HOSPITAL AUTHORITY ANNUAL PLAN
2007 - 2008

醫院管理局
HOSPITAL AUTHORITY

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ABBREVIATION LIST

AED	Accident and Emergency Department
AIRS	Advanced Incident Reporting System
AP	Annual Plan
BDO	Bed Day Occupied
CCDS	Comprehensive Child Development Service
CE	Chief Executive (of Hospital Authority)
CGAT	Community Geriatric Assessment Team
CHP	Centre for Health Protection
CM	Chinese Medicine
CMS	Clinical Management System
DH	Department of Health
eKG	electronic Knowledge Gateway
EP	Entitled Person
ePR	electronic Patient Record
ERP	Enterprise Resources Planning
HA	Hospital Authority
HARRPE	High Admission Risk Reduction Programme for Elderly
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
HMDAC	Health and Medical Development Advisory Committee
IDC	Infectious Disease Centre
GOPC	General Out-Patient Clinic
GCR-AH	Generic Clinical Request - Allied Health
HWFB	Health, Welfare and Food Bureau
IHC	Institute of Health Care
IP	In-patient
IT/IS	Information Technology / Information System
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
NEATS	Non-Emergency Ambulance Transfer Service
NEP	Non-Entitled Persons
NGO	Non-Government Organization
NICU	Neonatal Intensive Care Unit
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
OECD	Organisation for Economic Co-operation and Development
OP	Out-Patient
OSH	Occupational Safety and Health
PBRC	Patient Billing and Revenue Collection
PI-AP	Patient Information - Activity Billing
PPI	Public Private Interface
SARS	Severe Acute Respiratory Syndrome
SHWF	Secretary for Health, Welfare and Food
SOPC	Specialist Out Patient Clinic
TNCS	Telephone Nursing Consultation Service

Hospital List

AHNH	Alice Ho Miu Ling Nethersole Hospital
BBH	Bradbury Hospice
BH	Hong Kong Buddhist Hospital
CCH	Cheshire Home (Chung Hom Kok)
CMC	Caritas Medical Centre
CPH	Castle Peak Hospital
DKH	Duchess of Kent Children's Hospital
FYK	Fung Yiu King Hospital
GH	Grantham Hospital
HHH	Haven of Hope Hospital
HKE	Hong Kong Eye Hospital
KCH	Kwai Chung Hospital
KH	Kowloon Hospital
KWH	Kwong Wah Hospital
MMRC	Maclehose Medical Rehabilitation Centre
NDH	North District Hospital
OLM	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
RC	Rehabaid Centre
RH	Ruttonjee Hospital
SCH	Cheshire Home (Shatin)
SH	Shatin Hospital
SJH	St. John Hospital
SLH	Siu Lam Hospital
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TPH	Tai Po Hospital
TSK	Tang Shiu Kin Hospital
TWEH	Tung Wah Eastern Hospital
TWH	Tung Wah Hospital
TYH	Tsan Yuk Hospital
UCH	United Christian Hospital
WCH	Wong Chuk Hang Hospital
WTS	Wong Tai Sin Hospital
YCH	Yan Chai Hospital

EXECUTIVE SUMMARY

OVERVIEW

1. The Hospital Authority (HA) is responsible for delivering a comprehensive range of hospital, out-patient and community-based services through its network of healthcare facilities. As part of its commitment to enhance accountability and transparency to the community, it has been publishing its Annual Plan since 1992/93, which provides a structured mechanism for the organisation to turn its corporate vision and directions into strategies, goals and operational targets.

2. There are several major concerns in the external and internal environment of the HA which shape the key directions adopted and presented in this Annual Plan for 2007/08. The areas of concern include increasing demand, maintaining sustainability, service quality and staff morale.

3. **Demand** for hospital services is rising as a result of population growth and ageing. This leads to a shifting of demand from episodic acute conditions to relapsing chronic conditions and age-related illnesses. Other drivers for the escalating demand include mainland mothers giving birth in Hong Kong, new and more effective treatment technologies and methods, and higher expectation from a better educated community.

4. Since 2001/02, the HA has recorded yearly budgetary deficits despite rigorous enhanced productivity measures. In order to **maintain financial sustainability**, various revenue options are being explored from non-Government as well as Government sources. While system efficiency and productivity enhancement initiatives are being continued, health care financing reform is an important part of HA's future financial sustainability.

5. Community expectation on **service quality** has never stopped increasing. The necessary quality will be monitored and enhanced, including accessibility of service, appropriateness of equipment, competence and culture of workforce, risk awareness and preparedness of the organisation.

6. After SARS, the **morale of HA staff** has stayed low in face of increasing workload, continuously long working hours and lack of clear career development opportunity. A recent Staff Survey has reviewed that staff sentiment is generally behind other corporations in Hong Kong. The fast improving economy and the opportunistic expansion of the private sector have imposed great difficulty on staff recruitment and retention.

PLANNING PROCESS AND FRAMEWORK

7. Against this background, the HA Board and management undertook a structured planning process to deliberate on the corporate direction for the coming financial year and into the near-term future. The management decided that to balance the rising demand and the limited resources for the provision of healthcare services, it was of paramount importance that the organisation position its services and focus its priorities.

EXECUTIVE SUMMARY

8. To guide the formulation of specific corporate and cluster targets, the planning framework has adopted the mission and vision of HA, the four priority areas set out by the Secretary for Health, Welfare and Food, the four focus areas set out by the HA Board, and the three key directions set out by the Chief Executive of HA.

9. In step with the corporate planning, all clusters also undertook similar planning exercises involving staff members across specialties, disciplines and ranks to align the cluster initiatives with the corporate directions.

MAJOR DIRECTIONS FOR 2007/08 HA ANNUAL PLAN

10. We have identified the following five major directions for 2007/08:
    - I. Implement planned-responses to increasing service demand
    - II. Continuously improve service quality and safety
    - III. Keep modernizing HA
    - IV. Build people first culture
    - V. Maintain financial sustainability

PRIORITY AREAS AND PROGRAMMES

I. Implement planned-responses to increasing service demand

11. Hong Kong is facing increase in healthcare demands from the expanding and ageing population, changing epidemiology, rapid advances in medical technology and increasing public expectations. As a result, waiting time in some area is lengthened. Besides, we have to prepare for surge demand during endemic seasons, or as a result of mainland mothers coming for childbirth.

12. HA will have to achieve **modest increase in service capacity to meet growing demand in the highest priority areas**. Additional beds will be opened at the newly redeveloped POH and in the new Rehabilitation Block at TMH. Obstetric beds will be increased in several hospitals to expand delivery capacity. A&E service will be opened at POH. A series of programmes will be launched, to provide early intervention to mental patients, to enhance comprehesive preadmission service for elective surgery.

13. HA will **build up services to prevent avoidable hospitalization** through strengthening primary and community based services, setting up emergency medicine wards to enhance AEDs' gate-keeping function, expanding Chinese Medicine service in response to public demand, and expanding multidisciplinary service in partnership with other service providers for the group of high admission risk patients with chronic illness.

14. HA will develop health workforce projection model to identity gaps and make recommendations, enhance information systems and disease registries to **improve service planning**.

II Continuously improve service quality and safety

15. Quality and safety have always been a major concern of healthcare providers and have become a hallmark of modern hospitals. Risks including hospital acquired infections such as MRSA increase with speed and complexity of care. There is also rising concern for litigation risk arising from poor service. Good practice in risk management would improve outcome and may achieve savings in the long run.

16. HA will provide **more timely intervention** for life-threatening conditions such as cancer. Radiotherapy and chemotherapy services will be enhanced by extending Linear Accelerator (Linac) machine time to reduce the waiting time for radiotherapy, and by strengthening the oncology and day chemotherapy services in PMH and TMH respectively. Resources will also be injected to shorten waiting time for benign prostate hypertrophy and cataract operations.

17. Taking the lessons from SARS, **emergency preparedness** will be heightened. Quick and robust response and recovery plans for contingencies such as pandemic or civil disasters will be kept actively in place. The HA Infectious Disease Centre at PMH will start operation in phases. Annual drills on infectious disease outbreaks and disasters will be organised. The infrastructure for the prevention and control of poisoning, which is emerging through increased awareness, will also be strengthened.

18. **Risk management** measures including barcode technology for patient identification in blood transfusion, upgrade of core improvement standards, patient empowerment programmes and strategies to reduce medication incidents will be implemented to reduce avoidable hospital care incidents, as an ongoing effort to maintain service quality and to ensure patient safety.

19. HA aims to develop a **quality and incentive system** which can measure and reward quality improvements. HA is committed to establishing policy and practices and develop framework to support continuous improvement in service quality and thus patient care and outcome. This is achieved by promoting best practice of clinical care through strong emphasis on clinical governance, quality indicators, protocols and audit system. We will develop quality indicators for integrated care programmes for cancer and mental health to enhance multidisciplinary team leadership and best practice. We will conduct corporate nursing audit on administration of medication, blood transfusion and fall prevention, and develop a formal mechanism for identifying and prioritizing clinical or healthcare audits.

III. Keep modernizing HA

20. Health care is like a fast moving river. The international research industry that surrounds health care guarantees change. Hong Kong has a modern system, but need to keep updating and innovating to maintain pace with change. Facilities need to be modernised to reflect modern clinical practice, improve patient experience, and reduce cross-infection. Modern management systems can also be used to support clinical decision making and risk management in order to make the complexity of health care simpler, and more manageable.

EXECUTIVE SUMMARY

21. To ensure high quality of medical service and safety to our patients, we will keep on **reviewing and introducing new technologies, service techniques and pharmaceuticals**. In order to maximise utility of public resources, priority will be given to those with high efficacy and cost-effectiveness based on solid scientific evidence. In the coming year, we will review the state of health technology management in the HA and formulate a comprehensive management strategy in this area and review the HA Drug Formulary with introduction of more drugs as standard drugs for target diseases. We will periodically review and recategorise safety net drug as standard HA provision.

22. To keep up with the modernization of the society, HA will **update its medical equipment, systems and capital facilities**. Major capital work includes the Phase 2 redevelopment of the Caritas Medical Centre. With the completion of renovation works in Queen Elizabeth Hospital's kitchen this year, new catering service with cook-chill cum cold-plating technology will be provided. We will also replace 378 pieces of major medical equipment and 37 engineering equipment at $500M funded by Capital Block Vote. We will enhance computerised management system of NEATS and merge NEATS operations between Kowloon Clusters. To prepare for implementation of Waste Disposal (Amendment) Ordinance, we will review hospital practices in clinical waste management. 32 NEATS vehicles will be replaced by environmentally friendly LPG vehicles funded by Hong Kong Jockey Club Charities Trust.

23. To ride on the success of the existing IT infrastructure of HA, we will **continue to invest in IT services that can support quality decision-making by clinicians**. Investment in patient related systems can improve hospital work flow and facilitate clinical decision making. These include the enhancement of electronic patient record (ePR) Image Distribution System which can expedite diagnostic work up, and the Generic Clinical Request (GCR) system which can enhance care process efficiency. On the development side, new initiatives include the In-patient Medication Order Entry System which will facilitate dispensing and administering of medications and reduce medication incidents; and the Enterprise Architecture which will improve alignment between IT services and clinical requirements by modelling clinical processes and information needs in the HA. Furthermore, the eKG platform will be upgraded to better serve frontline clinicians to deliver evidence-based care.

24. HA will continue to **enhance corporate management systems** and will **introduce the new Enterprise Resource Planning (ERP) System to enable better management information**. The System can provide efficient information support to non-clinical operations so as to relieve staff resources from transactional processing, facilitate implementation of good practices for better decision making and performance measurement, and merge and streamline the existing fragmented processes for better and integrated activity control. The Patient Information - Activity Billing (PI-AB) System will be strengthened to meet business needs. HR system will also be enhanced with launching of the e-Recruitment System in all clusters to facilitate the recruitment process and the preparation for the new HR Payroll System under ERP Phase 1 next year.

IV. Build people first culture

25. People are the most valuable asset of HA. One of HA's mission statements is 'To provide rewarding, fair and challenging employment to all its staff, in an environment conducive to attracting, motivating and retaining well-qualified staff'. In the recent years, long working hours and financial stringency have had a negative impact on staff development and advancement, morale and commitment. In fact, as health care is a labour intensive and technology dependent service, commitment as well as competence of staff are the foundation of safe care and quality service. '**Build People First**' will remain dear to our heart and high on our agenda.

26. In order to foster a balanced work life of good quality, physically and psycho-socially, HA needs to **address unacceptable workload pressure areas**. The long work hours of doctors and the deficiency in nursing strength are pressing issues. HA will formulate strategies on Doctor Work Hours for implementation in pilot hospitals or clusters. HA will recruit at least 320 doctors, 600 nurses and 190 allied health staff to replace staff leaving and to meet HA service needs.

27. On-going effort will be made on **enhancing professional competencies and building up effective management and leadership** for health care professionals and senior executives. HA will map out a rotation mechanism for senior executives and professionals to widen job exposure and facilitate career development. An 18-month customised Executive Leadership Programme will be run for future senior leaders. We will also implement structured training programmes or interventions to relevant staff with foci identified from the needs analysis including project management skills and competency-based interviewing skills. The IHC will design specific programmes to enhance professional competencies and facilitate specialization.

28. Over the past few years, increasing demand and tightening resource have bred a number of human resources challenges such as low morale and unclear career prospect. Measures will be taken to **improve the career prospects of staff**. We will review career structure of health care professions and establish new career progression models. We will conduct a grade review and market survey on IT job family to ensure clear job description of the IT grades and ranks, and appropriate pay and employment conditions for the staff concerned. A structured training programme for allied health new recruits will be launched in accordance with the training and career development framework for allied health professions.

29. To enhance the holistic well being of staff and to **nurture a caring culture in the work place**, we will implement phase II of Oasis at Workplace by rolling out the programme to 200 work units and train a total number of 100 staff volunteers. We will build a professional team to lead occupational safety and health (OSH) function, and to develop and implement an OSH strategic plan. We will conduct a 'situation analysis' of programmes and policies on OSH, and prepare a priority document for enhancement including action plans and timeframes. The results of Staff Survey will be released and staff consultation on follow-up actions will be conducted. Moreover, we will start to provide quarterly reports to staff and management on follow-up actions taken on Staff Survey.

V. Maintain financial sustainability

30. Increased demand and normal inflation related cost pressures add increasing financial pressure on HA. This pressure is further aggravated by the economy downturn in the past few years and the imbalance between the public and private health care sector. The current level of medical fees and charges may tip the market towards the heavily subsidised hospital services and under utilization of primary medical care. The government is going to put forward proposals on healthcare financing reform as soon as possible.

31. Since the HMDAC of HWFB was reconvened in 2005, HA has been actively **supporting the government deliberations on healthcare financing reform, to review strategies on healthcare financing**. Part of the healthcare reform objectives is to encourage appropriate use of primary care, reduce public private imbalance and utilise subsidised public services in an efficient manner. In this respect, HA will support Government in (i) reviewing the medical fee structure in order to provide incentives for users to utilise medical services in a most appropriate and efficient manner, and (ii) developing the future primary care model for Hong Kong.

32. HA has a statutory duty to advise the Government of the needs of the community for public hospital services and of the resources required to meeting these needs. In order to ensure a sound financial planning for both medium term and long term sustainability of the public health care system, we need to **ensure forward budget planning so that HA's resource needs are well understood.** We continue to work with Government on a sustainable long term funding arrangement for the HA as constructive partners.

33. Planning work will give priorities to projecting Hong Kong's future health workforce needs. Service framework for high priority programmes will be developed including tertiary services, mental health, rehabilitation and palliative care. In order to provide adequate, efficient and effective public hospital services of the highest standard within the resources available, HA has to **explore a new internal funding allocation model that has incentives for productivity and quality**.

34. Being a responsible public organization HA has to **enhance management accountability for best use of resources** and in an efficient and effective manner. In order to measure the performance and promote best practice, key performance indicators will be developed. This will facilitate monitoring of cluster performance on quality, access, efficiency, revenue collection and inventory management.

35. Continuous effort will be made **to improve productivity to reduce the gap between demand and revenue.** We will continue our endeavours on matching demand with resources. Productivity and savings will be increased by optimizing use of resources to improve the viability of the system without compromising quality. In this respect, we will develop a framework for rationalization of specialised services and delineation of hospital role, award bulk contracts for patented pharmaceuticals, and roll out the enhanced Product Tracking and Tracing Systems in cardiac catheterization laboratories and orthopaedic and traumatology units of hospitals.

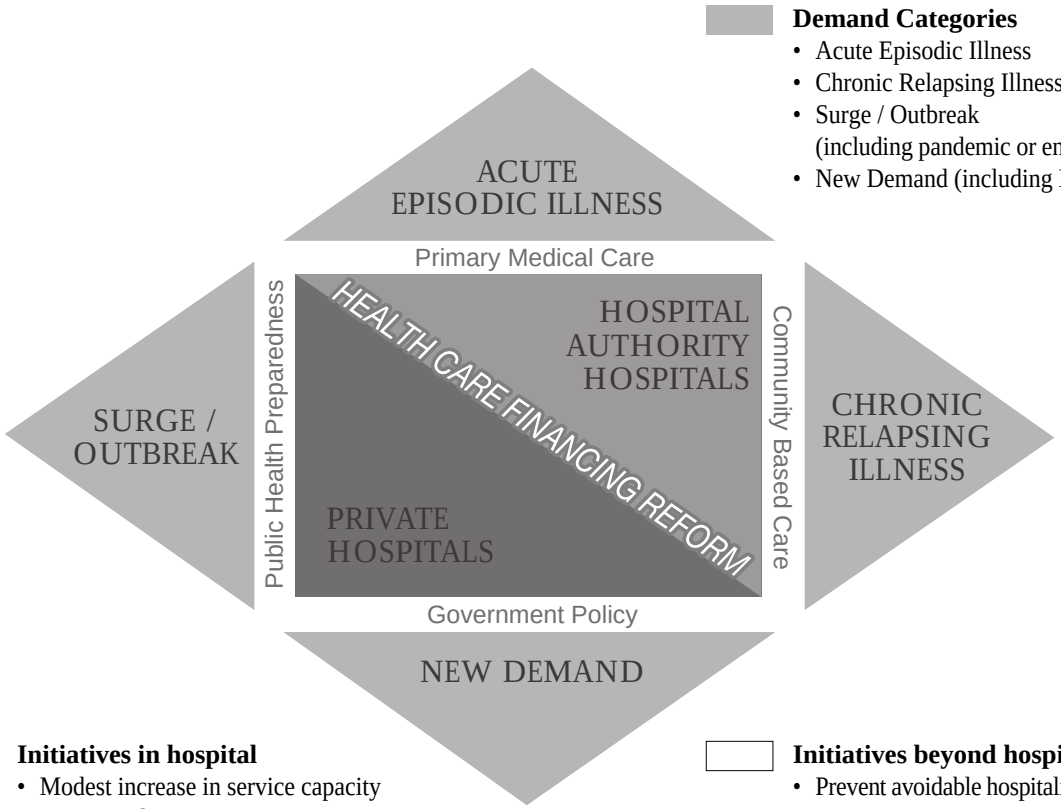
36. To address the long-term financial sustainability, HA will actively **explore new opportunities to increase income from sources other than Government Subvention**. HA will enhance or implement services with revenue generating potential. HA will prepare operation models to support the sales and supplies of self financed items, and commence advertising service in HA hospitals.

CONCLUSION

37. In line with global trends, the Chief Executive of HA has stated that "the future of hospitals is outside hospital". The main theme of this Annual Plan *"Beyond Hospital"* has translated this vision into an action plan. It is hoped that by implementing the specific targets at both the Head Office and the Cluster levels, the Authority will be able to provide quality services in a cost-effective and sustainable manner. The people of Hong Kong will enjoy good health and good health care services.

HA Annual Plan 07/08

Beyond Hospital



Demand Categories
- Acute Episodic Illness
- Chronic Relapsing Illness
- Surge / Outbreak (including pandemic or endemic)
- New Demand (including NEP)

Initiatives in hospital
- Modest increase in service capacity
- More timely intervention
- Risk and quality management
- Keep modernising HA
- Build People First culture
- Maintain financial sustainability

Initiatives beyond hospital
- Prevent avoidable hospitalization
- Primary & Community Care
- Emergency preparedness
- Health care financing reform
- Government policy

INTRODUCTION

BACKGROUND

1.1 The HA was established in December 1990 under the Hospital Authority Ordinance to manage all the public hospitals in Hong Kong. It took over the management of 38 public hospitals and the related institutions and their 37,000 staff on 1 December 1991.

1.2 It is a statutory body that is independent of, but accountable to, the Hong Kong Special Administrative Region Government through the SHWF. It is charged with the responsibility of delivering a comprehensive range of preventive, curative and rehabilitative medical services through its network of healthcare facilities at an affordable price which ensures access to every citizen.

MISSION OF HOSPITAL AUTHORITY

1.3 The Government's policy is to safeguard and promote the general health of the community as a whole and to ensure the provision of medical and health services for the people of Hong Kong so that no one should be prevented, through lack of means, from obtaining adequate medical attention. This includes particularly that section of the community which relies on subsidised medical attention. In keeping with this policy, the **mission** of the Authority is:

- To meet the different needs of the patients for public hospital services, and to improve the hospital environment for the benefit of the patients;
- To serve the public with care, dedication and efficiency, and to encourage community participation in the system, resulting in better care and more direct accountability to the public;
- To provide rewarding, fair and challenging employment to all its staff, in an environment conducive to attracting, motivating and retaining well qualified staff;
- To advise the Government of the needs of the community for public hospital services and of the resources required to meet these needs, in order to provide adequate, efficient, effective and value for money public hospital services of the highest standards recognised internationally within the resources obtainable; and
- To collaborate with other agencies and bodies in the healthcare and related fields both locally and overseas to provide the greatest benefit to the local community.

CORPORATE VISION

1.4 To fulfil its mission, the Authority has established the following corporate **vision**:

'The Hospital Authority will collaborate with other healthcare providers and carers in the community to create a seamless healthcare environment which will maximise healthcare benefits and meet community expectations.'

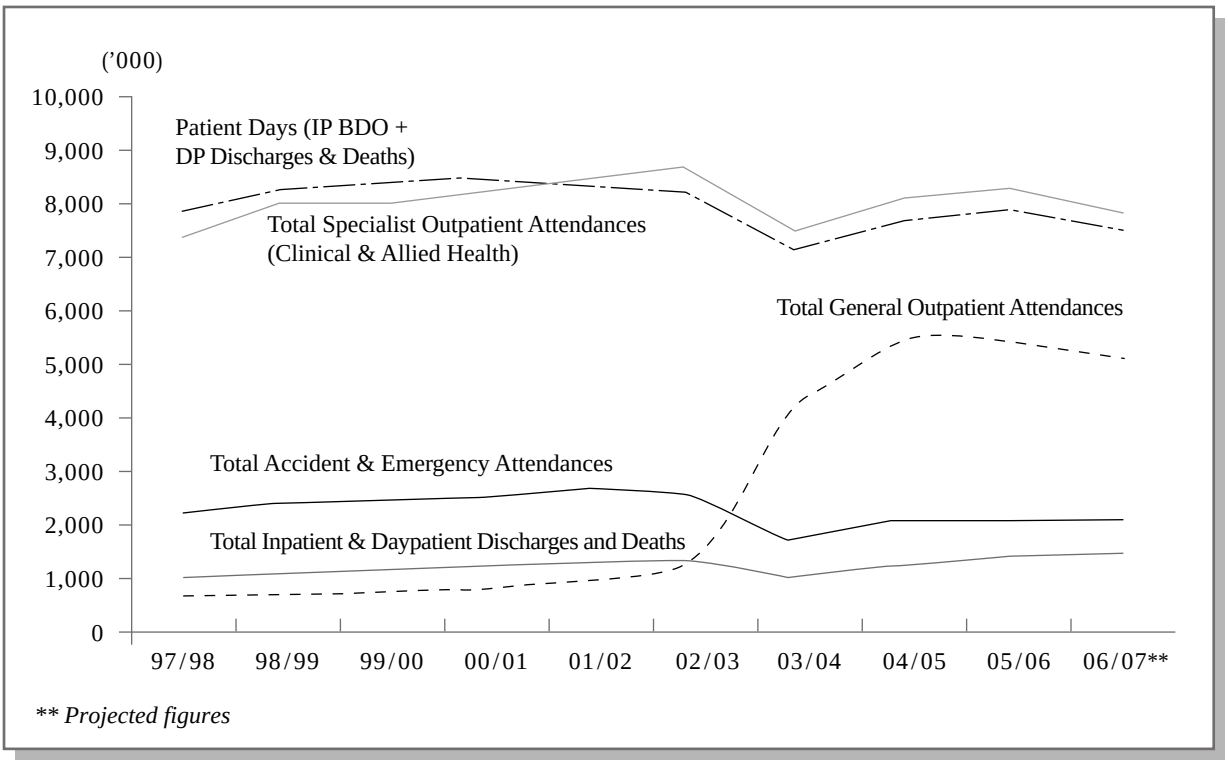
CURRENT SITUATION

1.5 As at 31 December 2006, HA managed 41 public hospitals/institutions (Appendix 1), and a host of ambulatory care facilities (Appendix 2) including 48 SOPCs and 75 GOPCs. It managed 27,742 hospital beds, representing approximately 3.8 public hospital beds per 1,000 population.

