eastern Hospital ✚

2 Ruttonjee and Tang Shiu Kin Hospitals ✚

3 Cheshire Home, Chung Hom Kok

4 St. John Hospital ✚

5 Tung Wah Eastern Hospital

6 Wong Chuk Hang Hospital

General Outpatient Clinic

1 Anne Black GOP Clinic

2 Chai Wan GOP Clinic

3 North Lamma GOP Clinic

4 St. John Hospital

5 Tung Wah Eastern Hospital

6 Peng Chau GOP Clinic

7 Sai Wan Ho GOP Clinic

8 Shau Kei Wan Jockey Club GOP Clinic

9 Sok Kwu Wan GOP Clinic

10 Stanley GOP Clinic

11 Violet Peel GOP Clinic

12 Wan Tsui GOP Clinic

Demographic Characteristics

Year 2011	Eastern	Wan Chai	Islands*	HKEC Catchment	Hong Kong Overall
Population	588 100	152 600	141 300	803 500	7 071 600
Proportion of population age ≥ 65	15.6%	15.6%	9.7%	15.4%	13.3%
Year 2019					
Projected population	596 200	171 000	181 700	848 400	7 658 500
Proportion of population age ≥ 65	22.0%	22.4%	13.1%	21.6%	17.4%

* Figures include North Lantau population which is not under the catchment of HKEC

The catchment area of HKEC covers Eastern, Wanchai and Islands (apart from North Lantau) areas, with an estimated population of 0.8 million which accounts for around 11% of the Hong Kong population. More than 70% of the catchment population resides in the Eastern district.

Major Challenges

HKEC is serving a population with a higher-than-average proportion of elders aged 65 and above. The proportion of elders in the Cluster's catchment areas is among the highest and is increasing at a rate faster than Hong Kong overall. It remains a major challenge for HKEC to deal with an increasing volume and complexity of illnesses involving the elderly amidst the limitation in physical space and prolonged surge period.

Another key challenge is maintaining a stable, healthy and happy work force. Since 2008, the attrition rate of HKEC's manpower has been higher than the HA average in general. Low bed provision due to space constraint results in persistently high workload from high patient turnover. A younger workforce from replacement also loads senior staff with a greater training role on top of their routine work.

HKEC shall continue to foster a strong patient safety culture and improve service quality to mitigate the risks associated with unmet service demand, and to cultivate a cohesive and harmonious workplace to enhance staff retention.

Major Initiatives in 2013-14

HKEC's major initiatives for 2013-14 are as follows to align with the corporate objectives:

- Retain staff by relieving the workload of professional staff, through the implementation of barcode top-up system for drug stock in the wards and the recruitment of additional nurses, frontline allied health staff and supporting staff.

- Continue to invest in human capital by promoting a learning and caring culture, nurturing leaders and cultivating an awareness of occupational safety and health among staff.

- Continue to emphasise advanced professional training for clinical staff with the support of the HKEC Training Centre for Healthcare Management & Clinical Technology and the Nethersole Clinical Simulation Training Centre.

- Provide additional quotas in diagnostic tests with the provision of a new Magnetic Resonance Imaging (MRI) machine and extra predictive molecular tests for cancer patients, to shorten patient's waiting time and ensure timely appropriate treatment to patients.

- Enhance treatment of life-threatening diseases, including the implementation of 24-hour thrombolytic service for acute ischaemic stroke patients, a new Transient Ischaemic Attack (TIA) Clinic, and extra hospital haemodialysis places.

- Enhance patient care for common chronic diseases among the elderly by providing additional HbA1C tests for diabetes patients and enhancing the capacity for anti-vascular endothelial growth factor treatment.

- Enhance mental health service by providing recovery oriented treatment programmes and improving the physical setting of psychiatric admission wards.

- Minimise patients' trauma and risk of complication from traditional hysterectomy surgeries by adopting Minimally Invasive Surgery (MIS).

- Ensure the safe use of sterilised medical equipment by upgrading the Electro-Medical Diagnostic Unit.

- Enhance patients' access to medical service by expanding the capacity of the non-emergency ambulance transfer service.

HKEC Targets

Allay Staff Shortage and High Turnover

• Recruit additional nurses to meet operational needs at acute settings and high pressure areas	1Q14
• Recruit more frontline allied health professionals to enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q14
• Recruit more patient care assistants for allied health departments to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q14

Better Manage Growing Service Demand

• Implement 24-hour thrombolytic service for acute ischemic stroke patients at PYNEH, and set up Transient Ischaemic Attack (TIA) clinic service to serve 500 patients	1Q14
• Expand the capacity of renal replacement therapies for patients with end-stage renal disease by providing hospital haemodialysis to two additional patients	1Q14
• Enhance the access to radiological imaging service by adding a Magnetic Resonance Imaging (MRI) machine in RH to provide service for 2 000 additional cases	1Q14
• Upgrade the Electro-Medical Diagnostic Unit in RH and provide three additional endoscopy sessions per week to improve waiting list management	4Q13
• Provide 3 750 additional HbA1c tests to cope with the growing number of diabetes patients	1Q14
• Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric admission wards, and improve the physical setting of the psychiatric admission wards at PYNEH	1Q14
• Provide anti-vascular endothelial growth factor (VEGF) treatment to 60 new age-related macular degeneration (AMD) cases and 500 new cases of diabetic related eye diseases, including sight-threatening diabetic retinopathy	1Q14

Ensure Service Quality & Safety

• Implement the radio frequency identification (RFID) system in the mortuary at RH to improve the accuracy of body identification and flow control	1Q14
• Enhance cancer diagnostic services by providing 70 additional predictive molecular tests for lung, breast and colorectal cancers	1Q14
• Adopt Minimally Invasive Surgery (MIS) technique in hysterectomy surgeries for suitable gynaecological patients, with a target to achieve a HA overall rate of 60%	1Q14
• Perform 20 cases of Robotic Assisted Surgery (RAS) under the cross cluster RAS collaboration programme	1Q14

Ensure Adequate Resources for Meeting Service Needs

• Continue to expand the Non-emergency Ambulance Transfer Service (NEATS) ambulance fleet by recruiting six additional drivers and attendants to shorten patients' waiting time and improve the punctuality of service	1Q14
• Implement the barcode top-up system for drug stock in all the wards at RH for safe drug management and minimisation of drug wastage	2Q13
• Carry out site renovation and preparation for setting up a 42-bed general medical ward in RH to cope with the increased service demand	1Q14

Hong Kong West Cluster (HKWC)

Hospital

1. Queen Mary Hospital ✚
2. TWGHs – Fung Yiu King Hospital
3. Tung Wah Hospital
4. The Duchess of Kent Children's Hospital at Sandy Bay
5. Grantham Hospital
6. MacLehose Medical Rehabilitation Centre
7. Tsan Yuk Hospital

General Outpatient Clinic

1. Aberdeen Jockey Club GOP Clinic
2. Ap Lei Chau GOP Clinic
3. Tung Wah Hospital
4. Central District Health Centre GOP Clinic
5. Kennedy Town Jockey Club GOP Clinic
6. Sai Ying Pun Jockey Club GOP Clinic

Demographic Characteristics

Year 2011	Central and Western	Southern	HKWC Catchment	Hong Kong Overall
Population	251 500	278 700	530 200	7 071 600
Proportion of population age ≥ 65	13.9%	13.9%	13.9%	13.3%
Year 2019				
Projected population	273 900	275 100	549 000	7 658 500
Proportion of population age ≥ 65	20.5%	19.2%	19.9%	17.4%

The catchment area of HKWC covers Central and Western and Southern districts of the Hong Kong Island with a population of around half a million. The Cluster is also serving the whole population of Hong Kong through its tertiary and quaternary services such as transplant services and paediatric cardiac surgery, and one-third of its acute services are provided to patients residing outside HKWC.

Major Challenges

Ageing Population, Ageing Facilities - The proportion of elderly population in HKWC is higher than the average proportion in the whole territory. The concomitant increase in demand for services is however met with space limitations and dispersed facilities in the Cluster's ageing and outdated hospital buildings.

Expectations for Sufficiency and Accessibility - 90% of the public hospital users residing in the catchment areas are receiving their care in HKWC hospitals, and they expect the long-serving and trusted HKWC services to be sufficient and accessible for their care. But the expectations for extensive, state-of-the-art services cannot be met without coordinated care, skilful hands and apt technologies.

Diverse Roles and Partnership - HKWC hospitals are characterised by a diverse spectrum of parent organisations making indispensible contributions and carrying with them many historical, cultural and traditional differences. Meanwhile, the Cluster's unique association with the Li Ka Shing Faculty of Medicine of the University of Hong Kong has generated opportunities. Academia footprints are ubiquitous in each and every hospital in HKWC, and HA staff members in these hospitals are likewise conversant with the trinity roles of service, education and research. The increased number of medical students as hospital citizens will nevertheless entail even more space and better facilities.

With greater linkage and integration of all the players, we shall further strengthen our services that are well aligned, better coordinated and conducive to achieving excellent clinical outcomes for our patients.

Major Initiatives in 2013-14

The development of the clinical services plan for HKWC has inaugurated a decade-long era in which the future landscape of modernised hospital facilities is painted. The cluster will continue to move with increasing momentum in delineating hospital roles, exploring hospital concept design, appraising inherent architectural complexities and drawing redevelopment roadmap, all of which lead to the destination where the modernised QMH networks with other hospitals to provide a full range of seamless, high quality and reliable services to patients.

Hong Kong West Cluster's major initiatives for 2013-14 are as follows to align with the corporate objectives:

- Allay staff shortage by recruiting additional nurses and allied health professionals, as well as patient care assistants to relieve the workload of clinical staff.

- Increase service capacity for high demand life threatening diseases, including end-stage or advanced kidney, lung, heart and blood diseases, by enhancing technologies, complex surgeries, transplantation, and long-term ventilator care.

