HArnessing Health

Hospital Authority Annual Plan 2010-2011

醫院管理局
HOSPITAL AUTHORITY

About this document

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

Our service targets and activity throughput are mapped 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.

Context

In the past year

We published HA's Strategic Service Plan 2009 – 2012, which sets out our service directions and strategies over the three-year period. It is the overarching document for service planning and is the blueprint for developing the priority programs of our Annual Plans.

Now

This Annual Plan outlines the specific actions for the second year implementation of the Strategic Service Plan in 2010-11.

Next

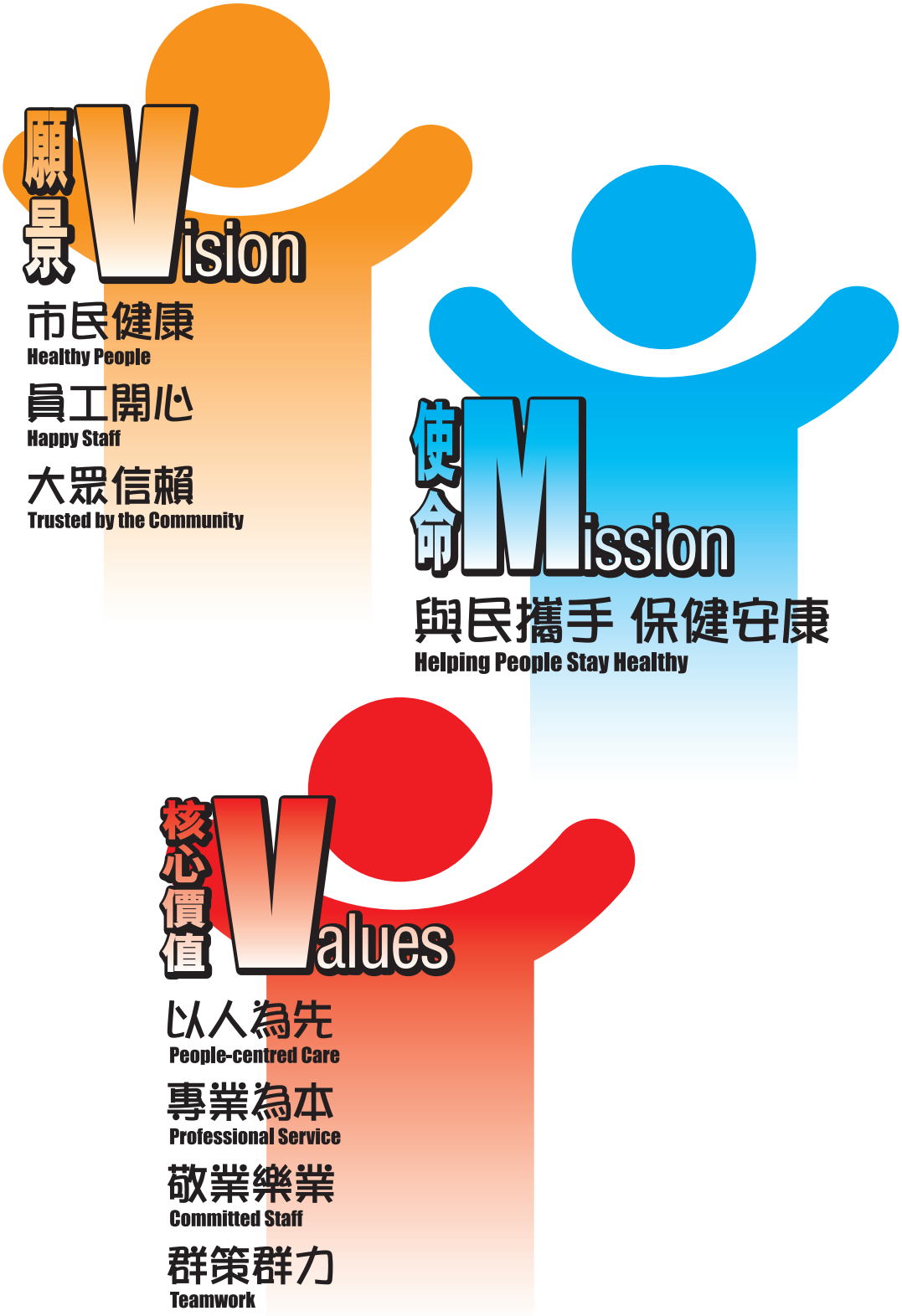
In our annual report to be published in December 2011 we will report on what we have achieved in relation to the priorities set out in this Annual Plan. Meanwhile, regular reports will be provided to the HA Board on its progress between April 2010 and March 2011.

Abbreviation List

A&E / AED	Accident and Emergency / Accident and Emergency Department
AMI/ACS	Acute Myocardial Infarction / Acute Coronary Syndrome
APN	Advanced Practice Nurse
CT	Computed Tomography
GOP/ GOPC	General Out-Patient / General Out-Patient 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
MRSA	Methicillin Resistant Staphylococcus Aureus
NGO	Non-government Organization
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
PCI	Percutaneous Coronary Intervention
PPP	Public-Private Partnership
RN	Registered Nurse
SOP / SOPC	Specialist Out-Patient / Specialist Out-Patient Clinic
TSA	Technical Services Assistant

Hospitals and Institutions

AHNH	Alice Ho Miu Ling Nethersole Hospital
BH	Hong Kong Buddhist Hospital
CMC	Caritas Medical Centre
GH	Grantham Hospital
HHH	Haven of Hope Hospital
HKEH	Hong Kong Eye 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
RHTSK	Ruttonjee & Tang Shiu Kin Hospitals
SH	Shatin Hospital
SLH	Siu Lam Hospital
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TWH	Tung Wah Hospital
UCH	United Christian Hospital


願景 Vision
市民健康
Healthy People
員工開心
Happy Staff
大眾信賴
Trusted by the Community
使命 Mission
與民攜手 保健安康
Helping People Stay Healthy
核心價值 Values
以人為先
People-centred Care
專業為本
Professional Service
敬業樂業
Committed Staff
群策群力
Teamwork

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Introduction from Chief Executive

HArnessing Health is chosen as the theme for Annual Plan 2010-11 to highlight our efforts as we mobilize patients to harness their health potential to fight diseases and to handle their conditions more effectively.

In September 2009 HA launched a new Mission statement of "Helping People Stay Healthy", which is also the theme of our Strategic Service Plan 2009 – 2012. Highlighted in the Strategic Service Plan is our priority focus of enhancing the health of our patients by moving away from reactive care based in acute systems, towards a community-based, patient-centred approach of proactive care. At the heart of this process is the empowerment of patients to enable them to increase control over, and to improve their health. HA embraces the notion of patients as health partners. Reflected in **HArnessing Health** are concrete actions of service reorientation, where we tap health resources in the community to support and enable patients to keep themselves and their families healthy. We believe that this will lead to a greater sense of control in coping with day-to-day illness and a healthier life for patients.

Our efforts in improving patient care is made possible with the continuous support from the Government, which committed last year to increasing the annual recurrent subvention for HA by $872 million each year from 2009-10 to 2011-12. In 2010-11, the Government is giving us an additional $360 million, which means the additional recurrent provision will be $1.24 billion in total. There is also a new capital funding of $600 million for procuring medical equipment, which represents almost a three-fold increase compared to the provision some three years back.

The additional provision will allow HA to be better able to cover funding requirement arising from ageing and growing population, improving service quality and patient safety, and modernizing our equipment and service model. The following are some key programs we will be implementing in the coming year:

- Around 220 additional acute and convalescent beds will be provided in Hong Kong East, Kowloon East and New Territories West clusters.
- Mental health services will be strengthened through the piloting of a community-based case management program offering personalized care for patients with severe mental illness in Kwun Tong, Yuen Long and Kwai Tsing districts. Treatment of patients with common mental

disorders will also be enhanced by introducing an integrated mental health program in the primary care setting and providing more timely treatment at psychiatric outpatient clinics.

- The HA Drug Formulary will be expanded by including eight new drugs of proven cost-effectiveness and efficacy as special drugs for rare metabolic diseases, and colorectal and lung cancers. The clinical application of nine classes of drugs will also be expanded in the treatment of cardio-vascular disease, breast cancer, hepatitis, mental illness, age-related macular degeneration, and diabetes mellitus. Medication safety will also be enhanced with a host of new measures that include establishing a Drug Quality Assurance Office in HA.
- Introduction of modern proven technology, including antibody detection technology for renal transplant patients, molecular diagnostic tests for cancer patients and infection control, and Down syndrome screening tests for all eligible pregnant women. More funding will also be provided to cover the cost of medical devices for immediate life threatening emergencies.
- Enhance service provision of Substance Abuse Clinics to improve treatment to drug abusers with mental health problems.
- Enhance support to discharged elderly patients through extending the service of the Community Health Call Centre to all hospital clusters.
- Strengthen community support for chronic disease patients by expanding the multi-disciplinary Risk Assessment and Management Program and provision of systematic retinopathy screening for diabetic patients.

In addition, we are committed to reducing the waiting time for cancer surgeries, cataract surgeries and joint replacement. Other than improving our service throughput, 3,000 additional cataract surgeries will be provided in the coming year through the public-private partnership program. We will also set up a specialist centre in Buddhist Hospital for joint replacement surgery and post-operative care and rehabilitation.

With all these new programs coming up, we will need to address the issue of manpower shortage. On this, we are putting in additional resources to train more nurses, strengthen our recruitment drive, enhance the skills and competence of our staff pool, and foster new ways of working to streamline work process and enhance efficiency. With the whole HA community working as a team, we should be able to overcome the challenge and be able to deliver our actions as planned in 2010-11.

Shane SOLOMON

Planning Context

The development of Annual Plan 2010-11 is guided by the Strategic Service Plan 2009 – 2012 that HA formulated in 2009 with contribution from frontline staff, senior executives, and members of the HA Board and Committees.

The 3-year Strategic Service Plan sets out the service directions and strategies for addressing our key challenges in terms of demand management, quality and safety, and workforce issues through achieving the following strategic intents:

Better Able to Manage Growing Demand

Better Service Quality and Safer Services

Nurture a Skilled and High Performing Workforce

The annual plans that follow delineate the actions to be taken each year to implement the Strategic Service Plan. Annual Plan 2010-11 is the second annual plan to outline the actions for implementing the 3-year Strategic Service Plan.

Planning Process

Guided by the Strategic Service Plan framework, the annual planning process involves a participative approach with top-down and bottom-up contributions.

Programs or initiatives delineated in the Annual Plan are the fruits of many months of detailed service and budget planning process throughout HA. Inputs from frontline clinical staff, cluster management as well as head office executives were provided through three sharing forums:

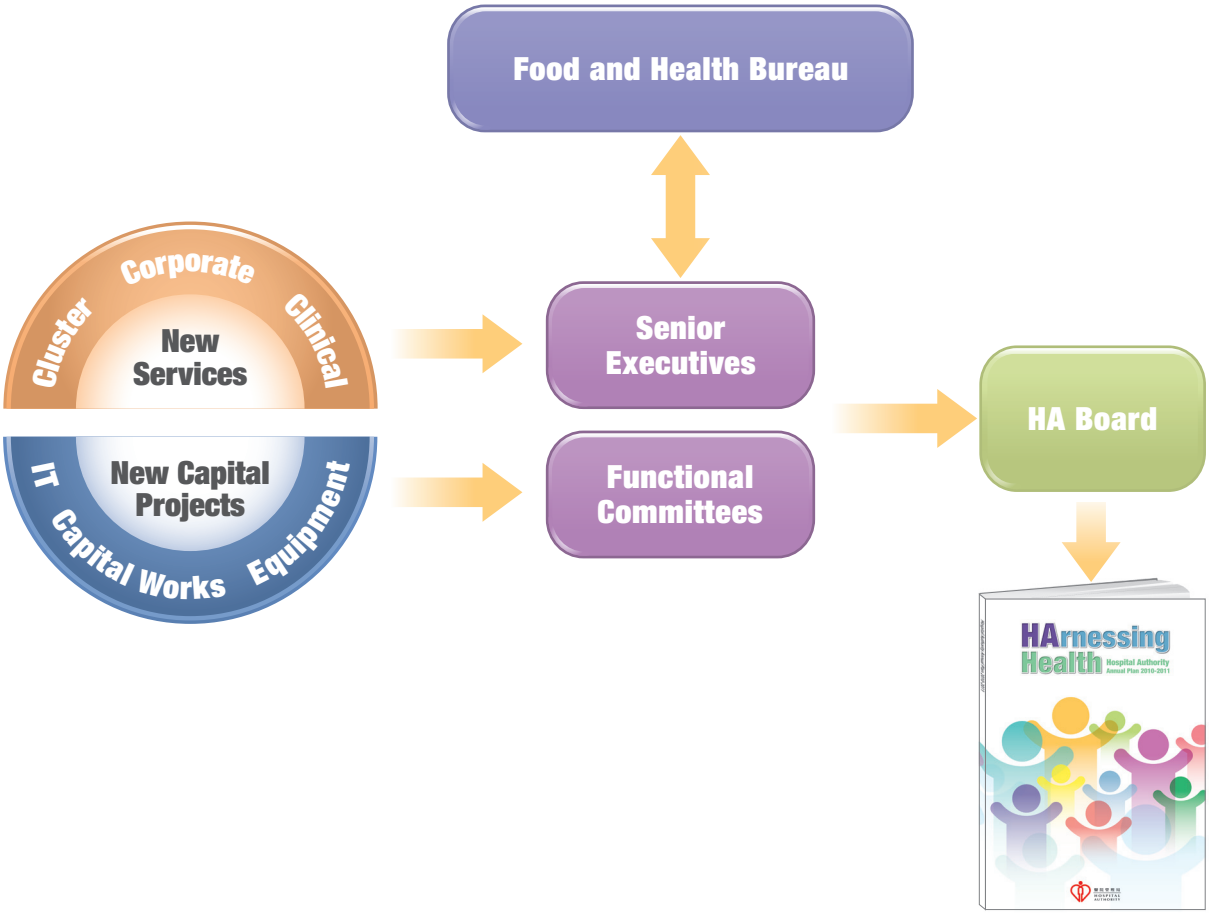
- **Clinical Coordinating Committees (COCs) and Central Committees (CCs) Forum** held on 20 and 22 May 2009 for frontline professionals to present new clinical programs that are in line with the Strategic Service Plan. These programs were evaluated and prioritized in June 2009 according to their clinical merits and program readiness by the Medical Policy Group comprising lead clinicians.
- **Cluster Forum** organized on 5 June 2009 for cluster management to propose new initiatives that address the service needs of individual clusters, particularly their key pressure points, and which fit into the service directions of the Strategic Service Plan. Many of the programs were developed under the guidance of the Hospital Governing Committees.
- **Head Office Forum** that took place on 26 June 2009 at which Head Office colleagues presented corporate program proposals.

The sharing forums were interactive, with opportunities for floor members to ask questions, and presenters to make clarifications. All the presented programs were further considered by the Taskforce on Service and Budget Planning chaired by the Chief Executive, with reference to HA priorities and service directions, operational readiness, and the government's strategic priorities. Suitable programs with high priority were selected for funding considerations through the Government's Resource Allocation Exercise or through internal resource allocation.

New programs that are approved for implementation, together with other core service programs of HA, are incorporated in the annual plan as program targets to be achieved. The HA Board and Committees provided input to the development of these programs in addition to having guided the Strategic Service Plan. For example,

- the clinical programs were formulated according to the developmental priorities recommended by the Medical Services Development Committee (MSDC);
- business support programs that included major equipment and capital works projects were advised by the Supporting Services Development Committee (SSDC);
- programs 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); and
- clusters' programs were guided by the various Hospital Governing Committees.