1.6 The SARS epidemic resulted in a significant reduction in a range of HA activities in 2003/04 except for general out-patient service, which recorded a substantial increase because of the management transfer of 59 GOPCs from DH in July 2003. Although there had been gradual increase of activities after the SARS period, the service volume remained 5-12% below that of the pre-SARS level.

1.7 In 2006/07, slight decreases were recorded in GOPC attendances and patient days. The number of total in-patient/day-patient discharges & deaths and accident & emergency attendances became stable.

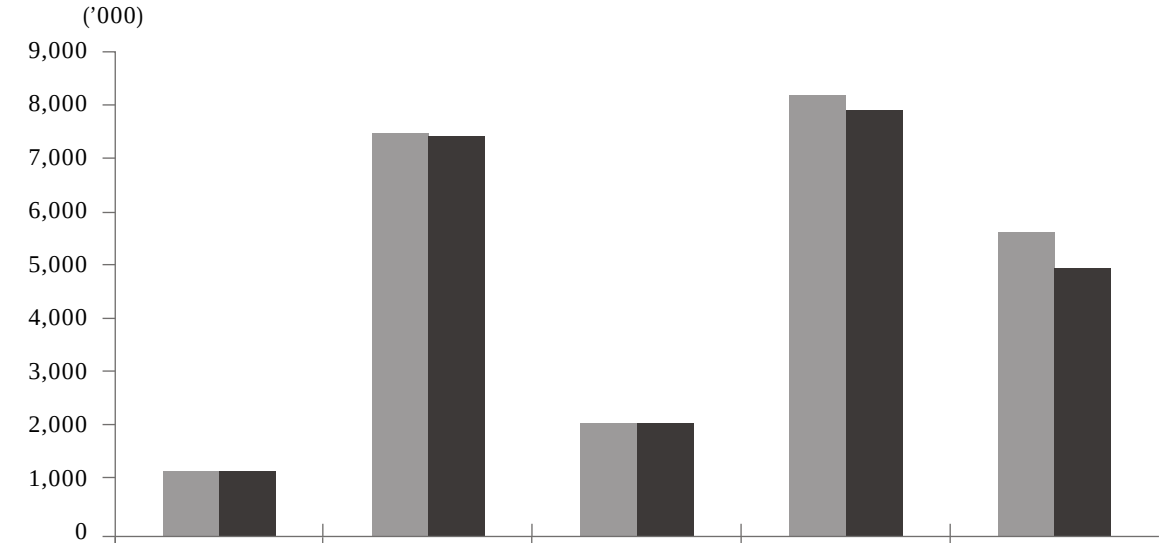
Fig 1.1. Statistics from 97/98 to 06/07



** *Projected figures*

1.8 In 2006/07, there were approximately 1.1 million in-patient / day-patient discharges and deaths, 7.4 million patient days (including day-patient discharges & deaths), 2.0 million accident and emergency attendances, 7.7 million SOPC attendances and 4.9 million GOPC attendances. A comparison of HA's activities between 2005/06 and 2006/07 is shown below:

Fig 1.2 Comparison between 05/06 and 06/07



	IP & DP Discharges and Deaths	Patient Days (IPBDO + DP discharges)	A&E Attendances	SOP Attendances (Clinical & AH)	GOP Attendances
05/06	1,125,265	7,490,619	2,019,451	8,176,797	5,179,203
06/07**	1,125,200	7,423,000	2,015,000	7,734,000	4,906,000

*** Projected figures*

1.9 As at 31 December 2006, HA had staff strength of 52,955 full-time equivalents with breakdown as in the following table. The majority of staff (68.75%) are involved in direct patient care.

Table 1.3 Staff Strength

Total Staff Strength (Full Time Equivalent) as at 31 December 06			
Direct Patient Care	Medical	4,978	9.40 %
	Nursing	19,326	36.50 %
	Allied Health	4,963	9.37 %
	Care-related Support	7,139	13.48 %
	Subtotal	**36,406**	**68.75 %**
Indirect Patient Care	Other Professionals/Management	1,049	1.98 %
	Non Care-related Support	15,500	29.27 %
	Subtotal	**16,549**	**31.25 %**
	Total	**52,955**	**100 %**

THE EVOLVING PROCESS

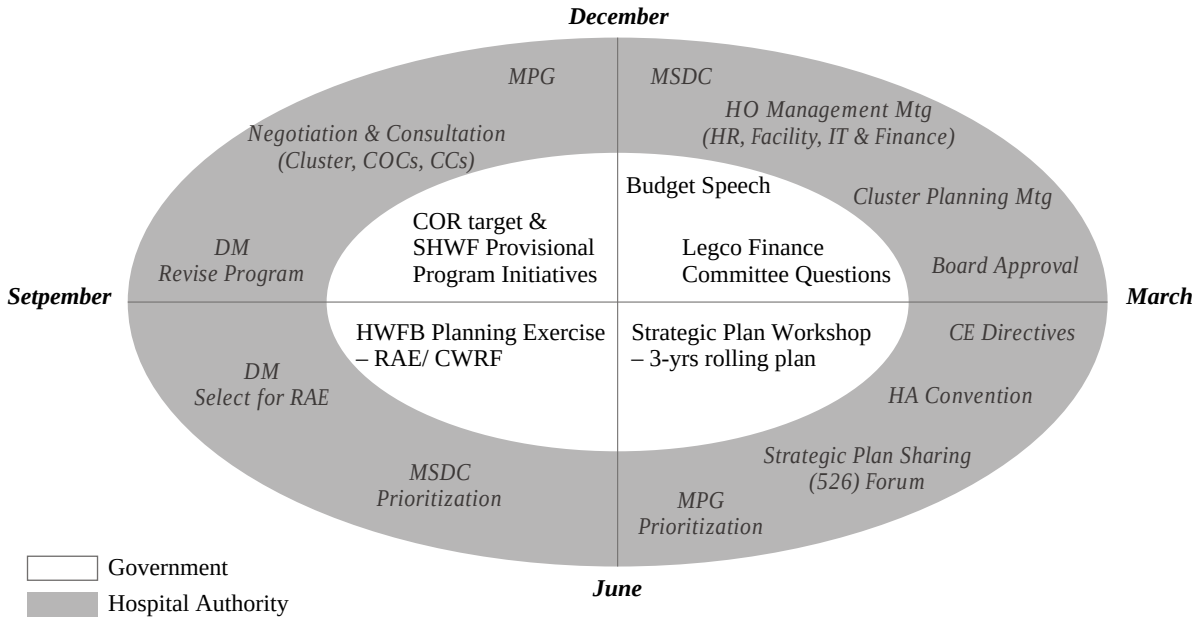
2.1 HA has been publishing its Annual Plan since 1992/93 as part of its commitment to enhance its accountability and transparency to the community. The plan sets out on a prospective basis the work and improvement targets of the organisation using the budget allocated from the Government. In each Annual Plan, the status of achievement of the previous year's targets is reported. There is also a description of the strategic directions that the organisation intends to pursue, accompanied by pertinent programme initiatives.

2.2 The annual planning process provides the organisation with a structured mechanism to turn corporate vision and mission into strategies, goals and targets, in line with governmental policy directions and within budget constraints. It serves to align the work plans and priorities between the corporate HA and hospital clusters.

2.3 Over the years, the HA planning process has continued to evolve. Mechanisms have now been put in place to receive input from the HA Board, the general public, and different staff groups, as well as to take account of the healthcare needs of the community.

2.4 The HA Annual Plan in 2007/08 has taken into consideration the funding position, societal expectations, the Government's policy directions, and the challenges in the internal and external environment. It is hoped that through the clearly delineated strategies and planning framework, HA will rise to the challenges ahead to serve the Hong Kong people better.

Fig 2.1 The Synchronised Planning Cycles of HA and the Policy Bureaux



CC – Central Committee
COC – Central Coordinating Committee
COR – Controlling Officers' Report
CWRF – Capital Works Reserve Fund
LegCo – Legislative Council
DM – Directors' Meeting
MPG – Medical Policy Group
MSDC – Medical Services Development Committee
RAE – Resource Allocation Exercise

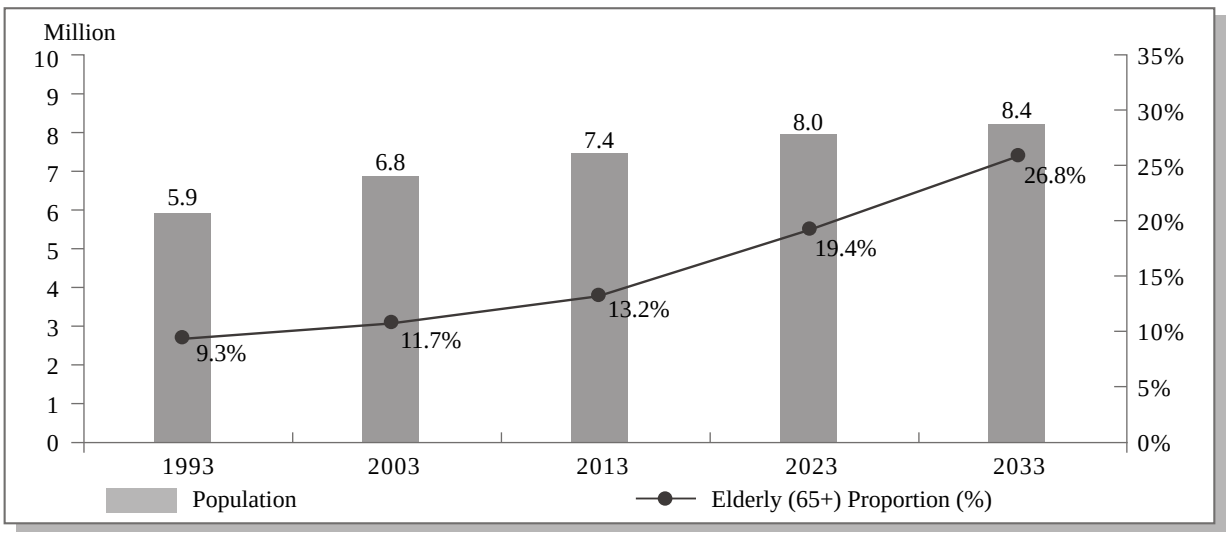
2.5 A Strategic Plan Sharing Forum, conducted on 26 May 2006, has enlisted frontline participation and secured clinicians' perspective in programme planning along the general strategic directions aforementioned. The programmes presented were evaluated and prioritised at subsequent Medical Policy Group meetings and also by using an evaluation methodology based on the strength of evidence, service impact and degree of achievability. The programmes of high priority were submitted for possible funding through the annual Resource Allocation Exercise.

2.6 Figure 2.1 shows a participative service led planning process, within the policy context, according to a schedule interactive and in sync with the planning cycle of the policy bureaux.

PLANNING ENVIRONMENT

2.7 There are changes in the internal and external environment of HA that shape the major directions adopted in this Annual Plan 2007/08. The areas of concern include increasing demand, maintaining sustainability, quality and staff morale.

Fig 2.2 Growth in number of elderly in a growing and ageing population

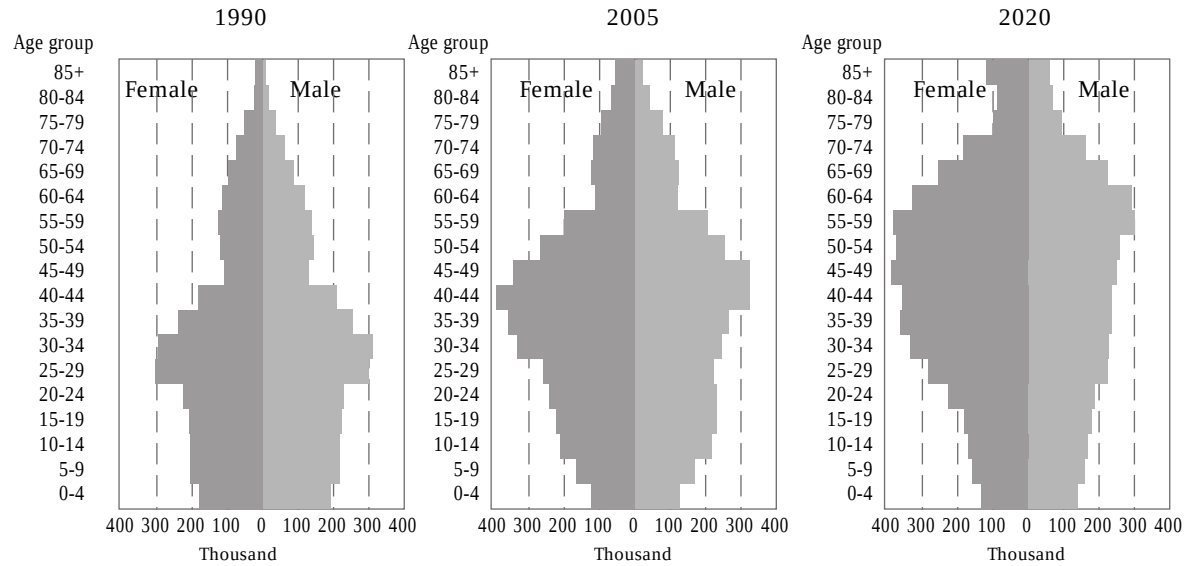


Concern on Increasing Demand

2.8 Demand for hospital services is growing. Notable causes include:

- growth in population and ageing of post war baby boom cohort; (Fig 2.2 and 2.3)
- shift in the nature of demand, towards chronic conditions and age-related illnesses, particularly, cardiac disease, respiratory disease, cancer, mental illness and end stage renal failure;
- new and unpredicted demand with immediate impact, particularly mainland mothers in Hong Kong;
- new and more effective treatment technologies and methods, such as new pharmaceuticals and improved diagnostic equipment; and
- higher expectation from a better educated community.

Fig 2.3 Population Age Pyramid 1990, 2005 and 2020



Note: 1990 figures refer to estimated mid-year population excluding Vietnamese migrants. Population figures from 1996 onwards are compiled using the "resident population" approach; and that before 1996 were compiled using the "extended de facto" approach.

2.9 HA's response to chronic conditions must increasingly be to promote home and community care, to equip patients and their families to self-manage, and to take a multi-disciplinary approach. Many people have more than one chronic condition, so providing more integrated care (rather than specialty specific care) will be an important direction. This will involve building up family medicine services in HA and in the private sector.

2.10 As HA has taken over the operation of GOPC services from DH in 2003, this will have a central role in managing demand through primary care that can reduce avoidable hospitalization for the elderly and socially disadvantaged.

2.11 Partnership between HA and the non-government community sector and the private health care sector will be needed to respond to the multiple medical and social needs of people with a chronic physical or mental illness.

2.12 There is also the risk of novel infections and pandemic influenza outbreak demands.

2.13 The public expectation of the HA is high, with a common belief that all these demand pressures will be met and that Hong Kong will continue to have a modern, highly accessible, universally available public hospital system.

2.14 HA estimates that the basic growth in demand, even when tightly managed, is between 3% and 4% per annum.

2.15 The private health care sector is expanding. This may relieve some pressure on demand for HA services. The pursuit of public-private partnership is important both to divert demand from HA, but also to offer Hong Kong citizens better choice of services.

2.16 HA's Annual Plan must deal with the issue of how to manage this demand in a planned way within the available resources.

Concern on Increasing Sustainability

2.17 Like other hospital systems throughout the world, HA's revenue growth does not allow all demands to be met. It has been necessary to prioritise services, leading to the need for patients to wait for non-urgent services, limiting or refusing introduction of new technologies and pharmaceuticals, and delaying the replacement of equipment.

2.18 Over recent years HA's budget has declined, with a modest increase in revenue in 2006/07 for the first time in 5 years. This has allowed some of the new demands to be met, but matching demand with resources remains our core challenge.

2.19 Apart from the increase in demand, increased non-salary costs from international pharmaceutical pricing, medical and surgical supplies, utility price increases, and so on must be met.

2.20 Since 2001/02, the HA has recorded yearly budgetary deficits despite rigorous enhanced productivity measures. In 2006/07, with HA's reserves effectively depleted, HA will have a balanced budget.

2.21 The restrained revenue has forced HA to increase productivity, with staff working harder, length of stay reducing, and new initiatives introduced to make better use of our resources (such as the drug formulary). Many of these are positive initiatives, but there are strains showing across HA of this increased productivity, particularly in relation to quality, patient waiting time, and staff morale.

Concern on Quality

2.22 Community expectation is that HA's service will continue to be of high quality. As resources have been scarce, there are risks that the quality of care will not keep pace with modern standards.

2.23 Much of HA's medical equipment now needs replacing, particularly with the spike in replacement needs arising from the new hospitals opened in the early and mid 1990s.

2.24 To keep up with demand, consultation times in many out-patient clinics are very short, which is a risk to the quality of care offered, giving patients limited scope to gain the information they need to comply with required treatment.

2.25 Norovirus remains a continuous problem in HA, with people being admitted with the infection from the community. The challenge is to avoid its spread from the community to other patients and staff in the hospital.

2.26 New techniques are emerging to reduce errors and improve quality, such as clinical auditing, bar coding technology and IT decision-support systems.

Concern on Staff Morale

2.27 In the aftermath of SARS, coupled with tight budgetary control, the morale of staff has stayed low in face of increasing workload and continuously long working hours, without clear career development opportunity.

2.28 Staff workloads are high, with 18% of doctors working more than 65 hours per week, and HA's own nurse workload standards not being achieved in most HA wards. Staff turnover has increased in response to the workload pressures, with doctor turnover at over 7% and nurse turnover more than 2% this year. Nurses in some units are working excessive night shifts.

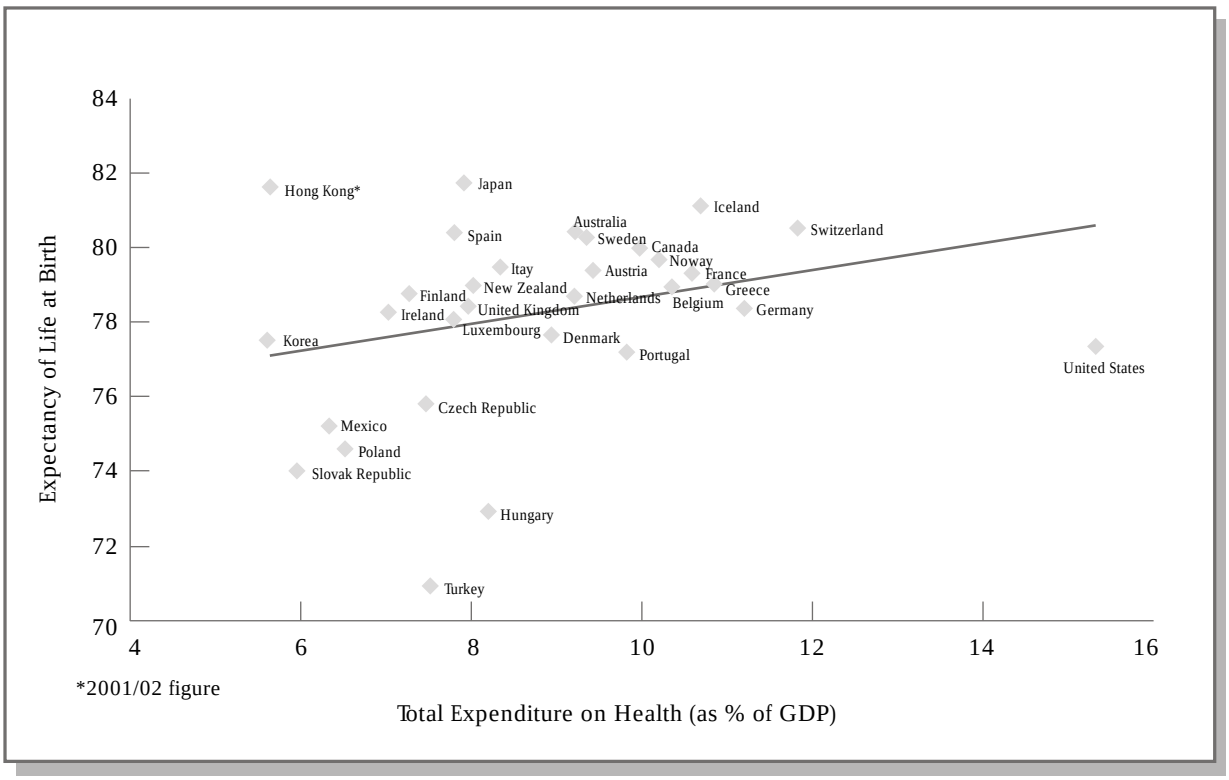
2.29 With the economy improving, and the private sector growing, HA must improve the experience of its staff to compete to retain its skilled and experienced workforce.

CRITICAL SUCCESS FACTORS

2.30 Fifteen years after inauguration of the HA, a robust health care system is established and the people of Hong Kong is able to benefit from a high level of health service quality by world standard (See Fig 2.4). In the coming years, HA will focus on the following mission critical elements to continue the success story.

