



Consolidating  
**HealthcAre**



# 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 Hospital 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.



# Abbreviation List

A&E	Accident and Emergency
CT	Computerised Tomography
GOP/ GOPC	General Outpatient/ General Outpatient Clinic
HA	Hospital Authority
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
IT	Information Technology
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
MRI	Magnetic Resonance Imaging
NEATS	Non-emergency Ambulance Transport Services
NGO	Non-government Organisation
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
PET	Positron emission tomography
RFID	Radio frequency identification
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
HHH	Haven of Hope Hospital
KH	Kowloon Hospital
KWH	Kwong Wah Hospital
NDH	North District Hospital
OLMH	Our Lady of Maryknoll 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
SJH	St John Hospital
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TPH	Tai Po Hospital
TWEH	Tung Wah Eastern Hospital
UCH	United Christian Hospital
YCH	Yan Chai Hospital

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# Introduction from Chief Executive

In 2012 - 13, HA continues to face an acute shortage of manpower, especially of doctors. Hence, it is going to be a year of consolidation for HA to reinforce our workforce and focus on meeting imminent service needs.

Our frontline staff works with immense dedication. In turn, our goal is to ensure they have a reasonable workload, and that they work reasonable hours in reasonable conditions. We intend to do our very best to recruit and retain the people we need in our workforce. Our colleagues have been putting their ideas forward. We value this feedback, and we have used it to compile a number of measures.

We are appreciative of the fact that the Government is increasing the provision for HA by \$2.59 billion in 2012-13. This represents an increase of 6.7% compared to 2011-12.

With the increased financial provision, we will be able to enhance our priority services to meet service gaps, as well as implement a series of enhanced actions to improve our manpower situation. For example, in view of the inadequate supply of local

medical graduates, added measures will be taken to retain current staff. These include offering to doctors additional Associate Consultant promotion posts to bolster their career prospect, and enhancing the special allowance scheme for doctors who take up additional workload. More part-time doctor posts will also be created to alleviate the workload of full-time staff.

We will also strengthen our nursing and allied health workforce by recruiting an additional 400 nurses and 80 allied health professionals. Besides, there will be more overseas training opportunities and training subsidies for the career development of nursing and allied health staff. At the same time, more supporting staff like phlebotomists and ward clerical workers will be recruited to help relieve the workload of clinical professionals.



To meet the growing demands on our priority services, we will increase the number of neonatal intensive care beds by 10 percent in five Hospital Clusters; enhance haemodialysis services for end-stage renal disease patients; improve magnetic resonance imaging and computerised tomography scanning services for the diagnosis of critical illnesses; and extend the Case Management Programme to four more districts (Kowloon City, Central and Western, Southern, and Islands) to provide community support for people with severe mental illness.

In addition, the HA Drug Formulary will be expanded to include more drugs with higher efficacy. These include adding new drugs Oxaliplatin, Interferon beta and Gemcitabine as special drugs; and expanding patients' access to nine therapeutic groups of drugs for cancers, mental illnesses, blood disorders, transplants, anaesthesia and sedation, gastrointestinal diseases, cardiovascular diseases, renal disease, and growth hormone deficiency. Meanwhile, \$10 billion will be injected into the Samaritan Fund to provide adequate provisions for its operation in the next ten years or so. The financial condition assessment will also be relaxed to benefit more patients.

Other key enhancements are as follows:

- Open additional beds in Kowloon East Cluster and New Territories West Cluster
- Fortify primary care services and chronic disease management using a multidisciplinary approach in accordance with the primary care development strategy of the government's healthcare reform directions
- Improve pharmacy service by reinforcing its capacity in SOPC and providing 24-hour service in acute general hospitals
- Strengthen HA's response to contingencies

Overall, we will continue to ensure the efficient use of public resources in reinforcing our services, and put our hearts and minds together to meet the healthcare needs of the Hong Kong population.

**Dr P Y LEUNG**  
Chief Executive

# Planning Context

In 2011, we carried out a strategic planning exercise involving the whole of the HA community. The strategies and priorities articulated in the process and subsequently crystallised in the HA Strategic Plan 2012 - 2017 shaped the programmes outlined in this annual plan.

## Strategic Plan 2012 -2017

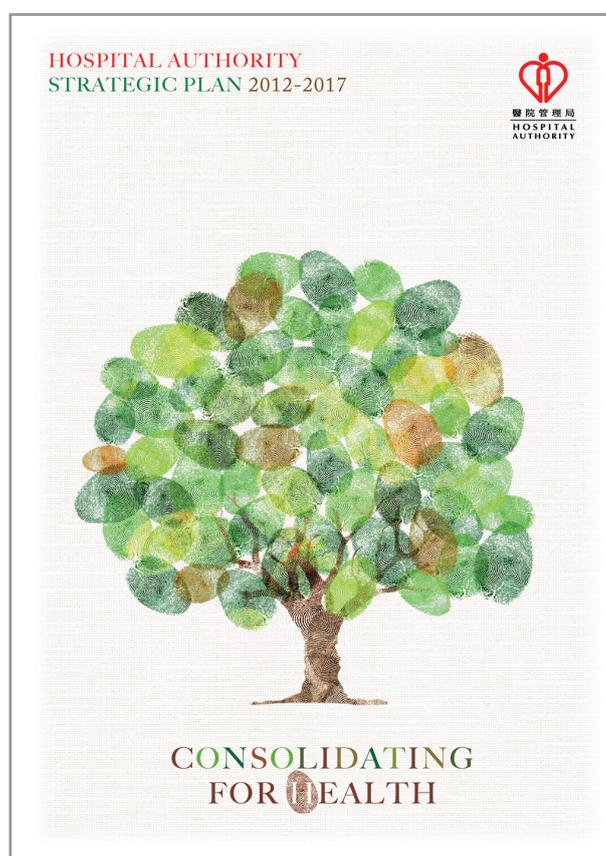
The Strategic Plan sets out our strategies and directions in the next five years for addressing the key challenges facing HA. It is the overarching document for service and development planning throughout HA.

The strategic planning process was led by the HA Board. It was broadly participative, involving some 750 stakeholders. These included patient groups, staff representatives, clinicians and executives.

Strategies and priorities of the Strategic Plan that require re-distribution of or additional resources are implemented and monitored through the annual planning process. Specifically, the annual planning process is guided by the Strategic Plan so that resources are targeted at the priority areas.

In summary, the Strategic Plan provides a framework for our clinicians and executives to align their programme initiatives in the annual planning process and guides the development of our annual plans from 2012-13 to 2016-17.

The Strategic Plan will be published in 2Q 2012.



# Annual Planning Process

This Annual Plan outlines the specific programmes to be implemented in 2012 - 13 for translating the Strategic Plan into actions.

Programmes or initiatives delineated in Annual Plan 2012 - 13 are the fruits of many months of detailed service and budget planning throughout HA. The annual planning process involves a participative approach with top-down and bottom-up contributions. 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:

- **Head Office Forum** that took place on 13 May 2011 at which Head Office subject officers presented corporate programme proposals.
- **Cluster Forum** organised on 19 and 20 May 2011 for Cluster management to propose new initiatives that address the key pressure areas of individual Clusters.
- **Clinical Coordinating Committees (COCs) and Central Committees (CCs) Forum** held on 20 May 2011 for frontline professionals to present proposed clinical programmes. The programmes were coordinated by the respective subject officers in the Head Office. The proposals were subsequently evaluated and prioritised according to their clinical merits by the Medical Policy Group, which comprises senior clinicians from a diverse range of clinical specialties.



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

All the programmes presented at the sharing forums were deliberated by the Service and Budget Planning Committee chaired by the Chief Executive and involving all Directors, Heads and Cluster Chief Executives. This is carried out with reference to HA's strategic priorities and service directions, the programmes' operational readiness, and the government's healthcare priorities. Suitable programmes with high priority were selected for funding considerations through the Government's Resource Allocation Exercise or through internal resource allocation.

New programmes that are approved for implementation, together with other core service programmes of HA, are incorporated in the annual plan as programme targets to be achieved. These are 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 major 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

The Board will monitor the progress of the programme targets on a quarterly basis between April 2012 and March 2013.

# Annual Plan Framework

The framework of Annual Plan 2012 - 13 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 **Consolidating HealthcAre** 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



## Consolidating HealthcAre

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
		Improve terms and conditions of frontline staff
		Enhance training and development
		Strengthen career development and grade management
	Attract people	Offer flexibility and choices in employment
		Increase manpower supply
Motivate people	Promote good management and leadership	
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
	Reduce demand	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
	Improve clinical practice	Implement continuous quality improvement systems
Enhance Partnership with Patients and Community	Engage partners in care	Involve patient groups and community partners in care delivery
		Engage patients and community partners in service improvement
	Improve patient communication	Take patient-centred approach in communication with patients and carers
Ensure Adequate Resources for Meeting Service Needs	Ensure financial sustainability	Enhance efficiency in resource utilisation and review Government funding
	Enhance key enablers	Strengthen business support services
		Foster capital works and facility improvement
		Improve IT services

# Strategic Intentions and Programme Targets

In **Consolidating HealthcAre** we set out five Strategic Intentions and 24 Strategies with around 120 corresponding Programme Targets that reflect the work we are doing to implement the five-year Strategic Plan.

Around 75 of the Programme Targets are corporate targets which are mostly initiated and led by the Head Office while the remaining are local initiatives launched by individual Hospital Clusters to address their specific service needs and pressure areas.

Delineated in this chapter are our corporate targets. Other cluster-specific programme targets are presented in the section under Cluster Plans. About half of the programmes listed here are newly included initiatives, while others are ongoing programmes or a continuation of last year's 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.



## Strategic Intent: Alleviate Staff Shortage and High Turnover

### Our strategies for 2012 - 13

- Relieve workload of clinical staff
- Improve terms and conditions of frontline staff
- Enhance training and development
- Strengthen career development and grade management
- Offer flexibility and choices in employment
- Increase manpower supply
- Promote good management and leadership

Relieve workload of clinical staff		
Action		Target
Provide supporting staff to relieve doctors and nurses from routine technical tasks of blood taking, electrocardiogram (ECG) and intravenous cannulation for patients		Recruit 280 phlebotomists/technical assistants to provide 24-hour support at all HA acute hospitals by 1Q13
Enhance clerical support for clinical departments to relieve the clerical workload of frontline healthcare professionals		Recruit 315 clerical staff to provide clerical support in clinical departments by 1Q13
Strengthen back-end administrative support to enable clinical staff to discharge their duties more effectively and efficiently		Enhance manpower in the human resources, procurement, finance, and capital works departments in both the Hospital Clusters and Head Office in order to support the implementation of various new programmes and initiatives by 1Q13

## Improve terms and conditions of frontline staff

Action		Target
Improve the employment packages of doctors by enhancing the recognition for those who take up additional workload during periods of manpower shortage		Revise and enhance the current Doctors' Fixed Rate Honorarium system to offer due recognition to doctors performing excessive workload in on-site call/clinical duties by 1Q13
Consider exempting pregnant doctors from prolonged overnight on-site call duties, taking into account operational need		Establish HA direction and encourage Heads of Departments to exempt pregnant doctors from prolonged overnight on-site call duties during advanced pregnancy stage, by 2Q12
Align the annual-leave taking policy for staff who do not work 5-day week, so that all HA employees will be deemed to be working on a 5-day-week duty pattern when taking one week's leave		Implement consistent leave taking arrangement for all full time HA employees taking one-calendar-week vacation, irrespective of their conditioned work hours and duty patterns by 2Q12
Enhance staff health benefits by examining the feasibility of providing better access to specialist healthcare services		Set up a work group to examine the financial and manpower implications of an enhanced health-check benefits scheme for staff, and engage an external consultant to conduct a feasibility study of the scheme by 1Q13

## Enhance training and development

Action		Target
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 100 additional overseas training scholarships by 1Q13
Roll out the Preceptorship Scheme to consolidate core competencies of fresh nurse graduates		Implement the two-year Preceptorship Scheme for 800 newly recruited nurse graduates by 1Q13



Action		Target
Provide frontline nurses and allied health professionals with specialty and skill enhancement programmes to facilitate service and professional development		Provide 23 specialty programmes and 130 enhancement programmes for nurses; and four specialty programmes and 60 enhancement programmes for allied health professionals by 1Q13
Provide additional work-based specialty training programmes for different allied health disciplines		Conduct around 50 work-based training programmes, including clinical attachment and job rotation, for nine allied health professions by 1Q13
Provide training subsidy to nurses and allied health staff who participate in recognised service-related post-graduate programmes		Offer training subsidy to around 550 nurses and allied health staff by 1Q13
Standardise the granting of study leave to doctors sitting for recognised higher qualifying examinations organised by the Hong Kong Academy of Medicine		Standardise the practice of granting full-pay study leave to doctors sitting for recognised examinations, by 1Q13
Continue to establish Chinese Medicine centres for training and research		Conduct tender exercise for the operation of Chinese Medicine centres for training and research in Yau Tsim Mong District; and explore potential sites in the Islands District by 1Q13

### Strengthen career development and grade management

Action		Target
Enhance promotion opportunities of frontline doctors by creating more senior positions		Organise centrally-coordinated internal recruitment exercise with a view to offering an additional 110 Associate Consultant appointments for well-qualified and deserving doctors by 4Q12
Provide training opportunities for supporting staff to advance to Enrolled Nurse (EN) level		Provide training sponsorship for 15 supporting staff to undergo two-year EN training programme, by 1Q13
Provide incentives for ENs to upgrade their skills and competency to Registered Nurse (RN) level		Offer training sponsorship to around 90 ENs undertaking voluntary RN Conversion Programme by 1Q13

## Offer more flexibility and choices in employment

Action	Target
<p>Offer part-time employment to private doctors, including those who have left HA through retirement or resignation, to help address the manpower shortage and relieve the workload of frontline medical staff</p> 	<p>Review the remuneration package and employment practices of part-time doctors by 1Q13</p>

## Increase manpower supply

Action	Target
<p>Recruit more nurses to strengthen the nursing workforce in HA, with more senior coverage included to align with the junior-senior nursing ratio requirement</p>	<p>Recruit 400 additional nurses for high pressure areas by 1Q13</p>
<p>Recruit more frontline allied health professionals to enhance support for patients requiring multi-disciplinary and rehabilitative care</p>	<p>Recruit an additional 80 allied health professionals by 1Q13</p>
<p>Continue to train up more nurses in HA nursing schools</p> 	<p>Provide training places for 300 Registered Nurse (RN) and 100 Enrolled Nurse (EN) new students; and an additional 50 midwifery trainees, thus increasing the midwifery training capacity to 100 trainees per year by 4Q12</p>
<p>Provide internship training for local pharmacy graduates to meet the requirements of pharmacist licensure</p> 	<p>Provide internship training for local pharmacy graduates by 1Q13</p>
<p>Reinforce allied health workforce supply by offering overseas scholarship to undergraduate of allied health disciplines with inadequate or no local supply</p> 	<p>Offer scholarship to selected allied health students to attend overseas training by 1Q13</p>



Action	Target
Review and update the workforce demand projection model for doctors, nurses and allied health professionals using the latest population and services demand projection datasets in collaboration with clinicians and Cluster management	Produce a new set of workforce demand projection data to inform medium to longer term workforce planning of healthcare professionals by 1Q13

**Promote good management and leadership**

Action	Target
Strengthen employees' compensation management to assist line managers in closing claims and to improve "return to work" programmes for injured staff 	Enhance administrative support for the management of Employees' Compensation and Injury On Duty by 1Q13
Strengthen staff development and succession planning to ensure that there is an adequate pool of candidates with the necessary skills and attributes to fill senior leadership positions both in the management and clinical streams 	Develop well-structured management and leadership development programmes by 1Q13
Enhance the competency of line managers in management and soft skills 	Develop and implement a competency-based 360-degree feedback system for senior executives and clinical leaders by 1Q13
Strengthen the governance of HA Mandatory Provident Fund Scheme (HAMPFS) and engage an additional service provider to increase staff choice 	Review the governance of HAMPFS and introduce an additional service provider for HAMPFS by 4Q12

## Strategic Intent: Better Manage Growing Service Demand

### Our strategies for 2012 - 13

- 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
- 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
Reinforce the capacity of inpatient services in NTWC	Open additional 30 beds at TMH and 10 beds at POH by 4Q12
Strengthen the capacity of inpatient services in KEC	Open 40 additional acute beds at TKOH by 3Q12
Prepare for the opening of North Lantau Hospital	Complete the construction of North Lantau Hospital (Phase One) by 4Q12
Prepare for the opening of the new ambulatory block in the expansion of TKOH 	Relocate specialist and other ambulatory care services from the main block to enable the decanting and renovation of wards and other inpatient services in the main block by 2Q12

#### Increase capacity on high demand life threatening diseases

Action	Target
Enhance services for patients with end stage renal disease and improve their health outcomes by expanding the various modes of renal replacement therapies, including haemodialysis (HD) and renal transplantation	Provide hospital HD to 27 additional patients, home HD to 50 additional patients, and automated peritoneal dialysis (APD) to 45 additional patients by 1Q13



Action	Target
Provide prompt review by neurologists of patients suffering from transient ischaemic attack (TIA), which involves setting up TIA clinics where patients will be seen within two weeks after discharge from A&E Departments 	Implement the TIA programme in HKWC, KCC and KEC to serve a total of 1 500 patients by 1Q13

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

Action	Target
Cope with the growing demand for neonatal intensive care (NICU) services by opening more beds 	Open an additional total of 11 NICU beds in PYNEH, KWH, QEH, PWH and TMH by 4Q12
Reinforce the capacity of MRI and CT scanning services	Provide MRI and CT scanning services for 6 100 and 21 000 additional patient attendances respectively by 1Q13
Enhance adult haematology services to take over the care of adult thalassemia and haemophilia patients who are currently still being followed up at paediatric settings 	Set up day transfusion services/centres for adult thalassemia patients in all seven Clusters by 1Q13
Enhance pharmacy services in SOPCs 	Increase the number of dispensing staff in SOPCs by phases to meet the increasing service demand by 1Q13
Implement 24-hour pharmacy services in acute general hospitals 	Implement 24-hour pharmacy services in KWH and extend the pharmacy service hours to 11:00 pm in POH and RH by 1Q13
Increase episodic quotas to enhance access of target patient groups to GOPC services 	Deliver an addition of 56 000 GOPC attendances and 7 500 allied health attendances in primary care setting by 1Q13