The HA Board will monitor the progress of the program targets on a quarterly basis.



Annual Plan Framework

The planning framework of Annual Plan comprises key objectives, service priorities and program targets.

The key objectives help illustrate how we plan to achieve corporate success. They provide the overarching directions to set our priorities. The service priorities tell us where our allocated resources are directed to, and the program targets deliberate our specific tasks expressed in measurable terms.

As a document outlining the priority programs for the second of the 3-year period covered by the Strategic Service Plan, the key objectives of this Annual Plan mirror those of last year's annual plan, which are:

- Implement a planned response to manage growing service demand
- Improve continuously service quality and safety
- Keep modernizing HA
- Build people first culture
- Maintain financial sustainability

The diagram on the following page illustrates how the key objectives and service priorities of the Annual Plan are guided by the Strategic Service Plan framework.

Strategic Service Plan Helping People Stay Healthy		Annual Plan 2010-11 HArnessing Health	
Strategic Intent	**Strategic Direction**	**Key Objectives**	**Service Priorities**
Better able to manage growing demand	Increase capacity	Implement a planned response to manage growing service demand	Modest increase in service capacity to meet growing demand in priority areas
	Keep people healthy		Enhance primary care and optimize chronic disease management
			Enhance ambulatory and community care to prevent avoidable hospitalization
	Divert demand		Develop alternative models of public-private partnership (PPP)
Better service quality and safer services	Do no harm	Improve continuously service quality and safety	Strengthen safety culture and risk management
	Promote patient-centred care		Enhance quality systems and clinical governance
			Modernize patient feedback and engagement system
	Continuous service improvement	Keep modernizing HA	Introduce new technologies and treatment options with proven cost-benefit
			Update medical equipment and capital facilities with additional investment
			Continue to develop IT programs and patient electronic health record system
			Reconfigure services and promote timely intervention
Nurture a skilled & high performing workforce	Engage staff	Build people first culture	Enhance professional competencies and build up effective management and leadership
			Improve the career prospects of staff
	Enhance workforce capacity		Implement systematic workforce planning and development
			Redesign work to streamline work process and reduce workload
			Modernize corporate management systems

Key Objectives and Program Targets

In HArnessing Health we set out 5 Key Objectives and 17 Service Priorities with around 145 corresponding Program Targets that reflect the work we are doing in pursuit of the directions of the 3-year Strategic Service Plan.

Around 95 of the Program 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 program targets are presented in the section under Head Office and Cluster Plans. About half of the programs listed here are new initiatives, while others are ongoing programs or a continuation of last year's initiatives. New initiatives are highlighted with the symbol for easy reference.

Programs marked with the symbol (R) are healthcare reform initiatives commissioned by the government.

Key Objective 1: Implement a Planned Response to Manage Growing Service Demand

Our service priorities for 2010-11

- Modest increase in service capacity to meet growing demand in priority areas
- Enhance primary care and optimize chronic disease management
- Enhance ambulatory and community care to prevent avoidable hospitalization
- Develop alternative models of public-private partnership (PPP)

Modest increase in service capacity to meet growing demand in priority areas

Action	Target
Fill service gaps of NTWC by opening new beds at POH and TMH	Provide 20 additional operating theatre sessions per week and 50 additional beds at POH as well as 47 new beds at TMH by 4Q10
Enhance service capacity of KEC by opening additional beds at TKOH and UCH	Open an additional 42 acute beds at TKOH and 18 rehabilitation beds at UCH by 1Q11
Provide additional beds in HKEC to meet the service demand of a higher-than-average and rapidly increasing proportion of elderly people in the catchment areas	Open 30 acute beds and 30 convalescent beds at PYNEH and RHTSK by 4Q10
Strengthen cardiac care service by providing primary percutaneous coronary intervention (PCI) to more Acute Myocardial Infarction / Acute Coronary Syndrome (AMI/ACS) patients and opening more Cardiac Care Unit (CCU) beds	Provide primary PCI to an additional 100 AMI/ACS patients and increase 4 CCU beds at PYNEH and TKOH by 1Q11
Increase the capacity of clinical oncology service in KEC	Provide onsite oncology service at UCH with 1,000 additional chemotherapy attendances by 1Q11
Increase haemodialysis (HD) service for patients with end-stage renal disease (ESRD) through adding more hospital HD places, promoting home HD service, and procuring HD service from centres managed by the private sector or NGOs	Provide hospital HD to 41 and home HD to 20 additional ESRD patients, and expand the HD public-private partnership program by 1Q11

Expand the capacity of cataract surgery service, including the setting up of a cataract centre at GH to cope with increasing demand	Provide an additional 5,380 cataract surgeries by 1Q11
Increase the capacity of elective surgery service and radiological examination in KWC to reduce the long waiting time arising from growing demand for these services	Provide additional operating theatre sessions for 120 urology surgeries, 100 cataract surgeries, 100 macular surgeries, and 45 joint replacements as well as increase 1,600 MRI and 950 CT examinations and 650 mammograms in KWC hospitals by 1Q11
Expand the capacity of radiological examination service for elective cases in major public hospitals to reduce the waiting time for CT and MRI examinations	Install a second MRI scanner in TMH as well as a second CT scanner in PYNEH and UCH to reduce the waiting time for CT examinations at the two hospitals from 50 weeks to 40 and from 26 weeks to 22 respectively by 1Q11
Enhance the capacity of blood transfusion service in supplying high quality blood products to meet growing demand	Increase the production and supply of 20,000 units of leucodepleted red cells to reach an annual production target of 55,000 units by 1Q11
Enhance the capacity of substance abuse clinics to meet the increasing demand of substance abusers with psychiatric complications	Provide additional 3,600 attendances at substance abuse clinics by 4Q10

Enhance primary care and optimize chronic disease management

Action	Target
Establish multi-disciplinary teams to provide disease-specific risk factor assessment and targeted management to patients with chronic diseases	Extend the Risk Assessment and Management Program, which has been implemented in HKEC, KCC, KWC and NTEC since 2009, to at least 12 more GOPCs in these clusters and in two additional clusters (HKWC and KEC) by 1Q11
Strengthen self management of chronic disease patients through a patient empowerment program that is provided in collaboration with NGOs	Implement patient empowerment program in HKEC, NTEC, KCC and KWC to benefit 7,700 patients with diabetes, hypertension, chronic obstructive pulmonary disease or ischaemic heart disease by 1Q11
Establish Nurse and Allied Health Clinics at selected GOPCs to provide targeted intervention to chronic disease patients or to patients newly discharged from hospitals	Provide 80,000 attendances on fall prevention, respiratory problems, wound care, continence care, mental wellness, and medication management by 1Q11

Set up an integrated evaluation team with academic partners to evaluate the three above-mentioned healthcare reform initiatives in chronic disease management	Undertake a series of studies to evaluate the chronic disease management programs under the government's healthcare reform measures by 1Q11
Provide systematic multi-disciplinary retinopathy screening for diabetic patients in the primary care setting to enhance the quality of retinopathy grading and reduce unnecessary referrals to ophthalmologists  	Commence diabetic retinopathy screening at GOPCs in HKEC, HKWC, KWC and NTEC by 4Q10
Introduce an integrated mental health program for patients with common mental disorders in the primary care setting by enhancing the capacity of Family Medicine clinics to manage these patients and developing multidisciplinary mental healthcare practitioners to support them; at the same time, provide more psychiatric specialist sessions with multidisciplinary support for these patients at SOPC 	Screen, assess and treat 2,800 patients with common mental disorders in the primary care settings; and deliver an additional 12,000 attendances at psychiatric SOPC by 1Q11
Work out different models to meet policy direction on Chinese Medicine service and set up the service in the two districts of Southern and Kowloon City	Commission Chinese Medicine clinics in selected sites: one each in Southern and Kowloon City Districts; as well as identify and assess feasibility of the remaining sites and their operation models by 1Q11

Enhance ambulatory and community care to prevent avoidable hospitalization

Action	Target
Strengthen the community care of patients with severe mental illness by developing district-based case managers to coordinate their care 	Recruit and train 80-100 community mental health case managers to serve close to 5,000 patients with severe mental health illness by 1Q11
Enhance the capacity of NTWC in delivering psychiatric care to mentally disordered offenders 	Provide 380 forensic psychiatric outreach or home visits, and 1,200 additional psychiatric attendances at Siu Lam Psychiatric Centre by 1Q11

Establish a Community Health Call Centre to support hospital discharge of high risk elderly patients	Put in place appropriate facilities and infrastructure for the Call Centre and extend its coverage to 4 more clusters, so that the service is rolled out to all clusters by 1Q11
Introduce palliative care as a treatment option for patients with end-stage renal disease (ESRD), which includes nurse-led outpatient consultation and home care visits	Pilot the palliative care model at CMC, UCH, RH and SH and serve 720 ESRD patients by 1Q11
Review and define current sub-acute care service with reference to overseas models and develop a service demand projection framework for the service in HA	Develop a service demand projection framework to inform and guide medium to longer term planning of sub-acute care services by 1Q11
Enrich the Smart Patient Website in terms of content and presentation approach for promoting patient empowerment	Expand the depth of disease coverage at the Smart Patient Website, particularly for mental illnesses, and launch a video introduction on surgical procedures by 1Q11

Develop alternative models of public-private partnership (PPP)

Action	Target
Implement the Shared Care Program of enlisting private doctors to follow up patients with stable chronic conditions	Implement the Shared Care Program in the piloting districts of NTEC and HKEC in phases, and commence enrollment of patients for referral to private doctors by 2Q10
Offer patients with stable chronic conditions who are attending GOPCs in areas with a high demand for public primary care the choice of receiving service from private doctors	Purchase services from private doctors for selected GOPC patients in the whole of Tin Shui Wai by 3Q10
Offer patients who are on HA waiting list for cataract surgery the option of receiving surgery in the private sector with the provision of a subsidy, subject to a co-payment	Provide 3,000 additional cataract surgeries through the private sector under shared care arrangement by 1Q11
Conduct a business case study for the development of a PPP model for Phase 2 of the North Lantau Hospital project	Complete the business case study on PPP model with appointed consultants by 1Q11

Key Objective 2: Improve Continuously Service Quality and Safety

Our service priorities for 2010-11

- Strengthen safety culture and risk management
- Enhance quality systems and clinical governance
- Modernize patient feedback and engagement system

Strengthen safety culture and risk management

Action	Target
Establish a Drug Quality Assurance Office in HA to enhance quality monitoring and implementation of improvement initiatives for drug safety	Set up a Drug Quality Assurance Office by 2Q10
Enhance sample testing of drugs used in HA by adopting a risk-based approach to monitoring their quality	Develop a standard sampling protocol on sample testing of drugs to enhance microbial safety and ascertain drug identity by 2Q10
Expand the use of drugs in blister-pack to enhance safety, accuracy and efficiency of dispensing service	50% of selected drugs are supplied in blister-pack by 1Q11
Enhance pharmacy support for chemotherapy service by introducing clinical pharmacists at treatment sites to provide medication reconciliation service and clinical screening	Develop standardized chemotherapy protocols and pilot the pharmacy support scheme for chemotherapy service in KWC and NTWC by 3Q10
Enhance drug safety by providing pharmacy based aseptic service for the preparation of high risk intravenous (I.V.) admixture of medication	Pilot pharmacy based aseptic service in the paediatric and neonatal intensive care units of PMH and UCH by 3Q10
Implement Medication Reconciliation Service provided by pharmacists upon patient's hospital admission and discharge, which are being piloted at KWH and PYNEH	Provide Medication Reconciliation Service at PWH by 3Q10

Set up product tracking & tracing system in hospitals to enhance the traceability of medical consumables such as Orthopaedics and Traumatology (O&T) implants and Percutaneous Transluminal Coronary Angioplasty (PTCA) consumables in Operating Theatres	Complete the system interface between the product tracking & tracing system and the Operating Theatre Record System (OTRS) and Operating Theatre Management System (OTMS), and pilot its implementation at QEH for O&T implants by 1Q11
Introduce Radio Frequency Identification (RFID) Technology in HA mortuary service to provide additional safeguard in body identification and prevent inadvertent moving out of bodies from the mortuary area	Install RFID technology in 5 mortuaries across various clusters so that together with the piloting sites in KEC and KWC, all clusters will have a mortuary each that is equipped with RFID technology by 1Q11
Install tamper-proof baby tagging systems in post-natal and paediatric wards as an additional security measure	Complete the review of the system's pilot implementation in KEC and extend the second roll-out of the system to TMH and QEH by 1Q11
Implement 2-D barcoding system in HA hospitals for laboratory tests to facilitate correct patient identification	Expand the 2-D barcode system to cover all blood, histopathological and microbiological tests in all HA hospitals by 1Q11
Continue to upgrade the Advanced Incidents Reporting System (AIRS) for better risk management and quality improvement	Upgrade the AIRS currently in use at all public hospitals by 1Q11
Provide staff training using the Crew Resources Management (CRM) training program adapted from the aviation industry to enhance risk awareness, communication and decision making of medical teams	Embark into the second year of the CRM training program to train an accumulative total of 1,400 doctors and nurses, and conduct an evaluation study of its effectiveness by 1Q11

Enhance quality systems and clinical governance

Action	Target
Embark into the second year of the 3-year pilot hospital accreditation program conducted by the Australian Council on Healthcare Standards, which have seen 5 public hospitals undergoing the accreditation process in the first year of the program	Complete the training of 20 qualified Hong Kong surveyors for the hospital accreditation program and conduct external survey of 5 public hospitals by 1Q11

Conduct an audit on stroke rehabilitation service	Make recommendations for improving stroke rehabilitation based on the audit results by 1Q11

Modernize patient feedback and engagement system

Action	Target
Develop a "Patient Partnership in Action" program in collaboration with patients self help groups to train up leaders of patient groups as health partners	Launch the "Patient Partnership in Action" program by 4Q10
Continue to enhance the complaint management and patient engagement system of HA by implementing a mediation approach in the management of complaints	Develop and conduct mediation and conflict resolution training in complaint management for 250 patient relations officers, doctors, and frontline managers by 1Q11
Conduct Patient Satisfaction Survey in 25 HA hospitals	Complete the field work of Patient Satisfaction Survey by 3Q10 and construct a system for the development of quality improvement plans by 1Q11

Key Objective 3: Keep Modernizing HA

Our service priorities for 2010-11:

- Introduce new technologies and treatment options with proven cost-benefit
- Update medical equipment and capital facilities with additional investment
- Continue to develop IT programs and patient electronic health record system
- Reconfigure services and promote timely intervention

Introduce new technologies and treatment options with proven cost-benefit

Action	Target
Improve the access of cancer patients to molecular diagnostic tests that are well proven to predict the effectiveness of cancer therapies	Conduct 700 predictive genetic tests for patients suffering from cancer of the lung, breast, colorectal or brain and receiving standard drugs cancer therapy in HA by 1Q11
Provide rapid molecular diagnostic tests across HA hospitals for the management of infections	Carry out 8,400 molecular tests for MRSA screening, 14,000 tests for atypical pneumonia and 4,900 tests for Clostridium Difficle by 1Q11
Introduce Guarding Recipient Against Failed Transplant (GRAFT) program for renal transplant, where regular pre-transplant antibody screening is conducted using contemporary antibody detection technology so that graft loss could be minimized, improving transplant survival	Deliver regular antibody screening for 1,500 renal patients on waiting list and 300 new entrants, as well as 3,000 existing and 200 new transplant recipients by 1Q11
Adopt High Resolution Sequencing Technology (HOST) for bone marrow transplant service in line with international standards to facilitate a more accurate matching between the donor-recipient pair, which will reduce complications and graft rejection	Perform at least 4,000 high resolution human leukocyte antigen (HLA) tests in bone marrow transplant service by 1Q11
Improve prenatal diagnosis of Down syndrome by offering first trimester Down syndrome screening test to all eligible pregnant women	Offer universal prenatal testing for Down syndrome at all eight obstetric units of HA in phases, starting from April 2010