- Increase HA's revenue base, governmental or non-governmental, to facilitate sustainable development of quality service
- Recruit and retain adequate and appropriate doctors and nurses for different specialties and services
- Predict changes of external environment with reasonable accuracy in order to manage key pressure areas e.g. mainland mother, mental health and cancer

Fig2.4 Relationship between Total Expenditure on Health and Expectancy of Life at Birth of Hong Kong and OECD countries (2003)

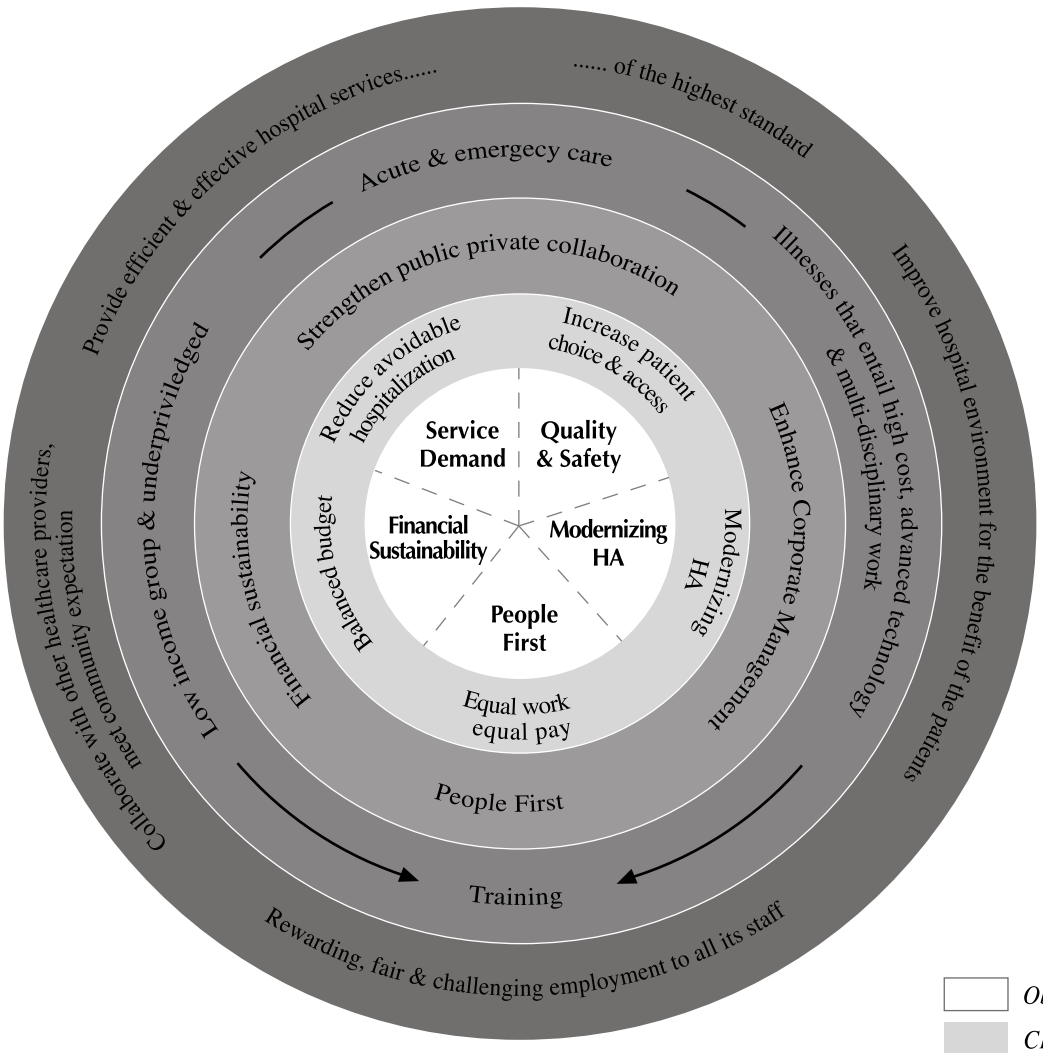


PLANNING DIRECTIONS

Policy Context of HA Annual Plan 07/08

2.31 To guide the formulation of specific corporate and cluster targets, the planning framework has adopted the mission and vision of HA; the four priority areas set out by the SHWF; the four focus areas set out by the HA Board; and the key directions depicted by the Chief Executive of HA.

Fig2.5 HA Annual Plan 07/08 Policy Context



Directions of the Government

2.32 The SHWF had set forth clear public healthcare policy directions in the HMDAC Report "Building a Healthy Tomorrow" (2005). Four service priority areas were identified as HA's focus areas in the future:

- **Acute and emergency care**
- **Low income and under-privileged groups**
- **Illnesses that entail high cost, advanced technology and multi-disciplinary professional team work**
- **Training of healthcare professionals**

Directions of the HA Board

2.33 The HA Board conducted its strategic workshop in June 2006. Together with the emphases expressed on meeting service pressure and focusing in priority areas, the key areas of concerns are identified as follows:

- **Enhancing corporate management**
- **Strengthening public private interface**
- **Facilitating people first culture**
- **Planning for financial sustainability**

Directions of the Chief Executive of HA

2.34 The Chief Executive of HA depicted three key directions in the way forward for HA in his keynote speech at the HA Convention 2006:

- **Reducing avoidable hospitalization**
- **Modernizing HA**
- **Enhancing patient choice and access**

Objectives for HA Annual Plan 07/08

2.35 Working within the aforementioned policy context and planning direction, five key objectives are identified for the HA Annual Plan 07/08:

- **Implement a planned response to increasing service demand**
- **Continuously improve service quality and safety**
- **Keep modernising HA**
- **Build people first culture**
- **Maintain financial sustainability**

2.36 In Section 4, pertinent targets achieved in the past year under each objective are reviewed, priority concern areas for this year are identified, and specific targets defined.

FINANCIAL POSITION OF HA

3.1 The net subvention, including one-off funding for Equipment and Information Systems for 2007/08 indicated by the Government is HK$28,632Mn. The funding includes:

(a) Additional funding for meeting HA's requirements arising from population growth and demographic changes, technology advancement as well as recurrent consequences for hospital projects;

(b) Making recurrent the one-off funding for extending and regularizing temporary jobs for 2007/08 and beyond;

(c) Additional one-off funding to alleviate HA's funding position on the following areas:
- Provision for the NTWC to facilitate the preparation for the phased commissioning of Pok Oi Hospital;
- Provision of medical services to asylum seekers and persons making a claim under the Convention Against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment;
- Provision for enhancement of oncology service, covering new cancer drugs and high technology radiotherapy; and
- Provision for enhanced haemodialysis services;

(d) Additional designated funding for the following new/ongoing projects for a specified period of time and subject to future review:
- To strengthen public health and hospital services on the prevention and control of poisoning in Hong Kong for 3 years;
- To enhance outreaching and out-patient psychiatric services to support the Community Mental Health Intervention Project for 2 years; and
- To extend and improve the Comprehensive Child Development Service;

(e) Funding to support the holding of the 2008 Beijing Olympic and Paralympics Equestrian Events in Hong Kong;

(f) Funding for the set up of additional Chinese Medicine clinics; and

(g) Funding of HK$678Mn for the purchase and replacement of equipment and vehicles, and development of information technology.

3.2 The Government will provide additional funds of HK$320Mn for capital improvement works.

3.3 To ensure its long term sustainability, HA will continue to:

(a) liaise with the SHWF on the review of the subvention basis to the HA;

(b) work with Government on the future direction and role of the HA in light of the four policy directions set forth by the SHWF;

(c) continue to adopt stringent controls to manage HA's spending level, including the exploration of various initiatives on service rationalisation; and

(d) explore other means of increasing revenue sources, including strengthening the effort to collect fees, introduction of new fees and other non-medical income initiatives as well as exploring other possible pilot projects which carry a "Public-Private Interface" element.

4.1 Implement Planned-responses to Increasing Service Demand

What are the concerns?

Hong Kong is facing increase in healthcare demands from the expanding and ageing population, changing epidemiology, rapid advances in medical technology and increasing public expectations. As a result, waiting time for some services have lengthened. We do have to prepare for surge demand during endemic seasons, or as a result of mainland mothers coming for childbirth. From recent experience, we should also prepare for possible pandemic or disaster to contain possible catastrophic damages. A well planned response will ensure continuity of quality service and sustainability of the system.

What has been done?

Key targets achieved in HA AP 06/07 in response to service demands are:

- Complete main building works of POH Redevelopment and PMH Infectious Disease Block
- Establish Nurse Clinics in GOPC to support diabetes mellitus and hypertension patients from SOPC and the community with support from Family Medicine
- Enhance haemodialysis facilities for the growing demand arising from the increasing prevalence of renal diseases
- Establish 3 Chinese Medicine OP clinics and a CM and Western medicine shared care service in KCC
- Collaborate with NGO in the promotion of voluntary cornea donation, and a charity drive for additional cataract surgeries for needy patients
- Launch a district-based fall risk home assessment programme in collaboration with NGO
- Collaborate with community pharmacists in an awareness programme to encourage regular BP checking among adult population and to network with private practitioners in management of hypertensive subjects screened
- Strengthen coping ability of renal patient/carer with integrated care plan, education package and networking with community care providers
- Implement universal hearing screening to newborn and conduct at least 40 cochlear implant and rehabilitation to revive the hearing of the profoundly deaf

What are our priorities in 07/08?

4.1.1 Modest increase in service capacity to meet growing demand in the highest priority areas

4.1.2 Build up services to prevent avoidable hospitalization

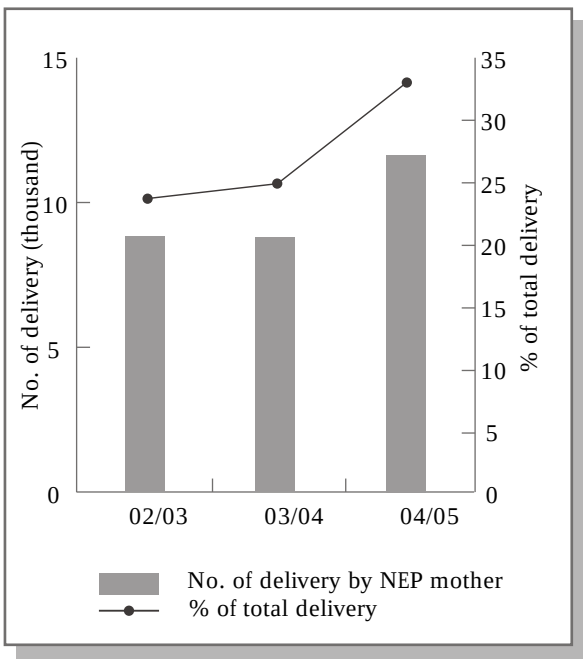
4.1.3 Improve service planning

4.1.1 Modest increase in service capacity to meet growing demand in the highest priority areas

What do we want to achieve?

- Increase service capacity in pressure areas which can be geographical, such as New Territories West, as a result of population growth; or disease specific, such as mental illness, where there has been growing burden of disease in recent years.
- Develop framework for services rationalization to avoid the duplication of services, costs of extra infrastructure and under-utilisation of expertise
- Augment obstetric and NICU services in response to demand surge locally and from non-entitled persons (NEP) coming across the border, ensuring priority to local expectant mothers.

Fig. 4.1a No. of Delivery by NEP Mother in Public Hospital

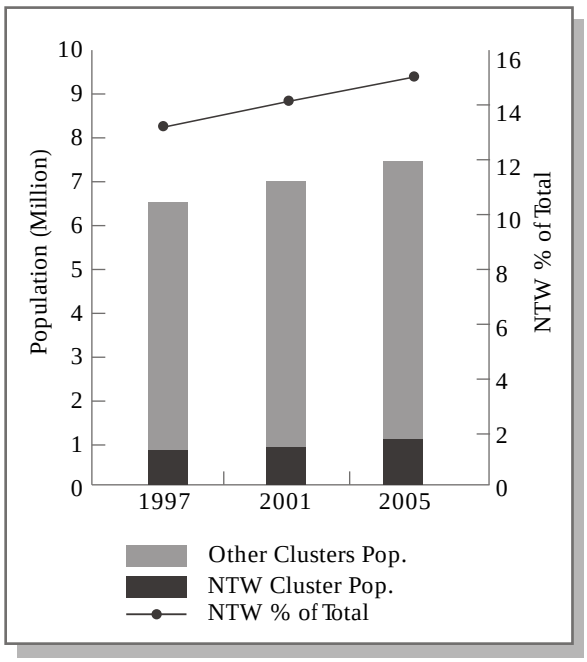


- Prepare for the possible medical needs of the Equestrian Games to be held in Hong Kong in 2008.

How will we do it?

- Strengthen acute, emergency, and rehabilitation services in NTWC where the population has grown by 13% from 975,181 in 2001 to 1,101,499 in 2005. Such population growth is significantly higher than the territory's overall rate of 5.5%. To cater for the needs of the population in this region, POH will be opened by phases and the TMH Rehabilitation Block will be commissioned.

Fig 4.1b. Growth of NTW Cluster Population



MAJOR DIRECTIONS, PRIORITY AREAS & PROGRAMME INITIATIVES

- Review the high cost, high tech tertiary and special services and develop a framework to concentrate the special services in a few locations.
- Review and improve the mental health service both in terms of service capacity and quality. A framework for service development will be formulated to cater for the increasing number of mental patients, and community resources will be tapped on.
- Quality-wise, training on Health of the Nation Outcome Scale will be conducted to help clinicians measure patients outcome in a systematic way.
- Strengthen HA's capacity to meet short term surge in demand for obstetric and NICU services through increased obstetrics beds, improved logistics, enhanced supply of midwives and improved support to NICUs.
- Collaborate with Government departments to prepare for the Equestrian Games.

What are our key targets and milestones?

- Commence accident and emergency services and open 200 acute beds at POH by 3Q07
- Complete new Rehabilitation Block at TMH and open 252 beds by 3Q07
- Develop a framework for rationalization of specialised services and delineation of hospital role by 1Q08
- Implement the community mental health intervention programme in all clusters by 4Q07
- Conduct the mental health review by 1Q08 and conduct training on Health of the Nation Outcome Scale by 2Q07
- Strengthen the mental health service in KH by increasing 30 beds for acute psychiatric care to support the needs of the mentally ill by 3Q07
- Enhance comprehensive preadmission service for elective surgery in 3 pilot hospitals by 1Q08
- Arrange no less than 30 additional haemodialysis capacity in HA and to conduct a pilot on Home Haemodialysis programme by 1Q08
- Open obstetric beds in UCH and QEH and other hospitals to increase delivery capacity by 2,000 by 4Q07
- Review and audit existing clinical practices and set up capacity and manpower indicators for obstetrics, NICU and special care baby unit by 3Q07
- Replace and add obstetrics and NICU equipment by 1Q08
- Prepare for the Equestrian Games in 2008 by 3Q07

Longer-term work

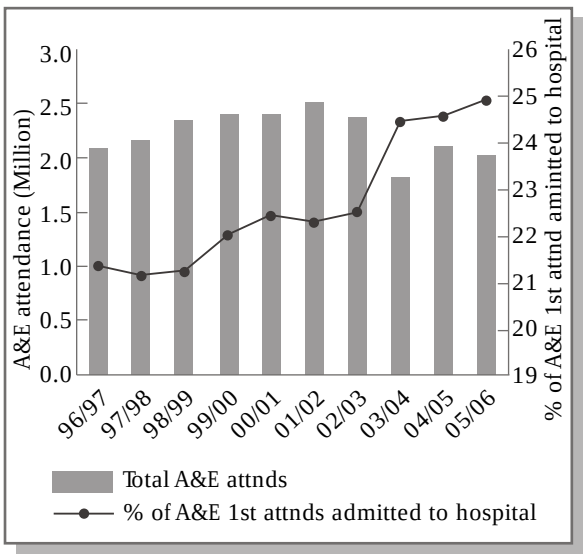
- *Improve overall service capacity for better access by continuing the development of ambulatory, community and primary care.*

4.1.2 Build up services to prevent avoidable hospitalization

What do we want to achieve?

- Strengthen primary and community based services and target at people with chronic conditions with a view to reducing the population's reliance on hospital services particularly for the elderly population which now contributes to around 12% of the population. It is projected by 2024, one in five of the Hong Kong population will be over 65 years old.

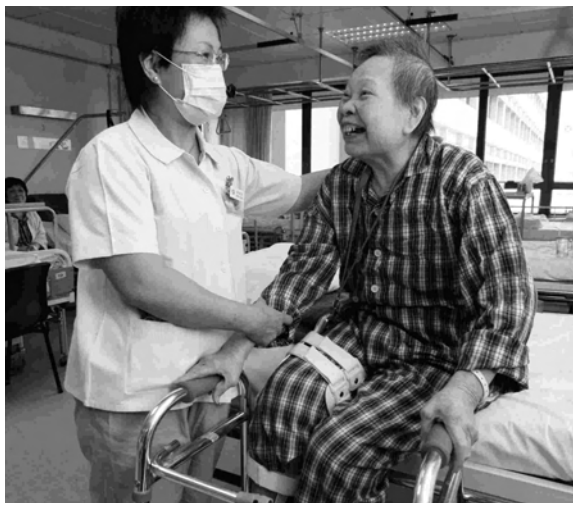
Fig 4.1c A&E attendance and admission rate



- Enhance the gate-keeping functions of AED to reduce avoidable admissions.
- Provide more patient choices through expansion of Chinese Medicine (CM) service in response to public demand
- Strengthen public private interface to facilitate the flow of patients from public to private sector.

How will we do it?

- Define a continuous range of primary and secondary care packages for the populace and improve service interface between the 2 levels of care.
- Set up Emergency Medicine Ward at AEDs to provide multi-disciplinary and protocol-guided clinical care with fast-track diagnostic support for selected conditions, enabling good clinical care without the need for in-patient admission.
- Expand multi-disciplinary service in partnership with other service providers for the group of high admission risk patients with chronic illness.
- Extend the electronic Patient Record (ePR) system to residential care homes and private clinics to facilitate shared care and patient information sharing with other service providers.
- Continue to roll out the different phases of territory-wide integrated care and health promotion programmes advocating primary and secondary prevention of chronic diseases
- Enhance service capacity and quality of CM service through the establishment of more CM clinics, training of more CM practitioners and conducting research studies.



MAJOR DIRECTIONS, PRIORITY AREAS & PROGRAMME INITIATIVES

What are our key targets and milestones?

- Standardise the clinical management and complication screening for diabetes mellitus patients in 8 primary care clinics by 4Q07
- Standardise clinical management and referral protocols for hypertension in GOPC by 1Q08
- Roll out of Comprehensive Child Development Service in Yuen Long, Tung Chung and Kwun Tong by 1Q08
- Launch BMI 23 health promotion programme in partnership with caterers, supermarkets and commercial organizations by 1Q08
- Set up Emergency Medicine wards in PMH, PYNEH, RH, PWH and POH to ensure prompt and appropriate attention for patients attending AED and thus enhancing AEDs' gate-keeping functions by 4Q07
- Enhance hospital discharge planning for elderly patients with frequent hospital admissions and comorbidities; and carer training in collaboration with NGOs to reduce emergency admissions by 4Q07
- Develop and pilot integrated DM complication assessment and patient management programme by 1Q08
- Commission 2 CM clinics by 1Q08
- Conduct CM certificate training programme to western medicine healthcare professionals by 2Q07
- Conduct preclinical study on the interaction between Oseltamivir and CM formulae for influenza by 1Q08
- Review CM formulae for 5 western diagnosis by 1Q08
- Pilot communication between CM & WM patient information systems in 2 centres by 4Q07
- Extend the public private interface - electronic Patient Record (PPI-ePR) pilot project through focusing on potential high-user patient groups, including elderly patient care settings, collaboration with NGOs and chronic disease management partners by 1Q08
- Implement High Admission Risk Reduction Programme for Elderly (HARRPE) in the Community in HKEC and KCC by 3Q07
- Develop and implement multidisciplinary patient empowerment programmes to enhance self-care and carers' capabilities in chronic disease management: End Stage Renal Failure, Diabetes Mellitus and Stroke, by 1Q08

Longer term work

- *Map out a 3-tier stratification of elders based on the level of disability and frailty and the corresponding needs for (i) education and assessment, (ii) screening and primary prevention and (iii) treatment and secondary prevention.*

4.1.3 Improve service planning

What do we want to achieve?

- Establish the overall profile of health workforce in HA. Ascertain the gaps and develop recommendations to address the gaps.
- Enhance existing information system to capture data for future demand projection
- Enhance disease registries to provide complete and accurate data to support projection and service planning.

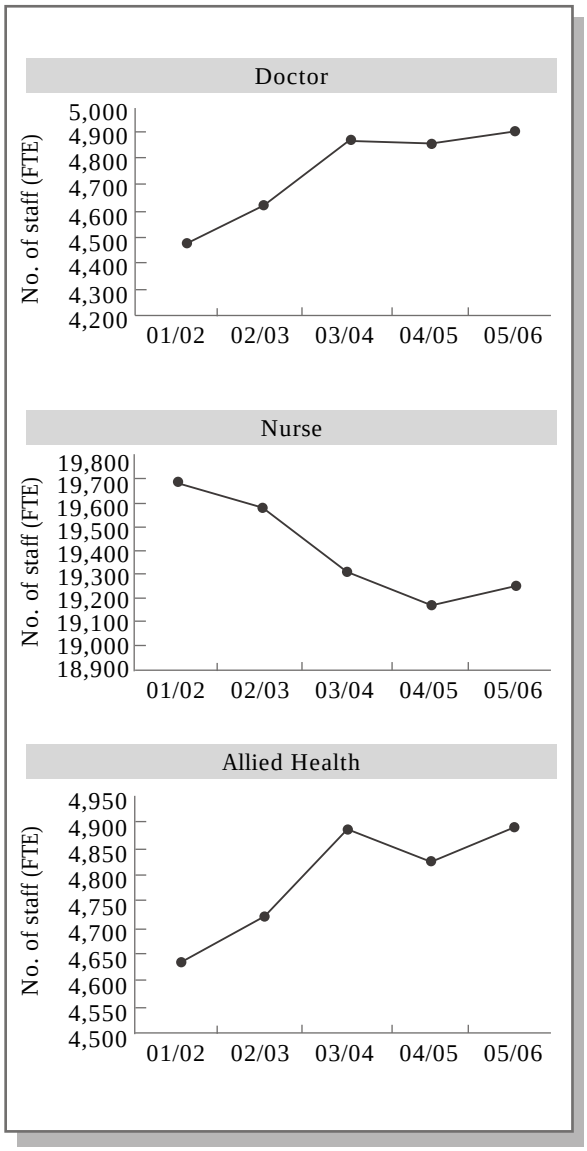
How will we do it?

- Working in partnership with key stakeholders to build workforce projection model based on service demand forecast, workforce demand and supply analyses, gap analyses and scenario planning.
- Identify the additional data element required to build service demand projection model and hence enhance existing disease registries and administrative information systems with these additional functionalities.

What are our key targets and milestones?

- Develop health workforce projection model to identify gaps and make recommendations by 3Q07
- Enhance the Antenatal Booking System to ensure priority booking to entitled person (EP) mothers, and to facilitate service monitoring and demand projection by 2Q07
- Enhance HA Injury & Trauma Registry and Cancer Registry to support planning by 1Q08
- Improve waiting time information on real pressure areas in surgery - Phase I planning by 4Q07

Fig. 4.1d No. of HA Staff (FTE as at 31 March)



Longer-term work

- *Strengthen HA's capability in predicting future service demand to formulate evidence-based strategic plan and policy*

4.2 Continuously Improve Service Quality and Safety

What are the concerns?

Quality and safety have always been a major concern of healthcare providers and have become a hallmark of modern hospitals. Risks including hospital acquired infections increase with speed and complexity of care. There is also rising concern for litigation risk arising from poor service. Good practice in risk management would improve outcome and may achieve savings in the long run.

What has been done in 06/07?

Pertinent key targets in HA AP 06/07 achieved:

- Support the HA Drug Formulary Policy by conducting a post implementation review and enhancing Medication Order Entry (Ver. 2) and Pharmacy System
- Implement corporate-wide patient safety programmes, including:
  - (a) Roll-out AIRS to additional 12 hospitals and develop a second tier system to enable information capture and analysis at corporate level
  - (b) Implement in phases the barcode system for patient identification in blood transfusion in 2 clusters including enhancement of the Generic Clinical Request module of Clinical Management System
  - (c) Develop strategies to reduce risk in the use of infusion pumps, application of restraint and medication incidents associated with high risk medications
- Coordinate territory-wide clinical audit activities on wound dressing, naso-gastric tube feeding, and very low birth weight infants
- Collaborate with DH to strengthen hospital service in the prevention and control of poisoning through providing information support to healthcare workers and enhancing the Toxicology Reference Laboratory

What are our priorities in 07/08?

4.2.1 More timely intervention, particularly in the highest priority life-threatening services, such as radiotherapy and chemotherapy.

4.2.2 Emergency preparedness: Quick and robust response and recovery plans for contingencies such as pandemic or civil disasters will be kept actively in place. The infrastructure for the prevention and control of poisoning, which is emerging through increased awareness, will be strengthened.

4.2.3 Risk Management: Enhanced to reduce avoidable hospital care incidents, as an ongoing effort to maintain service quality and to ensure patient safety.

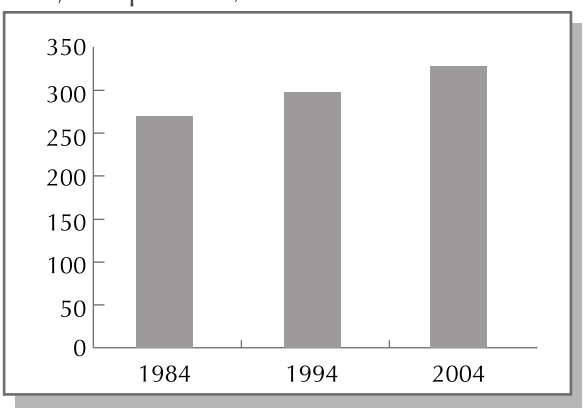
4.2.4 Quality and incentive systems: New systems will be introduced to measure and reward quality improvements.