## Enhance management and secondary prevention of chronic diseases

Action	Target
Extend the community case management programme for persons with severe mental illness to four more districts, including Kowloon City, Southern, Central and Western, and Islands	Provide case management programme to around 1 910 patients with severe mental illness by 1Q13
Improve the care provided to mental health patients requiring inpatient services through the provision of a safe, supportive and recovery focused ward environment 	Provide multi-disciplinary therapeutic care for psychiatric patients in the admission wards of all Clusters; and improve the physical setting of the psychiatric admission wards at PYNEH, KH and TPH by 1Q13
Enhance hydrotherapy service provision for patients with neuro-musculoskeletal disorder such as rheumatoid arthritis and ankylosing spondylitis 	Provide hydrotherapy sessions with concessionary rate at seven hydrotherapy pools for listed patient groups/NGOs by 2Q12; and open hydrotherapy service in POH by 1Q13
Reinforce hypertension management services and smoking cessation services for better chronic disease management 	Provide Risk Assessment and Management Programme (RAMP) service for 25 900 hypertensive patients and smoking cessation services to 3 400 patients by 1Q13

## Transfer high volume low complexity cases to community partners

Action	Target
Provide radiological investigation services to selected cancer patients through purchase of services from the private sector  	Implement the first phase of the "Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector" by 3Q12
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 a total of 108 public patients under the public-private partnership (PPP) programme by 1Q13



## Strategic Intent: Ensure Service Quality and Safety

### Our strategies for 2012 - 13

- Build safety culture
- Develop safer service models
- Adopt modern technology and new treatment options
- Upkeep the standard of medical equipment
- Implement continuous quality improvement systems

Build safety culture	
Action	Target
Enhance infection control (IC) and infectious disease (ID) management training for healthcare staff, including focused training to groom ID/IC experts as well as IC/ID workshops covering topics such as multi-drug resistant organisms (MDRO), Clostridium Difficile infection, and antimicrobial usage and stewardship	Provide infection control/infection disease management training to around 450 healthcare staff by 1Q13
Strengthen professional support for the implementation of radiation safety initiatives in HA 	Strengthen the staffing of the Medical Physics team in all Clusters by 1Q13

## Develop safer service models

Action	Target
<p>Enhance HA's preparedness in contingency and emergency responses</p> 	<p>Develop a mechanism on response to critical incidents, as well as replace and upgrade the Personal Protective Equipments and radiation monitoring equipments in A&amp;E Departments for the Daya Bay Contingency Plan by 1Q13</p>
<p>Further improve sterilisation methods in operating theatres to align with international standards and to ensure patient safety and occupational health of staff handling reprocessing of surgical instruments</p>	<p>Modernise the sterilisation methods of rigid endoscopes for invasive procedures and surgical implant and related instrument sets for elective surgeries; and pilot the newly developed corporate tracking and tracing system for surgical instruments at the operating theatres of QMH, UCH and PWH by 1Q13</p>
<p>Upgrade aseptic dispensing services for enhanced drug safety</p>	<p>Upgrade the current aseptic dispensing facilities and extend aseptic dispensing service to critical clinical areas in the Paediatric and Neonatal Intensive Care Unit in KWH by 1Q13</p>
<p>Roll out the radio frequency identification (RFID) system to more hospital mortuaries to improve accuracy of body identification and flow control</p>	<p>Install the RFID system in five more hospital mortuaries in KEC, KWC, NTEC, and NTWC by 1Q13</p>



### 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		Add new drugs Oxaliplatin, Interferon beta and Gemcitabine as special drugs and expand patients' access to nine therapeutic groups of drugs for cancers, mental illnesses, blood disorders, transplants, anaesthesia and sedation, gastrointestinal diseases, cardiovascular diseases, renal disease and growth hormone deficiency by 2Q12
Improve stem cell services by enhancing the Cord Blood Bank of the Hong Kong Red Cross Blood Transfusion Service		Extend the cord blood collection service to more HA hospitals to build up the storage capacity and to bank 1 000 cord blood units in the Hong Kong Red Cross Blood Transfusion Service by 1Q13
Build up the expertise and explore the service delivery model for Positron Emission Tomography (PET) scan services in HA		Explore the collaboration model for PET-CT service in QEH and PYNEH by 1Q13

### Upkeep the standard of medical equipment

Action		Target
Replace ageing medical equipment as well as acquire new equipment critical to HA services using the Capital Block Vote (CBV)		Complete the replacement/acquisition of 690 pieces of medical equipment by 1Q13

### Implement continuous quality improvement systems

Action		Target
Strengthen the quality and safety management system by continuing to implement hospital accreditation programme in five pilot hospitals		Set up designated hospital project teams to co-ordinate hospital accreditation activities and follow up on survey recommendations of the collaborating accrediting agent by 1Q13

## Strategic Intent: Enhance Partnership with Patients and Community

### Our strategies for 2012 -13

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

#### Involve patient groups and community partners in care delivery

Action	Target
In collaboration with NGOs, expand the patient empowerment programmes for patients with chronic diseases such as diabetes mellitus, hypertension, chronic heart disease, and chronic pulmonary disease	Recruit an additional of 14 000 patients to participate in the Patient Empowerment Programme delivered by NGOs, by 1Q13
Engage hospital volunteers as a key partner in health and organise programmes to recognise their contribution	Launch corporate-wide events to thank volunteers for their contribution in supporting HA patients by 2Q12

#### Engage patients and community partners in service improvement

Action	Target
Nurture patients as health partners and engage them in improving the way services are delivered	Formally establish a Patient Advisory Committee under the HA management structure and organise regular meetings to seek feedback and input from patient groups on service development issues and policies by 3Q12

#### Take patient-centred approach in communication with patients and carers

Action	Target
Provide mediation skills training to enhance the competency of front-line staff in complaint management and conflict resolution	Train 120 healthcare workers on mediation skills in order to develop a critical mass of trained conflict resolution personnel in HA by 1Q13



## Strategic Intent: Ensure Adequate Resources for Meeting Service Needs

### Our strategies for 2012 -13

- Enhance efficiency in resource utilisation and review Government funding
- 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, taking into consideration growing service demand and cost pressure, intensifying disease burden and treatment complexity, as well as rapidly advancing medical technology	Discuss with the Government HA's financial requirements for the coming years by 1Q13

#### Strengthen business support services

Action	Target
Modernise pharmacy supply chain through application of new technologies and process re-engineering	Roll out the Enterprise Resource Planning System and modernise the pharmaceutical supply chain processes in the HA Head Office, HKEC, HKWC, KCC, KEC and NTEC by 1Q13
Implement by phase an improvement plan for HA's Non-emergency Ambulance Transport Services (NEATS) to shorten waiting time and improve the punctuality standard 	Recruit 18 drivers and 36 attendants (Phase One) for the expansion of NEATS ambulance fleet; and enhance the NEATS software for capturing demand information and performance monitoring data by 1Q13

Action	Target
Expand the capacity of HA laundry services through outsourcing the Shum Wan Laundry to an external service provider 	Provide out-sourced laundry service to HKWC by 3Q12
Enhance provisions for HA hospitals and clinics to implement the Clinical Waste Control Scheme that came into effect on 1 August 2011, in accordance with the regulatory requirement 	Provide the necessary clinical waste collection services in HA hospitals and clinics by 2Q12

### Foster capital works and facility improvement

Action	Target
Carry out planning and design works of major hospital development projects 	Commence detailed planning and design works for the redevelopment of UCH and KWH; as well as preparatory works for the QMH redevelopment project by 1Q13
Modernise HA's physical environment by setting up an estate management function to strengthen the maintenance and monitoring of the conditions and utilisation of HA buildings and facilities 	Establish an estate management function in HA by 4Q12
Develop environmental friendly hospitals by conducting carbon audits to measure their carbon footprint and formulating strategies for the management and reduction of carbon emissions	Roll out carbon audit to all HA hospitals by 1Q13



Improve IT services	
Action	Target
Continue to roll out the "Filmless HA" project and build the technology infrastructure for the capturing, archiving and distribution of radiological images in digital form	Continue to install image viewing facilities in four major hospitals and commence installation in eight additional hospitals by 1Q13
Continue to develop Phase Three of the Clinical Management System (CMS) in accordance with the Clinical Systems Strategy 2007-2012 of HA	Roll out revamped modules of the CMS and clinical departmental systems to Clusters and pilot new clinical functions such as clinical dashboard module, clinical imaging module and inpatient medication order entry system by 1Q13
Implement and roll out a new Patient Billing System to enable HA to meet future business strategies through more sophisticated billing mechanisms	Implement the new solution at the pilot Clusters and commence roll-out of the system to the remaining Clusters by 3Q12
Continue the development of an electronic online system for the eligibility checking of Hong Kong Identify Card holders for subsidised medical services	Complete the development of the eligibility checking electronic online system by 1Q13
Enhance IT support for hospital development projects	Set up infrastructure and implement information systems in new hospital blocks, including TKOH new extension block, relocation of Siu Lam Hospital to Block B of Castle Peak Hospital, and phase one development of the new North Lantau Hospital, by 1Q13
Continue to provide technical support to the Food and Health Bureau for the development and implementation of the eHealth Record (eHR) programme and other eHealth related initiatives	 Continue the development of core sharing infrastructure for eHR, CMS extension modules for private hospitals and clinics, and the piloting of standards and interfacing by 1Q13

# Service Targets and Manpower Estimates

HA provides 27 062 hospital beds and manages 7.6 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, 49 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 0.6 million Hong Kong residents
- 2.2 million A&E attendances, serving around 1.2 million people in Hong Kong
- 8.7 million SOPC attendances for some 1.7 million patients
- 5.3 million primary care attendances for approximately 1.3 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



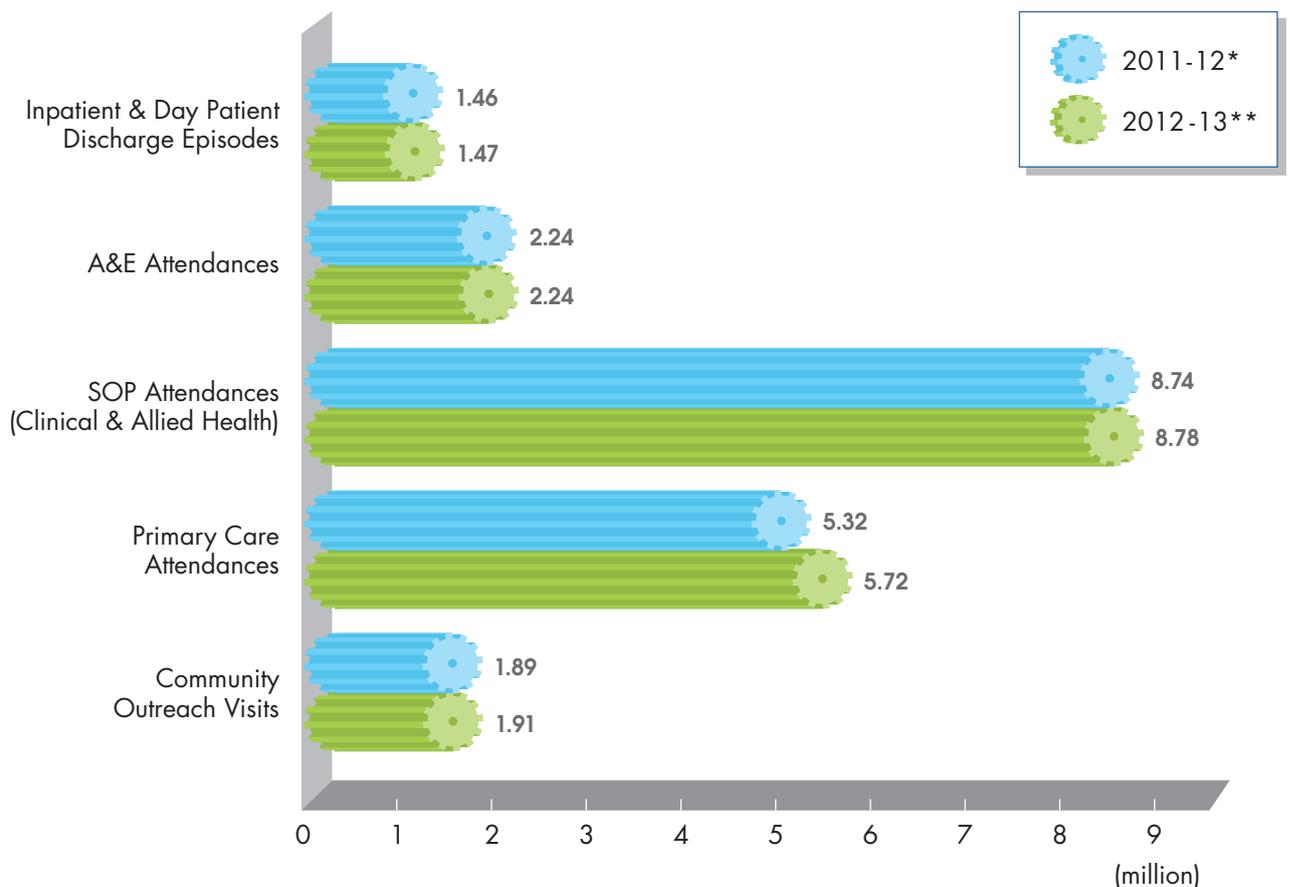
### Throughput Targets for 2012 - 13

To meet increasing service demand arising from an ageing and growing population, we plan to increase hospital service throughput by around 1.0% in the coming year, which translates into an additional 14 200 inpatient and day patient discharge episodes. We also hope to increase the throughput for primary care services by 7.5%, with an increase of 400 000 attendances to enhance medical

care and disease management for elderly and chronic disease patients.

A comparison of our estimated throughput in 2011-12 and activity targets for 2012-13 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 Hospital Clusters.

**Figure 1.** Comparison of Service Throughput in 2011 - 12 and Activity Targets for 2012 - 13



\* Estimated figures

\*\* Activity targets (Projected figures)

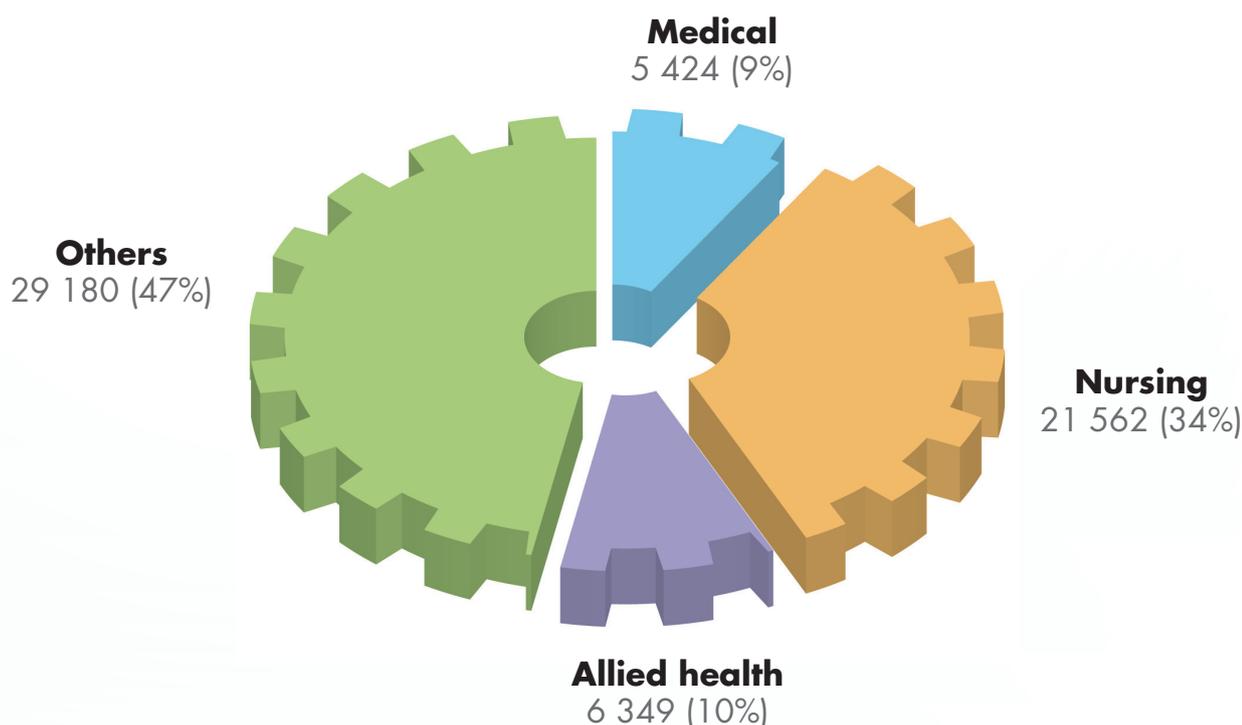
## Manpower Estimates

HA's existing staff strength is 60 789 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 3.4% 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 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 290 doctors, 2 000 nurses and 540 allied health professionals in 2012-13. Figure 2 provides a breakdown of our estimated staff strength for the coming year. A detailed comparison of the manpower estimates for 2011-12 and 2012-13 is provided in Appendix 1.

**Figure 2.** Estimated Staff Strength in 2012-13



# Budget Allocation

The Government is increasing the provision for HA by \$2.59 billion in the coming year.