- Increase capacity for services with access issue by relocating the eye outpatient services from QMH to GH while capitalising on the vacated space in QMH.

- Enhance management of chronic diseases by enhancing testing and treatment for diabetes and advanced eye diseases.

- Develop safer service models by improving sterilisation services in operation theatres and upgrading aseptic dispensing services through establishing a centralised Theatre Sterile Service Unit.

- Adopt modern technology by enhancing cancer diagnostic services, strengthening transplant-related laboratory support and increasing capacity for modern surgical technique.

HKWC Targets

Allay Staff Shortage and High Turnover

• Recruit additional nurses to meet operational needs at acute settings and high pressure areas	1Q14
• Recruit additional allied health professionals to enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q14
• Recruit additional patient care assistants for allied health departments to share out simple clinical tasks and clerical workload	1Q14

Better Manage Growing Service Demand

• Expand the capacity of renal replacement therapies for patients with end-stage renal disease by providing hospital haemodialysis to three additional patients	1Q14
• Designate four medical beds in QMH for the provision of enhanced non-invasive ventilation service to chronic obstructive pulmonary disease patients in respiratory failure	1Q14
• Strengthen paediatric intensive and high-dependency inpatient service to cope with demand for complex services from cross-border eligible persons	2Q13
• Expand the Haemopoietic Stem Cell Transplant service at QMH for patients requiring bone marrow transplant	4Q13
• Improve service capacity for adult patients requiring Left Ventricular Assist Devices (LVAD) and paediatric patients requiring cardiac surgery and Extracorporeal Membrane Oxygenation treatment	2Q13
• Improve access to specialist eye services by relocating the eye outpatient services from QMH to GH and upgrading the facility standard of the cataract operating theatre at GH	1Q14
• Open additional operating theatres sessions and provide additional 140 cases of day and same day surgery in TWH	1Q14
• Expand laboratory capacity for testing the treatment progress of diabetes patients, providing 3 750 additional HaemoglobinA1c tests	1Q14
• Open three new beds at the designated centre for ventilator assisted children at DKCH to provide centralised care and multidisciplinary support	2Q13
• Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric admission wards	1Q14
• Provide anti-vascular endothelial growth factor treatment to 60 new Age-related Macular Degeneration cases and 500 new cases of diabetic eye diseases	1Q14

Ensure Service Quality & Safety

• Commence the upgrade of aseptic dispensing facilities in QMH to meet the environmental control requirements in the aseptic compounding process	4Q13
• Improve sterilisation in surgical operations by establishing a centralised Theatre Sterile Service Unit in QMH	1Q14
• Enhance cancer diagnostic services by providing cytogenetic tests for blood cancer for 30 additional patients, and 70 additional predictive molecular tests for lung, breast and colorectal cancer	1Q14
• Set up a laboratory-based transplant coordination centre in QMH for enhancing laboratory and Cell / Tissue Banks services in support of organ transplant in Hong Kong	1Q14
• Adopt Minimally Invasive Surgery technique in hysterectomy surgeries for suitable gynaecological patients, with a target to achieve a HA overall rate of 60%	1Q14
• Provide Deep Brain Stimulation treatment for nine patients with advanced Parkinson's disease	1Q14
• Perform 20 cases of Robotic Assisted Surgery (RAS) under the cross cluster RAS collaboration programme	1Q14

Ensure Adequate Resources for Meeting Service Needs

• Conduct service and facility planning of the QMH redevelopment project	2Q13

Kowloon Central Cluster (KCC)
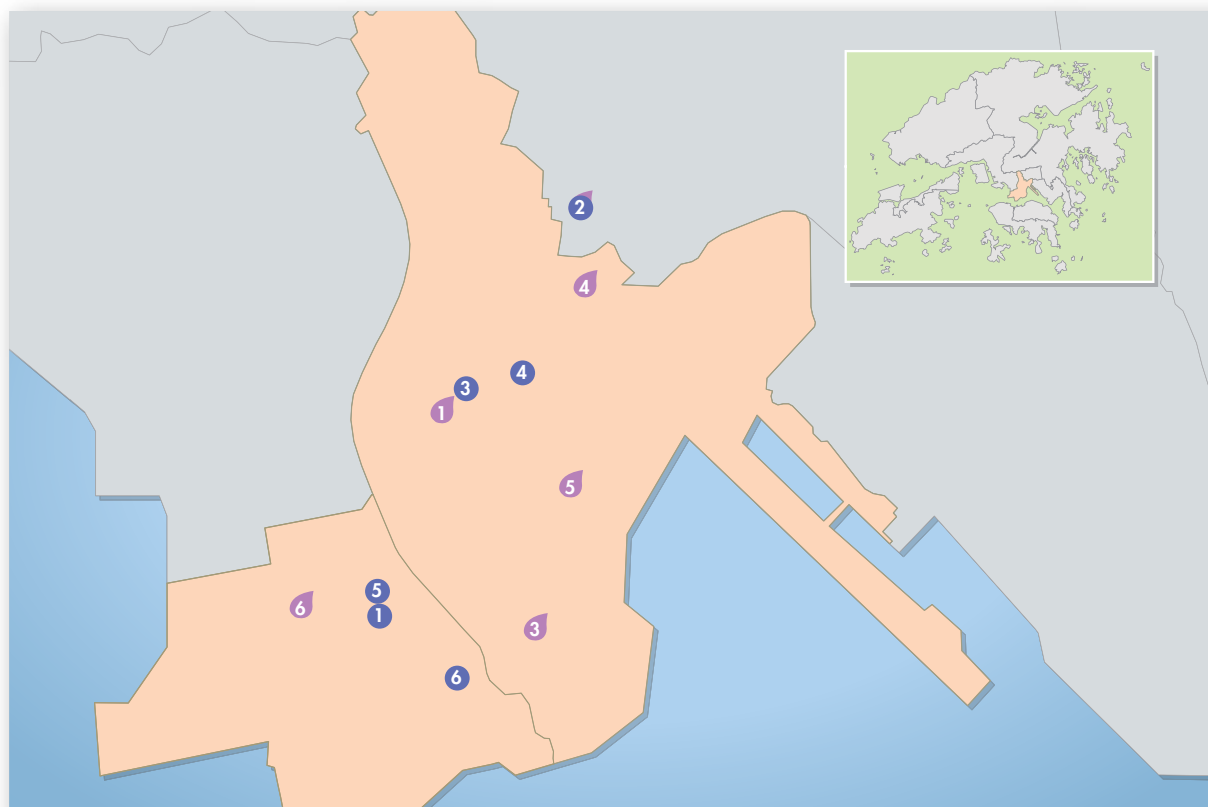
Hospital

1. Queen Elizabeth Hospital ✚
2. Hong Kong Buddhist Hospital
3. Kowloon Hospital
4. Hong Kong Eye Hospital
5. Hong Kong Red Cross Blood Transfusion Service
6. Rehabaid Centre

General Outpatient Clinic

1. Central Kowloon Health Centre
2. Hong Kong Buddhist Hospital
3. Hung Hom Clinic
4. Lee Kee Memorial Dispensary
5. Shun Tak Fraternal Association Leung Kau Kui Clinic
6. Yau Ma Tei Jockey Club GOP Clinic

Demographic Characteristics

Year 2011	Yau Tsim Mong*	Kowloon City	KCC Catchment	Hong Kong Overall
Population	307 900	377 400	500 200	7 071 600
Proportion of population age ≥ 65	14.5%	16.0%	15.5%	13.3%
Year 2019				
Projected population	353 600	442 400	586 800	7 658 500
Proportion of population age ≥ 65	19.8%	19.3%	19.4%	17.4%

* Figures include Mongkok population which is not under the catchment of KCC

The catchment area of KCC covers Yau Ma Tei, Tsim Sha Tsui and Kowloon City districts with a total population of around half a million.

As at 31 December 2012, the Cluster manages a total of 3 547 beds with 3 004 for acute, convalescent and rehabilitation care, 118 for infirmary care and 425 for the mentally ill. It is supported by six GOPCs, one of which is located inside BH.

Major Challenges

KCC serves an increasing proportion of elderly patients. In QEH, 50.7% of the bed-days in 2011-12 were occupied by patients aged 65 or above as compared to 49.3% in 2001-02. At the Cluster level, 56.2% of the bed-days in 2011-12 were occupied by elderly patients who made up 15.5 % of our catchment population.

To meet the challenge of expanding demands arising from an ageing population and growing complexity of medical services, the cluster will strive to provide safe, quality and right services for the right patient at the right place according to our Cluster Core values of RESPECT (Respect, Empathy, Sharing, Professionalism, Efficiency, Creativity, Trust). We will continuously streamline the workflow and improve our service quality and safety through Hospital Accreditation and WISER Movement in KCC Hospitals. Staff development and retention programmes will be consolidated further to uplift professionalism, enhance sense of belonging and ownership, and create a pleasant working environment to maintain a stable workforce. 2013 is the Golden Jubilee year for Queen Elizabeth Hospital. We will take this opportunity to further enhance patient and community engagement to promote population health.

Major Initiatives in 2013-14

KCC has formulated a wide range of initiatives according to the corporate key objectives to develop quality and patient-centred healthcare services. The major initiatives are as follows:

To allay staff shortage and high turnover, additional nurses will be recruited to improve manpower in acute settings and high pressure areas. Additional 100 registered nurses will be trained up in the QEH nursing school to increase the nursing manpower supply. More frontline allied health professionals will be recruited for patients requiring multi-disciplinary care and rehabilitation. The number of patient care assistants will also increase to relieve the workload for allied health professionals.