4.2.1 More timely intervention

What do we want to achieve?

- Provide early intervention to life-threatening conditions such as cancer and stroke to improve survival rate and patient outcome.

Fig.4.2a Crude cancer incidence rate (per 100,000 persons)



- Improve patients' access to diagnostic services, treatment modalities and surgical procedures for early and appropriate medical intervention.
- Shorten waiting time for "non-life-saving" surgery.

How will we do it?

- Expand service capacity to meet the increasing demand from cancer patients where there has been an annual growth rate of 2%. This will include extension of machine time for radiotherapy, provision of more specialist out-patient sessions for cancer patients and improvement in the organization of chemotherapy service. All these aimed to improve cancer control and reduce treatment associated morbidity
- Inject resources to reduce waiting times for benign prostate hypertrophy and cataract operations.
- Set standards and conduct audits to ensure that timely care and treatment are provided to patients.

What are our key targets and ilmestones?

- Extend Linac machine time in PWH and QEH to reduce the waiting time for radiotherapy by 1Q08
- Strengthen the oncology service in PMH to provide more radiotherapy and specialist out-patient sessions for cancer patients by 1Q08.
- Enhance the service for cancer patients by establishing a day chemotherapy centre at TMH by 3Q07
- Clear the existing backlog and improve the operation waiting time for benign prostate hypertrophy with acute retention to ≤ 8 weeks by 4Q07
- Reduce waiting time for cataract surgery through public private collaboration by 4Q07
- Set standards on neuro-imaging for acute stroke care and audit hospital performance by 1Q08

Longer term work

- *Coordinate timely treatment for conditions requiring multi-disciplinary support such as cancer and stroke.*
- *Reduce waiting time for urgent non-life saving operations for benign conditions to reduce complications which could lead to severe dysfunction and/ or heavily compromised quality of life.*

4.2.2 Emergency preparedness

What do we want to achieve?

- Prepare quick and robust response and recovery plans for contingencies e.g. pandemic, civil disasters.
- Strengthen HA's ability in the prevention and control of poisoning in view of the increasing complexity in toxicology cases in recent years and the growing number of emerging toxins in the community.

How will we do it?

- Set up an Infectious Disease Centre in HA in close collaboration with the Centre for Health Protection (CHP). This Centre will concentrate expertise and will be equipped with modern isolation facilities for effective treatment and control of infectious diseases.
- Review HA's contingency plans on infectious diseases at regular intervals in conjunction with the CHP to ensure HA's capability in combating possible outbreaks of infectious diseases.
- Step up infection control measures in hospitals to minimise nosocomial infections and to prevent the spread of infection.
- Augment poison control service through dissemination of information and alert on poison prevention to health care professionals and public, enhancement of information system and strengthening of pharmacy support.

What are our key targets and milestones?

- Start operation of the HA Infectious Disease Centre at PMH in phases by 2Q07
- Organise annual drills on infectious disease outbreaks and disasters by 1Q08
- Upgrade infection control provision for autopsy facilities in 11 public hospitals by 3Q07
- Extend Hong Kong Poison Information Center to 24 hours to support clinician in public and private sectors; build up a model for management of acute poisoning with provision of general and specialist training programme to healthcare workers; enhance diagnostic capacities in herbal toxicology, general screening and target toxin analysis by 1Q08
- Enhance pharmacy support service to Hong Kong Poison Control Network through information service to poison inquiries; poison database development; antidote coordination and poisoning notification between HA and DH by 1Q08

Longer term work

- *Rationalise trauma service by building up proper infrastructure and setting up a system to continuously monitor the effectiveness of the service networks.*

4.2.3 Risk Management

What do we want to achieve?

- Ensure patient safety to reduce avoidable hospital care incidents.
- Maintain service quality despite resource constraints.

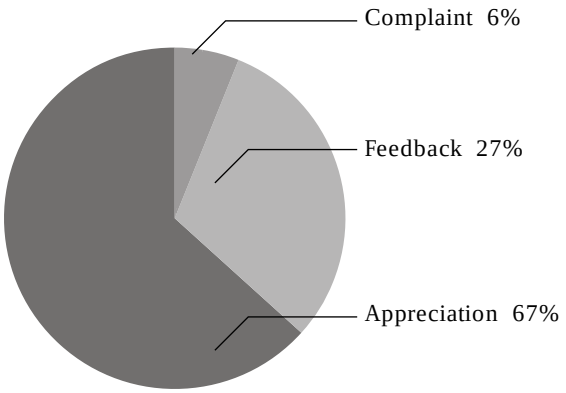
How will we do it?

- Set up quality standards to guide healthcare workers in improving the quality of care.
- Develop strategies to improve safety and outcome of hospital services particularly in high risk areas such as medication and patient identification.
- Promote appropriate and timely use of antibiotics to improve antibiotic sensitivity of micro-organism and reduce emergence of antibiotic resistance through continuation of the Antibiotic Stewardship Programme.

What are our key targets and milestones?

- Conduct review and upgrade 2 core improvement standards by 1Q08
- Implement phase 2 barcode technology for patient identification in blood transfusion in 5 clusters by 1Q08
- Develop guidelines on use of antibiotics in surgical prophylaxis by 1Q08
- Develop strategies to reduce medication incidents associated with look-alike, sound-alike medications and high concentration intravenous medications by 1Q08.

Fig 4.2b Complaints, feedback and appreciations received by all HA hospitals (2006)



Longer term work

- *Strengthen the Advanced Incident Reporting System (AIRS) to facilitate reporting, classification, analysis and management of incidents.*

4.2.4 Quality and incentive systems

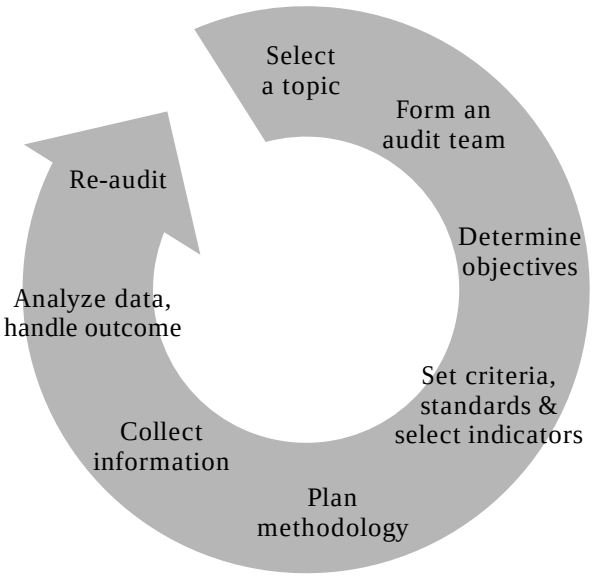
What do we want to achieve?

- Establish policy and practices and develop framework to support continuous improvement in service quality and thus patient care and outcome.
- Strengthen clinical governance, develop protocols and audit system to promote best practice and ensure compliance to protocols and guidelines.

How will we do it?

- Develop Clinical Practice Guidelines to ensure best practice.
- Develop quality indicators to help measure and monitor service quality and performance.
- Set up a formal network to ensure coordinated development in clinical audit functions
- To complete the quality loop, clinical audits and peer reviews will constantly be conducted to assess compliance to protocols and guidelines, as well as to improve service quality and effectiveness.

Fig 4.2c Clinical Audit Spiral



What are our key targets and milestones?

- Develop quality indicators for integrated care programmes to enhance multidisciplinary team leadership and best practice in cancer and mental health by 1Q08
- Develop a formal mechanism for identifying and prioritizing clinical / healthcare audits in HA by 3Q07
- Conduct and report corporate nursing audit on administration of medication, blood transfusion and fall prevention by 1Q08

Longer term work

- *Enhance clinical governance to ensure responsive, consistent, high-quality and safe patient care.*
- *Develop continuous quality improvement culture amongst staff.*

4.3 Keep Modernizing HA

What are the concerns?

Health care is like a fast moving river. The international research industry that surrounds health care guarantees change. Hong Kong has a modern system, but need to keep updating and innovating to maintain pace with change. Facilities need to be modernised to reflect modern clinical practice, improve patient experience, and reduce cross-infection. Modern management systems can also be used to support clinical decision making and risk management in order to make the complexity of health care simpler, and more manageable.

What has been done in 06/07?

Pertinent key targets in HA AP 06/07 achieved:

- Continue the ERP Project Phase 1 for the replacement of existing Human Resources/Payroll System; commence planning for Phase 2 to replace existing Finance System, together with the Business Process Re-engineering activity under these areas.
- Replace major medical equipment under a strategic plan to improve radiological diagnosis and clinical service support in PMH and UCH
- Commence the development of the Next Generation Patient Billing Solution by enhancing the related functionalities of existing Systems and sourcing new billing software to replace the Patient Billing Revenue Collection System
- Continue the development of the application architecture platform for the Next Generation Clinical Systems
- Continue the development and implementation of Operating Theatre Management System phase 1C (Patient's OT Activities Tracking System).
- Extend the Laboratory Information System and Radiological Information System to non-acute hospitals to support cluster-based clinical service delivery
- Enhance the image distribution system with resilience and high availability features and commence acquisition of images from mini-Picture Archiving Communication Systems of PMH, POH, UCH, CMC and NDH.

What are our priorities in 07/08?

4.3.1 Review new technologies, service techniques and pharmaceuticals and introduce those with proven cost-benefit.

4.3.2 Update medical equipment, systems and capital facilities through additional investment.

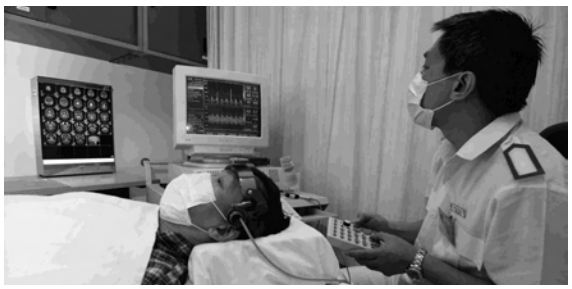
4.3.3 Continue to invest in IT services that can support quality decision-making by clinicians.

4.3.4 Enhance corporate management systems with the introduction of the new ERP System to enable better management information

4.3.1 Review and introduce new technologies, service techniques and pharmaceuticals

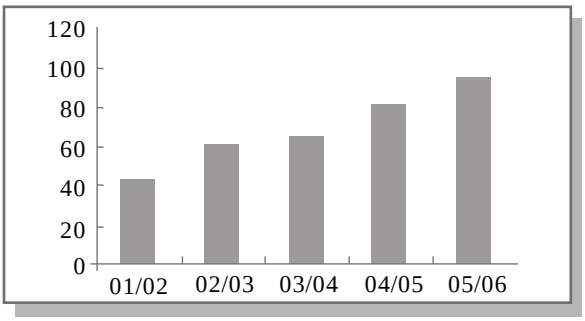
What do we want to achieve?

- Ensure that new medical technology and interventional procedures are introduced to HA based on efficacy, cost-effectiveness and evidence.



- Standardise drug policy, formulary and utilization in all HA hospitals and clinics to ensure equitable access to cost-effective drugs which are of proven efficacy and safety.

Fig. 4.3 Expenditure on new psychiatric drugs ($M)



- Harness the advancement in medical technology for better clinical quality and patient satisfaction in service delivery.

How will we do it?

- Enhance HA's mechanism in introducing and managing new medical technology so that new technology / procedures are introduced to HA through a structured process based on their safety, efficacy and cost-effectiveness.
- Review and improve the HA Drug Formulary for more efficient use of public resources in the provision of drugs to public hospital patients under the principle of target subsidy.
- Pilot new treatment modality with a view to assessing its effectiveness in Hong Kong or HA environment before further roll out of the service.

What are our key targets and milestones?

- Review of the state of health technology management in the HA and formulate a comprehensive management strategy in this area by 4Q07
- Review the HA Drug Formulary with introduction of more drugs as standard drugs for target diseases. Enhance the provision of safety net provision for 4 new drugs for patients with financial difficulties with recategorisation of a safety net drug as standard HA provisions by 2Q07

Longer term work

- *Conduct literature review and technology assessment to ensure that HA is kept abreast of the development in medical technology and to ensure efficacy, effectiveness and appropriateness in the introduction of new technology to HA*

4.3.2 Update medical equipment, systems and capital facilities

What do we want to achieve?

- Ensure that HA hospitals can cater for new service delivery models and are adequately equipped with modern technology for effective and efficient service delivery
- Provide good environment for care delivery for the benefits of both the patients and staff.
- Enhance the overall efficiency and cost-effectiveness of business support services to facilitate the smooth delivery of patient services, not forgetting impact on environment.

How will we do it?

- Upgrade hospital buildings or facilities and redevelop those beyond economical repair.
- Replace ageing medical equipment to ensure safe, reliable and uninterrupted delivery of hospital services.
- Introduce information systems to support hospital operation at frontline level, namely, Clinical Dashboard System for ward operation.
- Improve patient transfer services including the computerization and rationalization of fleet management of the Non-Emergency Ambulance Transfer Service (NEATS) for better service delivery and patient convenience.
- Enhance food services management for more cost-effective service delivery and better food quality.
- Implement green measures particularly in areas likely to cause pollution such as waste management and in the choice of vehicles for HA's NEATS service

What are our key targets and milestones?

- Commence construction work for the Phase 2 Redevelopment of the Caritas Medical Centre, by 1Q08
- Replace 378 pieces of major medical equipment and 37 engineering equipment at $500M funded by Capital Block Vote by 1Q08
- Complete the feasibility study on the use of Radiofrequency Identification to enhance management of ventilators and infusion pumps by 1Q08
- Continue pilot of Clinical Dashboard System in more hospitals for ward management, enhanced clinical communication and continuity of patient care monitoring by 1Q08
- Enhance computerised management system of NEATS and merge service operations of Kowloon Clusters by 1Q08
- Complete renovation works in QEH's kitchen and commence new service with cook-chill cum cold-plating technology by 4Q07
- Review hospital practices in clinical waste management to prepare for implementation of Waste Disposal (Amendment) Ordinance by 1Q08
- Replace 32 NEATS vehicles by environmentally friendly LPG vehicles funded by Hong Kong Jockey Club Charities Trust by 1Q08

Longer term work

- *Continue to rationalise business support services to ensure efficient support for clinical service delivery.*

4.3.3 Continue to invest in IT services that can support quality decision-making by clinicians

What do we want to achieve?

- Ride on success of existing Clinical Management System to enhance information support in clinical decision making/ patient management.
- Use IT as an enabler to facilitate hospital operation, patient management and sharing of knowledge and experience amongst health care professionals for the delivery of evidence-based patient care.

How will we do it?

- Invest in patient related systems to improve hospital work flow and facilitate clinical decision making, namely the enhancement of electronic Patient Record Image Distribution (ePR-ID) System which can speed up the diagnostic process, the Generic Clinical Request (GCR) System which can facilitate the care delivery process, and the development of In-patient Medication Order Entry (MOE) System which can help in the dispensing and administering of medications. With the systems, the care process can be made more efficient and medication incidents reduced.
- Provide necessary IT support for enhancement of existing services and when new facilities are commissioned.
- Replace ageing corporate network and server equipment in HA to reduce operation risks of IT/IS application systems in supporting health care operation in hospitals.
- Upgrade the electronic Knowledge Gateway (eKG) platform to facilitate dissemination and sharing of knowledge and experience in the delivery of care.
- Continue to upgrade and develop system infrastructure to strengthen information system support for the clinical care processes.

What are our key targets and milestones?

- Enhance ePR-ID System with resilience to improve availability of reference quality images to clinicians by 1Q08
- Establish a clear definition of the requirements for future In-Patient MOE system developments and address the feasibility in terms of technical, operational workflow, system and service management, risks and resources by 1Q08
- Further roll out the GCR (Allied Health) System to all Allied Health Departments in NTEC and HKEC by 1Q08
- Develop the Enterprise Architecture to improve alignment between IT services and clinical requirements by modeling clinical processes and information needs in the HA by 1Q08
- Provide the necessary IT support for commissioning of the HA Infectious Disease Centre, redeveloped POH and TMH Rehabilitation Block by 1Q08
- Complete technology refreshment for 3 acute hospitals, 7 non-acute hospitals / institutions through replacement of ageing corporate network / server equipment by 1Q08
- Upgrade eKG platform to better serve frontline clinicians to deliver evidence-based care by 1Q08

Longer term work

- *Enhance Electronic Knowledge Gateway (eKG) to promote evidence-based practice and provide support to healthcare professionals in active learning and knowledge sharing which in turn will benefit the service.*

4.3.4 Enhance corporate management systems with the introduction of the new Enterprise Resource Planning system to enable better management information

What do we want to achieve?

- Provide efficient IT/IS support to non-clinical operations so as to relieve staff resources from transactional processing, facilitate implementation of good practices in performance measurement and decision making, and streamline the existing fragmented processes for better and integrated activity control.
- Standardise practices and provide corporate-based solutions for non-clinical management issues and processes.

How will we do it?

- Continue the phased implementation of the ERP project to replace the majority of existing ageing non-clinical systems, to facilitate the provision and management of information for improved performance measurement and decision making.
- Strengthen system support for essential non-clinical hospital operation such as the development of a new Patient Information - Activity Billing (PI-AB) System to meet business needs.

What are our key targets and milestones?

- Launch e-Recruitment System to all clusters to facilitate the recruitment process by 1Q08
- Configure and conduct final tests for the software of the ERP Phase 1 to make sure that it meets the HA requirements by 1Q08
- Enhance existing Patient Billing & Revenue Collection (PBRC) System in the interim, and continue to meet evolving business needs and plan to start building the new PI-AB system by 1Q08
- Complete preparation for the new HR Payroll System for implementation in April, 08 under ERP Phase 1 by 1Q08

Longer term work

- *Implement Enterprise Resource Planning Project to facilitate more effective information management and hospital service operation.*
- *Complete roll-out of ERP to all clusters to improve non-clinical service operations in HA.*

4.4 Build People First Culture

What are the concerns?

People are the most valuable asset of HA. One of HA's mission statements is 'to provide rewarding, fair and challenging employment to all its staff, in an environment conducive to attracting, motivating and retaining well-qualified staff'. In the recent years, long working hours and financial stringency have had a negative impact on staff development and advancement, morale and commitment. In fact, as health care is a labour intensive and technology dependent service, commitment as well as competence of staff are the foundation of safe care and quality service. 'Build People First' will remain dear to our heart and high on our agenda.

What has been done in 06/07?

Pertinent key targets in HA AP 06/07 achieved:

- Develop strategies, reference guidelines and good practices for effective communication between management and frontline staff
- Conduct and implement recommendations of reviews on Finance and IT grades, and General Services Assistant/Technical Services Assistant Scheme
- Enhance psychological wellness of staff through organising training programmes on "Life Education", "Resilience to Crisis" and “Psychological Management of Workplace Violence” and rolling out "Oasis at Workplace" to major hospitals
- Enhance management and leadership capability of senior clinical leaders through implementation of structured, career-linked development curriculum
- Enhance respiratory protection management against chemical hazards through training of co-ordinators on chemical safety and respiratory protection
- Provide in-house training for staff and trainers in handling workplace violence

What are our priorities in 07/08?

4.4.1 Address unacceptable workload pressure areas, including doctors working hours and nurse workloads in very busy work areas.

4.4.2 Enhance professional competencies and build up effective management and leadership.

4.4.3 Improve the career prospects of staff.

4.4.4 Nurture a caring culture in the work place, promoting respect, fairness and teamwork, making effort to improve occupational safety and health.

4.4.1 Address unacceptable workload pressure areas

What do we want to achieve?

- Provide adequate manpower support to pressure areas with a view to enhancing the wellbeing of staff and maintaining service quality.
- Encourage a balanced work / family life among HA staff for a healthy staff force both physically and psycho-socially with good morale.
- Address the issue of nurse shortage.

How will we do it?

- Address the issue of long work hours of doctors and develop response strategies without compromising service quality.
- Recruit additional healthcare professionals to replenish wastages and strengthen the workforce.
- Alleviate nurse shortage by increasing the supply through various training courses and channels and provision of care related workers to take up some of the existing duties from nurses not requiring nursing professional expertise.

What are our key targets and milestones?

- Formulate and prioritise strategies on Doctor Work Hour for implementation in pilot hospitals / clusters by 4Q07
- Recruit at least 320 doctors for professional training and service needs by 3Q07
- Recruit at least 600 nurses for professional training and service needs by 1Q08
- Recruit at least 190 allied health staff for professional training and service needs by 1Q08
- Strengthen nursing workforce by (a) sponsoring 150 enrolled nurses (EN) for clinical placement in Registered Nurses (RN) Conversion Programme; (b) awarding training subsidy to 343 nurses (ENs & RNs or above) to take up conversion courses in tertiary education institutions by 1Q08
- Conduct 2 intakes of nurses totaling 70-80 for midwifery training by 1Q08; organise one class of return-to-practice training for midwives by 2Q07; and conduct 1 course of training on NICU nursing by 3Q07
- Commence Higher Diploma Nursing Programme in 3Q07 and EN Training for SWD in 4Q07 in KCC and NTWC to boost up the supply of RNs and ENs to meet the deficit in public, private and elderly services
- Evaluate the pilot of theatre technician programme by 1Q08
- Conduct nurse patient dependency study to update benchmark reference for identification of pressure areas by 1Q08

Longer term work

- *Conduct assessment on current and future service needs and identify pressure areas with manpower deficiency*
- *Develop strategies and provide support to alleviate the workload in priority areas of service needs.*
- *Promote staff morale to help attract and retain well qualified staff for effective service delivery.*

4.4.2 Enhance professional competencies and build up effective management and leadership

What do we want to achieve?

- Strengthen leadership and management competencies of executives and senior managers to enhance organization performance.
- Enhance professional expertise of clinical staff.

How will we do it?

- Increase the exposure of executives and healthcare professionals with potential and interest to move to higher level of management responsibility through executive rotation programmes.
- Organise management training programmes after identifying enhancement areas in organizational management skills and conducting high level training needs analysis.
- Strengthen professional training for healthcare professionals.

What are our key targets and milestones?

- Map out a rotation mechanism for senior managers in Head Office and senior health care professionals at cluster/hospital level to widen job exposure and facilitate career development by 4Q07
- Develop and implement an 18-month customised Executive Leadership Programme in HA for around 30 senior leaders commencing in 2Q07
- Implement structured training programmes / interventions to relevant staff with foci identified from the needs analysis including but not limited to project management skills and competency-based interviewing skills by 1Q08
- Provide 33 programmes for AH staff; 30 programmes for doctors and 11 specialty courses together with 60 enhancement programmes for nurses to enhance professional competencies and facilitate specialization by 1Q08
- Provide 5 major IHC programmes relating to hospital and health care management, including specialty training for health care professionals, local or from the Mainland and Macau by 1Q08
- Set up Institute of Advanced Allied Health Studies under HA Institute of Health Care to meet the training needs of Allied Health staff by 2Q07

Longer term work

- *Enhance the competencies of the management team through management development initiatives and team building.*
- *Involve frontline clinicians in the planning and development of clinical and management projects with a view to identifying potential candidates for further development of their management capabilities.*

4.4.3 Improve the career prospects of staff

What do we want to achieve?

- Attract, motivate and retain well qualified staff to improve service efficiency and quality.
- Improve staff morale.

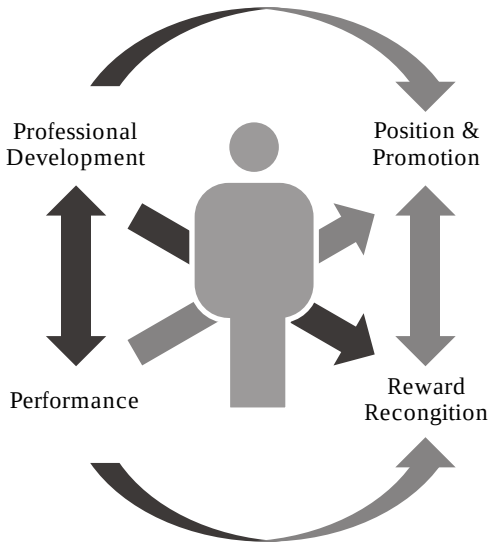
How will we do it?