Expand the capacity of bone marrow transplant by enhancing autologous stem cell transplantation (auto-SCT) for patients who are suffering from Non-Hodgkin's lymphoma, Hodgkin's lymphoma and multiple myeloma	Perform auto-SCT for 12 patients from NTWC by 1Q11
Provide additional funding to cover the cost of medical devices used in life-saving interventions for immediate life-threatening emergencies	Commence covering the cost of (i) coronary stent for immediately life-saving PCI without alternative, (ii) endovascular coil for treating intracranial arterial aneurysm, and (iii) endovascular stent for ruptured abdominal aortic aneurysm or thoracic aorta by 2Q10
Widen the scope of the HA Drug Formulary	Allocate new drug funding to cover 8 new drugs as special drugs (6 for rare metabolic diseases and 2 for colorectal / lung cancer) and expand the clinical application of 9 drug classes (drugs for cardio-vascular disease, breast cancer, hepatitis, mental illness, age-related macular degeneration and diabetes mellitus) by 3Q10
Review the self-financed drugs list and identify items that are expensive but clinically proven to be of significant benefit to patients for inclusion into the Samaritan Fund safety net	Introduce additional self-financed drugs into the Samaritan Fund safety net by 1Q11

Update medical equipment and capital facilities with additional investment

Action	Target
Prepare for the opening of the new extension block at PWH which is equipped with state-of-the-art facilities, and relocate some of the services from the old blocks to the new one	Open the PWH Extension Block and relocate the A&E service, intensive care, and acute inpatient service in medicine, surgery, and orthopaedics & traumatology by 4Q10
Replace ageing medical and engineering equipment using the Capital Block Vote (CBV)	Complete the replacement of around 563 pieces of medical equipment and some 98 engineering equipments by 1Q11
Implement a computerized system to facilitate the planning and monitoring of major capital works projects, facility improvement projects, and hospital engineering equipment projects	Develop a computerized project planning and monitoring system for capital works projects by 1Q11

Continue to develop IT programs and patient electronic health record system

Action	Target
Implement the "Filmless HA" project and build the technology infrastructure for capturing, archiving and distributing radiological images in digital format	Establish the technology infrastructure for filmless imaging in A&E departments, SOPCs and ward areas of 6-7 major acute hospitals in the first phase by 1Q11
Replace ageing corporate IT network and server equipment in HA	Complete technology refreshment on ageing IT network and server equipment for the remaining 18% of the replacement program in terms of value by 1Q11
Sustain the development of Phase III Clinical Management System (CMS) to realize the vision of the Clinical Systems Strategy (2007-12) of HA and to contribute to the development of territory-wide patient electronic health record (eHR)	Pilot new modules of generic clinical documentation, patient management information portal, and clinical image distribution by 1Q11
Continue to develop and implement the next generation of Patient Billing System	Conduct extensive functional and technical tests on the new patient billing software, train users, and prepare for rolling out the new system at a pilot hospital by 1Q11
Develop a new version of electronic Knowledge Gateway (eKG) to enhance staff members' access to electronic journals and other electronic resources	Revamp the specialty homepage of eKG with personalized access to electronic resources as well as enhanced search function by 1Q11

Reconfigure services and promote timely intervention

Action	Target
Set up a specialist centre for joint replacement to provide an integrated service of surgical treatment, post-operative care, and comprehensive rehabilitation program	Establish a specialist centre for joint replacement in Buddhist Hospital and attend to 250 joint replacement cases by 1Q11
Provide integrated cancer care by introducing "case managers" to counsel cancer patients and coordinate their treatment journey during the in-patient and post-discharge phases	Recruit and train case managers to serve at least 1,000 patients with complex breast or colorectal cancer by 1Q11

Centralize multi-disciplinary care for children with complex cleft lip and palate in one regional centre to concentrate expertise, and introduce pre-surgical orthodontics to optimize the children's facial improvement 	Centralize the cleft lip and palate surgeries for children in UCH and provide care for around 50 newborns with severe cleft deformities by 1Q11
Conduct a review on role delineation for paediatric services in HA to facilitate a well-coordinated network with the proposed Centre of Excellence in Paediatrics	Complete the review and make recommendations on role delineation of HA's paediatric service units by 1Q11
Initiate a review on role delineation for neuroscience services in HA to facilitate a well-coordinated network with the proposed Centre of Excellence in Neuroscience 	Prepare the ground work and commence the review on role delineation of HA's neuroscience service units by 1Q11
Set out a comprehensive strategy to guide HA's services for adult mental health patients 	Develop a comprehensive adult mental health service plan by 4Q10
Review current services of HA for elderly people and formulate strategies for enhancing the quality and outcome of elderly health services 	Develop a service plan for elderly people to guide HA's services for geriatric patients by 1Q11
Enhance the quality of specialist outpatient referrals by developing an IT platform to integrate the referral and triage process, and by setting up a feedback mechanism to facilitate information sharing and collection, as well as monitoring and self-evaluation	Develop an integrated IT infrastructure for the referring source and SOPCs, set up a feedback platform, and pilot the system in HKEC, KCC and NTWC by 1Q11

Key Objective 4: Build People First Culture

Our service priorities for 2010-11

- Enhance professional competencies and build up effective management and leadership
- Improve the career prospects of staff
- Implement systematic workforce planning and development
- Redesign work to streamline work process and reduce workload
- Modernize corporate management systems

Enhance professional competencies and build up effective management and leadership

Action	Target
Strengthen training opportunities for professional healthcare staff to address the whole spectrum of professional competencies	Provide simulation skill-based training for doctors and nurses; develop new in-house specialty training programs for nurses and allied health staff; offer corporate scholarship for overseas training; create full-time executive development positions; organize senior executive development program and other management development and training programs by 1Q11
Provide tailor-made continuous professional training to Family Medicine and GOPC doctors on the provision of comprehensive and holistic care	Provide training to 80 higher trainees of Family Medicine and 150 GOPC doctors by 1Q11
Develop a training course on chronic disease management for the multi-disciplinary teams delivering enhanced primary care service	Provide a structured training program on team-based approach in primary care to at least 30 multi-disciplinary team members by 4Q10
Develop a training program on mental health case management to support the care of patients with severe mental illness in the community	Provide case management training to at least 50 mental health case managers by 4Q10

Enhance professional competencies to support service development and advanced practice and to facilitate professional career progression	Provide 50 training programs for allied health professionals, 30 programs for doctors, and 16 nursing specialty courses with 80 enhancement programs for nurses by 1Q11
Enhance training and development opportunities of supporting staff groups 	Implement a training subsidies scheme for general services assistants (GSA), technical services assistants (TSA), supporting, supervisory, clerical, and general staff by 1Q11
Launch the Management 101 curriculum for new leaders of frontline staff 	Roll out 11 modules of Management 101 and set up a program review board to monitor program effectiveness by 1Q11
Offer more training opportunities to Chinese Medicine Practitioner (CMP) trainees, which include developing Integrated Medicine (IM) programs and awarding scholarships for selected specialty training at designated Chinese Medicine institutions in mainland China	Increase training capacity to bring the number of CMP trainees up to 120; complete the scholarship training program for 6 junior and 5 senior scholars; and establish suitable IM programs in all clusters by 1Q11

Improve the career prospects of staff

Action	Target
Review the career development of Dental Officer 	Conduct a review on the career structure and progression of Dental Officer by 4Q10
Improve the career progression of community nurses and their working condition 	Upgrade 25 RN positions in the Community Nursing Service (CNS) to Advanced Practice Nurse (APN) and provide ergonomic bags and overcoats to 400 community nurses by 1Q11

Implement systematic workforce planning and development

Action	Target
Expand student intakes for RN (Registered Nurse) and EN (Enrolled Nurse) training	Provide additional RN and EN training classes for a total of 650 new students by 1Q11
Provide additional midwifery training places so that there will be a net increase of 200-250 midwives by year 2016	Enrol 40 additional midwifery trainees to the School of Midwifery Nursing at PWH by 4Q10
Recruit both full-time and part-time doctors, nurses and allied health professionals through active recruitment drives	Recruit 300 doctors, 1,100 nurses and 350 allied health professionals for a net increase of some 65 doctors, 300 nurses, and 200 allied health professionals by 1Q11
Formulate measures to enhance access to careers information of HA and to promote HA as an employer of choice 	Develop a new careers page at the corporate website by 1Q11

Redesign work to streamline work process and reduce workload

Action	Target
Review the on-call arrangements for doctors and other healthcare professionals with a view to achieving a more efficient use of manpower without compromising the quality of patient care 	Complete the on-call review for doctors and other healthcare professionals by 1Q11
Provide support for clusters to adopt the “Lean” management approach to improve the workflow, process and environment for delivering patient care 	Organize “Lean” management training and experience sharing for clusters by 1Q11
Increase clerical support to relieve medial social workers of non-professional duties 	Recruit and train 10 TSAs to assist in processing waiver applications at the medical social service department of HA hospitals by 1Q11
Reduce ward staff injury through the use of modern equipment or tools such as electrically operated beds and pressure relieving mattresses	Replace 1,700 manually operated beds in the wards with electrically operated beds and pressure relieving mattresses by 1Q11

Modernize corporate management systems

Action	Target
Incorporate HA's new Vision, Mission and Values (VMV) in all publicity materials and conduct a survey to collect feedbacks from staff	Carry out a survey of staff's feedback on the new VMV by 2Q10
Introduce and promulgate a new orientation and induction e-Program to foster HA's service culture to all new recruits 	Launch the orientation and induction e-Program for new recruits by 1Q11
Engage an external and independent consultant to conduct an audit of HA's corporate image and to formulate a strategic public relations program 	Audit HA's corporate image and develop a strategic public relations program by 4Q10
Conduct a carbon audit of selected HA hospitals 	Pilot a carbon audit of PMH, KWH and UCH by 1Q11
Develop a set of Key Performance Indicators (KPI) to measure HA's performance in occupational safety and health and in managing employees' compensation claims 	Put in place relevant information gathering systems to measure clusters' compliance with the occupational KPI targets by 4Q10
Revise staff disciplinary policies and procedures to incorporate the "Trust and Just" principles 	Develop and implement revised policies and procedures related to staff discipline by 4Q10
Continue to implement the Enterprise Resource Planning (ERP) Project of updating the resource management systems of HA	Complete the rolling out of the ERP software through implementing the human resource and payroll functions of the ERP by 3Q10

Key Objective 5:
Maintain Financial Sustainability

Our service priorities for 2010-11

- Implement a new funding allocation model that has incentives for productivity and quality

Implement a new funding allocation model that has incentives for productivity and quality

Action	Target
Continue to develop and refine the "Pay for Performance" internal resource allocation model in order to provide incentives for productivity and quality improvement, with special focus on developing a locally appropriate Casemix system for HA	Refine the "Pay for Performance" model by 4Q10 to enhance the service and budget planning process for 2011-12, and pilot a quality incentive program by 1Q11

Service Targets

HA provides 26,824 hospital beds and manages 7.4 million patient days a year; and 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, 48 SOPCs and 74 GOPCs. These facilities are organized into seven clusters according to geographical locations.

Our Service Throughputs

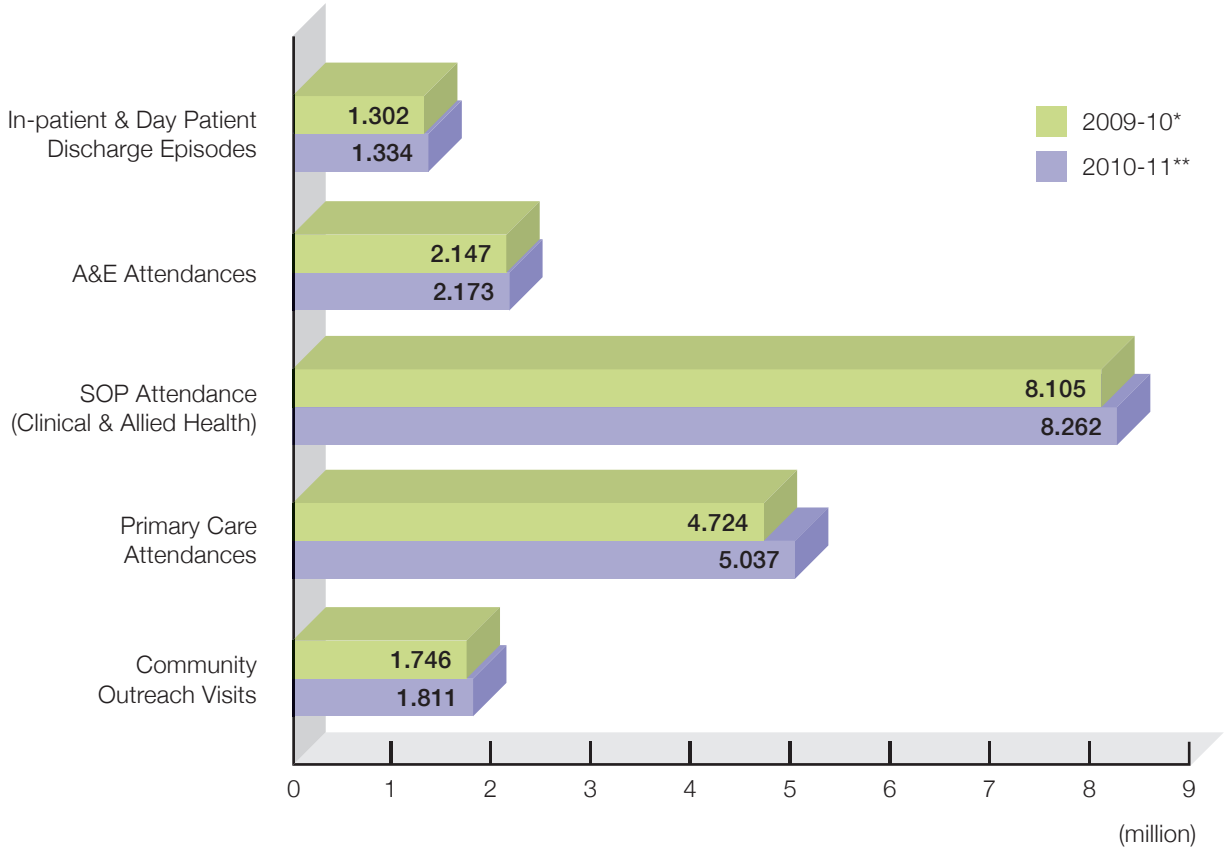
- 1.3 million in-patient / day-patient discharge episodes, serving an estimated 0.6 million Hong Kong residents
- 2.1 million A&E attendances, serving around 1.2 million people in Hong Kong
- 8.1 million SOPC attendances for some 1.6 million patients
- 4.7 million primary care attendances for approximately 1.2 million patients
- 1.7 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 2010-11

To meet increasing service demand arising from an ageing and growing population, we plan to increase hospital service throughput by around 2.5% in the coming year, which translates into an additional 32,000 in-patient and day patient discharge episodes. We also hope to increase the throughput for community outreach services by at least 3%, or 65,000 additional visits, to enhance community care for elderly and chronically ill patients.