To better manage growing service demand in QEH, an acute stroke ward will be opened with 16 additional beds. 24-hour thrombolytic service will be consolidated to improve management of patients with acute ischaemic stroke. Likewise, to improve the waiting time for emergency operation and cancer surgery, additional operating theatre sessions will be opened for extra 50 cancer operations. Neonatal and Paediatric surgery will also be reinforced by providing 24 hours on-site consultation and emergency surgical support. One additional ICU bed will be opened to enhance the management of critically ill patients. At the same time, in KH there will be enhanced community support for mental health patients, by providing case management service to 50 patients with severe mental illness living in the Sai Kung District. Improvement will also be made in the physical setting of psychiatric admission wards together with recovery oriented treatment programmes to improve the mental health services. Moreover, to deal with ageing population, anti-vascular endothelial growth factor (VEGF) treatment to 90 new age-related macular degeneration (AMD) cases and 750 new cases of diabetic related eye diseases will be provided in the HKEH.

To ensure service quality and safety, the Blood Transfusion Service (BTS) will increase production and supply of leucodepleted blood products for enhancing transfusion safety and reducing the risk of transfusion reaction. HKEH will improve the Eye Tissue Bank services by providing high quality eye tissues and additional 50 corneas for transplant services. In QEH, Minimally Invasive Surgery (MIS) technique will be adopted in hysterectomy surgeries for suitable gynaecological patients. Deep brain stimulation treatment for nine patients with advanced Parkinson's disease will be introduced in the Department of Neurosurgery at QEH. Cancer diagnostic services in QEH will also be enhanced by providing cytogenetic tests for blood cancer to 60 additional patients and 70 additional predictive molecular tests for lung, breast and colorectal cancer patients.

To ensure adequate resources for meeting service needs, 18 additional drivers and attendants will be recruited under the KCC Non-emergency Ambulance Transfer Service (NEATS) ambulance fleet to reduce patient's waiting time and improve the punctuality of service. Auto-refill service of medical consumables and linen items will be implemented for adequate daily supply. To improve linen supply, service of the out-sourced Shum Wan Laundry will be extended to KH. Meanwhile, QEH will continue to coordinate the preparatory works for the service re-provisioning of Yaumatei Specialist Clinic due to the development of Central Kowloon Route (CKR) in Yaumatei area.

KCC Targets

Allay Staff Shortage and High Turnover

• Recruit additional nurses to meet operational needs at acute settings and high pressure areas	1Q14
• Recruit more frontline allied health professionals to enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q14
• Train up additional 100 Registered Nurses in the nursing school at QEH	1Q14
• Recruit more patient care assistants for allied health departments to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q14

Better Manage Growing Service Demand

• Open one additional Intensive Care Unit (ICU) bed in QEH	4Q13
• Establish an acute stroke ward with 16 beds in QEH and consolidate 24-hour thrombolytic service for acute ischaemic stroke	1Q14
• Reinforce the capacity of QEH in providing 24-hour on-site consultation and emergency surgical support by specialists in neonatal and paediatric surgery	1Q14
• Allay the waiting list of surgical cases by opening additional operating theatre sessions for cancer surgery and emergency surgery in QEH, and conduct 50 additional cancer operations	1Q14
• Enhance community support for mental health patients by providing case management service to 50 patients with severe mental illness living in the Sai Kung district	1Q14
• Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric admission wards, and improve the physical setting of the psychiatric admission wards at KH	1Q14
• Provide anti-vascular endothelial growth factor (VEGF) treatment to 90 new age-related macular degeneration (AMD) cases and 750 new cases of diabetic related eye diseases, including sight-threatening diabetic retinopathy	1Q14

Ensure Service Quality & Safety

• Increase the production and supply of leucodepleted blood products for enhancing transfusion safety and reducing the risk of transfusion reaction	1Q14
• Enhance cancer diagnostic services by providing cytogenetic tests for blood cancer to 60 additional patients, and 70 additional predictive molecular tests for lung, breast and colorectal cancers	1Q14
• Improve transplant services by enhancing the eye tissue bank service of HKEH to increase the provision of high quality eye tissues and delivering an addition of 50 corneas	1Q14
• Adopt Minimally Invasive Surgery (MIS) technique in hysterectomy surgeries for suitable gynaecological patients, with a target to achieve a HA overall rate of 60%	1Q14
• Provide Deep Brain Stimulation treatment for nine patients with advanced Parkinson's disease	1Q14

Ensure Adequate Resources for Meeting Service Needs

• Continue to expand the Non-emergency Ambulance Transfer Service (NEATS) ambulance fleet by recruiting 18 additional drivers and attendants to shorten patients' waiting time and improve the punctuality of service	1Q14
• Extend the service of the out-sourced Shum Wan Laundry to KH	2Q13
• Implement the auto-refill service of medical consumables and linen items in all the hospital wards in QEH and KH	1Q14
• Set up a commissioning team to coordinate the preparatory works for the service re-provisioning of Yaumatei Specialist Clinic	2Q13

Kowloon East Cluster (KEC)
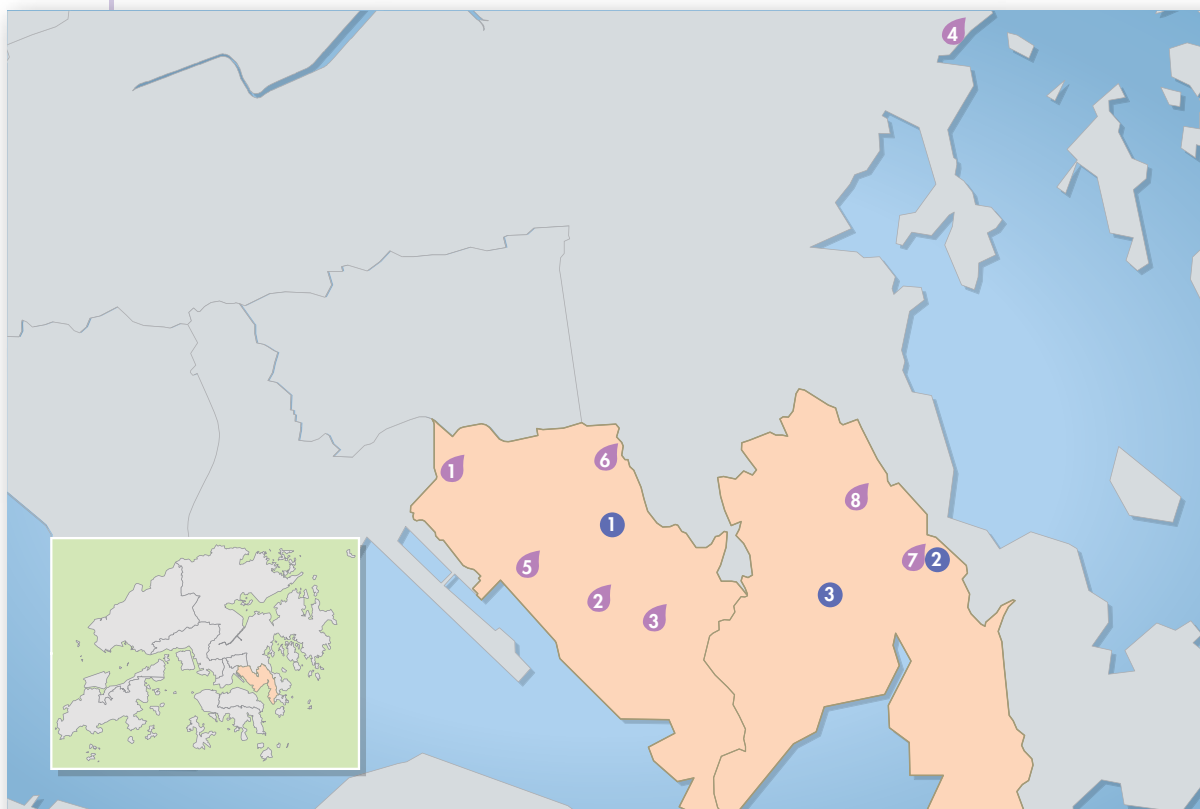
Hospital

1 United Christian Hospital ✚

2 Tseung Kwan O Hospital ✚

3 Haven of Hope Hospital

General Outpatient Clinic

1 Kowloon Bay Health Centre GOP Clinic

2 Kwun Tong Jockey Club Health Centre GOP Clinic

3 Lam Tin Polyclinic GOP Clinic

4 Mona Fong GOP Clinic

5 Ngau Tau Kok Jockey Club GOP Clinic

6 Shun Lee GOP Clinic

7 Tseung Kwan O (Po Ning Road) GOP Clinic

8 Tseung Kwan O Jockey Club GOP Clinic

Demographic Characteristics

Year 2011	Kwun Tong	Tseung Kwan O	KEC Catchment	Hong Kong Overall
Population	622 200	371 500	993 700	7 071 600
Proportion of population age ≥ 65	16.3%	9.1%	13.6%	13.3%
Year 2019				
Projected population	666 900	430 100	1 097 000	7 658 500
Proportion of population age ≥ 65	17.6%	11.9%	15.4%	17.4%

The catchment area of KEC covers Kwun Tong, Tseung Kwan O and part of the Sai Kung districts with a total population of close to a million.

Major Challenges

KEC is facing escalating healthcare demand with increasing disease complexity among our ageing population. Limited by the bed capacity and physical space constraints, the cluster has been boosting the service volume through enhanced productivity. For three consecutive years, KEC has achieved the highest new case ratio in specialist outpatient service and the lowest average length of stay for acute and convalescent patients in HA. The persistent high patient turnover and heavy workload has imposed considerable pressure on our staff; therefore, the Cluster will strive to maintain a happy and healthy workforce to ensure service sustainability.

In 2013-14, the Cluster will continue to manage service growth in demand pressure areas, ensure quality and safety, and maintain an adequate workforce. Apart from strengthening the inpatient service capacity, the Cluster will actively manage the SOPC waiting lists in order to alleviate the backlog of new case bookings. Meanwhile, we will ensure timely services for patients with pressing needs through a robust triage mechanism.