- Enhance career progression for healthcare professionals through reviewing career structures of and developing career pathways for healthcare professionals.
- Reward staff with good performance.
- Ensure clear delineation of responsibilities between different levels of work within the same job family and remunerate staff appropriately in accordance with the market rate.

What are our key targets and milestones?

- Establish new career progression models for health care professionals by 1Q08
- Conduct a grade review and market survey for the IT job family to ensure clear job description of the IT grades and ranks, and appropriate pay and employment conditions for the staff concerned by 1Q08
- Launch a structured training programme for newly recruited allied health staff in accordance with the training and career development framework for allied health professions by 2Q07

Fig 4.4a Holistic staff development



Longer term work

- *Enhance the staff development review mechanism to ensure staff are rewarded for performance.*
- *Conduct grade review and develop core competencies for various grades of staff to ensure clearer delineation of roles and responsibilities and the right matching of people to positions.*

4.4.4 Nurture a caring culture in work place

What do we want to achieve?

- Enhance the well being of staff and strengthen a caring culture at work place, as there will be no satisfied clients without satisfied staff
- Promote staff morale for better job satisfaction and performance, stronger sense of belonging, improved service quality and effectiveness.

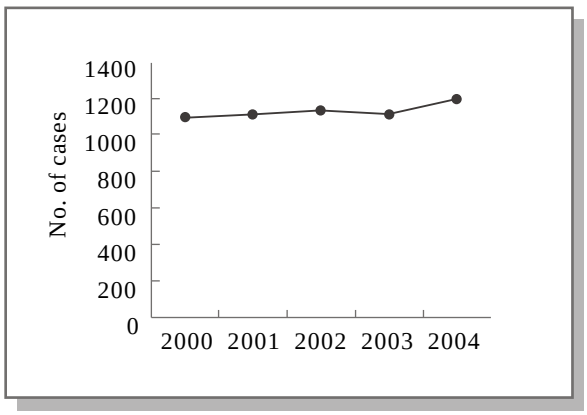
How will we do it?

- Promote respect, fairness and teamwork.
- Respond to findings from staff surveys appropriately, share results with all staff, conduct detailed analysis in staff consultative committees and develop tangible and time specific plans to address staff concerns.
- Provide safe working environment for staff by enhancing occupational safety and health (OSH)
- Provide psycho-educational resources at workplace and strengthen the caring culture through the staff volunteers network.

What are our key targets and milestones?

- Release results of Staff Survey and conduct staff consultation on follow-up actions by 3Q07
- Start providing quarterly reports to staff and management on follow-up actions taken on Staff Survey by 1Q08
- Build a professional team to lead OSH function, and to develop and implement an OSH strategic plan by 1Q08
- Conduct a 'situation analysis' of OSH programmes and policies, and prepare a priority document for enhancement, including action plans and timeframes by 3Q07
- Implement Phase II of Oasis at Workplace by rolling out the programme to 200 work units by 1Q08
- Train a total number of 100 staff volunteers to support Oasis at workplace by 1Q08

Fig 4.4b Trend of injury while on duty for staff of public hospital



Longer term work

- *Strengthen communication with staff*
- *Develop HR measures to promote staff morale*
- *Provide adequate support to staff in the discharge of duties.*

4.5 Maintain Financial Sustainability

What are the concerns?

Increased demand and normal inflation related cost pressures add increasing financial pressure on HA. This pressure is aggravated by the economy downturn in the past few years and the imbalance between the public and private health care sector. The current level of medical fees and charges may tip the market towards the heavily subsidised hospital services.

What has been done in 06/07?

Pertinent key targets in HA AP 06/07 achieved:

- Continue to support Government deliberation on healthcare financing options
- Explore further measures for energy saving and tariff reduction
- Achieve productivity savings for funding electrical and mechanical maintenance services in new facilities for acute and emergency care
- Implement the 10-year public-private-partnership contract for delivery of food services with adoption of appropriate technology in NTWC and QEH
- Conduct a cost-effectiveness analysis on the early assessment service for young persons with psychosis (EASY) programme
- Conduct post-implementation review of the NEP obstetrics package

What are our priorities in 07/08?

4.5.1 Support Government deliberations on healthcare financing reform and review strategies on healthcare financing

4.5.2 Ensure forward budget planning so that HA's resource needs are well understood.

4.5.3 Explore a new internal funding allocation model that has incentives for productivity and quality

4.5.4 Enhance management accountability for best use of resources

4.5.5 Continue to improve productivity to reduce the gap between demand and revenue

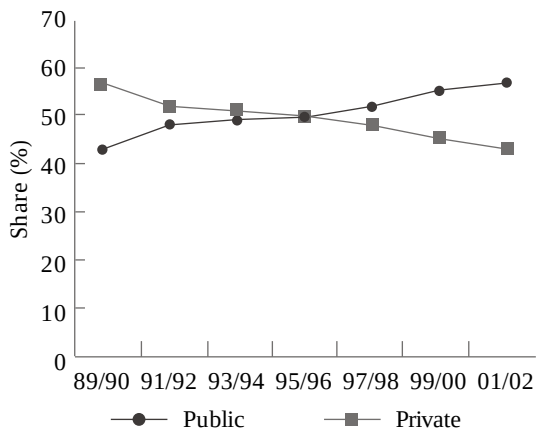
4.5.6 Explore new opportunities that can increase revenue

4.5.1 Support Government deliberations on healthcare financing reform and review strategies on healthcare financing

What do we want to achieve and how we do it?

- Since the HMDAC of HWFB reconvened in 2005, HA has been actively supporting the Government in healthcare financing reform deliberation and providing information and expertise for healthcare financing studies.
- Part of the healthcare reform objectives is to encourage appropriate use of primary care, reduce public private imbalance and utilise subsidised public services in an efficient manner.

Fig 4.5a Share of public and private health expenditure (%)



Source: Hong Kong's Domestic Health Accounts; Estimates of Domestic Health Expenditure, 1989/90 - 2001/02

- HA will support the Government review of fees and charges schedule of public hospitals and clinics to assure that public hospital fees are set in a manner that provide incentives to encourage patients to use the appropriate form of care.
- As primary health care is becoming more important in the new public health era targeting at "Health for All", the service package, delivery framework and financing model will need to be worked out,

What are the key targets and milestones?

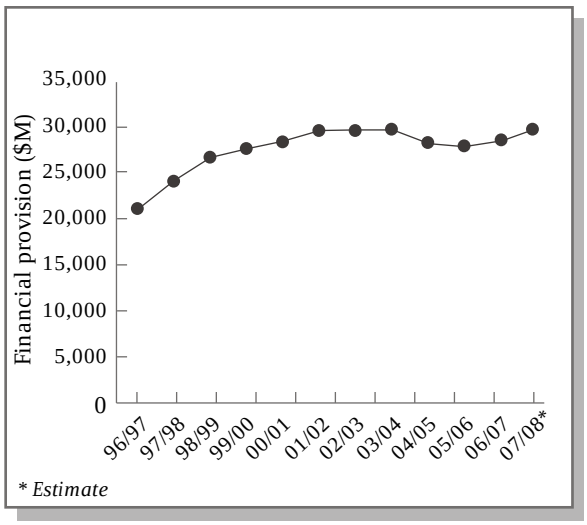
- Support Government in reviewing the medical fee structure in order to provide incentives for users to utilise medical services in a most appropriate and efficient manner by 1Q08
- Support Government in developing the future primary care model for Hong Kong by 1Q08

4.5.2 Ensure forward budget planning so that HA's resource needs are well understood

What do we want to achieve and how we do it?

- HA has a statutory duty to advise the Government of the needs of the community for public hospital services and of the resources required to meet these needs.
- In order to ensure a sound financial planning for both medium term and long term sustainability of the public health care system, we need to achieve a viable budget plan for the coming years.
- Pressure areas in demand and cost should be clearly articulated and incorporated in HA's projection of future resources requirement.
- Demand pressure areas include increase use of hospital services by elderly and patients with chronic illness, mental illness and cancer.
- Cost pressure areas include introduction of advanced technology, modernization of medical equipments, additional resources to address staff morale issues, improve the working conditions and work hours of frontline staff.
- The resources requirement should be clearly described to the Government to enhance understanding of HA's issues and challenges and facilitate discussion on HA's subvention basis.

Fig 4.5b Financial Provision to HA



What are the key targets and milestones?

- Forward plan for HA's medium term financial requirement with different scenarios in the coming years, and prepare the financial requirements for discussion with Government by 3Q07
- Work out with Government a sustainable long term funding arrangement for the HA by 4Q07

4.5.3 Explore a new internal funding allocation model that has incentives for productivity and quality

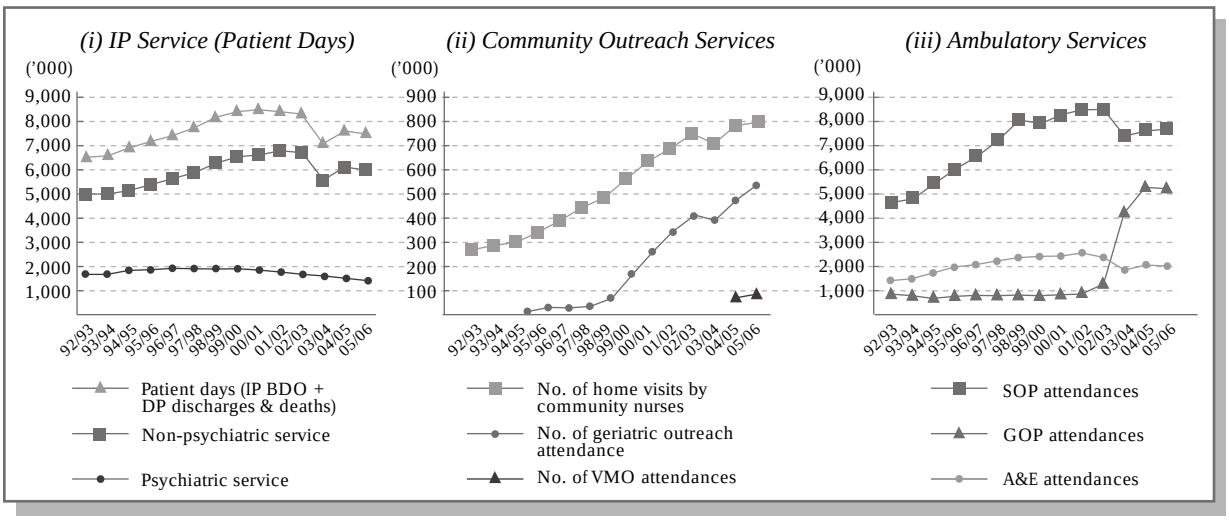
What do we want to achieve and how we do it?

- To maximise the performance of hospital service providers, resources should be allocated in an efficient and effective manner to incentivise productivity and quality.

What are the key targets and milestones?

- Explore a new internal resource allocation model supported by benchmarking information which can provide incentives for improving productivity and quality by 1Q08

Fig 4.5c HA Service Utilization



4.5.4 Enhance management accountability for best use of resources

What do we want to achieve and how we do it?

- Being a responsible public organization HA has to be accountable for the appropriate use of resources in an efficient and effective manner.
- In order to measure the performance of hospitals and promote best practice, key performance indicators will be developed to measure performance of hospitals and clusters in managing and delivering healthcare services; benchmarking information will be used to promote best practice.

What are the key targets and milestones?

- Develop the framework for key performance indicators with a balanced approach to enhance monitoring of cluster performance on quality, access and efficiency by 2Q07
- Develop key performance indicators to monitor clusters' effort in revenue collection by 3Q07
- Formulate key performance indicators for benchmarking of inventory management by selected products by 1Q08
- Conduct a feasibility study and develop a business case for the creation of a cross functional shared service model for all supporting functions by 1Q08

4.5.5 Continue to improve productivity to reduce the gap between demand and revenue

What do we want to achieve and how we do it?

- Matching demand with resources.
- Increase productivity and savings by optimizing use of resources to improve the viability of the system through innovative service delivery models without compromising the service quality.
- Explore and implement measures to achieve further savings through rationalizing the business support services.
- Review clinical support service to maximise operational efficiency.

What are the key targets and milestones?

- Award bulk contracts for 21 patented pharmaceuticals to enhance supply chain efficiency by 1Q08
- Roll out the enhanced Product Tracking and Tracing System in 3 cardiac catheterization laboratories and 5 orthopaedic and traumatology units of 8 hospitals by 1Q08
- Review pathology services by 1Q08

4.5.6 Explore new opportunities that can increase non-Government revenue

What do we want to achieve and how we do it?

- Actively explore new opportunities to increase the revenue from sources other than Government Subvention.
- Generate revenue through enhancing or introducing services with revenue generating potential, e.g. advertising service in HA hospitals, and self-financed items (SFI)
- Reduce the abuse of the medical fee waiver system and Samaritan Fund.

What are the key targets and milestones?

- Prepare operation models to support the sales and supplies of self finance items by 2Q07
- Commence advertising service in HA hospitals by 4Q07
- Establish a post-approval checking team to conduct checking on medical fee waiver and Samaritan Fund cases by 1Q08

5.1 Head Office

GENERAL BACKGROUND AND THE NEW DIVISIONS

5.1.1 In face of emergent challenges in the healthcare environment, the HA Head Office (HAHO) reviewed its organization functions and structure in June 2006 with the purpose of responding to these challenges through a business unit of clearly delineated roles and responsibilities. Re-positioning itself as an integrated entity in the overall HA macro-environment, the new management structure of HAHO aims at discharging a strategic role of leadership, innovation, and co-ordination so as to contribute to the corporate mission of HA in the twenty first century.

5.1.2 A new structure was inaugurated in November 2006 comprising six divisions, namely *Strategy and Planning, Quality and Safety, Cluster Services, Corporate Services, Finance,* and *Human Resources*. Alongside the new structure, accountabilities are clearly delineated, modi operandi are revised to empower staff to achieve planned outcomes effectively.

- The Strategy & Planning Division consists of four departments: the Strategy & Service Planning Department formulates corporate service strategies and macro-planning of services and facilities; the Statistics, Workforce Planning & Knowledge Management Department is responsible for workforce strategy; the Primary & Community Services Department plans and coordinates primary and community care services; and the Integrated Care Programmes Department coordinates integrated care programmes for disease groups of major burden to Hong Kong.
- The Quality & Safety Division comprises four departments, overseeing the functions of Clinical Specialty Coordination, Clinical Standards & Technology Assessment, Quality & Risk Management, as well as Infection, Emergency & Contingency.
- The Cluster Services Division works closely with clusters. It monitors cluster performance and remedial plans, negotiates targets for clusters, coordinates operational decisions and annual plan strategic priority, manage cross-cluster coordination issues, advises on annual budget allocation to clusters, develops key performance indicators (KPIs), implements mission critical system-wide plans to improve service quality and financial sustainability.

  The Division also coordinates central services to support cluster operation such as capital works and facility management, formulates pharmaceutical procurement policy, monitor pharmaceutical quality and standard, develop business support service policies and quality standard, as well as equipment management.

  In addition, the Division plays a major role in professional grade management of doctors, nurses and

allied health staff to improve their career development and to build up a competent and qualified workforce. The Institute of Health Care and China Office of the Division provide a platform for professional and managerial training to promote professional specialization, develop networks and enhance relations with healthcare institutes in Mainland China.

- The Corporate Services Division provides professional and consultancy services in corporate communication, secretariat support for HA Board and committees, advice on legal matters, and is responsible for the administration, facilities management, human resources and finance matters of the HA Head Office. The Division comprises four departments, namely Corporate Communication, Boards & Support, Legal Services, and HA Head Office.
- The Human Resources Division formulates policies, systems and processes to support the effective management of HA whilst continuously building up leadership and management capability of the organization through the design and delivery of appropriate training and development interventions. Following the HAHO re-organisation, occupational safety & health, and clinical psychology service (the Oasis) functions of HA have been incorporated into this Division to ensure synergy with other HR functions in creating a people first culture.
- Finance Division – In 2007/08, the subvention from Government to HA amounts to HK$29 billion. The Finance Division supports the corporate objectives of securing requisite resources and optimizing the utilization of these resources for the delivery of quality service through astute financial management. The Division also supports the Government in exploring long-term healthcare financing options, and provides both corporate stewardship and strategic financial planning and operations.

  In addition, the Head Office Finance Division coordinates the development of the Enterprise Resource Planning System, which will further streamline the process work flow, improve operational efficiency of supporting services and enhance information support for strategic resource decision. The Division formulates KPI and provides benchmarking information to promote best practice and enhance management accountability.

  The HA IT Services Department oversees IT development, implementation and support services for all corporate IT systems in all HA hospitals and clusters. On the clinical front, these systems have been widely used in departments including Accident & Emergency, in-patient wards, out-patient clinics, operation theatres, pharmacies, laboratories, radiology units, etc, covering functions ranging from patient care delivery to human resources, financial procurement and administrative support. Operation of all IT systems is supported by IT infrastructure such as Data Centre operations, Network operations and operating systems.

MAJOR CHALLENGES AND DIVISIONS INITIATIVES

5.1.3 To ensure service effectiveness, operation efficiency and system sustainability in face of challenges arising from ageing population, advance of technology, changing epidemiology, rising public expectations, diverse professional views, and competing demands on the tight budget, HA would need to formulate effective strategies and actions to achieve long-term sustainability of the public healthcare system. Planning models will be developed for health services, facilities and workforce, synthesizing health service and related information to facilitate informed decision by management, and to harness research generated knowledge for better patient care.

5.1.4 Collaboration with other healthcare providers is a key strategy for achieving sustainable development of the public healthcare system. HA will strive to reduce the population's reliance on hospital services by promoting prevention, early detection and intervention of illnesses through multi-specialty, multi-disciplinary and multi-sectoral collaboration in community-based care.

5.1.5 We also need to maintain a robust public hospital system in order to respond effectively to community disaster and the imminent threat of possible pandemic outbreak. Other than managing strategic public health issues, HAHO will continue to lead and co-ordinate response measures for emergency and crises during major international events, improve infection control management measures across HA hospitals, and collaborate with the Centre for Health Protection and other government departments in the surveillance, management and control of major infectious outbreaks.

5.1.6 To keep pace with the worldwide trend of augmenting service quality and safety in patient care, HA will continue to improve its clinical quality assurance systems, set up framework of health technology assessment and clinical audits, implement local and international accreditation systems, learn from errors, and share best practices through knowledge management. To continuously improve service quality, HAHO will review the existing KPI with a view to developing a set of indicators which can better reflect corporate priorities and provide a balanced framework for monitoring performance of all clusters with focus on equity, quality and efficiency. HA will replace major medical and engineering equipment items with the $500M Capital Block Vote to keep pace with other modernising initiatives for quality and safety.

In 2007/08, the following priority projects will be implemented:

5.1.7 HA is expected to respond to the need of local pregnant women for obstetric services. While ensuring the delivery of effective obstetric services, we have to manage the service demand from Mainland pregnant

women and to discourage undesirable behaviour of delivering babies in HA hospitals with no antenatal care.

5.1.8 HA will provide medical coverage for the Olympic and Paralympic Equestrian Event to be held in Hong Kong in 2008. The HAHO will coordinate the essential support of A&E medical services to ensure smooth running of the event.

5.1.9 The HA Drug Formulary will be reviewed to collect feedback from patients and the public with a view to enhancing the existing operation model and support to the supply of self-financed drug items. The HAHO will work in collaboration with the community to steer towards the direction of achieving quality, reasonable pricing and convenience for the benefit of patients.

5.1.10 Strengthening corporate governance and services is a critical success factor to lead the organization forward in this fast changing environment with rapidly proliferating issues. HA will continue to implement the following key corporate services initiatives to help the organization achieve this:

- Provide the HA Board with the necessary support to perform its critical role of reviewing strategic issues, formulating policies and directions, as well as monitoring performance of the organization
- Promote a credible corporate image and enhance public perception through continuous dialogue with internal and external stakeholders so as to improve relations with Government, employee, media, various community sectors as well as capability in crisis management.
- Provide efficient, effective and professional support on building management, administration, and legal, finance and human resource matters for the HAHO Divisions, and launch cost-effective programmes to promote the welfare and psychological well-being of HAHO staff.

Other initiatives to respond to new challenges include:

5.1.11 HA has been relying heavily on the use of IT systems in its operations to improve efficiency and patient services. There has been an increasing demand for new IT systems and functionalities. With the resource constraints, stringent validation process will be established to prioritize the business requests.

5.1.12 To maintain long-term financial sustainability of our pubic healthcare system in the face of severe financial constraints, HA has to plan ahead taking into consideration increases in service demand and major cost pressure areas. It will need to develop effective planning parameters and to formulate a new resource allocation model which is conducive to productivity and quality improvements.

5.1.13 Building a people first culture will be a major corporate direction in 2007/08. HAHO will focus its attention

on long-term initiatives so as to boost staff morale. People strategies include ensuring a safe working environment in HA by developing and implementing an occupational safety & health strategic plan, providing quarterly reports to staff and management on follow-up actions in respect of Staff Opinion Surveys, and establishing new career structure and progression models for doctors, nurses and allied health professionals. Other notable initiatives include:

- Reduce the weekly work hours and the excessively long continuous work hours of doctors to an acceptable level.
- Develop structured training and development programmes to enhance professional competency and management-leadership skills of healthcare professionals, and widen job exposure of professionals and senior executives.
- Foster a culture of continuous learning among health care professionals through various clinical-based programmes organized by the Institute of Healthcare.