## **Government's Financial Provision for HA for 2012 - 13**

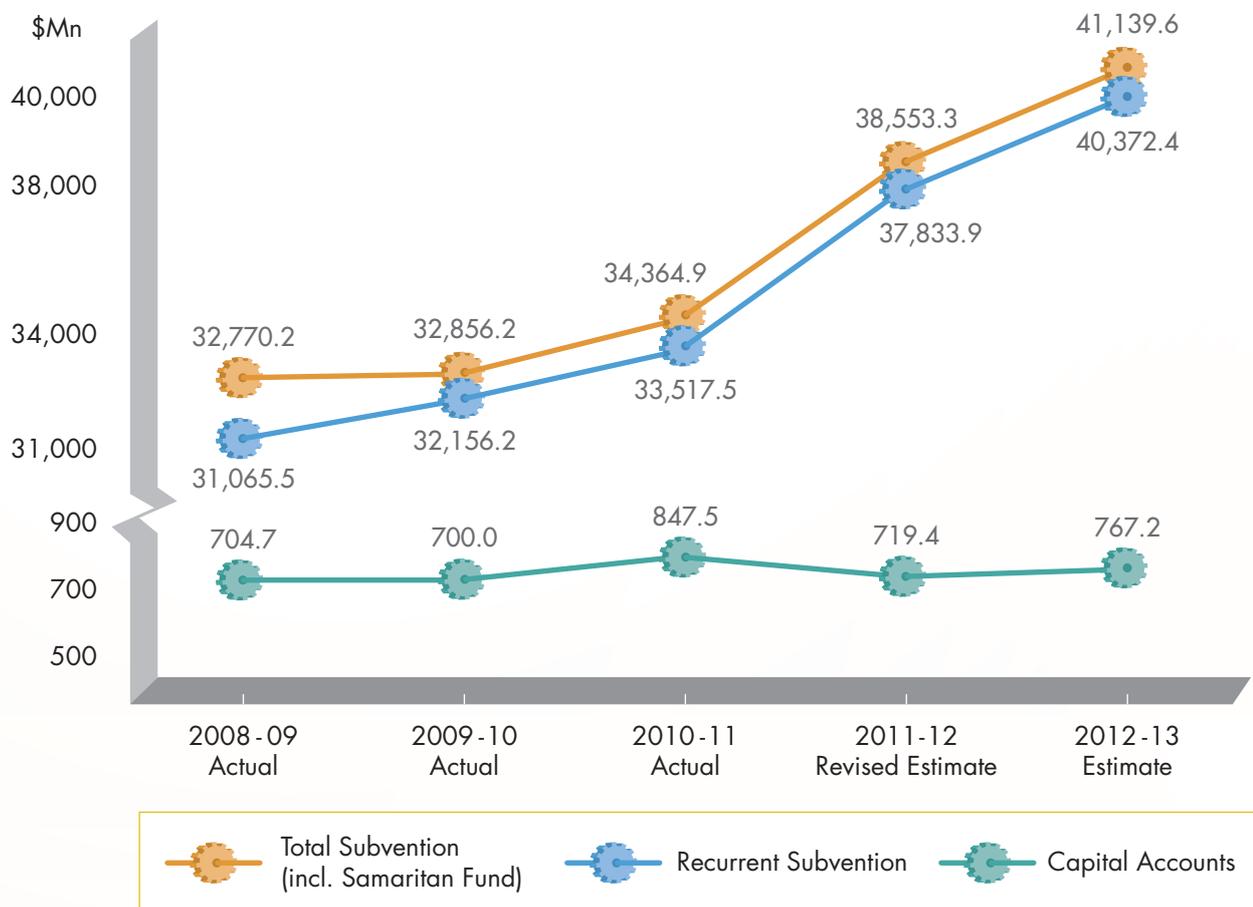
The financial provision indicated by the Government for 2012 - 13 is \$41,139.6 million, representing an increase of 6.7% as compared to the Revised Estimate of \$38,553.3 million in 2011 - 12. Figure 3 gives a breakdown of the various components of the provision for the two financial years.

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 2011-12 and 2012-13**

	<b>2011-12</b> (Revised Estimate) \$Mn	<b>2012-13</b> (Estimate) \$Mn
<b>Operating Account</b>		
<b>Recurrent Subvention</b>	37,833.9	40,372.4
Increase in Recurrent Subvention		<b>2,538.5</b> <b>6.7%</b>
<b>Capital Account</b>		
<b>Equipment and Information Systems</b>	719.4	767.2
Increase in Capital Account		<b>47.8</b> <b>6.6%</b>
<b>Financial Provision</b>	38,553.3	41,139.6
Increase in Financial Provision		<b>2,586.3</b> <b>6.7%</b>

**Figure 4. Financial Provision by the Government for 2008 - 09 through 2012 - 13**



## 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 implement 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 \$1,100 million, a full spectrum of training strategies and initiatives will be implemented to enhance the competence and morale of healthcare staff, and service provision will be strengthened in the following key areas to meet growing demand and enhance service quality:

- Opening additional beds in the KEC and NTWC
- Opening additional neonatal intensive care unit (NICU) beds in five Clusters
- Carrying out preparatory work for the commissioning of North Lantau Hospital Phase One and the new ambulatory block at TKOH
- Enhancing renal services, which include haemodialysis, automated peritoneal dialysis, and renal transplant service for patients with end stage renal disease

- Improving the provision of integrated care for adult thalassemia and haemophilia patients, and services for patients with transient ischaemic attack
  - Widening the scope of the HA Drug Formulary
  - Strengthening patient safety initiatives, which include improving the sterilisation systems in operating theatres to align with international standards
  - Sustaining the implementation of the hospital accreditation scheme in the five pilot hospitals
  - Bolstering business support services, which include improving the non-emergency ambulance transport services (NEATS) and expanding the capacity of laundry services
- (b) Over \$350 million additional provision for a number of healthcare reform related initiatives, which include:
- Enhancing primary care services and chronic disease management using a multidisciplinary approach in accordance with the primary care development strategy;

- Continuing 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; and
  - Providing support service for the government's Electronic Health Record Engagement Initiative (EEI) and related programmes.
- (c) Over \$1,000 million additional provision for various new and on-going initiatives, including the following:
- Enhancing the accessibility of radiological imaging services, including expanding the capacity of MRI and CT scanning services, and exploring the service delivery model of Positron Emission Tomography (PET) scan in HA
  - Strengthening mental health services through extending the community case management programme for persons with severe mental illness to four more districts, and enhancing the therapeutic environment of the psychiatric inpatient service
  - Improving pharmacy services by providing 24-hour pharmacy services in acute hospitals, enhancing SOPC pharmacy services, upgrading aseptic dispensing services, and modernising the pharmacy supply chain
  - Enhancing HA's preparedness in contingency and emergency responses
  - Improving stem cell services by enhancing the Cord Blood Bank of the Hong Kong Red Cross Blood Transfusion Service
  - Implementing measures to retain and recruit healthcare professionals, which include enhancing the promotion opportunities of frontline doctors, expanding the nursing and allied health workforce, and recruiting more supporting staff such as phlebotomists/technical assistants and ward clerical staff

## Capital Account

(d) For 2012-13, the Government is providing a significant amount of capital funding to HA for modernising and upgrading medical equipment and technology. This includes:

- \$515 million for the procurement of equipment, which will enable us to continue to replace and add medical equipment critical to our services, such as radiological equipment, surgical equipment, endoscopic equipment, laboratory analyser or pathology equipment, and physiological equipment; as well as to meet the set-up requirement for the clinical trial centres at PWH and QMH
- \$247.8 million for the development of Information Technology (IT) and Information Systems (IS)
- \$4.4 million for the development of Healthcare Voucher System

## Looking Ahead

As HA continues to be the principal provider of public healthcare services in Hong Kong, government subvention will remain as the major financing source for us to deliver our services. In order to maintain long-term financial sustainability, HA will:

- (a) Continue to liaise with the Government to work out a viable and sustainable funding arrangement for the coming years beyond 2012-13, taking into account
- Escalating service demands arising from a growing and ageing population, which is accompanied by an increasing occurrence of chronic diseases
  - The need for modernising our services and keep pace with the worldwide medical technology advancement
  - The imminent need for retaining and attracting quality healthcare professionals in order to maintain a stable workforce
- (b) Make every endeavour to keep improving our productivity and efficiency to meet the rising service demand and ensure the best use of public resources for providing quality healthcare services to the community

# Head Office Plan

This section sets out the work plans of the HA Head Office for 2012 - 13. Highlighted here are areas of work that are led by the Head Office.

There are four parts to the 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 the Head Office that are key enablers of HA services: business support services, capital works, and information technology (IT) services.

## Head Office Plan Components

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

## Head Office (HAHO)

The HA Head Office (HAHO) is organised into six divisions, namely:

- Cluster Services
- Corporate Services
- Finance and Information Technology
- Human Resources
- Quality and Safety
- Strategy and Planning

## Major Challenges

Amidst the ever-increasing demand for public healthcare services, HA continues to face an acute shortage of manpower, especially of doctors. It is indeed a great challenge for HAHO to take the lead in formulating measures to resolve the staffing and workload issues of frontline staff, while at the same time taking steps to improve our services and meeting the healthcare needs of the Hong Kong population. Moreover, we are trusted with the responsibility of developing corporate strategies to consolidate the HA community and boosting staff's morale and sense of belonging.

## Major Initiatives

As in previous years, HAHO is organising the annual HA Convention to provide a platform for different disciplines of frontline staff and executives, as well as local and overseas experts to exchange ideas and experience on healthcare. It is a major event of the HA community, and the upcoming 18th HA Convention will be held on 7 and 8 May 2012.

Various divisions of HAHO will provide leadership for some 70 corporate targets corresponding to the five strategic intents of Annual Plan 2012-13. 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, improve staff's employment conditions and career prospects, enhance training and development, and promote good management. These include:
  - > Recruit more supporting staff like phlebotomists and ward clerical workers
  - > Create more part-time doctor posts to alleviate the workload of full-time staff
  - > Offer additional Associate Consultant promotion posts and enhance the special allowance scheme for doctors

- > Provide more overseas training opportunities and training subsidies for nurses and allied health staff
- > Recruit an additional 400 nurses and 80 allied health professionals
- > Develop well-structured management and leadership development programmes
- 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; and enhance management and secondary prevention of chronic diseases. Major initiatives include:
  - > Enhance services for patients with end stage renal disease, including haemodialysis, automated peritoneal dialysis, and renal transplant services.
  - > Set up Transient Ischaemic Attack (TIA) clinic to enhance treatment for patients suffering from TIA
  - > Reinforce the capacity of MRI and CT scanning services
  - > Strengthen pharmacy service in SOPC and provide 24-hour pharmacy in acute general hospitals
- > Reinforce mental health services, including extending the community case management programme for persons with severe mental illness to four more districts, and providing multidisciplinary therapeutic care for psychiatric patients in hospital admission wards
- > Enhance hydrotherapy service provision for patients with neuro-musculoskeletal disorder such as rheumatoid arthritis and ankylosing spondylitis
- To **ensure service quality and safety**, we will implement measures to build safety culture, develop safer service models, improve clinical practice, and adopt modern technology and new treatment options. Actions include:
  - > Enhance infection control and infectious disease management training for healthcare staff
  - > Enhance HA's contingency response mechanism, as well as replace and upgrade the Personal Protective Equipments and radiation monitoring equipments in A&E Departments for the Daya Bay Contingency Plan
  - > Continue to implement the hospital accreditation programme in five pilot hospitals

- > Widen the HA Drug Formulary to incorporate new drugs Oxaliplatin, Interferon beta and Gemcitabine as special drugs and expand patients' access to nine therapeutic groups of drugs
- HA also endeavours to **enhance partnership with patients and community**. Initiatives include:
  - > Collaborating with NGOs to expand the patient empowerment programme for patients with chronic diseases such as diabetes mellitus, hypertension, chronic heart disease, and chronic pulmonary disease
  - > Launch corporate-wide events to thank volunteers for their contribution in supporting HA patients
  - > Formally establish a Patient Advisory Committee under the HA management structure and organise regular meetings to seek feedback and input from patient groups on service development issues and policies
  - > Take patient-centred approach in communication with patients and carers by providing frontline staff with mediation skills training
- HA will **ensure adequate resources for meeting service needs** by enhancing efficiency in resource utilisation and reviewing Government funding. In particular, we will continue to discuss with the Food and Health Bureau on formulating a longer term funding arrangement for HA. We will also continue to provide the relevant expertise and technical support to the Government in its deliberations of healthcare financing reform. At the same time, we are reinforcing the key enablers to ensure their robustness in supporting our growing and advancing healthcare services. These key enablers include business support services, capital works, and IT services, action plans of which are outlined in the ensuing sections.

## 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 major 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

Modern healthcare is heavily technology driven. As at August 2011, the total asset of medical equipments in HA is valued at around \$8,617 million. Of these, around 39% are major equipments with a unit cost of over \$1 million, while 34% are minor equipments costing \$150,000 or above per piece/unit.

In accordance with the corporate direction, BSSD is making continuous efforts to modernise HA's medical equipment. With additional funding support from the Government since 2007-08, HA has allocated a total of some \$2,294 million for the systematic replacement of aged medical equipment and the acquisition of new/additional medical equipment.

Apart from increased workload in the procurement and management of equipment, there is also an imminent need for us to strengthen hospital support services in order to keep up with the growing patient load and new regulatory requirements, such as the Clinical Waste Control Scheme that came into effect on 1 August 2011.



### Major Initiatives in 2012 -13

The major initiatives of BSSD for 2012 -13 are as follows:

- Continue to replace and add medical equipment critical to our services, including radiological equipment, radiotherapy equipment, surgical equipment, endoscopic equipment, laboratory analyser or pathology equipment, and physiological equipment. This involves a total of some 690 pieces of medical equipment, and the total cost is estimated to be around \$635.2 million
- Implement by phase an improvement plan for HA’s non-emergency ambulance transport services (NEATS) to shorten patients’ waiting time and improve the service’s punctuality standard
- Expand the capacity of HA laundry services through outsourcing the Shum Wan Laundry to an external service provider
- Enhance provisions for HA hospitals and clinics to implement the Clinical Waste Control Scheme in accordance with the regulatory requirement

### BSSD Targets

<ul style="list-style-type: none"> <li>• Complete the replacement/acquisition of 690 pieces of medical equipment</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Recruit 18 drivers and 36 attendants (Phase One) for the expansion of NEATS ambulance fleet; and enhance the NEATS software for capturing demand information and performance monitoring data</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Provide out-sourced laundry service to HKWC</li> </ul>	3Q12
<ul style="list-style-type: none"> <li>• Provide the necessary clinical waste collection services in HA hospitals and clinics</li> </ul>	2Q12

## 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 four sections:

- Planning and Development
- Capital Projects
- Building Works
- Engineering and Projects

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<sup>2</sup> floor space in around 300 buildings. There will be a number of opportunities and challenges in 2012-13 for CPD in managing resources to renew, upgrade and maintain these facilities.

To meet the growing medical needs of the community, a total of 22 major capital works projects, which amount to a total project cost in the order of \$80 billion, have been initiated and are at various stages of planning and development. Out of these, five projects involving a budget of \$7.3 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 1 000 minor works projects will need to be carried out for improvement and maintenance of existing premises, with a total annual expenditure of \$661 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 2012 -13

As one of the key enablers of HA services, CPD will undertake the following major initiatives in 2012 -13 to ensure that our healthcare facilities are able to meet the demands of quality service provision:

- Enhance capacity to meet service demand by carrying out planning and design works for the expansion of UCH, and the redevelopment of KWH and QMH. At the same time, we will also commence the construction of a community hospital in Tin Shui Wai as well as complete the construction works for the phase one development of the new North Lantau Hospital
- Modernise HA's physical environment by setting up an estate management function to strengthen the maintenance and monitoring of the conditions and utilisation of HA buildings and facilities. In addition, we will continue to improve the provisions for barrier-free access in acute hospitals and GOPCs
- Develop environmental friendly hospitals by conducting carbon audits to measure their carbon footprint and formulating strategies to manage and reduce carbon emissions

## Capital Works Targets

• Commence detailed planning and design works for the expansion of UCH	3Q12
• Commence preparatory works for the redevelopment project at QMH	3Q12
• Establish estate management function in HA	4Q12
• Complete construction works for the new North Lantau Hospital, Phase One	4Q12
• Commence construction works for the new Tin Shui Wai Hospital	1Q13
• Commence detailed planning and design works for the redevelopment of KWH	1Q13
• Promulgate measures for reducing the environmental risk of Legionnaires' Disease in HA facilities	1Q13
• Roll out carbon audit to all HA hospitals	1Q13

## Information Technology Services

Driven by an increasing demand on public healthcare services and associated business support requirements within HA, the development and implementation of Information Technology (IT) enabled solutions has helped to improve the overall efficiency and effectiveness of HA 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 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 maintain consistent enforcement actions, with the goal of protecting HA's information assets, including patient data

- **Internal Service Provider** – HAITS provides a range of services for supporting, maintaining and developing IT systems, including IT Infrastructure; Clinical and Business Supporting IT Systems; and Informational and Collaborative IT Systems
- **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 eHealth Record (eHR) programme.

A robust governance structure is in place for IT investment in HA. Specifically, the services of HAITS are governed by the Information Technology Services Governing Committee (ITGC) of the HA Board and is supported by the IT Technical Advisory Sub-Committee for advice on IT technology and infrastructure directions. Programmes related to IT development are endorsed by the ITGC before implementation. Programme targets with key performance indicators for major development initiatives are reported 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 in the complexity of managing the IT investment, HAITS faces a number of key challenges as follows:

- (a) Sustaining an IT-capable workforce to meet dynamic and evolving service requirements
- (b) Developing a qualified IT and health informatics capability in Hong Kong
- (c) Managing rising internal and external demand for IT services
- (d) Managing inherent risks of leveraging IT
- (e) Convergence of IT, medical devices and telecommunications
- (f) Adopting effective controls to safeguard the security and privacy of HA's information assets

In particular, the volume of very sensitive and privacy related healthcare information being captured and retained by HA, along with the increasing complexity of integrating medical equipment to the HA IT networks, both represent major challenges. 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.