We expect the completion of TKOH New Ambulatory Block and related medical facilities in 2012 will enhance the medical service provision in the coming years. Regarding the UCH expansion project, the hospital would work closely with the Head Office's Capital Planning Department to plan and develop safe and efficient facilities which are conducive to optimal care delivery. In the meantime, KEC will closely monitor the project for the reprovisioning of infirmary, community interface and carer support services in HHH.

Major Initiatives in 2013-14

Aligned with the corporate directions, KEC's major initiatives for 2013-14 are as follows:

- Better manage growing service demand by opening 40 acute beds and 36 convalescent and rehabilitation beds at TKOH; opening 36 convalescent and rehabilitation beds at HHH; improving the management of SOP waitlist, enhancing ambulatory chemotherapy service and haemodialysis services; expanding the emergency percutaneous coronary intervention service; strengthening mental health services and developing an Autologous-Haemopoietic Stem Cell Transplant centre in KEC. Moreover, the primary care service will be further enhanced by expanding and upgrading the Kwun Tong Jockey Club Health Centre GOP Clinic in 2013-14 under the Kwun Tong Town Centre redevelopment project.

- Allay staff shortage and high turnover by strengthening supports for frontline healthcare professionals, enhancing career progression and professional competencies.

- Ensure service quality and safety by enhancing cancer diagnostic investigation, facilitating the adoption of Minimally Invasive Surgery technique in hysterectomy surgeries, and implementing a series of initiatives to enhance drug safety.

- Ensure adequate resources for meeting service needs by improving non-emergency ambulance transfer services, enhancing laundry services to HHH, and strengthening hospital support services to keep up with the growing patient load.

KEC Targets

Allay Staff Shortage and High Turnover

• Recruit additional nurses to meet operational needs at acute settings and high pressure areas	1Q14
• Recruit more frontline allied health professionals to enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q14
• Recruit more patient care assistants for allied health departments to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q14

Better Manage Growing Service Demand

• Open additional 40 acute beds and 4 High Dependency Unit (HDU) beds in TKOH	3Q13
• Enhance the capacity of convalescent and rehabilitation services by opening 36 additional convalescent beds in HHH and TKOH respectively	4Q13
• Implement extended-hour emergency Percutaneous Coronary Intervention (PCI) services in UCH to serve 15 additional cases	1Q14
• Expand the capacity of renal replacement therapies for patients with end-stage renal disease by providing hospital haemodialysis to six additional patients	1Q14
• Designate four medical beds in UCH for the provision of enhanced non-invasive ventilation (NIV) service to chronic obstructive pulmonary disease (COPD) patients in respiratory failure	1Q14
• Expand clinical oncology services and ambulatory chemotherapy service for an additional 250 patients and provide 500 day chemotherapy attendances	1Q14
• Improve the management of SOPC waiting lists by expanding the ENT team and setting up a surgical new case clinic, and conducting additional doctor sessions to manage 6 500 new cases on the waiting list	1Q14
• Develop an Autologous-HSCT centre in KEC to improve access to Haemopoietic Stem Cell Transplant (HSCT) for patients requiring bone marrow transplant	1Q14
• Increase the GOPC episodic quota by 6 700 attendances to improve the access of target population groups to public primary care services	1Q14
• Provide 3 750 additional HbA1c tests to cope with the growing number of diabetes patients	1Q14
• Provide orthodontic support to 100 adolescent patients requiring corrective surgery for secondary cleft deformities	1Q14

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• Enhance community care for mental health patients by providing case management service to 700 patients with severe mental illness living in the Sai Kung district	1Q14
• Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric admission wards	1Q14
• Provide anti-vascular endothelial growth factor (VEGF) treatment to 60 new age-related macular degeneration (AMD) cases and 500 new cases of diabetic related eye diseases, including sight-threatening diabetic retinopathy	1Q14
• Commence service operation of the new pharmacy at the new ambulatory care block in TKOH to provide one-stop service for out-patient care	2Q13

Ensure Service Quality & Safety

• Enhance cancer diagnostic services by providing 70 additional predictive molecular tests for lung, breast and colorectal cancers	1Q14
• Adopt Minimally Invasive Surgery (MIS) technique in hysterectomy surgeries for suitable gynaecological patients, with a target to achieve a HA overall rate of 60%	1Q14

Ensure Adequate Resources for Meeting Service Needs

• Coordinate and commission the service re-provisioning of Kwun Tong Jockey Club GOPC	1Q14
• Bolster the provision and capacity of patient support service particularly in patient information and record, domestic service and cluster transport service	1Q14
• Extend the service of the out-sourced Shum Wan Laundry to HHH	1Q14
• Continue to expand the Non-emergency Ambulance Transfer Service (NEATS) ambulance fleet by recruiting nine additional drivers and attendants to shorten patients' waiting time and improve the punctuality of service	1Q14

Kowloon West Cluster (KWC)
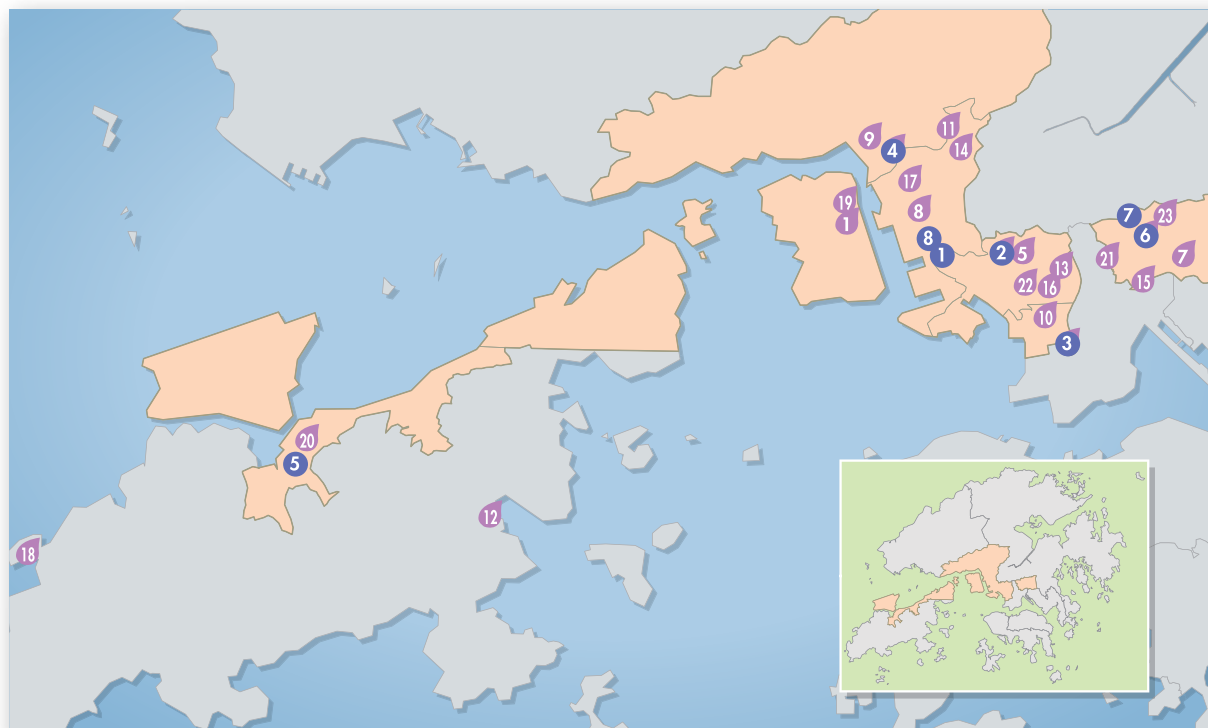
Hospital

1 Princess Margaret Hospital ✚

2 Caritas Medical Centre ✚

3 Kwong Wah Hospital ✚

4 Yan Chai Hospital ✚

5 North Lantau Hospital ✚

6 Our Lady of Maryknoll Hospital

7 TWGHs – Wong Tai Sin Hospital

8 Kwai Chung Hospital

General Outpatient Clinic

1 Tsing Yi Cheung Hong GOP Clinic

2 Caritas Medical Centre General Practice Clinic

3 Kwong Wah Hospital GOP Department

4 Yan Chai Hospital General Practice Clinic

5 Cheung Sha Wan Jockey Club GOP Clinic

6 Our Lady of Maryknoll Hospital Family Medicine Clinic

7 East Kowloon GOP Clinic

8 Ha Kwai Chung GOP Clinic

9 Lady Trench GOP Clinic

10 Li Po Chun GOP Clinic

11 Mrs Wu York Yu GOP Clinic

12 Mui Wo GOP Clinic

13 Nam Shan GOP Clinic

14 North Kwai Chung GOP Clinic

15 Robert Black GOP Clinic

16 Shek Kip Mei GOP Clinic

17 South Kwai Chung Jockey Club GOP Clinic

18 Tai O Jockey Club GOP Clinic

19 Tsing Yi Town GOP Clinic

20 Tung Chung GOP Clinic

21 Wang Tau Hom Jockey Club GOP Clinic

22 West Kowloon GOP Clinic

23 Wu York Yu GOP Clinic

Demographic Characteristics

Year 2011	Wong Tai Sin	Yau Tsim Mong*	Sham Shui Po	Kwai Tsing	Tsuen Wan	North Lantau	KWC Catchment	Hong Kong Overall
Population	420 200	307 900	380 900	511 200	304 600	78 500	1 880 500	7 071 600
Proportion of population age ≥ 65	17.6%	14.5%	17.0%	14.7%	12.9%	6.9%	15.2%	13.3%
Year 2019								
Projected population	416 900	353 600	442 900	491 900	301 300	100 500	1 962 700	7 658 500
Proportion of population age ≥ 65	19.5%	19.8%	18.8%	18.4%	17.7%	9.8%	18.3%	17.4%

*Figures include Yau Tsim population which is not under the catchment of KWC

The catchment area of KWC covers the districts of Wong Tai Sin, Mong Kok, Sham Shui Po, Kwai Tsing, Tsuen Wan and North Lantau. This is the largest Cluster in HA, with an estimated population of nearly 1.9 million, representing around 27% of the overall Hong Kong population.