A comparison of our estimated throughput in 2009-10 and activity targets for 2010-11 for the various services is shown in Figure 1. These and other key service statistics are delineated in Appendix 1, while Appendix 2 provides a breakdown of the activity throughput for the various Clusters.

Figure 1. Comparison of Service Throughput in 2009-10 and Activity Targets for 2010-11



* Estimated figures

** Activity targets (Projected figures)

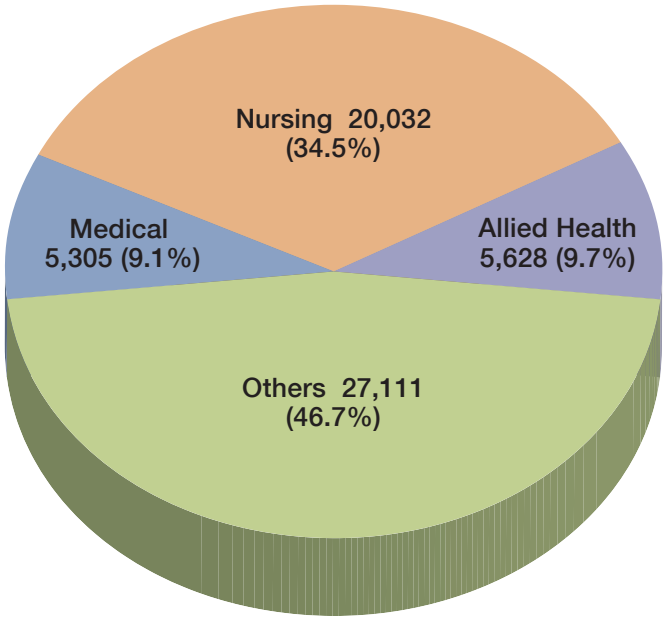
Manpower Estimates

HA's existing staff strength is 57,672 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 1.6% in the coming year to implement activity growth and other new programs and service improvement initiatives.

Taking into consideration staff turnover, it is anticipated we would have to recruit around 300 doctors, 1,100 nurses and 350 allied health professionals in 2010-11. Figure 2 provides a breakdown of our estimated staff requirement for the coming year. A detailed comparison of the manpower estimates for 2009-10 and 2010-11 is provided in Appendix 1.

Figure 2. Estimated Staff Strength in 2010-11



Budget Allocation

The Government is increasing the recurrent provision for HA by $1.24 billion in the coming year.

Government's Financial Provision for HA for 2010-11

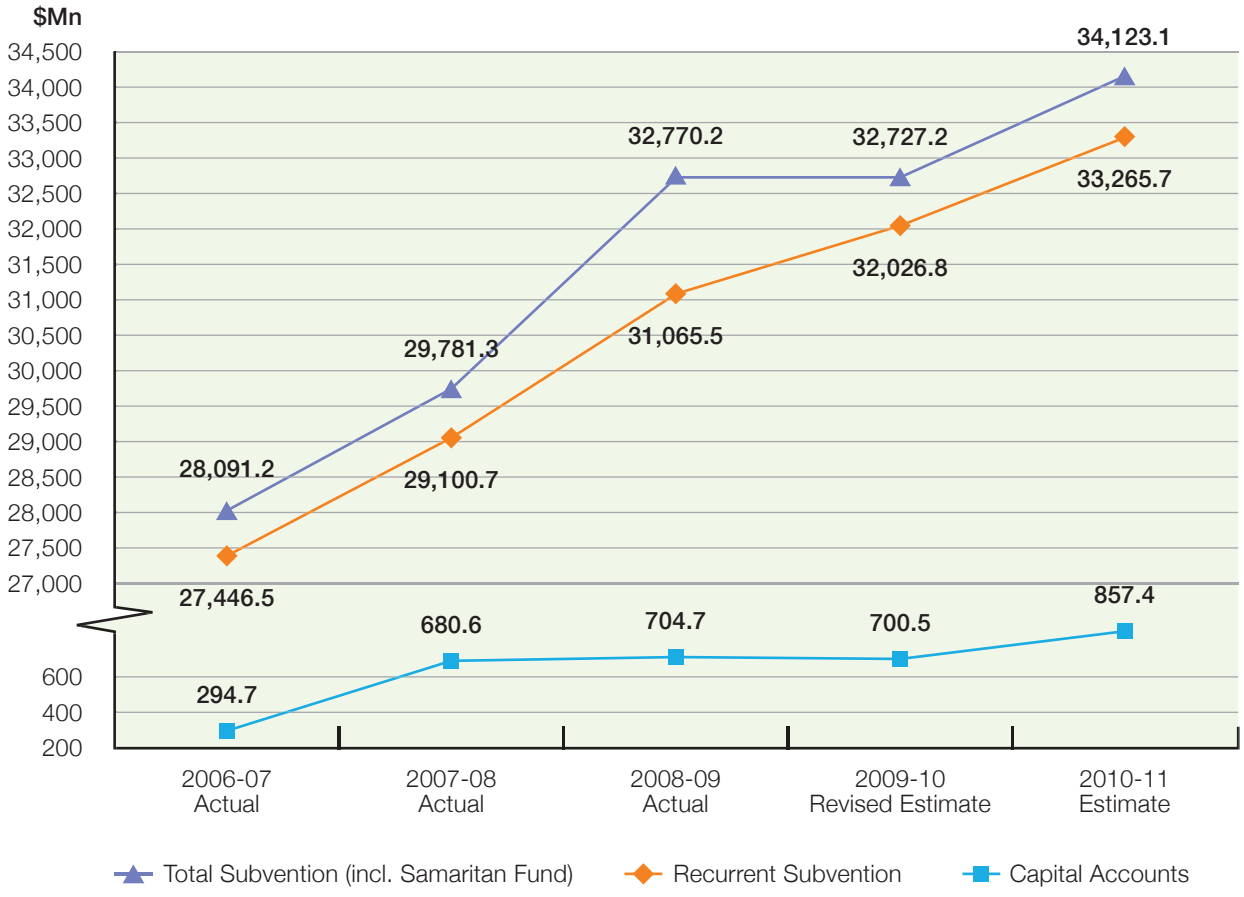
The financial provision indicated by the Government for 2010-11 is $34,123.1 million, representing an increase of 4.3% as compared to the Revised Estimate of $32,727.2 million in 2009-10. Figure 3 gives a breakdown of the various components of the provision for the two financial years.

As illustrated by Figure 4, there has been a continuous rise in the Government's financial provision to HA over the past few years.

Figure 3. Financial Provision by Government for 2009-10 and 2010-11

	2009-10 (Revised Estimate) $Mn	2010-11 (Estimate) $Mn
Operating Account		
Recurrent Subvention	**32,026.8**	**33,265.7**
Increase in Recurrent Subvention		*1,238.9*
		3.9%
Capital Account		
Equipment and Information Systems	**700.5**	**857.4**
Increase in Capital Account		*156.9*
		22.4%
Financial Provision	**32,727.2**	**34,123.1**
Increase in Financial Provision		*1,395.9*
		4.3%

Figure 4. Financial Provision by Government for 2006-07 through 2010-11



Funding Allocation

HA will make use of the additional provision to enhance services, major initiatives of which are listed below according to funding allocation.

Operating Account

(a) With the additional recurrent funding of $872 million made under the second of the three-year funding arrangement with the Government, service provision in the following key priority areas will be strengthened to meet growing demand and enhance service quality:

- Open additional beds in NTWC, KEC and HKEC
- Enhance mental health services as well as services for treatment of life-threatening diseases, including haemodialysis service, palliative care for patients with end-stage renal disease, clinical oncology service, integrated cancer care and acute cardiac care
- Enhance cataract and joint replacement services
- Introduce modern proven technology in renal transplant service, cancer diagnosis, and obstetric screening
- Enhance pharmacy service to improve patient safety

(b) $309 million additional provision for implementing a number of healthcare reform related initiatives, which include enhancing chronic disease management through –

- expanding the coverage of the HA Drug Formulary;
- piloting a shared care program for diabetic and hypertensive patients; and
- expanding the Risk Assessment and Management Program.

(c) $161 million additional provision for carrying out various new and on-going initiatives, including:

- Enhancing infection control measures to cope with the new human swine influenza virus (H1N1 Influenza A);
- Strengthening the quality control mechanism for pharmaceutical products supplied to HA;
- Training of more nurses to increase nursing manpower supply; and
- Expanding the Community Health Call Centre services.

Capital Account

(d) With a significant increase of $157 million funding provided by the Government in 2010-11 under the Capital Account for purchasing and replacing equipment and the development of IT programs, we will:

- continue to systematically replace aged medical equipment such as radiological/ radiotherapy equipment to clear the backlog;
- provide more MRI Scanners and CT Scanners in major acute hospitals; and
- Invest in new technology infrastructure such as the Filmless HA project and other IT supports to keep modernizing our services.

Looking Ahead

To ensure long term sustainability of the public healthcare system, we will:

(a) continue to refine the new Pay for Performance (P4P) internal resource allocation system for acute care services and explore options to develop Casemix systems for non-acute and other services with the ultimate aim of extending the coverage to measuring most of HA's clinical services;

(b) explore various initiatives on service rationalization and other incentives to further improve efficiency and cost effectiveness of HA's services in ensuring the best use of public resources; and

(c) closely monitor the spending of Hospital Clusters and Head Office institutions and identify efficiency savings from their recurrent budget, with a view to building up a reserve in meeting the escalating requirement of replacing medical and IT equipment, and covering part of the negative reserve.

Head Office and Cluster Plans

This section contains an overview of the work plans of the Head Office and the seven Hospital Clusters for 2010-11.

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

- Head Office (HAHO)
- 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)

Head Office (HAHO)

The HA Head Office (HAHO) comprises six divisions, namely:

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

Major Challenges

In face of expanding demand from stakeholders with different priorities, it is imperative for HAHO to demonstrate leadership in mapping out long term strategies, effective implementation of policies, monitoring of results, and control of quality. As the community expects a more responsive HA and public hospitals are facing greater scrutiny over issues such as medical incidents and hospital-acquired infection, HAHO will also need to lead and co-ordinate responses to emergency situations as well as to foster a culture of safety and quality amongst staff. There is territory-wide shortage of healthcare professionals and HAHO will need to address this and other staff-related issues.

Major Initiatives

Various divisions of HAHO will provide leadership for some 95 corporate targets corresponding to the five Key Objectives of Annual Plan 2010-11. These targets are already outlined in the earlier chapter on Key Objectives and Program Targets, key examples of which are highlighted below.

- To meet rising **service demand**, we will increase service capacity in priority areas; enhance primary care and chronic disease management; strengthen ambulatory and community-based services to prevent avoidable hospitalization; and develop alternative models of public-private partnership (PPP). Major initiatives include:
  - Continue to enhance the capacity of haemodialysis service and cataract surgery through increased HA's service throughput as well as through PPP arrangement.
  - Expand the multidisciplinary Risk Assessment and Management Program for chronic disease patients and provide systematic diabetic retinopathy screening; and continue to roll out the patient empowerment program.

  - Pilot community-based case management for patients with severe mental illness, and introduce a multidisciplinary mental health program in the primary care setting for patients with common mental disorders.

- HA endeavours to improve continuously service **quality and safety**, and will implement measures to strengthen safety culture and risk management; enhance quality systems and clinical governance; and engage patients. Actions include:
  - Improve medication safety with a basket of measures, including setting up a Drug Quality Assurance Office in HA.
  - Conduct an audit on stroke rehabilitation service.
  - Develop a "Patient Partnership in Action" program in collaboration with patients of self help groups to train up leaders of patient groups as health partners.

- We will **keep modernizing HA** to introduce new technologies and treatment options; update medical equipment and capital facilities; develop IT programs; and reconfigure services. Specific initiatives include:
  - Reconfigure cancer care and joint replacement service, adopt antibody detection technology for renal transplant patients, and implement molecular diagnostic tests for cancer patients and infection control.
  - Widen the HA Drug Formulary to incorporate eight new drugs and expand the clinical application of nine classes of drugs.
  - Implement the "Filmless HA" project and build the technology infrastructure for digital radiological imaging.

- To develop a **people-oriented culture**, we will focus on new ways of working and measures that enhance competencies, improve staff's career prospects, and modernize corporate management. Programs include:
  - Strengthen training and development opportunities for professional healthcare staff as well as various support staff groups.
  - Review the on-call arrangements for doctors and other healthcare professionals.
  - Develop Key Performance Indicators to measure HA's performance in Occupational Safety and Health and in managing employees' compensation claim.

- HA will continue to adopt strategies and systems to **maintain financial sustainability**. In particular, we will continue to develop and refine the "Pay for Performance" internal resource allocation model in order to provide incentives for productivity and quality improvement, with special focus on developing a locally appropriate Casemix system for HA.

Hong Kong East Cluster (HKEC)

Hospital (providing 2,969 beds)

1. Pamela Youde Nethersole Eastern Hospital
2. Ruttonjee & Tang Shiu Kin Hospitals
3. Cheshire Home, Chung Hom Kok
4. St. John Hospital
5. Tung Wah Eastern Hospital
6. Wong Chuk Hang Hospital

General Outpatient Clinic

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

Demographic Characteristics

Year 2008	Eastern	Wan Chai	Islands*	HKEC Catchment	Hong Kong Overall
Population	598,200	162,000	152,800	**832,100**	**6,975,400**
Proportion of population age ≥ 65	14.8%	14.9%	8.6%	**14.5%**	**12.6%**
Year 2018					
Projected population	599,300	180,200	174,300	**863,300**	**7,584,800**
Proportion of population age ≥ 65	20.6%	20.2%	12.0%	**20.0%**	**16.2%**

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

The catchment area of HKEC covers Eastern, Wanchai and Islands (apart from North Lantau) areas, with an estimated population of 0.8 million which accounts for 12% of the Hong Kong population. More than 70% of the catchment population resides in the Eastern district.

Major Challenges

HKEC is serving a population with a higher-than-average proportion of elders aged 65 and above. By projection, the proportion of elders in the Cluster's catchment areas will be the highest in Hong Kong in a few years' time. A major challenge is for the Cluster to cope with the volume and complexities of illness involving the elderly within its physical space constraints and its smaller number of acute and convalescent beds (and consequently manpower) per 1,000 population compared with average (2.12 compared to 2.61 average). HKEC is now coping by achieving the lowest average length of stay of acute and convalescent patients in HA.

Physical space constraint limits the Cluster's service development and its capacity to manage sudden surges of patients, in particular those with infectious disease and during the annual winter surges. HKEC appreciates HA's support in its bidding for a new Ambulatory Care Centre in PYNEH. The implementation of new technology, such as minimal access surgery, interventional radiology and robotic surgery, has helped the Cluster to treat more patients but a continuation of these services is highly dependent on the availability of high-end expertise and resources.

Major Initiatives in 2010-11

Aligned with the corporate service directions, our major initiatives for 2010-11 are as follows:

- Open acute beds and convalescent beds to meet service demand.
- Increase service capacity to meet growing demand in surgeries for the elderly with severe degenerative, osteoporotic or metastatic musculoskeletal problems and hip fractures.
- Continue to explore efficient and modern care practices through patient flow projects to further meet escalating demand.
- Provide coordinated care across the healthcare service continuum to reduce hospital admissions and length of stay.
- Promote patient empowerment and continuous collaboration with community partners to reduce avoidable hospital admissions through pilot projects of aged home telephone support hotline and chronic disease management.