## Major Initiatives in 2012 -13

HAITS has responsibility for a number of initiatives in 2012 -13, including support for the operational plans of both internal and external stakeholders. The majority of the HA initiatives are multi-year projects which are summarised as follows:

### *Internal Service Provider*

- Continue the technical support to the "Filmless HA" project, and building the technology infrastructure for the radiological image sharing programme
- Continue the development of Phase Three Clinical Management System
- Implement and roll out a new Patient Billing System to enable HA to meet future business strategies through more sophisticated billing mechanisms
- Continue the development of an electronic online system for the eligibility checking of Hong Kong Identity Card holders for subsidised medical services

- Continue system enhancements for the modernisation of pharmaceutical product procurement services
- Enhance IT support for hospital development projects
- Upgrade the Enterprise Resource Planning (ERP) System
- Continue to provide IT support for the implementation of the community health call centre programme

### Agency Service Provider

- Continue the provision of technical agency services to the eHR programme and 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, Primary Care Directory Scheme, and Central Registry of Obstetric Services for private hospitals

## HAITS Targets

Internal Service Provider	
<p><b>Filmless HA Project</b></p> <ul style="list-style-type: none"> <li>• Continue to install image viewing facilities in four major HA hospitals and commence installation in eight additional hospitals</li> </ul>	1Q13
<p><b>Development of Phase Three Clinical Management System (CMS)</b></p> <ul style="list-style-type: none"> <li>• Continue the revamp of existing clinical systems including CMS, Patient Administration System, Laboratory Information System, Radiology Information System and Pharmacy Management System</li> <li>• Continue to develop Inpatient Medication Order Entry (IPMOE) System and perform a pilot run in a hospital</li> <li>• Continue development of new clinical documentation forms and clinical functions</li> <li>• Continue technology refreshment for at least 2 000 clinical workstations</li> </ul>	1Q13
<p><b>Patient Billing System</b></p> <ul style="list-style-type: none"> <li>• Implement the new solution at the pilot Clusters and commence roll-out to the remaining Clusters</li> </ul>	3Q12
<p><b>Hong Kong Identify Card Holders Eligibility Checking Project</b></p> <ul style="list-style-type: none"> <li>• Complete the development of the IT system to facilitate the checking of eligibility of non-permanent Hong Kong Identity Card holders for subsidised public healthcare services</li> </ul>	1Q13



<p><b>Modernisation of Pharmacy Service</b></p> <ul style="list-style-type: none"> <li>Complete go-live of bar code solution and Enterprise Resource Planning (ERP) functionality go-live for two pilot Clusters; and roll out the solution for three more Clusters as part of IT support for pharmaceutical product procurement enhancement initiatives</li> </ul>	4Q12
<p><b>Hospital Development Projects</b></p> <ul style="list-style-type: none"> <li>Set up infrastructure and implement information systems in new hospital blocks, including TKOH new extension block, relocation of Siu Lam Hospital to Block B of Castle Peak Hospital, and Phase One development of the new North Lantau Hospital</li> </ul>	1Q13
<p><b>IT Support for Primary and Community Care Services</b></p> <ul style="list-style-type: none"> <li>Provide IT support for the development of community health call centre services, including Patient Support Call Centre and Mental Health Direct programme</li> </ul>	1Q13
<p><b>Upgrade of the Enterprise Resource Planning (ERP) System</b></p> <ul style="list-style-type: none"> <li>Commence the upgrade project and complete the software changes and development</li> </ul>	1Q13
<p><b>Agency Service Provider</b></p>	
<p><b>eHealth Record Programme (eHR)</b></p> <ul style="list-style-type: none"> <li>Continue the development of core sharing infrastructure for eHR, CMS extension modules for private hospitals and clinics, and the piloting of standards and interfacing</li> </ul>	1Q13
<p><b>Health Care Voucher, Vaccination, and Primary Care Directory Schemes</b></p> <ul style="list-style-type: none"> <li>Provide IT support for the Government's Health Care Voucher Scheme, Vaccination Scheme, and Primary Care Directory Scheme</li> </ul>	1Q13
<p><b>Central Registry of Obstetric Services (CROS)</b></p> <ul style="list-style-type: none"> <li>Provide IT support for the Government's Central Registry of Obstetric Services for private hospitals</li> </ul>	1Q13
<p><b>Communicable Disease Information System Programme (CDIS)</b></p> <ul style="list-style-type: none"> <li>Provide IT support for the development of system interfaces with the Government's Communicable Disease Information System</li> </ul>	1Q13

# Cluster Plans

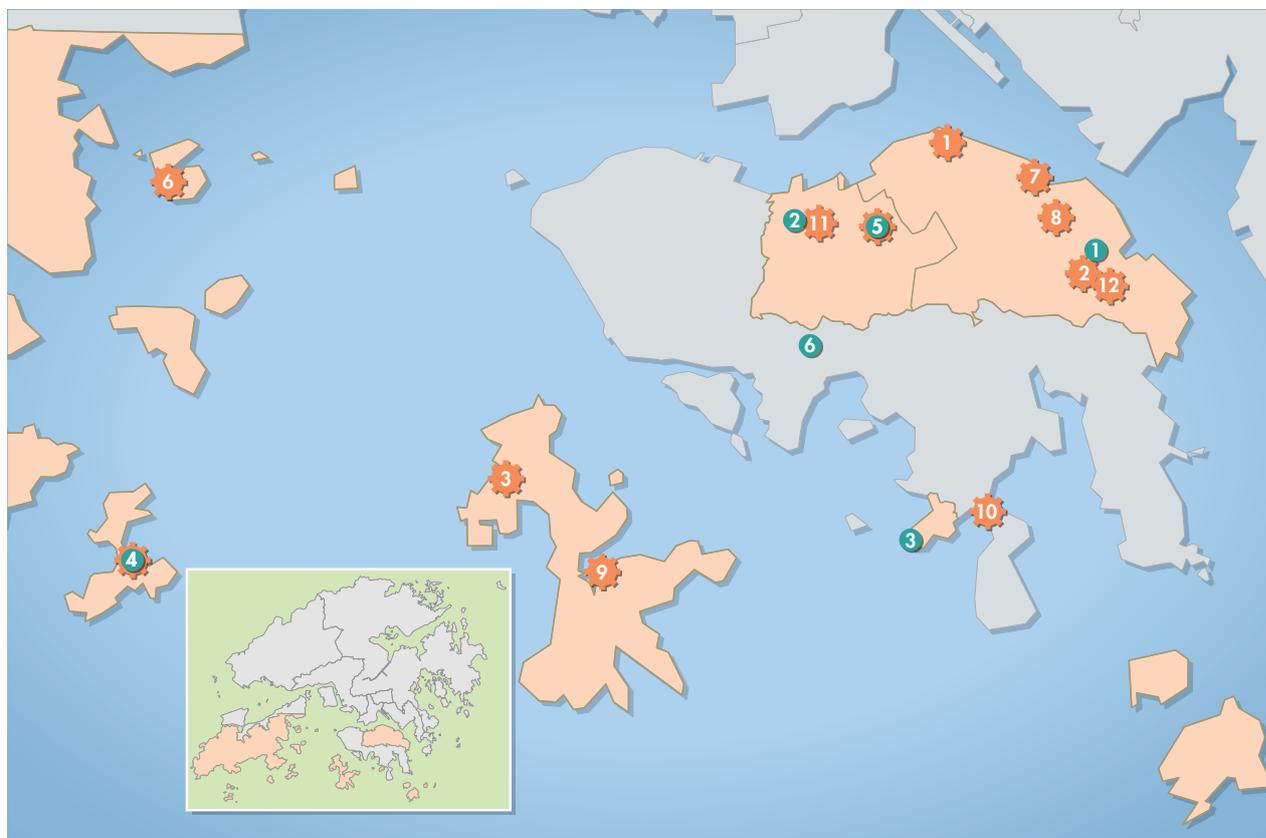
This section contains an overview of the work plans of the seven hospital Clusters for 2012 - 13.

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 + | 4 St. John Hospital +       |
| 2 Ruttonjee and Tang Shiu Kin Hospitals +    | 5 Tung Wah Eastern Hospital |
| 3 Cheshire Home, Chung Hom Kok               | 6 Wong Chuk Hang Hospital   |

### General Outpatient Clinic

- |                             |                                   |
|-----------------------------|-----------------------------------|
| 1 Anne Black Health Centre  | 7 Sai Wan Ho Health Centre        |
| 2 Chai Wan Health Centre    | 8 Shau Kei Wan Jockey Club Clinic |
| 3 North Lamma Clinic        | 9 Sok Kwu Wan Clinic              |
| 4 St. John Hospital         | 10 Stanley Public Dispensary      |
| 5 Tung Wah Eastern Hospital | 11 Violet Peel GOP Clinic         |
| 6 Peng Chau Clinic          | 12 Wan Tsui Government Clinic     |

## Demographic Characteristics

Year 2010	Eastern	Wan Chai	Islands*	HKEC Catchment	Hong Kong Overall
Population	592 100	160 800	154 400	825 000	7 065 900
Proportion of population age ≥ 65	15.1%	14.8%	9.1%	14.8%	12.9%
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 account for around 12% of the Hong Kong population. More than 70% of the catchment population reside in the Eastern district.

## Major Challenges

HKEC is serving a population with 14.8% being elders aged 65 and above (compared to Hong Kong average of 12.9%). By 2019, the proportion of elders in the cluster's catchment areas will be the highest in Hong Kong (21.6% compared to 17.4% Hong Kong average). The key challenge faced by HKEC is to cope with the expanding service volume and the increasing complexities of illness typical of the elderly, within its capacity constraints in manpower, space and facilities.

To address the constant pressure, it is imperative for HKEC to maximise space

utilisation; manage service demand; rationalise service to improve work efficiency; and embrace cohesive teamwork in the organisation of cluster resources. On staff-related areas, managing manpower shortage and addressing concerns of frontline staff remains a focus of HKEC's work in 2012-13, whilst continuous concerted effort will be made to improve staff health and happiness to maintain a stable workforce.

HKEC shall continue to foster a strong patient safety culture and improve service quality, so as to mitigate the risks associated with unmet service demand and staff shortage.

## Major Initiatives in 2012 -13

Hong Kong East Cluster's major initiatives for 2012 -13 are as follows to align with the corporate objectives:

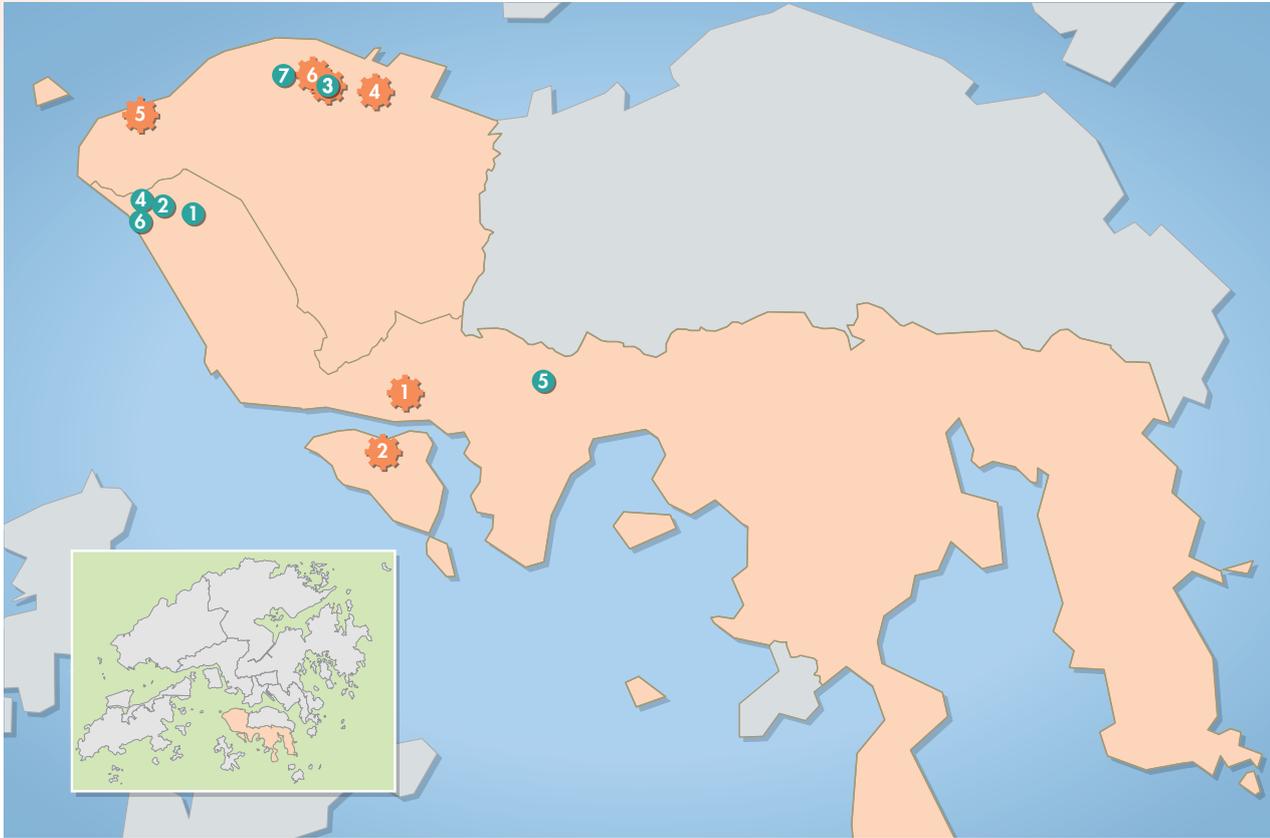
- Continue to put strategies high on cluster's agenda to attract, retain and motivate staff. Highlights include recruiting more frontline allied health professionals to enhance support for patients requiring rehabilitative care; strengthening nursing senior coverage in clinical areas; providing professional and management training; building positive practice environment to improve work conditions of frontline staff; enhancing clerical support to relieve frontline healthcare professionals from clerical work; and enhancing facilities/equipment to strengthen support to healthcare professionals.
- Prudentially increase service capacity to meet increasing demand. This covers hospital haemodialysis; automated peritoneal dialysis; neonatal intensive care; hydrotherapy; adult haematology, PET-CT service; pharmacy services for SOPCs; and pharmacy services in Ruttonjee Hospital.
- Reduce service demand through patient empowerment programmes in collaboration with non-government organisations (NGOs) to enhance self-management skills of patients with chronic diseases to prevent occurrence of secondary complications.
- Endeavour to improve continuously service quality and safety through enhancing the document management system; modernising sterilisation methods in operating theatres to align with international standards and to ensure patient safety and staff occupational health; enhancing risk management in critical incidents; upgrading pharmacy aseptic dispensing services; and various clinical and non-clinical quality and risk management initiatives.
- Sustain quality and safety through hospital accreditation programme towards improved clinical governance and performance.
- Continue to strengthen community partnership and patient engagement for effective winter surge management.
- Reinforce key enablers of healthcare services. Programmes include modernisation of pharmacy supply chain through application of new technologies and process re-engineering; phase-implementation of improvement plan for non-emergency ambulance transport services (NEATS); and modernisation of psychiatric admission wards to enable provision of multi-disciplinary therapeutic care for psychiatric patients.

## HKEC Targets

<b>Allay Staff Shortage and High Turnover</b>	
<ul style="list-style-type: none"> <li>• Strengthen nursing supervision in clinical areas in SJH</li> </ul>	3Q12
<ul style="list-style-type: none"> <li>• Implement management and communication training programmes for senior executives, managers and frontline staff</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Implement staff engagement programme to value staff's wellbeing and contribution</li> </ul>	1Q13
<b>Better Manage Growing Service Demand</b>	
<ul style="list-style-type: none"> <li>• Enhance renal service through provision of automated peritoneal dialysis (APD) to five additional patients in PYNEH</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Open two additional neonatal intensive care (NICU) beds to cope with the rising demand in PYNEH</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Provide hydrotherapy sessions with concessionary rate for listed patient groups/NGOs in PYNEH</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Set up adult transfusion centre to enhance care of adult thalassemia and haemophilia patients in PYNEH</li> </ul>	3Q12
<ul style="list-style-type: none"> <li>• Explore service delivery model for PET-CT service in PYNEH</li> </ul>	3Q12
<ul style="list-style-type: none"> <li>• Increase the number of dispensing staff in SOPCs by phases to meet the increasing service demand</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Extend pharmacy service hours to 11:00 pm in RH</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Relocate Orthopaedics and Traumatology day ward to expand day and ambulatory services in PYNEH</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Re-engineer acute stroke care service in PYNEH to provide screening by stroke nurse at A&amp;E Department and acute Medical wards, and to enhance provision of intravenous thrombolytic treatment</li> </ul>	1Q13

<b>Ensure Service Quality and Safety</b>	
<ul style="list-style-type: none"> <li>• Replace and upgrade the Personal Protective Equipments and radiation monitoring equipments in the A&amp;E Departments to meet the requirements in the Daya Bay Contingency Plan</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Upgrade aseptic dispensing services to enhance drug safety</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Modernise the sterilisation methods of rigid endoscopes, surgical implants and related instrument sets</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Continue to implement hospital accreditation programme in PYNEH</li> </ul>	3Q12
<ul style="list-style-type: none"> <li>• Enhance supervision in the pilot programmes of reducing re-hospitalisation of cardiac patients so as to sustain the effectiveness of the programmes in TWEH</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Reduce ward stock items of high risk drugs to enhance clinical risk management and relieve nursing workload on stock management in RH</li> </ul>	1Q13
<b>Enhance Partnership with Patients and Community</b>	
<ul style="list-style-type: none"> <li>• Recruit 2 000 additional patients with chronic diseases to participate in the patient empowerment programme in collaboration with NGOs</li> </ul>	1Q13
<b>Ensure Adequate Resources for Meeting Service Needs</b>	
<ul style="list-style-type: none"> <li>• Roll out the Enterprise Resource Planning System and modernise the pharmaceutical supply chain processes</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Improve NEATS by recruiting additional drivers and attendants</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Modernise psychiatric admission wards in PYNEH to enable provision of multi-disciplinary therapeutic care for psychiatric patients</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Enhance security service through live monitoring of CCTV images of high risk areas in PYNEH</li> </ul>	3Q12

## 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

-  Aberdeen Jockey Club GOP Clinic
-  Ap Lei Chau GOP Clinic
-  Tung Wah Hospital
-  Central District Health Centre GOP Clinic
-  Kennedy Town Jockey Club GOP Clinic
-  Sai Ying Pun Jockey Club GOP Clinic

## Demographic Characteristics

<b>Year 2010</b>	Central and Western	Southern	HKWC Catchment	Hong Kong Overall
Population	261 900	280 300	542 200	7 065 900
Proportion of population age ≥ 65	13.0%	13.9%	13.5%	12.9%
<b>Year 2019</b>				
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 main catchment area of HKWC covers Central and Western and Southern districts of the Hong Kong Island with a population of around half a million, though the Cluster’s tertiary and quaternary services serve the whole population of Hong Kong.