Major Challenges

KWC, the largest Cluster in the HA, is serving a comparatively disadvantaged population with a mean age older than the Hong Kong average. The reliance on comprehensive public healthcare services is therefore relatively higher. In 2013-14, our major challenges are to continue with the provision of safe and quality care to meet public expectation. At the same time, we need to enhance our service capacity and accessibility under a rising service demand. We are obliged to ensure that our patients with pressing needs are attended to in a timely manner.

Major Initiatives in 2013-14

Maintaining a skilled, competent and effective workforce to provide comprehensive services; enhancing service capacity to meet growing demand; and ensuring service quality and safety are our major objectives and the related initiatives in 2013-14 are as follows:

- To address the high turnover and the resultant staff shortage, we will recruit additional nurses, frontline allied health professionals and patient care assistants for various clinical areas, in particular those under high pressure. In addition, we will continue to train registered nurses at the Nursing School of CMC.

- To better manage service demand, we will inject resources to enhance in-patient service capacity through: (i) opening additional beds in the coronary care unit; (ii) implementing extended-hour Emergency Percutaneous Coronary Intervention Service; (iii) designating medical beds for chronic obstructive pulmonary disease service; and (iv) increasing hospital haemodialysis quota.

- To shorten medical services waiting time, we will add elective orthopaedic trauma operation sessions, and triage appropriate new cases booked at SOPCs with long waiting times to our Family Medicine Specialist Clinic for earlier first appointments.

- To further strengthen the comprehensive mental health services, we will enhance our recovery oriented treatment programmes for patients in the psychiatric admission wards at Kwai Chung Hospital, and expand the case management program for severe mental illness patients in Wong Tai Sin District

- To continuously upgrade our service quality and safety, Minimally Invasive Surgery technique on hysterectomy surgeries for suitable gynaecological patients will be extended. Cross Cluster Robotic Assisted Surgery Collaboration Programme will also be rolled out. Additional predictive molecular tests for lung, breast and colorectal cancers will be performed to enhance cancer diagnostic and treatment services. Furthermore, we will pilot the Inpatient Medication Order Entry system in one of our KWC hospitals to improve medication safety. At the same time, we will upgrade the aseptic dispensing facilities to minimise infection risks.

KWC Targets

Allay Staff Shortage and High Turnover

• Recruit additional nurses to meet operational needs in the acute settings and high pressure areas	1Q14
• Recruit more frontline allied health professionals to enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q14
• Train up 100 additional Registered Nurses in CMC nursing school	4Q13
• Recruit more patient care assistants for allied health departments to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q14

Better Manage Growing Service Demand

• Commence the service operation of North Lantau Hospital in a stepwise fashion	3Q13
• Commence service operation of the new ambulatory and rehabilitation block in the Phase II redevelopment of CMC	1Q14
• Enhance the capacity of convalescent and rehabilitation services by opening 20 additional convalescent beds in CMC	1Q14
• Add two more cardiac care unit beds at PMH, and implement extended-hour emergency Percutaneous Coronary Intervention (PCI) services to serve 50 additional cases	1Q14
• Expand the renal replacement therapy capacity for patients with end-stage renal disease by providing hospital haemodialysis to five additional patients	1Q14
• Designate four medical beds in PMH for provision of enhanced non-invasive ventilation (NIV) service to chronic obstructive pulmonary disease (COPD) patients in respiratory failure	4Q13
• Improve management of SOPC waiting lists by conducting additional doctor sessions and triaging suitable cases to the Family Medicine clinic, covering a total of 2 780 new cases	1Q14
• Shorten the waiting list of orthopaedic surgeries by opening additional operating theatres sessions in PMH, and conducting 75 additional elective orthopaedic operations	1Q14
• Improve access to Radioactive Iodine-131 (RAI) treatment for patients with thyrotoxicosis by enhancing the service capacity of the Department of Oncology to manage 240 additional cases	1Q14

|	
• Enhance community care for mental health patients by providing case management service to 1 350 patients with severe mental illness living in the Wong Tai Sin district	1Q14
• Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric admission wards	4Q13
• Provide anti-vascular endothelial growth factor (VEGF) treatment to 90 new age-related macular degeneration (AMD) cases and 750 new cases of diabetic related eye diseases, including sight-threatening diabetic retinopathy	1Q14

Ensure Service Quality & Safety

• Commence the upgrade of aseptic dispensing facilities in PMH to meet the environmental control requirements in the aseptic compounding process	4Q13
• Improve sterilisation in surgical operations by establishing a Theatre Sterile Service Unit (TSSU) in KWH to phase out instrument rooms attached to the operating theatres	4Q13
• Implement the radio frequency identification (RFID) system in the mortuaries of CMC and YCH to improve the body identification accuracy and flow control	1Q14
• Implement the Inpatient Medication Order Entry (IPMOE) system in PMH for enhancing medication safety	1Q14
• Enhance cancer diagnostic services by providing 90 additional predictive molecular tests for lung, breast and colorectal cancers	1Q14
• Adopt Minimally Invasive Surgery (MIS) technique in hysterectomy surgeries for suitable gynaecological patients, with a target to achieve a HA overall rate of 60%	1Q14
• Perform 35 cases of Robotic Assisted Surgery (RAS) under the cross cluster RAS collaboration programme	1Q14

Ensure Adequate Resources for Meeting Service Needs

• Continue to expand the Non-emergency Ambulance Transfer Service (NEATS) ambulance fleet by recruiting eight additional drivers and attendants to shorten patients' waiting time and improve the service punctuality	4Q13
• Extend the out-sourced Shum Wan Laundry service to North Lantau Hospital	3Q13
• Set up a commissioning team to coordinate the preparatory works for service commissioning of the YCH redevelopment project	3Q13
• Set up a planning team to support service and facility planning of the KWH redevelopment project	2Q13
• Carry out site renovation to build up the Ha Kwai Chung GOPC physical capacity over a two-year period	1Q14

New Territories East Cluster (NTEC)
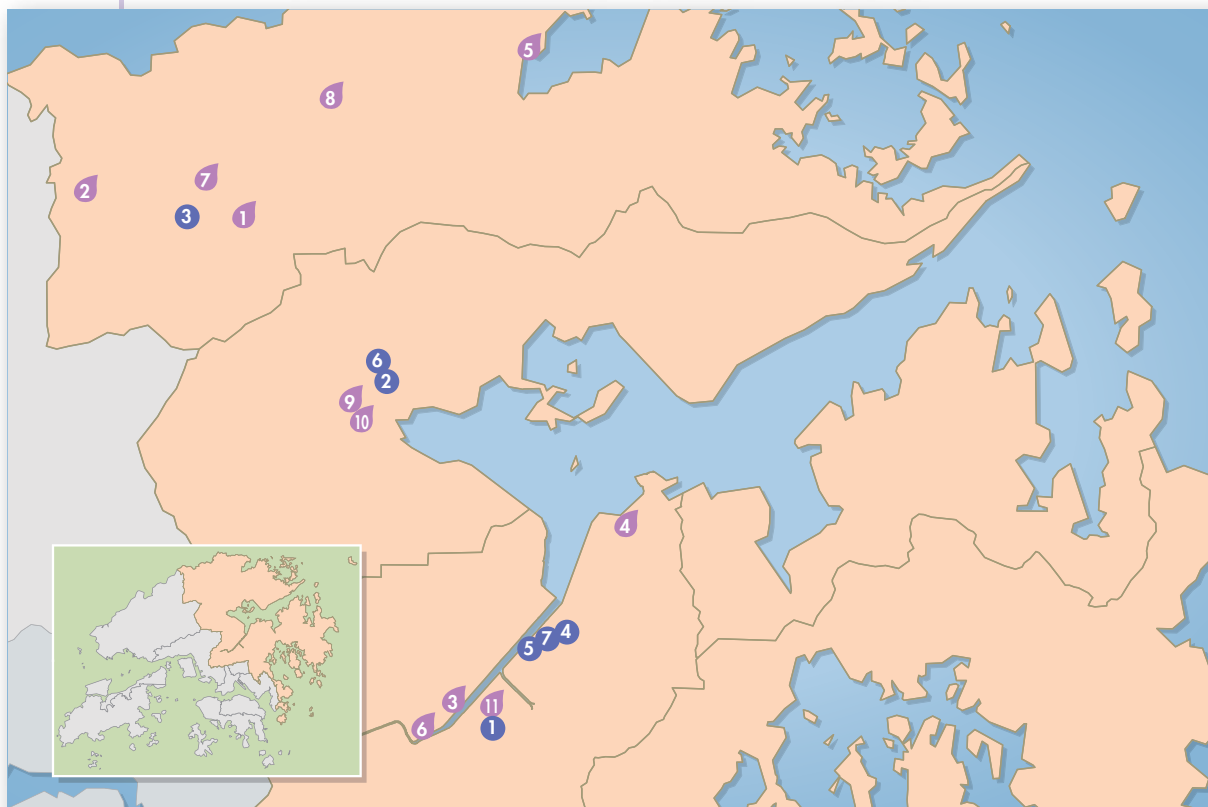
Hospital

1 Prince of Wales Hospital ✚

2 Alice Ho Miu Ling ✚
Nethersole Hospital

3 North District Hospital ✚

4 Cheshire Home, Shatin

5 Shatin Hospital

6 Tai Po Hospital

7 Bradbury Hospice

General Outpatient Clinic

1 Fanling Family Medicine Centre

2 Ho Tung Dispensary (Temporarily closed)

3 Lek Yuen GOP Clinic

4 Ma On Shan Family Medicine Centre

5 Sha Tau Kok GOP Clinic

6 Sha Tin (Tai Wai) GOP Clinic

7 Shek Wu Hui Jockey Club GOP Clinic

8 Ta Kwu Ling GOP Clinic

9 Tai Po Jockey Club GOP Clinic

10 Wong Siu Ching Family Medicine Centre

11 Yuen Chau Kok GOP Clinic

Demographic Characteristics

Year 2011	Sha Tin	Tai Po	North	Sai Kung*	NTEC Catchment	Hong Kong Overall
Population	630 300	296 900	304 100	436 600	1 296 400	7 071 600
Proportion of population age ≥ 65	11.5%	10.7%	10.7%	9.0%	11.0%	13.3%
Year 2019						
Projected population	686 000	320 500	340 500	504 200	1 421 100	7 658 500
Proportion of population age ≥ 65	16.6%	16.2%	15.1%	12.2%	16.0%	17.4%

Figures include Tseung Kwan O population which is not under the catchment of NTEC

The catchment area of NTEC covers Sha Tin, Tai Po, North and part of the Sai Kung districts, with a total population close to 1.3 million.