Targets

Implement planned-responses to increasing service demand

• *Implement the community mental health programme in all clusters*	*4Q07*
• *Conduct mental health review and training on Health of the Nation Outcome Scale*	*1Q08*
• *Open obstetric beds in UCH and QEH and other hospitals to increase delivery capacity by 2000*	*4Q07*
• *Replace and add obstetrics and neonatal intensive care equipment*	*1Q08*
• *Develop a framework for rationalization of specialized services and delineation of role of hospitals*	*1Q08*
• *Collaborate with Government departments to participate in a test event of Beijing Olympic 2008 Equestrian Events(3Q07) and formulate contingency planning to prepare for Beijing Olympic 2008 Equestrian Events to be held in Hong Kong*	*1Q08*
• *Commission 2 CM clinics, conduct preclinical study on the interaction between Oseltamivir and CM formulae for influenza, and review Chinese Medicine formulae for 5 western diagnosis*	*1Q08*
• *Pilot communication between CM & WM patient information systems in 2 centres*	*4Q07*
• *Conduct CM certificate training programme to western medicine healthcare professionals*	*2Q07*
• *Enhance hospital discharge planning for elderly patients with frequent hospital admissions and comorbidities and carer training in collaboration with NGOs to reduce emergency admissions*	*4Q07*
• *Launch BMI 23 health promotion programme in partnership with caterers, supermarkets and commercial organizations*	*1Q08*
• *Extend the PPI-ePR pilot project through focusing on potential high-user patient groups, including elderly patient care settings, collaboration with NGOs and chronic disease management partners*	*1Q08*
• *Implement High Admission Risk Reduction Programme for Elderly in the Community in Hong Kong East and Kowloon Central clusters*	*3Q07*
• *Develop and implement multidisciplinary patient empowerment programmes to enhance self-care and carers' capabilities in chronic disease management, including End Stage*	*1Q08*

Renal Failure, Diabetes Mellitus and Stroke	
• *Enhance HA Injury & Trauma Registry and Cancer Registry to support planning*	*1Q08*
Continuously improve service quality and safety	
• *Extend linear accelerator machine time in PWH and QEH to reduce the waiting time for radiotherapy*	*1Q08*
• *Develop acceptable waiting time and reviewing actual waiting time against the standards developed in selected subjects*	*1Q08*
• *Upgrade infection control provision for autopsy facilities in 11 public hospitals*	*3Q07*
• *Review and upgrade two core improvement standards*	*1Q08*
• *Develop guidelines on use of antibiotics in surgical prophylaxis*	*1Q08*
• *Enhance Poison Information Service, Toxicology Reference Laboratory, and Poison Treatment Centre for the prevention and control of poisoning*	*1Q08*
• *Enhance pharmacy support service for Hong Kong Poison Control Network through information service to poison inquiries; poison database development; antidote coordination and poisoning notification between HA and Department of Health*	*1Q08*
• *Develop strategies to reduce medication incidents associated with look-alike, sound-alike medications and high concentration intravenous medications*	*1Q08*
• *Develop a formal mechanism to identity and prioritise clinical/healthcare audits in HA, and set up a Clinical Audit Register*	*3Q-4Q07*
• *Conduct and report corporate nursing audit on administration of medication, blood transfusion and fall prevention*	*1Q08*
Keep modernizing HA	
• *Review the status of health technology management in HA and formulate a comprehensive management strategy*	*4Q07*

HEAD OFFICE AND CLUSTER PLAN

• *Review the HA Drug Formulary with introduction of more drugs as standard drugs for target diseases. Enhance the provision of safety net provision for four new drugs for patients with financial difficulties with re-categorisation of a safety net drug as standard HA provisions*	*2Q07*
• *Organise the 14th HA Convention*	*2Q07*
• *Review HA-related ordinances and update legal compliance checklists and guidelines*	*2Q07*
• *Facilitate the organization of strategic planning workshop of HA Board*	*3Q07*
• *Demonstrate transparency and accountability of HA by publishing HA Annual Report 2006/07*	*4Q07*
• *Complete renovation work of QEH's kitchen and commence new service with cook-chill cum cold-plating technology*	*4Q07*
• *Continue pilot of Clinical Dashboard System in more hospitals for ward management, enhance clinical communication and continuity of patient care monitoring*	*1Q08*
• *Upgrade eKG platform to better serve frontline clinicians to deliver evidence-based care*	*1Q08*
• *Renovate Jockey Club Rehabilitation Centre to accommodate 200 staff of HA IT Department*	*1Q08*
• *Develop the Enterprise Architecture to improve alignment between IT services and clinical requirements by modeling clinical processes and information needs in the HA*	*1Q08*
• *Provide necessary IT support for the commissioning of HA Infectious Disease Centre and the redeveloped POH and TMH Rehabilitation Block*	*1Q08*
• *Complete technology refreshment for 3 acute hospitals, and 7 non-acute hospitals / institutions through replacement of aging corporate network / server equipment*	*1Q08*
• *Complete feasibility study on the use of Radiofrequency Identification to enhance management of ventilators and infusion pumps*	*1Q08*
• *Commence construction work for the Phase 2 Redevelopment of CMC*	*1Q08*
• *Review hospital practices in clinical waste management to prepare for implementation of Waste Disposal (Amendment) Ordinance*	*1Q08*

HEAD OFFICE AND CLUSTER PLAN

• *Replace 32 NEATS vehicles by environmentally friendly LPG vehicles funded by Hong Kong Jockey Club Charities Trust*	*1Q08*
• *Establish a clear definition of the requirements for future In-Patient Medication Order Entry System development and address the feasibility in terms of technical, operational workflow, system and service management, risks and resources*	*1Q08*
• *Further roll out the Generic Clinical Request (GCR) (Allied Health) system to all Allied Health Departments in NTEC and HKEC*	*1Q08*
• *Enhance existing Patient Billing and Revenue Collection (PBRC) System in the interim, to continue to meet evolving business needs and plan to start building the new Patient Information, Activity Billing (PI-AB) System*	*1Q08*
• *Launch e-Recruitment System to all clusters to facilitate the recruitment process*	*1Q08*
• *Complete preparation for the new HR Payroll System to be implemented under ERP Phase I.*	*1Q08*

Build people first culture

• *Recruit at least 320 doctors for professional training and service needs*	*3Q07*
• *Recruit at least 600 nurses and 190 AH staff for professional training and service needs*	*1Q08*
• *Implement conversion of staff on contract terms to permanent terms*	*3Q07*
• *Set up Institute of Advanced Allied Health Studies under HA Institute of Health Care to meet the training needs of allied health staff and launch a structured training programme for newly recruited Allied Health staff in accordance with the training and career development framework for Allied Health professions*	*2Q07*
• *Develop and implement an 18-month customized Executive Leadership Programme in HA for about 30 senior leaders*	*2Q07*
• *Organize one class of return-to-practice training for midwives*	*2Q07*
• *Conduct one training course for neonatal intensive care unit (NICU) nursing*	*3Q07*

• *Formulate and prioritise strategies on Doctor Work Hour for implementation in pilot hospitals / clusters*	*4Q07*
• *Formulate a rotation mechanism for senior executives in Head Office and senior healthcare professionals at cluster level to widen job exposure and facilitate career development*	*4Q07*
• *Commence Higher Diploma Nursing Programme in 3Q07 and EN Training for SWD in 4Q07 in KCC and NTWC to boost up the supply of RN and EN to meet the deficit in public, private and elderly services*	*4Q07*
• *Strengthen nursing workforce by (i) sponsoring 150 enrolled nurses for clinical placement in their Registered Nurses Conversion Programme; (ii) awarding training subsidy to 343 nurses (EN & RN or above) to take up conversion courses in tertiary education institutions*	*1Q08*
• *Evaluate the pilot of theatre technician programme*	*1Q08*
• *Conduct two intakes of nurses totaling 70-80 for midwifery training*	*1Q08*
• *Provide 33 programmes for AH staff; 30 programmes for doctors and 11 specialty courses together with 60 enhancement programmes for nurses to enhance professional competencies and facilitate specialisation*	*1Q08*
• *Provide 5 major IHC programmes relating to hospital and health care management, including specialty training for health care professionals local or from the Mainland and Macau*	*1Q08*
• *Establish new career progression models for health care professionals*	*1Q08*
• *Conduct grade review and market survey for the IT job family to ensure clear job description of the IT grades and ranks, and appropriate pay and employment conditions for the staff concerned*	*1Q08*
• *Release full results of Staff Survey and conduct staff consultation on follow-up actions(3Q07), implement improvement measures in response to results of staff opinion survey (4Q07), and provide quarterly reports to staff and management on follow-up actions*	*1Q08*
• *Establish Critical Incident Support Team in HAHO*	*4Q07*
• *Set up Oasis at Workplace in HA Building and train 100 supporting staff volunteers*	*1Q08*

HEAD OFFICE AND CLUSTER PLAN

• *Build a professional team to lead OSH function, and to develop and implement an OSH strategic plan*	*1Q08*

Maintain financial sustainability

• *Support Government in developing the future primary care model for Hong Kong*	*1Q08*
• *Support Government in reviewing the medical fee structure in order to provide incentives for users to utilize medical services in a most appropriate and efficient manner*	*1Q08*
• *Forward plan for HA's medium term financial requirement with different scenarios in the coming years, and prepare the financial requirements for discussion with Government*	*3Q07*
• *Devise a sustainable long term funding arrangement with Government*	*4Q07*
• *Prepare operation models to support the sales and supplies of self-finance items*	*2Q07*
• *Develop key performance indicators to monitor clusters' effort in revenue collection*	*3Q07*
• *Develop a framework of key performance indicators with a balanced approach to enhance monitoring of cluster performance on quality, access and efficiency*	*2Q07*
• *Commence advertising service in HA hospitals*	*4Q07*
• *Conduct a feasibility study and develop a business case for the creation of a cross functional shared service model for all supporting functions*	*1Q08*
• *Develop planning parameters and explore a new funding allocation model that has incentives for productivity and quality – Explore a new internal resource allocation model supported by benchmarking information which can provide incentives for improving productivity and quality*	*1Q08*
• *Review pathology services*	*1Q08*
• *Establish a post-approval checking team to conduct checking on medical fee waiver and Samaritan Fund cases*	*1Q08*
• *Formulate key performance indicators for benchmarking of inventory management by selected products*	*1Q08*

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• *Award bulk contracts for 21 patented pharmaceuticals to enhance supply chain efficiency*	*1Q08*
• *Roll out the enhanced Product Tracking and Tracing System in 3 cardiac catheterisation laboratories and 5 orthopaedic and traumatology units of 8 hospitals*	*1Q08*

5.2 Hong Kong East Cluster

GENERAL BACKGROUND

5.2.1 Six hospitals in the Hong Kong East Cluster (HKEC) serve an estimated population of 0.8 million covering the Eastern and Wanchai Districts of Hong Kong Island and the Islands (excluding North Lantau):

- Pamela Youde Nethersole Eastern Hospital (PYNEH) - An acute regional hospital providing a full range of specialist services.
- Ruttonjee & Tang Shiu Kin Hospitals (RHTSK) - A district general hospital providing accident and emergency and a selected range of specialist services, including Internal Medicine, Respiratory Medicine, Geriatrics and Surgery.
- Tung Wah Eastern Hospital (TWEH) - A community hospital providing primary services and a selected range of specialist services, including Internal Medicine, Ophthalmology, Rehabilitation and Convalescent Care.
- Wong Chuk Hang Hospital (WCHH) and Cheshire Home (Chung Hom Kok) (CCH) - Both provide infirmary services for patients requiring long-term care.
- St. John Hospital (SJH) - Provides primary and emergency services.

5.2.2 The Cluster operates ten General Out-patient Clinics (GOPCs), including four located in the outlying islands of Lamma and Peng Chau.

5.2.3 The Hong Kong Tuberculosis, Chest & Heart Diseases Association continues to support cluster services by promoting primary and secondary prevention through health education programmes.

5.2.4 As at 31 December 2006, the Cluster operates a total of 3,015 beds, with 1,942 for acute, convalescent and rehabilitation care, 627 for infirmary care and 446 for the mentally ill.

FUTURE CHALLENGES AND MAJOR INITIATIVES

5.2.5 The Cluster has been facing operation and staff morale issues related to high staff turnover in the past two years. Most clinical departments are now devoting more time to the training of new/junior staff. Service is maintained through increasing work-hours and dedication of the remaining workforce.

5.2.6 The relatively low bed-to-population ratio in the Cluster and concentration of demand for acute services in one major hospital lead to perennial congestion in medical wards. The situation usually gets worse in winter or when there is outbreak of infectious disease in residential care homes for the elderly.

5.2.7 In 2007, the new PYNEH and the redeveloped RHTSK will have reached their 14th and 16th years of service respectively. Most equipment commissioned in the early 1990s are thus in great need for natural replacement in order to maintain service integrity. Our Cluster appreciates the increase in equipment budget to support the first year (07/08) of our 3-year rolling Replacement Plan.

5.2.8 Technology advancement has brought about new diagnostic and treatment options at considerable costs, such as those for expensive consumables for minimal access surgery and interventional radiology. Vascular diagnostic and interventional radiology procedures are being performed on a 24-hour basis to reduce hospitalization and improve patient outcome. Continuation of this service is highly dependent on the availability of expertise and resources.

5.2.9 Another major challenge is to manage increasing demand with finite resources. Notable pressure areas are obstetrics, neonatal intensive care and urology services.

5.2.10 HKEC has dovetailed its annual plan with the corporate strategic directions to meet future challenges:

- To reduce in-patient burden, the Cluster will continue its strategic emphasis on community care and strengthen collaboration with community partners, building on the successful experience of our High Risk Elderly Database, Post-discharge Follow-up Programme and Telephone Nursing Consultation Service (TNCS). The latter will be extended, in collaboration with Senior Citizen Home Safety Association (SCHSA), to cover more elders in need of timely clinical care and advice to reduce avoidable admissions.
- HKEC has for many years been proactive in shifting the mode of service delivery from in-patient towards ambulatory. Further development is however hampered by the physical set-up which is not designed for such purposes. We plan to enhance the ambulatory facilities and capacities for certain specialties, such as Clinical Oncology (day chemotherapy) and Radiology (day investigations and interventional procedures) so as to improve working environment and maximise operational efficiency.
- Expansion is planned to upgrade HA's first Minimal Access Surgery Training Centre in PYNEH with the addition of simulated facilities and training laboratory for endoscopic and laparoscopic surgery. This will facilitate skill transfer to all public and private practitioners of different surgical specialties.
- The relatively low bed-to-population ratio will be managed through reducing hospital length of stay and unplanned readmissions. Acute medical wards will conduct a systematic and coordinated pre-discharge planning programme to provide individualised comprehensive service with discharge plans and home-based post-discharge support.
- Congestive heart failure is a growing health problem in HK with increasing numbers of hospitalization and re-admissions. To improve clinical outcome and reduce hospitalization, HKEC will establish a Multi-disciplinary Heart Failure Management Team to identify high-risk patients for strengthened rehabilitation, post-discharge management, counseling and education.
- Under the cluster structure, many of HKEC's corporate, business and clinical supporting functions have been 'clusterised' with improved management efficiency and service quality. Similar organizational maneuvers are being planned for its central sterilization and transportation services.
- HKEC will continue to enhance its organization efficiency, system sustainability, service quality and risk management. Patient and staff safety will be enhanced through various initiatives, including correct patient identification, Hong Kong Medical Laboratory Accreditation and OSH programmes.

HEAD OFFICE AND CLUSTER PLAN

Targets

Implement planned-responses to manage increasing service demand

- *Implement hospital admission risk reduction programme for elderly (HARPPE) in the community by expanding High Risk Elderly Database, post-discharge programmes and Telephone Nursing Consultation Service (TNCS) in collaboration with Senior Citizen Home Safety Association to cover a wider range of patients* — *3Q07*
- *Develop a systematic and co-ordinated pre-discharge planning and post-discharge support programme (PPPSP) in Acute Medical Wards to reduce length of stay and re-admission* — *4Q07*
- *Implement Community Mental Health Intervention Programme including early psychiatric assessment and intervention for persons detected to have complex psychosocial need* — *4Q07*
- *Establish a Multi-disciplinary Heart Failure Management Team to identify high-risk patients for post-discharge management, community-based cardiac rehabilitation, counseling and education so as to improve clinical outcome and reduce hospital admissions* — *4Q07*
- *Enhance chemotherapy ambulatory service for patients on infusion treatment to reduce avoidable hospitalization* — *4Q07*
- *Commence Emergency Medicine Ward service to reduce daily admission from Accident and Emergency Department* — *3Q07*

Continuously improve service quality and safety

- *Enhance correct patient identification through (i) standardizing patient identification bracelets; (ii) enhancing wristband to 2D barcode technology and (iii) implementing time-out policy in interventional procedures* — *1Q08*
- *Establish mechanism, methods and procedures for self-assessment and improvement of quality, safety and outcome of hospital services* — *1Q08*
- *Prepare for Hong Kong Laboratory Accreditation Scheme* — *1Q08*

Keep modernizing HA

- *Clusterise transport services to achieve efficiency savings* — *2Q07*

- *Clusterise Central Sterile Services in HKEC to standardise, integrate and centralise all sterilization services to improve efficiency and effectiveness* — *3Q07*
- *Prepare for implementation of Phase 1 and pilot Phase 2 of Enterprise Resource Planning System* — *1Q08*
- *Ensure timely replacement and upgrade of equipment approved in Capital Block Vote* — *1Q08*
- *Roll out Generic Clinical Request-Allied Health (GCR-AH) System to all AH departments in HKEC* — *1Q08*
- *Expand Cluster Minimal Access Surgery Training Centre with the addition of simulated facilities and training laboratory to facilitate skill transfer to practitioners in both public and private sectors.* — *3Q07*

Build people first culture

- *Enhance OSH programme for staff : Increase staff awareness of healthy life-style and work-style, and enhance support to injured and sick staff by speeding up rehabilitation and provision of psychosocial support* — *4Q07*
- *Enhance information management in Human Resources by providing timely management HR information at cluster, hospital and departmental levels* — *1Q08*

Maintain financial sustainability

- *Commence private in-patient and out-patient services to provide more choices for patients and to enhance system sustainability* — *2Q07*

5.3 Hong Kong West Cluster

GENERAL BACKGROUND

5.3.1 The Hong Kong West Cluster (HKWC) comprises seven hospitals and six satellite institutions. The seven hospitals in the Cluster are:

- Queen Mary Hospital (QMH) – A regional acute hospital and the teaching hospital for The University of Hong Kong Li Ka Shing Faculty of Medicine. It is also a tertiary and quaternary referral centre for advanced technology services such as bone marrow transplant and liver transplant.
- Tsan Yuk Hospital (TYH) – With its obstetric and newborn in-patient services relocated to QMH in late 2001, the hospital is currently operating as a community family health centre.
- Duchess of Kent Children's Hospital (DKCH) – The hospital provides specialist services in paediatric orthopaedics, neurology and dental surgery, developmental paediatrics and spinal surgery. It is serving child patients throughout the territory.
- Grantham Hospital (GH) – A tertiary referral centre for treatment of heart and lung diseases. It is also the only hospital in the territory providing medical care for babies and children with heart problems. With the reorganization of Nam Long Hospital in December 2003, GH has commenced provision of Palliative Medical Service to cancer patients.
- Fung Yiu King Hospital (FYKH) – An extended care hospital specializing in geriatric service. It provides rehabilitation and convalescence for medical and orthopaedic patients. It also provides community outreach service through its Community Geriatric Assessment Team (CGAT).
- MacLehose Medical Rehabilitation Centre (MMRC) – Opened in 1984 by the Hong Kong Society for Rehabilitation, the centre now provides comprehensive rehabilitation services.
- Tung Wah Hospital (TWH) – The oldest hospital under the medical division of the Tung Wah Group of Hospitals. The hospital provides extended care as well as ambulatory and day surgery services for patients from QMH and the Cluster.

5.3.2 The six satellite institutions are David Trench Rehabilitation Centre and the General Out-patient Clinics in Sai Ying Pun, Aberdeen, Ap Lei Chau, Kennedy Town, and the Central District Health Centre.

5.3.3 Apart from providing a comprehensive range of health care services to cater for the needs of around 0.53 million residents in Central, Western and Southern Districts of the Hong Kong Island, the Cluster is well known for its tertiary and quaternary services which serve the whole population of Hong Kong. The 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.

5.3.4 As at 31 December 2006, there were in the Cluster a total of 3,257 beds, with 2,965 for acute, convalescent and rehabilitation care, 200 for infirmary care and 92 for the mentally ill.

FUTURE CHALLENGES & MAJOR INITIATIVES

5.3.5 The 2007/2008 HKWC Annual Plan is formulated in conformance with the corporate directions set by the HA and the four priority areas advocated by the SHWF.

5.3.6 Faced with the challenges of rising public expectation for more and quality service and financial constraints, the HKWC will focus on operational efficiency and development of an integrated service delivery approach by way of programme-based service planning, service rationalization, reprioritization and realignment and by enhancing gate keeping / community-oriented services. Concerted effort will continue to be directed to achieving a balanced budget via enhanced productivity programmes and alternative revenue generating opportunities.

5.3.7 As in the past year, the Cluster will continue to place emphasis on "People First Culture" as the means to addressing staff sentiments and improving staff morale.

5.3.8 In meeting these challenges, the Cluster will reorganise its services targeted at three key directions depicted by the Chief Executive of HA: –

- Reducing avoidable hospitalization
- Modernizing HA
- Enhancing patient choice and access.

5.3.9 Accordingly, the main focus of the Cluster in the coming year will be as follows:

(1) Improve interface with primary health care and long term care by implementing Public Private Interface programmes for primary and community care, strengthening various support programmes to the Residential Care Homes for the Elderly and enhancing drug education for patients.

(2) Continuously improve service quality and safety by promoting timely intervention through enhancing emergency ward service, establishing an Integrated Pre-admission Clinic and implementing acute stroke care programme to reduce avoidable hospitalization and shorten patients' length of stay.

(3) Manage risk and maintain sustainable quality service by way of implementing clinical pathways for patients of five disease groups.

(4) Improve staff morale by enhancing staff training and career development, improving workplace environment and hospital facilities, and enhancing occupational safety and health.

HEAD OFFICE AND CLUSTER PLAN

Targets

Implement planned responses to increasing service demand

- *Implement Cardiac Rehabilitation Programme by reinforcing hospital-based active rehabilitation for cardiac patients* — *2Q07*
- *Expand Pharmacist-led Clinic Service (Concordance Service) to patients with hypertension, hyperlipidaemia and asthma to improve patients' drug compliance* — *3Q07*
- *Expand fast-track physiotherapy service for Observation Ward at AED to reduce A&E admissions and patients' length of stay* — *3Q07*
- *Enhance dietetic and telemedicine clinic service to Residential Care Homes for the Elderly (RCHEs) being visited by HKW Community Geriatric Assessment Team (CGAT) to reduce hospitalization of the elderly living in RCHEs* — *4Q07*
- *Strengthen Medication Reconciliation Service to RCHEs by Community Pharmacists to enhance drug safety in RCHEs and enhance the drug education for chronic patients to reduce drug wastage.* — *4Q07*
- *Implement Public Private Interface programmes for primary and community care to improve community support to post-discharge chronically ill patients* — *1Q08*

Continuously improve service quality and safety

- *Implement Clinical Pathways (Acute Myocardial Infarction; Elective Colorectal Resection; Geriatric Fracture Hip – acute management; Geriatric Fracture Hip – rehabilitation; and Management of Chest Pain at Accident & Emergency) to improve the cost-effectiveness of clinical services* — *2Q07*
- *Establish Integrated Pre-admission Clinic to enhance pre-admission service of elective surgery* — *3Q07*
- *Enhance emergency ward service to reduce avoidable hospitalization* — *4Q07*
- *Implement Acute Stroke Care Development Programme to enhance service quality and promptness of patient assessment, investigations and treatment* — *1Q08*

Keep modernizing HA

- *Optimise Central Chemotherapy Service with other clinical departments to promote drug safety* — *4Q07*

and improve service quality

*B*uild people first culture

- *Pilot Occupational Medicine Consultation Clinic for staff to enhance service provision to staff suffering from injury on duty or occupational health problems* — *4Q07*
- *Enhance training support to nursing and care-related supporting staff to promote personal development and career advancement* — *4Q07*

Maintain financial sustainability

- *Set up Integrated Clinic to improve service quality and enhance patient satisfaction* — *4Q07*

5.4 Kowloon Central Cluster

GENERAL BACKGROUND

5.4.1 The Kowloon Central Cluster (KCC) serves the Yau Ma Tei, Tsim Sha Tsui and Kowloon City districts with a total population of 0.5 million. There are six hospitals / institutions in the Cluster:

- Queen Elizabeth Hospital (QEH) - A major acute hospital providing 24-hour comprehensive services
- Kowloon Hospital (KH) - A multi-specialty hospital providing acute and extended care services in psychiatry, rehabilitation, respiratory medicine, as well as convalescent care and community outreach services
- Buddhist Hospital (BH) - A community hospital with general and extended care services
- Hong Kong Eye Hospital (HKE) - A specialised Ophthalmic Centre
- Hong Kong Red Cross Blood Transfusion Service - An institution providing blood and blood products to all hospitals in Hong Kong
- Rehabaid Centre - An institution providing specialised community-based rehabilitation services

5.4.2 The Cluster is supported by six GOPCs, one of which is located inside BH.

5.4.3 As at 31 December 2006, there were in the cluster a total of 3,565 beds with 3,002 for acute, convalescent and rehabilitation care, 118 for infirmary care and 445 for mentally ill.

FUTURE CHALLENGE & MAJOR INITIATIVES

5.4.4 During the past year, the KCC has implemented many initiatives to facilitate the provision of right care for the right patient at the right place. Community healthcare resources were strengthened to take care of new patient types thereby reducing the pressure on SOPCs. The new Emergency Medicine Ward, through the support rendered by geriatric outreach teams and other clinical specialties, reduced the pressure on in-patient beds thereby prioritizing these precious beds to those in need. Various risk management initiatives were implemented aiming to build a safety culture leading to enhancement of the safety and quality aspects of patient care. Leadership training and performance management initiatives were implemented to enhance the overall organizational effectiveness.