- Improve clinical and non-clinical quality and safety continuously through a cluster-wide communication campaign for patient safety and piloting the Crew Resources Management Training and Hospital Accreditation Programs.
- Embrace the use of technology by extending the applications of minimal access surgery to orthopaedic operations.
- Continue to invest in human capital by promoting a learning and caring culture, nurturing leaders and cultivating an awareness of occupational safety and health among staff.

HKEC Targets

Implement a Planned Response to Manage Growing Service Demand	
• Strengthen cardiac care service by opening 2 additional Cardiac Care Unit (CCU) beds in PYNEH	1Q11
• Manage 40 additional cases under the Comprehensive Management program for elderly hip fractures and secondary prevention for subsequent fractures	1Q11
• Provide an additional 60 elective surgeries to enhance surgical management of elderly patients with severe degenerative, osteoporotic or metastatic musculoskeletal problems	1Q11
• Provide 200 additional cataract surgeries	1Q11
• Open additional 30 acute beds and 30 convalescent beds at PYNEH and RHTSK to meet service demand	4Q10
• Install a second CT scanner in PYNEH	1Q11
• Implement two pilot projects of Community Health Call Centre to better support patients in the community and reduce hospital utilization rates: (i) Pilot project on Aged Home Telephone Support Hotline (ii) Pilot project on Chronic Disease Management Program	1Q11
Improve Continuously Service Quality and Safety	
• Embark into the 2nd year of Pilot Crew Resources Management Training Program to enhance risk awareness, communication and decision making of medical team	1Q11
• Introduce Radio Frequency Identification (RFID) Technology in PYNEH mortuary service	1Q11

• Implement cluster-wide communication campaign for patient safety: (i) Surgical safety checklist (ii) Briefing and debriefing (iii) SBAR (Situation Background Assessment Recommendation) (iv) Assertive Communication	1Q11
• Embark into the 2nd year of the Pilot Hospital Accreditation Program in PYNEH conducted by the Australian Council on Healthcare Standards	1Q11

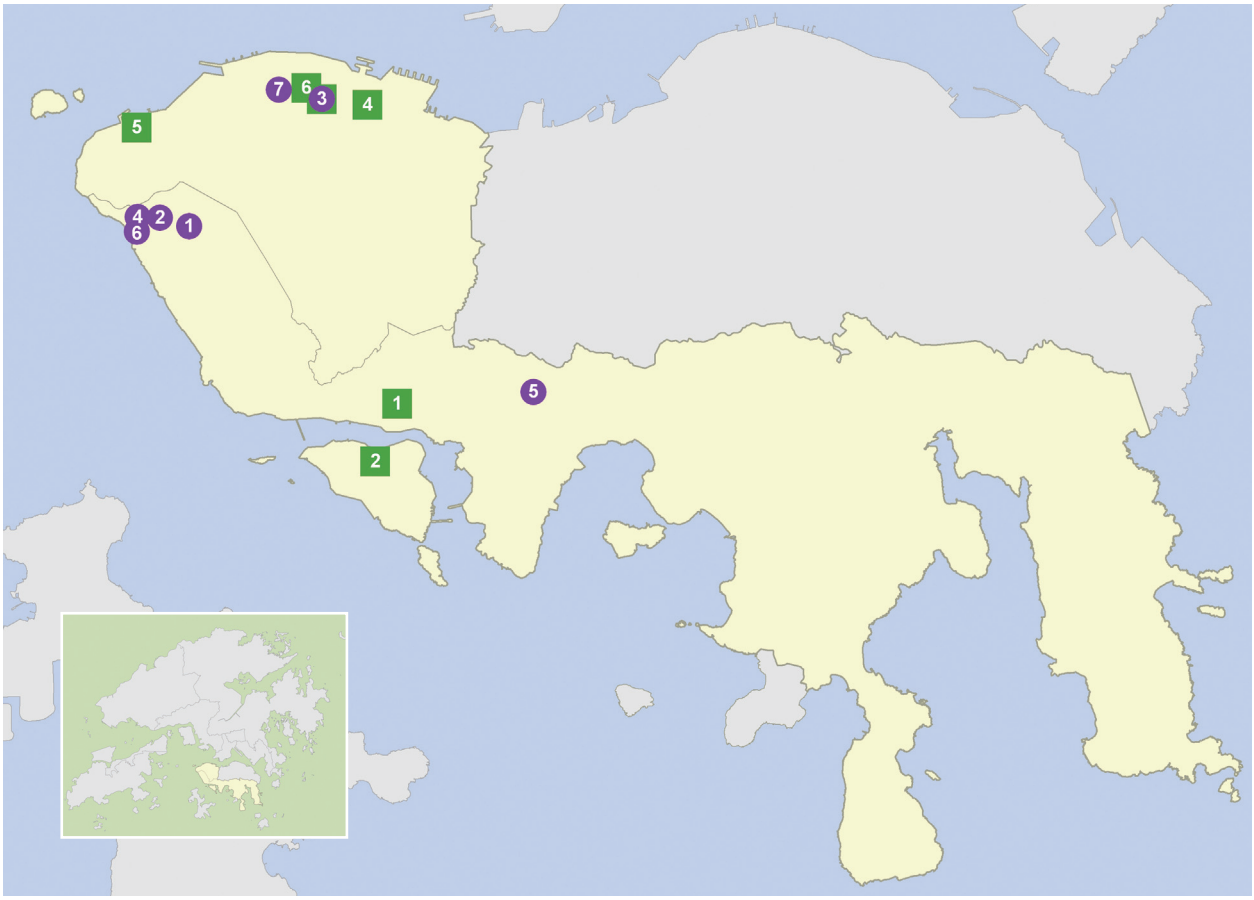
Keep Modernizing HA

• Increase use of Minimal Access Surgery in 102 Orthopaedic Operations to reduce inpatients' length of hospital stay and improve clinical outcomes	1Q11

Build People First Culture

• Implement management and communication training programs for senior executives/staff, experienced middle managers, frontline managers/supervisors and designated departments	1Q11
• Upgrade 4 RNs of the community nursing service to APNs, and provide 60 ergonomic bags and 60 overcoats to community nurses	1Q11
• Continue to implement human resource and payroll functions of the Enterprise Resource Planning (ERP) Project	3Q10

Hong Kong West Cluster (HKWC)



Hospital (providing 3,163 beds)

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

General Outpatient Clinic

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

Demographic Characteristics

Year 2008	Central and Western	Southern	HKWC Catchment	Hong Kong Overall
Population	264,100	281,700	**545,800**	**6,975,400**
Proportion of population age ≥ 65	12.8%	13.6%	**13.2%**	**12.6%**
Year 2018				
Projected population	288,700	279,200	**567,900**	**7,584,800**
Proportion of population age ≥ 65	18.3%	17.8%	**18.0%**	**16.2%**

The main catchment area of HKWC covers Central, Western and Southern Districts of the Hong Kong Island with a population of around 0.55 million, though the Cluster's tertiary and quaternary services serve the whole population of Hong Kong.

Major Challenges

2010-11 will be another year of new opportunities and challenges. The pressing issues include increasing service cost, need for development to cope with medical advances and the need of the community, ageing facilities, pressure arising from shortage of workforce in particular nurses, and financial constraints. To meet the challenges, HKWC will continue to maximize its partnership with Li Ka Shing Faculty of Medicine of The University of Hong Kong and focus on operation efficiency and effectiveness through service rationalization, reprioritization and realignment with full commitment to providing an integrated and high quality healthcare service.

Major Initiatives in 2010-11

A holistic care philosophy is adopted to promote a healthy community, and services are designed to provide seamless care to citizens in partnership with other public and private service providers. In line with corporate strategic directions, HKWC's major initiatives for 2010-11 are as follows:

- Increase service capacity to meet growing demand in high priority areas by enhancing renal service and treatment of patients with common mental disorders, performing additional cataract surgeries, and extending the primary / emergency percutaneous coronary intervention (PCI) service for quality management of acute myocardial infarction / acute coronary syndrome (AMI/ACS) patients.
- Improve service quality and safety continuously by implementing screening with contemporary antibody detection technology for renal transplant patients, providing molecular diagnostic tests for cancer patients, and introducing universal prenatal testing to pregnant women for Down syndrome.
- Keep modernizing HA by utilizing high-resolution sequencing technology in Bone Marrow Transplant service, providing additional rapid molecular diagnostic tests to enhance effective infection control measures and introducing Radio Frequency Identification technology in QMH mortuary.
- Reinforce "People First Culture" through promoting staff health and wellness, staff communication and recognition, improving occupational safety and health, and introducing initiatives where possible to reduce doctors' continuous work hour and nurses' work pressure.

HKWC Targets

Implement a Planned Response to Manage Growing Service Demand

• Consolidate the ambulatory care services at QMH by integrating the services being provided by different specialties in a newly established Ambulatory Centre	3Q10
• Enhance the capacity of haemodialysis to treat 10 more patients with end-stage renal disease who have failed Peritoneal Dialysis	1Q11
• Enhance the treatment of patients with common mental disorders through 2,000 additional attendances in psychiatric specialist clinics	1Q11
• Introduce an integrated mental health program in the primary care setting for patients with common mental disorders and provide 300 additional Family Medicine specialist outpatient attendances and 945 general outpatient attendances for these patients	1Q11
• Perform 3,100 additional cataract surgeries	1Q11
• Enhance cardiac care by providing primary PCI to an additional 20 AMI/ACS patients and providing 24-hour emergency/urgent/primary PCI service	1Q11
• Set up a modern minimal invasive surgical centre at QMH to improve clinical outcome and efficiency	1Q11
• Commission a Chinese Medicine clinic in Southern District in tripartite collaboration with NGO and a recognized university	1Q11

Improve Continuously Service Quality and Safety

• Continue to implement the pilot hospital accreditation program conducted by the Australian Council on Healthcare Standards in QMH	3Q10
• Expand the use of drugs in blister pack for outpatient service to enhance safety, accuracy and efficiency of the dispensing service	3Q10
• Utilize contemporary antibody detection technology and implement regular pre-transplant antibody screening on 1,800 renal patients and 3,200 transplant recipients	1Q11
• Perform 200 molecular diagnostic tests well proven to predict effectiveness of cancer therapies available in HA	1Q11
• Improve prenatal diagnosis of Down syndrome by screening 4,000 pregnant women in the first trimester	1Q11

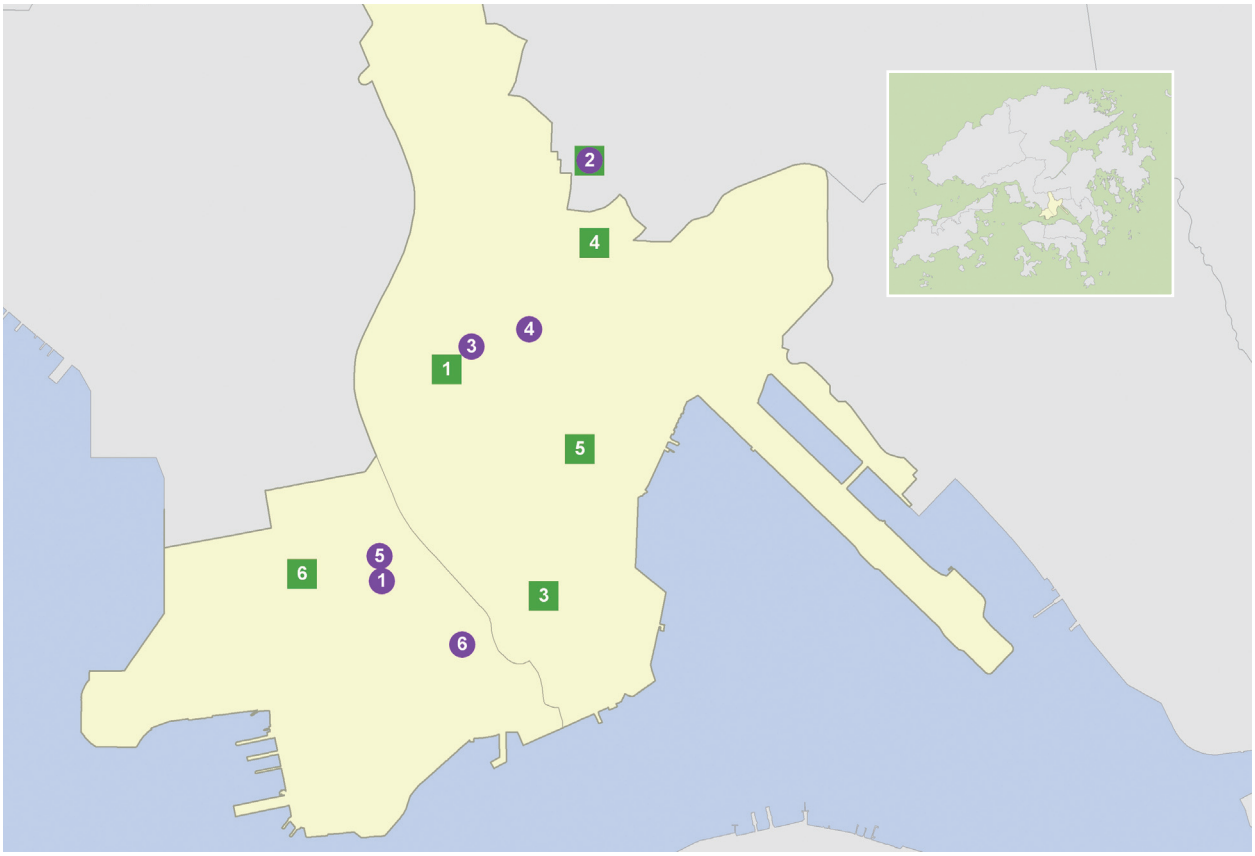
Keep Modernizing HA

• Introduce Radio Frequency Identification (RFID) technology in the mortuary at QMH	4Q10
• Utilize high-throughput sequencing technology to enhance high resolution typing for Bone Marrow Transplant service	1Q11
• Provide 3,900 additional rapid molecular diagnostic tests to enhance effective infection control measures and reduce prolonged hospitalization and mortality	1Q11

Build People First Culture

• Set up a Rehabilitation Garden at TWH to provide an open rehabilitation area with a green environment and therapeutic setting	2Q10
• Enhance Staff Health Program through post screening care plan and promote psychological well-being of staff by conducting screening exercise to detect mood disorder and providing supportive service	2Q10
• Implement One Staff One Training Plan by developing curriculum to support all cluster staff to participate in at least one program for service / self development needs	3Q10

Kowloon Central Cluster (KCC)



Hospital (providing 3,565 beds)

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

Year 2008	Yau Tsim Mong*	Kowloon City	KCC Catchment	Hong Kong Overall
Population	296,600	362,500	**480,800**	**6,975,400**
Proportion of population age ≥ 65	13.5%	15.2%	**14.8%**	**12.6%**
Year 2018				
Projected population	353,000	442,700	**585,900**	**7,584,800**
Proportion of population age ≥ 65	18.4%	17.9%	**18.1%**	**16.2%**

** 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 0.5 million.

Major Challenges

KCC is serving an increasing proportion of elderly patients. For instance in QEH, 49.7% of the bed-days in 2008-09 were occupied by patients aged 65 or above as compared to 45.5% in 1998-99. At the Cluster level, 55.3% of the bed-days in 2008-09 were occupied by elderly patients who made up 14.4% of our catchment population.