Major Challenges

NTEC is facing increasing service demand and expectation on healthcare service generating from the surge of the elderly and cross-border population. The demand increase posed heavy pressure on the whole range of services provided in the cluster, from primary care in the community to tertiary care in the hospitals. In addition, the rapid increase in the cross-border population has added extra pressure to our services, especially for the trauma and paediatric services. It is projected that the cluster is in heavy shortage of inpatient capacity, leading to long waiting time in A&E and specialist outpatient services, as well as frequent occurrence of access block or A&E boarding in the A&E department of PWH.

In 2013-14, the Cluster will focus on addressing four main challenges:

(1) ensuring a stable and reliable workforce among health care workers by providing additional manpower;

(2) improving the access block and A&E boarding through enhancing patient flow management and the existing service capacity;

(3) expanding the capacity in SOPD, ophthalmology, oncology and psychiatric services to reduce waiting time; and

(4) enhancing patient safety and quality of care.

Major Initiatives in 2013-14

To cope with the challenges ahead, the Cluster will pursue the following five strategies:

a) Manage growing service demand

To meet the high demand of cross-border cases, the observation ward at NDH will be converted to a 20-bed Emergency Medicine Ward, and a 10-bed paediatric day ward will be established at AHNH. To meet the demand from other target groups, there will be the opening of three additional High Dependency Unit (HDU) beds, a Medical Ambulatory Care Centre (MACC) with 30 day beds, and an eight-bed ambulatory care unit at the Children Cancer Centre in PWH.

b) Enhance specialist out-patient service

To improve the management of SOPC waiting lists, more doctor sessions will be added to expand the capacity. This includes the expansion of the capacity for Eye Specialist Clinic to manage a total number of 4 000 new cases.

c) Enhance staff retention for a stable and reliable workforce

To relieve the heavy workload, the Cluster will recruit additional nurses to meet operational needs and more frontline allied health professionals to enhance support for patients requiring multi-disciplinary care and rehabilitation. More patient care assistants for allied health department will be recruited to share out simple clinical tasks and relieve the clerical workload of allied health professionals.

d) Enhance the care for psychiatric patients to avoid unnecessary admission

The Cluster will provide 1 500 psychiatric consultation liaison attendances at the A&E department in PWH for patients with probable mental health problems. The community care for mental health patients will be enhanced by providing case management service to 700 patients with severe mental illness residing in North District.

e) Strengthen patient safety and enhance quality of service

The Cluster will enhance cancer diagnostic service by providing cytogenetic tests for blood cancer and predictive molecular tests for lung, breast and colorectal cancers. Radio frequency identification (RFID) system will be implemented in the mortuaries of AHNH and TPH to improve the accuracy of body identification and flow control.

NTEC Targets

Allay Staff Shortage and High Turnover

• Recruit additional nurses to meet operational needs at acute settings and high pressure areas	1Q14
• Recruit more frontline allied health professionals to enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q14
• Recruit more patient care assistants for allied health departments to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q14

Better Manage Growing Service Demand

• Convert the observation ward at NDH to a 20-bed Emergency Medicine Ward	1Q14
• Open three additional High Dependency Unit (HDU) beds at PWH	1Q14
• Establish a ten-bed paediatric day ward at AHNH to cope with cross border service demand	1Q14
• Implement extended-hour emergency Percutaneous Coronary Intervention (PCI) services in PWH to serve 15 additional cases	1Q14
• Implement 24-hour thrombolytic service for acute ischaemic stroke patients at PWH as well as provide Transient Ischaemic Attack (TIA) clinic service to 500 patients	1Q14
• Expand the capacity of renal replacement therapies for patients with end-stage renal disease by providing hospital haemodialysis to eight additional patients	1Q14
• Designate four medical beds in PWH for the provision of enhanced non-invasive ventilation (NIV) service to chronic obstructive pulmonary disease (COPD) patients in respiratory failure	1Q14
• Set up a team of medical technologists to provide service for the analysis of blood gas sample in the NICU at PWH	4Q13
• Improve the management of SOPC waiting lists by conducting additional doctor sessions and expanding the eye specialist clinic capacity to manage a combined total of 4 200 new cases	1Q14
• Allay the waiting lists of trauma and emergency surgeries by opening additional four sessions in PWH and two sessions in AHNH	1Q14
• Establish a Medical Ambulatory Care Centre (MACC) with 30 day beds at PWH to divert the non-emergency cases of acute wards and alleviate the access block at A&E	1Q14
• Enhance ambulatory care by setting up an eight-bed ambulatory care unit at the Children Cancer Centre in PWH	1Q14
• Provide 1 500 psychiatric consultation liaison attendances at the A&E department in PWH for patients with probable mental health problems to facilitate timely assessment and early intervention and reduce unnecessary admissions	1Q14

• Enhance community care for mental health patients by providing case management service to 700 patients with severe mental illness living in the North District	1Q14
• Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric admission wards, and improve the physical setting of the psychiatric admission wards at TPH	1Q14
• Provide anti-vascular endothelial growth factor (VEGF) treatment to 60 new age-related macular degeneration (AMD) cases and 500 new cases of diabetic related eye diseases, including sight-threatening diabetic retinopathy	1Q14

Ensure Service Quality & Safety

• Implement the radio frequency identification (RFID) system in the mortuaries of AHNH and TPH to improve the accuracy of body identification and flow control	1Q14
• Enhance cancer diagnostic services by providing cytogenetic tests for blood cancer to 30 additional patients, and 70 additional predictive molecular tests for lung, breast and colorectal cancers	1Q14
• Improve transplant services by enhancing the skin bank and burn centre service at PWH, and establish new cell therapy service for burns and wound care	1Q14
• Adopt Minimally Invasive Surgery (MIS) technique in hysterectomy surgeries for suitable gynaecological patients, with a target to achieve a HA overall rate of 60%	1Q14
• Provide Deep Brain Stimulation treatment for nine patients with advanced Parkinson's disease	1Q14
• Perform 24 cases of Robotic Assisted Surgery (RAS) under the cross cluster RAS collaboration programme	1Q14

Ensure Adequate Resources for Meeting Service Needs

• Continue to expand the Non-emergency Ambulance Transfer Service (NEATS) ambulance fleet by recruiting six additional drivers and attendants to shorten patients' waiting time and improve the punctuality of service	1Q14
• Implement the auto-refill service of medical consumables and linen items in all the hospital wards in PWH, SCH and SH	1Q14
• Carry out site renovation and preparation for establishing a new Haematology Oncology Ward in PWH, with isolation facilities for the expansion of oncology inpatient service	1Q14

New Territories West Cluster (NTWC)
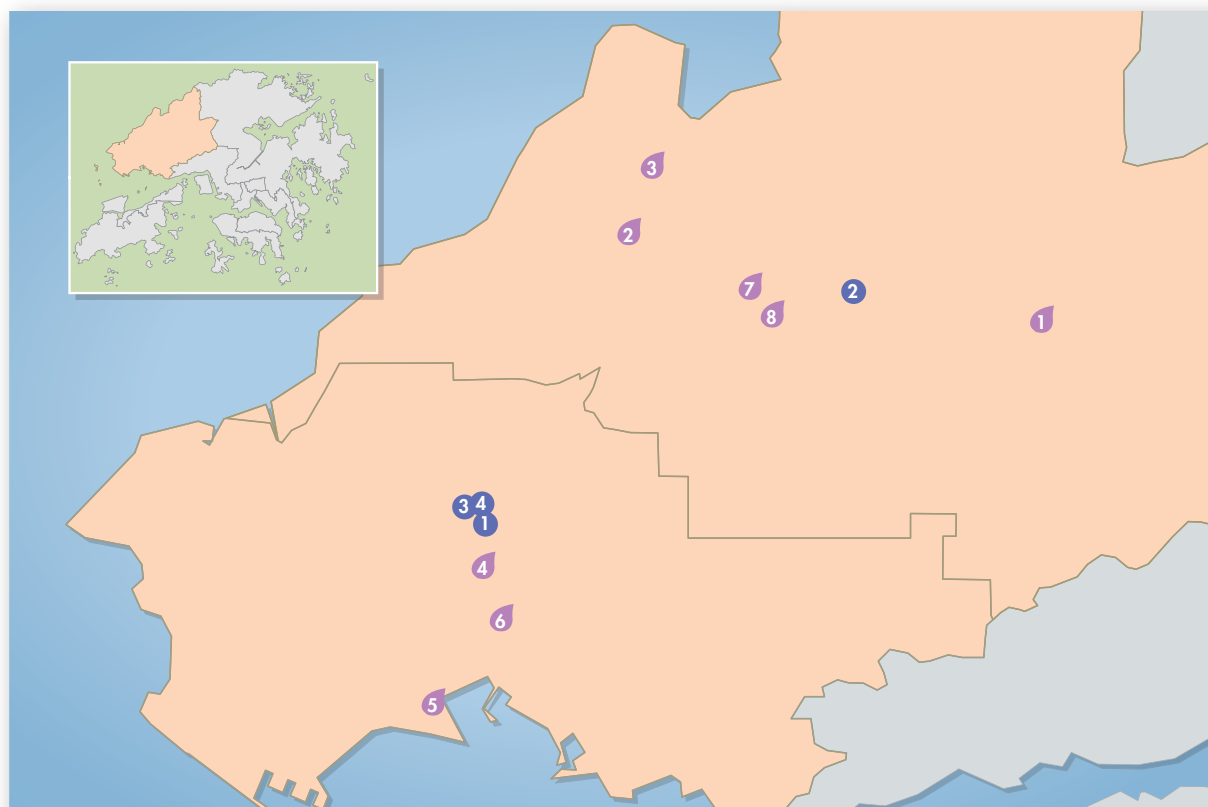
Hospital