### Major Challenges

HKWC is serving an increasing ageing population with rising expectation and demand in healthcare services, ranging from primary care in community to tertiary care in hospital. To cope with constraints in physical space and ageing facilities, the cluster will set off in 2012-13 its decade-long journey of redeveloping the Queen Mary Hospital. Before the completion of this phased project, hospitals within the cluster will continue to work closely to strive for maximisation of operation efficiency and effectiveness.

### Major Initiatives in 2012 - 13

HKWC will embark on the planning works to lay good foundation for the highly complex redevelopment project. Meanwhile, the Cluster will continue to maximise its partnership with Li Ka Shing Faculty of Medicine of The University of Hong Kong and focus on providing an integrated and high quality, seamless healthcare service to citizens through community engagement, service rationalisation, facilities modernisation and valuing our staff.

In line with corporate strategic directions, HKWC's major initiatives for 2012-13 are as follows:

- Reinforce "People First Culture" through improving hostel management and working amenities.
- Work with HA Head Office and the Government's Architectural Services Department to carry out the redevelopment project of Queen Mary Hospital.
- Manage growing service demand by increasing capacity in services with pressing issues of waiting time. This includes enhancing services for patients with renal failure, haematology diseases, and stroke, as well as pharmacy services in SOPC.
- Enhance secondary prevention of chronic diseases to prevent avoidable hospitalisation by providing case management programme to patients with severe mental illness, strengthening patients' self-management skills through Patient Empowerment Programme, and enhancing hypertension management and smoking cessation services.
- Enhance care efficiency through strengthening meal plating, patient portering and security supporting services, and strengthening nursing manpower to cater for the physically scattered operating theatre services.
- Strengthen safety culture by providing appropriate equipment for critical incidents, and upgrading aseptic dispensing services for pharmacy aseptic dispensing service.
- Keep modernising our services by continuously improving sterilisation methods in operating theatres and developing tracking and tracing system for surgical instruments.
- Sustain key enablers of healthcare services by rolling out the Enterprise Resource Planning System and improving the non-emergency ambulance transport services (NEATS).

## HKWC Targets

Allay Staff Shortage and High Turnover	
<ul style="list-style-type: none"> <li>• Improve hostel management and working amenities to provide a supportive environment to staff members</li> </ul>	1Q13
Better Manage Growing Service Demand	
<ul style="list-style-type: none"> <li>• Provide prompt review by neurologists of 500 patients suffering from transient ischaemic attack (TIA) by setting up TIA clinic where patients will be seen within two weeks after discharge from A&amp;E Department</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Expand capacity of renal replacement therapies for patients with end stage renal disease by providing home haemodialysis to five additional patients and automated peritoneal dialysis (APD) to four additional patients</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Set up adult transfusion service to enhance integrated care of adult thalassemia and haemophilia patients who require life-long hospital support</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Provide hypertension management services for 6 300 hypertensive patients and smoking cessation services to 425 patients per annum</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Enhance mental health services by providing case management programme to 1 200 patients with severe mental illness per annum</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Enhance mental health services by providing multi-disciplinary therapeutic care for patients in psychiatric admission ward</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Enhance pharmacy services in SOPC by increasing the number of dispensing staff</li> </ul>	2Q12
<ul style="list-style-type: none"> <li>• Enhance hydrotherapy service for patients with neuro-musculoskeletal disorder by providing hydrotherapy sessions with concessionary rate for listed patient groups/NGOs at the MacLehose Medical Rehabilitation Centre</li> </ul>	3Q12
<ul style="list-style-type: none"> <li>• Relieve nurses' workload and enhance care efficiency through strengthening meal plating, patient portering and security supporting services</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Strengthen operating theatre nursing manpower to cater for the physically scattered operating theatre services in QMH</li> </ul>	1Q13

### Ensure Service Quality and Safety

- |  |      |
|--|------|
| <ul style="list-style-type: none"> <li>• Replace and upgrade the Personal Protective Equipments and radiation monitoring equipments in the A&amp;E Departments to meet the requirements in the Daya Bay Contingency Plan</li> </ul>  | 1Q13 |
| <ul style="list-style-type: none"> <li>• Upgrade aseptic dispensing services in QMH to enhance drug safety</li> </ul>  | 1Q13 |
| <ul style="list-style-type: none"> <li>• Modernise the sterilisation methods of rigid endoscopes for invasive procedures and surgical implant and related instrument sets for elective surgeries; and pilot at QMH the newly developed corporate tracking and tracing system for surgical instruments</li> </ul> | 1Q13 |
| <ul style="list-style-type: none"> <li>• Continue to implement the hospital accreditation programme in QMH to sustain the quality and safety management system</li> </ul>  | 1Q13 |
| <ul style="list-style-type: none"> <li>• Replace and upgrade the cardiovascular radiographic/fluoroscopy systems in Cardiac Catheterization Laboratory of QMH to enhance clinical services</li> </ul>  | 1Q13 |

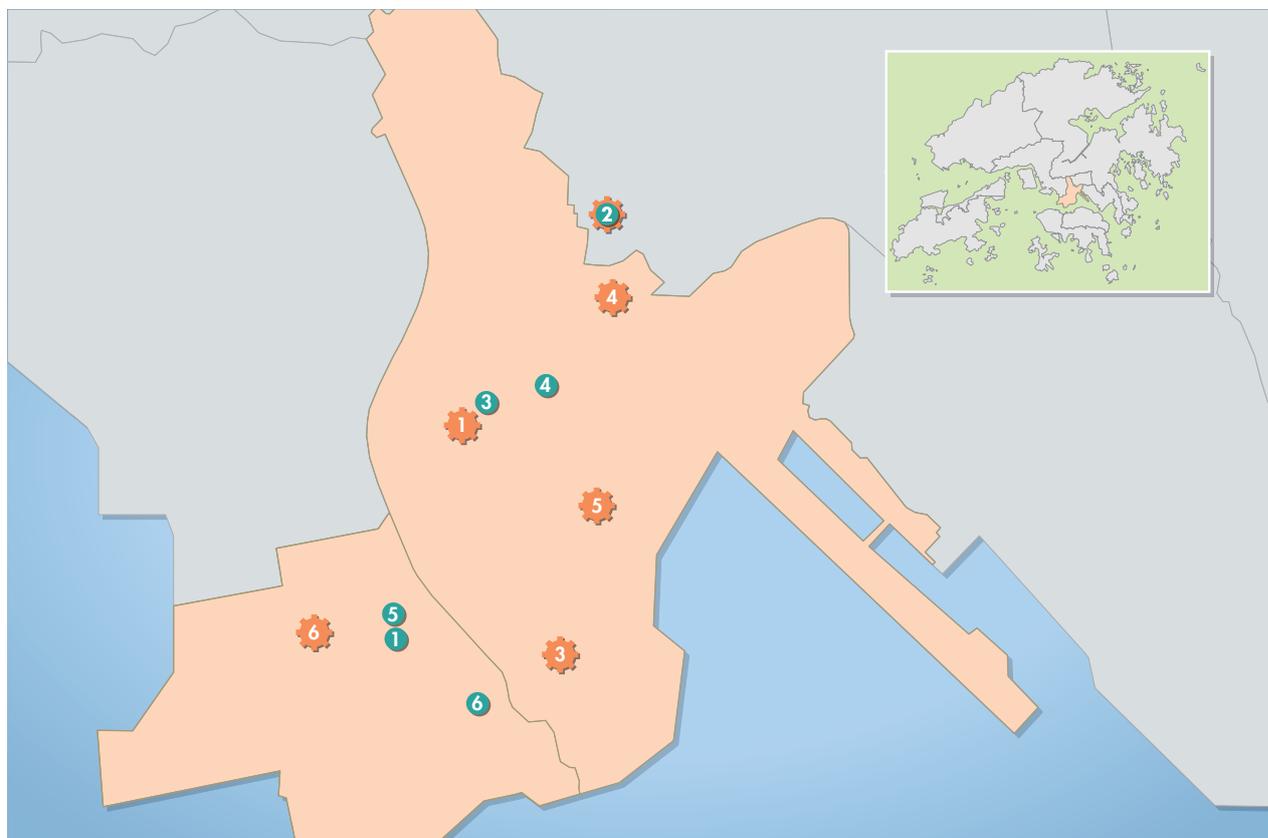
### Enhance Partnership with Patient and Community

- |   |      |
|---|------|
| <ul style="list-style-type: none"> <li>• Recruit an additional 2 000 patients with chronic diseases per annum to participate in the Patient Empowerment Programme in collaboration with Non-government Organisations (NGO) to enhance patients' self-management skills and prevent the occurrence of secondary complications</li> </ul> | 1Q13 |
|---|------|

### Ensure Adequate Resources for meeting Service Needs

- |   |      |
|---|------|
| <ul style="list-style-type: none"> <li>• Modernise pharmacy supply chain by rolling out the Enterprise Resource Planning System and re-engineering supply chain processes</li> </ul>  | 4Q12 |
| <ul style="list-style-type: none"> <li>• Improve the non-emergency ambulance transport services (NEATS) by recruiting additional drivers and attendants to shorten patients' waiting time and improve punctuality standard</li> </ul> | 1Q13 |
| <ul style="list-style-type: none"> <li>• Expand the capacity of laundry services through outsourcing the Shum Wan Laundry to an external service provider</li> </ul>  | 3Q12 |
| <ul style="list-style-type: none"> <li>• Plan and carry out preparatory works for the redevelopment project of QMH</li> </ul>   | 1Q13 |

## 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 Clinic

## Demographic Characteristics

<b>Year 2010</b>	Yau Tsim Mong*	Kowloon City	KCC Catchment	Hong Kong Overall
Population	307 600	371 300	493 500	7 065 900
Proportion of population age ≥ 65	13.6%	15.4%	15.0%	12.9%
<b>Year 2019</b>				
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 close to half a million.

As at 31 December 2011, the Cluster manages a total of 3 545 beds with 3 002 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, 51.3% of the bed-days in 2010-11 were occupied by patients aged 65 or above as compared to 47.1% in 2000-01. At the Cluster level, 56.8% of the bed-days in 2010-11 were occupied by elderly patients who made up 14.9% of our catchment population.

To meet the challenge of an expanding demand for complex and comprehensive medical services from an ageing population, our main focus is to deliver the right care for the right patient at the right time in the right place. Building on our Cluster core values of RESPECT (Respect, Empathy, Sharing, Professionalism, Efficiency, Creativity, Trust), we have completed the three consecutive Years of Safety in 2011, and organised a KCC Convention 2011 themed “Quality • Our Way” to consolidate our wisdom on “quality and safety”.

In addition, to maintain quality of our core services and streamline workflows, WISER Movement has been introduced in KCC to incorporate lean management in day-to-day clinical management and operations to

enhance both service quality and efficiency. It is to our delight that in 2011, the WISER Movement received the Bronze Prize and the RECRUIT Most Innovative Award of the Hong Kong Management Association Award for Excellence in Training and Development. Moreover, in order to retain and nurture a stable and healthy workforce, initiatives were implemented to support staff professional development and career progression.

### Major Initiatives in 2012 -13

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 enhance people management, the KCC will improve work conditions of frontline staff by providing more safety devices such as needle-free connector and retractable intravenous cannula in clinical areas so as to improve occupational safety of frontline staff. Moreover, workflow and service enhancement (WISER) projects will be consolidated through facilitator training, staff engagement and development.
- To manage growing demand in life threatening diseases, service capacity for long term renal replacement therapies will be increased for end stage renal disease patients. To improve waiting time and access to medical services, two additional Neonatal Intensive Care beds will be opened in QEH. There is also service enhancement for adult thalassemia and haemophilia patients with the setting up of an adult transfusion centre in QEH. A clinic for patients suffering from transient ischemic attack (TIA) will be established to ensure timely follow-up by neurologist after discharge from A&E. In addition, there will be extended hours in emergency service at Central Endoscopy Unit (CEU) and enhanced service provision at the diabetes care centre in QEH. Additional CT scan service to cover 3 500 patients will be provided to shorten the waiting time, and the new PET-CT service model will be implemented to cater for the growing demands in KCC. For mental health patients, the community case management programme for severe mental illness would be extended in KCC. Manpower in SOPC pharmacy will also be strengthened to reduce patients' waiting time. For patients with neuro-musculoskeletal disorder, enhanced hydrotherapy services will be provided in KH and QEH. At the same time, patient empowerment programme in collaboration with NGOs and smoking cessation programme would be further expanded in primary care areas.
- To improve service quality and safety, KCC will align with HAHO direction to enhance the response to critical incidents. The hospital accreditation in QEH will be continued to sustain the quality and safety management system.

In pharmacy, there will be upgrade of aseptic dispensing services to strengthen drug safety. The sterilisation service in Operating Theatres will be further enhanced to ensure patient safety and occupational health in QEH. Moreover, there will be improvement of stem cell services by enhancement of Cord Blood Bank in the Hong Kong Red Cross Blood Transfusion Service.

- For partnership with patients and the community, enhanced customer services will be provided by the central enquiry office in the Ambulatory Care Centre at QEH. The KCC occupational lifestyle

redesign centre will also be extended to the Yaumatei Clinic to facilitate patients with chronic diseases and functional limitation to adapt and return to community.

- The KCC Pharmacy will modernise the supply chain processes and roll out the Enterprise Resources Planning System. The psychiatric admission wards in KH will be modernised to enable the provision of multi-disciplinary therapeutic care to facilitate early discharge and community integration.

## KCC Targets

Allay Staff Shortage and High Turnover	
<ul style="list-style-type: none"> <li>• Provide more safety devices in clinical areas to enhance occupational safety in QEH</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Consolidate workflow and service enhancement through training, coordinating and empowering project facilitators, engaging and developing different groups of staff in enhancement projects, and sharing successes in WISER Forums</li> </ul>	1Q13

<b>Better Manage Growing Service Demand</b>	
<ul style="list-style-type: none"> <li>• Expand capacity of renal replacement therapies for patients with end stage renal disease by providing home haemodialysis to 15 additional patients and automated peritoneal dialysis (APD) to four additional patients</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Cope with the rising demand for neonatal intensive care (NICU) services by opening two additional NICU beds in QEH</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Enhance Hydrotherapy service provision for patients with neuro-musculoskeletal disorder in QEH and KH</li> </ul>	3Q12
<ul style="list-style-type: none"> <li>• Provide integrated care for adult thalassemia and haemophilia patients by setting up an adult transfusion centre in QEH</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Enhance Transient Ischaemic Attack (TIA) Service for 500 additional patients through setting up a TIA clinic in the QEH</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Provide CT scan services for 3 500 additional patients attendances and implement the new service delivery model for PET-CT service in QEH</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Expand community case management programme for patients with severe mental illness in KCC</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Enhance pharmacy services in SOPC by recruiting additional dispensing staff</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Provide smoking cessation programme to an additional 425 patients</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Extend the service hours of Central Endoscopy Unit at QEH</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Extend the service hours of the diabetic care centre at QEH</li> </ul>	4Q12
<b>Ensure Service Quality and Safety</b>	
<ul style="list-style-type: none"> <li>• Replace and upgrade the Personal Protective Equipments and radiation monitoring equipments in the A&amp;E Departments to meet the requirements in the Daya Bay Contingency Plan</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Upgrade aseptic dispensing services to enhance drug safety</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Modernise the sterilisation methods of rigid endoscopes for invasive procedures and surgical implant and related instrument sets for elective surgeries</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Improve stem cell services by enhancing the Cord Blood Bank in the Hong Kong Red Cross Blood Transfusion Service</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Sustain the quality and safety management system by continuing the hospital accreditation programme in QEH</li> </ul>	2Q12

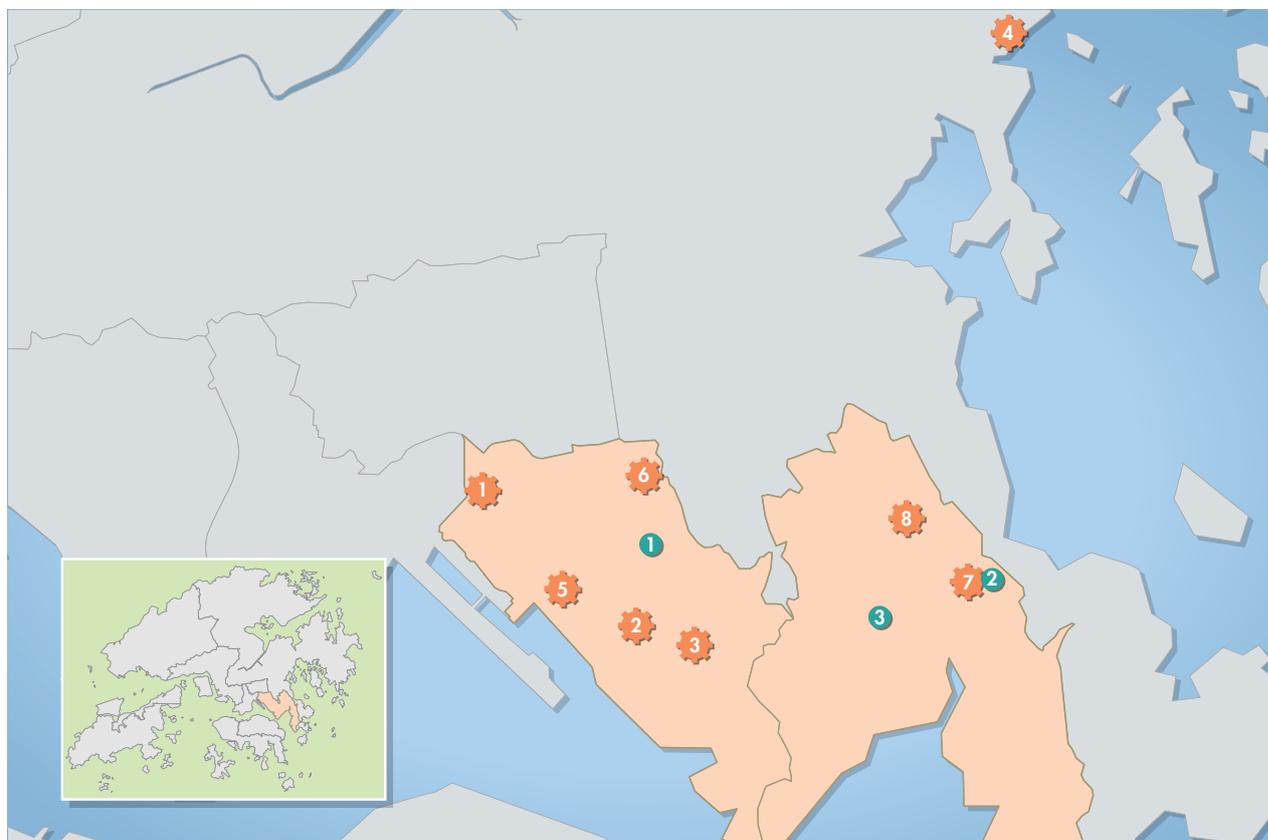
### Enhance Partnership with Patients and Community