To meet the challenge of providing safe and quality care in the face of rising service demand and expectation, our main focus is on providing the right care for the right patient at the right place efficiently. Building on our Cluster core values of RESPECT (Respect, Empathy, Sharing, Professionalism, Efficiency, Creativity, Trust), we have, commencing from 2008-09, earmarked the three consecutive years as Years of Safety, with a specific theme each year: (i) patient safety, (ii) staff safety and (iii) quality. We have also initiated a number of staff training and development programs to enhance staff retention and strengthen team building. The Hospital Accreditation Consultancy Survey conducted in 2009 paved the way for the Organization Wide Survey for 2010-11 with improvement works focusing on alleviation of ward congestion, risk management and clinical governance. A series of WISER (**W**e **I**nnovate **S**ervice **E**xcels **R**egularly) projects, basing on a multitude of LEAN Management and other quality improvement tools, have been implemented to promote and deliver patient-centred care and process improvement at all levels of service provision within the hospital.

Major Initiatives in 2010-11

In line with the key objectives of the Annual Plan, major initiatives of KCC are as follows:

- To manage growing service demand, we will increase the number of cataract surgeries in HKEH, provide an on-site medical physician for the Emergency Medicine Ward, and set up an Integrated Cardiac Nurse Clinic in QEH.
- To improve service quality and safety, the waiting time for ultrasound examination to establish definitive diagnosis and subsequent clinical management for breast cancer will be shortened by provision of an ultrasound machine at surgical outpatient department. A Geriatric Orthopaedic Team will be set up to enhance the hospital discharge planning of orthopaedic rehabilitation service in KH. The End-of-Life Support Program and Li Ka Shing Foundation Hospice Program will be introduced at BH to support terminally ill patients, together with a Day Rehabilitation Centre to provide ambulatory rehabilitation services.

- To keep modernizing HA, we will establish a Joint Replacement Centre in BH and pilot steroid profiling services. Fibroscan service, which includes ultrasonic examination and assessment of liver cirrhosis, will be provided to suitable patients with chronic hepatitis B & C virus to facilitate timely management.
- To build people first culture, we will provide a team of technical support staff for specialty wards such as intensive care units to save nurse man-hours, and publish a book on Nursing Service and Development to enrich public understanding of nursing profession in KCC.
- To maintain financial sustainability, we will support Casemix project by enhancing the quality of diagnosis and procedure coding through standardization of workflow in specialty wards. Moreover, we aim to reduce length of stay in BH through discharge planning enhancement and workflow re-engineering.

KCC Targets

Implement a Planned Response to Manage Growing Service Demand	
• Increase cataract operation to shorten waiting time for cataract surgery	4Q10
• Set up an Integrated Cardiac Nurse Clinic to provide additional 4,600 outpatients attendances for patients with cardio-vascular diseases in QEH	1Q11
• Enhance patient triage and management in the AED by providing an on-site medical physician	3Q10
Improve Continuously Service Quality and Safety	
• Provide an ultrasound machine at surgical outpatient department to reduce the waiting time of patients with breast cancer for ultrasound examination	3Q10
• Set up a Geriatric Orthopaedic Team to enhance discharge planning and outpatient services for orthopaedic patients	3Q10
• Provide additional 700 community home visits under Li Ka Shing Hospice program in BH	1Q11
• Strengthen end-of-life support for terminally ill patients in KCC by providing 800 Community Geriatric Assessment Team (CGAT) attendances to old aged homes patients	1Q11
• Establish a Day Rehabilitation Centre in BH	4Q10

Keep Modernizing HA

- Establish a specialist centre for joint replacement in BH — 4Q10
- Pilot the steroid profiling services in KCC and accept referrals for diagnosis of disorders of sex development or steroidogenesis, steroid secreting tumours and endocrinopathies — 2Q10
- Introduce fibroscan services in QEH for patients with hepatitis B & C virus — 2Q10

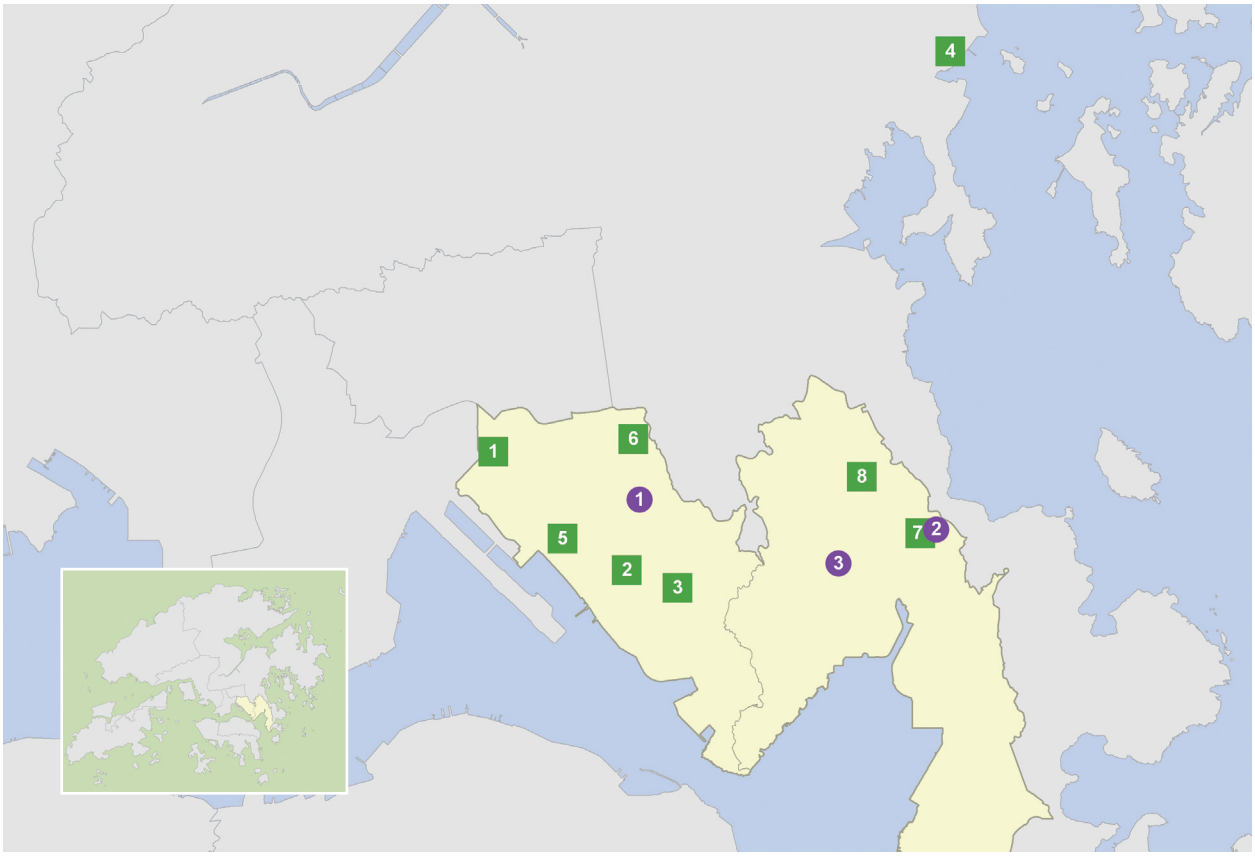
Build People First Culture

- Relieve frontline nursing manpower in specialty area by introducing the technical support team — 3Q10
- Publish a book on nursing services and development — 4Q10

Maintain Financial Sustainability

- Enhance quality of procedure coding through standardization of workflow in specialty areas — 1Q11
- Explore and implement strategies to shorten length of stay in BH through discharge planning enhancement and workflow re-engineering — 1Q11

Kowloon East Cluster (KEC)



Hospital (providing 2,271 beds)

1. United Christian Hospital
2. Tseung Kwan O Hospital
3. Haven of Hope Hospital

General Outpatient Clinic

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

Demographic Characteristics

Year 2008	Kwun Tong	Tseung Kwan O	KEC Catchment	Hong Kong Overall
Population	581,500	353,500	**935,000**	**6,975,400**
Proportion of population age ≥ 65	16.1%	8.4%	**13.2%**	**12.6%**
Year 2018				
Projected population	645,900	426,200	**1,072,100**	**7,584,800**
Proportion of population age ≥ 65	16.5%	11.3%	**14.4%**	**16.2%**

The catchment area of KEC covers Kwun Tong and Tseung Kwan O districts with a total population of around 0.9 million.

Major Challenges

There are some pressing local issues for KEC:

(a) Long waiting time for new case appointment in Specialist Out-patient Clinics

(b) Long waiting time for elective operations

(c) Capacity limitation due to physical constraints of UCH and TKOH

(d) Limited cancer and eye service

(e) Heavy reliance on other clusters especially for in-patient rehabilitation and convalescent services

(f) The growing need for additional obstetric services especially from residents of Tseung Kwan O

Major Initiatives in 2010-11

A total of 60 beds will be opened in UCH and TKOH to address the demand in acute inpatient services and rehabilitation care. Ambulatory and community care will continue to be one of our top priorities for strategic development this year, with emphasis on enhanced care model and inter-departmental collaboration.

In 2010-11, KEC will regularly review the services in the light of demographic changes, growth in service demand and service utilization; and plan for its future facilities and services on the basis of service needs. KEC will closely monitor the two major capital projects including the Re-provisioning of Infirmary, Community Interface and Carers' Support Services in HHH and the Expansion of TKOH.

Specifically, KEC will implement the following major initiatives in 2010-11 in line with corporate strategic directions:

- To respond to rising service demand by implementing a number of major new service programs, including setting up a 40-bed medical ward and opening 2 intensive care beds at TKOH, adding 18 rehabilitation beds at UCH and increasing the throughput of cataract service and total joint replacement operations.
- To improve service quality and safety by establishing a cardiac care unit at TKOH, developing a regional centre of specialized surgeries for children with cleft lip and palate, adopting new model of care for psychiatric patients and introducing palliative care as an alternative option for patients with end-stage renal disease.

- To modernize hospital functions and services through a series of measures that include the application of molecular techniques in the early diagnosis and management of infectious diseases, and the introduction of property management concept for the enhancement of facility management in hospital.
- To build people first culture by streaming the duties of medical social worker, expanding midwifery education, and enhancing quality and supervision of community nursing service.

KEC Targets

Implement a Planned Response to Manage Growing Service Demand	
• Open 40 acute medical beds and 2 intensive care unit (ICU) beds in TKOH to meet the community needs	1Q11
• Open additional 18 extended care beds in UCH to facilitate better rehabilitation care	1Q11
• Enhance arthroplasty services by establishing a total joint replacement centre in KEC to increase the number of surgeries by 85 in 2010-11	2Q10
• Shorten the long waiting time of medical outpatients by an inter-departmental specialist clinic program to increase 1,750 Medical SOP attendances and 2,800 Family Medicine Specialist Clinic (FMSC) attendances	2Q10
• Install 2nd CT Scanner in the vicinity of AED to enhance the services of emergency care and shorten the elective waiting time of SOP patients in UCH	1Q11
• Increase the throughput of cataract services at UCH by additional 725 cataract surgeries	2Q10
• Re-establish Out-patient Service of Ear, Nose and Throat (ENT) in TKOH and provide additional 150 cases of ENT day surgeries under general anaesthesia in 2010-11	3Q10
• Augment the haemodialysis (HD) service by supporting 3 more chronic HD sessions in UCH	1Q11
• Enhance the chemotherapy services in KEC with additional 500 discharge episodes and 500 attendances starting from April 2010	3Q10
• Establish a Physiotherapy Triage Clinic and intervention model for common musculoskeletal conditions in TKOH to shorten the waiting time for new Orthopaedics and Traumatology (O&T) SOP consultation	1Q11

Improve continuously service Quality and Safety

• Enhance cardiac care by the establishment of a 2-bed Cardiac Care Unit (CCU) at TKOH	3Q10
• Develop UCH as a regional centre for the centralization of specialized surgeries for children with cleft lip and palate delivered by a dedicated multi-disciplinary team	1Q11
• Introduce palliative care as an alternative option for patients with end-stage renal disease	3Q10
• Establish a community-based case management program for patients with severe mental illness, with additional 12,485 outreach visits conducted by case managers	2Q10
• Introduce an integrated mental health program in the primary care setting for patients with common mental disorders and provide timely medical and psychological treatment in psychiatric specialist clinics for these patients	4Q10

Keep Modernizing HA

• Improve operational efficiency, staff training and service quality by clustering and restructuring at least one clinical service in KEC in 2010-11	4Q10
• Apply molecular techniques in the early diagnosis and management of infectious diseases	2Q10
• Introduce Property Management Concept for enhancing the management and service quality of facility management in hospital	2Q10

Build People First Culture

• Recruit and train TSAs to relieve medical social workers of non-professional duties	2Q10
• Sustain midwifery education by increasing 7 midwife trainees	2Q10
• Upgrade 5 RNs of the community nursing service to APNs	3Q10

Kowloon West Cluster (KWC)

Hospital (providing 6,582 beds)

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

General Outpatient Clinic

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

Demographic Characteristics

Year 2008	Wong Tai Sin	Yau Tsim Mong*	Sham Shui Po	Kwai Tsing	Tsuen Wan	North Lantau	KWC Catchment	Hong Kong Overall
Population	422,900	296,600	368,300	518,500	297,600	80,900	**1,866,500**	**6,975,400**
Proportion of population age ≥ 65	17.7%	13.5%	16.7%	13.6%	11.8%	6.1%	**14.5%**	**12.6%**
Year 2018								
Projected population	411,200	353,000	438,200	474,700	304,300	90,500	**1,928,700**	**7,584,800**
Proportion of population age ≥ 65	18.7%	18.4%	17.8%	17.5%	16.4%	9.4%	**17.4%**	**16.2%**

** 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, Mongkok, Sham Shui Po, Kwai Tsing, Tsuen Wan and North Lautau Island. This is the largest Cluster in HA, with an estimated population of nearly 1.9 million, representing 27% of the overall Hong Kong population.

Major Challenges

KWC has a population which is slightly poorer and older than the Hong Kong average and the demand for a comprehensive public healthcare service is high. Therefore, our main challenge continues to be providing safe and quality care in the face of rising service demand and expectation. On one hand we need to improve our service capacity and accessibility. At the same time, we need to maintain a robust triage mechanism to ensure that patients with pressing needs are attended to in a timely manner.

Major Initiatives in 2010-11

Enhancing ambulatory and community services, cross discipline / sector collaborations, removing bottleneck, launching quality improvement programs and maintaining a competent staff force are our main strategies. Major initiatives are as follows:

- To manage growing service demand, we will enhance our facilities to support additional ambulatory services, provide more operating theatre sessions for urology, joint replacement, macular surgery and cataract surgery. We will also provide additional radiotherapy services for cancer patients.
- We will allocate additional resources to enhance primary care and chronic disease management. Also, cross-specialty program will be launched to enhance interface with secondary specialist services. Specifically, an integrated mental health program will be set up to manage common mental disorders.

- Care for the elderly and mentally ill patients will be further strengthened through additional outreach services, as well as employment of community mental health practitioners to enhance support to discharged mental patients.
- The rapid advances of medical technology will enhance the quality in both diagnostics and therapeutics. KWC will provide the well-proven molecular diagnostic tests on selected group of cancer patients for effective prediction of cancer therapies. The application of molecular techniques on MRSA, atypical pneumonia and clostridium difficle will also enable our management on infection control, and the reduction of prolonged hospitalization and mortality.
- Building a culture internally to ensure quality services and safety for patients is always our key concern. Palliative care will be extended from cancer to end-stage renal failure patients. Symptom control will be offered as an alternative option for these patients to improve their quality of life. The medication safety and reconciliation service will be piloted in Paediatric and Neonatal Intensive Care Unit in PMH. To further reduce the risk of using pre-packed pharmaceutical products, specific groups of drug will be supplied in blister pack.
- Staff is always the most valuable asset of the Cluster. To sustain the high quality of our workforce, HA has continued to provide a series of career progression programs for various grades of staff. KWC will, for instance, enhance the career progression of community nurses. We will also contribute to supporting midwifery training.