5.4.5 The major challenge for the Cluster in 2007/08 would still be managing the rising demand and expectation for public healthcare services with the finite resources. The ageing population has increased demand on our services. Statistics showed that in QEH, 47.6% of the bed-days in 2005/06 were occupied by those aged 65 or above as compared to 36% in 1995/96. Of the population our Cluster is serving, 14.1% are aged 65 or above and they occupied 60% of the bed-days in the Cluster in 2005/06. There is also the demand on acute psychiatric services and the pressure to timely replace the aged medical equipment. Enhancing efficiency, maximising resource utilisation, service reprioritisation and rationalisation of services, and innovation are called for to cope with these demands.

5.4.6 The psychiatric services at KH had experienced unmet demands for in-patient beds since the relocation of 180 gazetted psychiatric beds to KH in July 2006. While those unmet demands were so far channelled to other psychiatric centres, addition of new psychiatric beds is planned. This in itself cannot solve the demand problem entirely. In line with the principle of "continuity of care provision", there are other issues to be addressed or workflow to be re-engineered, such as enhancing consultation and psychiatric liaison support in order to rationalise the provision of gazetted beds for KCC and KEC.

5.4.7 To expand further on the right care for the right patient at the right place concept, the community healthcare resources need further strengthening to take care of patients with chronic diseases, relieving pressure off specialist out-patient clinics. At the same time, the Cluster has to increase the intensive care beds to address the needs of the remaining in-patients who are much older and sicker, and the palliative care beds to take care of the terminally ill.

5.4.8 Safety and quality must be maintained at all times. Building the safety culture needs the continued concerted efforts of our staff aligned through risk management initiatives. For services where the waiting time is long, we need to balance patient interests against what we can provide. Innovative solutions are called for.

5.4.9 The Cluster adopts a people first culture and continuous efforts are spent to equip and empower the workforce with necessary skills. Cluster endeavours to provide a safe, harmonious, happy and trusting working environment for staff, with assistance given to those with performance problems.

5.4.10 To face our future challenges of increasing demands and in developing a quality patient-centred, community-focused healthcare service to meet community expectations, the KCC has formulated a wide range of new initiatives for implementation in the coming year according to the HA's five strategic objectives. The major initiatives are highlighted as follows;

- To implement planned responses to increasing service demand in high priority areas, the service capacity of the acute psychiatric service serving the KC and KE population would be enhanced through opening an additional 30 acute informal beds, re-engineering the logistics in patient flow and reinforcing collaboration between the two Clusters. To alleviate the pressure in acute care, the intensive care services would be strengthened by converting 4 high dependency beds to 4 intensive care beds. On building up services to prevent avoidable hospitalization, the Hospital Admission Risk Reduction Programme for high risk Elderly would be implemented with referrals for community care through hotlines and follow-up visits. A post-discharge programme for chronic obstructive pulmonary disease patients would be piloted to reduce readmission and length of stay through enhancing community and day-hospital support. To reduce length of stay in acute and extended care beds, a Palliative Medicine Unit with 12 beds would be set up in BH for terminally ill patients.
- To continuously improve service quality and safety, programmes would be introduced to ensure timely intervention. These include the opening of a Diabetes Mellitus Complication Screening Clinic for screening of eye complications and the setting up of a triage and management programme for back and neck pain. Risk management strategies to maintain service quality and ensure patient safety include

the implementation of time-out procedure in Operating Theatres and the 2D barcode scanning technology for labeling specimens. Blood Safety would be enhanced through implementation of Nucleic Acid Amplification Testing of individual blood donation sample for the detection of human immunodeficiency virus and hepatitis B and C viruses. A neurosurgical management protocol for stroke would be set up to streamline the overall stroke management within Kowloon Central and East hospitals.

- To keep modernizing HA, the Cluster would update and replace medical equipment, systems and capital facilities along with the allocated resources and planning by the HA. The present PET service would be enhanced by installation of a Cyclotron under a collaboration scheme. To achieve greater efficiency gain in the Non-Emergency Ambulance Transfer Service (NEATS), the 4 Kowloon NEATS control centers will be merged to improve transfer logistics and service quality. Digital radiography would be introduced in Accident Emergency Department to improve workflow and diagnostic accuracy.
- Building people first culture is another priority in the KCC. To nurture a caring culture at work place, the number of Oasis at workplace would be expanded to 300 sites which cover all ward areas and workplaces. The variety of supported materials including poster and visual products would be enhanced.
- To maintain the financial sustainability, two finance models would be developed. The baseline resources plan finance model would be for planning and monitoring of head count, other charges and income in conjunction with agreed targets and levels of activities. The costing model per patient headcount would also be developed through discussion and review with concerned departments.

Targets

Implement planned responses to increasing service demand

- *Enhance the acute psychiatric service to the Kowloon Central & Kowloon East Cluster population* — *3Q07*
- *Pilot a post-discharge programme for chronic obstructive pulmonary disease patients through enhancing community and day-hospital support* — *2Q07*
- *Implement Hospital Admission Risk Reduction Programme for high risk Elderly* — *3Q07*
- *Enhance palliative care services through opening a Palliative Medicine Unit in BH* — *4Q07*
- *Enhance intensive care service by converting existing High Dependency beds into Intensive Care beds* — *4Q07*

Continuously improve service quality and safety

- *Enhance blood safety through implementation of Nucleic Acid Amplification Testing for mass screening of individual blood donation samples for HIV, HCV and HBV* — *2Q07*

- *Implement time-out procedure in Operating Theatre* *3Q07*
- *Set up a triage and management programme for back pain and neck pain* *4Q07*
- *Enhance patient safety through implementing 2D barcode scanning technology for labeling blood specimen for type and screen* *4Q07*
- *Set up a Diabetes Mellitus Complication Screening Clinic at Kowloon Central GOPC setting to enhance the screening of eye complications* *4Q07*
- *Set up a neurosurgical management protocol for the Stroke Unit* *1Q08*

Keep modernzing HA

- *Merge the 4 Kowloon NEATS Control Centers* *4Q07*
- *Enhance the clinical PET service by installation of a Cyclotron under collaboration scheme* *4Q07*
- *Introduce digital radiography to AED and distribute the digital images via ePR* *1Q08*

Build people first culture

- *Create a better environment and a greater place to work by rolling out the Oasis at Workplace programme to cover all ward areas and workplaces with perceived need in the cluster* *3Q07*

Maintain financial sustainability

- *Baseline resources plan finance model for planning & monitoring* *1Q08*
- *Costing model per patient headcount* *1Q08*

5.5 Kowloon East Cluster

GENERAL BACKGROUND

5.5.1 The Kowloon East Cluster (KEC) serves the 0.98 million population of the Kwun Tong and Tseung Kwan O districts. There are three hospitals in the Cluster :

- United Christian Hospital (UCH) – The major acute hospital providing secondary service for Kwun Tong and tertiary service for the whole KEC.
- Tseung Kwan O Hospital (TKOH) – An acute hospital providing secondary service for Tseung Kwan O district.
- Haven of Hope Hospital (HHH) – An extended care hospital providing subacute, rehabilitation and infirmary services in the Cluster.

5.5.2 Apart from the above, the Cluster also manages eight general out-patient clinics, as well as Yung Fung Shee Memorial Centre which provides out-patient and day patient services.

5.5.3 As at 31 December 2006, there were in the Cluster a total of 2,253 beds. 2,057 beds were for acute, convalescent and rehabilitation care. 116 beds were for infirmary care, and 80 for the mentally ill.

5.5.4 The mission of the cluster is “To develop a healthy community, with healthy hospitals and healthy staff, through cluster collaboration and partnership with other healthcare providers”.

FUTURE CHALLENGES & MAJOR INITIATIVES

5.5.5 There are a few pressing local issues:

(i) Perception of inequity among staff and public – low bed to population ratio, relatively poorer and older in Kwun Tong region and low baseline budget;

(ii) The need for alternative models of service organization – development of cluster-based model, further transformation of in-patient model of care towards community and ambulatory care services;

(iii) Capacity difficulties – growing demand caused by the expanding and ageing population as well as mainland mothers, the need to modernise physical capacity, especially in terms of functionalities and standards; and

(iv) Inadequate facilities to maintain quality – space constraints in SOPCs of UCH, dilapidated infirmary wards in HHH, ageing of equipment in UCH which was commissioned in 1995.

5.5.6 For 2007/08, the Cluster will focus on service volume management and re-prioritization of services and resources to meet growing demand from the expanding and ageing population. We will build up services to prevent avoidable hospitalization, maintain sustainability and ensure effectiveness of its service through development of community care programme, improvement of risk and quality management and enhancement

of community partnership programme. We will form a good and motivated team of staff to implement its various initiatives, by further enhancing the openness and effectiveness of the internal communication network. On the financial sustainability aspect, we will make continuous efforts to explore new opportunities that increase non-government revenue.

5.5.7 Major initiatives of the Cluster in 2007/08 include :

- A modest increase in service capacity to meet growing demand in the highest priority areas by increasing the delivery of ambulatory service, implementing the Same Day Admission Enhancement Programme in UCH, conducting service volume management in SOPC, and re-examining cluster-based care delivery model in 3 clinical areas.
- Build up services to prevent avoidable hospitalization through the launching of Tele-health Advice Service to high risk elders in the community and develop closer community network with the alternative primary and specialist health care providers.
- Continuously improve on service quality and safety by implementing a structured surveillance system to prevent wrong site surgery, conducting Executive Safety Walk Round and enhancing the inter-hospital transfer service.
- Build people first culture by strengthening a cluster-based multi-dimensional internal communication network to enhance staff care and improve morale.
- Maintain financial sustainability by exploring new opportunities that increase non-government revenue through the provision of clinical and non-clinical supporting services to health-care related community organizations.

HEAD OFFICE AND CLUSTER PLAN

Targets

Implement a planned response to increasing service demand

- *Increase the delivery of ambulatory service by 10%* — *1Q08*
- *Re-examine the cluster-based delivery model of care in 3 clinical areas to meet changing demand and improve on service quality and safety.* — *1Q08*
- *Enhance Same Day Admission service in UCH to reduce the pre-operation Length of Stay of patients undergoing intermediate and major elective operations by 1,000 patient bed-days per annum.* — *1Q08*
- *Launch Tele-health Advice Service to 14,000 elderly using Personal Emergency Link in the community to reduce avoidable hospitalization and support ageing in place.* — *3Q07*
- *Develop closer community network with alternative primary and specialist health care providers to facilitate out-patient volume management and foster partnership with community health-care service providers.* — *3Q07*

Continuously improve service quality and safety

- *Implement a "Prevention of wrong site surgery" initiative by marking all surgical sites coupled with a structured surveillance system.* — *4Q07*
- *Conduct "Executive Safety Walk Round" to establish a framework of safety based rapid improvement cycle for improvement of patient and staff safety.* — *2Q07*
- *Enhance the inter-hospital transfer by employing patient tracer methodology to audit the point-to-point inter-hospital transfer process and drawing up of service protocols and standards.* — *3Q07*

Build people first culture

- *Build up cluster-based multi-dimensional internal communication network.* — *1Q08*

Maintain financial sustainability

- *Explore new opportunities that can increase non-government revenue, through provision of clinical and non-clinical supporting services to health-care related community organizations.* — *4Q07*

5.6 Kowloon West Cluster

GENERAL BACKGROUND

5.6.1 The Kowloon West Cluster (KWC) serves the population of the Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan and North Lantau districts. The estimated population is 1.88 million. There are seven hospitals in the Cluster providing a full spectrum of health services ranging from primary, secondary, and tertiary to extended care, including mental health. The seven hospitals in the Cluster are:

- Caritas Medical Centre (CMC) – A general hospital providing acute, extended and community care services
- Kwai Chung Hospital (KCH) – A psychiatric hospital
- Kwong Wah Hospital (KWH) – A major regional hospital providing a comprehensive range of acute services
- Our Lady of Maryknoll Hospital (OLMH) – A community hospital providing general services
- Princess Margaret Hospital (PMH)– A major regional hospital providing a comprehensive range of acute services
- Wong Tai Sin Hospital (WTSH) – An extended care hospital providing rehabilitation and tuberculosis and chest services
- Yan Chai Hospital (YCH) – A community hospital providing general and rehabilitation services

5.6.2 As at 31 December 2006, there were in the Cluster a total of 7,090 beds, with 4,180 for acute care, 1,404 for convalescent, rehabilitation, infirmary and hospice care, 1,306 for the mentally ill and 200 for the mentally handicapped.

FUTURE CHALLENGES & MAJOR INITIATIVES

5.6.3 **Service rationalization** will be one of the key focuses of the KWC in 2007/08. The roles of PMH and YCH in the provision of specialised services will be delineated with PMH concentrating on the more acute, emergency and trauma services. Further integration of the service mode of the two hospitals in the specialties of Surgery and Orthopaedics & Traumatology has been planned. Standard protocols on patient diversion and transfer as well as active training for developing the Escort Medicine are underway. Consultation and communication with stakeholders will be arranged to gain support and understanding for the change.

5.6.4 **Reducing the waiting time of elective surgery** will be another priority area of the Cluster. Pre-admission anesthetic service will be launched at various hospitals in the KWC. Day surgery services will be further strengthened for timely patient care and the length of stay of patients will be shortened.

5.6.5 **The Construction of the Hospital Authority Infectious Disease Centre (IDC)** located at PMH was completed in November 2006. Project handover had been scheduled in January/ February 2007. It is expected

that the Centre will commence operation in 2Q07, with phased opening according to available resources and operational needs. An IDC Commissioning Team was established at PMH to plan for its opening and operation. The IDC will be a Centre of Excellence on infectious diseases as well as a Centre for research on infection control and training for infectious disease workforce. It will work in close collaboration with all Cluster hospitals, the local and overseas academic institutions and the Department of Health. Besides the clinical management of infectious diseases, the IDC will serve as the clinical executive arm of the Centre for Health Protection to support hospitalization of infectious disease patients and outbreak of pandemic diseases which are of wide public concern.

5.6.6 "Build People First" remains high in HA's overall agenda. The traditional belief that doctors could work extended shifts and demanding on-call rosters while always being able to apply their professional knowledge and skills to the highest standard is no longer sustainable. To address the issue, the Doctors' Work Hours Project will be piloted in this Cluster in 07/08 to review the roster arrangement of doctors.

Targets

Implement planned responses to increasing service demand

- *Set up Emergency Admission ward at PMH & CMC* — *4Q07*
- *Implement community mental intervention project to prevent domestic violence in families with members having obscure mental health problems* — *4Q07*
- *Implement enhanced Haemodialysis Services to increase the capacity to support End Stage Renal Disease patients* — *4Q07*

Continuously improve service quality & safety

- *Roll out Comprehensive Child Development Service to Tung Chung for families of high risk groups – drug addicts, single mothers, mentally ill mothers* — *2Q07*
- *Strengthen the role of the Toxicology Reference Laboratory in the prevention and control of poisoning* — *1Q08*
- *Enhance pre-admission service for elective surgery to improve patient care, reduce waiting time by increasing the percentage of Same Day Surgery & Day Surgery and reduce patients' length of stay* — *4Q07*
- *Reduce waiting time for urgent non-life-saving operations for benign conditions (Cataract and Benign Prostatic Hypertrophy)* — *3Q07*

- *Start phased opening of the HA Infectious Disease Centre at PMH* — *2Q07*

- *Support trauma diversion by development of Escort Medicine to ensure safe transfer of ill patients from YCH to PMH* — *3Q07*

- *Roll out risk management and quality improvement programmes:* — *1Q08*
  (1) Implement electronic risk register;
  (2) Implement patient identification procedure for all KWC operating theatres;
  (3) Implement central line management in PMH ICU.

Keep modernizing HA

- *Delineate hospital roles for specialised services by:* — *4Q07*
  (1) Consolidating service rationalization plan between PMH and YCH;
  (2) Consolidating the plan for cluster orthopaedic rehabilitation and paediatric rehabilitation at CMC;
  (3) Developing community paediatrics at CMC

- *Home Based Care team – Initiating outreach psychiatric services to discharged PICU/PACU patients cum setting up of Adult Day Unit by conversion of limited use PACU beds, Kwai Chung Hospital.* — *1Q08*

Build people first culture

- *Explore the implementation of corporate plan to reconcile doctors' working hours at PMH and YCH* — *1Q08*

- *Promote Healthy Hospitals in KWC by enhancing staff morale through health programmes to promote staff health and safety* — *2Q07*

5.7 New Territories East Cluster

GENERAL BACKGROUND

5.7.1 The New Territories East Cluster serves the population of Shatin, Tai Po and North District. The estimated population of these districts is around 1.3 million. There are seven hospitals in the Cluster, providing a comprehensive range of acute, convalescent, rehabilitation and extended care services:

- Prince of Wales Hospital (PWH) - A major acute hospital that is also the teaching hospital for the medical school of the Chinese University of Hong Kong
- Shatin Hospital (SH) - An extended care hospital providing convalescent and rehabilitation as well as psychiatric in-patient care
- Cheshire Home, Shatin (SCH) - An extended care hospital providing infirmary care for patients from the central infirmary waiting list and the severely disabled
- Bradbury Hospice (BBH) - It provides in-patient and community outreach hospice services
- Alice Ho Miu Ling Nethersole Hospital (AHNH) - An acute general hospital in Tai Po
- Tai Po Hospital (TPH) - An extended care hospital providing convalescent and rehabilitation as well as psychiatric in-patient care
- North District Hospital (NDH) - An acute general hospital in Fanling

5.7.2 In 2006, the Cluster managed a total of 167,580 inpatient discharges, 963,658 specialist outpatient attendances, 771,275 general outpatient attendances, and 192,054 community outreach visits.

Future Challenges & Major Initiatives

5.7.3 In 2007/08, the Cluster will continue to face the growing service demand for public hospital services especially on the acute medical, psychiatric, clinical oncology, as well as obstetric and neonatal services. The increased turnover and low morale of staff are major areas of concern. The Cluster will have to enhance the collaboration and partnership with private sector to ensure system sustainability. Caring and staff support schemes will be launched to strengthen team work and timely response to staff needs collected through various communication channels. The Cluster's annual plan initiatives are formulated along the corporate directions to address these challenges. Specific emphasis will be put on the following areas:

- Enhancing primary care system development through the promotion of private – public partnership
- Expanding ambulatory and community mental health services to meet service demand
- Enhancing obstetric and neonatal services to cope with the increase in service demand
- Ensuring patient identification correctness and improving patient safety
- Developing the poison treatment service and enhancing specialist training in clinical toxicology
- Consolidating communication channels and enable management to response to staff needs in a timely manner

5.7.4 The Cluster will actively explore opportunities for collaboration with private services to generate additional revenue and to promote sustainability of the system. The concept and benefit of individual patient having his/ her own family doctor will be widely promulgated with the support of the community partners. Suitable patients will be referred to private doctors on Hong Kong Doctors Directory – District-based Primary Care Registry (PCR) for further management. The Cluster is actively working on the opening of a second birth centre in AHNH, using a public-private partnership model, as contingency plan for meeting the rising demand of local and non-local expectant mothers.

5.7.5 On clinical services, the Cluster also plans to set up an emergency ward in the PWH to strengthen the provision of emergency care and treatment for patients and to enhance the gate-keeping function. The operation time for radiotherapy service in PWH will be extended to accommodate the projected increase in patient attendance.

5.7.6 On building human resources capability, the Cluster will consolidate the communication channels to provide prompt response to feedback and suggestion from staff. In addition, various training opportunities will be opened for clinical staff to enhance their knowledge on work safety and infection control. The Cluster will also implement career development plan and introduce salary increment scheme to staff on General Service Assistant and Technical Service Assistant ranks to enhance their incentive to stay and to stabilise the work force.

Targets

Implement planned-responses to increasing service demand

- *Expand ambulatory and community mental health service through enhancing the psychiatric out-patient and community outreach services* — *3Q07*
- *Set up an emergency ward in PWH to strengthen the provision of emergency care and treatment for patients and to enhance the gate-keeping function* — *3Q07*
- *Enhance obstetric and neonatal services to cope with the increase in service demand* — *4Q07*
- *Enhance the early discharge program for the elderly patients* — *1Q08*

Continuously improve service quality and safety

- *Enhance infection control by:* — *1Q08*
  - *introducing MRSA rapid screening*
  - *developing infection control related sentinel event reporting system*

– *reviewing single use devices policy* – *conducting ventilator associated pneumonia surveillance* – *providing rapid PCR test for norovirus*	
• *Improve patient safety by using barcode scanning system to ensure patient identification correctness*	*1Q08*
• *Develop poison treatment service & enhance specialist training in clinical toxicology*	*1Q08*
Keep modernizing HA	
• *Rationalise call duty arrangements to reduce doctors' work hours*	*3Q07*
• *Expand ambulatory cancer care services, extend radiotherapy service hours and centralise preparation of all cytotoxic drugs*	*1Q08*
• *Replace the following major medical equipment in PWH to enhance service quality and efficiency: Computed Tomography Scanner and MRI Unit*	*1Q08*
Build people first culture	
• *Consolidate communication channels to better understand staff needs and enable management to respond to the needs in a timely manner*	*4Q07*
• *Implement Caring and Support Scheme for staff requiring light duties*	*4Q07*
• *Enhance support to clinical areas by increasing the number of supporting staff to provide non-clinical auxiliary duties and stabilizing the supporting staff workforce with a clear career development plan and salary incentive scheme*	*3Q07*
• *Develop nursing governance to ensure quality and improve communication in the nursing units*	*1Q08*
Maintain financial sustainability	
• *Promote Private-Public Partnership to strengthen collaboration with local private healthcare providers and increase the reliance on family doctors by the public through* – *"One citizen, One doctor" programme* – *Expanding the role of family medicine service clinic* – *Strengthening the Healthcare Logistics Support Services*	*3Q07*

5.8 New Territories West Cluster

GENERAL BACKGROUND

5.8.1 The New Territories West Cluster (NTWC) serves the population of the Tuen Mun and Yuen Long districts in the north-western part of Hong Kong. The estimated population of these districts is 1.09 million. There are four hospitals in the Cluster:

- Tuen Mun Hospital (TMH) – It is the only general hospital in the Cluster providing a comprehensive range of acute, ambulatory and community services.
- Pok Oi Hospital (POH) - This was once an acute hospital. Since commencement of a redevelopment project in 2001, it has been converted into an extended care hospital, providing rehabilitation and infirmary service support to TMH. The construction works of the new POH have now been completed. The hospital will resume acute services in the 3rd quarter of 2007.
- Castle Peak Hospital (CPH) – A psychiatric hospital that provides a full range of psychiatric services for patients living in all areas of Hong Kong.
- Siu Lam Hospital (SLH) – This is a specialised facility to accommodate severely mentally disabled adult patients.

5.8.2 As at 31 December 2006, there were in the Cluster a total of 3,959 beds, with 1,655 for acute, convalescent and rehabilitation care, 135 for infirmary care, 1,669 for the mentally ill and 500 for the mentally handicapped.

FUTURE CHALLENGES & MAJOR INITIATIVES

5.8.3 We will see a major expansion of services in the Cluster in 2007/08 to cope with the rising demand. The POH will commence acute services in the 3rd quarter of 2007. The Tuen Mun Rehabilitation Block will be put into operation at the same time. Detailed service plans have been developed to open the new facilities by phases, with an emphasis on addressing the main service needs in the locality.

5.8.4 The high turnover rate of doctors, nurses and supporting staff in the HA has created a new challenge for the Cluster in the coming year as we need more staff to commence the new services. A more proactive approach in the recruitment, professional development and retention of staff will be adopted by the Cluster.

5.8.5 It is a world-wide trend to promote community care for psychiatric patients. Strong collaboration with the medical social workers and other carers in the community is essential to achieve this goal. In the years to come, more staff will be deployed to take care of patients in the community setting.

5.8.6 The service to cancer patients is one of the priority areas of the HA. With increasing prevalence of cancer cases in Hong Kong, we need to enhance the facilities and quality of the service to cope with the patient need.

5.8.7 The threat of infectious disease is still lurking around. We have to continuously review our infection control practice and upgrade the facilities to minimise the risk of infectious disease outbreak in hospitals.