1. Tuen Mun Hospital ✚
2. Pok Oi Hospital ✚
3. Castle Peak Hospital
4. Siu Lam Hospital

General Outpatient Clinic

1. Kam Tin Clinic
2. Tin Shui Wai Health Centre
3. Tin Shui Wai (Tin Yip Road) Community Health Centre
4. Tuen Mun Clinic
5. Tuen Mun Wu Hong Clinic
6. Yan Oi GOP Clinic
7. Yuen Long Jockey Club Health Centre
8. Madam Yung Fung Shee Health Centre

Demographic Characteristics

Year 2011	Tuen Mun	Yuen Long	NTWC Catchment	Hong Kong Overall
Population	487 500	578 500	1 066 000	7 071 600
Proportion of population age ≥ 65	9.7%	9.5%	9.6%	13.3%
Year 2019				
Projected population	530 800	662 900	1 193 700	7 658 500
Proportion of population age ≥ 65	15.6%	12.9%	14.1%	17.4%

The catchment area of NTWC covers Tuen Mun and Yuen Long districts with a total population of 1.1 million.

Major Challenges

New Territories West Cluster (NTWC) is faced with the dual challenges of rising service demand as well as stringent manpower situation, particularly for the medical professionals. With the continual growth of the catchment population, especially those aged 65 years or above, attendances of the Cluster's inpatient service, day patient service, accident & emergency service, and outpatient service have all been on the rise.

In this regard, NTWC will commence a number of initiatives to meet the service demand. Likewise, a number of management measures, such as recruiting part-time doctors, nurses, expatriate allied health professionals, as well as offering special honorarium to staff who work extra over their normal call of duty, will be rolled out to alleviate the manpower situation.

Major Initiatives in 2013-14

NTWC's major service initiatives for 2013-14 are as follows:

To expand inpatient service capacity in response to the growing service demand, a total of 118 beds would be opened in Tuen Mun Hospital (TMH) and Pok Oi Hospital (POH) in 2013-14. On top of these, two High Dependency Unit (HDU) beds in TMH would be upgraded to Intensive Care Unit (ICU) beds to provide the much needed care and support to patients requiring intensive care.

Initiatives for enhancing day patient and outpatient capacity include the provision of additional sessions of electro-medical diagnostic service and endoscopy service in TMH and POH; additional General Outpatient Clinic (GOPC) consultation quota; and additional Specialist Outpatient Clinic (SOPC) consultation sessions.

At the same time, services for targeted patient groups including those requiring renal replacement therapy, those suffering from chronic obstructive pulmonary disease (COPD), age-related macular degeneration (AMD), as well as diabetes will be enhanced.

To improve service quality and safety, cancer diagnostic service will be enhanced to provide more predictive molecular tests for lung, breast, and colorectal cancers.

Lastly, NTWC has put in place various recruitment and training plans for health care professionals and supporting staff to ensure the provision of an adequate workforce.

NTWC Targets	
Allay Staff Shortage and High Turnover	
• Recruit additional nurses to meet operational needs at acute settings and high pressure areas	1Q14
• Recruit more frontline allied health professionals to enhance support for patients requiring multi-disciplinary care and rehabilitation	1Q14
• Train up additional 100 Registered Nurses in nursing school at TMH	1Q14
• Recruit more patient care assistants for allied health departments to share out simple clinical tasks and relieve the clerical workload of allied health professionals	1Q14
Better Manage Growing Service Demand	
• Open additional 40 acute beds in TMH and POH respectively	4Q13
• Enhance the capacity of convalescent and rehabilitation services by opening 38 additional convalescent beds in TMH	3Q13

• Expand the capacity of renal replacement therapies for patients with end-stage renal disease by providing hospital haemodialysis to four additional patients	1Q14
• Designate four medical beds in POH for the provision of enhanced non-invasive ventilation (NIV) service to chronic obstructive pulmonary disease (COPD) patients in respiratory failure	1Q14
• Improve the management of SOPC waiting lists by conducting additional doctor sessions to manage 120 new cases	1Q14
• Enhance the Electro-Medical Diagnostic Units at TMH and POH and provide a total of 24 additional sessions of endoscopy and electro-medical diagnostic services per week	1Q14
• Develop additional radiological service teams in TMH to provide ten more ultrasonography sessions per week and support concurrent intra-operative X-ray control procedures	1Q14
• Increase the GOPC episodic quota by 12 000 attendances to improve the access of target population groups to public primary care services	1Q14
• Provide 3 750 additional HbA1c tests to cope with the growing number of diabetes patients	1Q14
• Provide anti-vascular endothelial growth factor (VEGF) treatment to 60 new age-related macular degeneration (AMD) cases and 500 new cases of diabetic related eye diseases	1Q14

Ensure Service Quality & Safety

• Implement the radio frequency identification (RFID) system in the mortuary at POH to improve the accuracy of body identification and flow control	1Q14
• Enhance cancer diagnostic services by providing 70 additional predictive molecular tests for lung, breast and colorectal cancers	1Q14
• Adopt Minimally Invasive Surgery (MIS) technique in hysterectomy surgeries for suitable gynaecological patients, with a target to achieve a HA overall rate of 60%	1Q14

Ensure Adequate Resources for Meeting Service Needs

• Set up a commissioning team to coordinate the planning and preparatory works for the service commissioning of Tin Shui Wai Hospital	4Q13

Abbreviations

A&E	Accident and Emergency
eHR	Electronic Health Record
GOP/ GOPC	General Outpatient / General Outpatient Clinic
HA	Hospital Authority
HbA1c	HaemoglobinA1c
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
ICU	Intensive Care Unit
IT	Information Technology
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
MRI	Magnetic Resonance Imaging
NEATS	Non-emergency Ambulance Transfer Service
NGO	Non-government Organisation
NICU	Neonatal Intensive Care Unit
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
SOP/ SOPC	Specialist Outpatient / Specialist Outpatient Clinic

Hospitals and Institutions

AHNH	Alice Ho Miu Ling Nethersole Hospital
BH	Hong Kong Buddhist Hospital
CMC	Caritas Medical Centre
DKCH	The Duchess of Kent Children's Hospital at Sandy Bay
HHH	Haven of Hope Hospital
HKEH	Hong Kong Eye Hospital
KCH	Kwai Chung Hospital
KH	Kowloon Hospital
KWH	Kwong Wah Hospital
NDH	North District Hospital
PMH	Princess Margaret Hospital
POH	Pok Oi Hospital
PWH	Prince of Wales Hospital
PYNEH	Pamela Youde Nethersole Eastern Hospital
QEH	Queen Elizabeth Hospital
QMH	Queen Mary Hospital
RH	Ruttonjee Hospital
SCH	Cheshire Home, Shatin
SH	Shatin Hospital
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TPH	Tai Po Hospital
TWH	Tung Wah Hospital
UCH	United Christian Hospital
YCH	Yan Chai Hospital
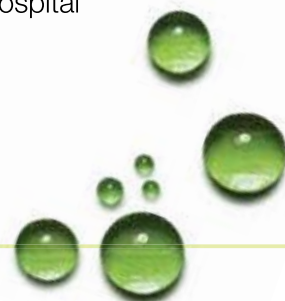
Appendix 1 – **Key Service Statistics**

Targets and Indicators	Actual for 2011-12	Estimate for 2012-13	Target for 2013-14
I. Access to services			
Inpatient services			
no. of hospital beds			
general (acute and convalescent)	20 754	20 845	21 132
infirmary	2 041	2 041	2 041
mentally ill	3 607	3 607	3 607
mentally handicapped	660	660	660
total	**27 062**	**27 153**	**27 440**
Ambulatory and outreach services			
accident and emergency (A&E) services			
percentage of A&E patients within target waiting time			
triage I (critical cases – 0 minute) (%)	100	100	100
triage II (emergency cases – 15 minutes) (%)	98	95	95
triage III (urgent cases – 30 minutes) (%)	91	90	90
specialist outpatient services			
median waiting time for first appointment at specialist clinics			
first priority patients	< 1 week	2 weeks	2 weeks
second priority patients	5 weeks	8 weeks	8 weeks
rehabilitation and geriatric services			
no. of community nurses	439	429	439
no. of geriatric day places	619	619	619
psychiatric services			
no. of community psychiatric nurses	125	138	142
no. of psychiatric day places	889	889	889
II. Delivery of services			
Inpatient services			
no. of discharge episodes			
general (acute and convalescent)	984 495	983 700	1 003 600
infirmary	3 435	3 400	3 400
mentally ill	16 011	16 100	16 100
mentally handicapped	385	360	360
overall	**1 004 326**	**1 003 560**	**1 023 460**
no. of patient days			
general (acute and convalescent)	5 492 158	5 512 000	5 585 000
infirmary	506 365	509 000	518 000
mentally ill	1 007 619	1 018 000	1 018 000
mentally handicapped	211 613	211 000	211 000
overall	**7 217 755**	**7 250 000**	**7 332 000**