KWC Targets

Implement a Planned Response to Manage Growing Service Demand	
• Expand the hospital and home haemodialysis services to treat 20 more patients	1Q11
• Shorten the waiting time for urology, joint replacement, cataract and macular services by providing additional 365 surgeries, and 750 investigations and procedures	1Q11
• Reduce radiology examination waiting time by performing additional 3,200 imaging examinations on MRI, CT, and mammogram	1Q11
• Enhance the role of OLMH with additional 200 surgeries and 100 procedures	1Q11
• Expand the capacity of radiotherapy services to cater for 3,500 additional procedures	1Q11

- Introduce palliative care for patients with end-stage renal disease and serve 180 patients — 1Q11
- Provide community-based case management for patients with severe mental illness and serve 1,515 additional patients — 1Q11
- Enhance the treatment of patients with common mental disorders by managing 600 such patients at psychiatric specialist clinics, and increasing the capacity of Family Medicine / GOP clinics to attend to 810 patients — 1Q11

Improve Continuously Service Quality and Safety

- Provide molecular diagnostic tests for cancer patients, and apply molecular technique in the management of infections — 1Q11
- Provide Down syndrome screening to eligible pregnant women — 1Q11
- Enhance pharmacy support for:
  - Chemotherapy service — 1Q11
  - High risk medication intravenous admixture preparations used in Paediatric unit — 1Q11
  - Dispensing service – expanding the use of drugs in blister pack — 3Q10

Keep Modernizing HA

- Replace radiology equipment by phases to support filmless imaging — 1Q11

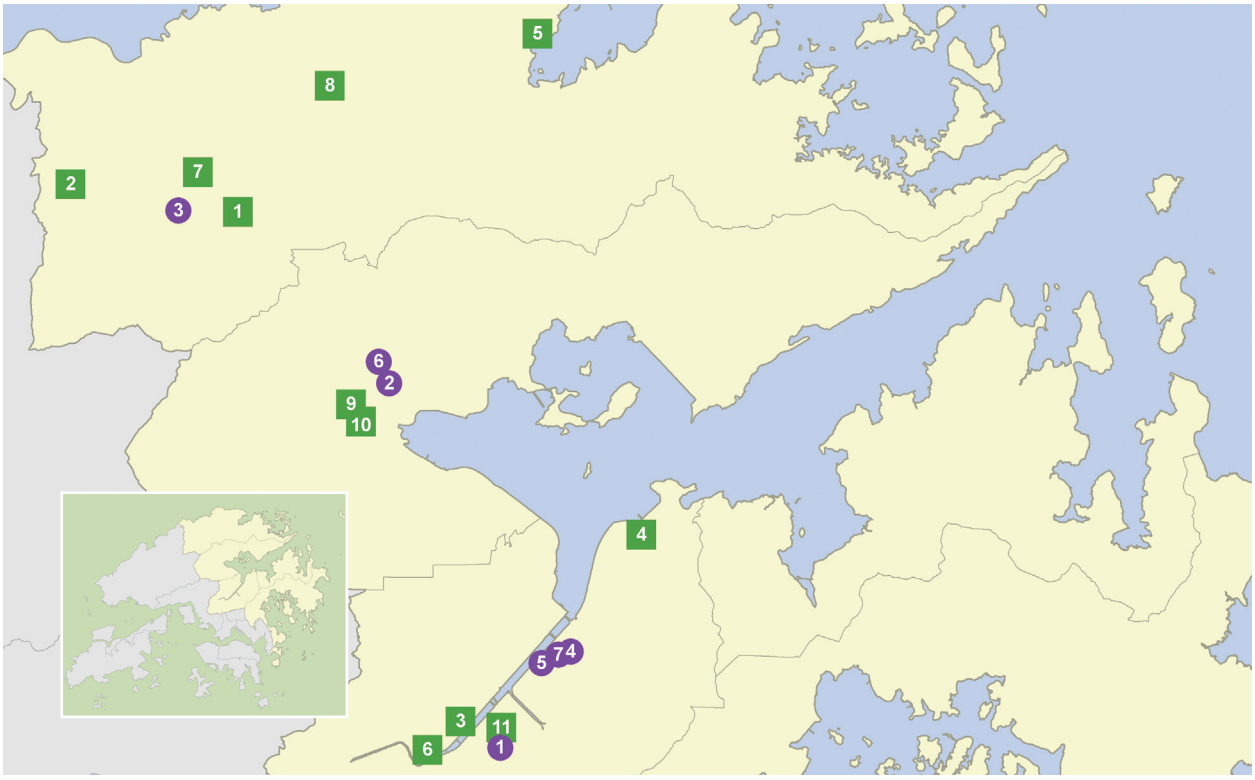
Build People First Culture

- Upgrade 4 RN positions in the Community Nursing Service to APN — 4Q10
- Enhance support to midwifery training — 4Q10
- Provide ergonomic bags and overcoats to 116 community nurses to improve their occupational safety and health — 4Q10
- Recruit and train 3 TSAs to relieve medical social workers of non-professional duties — 4Q10

Maintain Financial Sustainability

- Support Casemix project by carrying out cost modeling — 3Q10

New Territories East Cluster (NTEC)



Hospital (providing 4,030 beds)

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

General Outpatient Clinic

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

Demographic Characteristics

Year 2008	Sha Tin	Tai Po	North	Sai Kung*	NTEC Catchment	Hong Kong Overall
Population	612,100	292,100	299,800	417,700	**1,268,200**	**6,975,400**
Proportion of population age ≥ 65	10.8%	9.8%	10.1%	8.4%	**10.3%**	**12.6%**
Year 2018						
Projected population	683,600	316,900	329,000	509,500	**1,412,800**	**7,584,800**
Proportion of population age ≥ 65	15.5%	14.6%	14.1%	11.3%	**14.7%**	**16.2%**

** 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 District and part of the Sai Kung districts, with a total population of 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 travellers commuting between Hong Kong and the mainland everyday. At the same time, we provide a broad range of tertiary and quaternary services serving the whole territory in association with the Faculty of Medicine, Chinese University of Hong Kong.

In the third quarter of the year, the cluster will be opening the 870-bed Extension Block of the Prince of Wales Hospital. It will involve the relocation of acute inpatient services of the major specialties. The new facility is planned with state-of-the-art design, with the provision of 5 additional operating theatres (total 16) and 10 additional intensive care beds (total 32). The newly commissioned facility will greatly enhance the services provided in the hospital and the cluster.

In 2010-11, the cluster continues to face 3 main challenges: (i) increasing acuity, intensity and complexity of care for acute patients, leading to blocking of beds for emergency admissions during the winter surge; (ii) high demand for specialist outpatient services and from patients with chronic diseases; and (iii) pressure on cancer care and treatment, as well as waiting time for cancer surgeries and certain operations.

Major Initiatives in 2010-11

To address the challenges, NTEC will focus on the following 3 key strategies:

- **Increase the capacity of inpatient and high dependency care**
  With the commissioning of the PWH Extension Block, there will be an increase of 14 acute beds in the emergency medicine ward from the original capacity of 26 beds. Three beds will be added to the High Dependency Unit of NDH. A 25-bed medical rehabilitation ward will also be opened in Shatin Hospital to enhance the turnover of beds in PWH.
- **Enhance primary care and chronic disease management**
  We will continue to strengthen the family medicine services to help reduce the waiting time in specialist outpatient services as well as roll out the public-private partnership shared care program for patients with diabetes mellitus and hypertension. A respiratory collaborative care team will be established in NDH to provide discharge support to patients admitted for acute respiratory illnesses. A substance abuse clinic will be set up in North District. This will be the second substance abuse clinic in the cluster. We will also increase the number of community nurses and community psychiatric nurses to take care of chronic patients in the community, reducing avoidable hospitalization of these patients.

- **Increase the capacity of operating theatre and cancer services**
  We will open additional operating theatre sessions to shorten the waiting time for cancer surgery, cataract surgery and other complicated operations. We will also expand the cancer services in PWH to provide additional capacity for chemotherapy services as well as commission the 5th linear accelerator to provide radiation therapy for cancer patients. The palliative care service will also be enhanced through specialist-led multidisciplinary care team support and opening a day unit in NDH.

NTEC Targets

Implement a Planned Response to Manage Growing Service Demand	
• Roll out the shared care program with private medical practitioners for patients with diabetes mellitus and hypertension	2Q10
• Open the 870-bed PWH Extension Block with relocation of the acute inpatient services in medicine, surgery, orthopaedics & traumatology and intensive care, and expansion of emergency medicine ward to 40 beds	4Q10
• Enhance respiratory care for patients with chronic obstructive pulmonary disease with the setting up of the respiratory collaborative care team in NDH to provide discharge and home support, and to reduce hospital re-admissions	3Q10
• Increase the capacity of high dependency care with an additional 3 high dependency beds in NDH	4Q10
• Open a new 25-bed medical rehabilitation ward in SH	4Q10
• Expand palliative care services in NDH	4Q10
• Conduct additional operating theatre sessions for targeted disease groups for patients with colorectal cancer, cataract and urological conditions	1Q11
• Expand the ambulatory cancer care services in PWH to increase the number of patients treated with chemotherapy and enhance the molecular diagnostic tests for cancer patients	1Q11
• Increase haemodialysis service capacity in phases to serve 10 more patients with end-stage renal disease (ESRD) and introduce palliative care as an alternative for patients with ESRD	1Q11
• Enhance the psychiatry service by: (a) launching an integrated mental health program in primary care clinics; (b) setting up a second substance abuse clinic in NDH; (c) increasing the number of community psychiatric nurse visits	1Q11

• Enhance access to service with: (a) continuous shortening of the waiting time for medicine, urology and colorectal clinic consultations; and (b) increasing the number of visits by community nurses	1Q11

Improve Continuously Service Quality and Safety

• Provide rapid molecular diagnostic tests for the management of infections	2Q10
• Provide universal prenatal testing for Down syndrome to eligible pregnant women	3Q10
• Launch programs to improve medication safety, evaluate the safe surgery program in operating theatres, and extend the safe surgery program to non-operating theatre areas	4Q10
• Enhance the pharmacy service by: (a) expanding the use of drugs in blister pack to enhance safety, accuracy and efficiency of the dispensing service; and (b) implementing pharmacist driven medication reconciliation service upon patient's hospital admission and discharge	1Q11

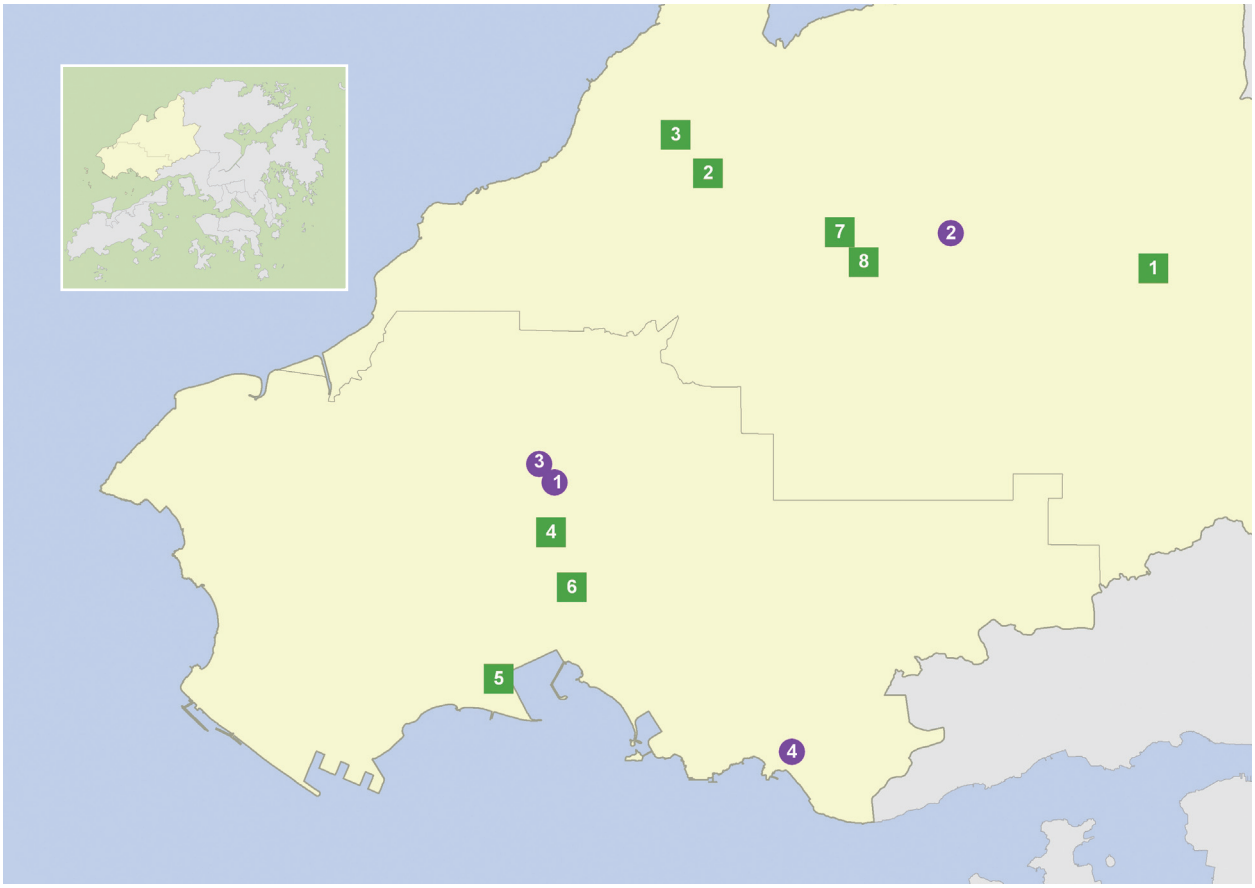
Keep Modernizing HA

• Improve mortuary service by employing Radio Frequency Identification (RFID) technology	4Q10
• Roll out filmless radiology in PWH	4Q10
• Install the 5th linear accelerator in PWH and increase the capacity for treating patients with radiation therapy	1Q11

Build People First Culture

• Pilot the electronic personal health record to promote staff health and enable access to healthcare data	2Q10
• Enhance cluster communications with building up of a dedicated team and modernize communications with the use of social media	2Q10
• Upgrade 5 RN positions in the Community Nursing Service to APN and provide ergonomic bags and overcoats to 46 community nurses	4Q10
• Strengthen patient relations through (a) providing training and education to all level of staff; (b) promoting team support and roles of Patient Relations Office; and (c) enriching the channels for providing information to patients	4Q10

New Territories West Cluster (NTWC)



Hospital (providing 3,808 beds)

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

General Outpatient Clinic

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

Demographic Characteristics

Year 2008	Tuen Mun	Yuen Long	NTWC Catchment	Hong Kong Overall
Population	502,800	544,000	**1,046,800**	**6,975,400**
Proportion of population age ≥ 65	8.5%	8.8%	**8.6%**	**12.6%**
Year 2018				
Projected population	525,900	628,200	**1,154,100**	**7,584,800**
Proportion of population age ≥ 65	14.2%	12.0%	**13.0%**	**16.2%**

The catchment area of NTWC covers Tuen Mun and Yuen Long districts with a total population of 1 million.