5.8.8 Facing the above challenges and in keeping with the five corporate strategic directions, the NTWC will implement the following major initiatives in 2007/08:

- We will commence the services of the Accident and Emergency Department at POH in the 3rd quarter of 2007 and will take care of 73,000 attendances. A single AED serving the whole cluster will become history. Overcrowding in medical wards at TMH will be reduced with the opening of 200 new beds at POH. An additional 4,000 elective operations will be performed and waiting time will be shortened. The long waiting times for CT scans will also be shortened with the installation of a new CT scanner at POH. Additional radiological examinations will be performed, including CT scans, mammography and plain X-ray.
- We will further develop ambulatory care and rehabilitative services by opening 7 new wards, with 252 beds in total at the new Rehabilitation Block at TMH. A new service model will be explored to enhance the service efficiency.
- To improve the service quality and safety, we will be more responsive to the needs of our cancer patients. A new Day Chemotherapy Centre will be established at TMH. Comprehensive one stop service with a multi-disciplinary approach will be provided to 1,000 additional attendees under a much better and modern environment.
- Apart from medical care, emotional and psychological support are very important to help cancer patients fight their disease. We have learnt from the successful experiences in the UK and will collaborate with the Keswick Foundation and Maggie's Centre Hong Kong in further developing such services.
- The number of mental health patients has grown significantly over the past 5 years. The Cluster will provide personalised and intensive community-reintegration programme to patients and help them adapt to their new lives in the community.
- We will continue our education and promotion activities to enhance staff awareness on infection control, such as the WHO's Hand Hygiene Campaign. Hospital facilities will be further improved to ensure the compliance of staff and visitors to infection control standards.
- Modernization of facilities to enhance working efficiency will continue to be our targets. We will renovate the laboratories of the Clinical Pathology Department to streamline the workflow and improve space utilization.
- The nurses will be able to expand their roles and shape the patient services. Local and overseas training opportunities will be given to more nurses to prepare for their new roles.
  - The successful experience in nurse-led clinics will be further extended to a wider service scope. Training will be provided to nurses to expand the nurse-led clinic for Benign Prostatic Hypertrophy patients. The new case waiting time for Benign Prostatic Hypertrophy will be shortened from 7 months to 3 months with additional quotas and sessions per week.
  - Two nurses will undergo overseas training to offer colposcopy service at POH. Patients will witness a reduction in waiting time from 3 weeks to 1 week with an additional 60 cases to be treated per week.
  - 6 nurses will attend midwifery training to address the increasing service demand and high staff turnover.

- Patients would like to see happy and well-motivated hospital staff. We will improve the working environment of frontline doctors. Designated working places and office equipment will be provided. The Human Resource Department and hospital departments will work together to improve care to staff on sick leave by giving early intervention and staff counselling as well as provision of more focused clinical care.

Targets

Implement a planned-response to increasing service demand

• *Commence accident and emergency services and open 200 acute beds at POH*	*3Q07*
• *Commence service at TMH Rehabilitation Block by opening 252 beds*	*3Q07*
• *Enhance psychosocial support service to cancer patients in collaboration with the Keswick Foundation and Maggie's Centre HK*	*3Q07*
• *Shorten the waiting time for patient with Benign Prostatic Hypertrophy by provision of extra sessions and expanding the nurse-led clinic*	*4Q07*
• *Expand training for more nurses in midwifery to address high staff turnover rate in the obstetrics unit and the increasing number of deliveries in TMH*	*4Q07*
• *Reduce avoidable hospitalization of psychiatric patients at CPH by enhancing support to patients in the community*	*1Q08*

Continuously improve service quality and safety

• *Enhance the service for cancer patients by establishing a Day Chemotherapy Centre at TMH*	*3Q07*
• *Enhance infection control facilities and carry out WHO's Hand Hygiene Campaign*	*4Q07*

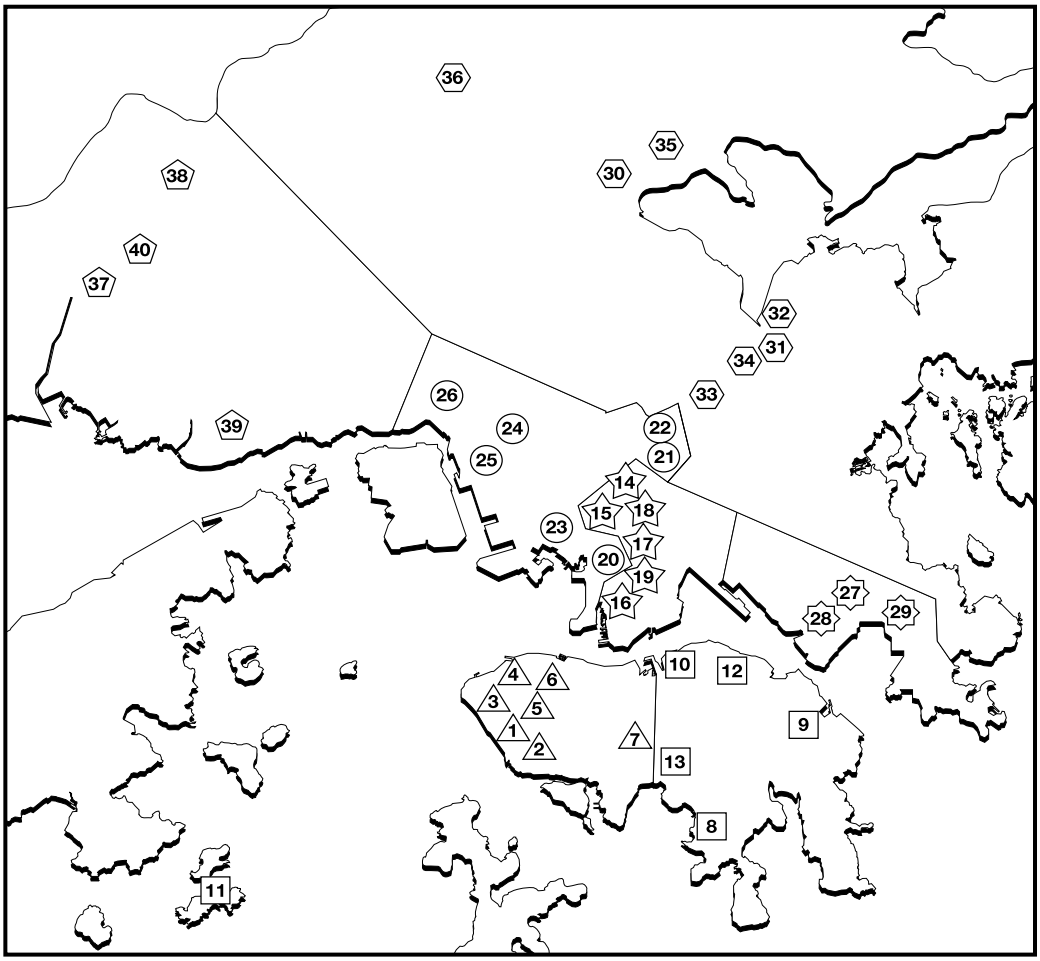
Keep modernizing HA

• *Upgrade the building facilities and establish a core laboratory in the Clinical Pathology Department of TMH*	*1Q08*

Build people first culture

• *Improve care to needy staff on sick leave by giving early intervention and staff counseling by Human Resource Department in partnership with hospital departments, as well as the provision of more focused clinical care*	*4Q07*
• *Improve the working environment of the frontline doctors by upgrading the office accommodation at TMH*	*1Q08*

Appendix 1:
Distribution of Public Hospitals and Institutions



HONG KONG WEST 港島西

1. The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院
2. MacLehose Medical Rehabilitation Centre 麥理浩復康院
3. Queen Mary Hospital 瑪麗醫院
4. Tsan Yuk Hospital 贊育醫院
5. Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院
6. Tung Wah Hospital 東華醫院
7. Grantham Hospital 葛量洪醫院

HONG KONG EAST 港島東

8. Cheshire Home, Chung Hom Kok 春磡角慈氏護養院
9. Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院
10. Ruttonjee & Tang Shiu Kin Hospitals 律敦治醫院及鄧肇堅醫院
11. St. John Hospital 長洲醫院
12. Tung Wah Eastern Hospital 東華東院
13. Wong Chuk Hang Hospital 黃竹坑醫院

KOWLOON CENTRAL 九龍中

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

KOWLOON WEST 九龍西

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

KOWLOON EAST 九龍東

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

NEW TERRITORIES EAST 新界東

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

NEW TERRITORIES WEST 新界西

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

Note:
(1) Lai Chi Kok Hospital and Nam Long Hospital were de-gazetted on 15 March 2006.
(2) Management of Ruttonjee and Tang Shiu Kin Hospitals is combined.

Appendix 2: List of Ambulatory Care Facilities

Cluster	Institution / Satellite Clinic	Day Ward	Accident & Emergency	#Specialist Out-patient	*General Out-patient	Geriatric Day Hospital	Psychiatric Day Hospital
HKEC	Anne Black Health Centre				√		
	Chai Wan Health Centre				√		
	Cheshire Home (Chung Hom Kok)			√			
	North Lamma Clinic				√		
	Pamela Youde Nethersole Eastern Hospital	√	√	√		√	√
	Peng Chau Clinic				√		
	Ruttonjee & Tang Shiu Kin Hospital		√	√		√	
	Sai Wan Ho Health Centre				√		
	Shau Kei Wan JC Clinic				√		
	Sok Kwu Wan Clinic				√		
	St John Hospital	√	√	√	√		
	Stanley Public Dispensary				√		
	Tang Shiu Kin Hospital Community Ambulatory Care Centre			√			
	Tung Wah Eastern Hospital	√		√	√		
	Violet Peel Health Centre				√		
	Wan Tsui Government Clinic				√		
	Wong Chuk Hang Hospital					√	
	Subtotal	**3**	**3**	**6**	**12**	**3**	**1**
HKWC	Aberdeen JC Clinic				√		
	Ap Lei Chau Clinic				√		
	Central District Health Centre				√		
	David Trench Rehabilitation Centre			√			√
	Duchess of Kent Children's Hospital	√		√			
	Fung Yiu King Hospital			√		√	
	Grantham Hospital	√		√			
	Kennedy Town JC Clini				√		
	MacLehose Medical Rehabilitation Centre			√			
	Queen Mary Hospital	√	√	√			√
	Sai Ying Pun JC GOP Clinic				√		
	Tsan Yuk Hospital	√		√			
	Tung Wah Hospital	√		√	√	√	
	Subtotal	**5**	**1**	**8**	**6**	**2**	**2**
KCC	Central Kowloon Health Centre			√	√		
	Hong Kong Buddhist Hospital	√		√	√		
	Hong Kong Eye Hospital	√		√			

Appendix 2:
List of Ambulatory Care Facilities

Cluster	Institution / Satellite Clinic	Day Ward	Accident & Emergency	#Specialist Out-patient	*General Out-patient	Geriatric Day Hospital	Psychiatric Day Hospital
KCC	Hung Hom Clinic				√		
	Kowloon Hospital			√			√
	Lee Kee Memorial Dispensary				√		
	Queen Elizabeth Hospital	√	√	√			
	Rehabaid Centre			√			
	Shun Tak Fraternal Association Leung Kau Kui Clinic				√		
	Yaumatei JC Clinic			√	√		
	Yaumatei Specialist Clinic Extension			√		√	√
	Subtotal	**3**	**1**	**8**	**6**	**1**	**2**
KEC	Haven of Hope Hospital			√		√	
	Kowloon Bay Health Centre				√		
	Kwun Tong JC Health Centre				√		
	Lam Tin Polyclinic				√		
	Mona Fong Clinic				√		
	Ngau Tau Kok JC Clinic				√		
	Shun Lee Government Clinic				√		
	Tseung Kwan O Hospital	√	√	√			
	Tseung Kwan O JC GOP Clinic				√		
	Tseung Kwan O (Po Ning Road) Health Centre				√		
	United Christian Hospital	√	√	√			√
	Yung Fung Shee Memorial Centre			√		√	√
	Subtotal	**2**	**2**	**4**	**8**	**2**	**2**
KWC	Caritas Medical Centre	√	√	√	√	√	
	Cheung Sha Wan GOP Clinic				√		
	East Kowloon GOP Clinic				√		√
	East Kowloon Polyclinic			√			
	Ha Kwai Chung Polyclinic and Special Education Services Centre			√	√		
	Kwai Chung Hospital			√			√
	Kwong Wah Hospital	√	√	√	√	√	
	Lady Trench GOP Clinic				√		
	Li Po Chun GOP Clinic				√		
	Mrs Wu York Yu GOP Clinic				√		
	Mui Wo GOP Clinic				√		

Appendix 2:
List of Ambulatory Care Facilities

Cluster	Institution / Satellite Clinic	Day Ward	Accident & Emergency	#Specialist Out-patient	*General Out-patient	Geriatric Day Hospital	Psychiatric Day Hospital
	Nam Shan GOP Clinic				√		
	North Kwai Chung GOP Clinic				√		
	Our Lady of Maryknoll Hospital			√	√		
	Princess Margaret Hospital	√	√	√		√	
	Robert Black GOP Clinic				√		
	Shek Kip Mei GOP Clinic				√		
	South Kwai Chung JC GOP Clinic				√		
	Tai O JC GOP Clinic				√		
	Tsing Yi Cheung Hong GOP Clinic				√		
	Tsing Yi Town GOP Clini				√		
	Tung Chung GOP Clinic				√		
	Wang Tau Hom JC GOP Clinic				√		
	West Kowloon GOP Clinic				√		
	West Kowloon Psychiatric Centre						√
	Wong Tai Sin Hospital			√		√	
	Wu York Yu GOP Clinic				√		
	Yan Chai Hospital	√	√	√	√		
	Subtotal	**4**	**4**	**9**	**23**	**4**	**3**
NTEC	Alice Ho Miu Ling Nethersole Hospital	√	√	√		√	√
	Bradbury Hospice			√			
	Cheshire Home (Shatin)			√			
	Fanling Family Medicine Centre				√		
	Ho Tung Dispensary				√		
	Lek Yuen Health Centre				√		
	Ma On Shan Health Centre				√		
	North District Hospital	√	√	√		√	√
	Prince of Wales Hospital	√	√	√			
	Sha Tin Clinic				√		
	Shatin Hospital			√		√	√
	Sha Tau Kok Clinic				√		
	Shek Wu Hui JC Clinic				√		
	Ta Kwu Ling Clinic				√		
	Tai Po Hospital			√			
	Tai Po JC Clinic				√		
	Wong Siu Ching Clinic				√		
	Yuen Chau Kok Clinic				√		
	Subtotal	**3**	**3**	**7**	**11**	**3**	**3**

Appendix 2:
List of Ambulatory Care Facilities

Cluster	Institution / Satellite Clinic	Day Ward	Accident & Emergency	#Specialist Out-patient	*General Out-patient	Geriatric Day Hospital	Psychiatric Day Hospital
NTWC	Castle Peak Hospital			√			√
	Kam Tin Clinic				√		
	Pok Oi Hospital			√	√		
	Tin Shui Wai Health Centre				√		
	Tin Shui Wai North Health Centre				√		
	Tuen Mun Clinic				√		
	Tuen Mun Eye Centre			√			
	Tuen Mun Hospital	√	√	√		√	
	Tuen Mun Wu Hong Clinic				√		
	Yan Oi GOP Clinic			√	√		
	Yuen Long JC Health Centre				√		
	Yuen Long Madam Yung Fung Shee Health Centre			√	√		
	Subtotal	**1**	**1**	**6**	**9**	**1**	**1**
Overall total		**21**	**15**	**48**	**75**	**16**	**14**

 # Specialist out-patient clinics in this list include Allied Health, excludes Family Medicine Specialty Clinic
** General out-patient clinics in this list exclude mobile services.*
JC – Jockey Club
GOP – General Out-patient

Appendix 3:
Statistics of the Controlling Officer's Report

Targetts and Indicators	Estimate for 2006/07	Target for 2007/08
I. Access to services		
In-patient services		
no. of hospital beds		
general (acute and convalescent)	20,160	20,300
infirmary	2,151	2,151
mentally ill	4,622	4,500
mentally handicapped	680	680
total	***27,613***	***27,631***
Ambulatory & outreach services		
accident and emergency (A&E) services		
% of A&E patients with target waiting time		
triage I (critical cases – 0 minutes) (%)	100	100
triage II (emergency cases < 15 minutes) (%)	95	95
triage III (urgent cases < 30 minutes) (%)	90	90
specialist out-patient services		
median waiting time for first appointment at specialist clinics		
first priority patients	2 weeks	2 weeks
second priority patients	8 weeks	8 weeks
rehabilitation & geriatric services		
no. of community nurses	390	398
no. of geriatric day places	614	614
psychiatric services		
no. of community psychiatric nurses	115	117
no. of psychiatric day places	842	842
II. Delivery of services		
In-patient services		
no. of discharges & deaths		
general (acute and convalescent)	824,600	828,500
infirmary	3,700	3,700
mentally ill	15,500	15,300
mentally handicapped	400	400
overall	***844,200***	***847,900***

Appendix 3:
Statistics of the Controlling Officer's Report

Targetts and Indicators	Estimate for 2006/07	Target for 2007/08
no. of patient days		
general (acute and convalescent)	5,201,000	5,214,000
infirmary	541,000	541,000
mentally ill	1,161,000	1,152,000
mentally handicapped	239,000	239,000
overall	*7,142,000*	*7,146,000*
bed occupancy rate (%)		
general (acute and convalescent)	82	82
infirmary	90	90
mentally ill	75	78
mentally handicapped	96	96
overall	*82*	*82*
average length of stay (days) [Note 1]		
general (acute and convalescent)	6.3	6.3
infirmary	119	119
mentally ill	101	96
mentally handicapped	563	563
overall	*8.9*	*9.0*
Ambulatory & outreach services		
day in-patient		
no. of discharges & deaths	281,000	283,000
accident & emergency services		
no. of attendances	2,015,000	2,077,000
no. of attendances per 1,000 population	274	274
no. of first attendances for		
triage I	16,400	16,400
triage II	34,800	34,800
triage III	532,300	538,500
out-patient services		
no. of specialist out-patient (clinical) new attendances	555,000	559,000
no. of specialist out-patient (clinical) follow-up attendances	5,427,000	5,457,000
total no. of specialist out-patient (clinical) attendances	*5,982,000*	*6,016,000*

Appendix 3:
Statistics of the Controlling Officer's Report

Targetts and Indicators	Estimate for 2006/07	Target for 2007/08
no. of general out-patient attendances	4,906,000	4,838,000
rehabilitation & palliative care services		
no. of rehabilitation day and palliative care day attendances	64,700	64,700
no. of home visits by community nurses	792,000	792,000
no. of allied health (community) attendances	21,200	21,200
no. of allied health (out-patient) attendances	1,752,000	1,752,000
geriatric services		
no. of outreach attendances	534,000	538,000
no. of geriatric elderly persons assessed for infirmary care service	1,600	1,600
no. of geriatric day attendances	125,000	125,000
no. of Visiting Medical Officer attendances	100,000	89,000
psychiatric services		
no. of psychiatric outreach attendances	86,400	86,700
no. of psychiatric day attendances	179,700	177,300
no. of psychogeriatric outreach attendances	50,200	50,400
III. Quality of services		
no. of hospital deaths per 1 000 population [Note 2]	3.8	3.8
unplanned readmission rate within 28 days for general in-patients (%)	9.4	9.4
IV. Cost of services		
cost disttribution		
cost distribution by services types (%)		
in-patient	62.5	62.4
ambulatory & outreach	37.5	37.6
cost by services per 1,000 population ($m)		
in-patient	2.6	2.6
ambulatory & outreach	1.5	1.6
cost of services for persons aged 65 or above		
share of cost of services (%)	45.8	45.8
cost of services per 1,000 population ($m)	15.5	15.8

Appendix 3:
Statistics of the Controlling Officer's Report

Targetts and Indicators	Estimate for 2006/07	Target for 2007/08
unit cost		
in-patient services		
cost per in-patient discharged ($)		
general (acute and convalescent)	19,750	19,990
infirmary	152,620	153,730
mentally ill	114,710	117,280
mentally handicapped	590,530	594,820
cost per patient day ($)		
general (acute and convalescent)	3,310	3,360
infirmary	1,040	1,050
mentally ill	1,540	1,560
mentally handicapped	990	990
ambulatory & outreach services		
cost per accident & emergency attendance ($)	720	730
cost per specialist out-patient attendance ($)	740	760
cost per general out-patient attendance ($) [Note 3]	260	260
cost per outreach visit by community nurse ($)	300	300
cost per psychiatric outreach attendance ($)	1,080	1,080
cost per geriatric day attendance ($)	1,490	1,500
waivers [Note 4]		
% of Comprehensive Social Security Assistance (CSSA) waiver	23.7	23.7
% of non-CSSA waiver	4.8	4.8
V. Manpower (no. of full time equivalent staff as at 31 March)		
medical		
doctor	4,579	4,603
no. of specialists	2,424	2,462
no. of trainees/non-specialists	2,155	2,141
intern	314	310

Appendix 3:
Statistics of the Controlling Officer's Report

Targetts and Indicators	Estimate for 2006/07	Target for 2007/08
dentist	5	5
medical total	4,898	4,918
nursing		
qualified staff	19,073	19,167
trainee	145	145
nursing total	19,218	19,312
allied health	4,921	4,971
others	23,633	23,689
total	*52,670*	*52,890*

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

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

Note 3 New indicator. Includes the cost of pharmacists and specialist training in family medicine.

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

Appendix 4:
Planned Targets by Cluster

Service Delivery Targets for 2007/08	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
In-patient services							
no. of discharges & deaths							
general (acute and convalescence)	89,000	92,800	105,080	96,560	213,260	142,330	89,470
infirmary	1,550	190	230	120	1,240	350	20
mentally ill	1,920	940	2,000	460	4,040	3,650	2,290
mentally handicapped	-	-	-	-	240	-	160
no. of patient days							
general(acute and convalescence)	511,600	660,400	813,700	570,300	1,269,600	895,300	493,100
infirmary	174,200	54,700	30,500	38,200	104,000	107,200	32,200
mentally ill	112,000	20,400	130,000	20,600	291,000	141,000	437,000
mentally handicapped	-	-	-	-	61,000	-	178,000
Ambulatory & outreach services							
day patient							
no. of discharges & deaths	25,630	48,380	47,600	21,000	63,170	46,720	30,500
accident & emergency services							
no. of attendances	241,100	122,000	196,900	299,600	551,000	372,700	293,700
out-patient services							
no. of specialist out-patient(clinical) attendances	757,600	677,500	897,700	631,100	1,381,500	950,700	700,000
no. of general out-patient attendances	462,000	290,100	450,400	699,000	1,420,000	790,000	726,500
rehabilitation & palliative care services							
no. of home visits by community nurses	100,600	50,750	55,050	157,140	226,980	101,750	99,730
no. of allied health(community) attendances	1,890	2,060	2,980	1,610	4,980	5,000	2,680
no. of allied health(out-patient) attendances	216,300	154,500	269,000	254,700	365,000	321,100	171,400
geriatric services							
no. of outreach attendances	106,000	31,700	64,900	38,900	120,500	71,500	104,500
no. of geriatric day attendances	24,700	6,900	8,500	19,600	30,400	25,200	9,700
no. of Visiting Medical Officer attendances	15,500	5,300	9,500	8,100	26,700	14,500	9,400

Appendix 4:
Planned Targets by Cluster

Service Delivery Targets for 2007/08	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
psychiatric services							
no. of psychiatric outreach attendances	10,580	4,890	7,000	8,660	22,470	13,580	19,520
no. of psychiatric day attendances	25,000	15,060	9,500	27,250	54,200	33,300	12,990
no. of psychogeriatric outreach attendances	4,230	7,350	3,530	4,700	14,600	9,130	6,860
Quality of services(General In-patient)							
unplanned readmission rate within 28 days	10.3%	6.9%	8.0%	10.2%	10.0%	9.2%	10.5%

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We welcome your suggestions on the Hospital Authority Annual Plan.
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