Targets and Indicators	Actual for 2011-12	Estimate for 2012-13	Target for 2013-14
bed occupancy rate (%)			
general (acute and convalescent)	84	84	84
infirmary	88	88	88
mentally ill	77	77	77
mentally handicapped	88	88	88
overall	**83**	**83**	**83**
average length of stay (days) [Note 1]			
general (acute and convalescent)	5.6	5.6	5.6
infirmary	121	121	121
mentally ill	65	65	65
mentally handicapped	654	654	654
overall	**7.2**	**7.2**	**7.2**
Ambulatory and outreach services			
day inpatient services			
no. of discharge episodes	496 640	501 600	509 700
A&E services			
no. of attendances	2 241 176	2 237 000	2 237 000
no. of attendances per 1 000 population	317	314	311
no. of first attendances for			
triage I	20 009	20 400	20 400
triage II	36 123	33 400	33 400
triage III	642 962	637 000	637 000
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	657 426	666 000	684 000
no. of specialist outpatient (clinical) follow-up attendances	6 073 729	6 080 000	6 118 000
total no. of specialist outpatient (clinical) attendances	**6 731 155**	**6 746 000**	**6 802 000**
primary care services			
no. of general outpatient attendances	5 316 486	5 476 000	5 638 000
no. of family medicine specialist clinic attendances	282 705	273 200	275 200
total no. of primary care attendances	**5 599 191**	**5 749 200**	**5 913 200**
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	83 590	80 800	80 800
no. of home visits by community nurses	838 896	831 000	844 000
no. of allied health (community) attendances	32 171	30 500	30 900
no. of allied health (outpatient) attendances	2 150 405	2 147 000	2 147 000
geriatric services			
no. of outreach attendances	626 381	623 900	626 500
no. of elderly persons assessed for infirmary care service	1 518	1 500	1 500
no. of day attendances	142 615	138 400	138 400
no. of Visiting Medical Officer attendances	109 850	107 500	108 500
psychiatric services			
no. of outreach attendances	220 550	231 800	257 100
no. of day attendances	220 532	216 600	217 900
no. of psychogeriatric outreach attendances	95 446	94 700	95 000

Targets and Indicators	Actual for 2011-12	Estimate for 2012-13	Target for 2013-14
III. Quality of services			
no. of hospital deaths per 1 000 population [Note 2]	3.3	3.3	3.3
unplanned readmission rate within 28 days for general inpatients (%)	10.4	10.4	10.4
IV. Cost of services			
Cost distribution			
cost distribution by service types (%)			
inpatient	55.3	55.1	55.3
ambulatory and outreach	44.7	44.9	44.7
cost by service types per 1 000 population ($m)			
inpatient	3.2	3.5	3.6
ambulatory and outreach	2.6	2.8	2.9
cost of services for persons aged 65 or above			
share of cost of services (%)	45.4	45.5	45.6
cost of services per 1 000 population ($m)	19.7	20.9	21.0
Unit costs			
inpatient services			
cost per inpatient discharged ($)			
general (acute and convalescent)	20 010	21 950	22 650
infirmary	186 360	198 700	201 300
mentally ill	121 100	131 700	134 700
mentally handicapped	652 830	752 700	770 000
cost per patient day ($)			
general (acute and convalescent)	3 950	4 310	4 480
infirmary	1 270	1 360	1 350
mentally ill	1 930	2 090	2 130
mentally handicapped	1 190	1 290	1 320
ambulatory and outreach services			
cost per A&E attendance ($)	875	955	990
cost per specialist outpatient attendance ($)	985	1 080	1 110
cost per general outpatient attendance ($)	335	375	385
cost per family medicine specialist clinic attendance ($)	950	1 060	1 090
cost per outreach visit by community nurse ($)	385	430	430
cost per psychiatric outreach attendance ($)	1 210	1 350	1 380
cost per geriatric day attendance ($)	1 620	1 810	1 850
Waivers [Note 3]			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%)	19.1	20.4	20.4
percentage of non-CSSA waiver (%)	3.9	4.2	4.2

Targets and Indicators	Actual for 2011-12	Estimate for 2012-13	Target for 2013-14
V. Manpower (no. of full time equivalent staff as at 31 March)			
Medical			
doctor	5 165	5 230	5 280
no. of specialists	2 769	2 914	3 034
no. of trainees / non-specialists	2 396	2 316	2 246
intern	275	276	292
dentist	7	7	7
medical total	5 447	5 513	5 579
Nursing			
qualified staff	20 454	21 321	22 229
trainee	447	426	454
nursing total	20 901	21 747	22 683
Allied health	5 944	6 381	6 729
Others	28 936	29 962	30 899
total	**61 228**	**63 603**	**65 890**

Note 1 Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged / treated.

Note 2 Refers to the standardised mortality rate covering inpatient and day patient deaths in Hospital Authority hospitals. It is derived by applying the age-specific mortality rate in the Hospital Authority in a particular year to a 'standard' population (which is the 2001 Hong Kong mid-year population).

Note 3 Refers to the amount waived as percentage to total charge.
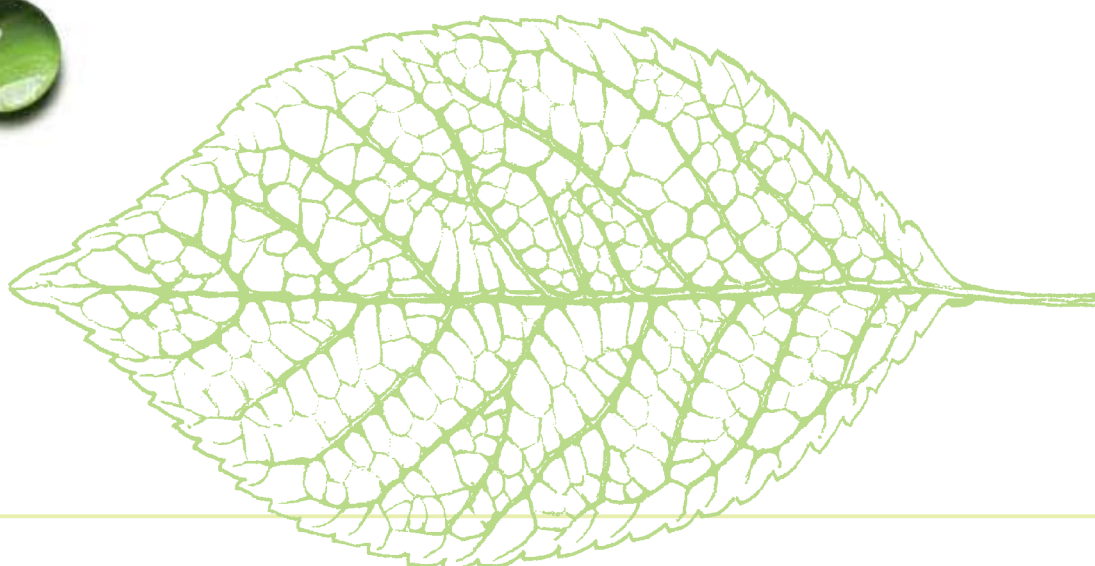
Appendix 2 – **Service Targets by Cluster**

Service Delivery Targets for 2013-14	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Inpatient services							
no. of discharge episodes							
general (acute and convalescent)	107 560	112 040	125 990	124 440	247 190	160 490	125 890
infirmary	1 940	110	270	140	650	280	10
mentally ill	1 850	780	2 620	680	3 680	3 770	2 720
mentally handicapped	-	-	-	-	100	-	260
no. of patient days							
general (acute and convalescent)	538 800	642 300	876 500	616 200	1 317 400	951 400	642 400
infirmary	170 000	54 300	34 700	34 500	93 200	100 600	30 700
mentally ill	111 500	20 900	136 400	22 200	269 000	133 400	324 600
mentally handicapped	-	-	-	-	32 500	-	178 500
Ambulatory and outreach services							
day inpatient services							
no. of discharge episodes	58 600	71 130	76 450	48 770	100 910	87 900	65 940
accident and emergency services							
no. of attendances	256 500	127 800	217 900	312 700	569 900	393 600	358 600
specialist outpatient services							
no. of specialist outpatient (clinical) attendances	768 100	809 300	1 015 800	750 000	1 582 700	1 037 500	838 600
primary care services							
no. of primary care attendances	619 390	386 590	554 470	922 720	1 614 280	987 940	827 810
rehabilitation and palliative care services							
no. of rehabilitation day and palliative care day attendances	36 650	25 380	3 370	3 880	2 880	6 170	2 470
no. of home visits by community nurses	102 900	57 900	66 300	158 800	249 100	127 800	81 200
no. of allied health (community) attendances	2 640	2 790	4 250	1 940	5 270	9 490	4 520
no. of allied health (outpatient) attendances	235 000	188 800	395 800	287 700	443 500	332 500	263 700
geriatric services							
no. of outreach attendances	120 690	38 050	70 940	38 110	184 900	78 360	95 450
no. of day attendances	28 900	8 040	10 140	20 750	34 180	26 320	10 070
no. of Visiting Medical Officer attendances	21 530	10 740	12 990	9 190	25 820	20 430	7 800
psychiatric services							
no. of outreach attendances	23 100	18 620	17 600	31 840	73 580	34 810	57 550
no. of day attendances	30 060	19 660	11 300	32 290	65 640	41 040	17 910
no. of psychogeriatric outreach attendances	11 090	12 950	9 130	10 360	23 820	15 280	12 370
Quality of services (General Inpatient)							
unplanned readmission rate within 28 days (%)	10.4	8.7	9.8	11.2	11.0	10.1	11.3

We welcome your suggestions on the Hospital Authority Annual Plan.
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This Annual Plan can also be downloaded from the Hospital Authority Website.

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保健安康
Helping People Stay Healthy