Major Challenges

NTWC is facing the challenge of increase in service demand from a growing population. According to population projections, the population in NTWC will soar up to 1.15 million in 2018, a 10% rise within ten years. With increase in service capacity over the past few years, we have managed to cut down the percentage of patient outflow (i.e. patients residing in the catchment areas seeking services from other clusters) from 19% in September 2006 to 12% in September 2009. However, service demand continues to grow with a rise in mental health needs, influx of low-income families and a growing number of elderly homes, long stay care homes and halfway houses in the region. The Cluster will continue to boost productivity and capacity to meet service demand and achieve corporate targets.

Major Initiatives in 2010-11

- **Enhance services at POH and TMH**
  We are expanding the surgical services by phases as the demand for elective operations in the Cluster will increase from 10.9 cases per 1,000 population in 2008 to 14.6 cases per 1,000 population in 2016, a substantial rise of 33.9%. In 2010-11, we will increase 20 operating theatre sessions per week at POH, and provide 50 additional beds in the hospital. With enhanced surgical services provision, rearrangement of services between TMH and POH will be considered meticulously to optimize efficiency and enhance patient convenience. An additional 47 rehabilitation beds will also be made available at TMH to relieve bed congestion at acute medical wards.

- **Increase service capacity in high priority areas**
  NTWC has the largest pool of patients with Continuous Ambulatory Peritoneal Dialysis amongst all clusters, but we have the lowest proportion of dialysis patients on haemodialysis (12%) compared with the HA average (18%). This year, we will provide extra haemodialysis (HD) sessions to expand our HD service.

  Other than strengthening mental health service in line with corporate target, we will also enhance the ambulatory care in Child and Adolescent Psychiatry as well as our forensic psychiatric services for the mentally-disordered offenders in Siu Lam Psychiatric Centre (SLPC).

- **Improve service quality and safety**
  A second MRI machine will be installed at TMH to shorten the waiting time for MRI examinations. We are also participating in the hospital accreditation process to make further steps towards our vision of becoming a "preferred healthcare provider". To demonstrate professional accountability and competency, another five nurse-led clinics will undergo accreditation in 2010. Other service improvement initiatives include the establishment of Centre for Healthy Life to enhance the psychosocial care of patients suffering from cancer and other chronic illnesses, and development of an electronic Pressure Ulcer Reporting System under the guidance of the Cluster's Pressure Ulcer and Prevention Management Committee.
- **Build people first culture**
  We are mapping out the architecture of the "Grow Our Capable Leaders for Success" (GOALS) program to build and maintain a talent-rich pipeline in the Cluster. To alleviate the time spent on administrative duties by ward nurses, we will extend the coverage of auto-refill system to 25 wards.

NTWC Targets

Implement a Planned Response to Manage Growing Service Demand	
• Enhance surgical services in POH by opening an additional 50 hospital beds and two operating theatre suites, providing additional (i) 20 operating theatre sessions per week, (ii) 2,513 discharge episodes, and (iii) 14,215 SOP attendances	4Q10
• Augment rehabilitation in-patient service in TMH by opening an additional 47 beds, providing 2,988 discharge episodes	4Q10
• Expand haemodialysis (HD) capacity to treat five more patients with end-stage renal failure and provide 650 extra HD sessions	1Q11
• Provide community-based case management for patients with severe mental illness to serve 1,515 additional patients and provide 12,118 additional psychiatric outreach attendances	1Q11
• Enhance the provision of ambulatory care in Child & Adolescent Psychiatry and provide 1,575 additional attendances to shorten the waiting time for first appointment at SOPC by 10%	1Q11
• Enhance the capacity of the forensic psychiatric services by providing (i) 1,200 assessment and hospital order cases attendances, (ii) support for 180 court cases, (iii) 190 outreach visits, and (iv) 190 home visits	1Q11

Improve Continuously Service Quality and Safety

• Establish the Centre for Healthy Life to enhance psychosocial services for 1,500 patients suffering from cancer and other chronic illnesses	1Q11
• Participate in Hospital Accreditation and conduct the organization-wide survey in TMH	4Q10
• Set up five more nurse-led clinics to expand the scope of clinical services	1Q11
• Conduct Patient Satisfaction Survey to solicit patients' feedback for the development of quality improvement initiatives	2Q10
• Roll out electronic Pressure Ulcer Reporting System for reporting of all cases with newly developed pressure ulcers	2Q10
• Offer prenatal testing for Down syndrome to 2,300 pregnant women	1Q11

Keep Modernizing HA

• Install the 2nd MRI in TMH to shorten the waiting time for MRI examinations in NTWC	1Q11
• Introduce Radio Frequency Identification (RFID) Technology in mortuary service	4Q10

Build People First Culture

• Develop and implement a three-year training & development (GOALS) program for 30 managers with high potential to move into leadership role	3Q10
• Conduct Core Competency Training for 150 junior doctors to help them meet the challenges of increasing complexity of modern health care services	3Q10
• Provide Coaching Skills Training Programs for 480 nursing supervisors and managers to develop them as internal coaches at workplaces	1Q11
• Upgrade 4 RN positions in the Community Nursing Service to APN and provide ergonomic bags and overcoats to 43 community nurses	3Q10
• Provide midwifery training for 7 trainees	2Q10
• Recruit and train TSAs to help relieve non-professional duties of medical social workers	1Q11
• Extend the coverage of auto-refill system to 25 wards	1Q11

Appendix 1 – Key Service Statistics

Targets and Indicators	Actual for 2008-09	Estimate for 2009-10	Target for 2010-11
I. Access to services			
Inpatient services			
no. of hospital beds			
general (acute and convalescent)	20 416	20 516	20 733
infirmary	2 041	2 041	2 041
mentally ill	4 000	3 607	3 607
mentally handicapped	660	660	660
total	**27 117**	**26 824**	**27 041**
Ambulatory & outreach services			
accident & emergency (A&E) services			
% of A&E patients within target waiting time			
triage I (critical cases – 0 minutes)	100	100	100
triage II (emergency cases < 15 minutes)	98	95	95
triage III (urgent cases < 30 minutes)	89	90	90
specialist outpatient services			
median waiting time for first appointment at specialist clinics			
first priority patients	< 1 week	2 weeks	2 weeks
second priority patients	5 weeks	8 weeks	8 weeks
rehabilitation & geriatric services			
no. of community nurses	378	377	395
no. of geriatric day places	634	639	639
psychiatric services			
no. of community psychiatric nurses	134	137	154
no. of psychiatric day places	889	889	889
II. Delivery of services			
Inpatient services			
no. of discharge episodes			
general (acute and convalescent)	890 479	906 900	916 300
infirmary	3 272	3 300	3 300
mentally ill	15 540	15 600	15 600
mentally handicapped	295	310	310
overall	**909 586**	**926 110**	**935 510**
no. of patient days			
general (acute and convalescent)	5 293 308	5 300 000	5 300 000
infirmary	525 421	529 000	529 000
mentally ill	988 037	985 000	985 000
mentally handicapped	227 419	229 000	229 000
overall	**7 034 185**	**7 043 000**	**7 043 000**

Targets and Indicators	Actual for 2008-09	Estimate for 2009-10	Target for 2010-11
bed occupancy rate (%)			
general (acute and convalescent)	83	82	81
infirmary	91	92	92
mentally ill	73	74	74
mentally handicapped	93	93	93
overall	**82**	**82**	**81**
average length of stay (days) [Note 1]			
general (acute and convalescent)	6.0	5.9	5.8
infirmary	132	135	135
mentally ill	79	73	73
mentally handicapped	569	659	659
overall	**8.0**	**7.7**	**7.6**
Ambulatory & outreach services			
day inpatient services			
no. of discharge episodes	365 222	375 800	398 400
A&E services			
no. of attendances	2 116 509	2 147 000	2 173 000
no. of attendances per 1 000 population	303	306	308
no. of first attendances for			
triage I	18 325	19 100	19 300
triage II	34 632	36 500	36 900
triage III	592 963	595 400	609 700
outpatient services			
no. of specialist outpatient (clinical) new attendances	608 374	617 000	630 000
no. of specialist outpatient (clinical) follow-up attendances	5 462 257	5 549 000	5 658 000
total no. of specialist outpatient (clinical) attendances [Note 2]	**6 070 631**	**6 166 000**	**6 288 000**
no. of general outpatient attendances	4 968 586	4 513 000	4 816 000
no. of family medicine specialist clinic attendances [Note 2]	235 546	211 300	221 100
total no. of primary care attendances [Note 3]	**5 204 132**	**4 724 300**	**5 037 100**
rehabilitation & palliative care services			
no. of rehabilitation day and palliative care day attendances	76 615	79 500	81 000
no. of home visits by community nurses	799 324	807 000	826 000
no. of allied health (community) attendances	22 516	24 000	24 300
no. of allied health (outpatient) attendances	1 904 870	1 939 000	1 974 000
geriatric services			
no. of outreach attendances	555 124	607 100	610 200
no. of elderly persons assessed for infirmary care services	1 474	1 480	1 480
no. of day attendances	135 184	138 900	141 800
no. of Visiting Medical Officer attendances	105 223	110 800	114 800
psychiatric services			
no. of outreach attendances	104 753	122 900	160 000
no. of day attendances	189 208	198 000	199 300
no. of psychogeriatric outreach attendances	66 617	74 400	76 100

Targets and Indicators	Actual for 2008-09	Estimate for 2009-10	Target for 2010-11
III. Quality of services			
no. of hospital deaths per 1 000 population [Note 4]	3.7	3.7	3.7
unplanned readmission rate within 28 days for general inpatients (%)	10.7	10.8	10.8
IV. Cost of services			
Cost distribution			
cost distribution by service types (%)			
inpatient	59.8	59.6	58.7
ambulatory & outreach	40.2	40.4	41.3
cost by service types per 1 000 population ($m)			
inpatient	3.0	3.0	3.1
ambulatory & outreach	2.0	2.1	2.2
cost of services for persons aged 65 or above			
share of cost of services (%)	45.4	45.6	45.3
cost of services per 1 000 population ($m)	18.2	18.4	19.0
Unit cost			
inpatient services			
cost per inpatient discharged ($)			
general (acute and convalescent)	20 230	20 370	20 590
infirmary	174 650	176 690	177 160
mentally ill	120 360	122 220	122 490
mentally handicapped	809 000	781 400	782 340
cost per patient day ($)			
general (acute and convalescent)	3 650	3 750	3 850
infirmary	1 090	1 100	1 110
mentally ill	1 890	1 940	1 940
mentally handicapped	1 050	1 060	1 060
ambulatory & outreach services			
cost per A&E attendance ($)	820	830	830
cost per specialist outpatient attendance ($)[Note 5]	840	850	870
cost per general outpatient attendance ($)	280	290	300
cost per family medicine specialist clinic attendance ($)[Note 5]	750	770	790
cost per outreach visit by community nurse ($)	330	340	340
cost per psychiatric outreach attendance ($)	1 110	1 120	1 120
cost per geriatric day attendance ($)	1 450	1 450	1 450
Waivers [Note 6]			
% of Comprehensive Social Security Assistance (CSSA) waiver	19.4	19.5	19.5
% of non-CSSA waiver	3.3	3.8	3.8

Targets and Indicators	Actual for 2008-09	Estimate for 2009-10	Target for 2010-11
V. Manpower (no. of full time equivalent staff as at 31 March)			
Medical			
doctor	4 863	4 960	5 023
no. of specialists	2 502	2 551	2 584
no. of trainees/non-specialists	2 361	2 409	2 439
intern	292	279	276
dentist	5	6	6
medical total	5 160	5 245	5 305
Nursing			
qualified staff	19 124	19 298	19 732
trainee	398	444	300
nursing total	19 522	19 742	20 032
Allied health	5 231	5 410	5 628
Others	25 998	26 782	27 111
total	**55 911**	**57 179**	**58 076**

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

Note 2 *Starting from 2009-10, the number of specialist outpatient (clinical) attendances does not include the number of family medicine specialist clinic attendances. The latter is separately listed as one of the components of the indicator "total number of primary care attendances". For comparison purposes, the figures for 2008-09 have been adjusted accordingly.*

Note 3 *Starting from 2009-10, the indicator "total number of primary care attendances" is added. It is comprised of the number of general outpatient (GOP) attendances and family medicine specialist clinic attendances. Eight GOP clinics have been designated as Designated Flu Clinics for human swine influenza (H1N1 Influenza A) since 13 June 2009. The attendances of the Designated Flu Clinics are not included in the 2009-10 Revised Estimate and 2010-11 estimate.*

Note 4 *Refers to the standardized 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 5 *Starting from 2009-10, the indicator on unit cost of family medicine specialist clinic attendance is added. The unit cost of specialist outpatient attendance for 2008-09 has been adjusted accordingly.*

Note 6 *Refers to the amount waived as percentage to total charge.*

Appendix 2 – Service Targets by Cluster

Service Delivery Targets for 2010-11	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Inpatient services							
no. of discharge episodes							
general (acute and convalescent)	100 040	98 120	126 450	98 300	232 380	150 060	110 950
infirmary	1 800	110	200	140	630	380	40
mentally ill	1 810	800	2 440	570	3 400	3 960	2 620
mentally handicapped	-	-	-	-	150	-	160
no. of patient days							
general (acute and convalescent)	518 000	615 900	828 100	548 000	1 274 100	925 600	590 300
infirmary	174 500	56 400	32 200	37 300	93 700	103 800	31 100
mentally ill	108 100	18 900	135 900	20 300	236 300	134 300	331 200
mentally handicapped	-		-	-	49 300	-	179 700
Ambulatory & outreach services							
day inpatient services							
no. of discharge episodes	40 800	60 940	58 800	39 080	83 060	62 920	52 800
accident & emergency services							
no. of attendances	250 300	127 500	208 800	300 900	563 200	392 700	329 600
outpatient services							
no. of specialist outpatient (clinical) attendances	747 400	720 000	948 700	638 500	1 487 600	976 100	769 700
no. of primary care attendances	516 180	308 340	457 490	751 210	1 434 420	828 450	741 010
rehabilitation & palliative care services							
no. of rehabilitation day and palliative care day attendances	41 280	26 100	850	3 010	2 650	5 010	2 100
no. of home visits by community nurses	103 000	54 000	65 800	156 600	239 600	125 700	81 300
no. of allied health (community) attendances	2 300	2 390	3 410	1 590	4 710	5 820	4 080
no. of allied health (outpatient) attendances	220 900	169 500	314 400	254 700	422 800	338 100	253 600
geriatric services							
no. of outreach attendances	115 500	35 150	73 460	38 160	169 100	78 370	100 460
no. of day attendances	28 160	7 990	9 430	24 260	35 960	25 200	10 800
no. of Visiting Medical Officer attendances	20 690	10 000	13 040	9 780	28 220	22 290	10 780
psychiatric services							
no. of outreach attendances	13 120	6 310	8 630	22 080	46 040	19 680	44 140
no. of day attendances	27 540	15 500	10 880	29 150	62 580	36 540	17 110
no. of psychogeriatric outreach attendances	9 250	10 510	6 610	7 900	18 820	11 400	11 610
Quality of services (General Inpatient)							
unplanned readmission rate within 28 days	11.3%	7.6%	9.7%	12.3%	11.3%	10.0%	13.1%

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We welcome your suggestions on the Hospital Authority Annual Plan.
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