- |  |      |
|--|------|
| <ul style="list-style-type: none"><li>• Enhance customer services of the central enquiry office in the Ambulatory Care Centre at QEH</li></ul>   | 3Q12 |
| <ul style="list-style-type: none"><li>• Establish a KCC occupational lifestyle redesign centre for patients with chronic symptoms and functional limitations</li></ul>                   | 4Q12 |
| <ul style="list-style-type: none"><li>• Recruit 2 000 additional patients with chronic diseases to participate in the patient empowerment programme in collaboration with NGOs</li></ul> | 1Q13 |

### Ensure Adequate Resources for Meeting Service Needs

- |  |      |
|--|------|
| <ul style="list-style-type: none"><li>• Modernise pharmacy supply chain through rolling out the Enterprise Resource Planning System and re-engineering the pharmaceutical supply chain processes in KCC</li></ul>                            | 1Q13 |
| <ul style="list-style-type: none"><li>• Modernise psychiatric admission wards in KH to enable the provision of multi-disciplinary therapeutic care to psychiatric patients to facilitate early discharge and community integration</li></ul> | 1Q13 |
| <ul style="list-style-type: none"><li>• Provide additional linen products for annual replenishment and improve contingency stock for KCC</li></ul>   | 4Q12 |

## 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           | 5 Ngau Tau Kok Jockey Club GOP Clinic     |
| 2 Kwun Tong Jockey Club Health Centre GOP Clinic | 6 Shun Lee GOP Clinic                     |
| 3 Lam Tin Polyclinic GOP Clinic                  | 7 Tseung Kwan O (Po Ning Road) GOP Clinic |
| 4 Mona Fong GOP Clinic                           | 8 Tseung Kwan O Jockey Club GOP Clinic    |

## Demographic Characteristics

Year 2010	Kwun Tong	Tseung Kwan O	KEC Catchment	Hong Kong Overall
Population	614 700	361 100	975 800	7 065 900
Proportion of population age ≥ 65	16.5%	8.7%	13.6%	12.9%
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 serving a growing population with increasing demand for comprehensive public healthcare services. One of the major challenges for the Cluster is to cope with the growing volume and complexity of illness involving the elderly within its space constraints and its smaller number of general beds per 1 000 population (1.79 compared to the HA average of 2.3). To maintain accessibility, 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.

In 2012-13, the Cluster will continue to manage service growth in demand pressure areas, ensure quality and safety, and maintain an adequate workforce. The Cluster will strive to maximise operation

efficiency and effectiveness through service rationalisation and prioritisation. In the meantime, 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 further enhance the medical service provision; and KEC will strive to retain and recruit experienced professionals to up keep the service level. While celebrating the announcement of the UCH expansion project, KEC will continue to work closely with corporate HA to realise the planned service development.

### Major Initiatives in 2012-13

Aligned with the corporate directions, KEC's major initiatives for 2012-13 are as follows:

- Develop people-oriented culture by enhancing career progression and professional competencies, strengthening supports for frontline healthcare professionals, and maintaining the training capacity for nursing workforce
- Increase service capacity in priority areas by opening 40 beds at TKOH; and enhancing haemodialysis services, Transient Ischaemic Attack (TIA) service, and radiological investigation services
- Enhance public primary care services and optimise chronic disease management by increasing episodic quotas at GOPC, and expanding the multidisciplinary Risk Assessment and Management Programme (RAMP) for diabetic patients and hypertensive patients
- Strengthen safety culture and quality system by developing medical physics unit at KEC, further improving sterilisation methods in operating theatres, and implementing a series of initiatives to enhance drug safety
- Partner with patients and community through expanding patient empowerment programmes, strengthening collaboration with NGOs, and setting up patient focus groups
- KEC will closely monitor the three major capital projects including the Reprovisioning of Infirmary, Community Interface and Carers' Support Services in HHH; the UCH expansion project; and the expansion of TKOH.

## KEC Targets

Allay Staff Shortage and High Turnover	
• Provide training places for 25 Enrolled Nurse (EN) new students to train up more nurses at the UCH nursing school	1Q13
• Recruit an additional 11 allied health professionals to enhance support for patients requiring multi-disciplinary and rehabilitative care	3Q12
• Recruit 56 phlebotomists technical assistants to provide 24-hour support to relieve doctors and nurses from routine technical tasks	4Q12
• Recruit 33 additional clerical staff to provide clerical support in clinical departments to relieve the clerical workload of frontline healthcare professionals	3Q12

## Better Manage Growing Service Demand

<ul style="list-style-type: none"> <li>Expand the capacity of inpatient services in KEC by opening 40 additional acute beds at TKOH</li> </ul>	3Q12
<ul style="list-style-type: none"> <li>Prepare for the opening of the new ambulatory block in the expansion of TKOH to enable the decanting and renovation of wards and other inpatient services in the main block of TKOH</li> </ul>	2Q12
<ul style="list-style-type: none"> <li>Provide hospital haemodialysis to six additional patients and automated peritoneal dialysis (APD) to seven additional patients to cope with the increasing service demand of patients with end stage renal disease</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>Set up adult transfusion centre at UCH to enhance the care of adult thalassaemia and haemophilia patients who require life-long hospital support</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>Provide prompt review by neurologists of 500 patients suffering from transient ischaemic attack (TIA) by setting up TIA clinic where patients will be seen within two weeks after discharge from A&amp;E Departments</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>Enhance the accessibility of MRI and CT scanning services to provide MRI and CT scanning services for 1 200 and 5 000 patient attendances respectively</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>Increase episodic quota at GOPC and deliver an additional 8 960 GOPC attendances in primary care setting</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>Provide Risk Assessment and Management Programme (RAMP) service for 700 hypertensive patients</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>Enhance pharmacy services in SOPC by recruiting additional dispensing staff</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>Provide hydrotherapy sessions with concessionary rate at hydrotherapy pools in UCH for listed patient groups/NGOs to enhance the service provision for patients with neuro-musculoskeletal disorder</li> </ul>	4Q12

<b>Ensure Service Quality and Safety</b>	
<ul style="list-style-type: none"> <li>• Roll out the RFID system to the mortuary of TKOH to improve the accuracy of body identification and flow control</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Upgrade aseptic dispensing services to enhance drug safety</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Replace and upgrade the Personal Protective Equipments and radiation monitoring equipments in the A&amp;E Departments to meet the requirements in the Daya Bay Contingency Plan</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Strengthen support to extended care at HHH in order to cope with increased number of patients requiring high intensity care</li> </ul>	3Q12
<ul style="list-style-type: none"> <li>• Modernise the sterilisation methods of rigid endoscopes for invasive procedures and surgical implant and related instrument sets for elective surgeries; and pilot the newly developed corporate tracking and tracing system for surgical instruments at the operating theatres of UCH</li> </ul>	4Q12
<b>Enhance Partnership with Patients and Community</b>	
<ul style="list-style-type: none"> <li>• Recruit 2 000 additional patients with chronic diseases to participate in the patient empowerment programmes in collaboration with NGOs to enhance patients' self-management skills and prevent the occurrence of secondary complications</li> </ul>	1Q13
<b>Ensure Adequate Resources for meeting Service Needs</b>	
<ul style="list-style-type: none"> <li>• Modernise pharmacy supply chain by rolling out the Enterprise Resource Planning System and re-engineering the pharmaceutical supply chain processes</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Recruit three drivers and six attendants for the expansion of NEATS ambulance fleet at KEC</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Modernise psychiatric admission wards at UCH to enable the provision of multi-disciplinary therapeutic care for psychiatric patients</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Set up a planning team for the UCH extension project to coordinate with stakeholders to complete the master development plan and detail planning according to the time line</li> </ul>	2Q12

## Kowloon West Cluster (KWC)



### Hospital

- |                                |                                  |
|--------------------------------|----------------------------------|
| 1 Princess Margaret Hospital + | 5 Our Lady of Maryknoll Hospital |
| 2 Caritas Medical Centre +     | 6 TWGHs Wong Tai Sin Hospital    |
| 3 Kwong Wah Hospital +         | 7 Kwai Chung Hospital            |
| 4 Yan Chai Hospital +          |                                  |

### General Outpatient Clinic

- |   |  |
|---|--|
| 1 Tsing Yi Cheung Hong GOP Clinic       | 12 Mui Wo GOP Clinic                       |
| 2 Caritas Medical Centre                | 13 Nam Shan GOP Clinic                     |
| 3 Kwong Wah Hospital                    | 14 North Kwai Chung GOP Clinic             |
| 4 Yan Chai Hospital                     | 15 Robert Black GOP Clinic                 |
| 5 Our Lady of Maryknoll Hospital        | 16 Shek Kip Mei GOP Clinic                 |
| 6 Cheung Sha Wan Jockey Club GOP Clinic | 17 South Kwai Chung Jockey Club GOP Clinic |
| 7 East Kowloon GOP Clinic               | 18 Tai O Jockey Club GOP Clinic            |
| 8 Ha Kwai Chung GOP Clinic              | 19 Tsing Yi Town GOP Clinic                |
| 9 Lady Trench GOP Clinic                | 20 Tung Chung GOP Clinic                   |
| 10 Li Po Chun GOP Clinic                | 21 Wang Tau Hom Jockey Club GOP Clinic     |
| 11 Mrs Wu York Yu GOP Clinic            | 22 West Kowloon GOP Clinic                 |
|   | 23 Wu York Yu GOP Clinic                   |

## Demographic Characteristics

Year 2010	Wong Tai Sin	Yau Tsim Mong*	Sham Shui Po	Kwai Tsing	Tsuen Wan	North Lantau	KWC Catchment	Hong Kong Overall
Population	421 500	307 600	373 700	516 200	295 400	82 300	1 874 500	7 065 900
Proportion of population age ≥ 65	17.6%	13.6%	16.7%	14.1%	12.4%	6.6%	14.8%	12.9%
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, being the largest cluster in the HA, has a population that is slightly disadvantaged and older than the Hong Kong average. Hence the demand for a comprehensive public healthcare service is relatively high. Our major challenges in 2012-13 continue to be providing safe and quality care to the local population while at the same time, enhancing our service capacity and accessibility to meet the growing service demand and public expectation. We are committed to ensuring that our patients with pressing needs are attended to in a timely manner.

### Major Initiatives in 2012-13

Increasing service capacity for demand management, developing efficient service models, strengthening quality and safe systems, and sustaining a fleet of competent staff force are our major strategies. KWC's major initiatives for 2012-13 are as follows:

- To cope with rising service demand, we are supporting the commissioning of the new North Lantau Hospital in Tung Chung District, with its phase one construction due for completion by end of 2012. Furthermore, we will allocate additional resources to enhance our

service capacity and accessibility. An Ear, Nose and Throat Centre for KWC will be established in YCH. Quota for hospital and home haemodialysis, and automated peritoneal dialysis in various KWC hospitals will be expanded. Additional neonatal intensive care beds will be opened in KWH. Secondary prevention of chronic diseases will be strengthened at GOPCs, with joint efforts by our multidisciplinary teams.

- Building a safe culture for quality patient service is always at the top of our priorities. We will further refine our delivery models for a safer service such as strengthening HA's response to critical incidents, enhancing sterilisation methods in operating theatres to align with international standards, implementing the RFID system at the mortuaries of

KWH and PMH for accurate body identification. The quality and safety management system will be sustained in KWC by continuing the hospital accreditation programme. OLMH will undergo gap analysis in 2012, following the accreditation of CMC in 2010.

- Staff are our most valuable asset of which their competency and morale are our utmost concern. To maintain a quality workforce with high spirit, HA has continued to increase the supply of healthcare professionals, to improve grade development and career progression, to enhance training and development, and to improve working conditions. The above enhancement measures will cover various disciplines, including doctors, nurses, allied health professionals and administrative staff.

## KWC Targets

Allay Staff Shortage and High Turnover	
• Enhance care-related and clerical support for clinical departments to relieve the workload of frontline healthcare professionals	1Q13
• Recruit more frontline allied health professionals to enhance support for patients requiring multi-disciplinary and rehabilitative care	3Q12
• Recruit more nurses to strengthen the nursing workforce as well as to enhance the junior-senior nursing ratio	3Q12
• Train up additional 100 nurses in nursing school at CMC	4Q12
• Enhance infection control and infectious disease management training for healthcare workers	1Q13

## Better Manage Growing Service Demand

<ul style="list-style-type: none"> <li>• Complete construction of the new North Lantau Hospital (Phase One) by end of 2012</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Establish Ear, Nose and Throat (ENT) Centre for KWC in YCH to manage the ENT waiting time with additional provision of 3 000 outpatient attendances and 50 surgeries</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Provide an additional 15 home haemodialysis and 11 Automated Peritoneal Dialysis (APD) places to cope with the increasing service demand of patients with end stage renal disease</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Cope with the rising demand of neonatal intensive care (NICU) services by opening five additional NICU beds at KWH</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>• Enhance hydrotherapy service provision for patients with neuro-musculoskeletal disorder by providing hydrotherapy sessions with concessionary rate for two to three patient groups/non government organisations (NGO) at PMH</li> </ul>	2Q12
<ul style="list-style-type: none"> <li>• Set up adult transfusion service at PMH to provide integrated care for adult thalassemia and haemophilia patients who require life-long hospital support</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Enhance the accessibility of MRI and CT scanning services by providing an additional 2 060 patient attendances for MRI service and 1 250 patient attendances for CT service at CMC and PMH respectively</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Enhance pharmacy services in SOPCs by recruiting more dispensing staff</li> </ul>	3Q12
<ul style="list-style-type: none"> <li>• Implement 24-hour pharmacy service in KWH</li> </ul>	2Q12
<ul style="list-style-type: none"> <li>• Provide risk assessment and management (RAMP) service for hypertensive patients and smoking cessation services</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Increase episodic quota at GOPC for target groups and provide an additional 13 440 GOPC and 3 000 allied health attendances in primary care setting</li> </ul>	1Q13

### Ensure Service Quality and Safety

- |   |      |
|---|------|
| <ul style="list-style-type: none"> <li>• Replace and upgrade the Personal Protective Equipments and radiation monitoring equipments in the A&amp;E Departments to meet the requirements in the Daya Bay Contingency Plan</li> </ul> | 1Q13 |
| <ul style="list-style-type: none"> <li>• Upgrade the current aseptic dispensing facilities and extend aseptic dispensing service to Paediatric and Neonatal Intensive Care Unit (NICU) in KWH</li> </ul>                            | 1Q13 |
| <ul style="list-style-type: none"> <li>• Roll out the RFID system to mortuaries in KWH and PMH to improve the accuracy of body identification and flow control</li> </ul>   | 1Q13 |
| <ul style="list-style-type: none"> <li>• Modernise the sterilisation methods of rigid endoscopes for invasive procedures and surgical implant and related instrument sets for elective surgeries</li> </ul>                         | 1Q13 |
| <ul style="list-style-type: none"> <li>• Sustain the quality and safety management system by continuing the hospital accreditation programme in CMC, and conducting gap analysis in OLMH in 2012</li> </ul>                         | 4Q12 |

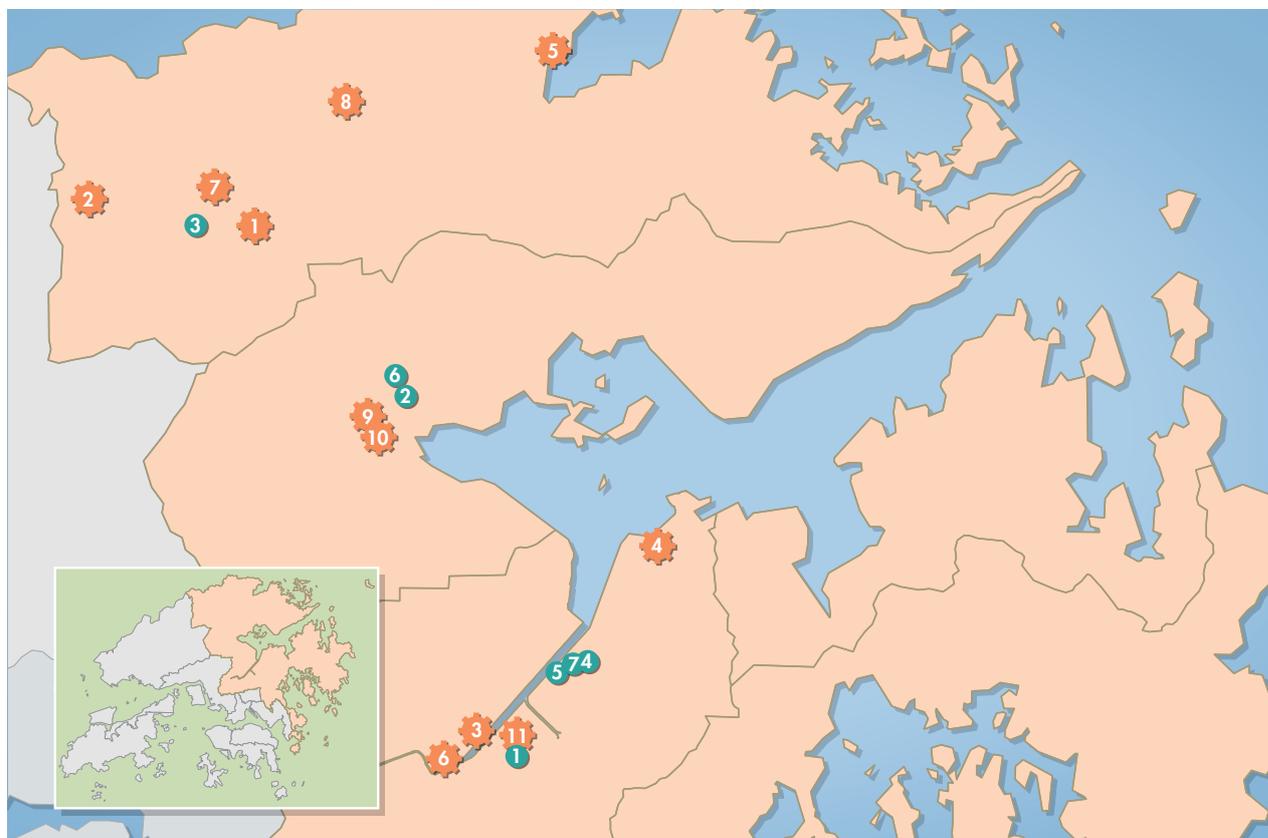
### Enhance Partnership with Patients and Community

- |   |      |
|---|------|
| <ul style="list-style-type: none"> <li>• Recruit 2 000 additional patients with chronic diseases to participate in the patient empowerment programmes in collaboration with NGOs</li> </ul> | 1Q13 |
|---|------|

### Ensure Adequate Resources for Meeting Service Needs

- |   |      |
|---|------|
| <ul style="list-style-type: none"> <li>• Recruit additional drivers and attendances for the NEATS to shorten patients' waiting time and improve punctuality standard</li> </ul>       | 1Q13 |
| <ul style="list-style-type: none"> <li>• Prepare for rolling out the Enterprise Resource Planning System and re-engineering the pharmaceutical supply chain processes</li> </ul>      | 1Q13 |
| <ul style="list-style-type: none"> <li>• Enhance planning of hospital development projects by establishing a governance structure at cluster level to oversee the projects</li> </ul> | 1Q13 |

## New Territories East Cluster (NTEC)



### Hospital

- |   |                    |
|---|--------------------|
| 1 Prince of Wales Hospital              | 5 Shatin Hospital  |
| 2 Alice Ho Miu Ling Nethersole Hospital | 6 Tai Po Hospital  |
| 3 North District Hospital               | 7 Bradbury Hospice |
| 4 Cheshire Home, Shatin                 |                    |

### General Outpatient Clinic

- |                                     |  |
|-------------------------------------|--|
| 1 Fanling Family Medicine Centre    | 7 Shek Wu Hui Jockey Club GOP Clinic     |
| 2 Ho Tung Dispensary                | 8 Ta Kwu Ling GOP Clinic                 |
| 3 Lek Yuen GOP Clinic               | 9 Tai Po Jockey Club GOP Clinic          |
| 4 Ma On Shan Family Medicine Centre | 10 Wong Siu Ching Family Medicine Centre |
| 5 Sha Tau Kok GOP Clinic            | 11 Yuen Chau Kok GOP Clinic              |
| 6 Shatin (Tai Wai) GOP Clinic       |  |

## Demographic Characteristics

Year 2010	Sha Tin	Tai Po	North	Sai Kung*	NTEC Catchment	Hong Kong Overall
Population	623 500	294 500	309 100	427 800	1 293 800	7 065 900
Proportion of population age ≥ 65	11.2%	10.2%	10.3%	8.8%	10.7%	12.9%
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 faces a great demand for its services not only from local residents, but also from residents living immediately across the border and travelers commuting between Hong Kong and the Mainland every day. In particular, the demand for obstetric service has increased significantly, with the number of deliveries in the Cluster reaching 7 400 in 2011. There is a concomitant increase in the demand for neonatal intensive care service as the number of babies born in Hong Kong goes up. In addition, there is the growing demand arising from population ageing. The northern part of the Cluster is particularly overwhelmed by patients coming from private old age homes and during the winter surge months.

In coping with the annual winter surge, the Cluster has to streamline the deployment of manpower and improve the patient care processes with more efficient patient flow management.

In 2012-13, the Cluster will focus on addressing three main challenges: (i) ensuring a stable workforce among the health care workers; (ii) coping with the rising demand for obstetric and neonatal care, as well as from cross-the-border and emergency admissions, particularly during the winter surge or influenza peak season; and (iii) enhancing patient safety and quality of care.

## Major Initiatives in 2012 -13

To address the challenges, the Cluster will pursue the following five key strategies:

**(a) Enhance staff retention and cultivate a harmonious workplace to promote a stable workforce**

The Cluster will provide better career development opportunities through enhanced training and advancement prospect for doctors, nurse, allied health and other professional staff. Overseas training opportunities will be enhanced. Additional phlebotomists, technical assistants and clerical staff will be recruited to enhance support to medical, nursing and allied health professionals.

**(b) Enhance primary care service for prevention of chronic diseases**

The cluster will increase the quotas for episodic illness in GOPCs to enhance access of target groups to primary care service and enhance multi-disciplinary team approach for chronic disease management. The Cluster also plans to expand the patient empowerment programmes in collaboration with NGOs for patients with chronic diseases, such as diabetes mellitus,

hypertension and chronic pulmonary disease, which aims at enhancing patients' self-management skills and preventing the occurrence of secondary complication.

**(c) Increase the capacity for target groups to meet growing demand**

To cope with the rising demand, the Cluster plans to enhance the capacity of neonatal care by adding one neonatal intensive care unit bed and three Paediatric High Dependency beds in PWH. Additional operating theatre sessions will also be added at PWH to shorten the waiting time for elective operations for targeted disease groups, such as head and neck cancer surgery, brain tumour surgery, cardiac surgery, and eye surgery. Services for chronic renal patients will be expanded with additional hospital and home haemodialysis as well as ambulatory peritoneal dialysis places. The CT scan capacity will also be enhanced in PWH.

**(d) Enhance the care environment for psychiatric inpatients**

In 2012 -13, the Cluster priority is to reduce the congestion and overcrowding in the acute psychiatric inpatient wards in TPH. The psychiatric admission wards in TPH will be modernised to provide multi-disciplinary therapeutic care environment for the acute psychiatric patients, to facilitate early discharge and better community re-integration.

**(e) Strengthen patient safety and enhance quality of services**

The cluster plans to conduct gap analysis in PWH and NDH in 2012 -13, supported by the setting up a Quality Officer Team to prepare for accreditation. Moreover, the sterilisation methods for endoscopic equipments will be improved to align with international standards and to ensure patient safety as well as occupational health of staff with the initial stage of phasing out CIDEK sterilisation. An electronic system will be introduced to improve the management and handling in the reprocessing of surgical instruments.

## NTEC Targets

Allay Staff Shortage and High Turnover	
• Recruit additional 18 allied health professionals to enhance support for patients requiring multi-disciplinary and rehabilitative care	1Q13
• Recruit 40 additional nurses to strengthen the nursing workforce	1Q13
• Enhance promotion opportunities for frontline doctors, nurses and allied health professionals with additional 50 promotional positions	1Q13
• Recruit 50 additional phlebotomists/technical assistants to provide 24-hour support at PWH, NDH and AHNH acute hospitals to relieve doctors and nurses from routine technical tasks of blood taking, electrocardiogram and intravenous cannulation for patients	1Q13
• Recruit 51 additional clerical staff to provide clerical support in clinical departments to relieve the clerical workload of frontline healthcare professionals	4Q12

## Better Manage Growing Service Demand

<ul style="list-style-type: none"> <li>Enhance renal service by providing hospital haemodialysis to serve 15 additional patients; train and support 15 additional patients to receive dialysis at home; and provide automated peritoneal dialysis service to eight additional patients</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>Provide six additional regular operating theatre sessions for targeted disease groups in PWH</li> </ul>	2Q12
<ul style="list-style-type: none"> <li>Expand Neonatal Intensive Care Unit (NICU) by adding one NICU bed in PWH</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>Set up a Paediatric High Dependency Unit (HDU) by adding three HDU Beds with ventilatory support in PWH</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>Set up an adult transfusion centre to provide integrated care for adult thalassemia and haemophilia patients who require life long hospital support</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>Enhance the diagnostic imaging service to expand the capacity of CT scanning service with 5 000 additional patient attendances</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>Enhance pharmacy services in SOPCs by increasing the number of dispensing staff</li> </ul>	4Q12
<ul style="list-style-type: none"> <li>Enhance the public primary care service to deliver an addition of 13 380 GOPC attendances</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>Scale up the Risk Assessment and Management Programme (RAMP) to serve 6 300 hypertensive patients</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>Enhance Integrated Care and Discharge Support for Elderly Patients Programme with post-discharge support of 1 010 patient episodes, 8 130 home visits by case managers, and additional 40 places at Geriatric Day Hospitals</li> </ul>	1Q13

### Ensure Service Quality and Safety

- |  |      |
|--|------|
| <ul style="list-style-type: none"> <li>• Conduct gap analysis in NDH and PWH and set up Quality Officers Team to prepare for accreditation of the hospitals in the Cluster</li> </ul>  | 4Q12 |
| <ul style="list-style-type: none"> <li>• Introduce baby tag system and enhance security in paediatric and postnatal wards in PWH and AHNH</li> </ul>   | 1Q13 |
| <ul style="list-style-type: none"> <li>• Modernise the sterilisation methods of rigid endoscopes for invasive procedures and surgical implant and related instrument sets for elective surgeries; and pilot at the operating theatres the newly developed corporate tracking and tracing system for surgical instruments at PWH</li> </ul> | 4Q12 |
| <ul style="list-style-type: none"> <li>• Enhance transfusion safety by implementing the Blood Bank Automation System in PWH</li> </ul>   | 3Q12 |

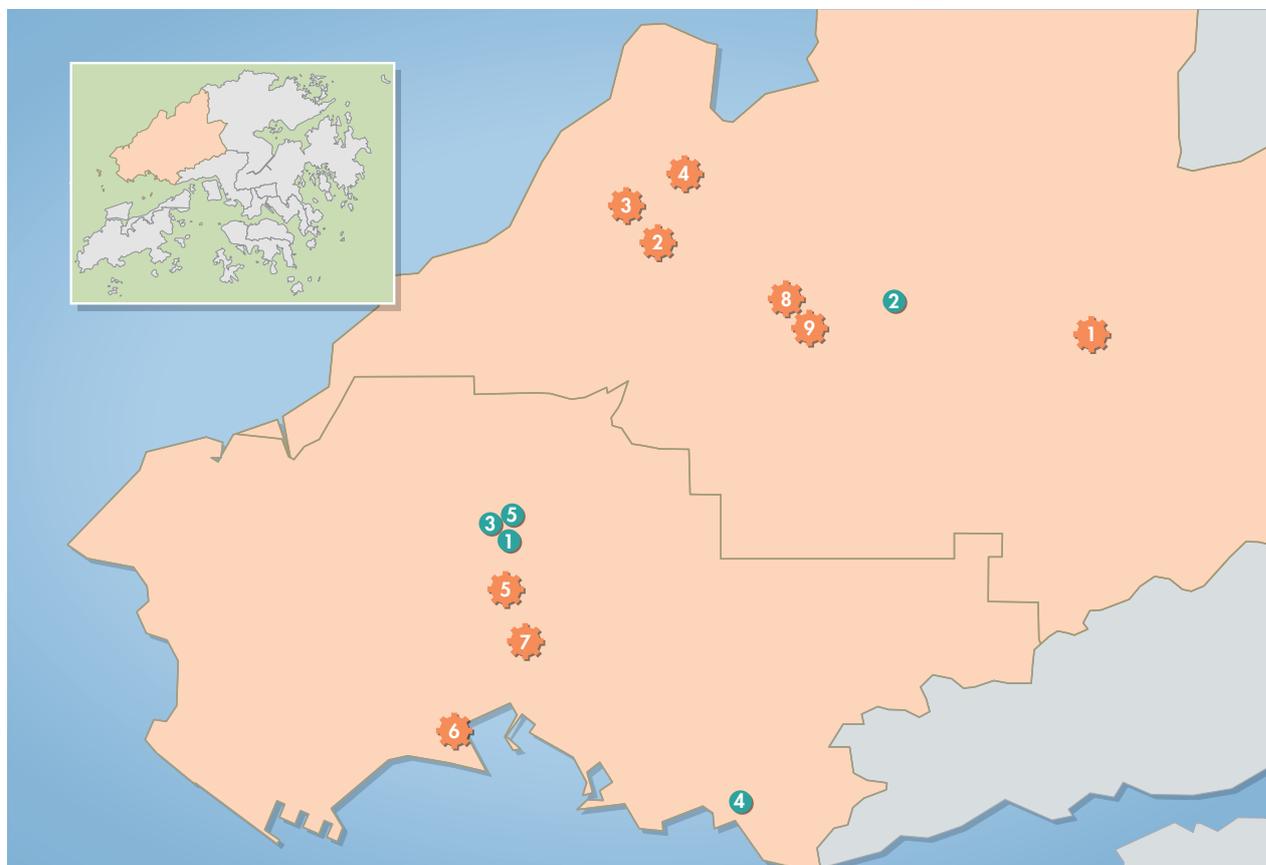
### Enhance Partnership with Patients and Community

- |   |      |
|---|------|
| <ul style="list-style-type: none"> <li>• Expand the patient empowerment programmes in collaboration with NGOs for 2 000 additional patients with chronic diseases to enhance patients' self-management skills and reduce the occurrence of secondary complications</li> </ul> | 1Q13 |
|---|------|

### Ensure Adequate Resources for Meeting Service Needs

- |   |      |
|---|------|
| <ul style="list-style-type: none"> <li>• Roll out the Enterprise Resource Planning System and modernise the pharmaceutical supply chain processes</li> </ul>  | 2Q12 |
| <ul style="list-style-type: none"> <li>• Expand Non-emergency Ambulance Transport Service (NEATS) ambulance fleet by recruiting additional drivers and attendants to shorten patients' waiting time and improve the punctuality of service</li> </ul> | 1Q13 |
| <ul style="list-style-type: none"> <li>• Employ radio frequency identification (RFID) to improve mortuary service in PWH</li> </ul>   | 1Q13 |
| <ul style="list-style-type: none"> <li>• Modernise the psychiatric admission wards in TPH to reduce congestion and to enable the provision of multi-disciplinary therapeutic care for the acute psychiatric patients</li> </ul>                       | 1Q13 |

## New Territories West Cluster (NTWC)



### Hospital

- 1 Tuen Mun Hospital 
- 2 Pok Oi Hospital 
- 3 Castle Peak Hospital
- 4 Siu Lam Hospital (up to April 2012)
- 5 Siu Lam Hospital (from May 2012 onwards)

### General Outpatient Clinic

- 1 Kam Tin Clinic
- 2 Tin Shui Wai Health Centre
- 3 Tin Shui Wai North GOP Clinic  
(Integrated with TSW (TYR) Community Health Centre since 2 April 2012)
- 4 Tin Shui Wai (Tin Yip Road) Community Health Centre
- 5 Tuen Mun Clinic
- 6 Tuen Mun Wu Hong Clinic
- 7 Yan Oi GOP Clinic
- 8 Yuen Long Jockey Club Health Centre
- 9 Madam Yung Fung Shee Health Centre

## Demographic Characteristics

<b>Year 2010</b>	Tuen Mun	Yuen Long	NTWC Catchment	Hong Kong Overall
Population	499 000	562 200	1 061 200	7 065 900
Proportion of population age ≥ 65	9.1%	8.9%	9.0%	12.9%
<b>Year 2019</b>				
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

Like many Clusters, the New Territories West Cluster is also facing the challenges of rising public demand and expectation for hospital services as well as manpower drain on the part of our health care professionals. On one hand, there is the population factor in which growth in population as witnessed by new development areas in the NTW region, together with population ageing as witnessed by the growing number of elderly homes and long-stay care homes in the region, have combined to increase the pressure on the public health care service. In this connection, we have been working very hard to provide extra incentive to our colleagues for working on public holidays and long hours; and recruit part-time

doctors, nurses, even expatriate allied health professionals, all these with the ultimate objective of enhancing the quality of service provision.

Besides increasing the inpatient bed number, we have commissioned the Tin Shui Wai (Tin Yip Road) Community Health Centre to provide general outpatient services as well as nurses and allied health clinics to Tin Shui Wai residents. As a result, it is anticipated that service quota for general outpatient health service in the area will be increased, and chronic disease management (in diabetes mellitus, hypertension, smoking cessation programme) as well as health status of the general public enhanced.

## Major Initiatives in 2012 -13

New Territories West Cluster’s major initiatives for 2012 -13 are as follows:

- To enhance the service capacity of NTWC and to respond to growing service demand by means of opening a total of 41 beds. This includes 30 beds in Tuen Mun Hospital (TMH), 10 in Pok Oi Hospital (POH), and 1 neonatal intensive care (NICU) bed in TMH; by starting primary care service provision in the new Community Health Centre in Tin Shui Wai.
- To improve service quality and safety by providing multi-disciplinary therapeutic care to psychiatric patients in admission wards in Castle Peak Hospital (CPH); conducting bi-annual on-site hospital survey and self-assessment under the Hospital Accreditation Programme; by rolling out the Radio Frequency Identification (RFID) system to hospital mortuary so as to improve the accuracy of body identification and flow control; and by upgrading the aseptic dispensing service.
- To modernise hospital service provision in pharmacy supply chain through application of new technologies and process re-engineering, such as the Enterprise Resource Planning System; and by commencing the hydrotherapy service in POH.
- To reinforce people first culture by further rolling out of patient empowerment programmes through collaboration with NGOs, for patients with chronic diseases such as diabetes mellitus, hypertension, and chronic heart disease.

## NTWC Targets

Allay Staff Shortage and High Turnover	
• Enhance training programmes for health care professionals	4Q12
• Continue the staff recruitment and retention measures for grades with high manpower drain issue	4Q12

## Better Manage Growing Service Demand

- |   |      |
|---|------|
| <ul style="list-style-type: none"> <li>Expand service capacity in NTWC by opening a total of 41 beds, including 30 acute beds and 1 neonatal intensive care (NICU) bed in TMH, and 10 beds in emergency medicine ward in POH</li> </ul> | 4Q12 |
| <ul style="list-style-type: none"> <li>Enhance haemodialysis service for six additional HD patients and train up six renal patients on automated peritoneal dialysis (APD)</li> </ul>   | 1Q13 |
| <ul style="list-style-type: none"> <li>Pharmacy services               <ul style="list-style-type: none"> <li>a) Extend pharmacy service hours in POH to 11:00pm</li> </ul> </li> </ul>   | 1Q13 |
| <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>b) Enhance pharmacy service in SOPCs by recruiting additional pharmacy staff</li> </ul> </li> </ul>  | 1Q13 |
| <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>c) Prepare for rolling out the Enterprise Resource Planning System and re-engineering the supply chain processes</li> </ul> </li> </ul>                  | 1Q13 |
| <ul style="list-style-type: none"> <li>Enhance hypertension management services and smoking cessation services in GOPCs</li> </ul>  | 1Q13 |
| <ul style="list-style-type: none"> <li>Increase episodic quotas to enhance access of target patient groups to GOPC services by delivering additional 20 160 GOPC attendances and 4 500 allied health in primary care setting</li> </ul> | 1Q13 |
| <ul style="list-style-type: none"> <li>Enhance the accessibility of MRI and CT scanning services in TMH</li> </ul>  | 1Q13 |

## Ensure Service Quality and Safety

- |  |      |
|--|------|
| <ul style="list-style-type: none"> <li>Continue the Hospital Accreditation Programme with participation in the four-year cycle organisation-wide survey (OWS), a mid-cycle periodic review (PR) and an annual self-assessment reporting</li> </ul> | 1Q13 |
| <ul style="list-style-type: none"> <li>Roll out the Radio Frequency Identification (RFID) system to mortuary in TMH so as to improve the accuracy of body identification and flow control</li> </ul>   | 1Q13 |
| <ul style="list-style-type: none"> <li>Upgrade aseptic dispensing service in TMH to enhance drug safety</li> </ul>   | 1Q13 |
| <ul style="list-style-type: none"> <li>Enhance mental health service through the provision of multi-disciplinary therapeutic care to psychiatric patients in admission wards in Castle Peak Hospital (CPH)</li> </ul>                              | 1Q13 |

<ul style="list-style-type: none"> <li>• Replace and upgrade the Personal Protective Equipments and radiation monitoring equipments in the A&amp;E Departments to meet the requirements in the Daya Bay Contingency Plan</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Commence hydrotherapy service in POH to serve NTWC patients</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Establish adult transfusion service to provide integrated care for adult thalassemia and haemophilia patients who require life-long follow-up</li> </ul>	1Q13
<b>Enhance Partnership with Patients and Community</b>	
<ul style="list-style-type: none"> <li>• Recruit 2 000 additional patients with chronic diseases to participate in the patient empowerment programmes in collaboration with NGOs to improve their self-management skills and minimise the occurrence of secondary complications</li> </ul>	1Q13
<ul style="list-style-type: none"> <li>• Enhance psycho-social care for cancer patients in collaboration with two NGOs</li> </ul>	4Q12

# Appendixes

## Appendix 1 – Key Service Statistics

Targets and Indicators	Actual for 2010-11	Estimate for 2011-12	Target for 2012-13
<b>I. Access to services</b>			
<b>Inpatient services</b>			
<b>no. of hospital beds</b>			
general (acute and convalescent)	20 733	20 754	20 845
infirmary	2 041	2 041	2 041
mentally ill	3 607	3 607	3 607
mentally handicapped	660	660	660
<b>total</b>	<b>27 041</b>	<b>27 062</b>	<b>27 153</b>
<b>Ambulatory and outreach services</b>			
<b>accident and emergency (A&amp;E) services</b>			
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) (%)	90	90	90
<b>specialist outpatient services</b>			
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
<b>rehabilitation and geriatric services</b>			
no. of community nurses	397	407	408
no. of geriatric day places	619	619	619
<b>psychiatric services</b>			
no. of community psychiatric nurses	141	164	176
no. of psychiatric day places	889	889	889
<b>II. Delivery of services</b>			
<b>Inpatient services</b>			
<b>no. of discharge episodes</b>			
general (acute and convalescent)	961 714	964 000	971 000
infirmary	3 651	3 300	3 300
mentally ill	15 921	15 800	15 800
mentally handicapped	353	360	360
<b>overall</b>	<b>981 639</b>	<b>983 460</b>	<b>990 460</b>
<b>no. of patient days</b>			
general (acute and convalescent)	5 442 356	5 434 000	5 462 000
infirmary	520 394	518 000	518 000
mentally ill	1 025 260	1 007 000	1 007 000
mentally handicapped	215 346	213 000	213 000
<b>overall</b>	<b>7 203 356</b>	<b>7 172 000</b>	<b>7 200 000</b>

Targets and Indicators	Actual for 2010-11	Estimate for 2011-12	Target for 2012-13
<b>bed occupancy rate (%)</b>			
general (acute and convalescent)	84	83	83
infirmary	89	89	89
mentally ill	79	77	77
mentally handicapped	89	88	88
<b>overall</b>	<b>84</b>	<b>83</b>	<b>83</b>
<b>average length of stay (days)</b> <sup>Note 1</sup>			
general (acute and convalescent)	5.7	5.6	5.6
infirmary	123	114	114
mentally ill	73	75	75
mentally handicapped	616	553	553
<b>overall</b>	<b>7.5</b>	<b>7.4</b>	<b>7.4</b>
<b>Ambulatory and outreach services</b>			
<b>day inpatient services</b>			
no. of discharge episodes	459 548	474 300	481 500
<b>A&amp;E services</b>			
no. of attendances	2 237 249	2 237 000	2 237 000
no. of attendances per 1 000 population	317	315	312
no. of first attendances for			
triage I	20 239	20 400	20 400
triage II	32 723	33 400	33 400
triage III	639 231	637 000	637 000
<b>specialist outpatient services</b>			
no. of specialist outpatient (clinical) new attendances	668 255	657 000	666 000
no. of specialist outpatient (clinical) follow-up attendances	5 961 935	5 964 000	5 992 000
<b>total no. of specialist outpatient (clinical) attendances</b>	<b>6 630 190</b>	<b>6 621 000</b>	<b>6 658 000</b>
<b>primary care services</b>			
no. of general outpatient attendances <sup>Note 2</sup>	4 979 754	5 052 000	5 452 000
no. of family medicine specialist clinic attendances	281 858	271 500	271 500
<b>total no. of primary care attendances</b> <sup>Note 2</sup>	<b>5 261 612</b>	<b>5 323 500</b>	<b>5 723 500</b>
<b>rehabilitation and palliative care services</b>			
no. of rehabilitation day and palliative care day attendances	80 353	77 400	77 400
no. of home visits by community nurses	833 934	839 000	839 000
no. of allied health (community) attendances	29 552	28 200	28 200
no. of allied health (outpatient) attendances	2 109 534	2 123 000	2 125 000
<b>geriatric services</b>			
no. of outreach attendances	619 844	611 400	611 400
no. of elderly persons assessed for infirmity care service	1 450	1 440	1 440
no. of day attendances	137 088	136 300	136 300
no. of Visiting Medical Officer attendances	114 540	108 500	108 500
<b>psychiatric services</b>			
no. of outreach attendances	167 086	210 700	226 000
no. of day attendances	211 993	210 700	210 800
no. of psychogeriatric outreach attendances	82 716	92 000	92 000

Targets and Indicators	Actual for 2010-11	Estimate for 2011-12	Target for 2012-13
<b>III. Quality of services</b>			
no. of hospital deaths per 1 000 population <sup>Note 3</sup>	3.5	3.5	3.5
unplanned readmission rate within 28 days for general inpatients (%)	10.4	10.4	10.4
<b>IV. Cost of services</b> <sup>Note 2</sup>			
<b>Cost distribution</b>			
<b>cost distribution by service types (%)</b>			
inpatient	56.1	55.4	55.0
ambulatory and outreach	43.9	44.6	45.0
<b>cost by service types per 1 000 population (\$m)</b>			
inpatient	2.9	3.2	3.4
ambulatory and outreach	2.3	2.6	2.8
<b>cost of services for persons aged 65 or above</b>			
share of cost of services (%)	45.8	46.0	45.9
cost of services per 1 000 population (\$m)	18.4	20.4	21.6
<b>Unit costs</b>			
<b>inpatient services</b>			
cost per inpatient discharged (\$)			
general (acute and convalescent)	18 630	20 840	21 810
infirmary	161 460	197 140	205 020
mentally ill	112 660	126 780	131 710
mentally handicapped	655 390	703 650	732 410
cost per patient day (\$)			
general (acute and convalescent)	3 600	4 050	4 250
infirmary	1 130	1 270	1 320
mentally ill	1 750	1 990	2 070
mentally handicapped	1 070	1 200	1 250
<b>ambulatory and outreach services</b>			
cost per A&E attendance (\$)	800	890	930
cost per specialist outpatient attendance (\$)	910	1 030	1 090
cost per general outpatient attendance (\$)	290	360	380
cost per family medicine specialist clinic attendance (\$)	860	990	1 030
cost per outreach visit by community nurse (\$)	330	390	420
cost per psychiatric outreach attendance (\$)	1 160	1 390	1 580
cost per geriatric day attendance (\$)	1 490	1 670	1 730
<b>Waivers</b> <sup>Note 4</sup>			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%)	18.8	18.8	18.8
percentage of non-CSSA waiver (%)	3.9	3.9	3.9

Targets and Indicators	Actual for 2010-11	Estimate for 2011-12	Target for 2012-13
<b>V. Manpower (no. of full time equivalent staff as at 31 March)</b>			
<b>Medical</b>			
<b>Doctor</b>	5 052	5 121	5 148
no. of specialists	2 649	2 761	2 857
no. of trainees/non-specialists	2 403	2 360	2 291
<b>Intern</b>	280	266	269
<b>Dentist</b>	5	7	7
<b>Medical Total</b>	<b>5 337</b>	<b>5 394</b>	<b>5 424</b>
<b>Nursing</b>			
<b>Qualified Staff</b>	19 690	20 333	21 150
<b>Trainee</b>	412	412	412
<b>Nursing Total</b>	<b>20 102</b>	<b>20 745</b>	<b>21 562</b>
<b>Allied health</b>	5 618	6 049	6 349
<b>Others</b>	27 461	28 280	29 180
<b>total</b>	<b>58 518</b>	<b>60 468</b>	<b>62 515</b>

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

**Note 2:** As part of the healthcare reform initiatives, the Hospital Authority has been implementing a number of pilot projects, such as chronic disease management programmes, to enhance primary care services. Starting from 2011-12, these programmes have been implemented on an ongoing basis. The throughput and cost of such services have been reflected in the relevant indicators.

**Note 3:** 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 4:** Refers to the amount waived as percentage to total charge.

## Appendix 2 – Service Targets by Cluster

Service Delivery Targets for 2012-13	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
<b>Inpatient services</b>							
<b>no. of discharge episodes</b>							
general (acute and convalescent)	104 790	102 190	125 140	119 110	243 610	152 600	123 560
infirmatory	1 800	100	280	150	660	290	20
mentally ill	1 850	670	2 620	620	3 570	3 750	2 720
mentally handicapped	–	–	–	–	100	–	260
<b>no. of patient days</b>							
general (acute and convalescent)	534 100	617 500	855 100	585 300	1 307 700	927 100	635 200
infirmatory	170 600	54 400	34 700	35 000	93 300	99 300	30 700
mentally ill	111 500	18 900	135 900	21 800	262 900	131 500	324 500
mentally handicapped	–	–	–	–	34 200	–	178 800
<b>Ambulatory and outreach services</b>							
<b>day inpatient services</b>							
no. of discharge episodes	58 340	66 400	66 220	48 330	98 360	78 430	65 420
<b>accident and emergency services</b>							
no. of attendances	256 500	127 800	217 900	312 700	569 900	393 600	358 600
<b>specialist outpatient services</b>							
no. of specialist outpatient (clinical) attendances	766 800	754 000	994 600	724 100	1 579 200	1 001 100	838 200
<b>primary care services</b>							
no. of primary care attendances	619 510	368 080	551 180	883 490	1 565 990	932 230	803 020
<b>rehabilitation and palliative care services</b>							
no. of rehabilitation day and palliative care day attendances	36 660	23 660	3 370	3 750	2 490	5 000	2 470
no. of home visits by community nurses	103 100	58 100	65 900	156 800	245 900	127 900	81 300
no. of allied health (community) attendances	2 360	2 650	4 290	1 940	4 780	7 650	4 530
no. of allied health (outpatient) attendances	235 000	181 700	390 200	280 100	441 800	332 500	263 700

<b>Service Delivery Targets for 2012 - 13</b>	<b>HKEC</b>	<b>HKWC</b>	<b>KCC</b>	<b>KEC</b>	<b>KWC</b>	<b>NTEC</b>	<b>NTWC</b>
<b>geriatric services</b>							
no. of outreach attendances	120 700	37 340	67 390	37 360	175 560	77 590	95 460
no. of day attendances	28 910	8 070	9 710	19 280	34 190	26 060	10 080
no. of Visiting Medical Officer attendances	21 530	10 710	13 040	9 600	25 380	20 440	7 800
<b>psychiatric services</b>							
no. of outreach attendances	23 100	17 650	15 300	25 480	57 970	28 940	57 560
no. of day attendances	30 100	16 760	10 880	28 870	65 640	40 640	17 910
no. of psychogeriatric outreach attendances	10 840	12 960	8 210	9 660	22 830	15 130	12 370
<b>Quality of services (General Inpatient)</b>							
<b>unplanned readmission rate within 28 days (%)</b>	10.4	8.9	9.8	10.9	11.0	10.1	11.3

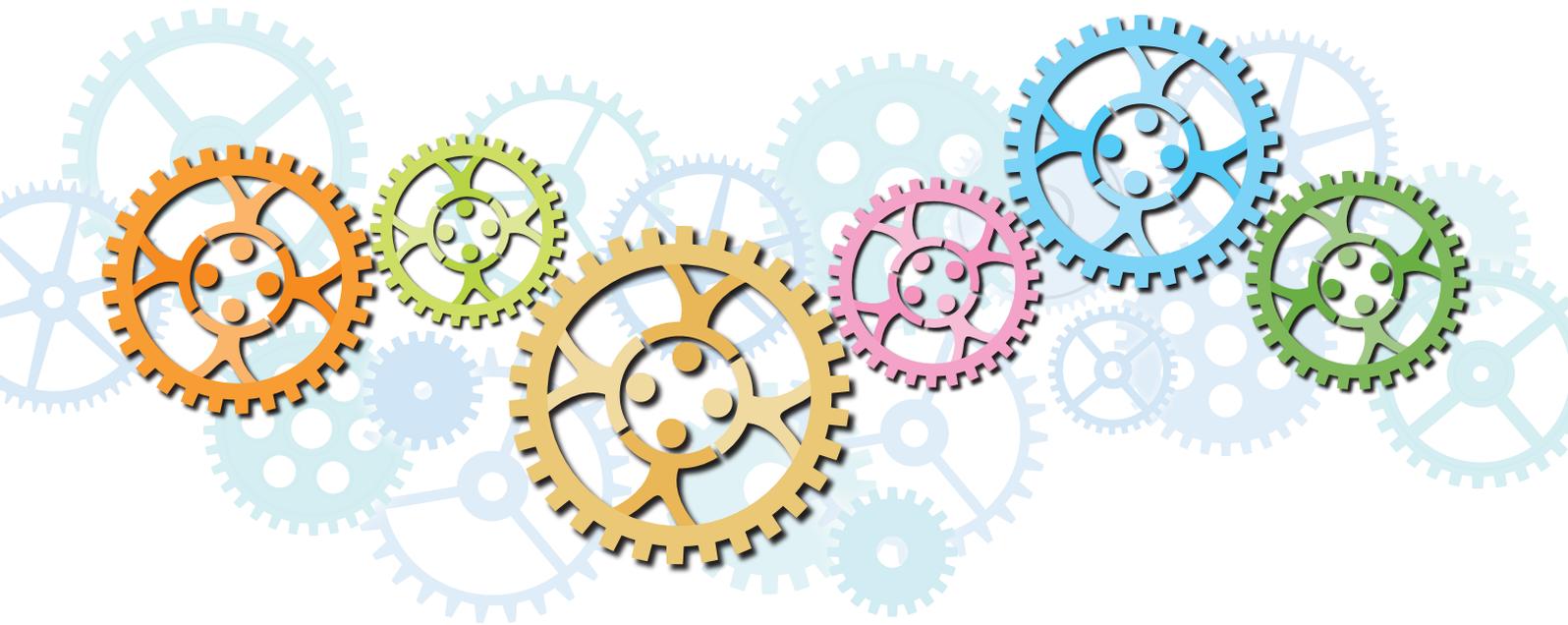
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Please forward your suggestions to:

Hospital Authority  
Hospital Authority Building  
147B Argyle Street  
Kowloon, Hong Kong

Tel: (852) 2300 6555  
Email: [webmaster@ha.org.hk](mailto:webmaster@ha.org.hk)  
Website: [www.ha.org.hk](http://www.ha.org.hk)

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