

Ensure Service Quality and Safety

We will implement measures to develop safer service models, improve clinical practice, and adopt modern technology and new treatment options. Actions include:

- Further improve sterilisation methods for operating theatres, to align with international standards
- Implement a corporate-wide barcode-based tracking and archiving system in hospitals with anatomical pathology laboratories
- Enhance medication safety by rolling out the Inpatient Medication Order Entry (IPMOE) system
- Develop HA-wide Clinical Outcomes Monitoring Program
- Introduce the new technology of Matrix Assisted Laser Desorption Ionisation Time of Flight (MALDI-TOF) Mass Spectrometry to speed up microbiological identification for timely diagnosis and treatment
- Widen the scope of HA Drug Formulary for the treatment of prostate cancer, dementia and psychosis

Enhance Partnership with Patients and Community

There are continued efforts to engage patients, volunteers and the community as our health partners. Initiatives in this respect include:

- Implement a pilot programme of Integrated Care and Community Support for Children with Special-care Needs such as those with mental retardation or physical disabilities
- Enhance collaboration with patient self-help groups to support patients with chronic diseases
- Continue to implement the Patient Empowerment Programme for patients with chronic diseases in collaboration with non-governmental organisations

Ensure Adequate Resources for Meeting Service Needs

To maintain financial sustainability, we will continue to enhance efficiency in resource utilisation and liaise with the Government to formulate a longer term funding arrangement. At the same time, we are reinforcing the key enablers of HA services, including business support services, capital works and IT services to ensure their robustness in supporting our growing and advancing healthcare services.

Enhance Corporate Governance

HA will enhance corporate governance by finalising and promulgating the new Corporate Governance Code as well as the revised Manual on Operation of Hospital Governing Committees.

Budget Allocation

The Government is increasing the provision for the HA by \$1.79 billion in the coming year. The financial provision indicated by the Government for 2014-15 is around \$47.97 billion, representing an increase of 3.9% compared to 2013-14. With the additional funding, more patients will benefit from HA services. For instance, we will be able to provide additional of around

- **13 800** hospital episodes;
- **12 000** clinical specialist outpatient attendances;
- **80 100** primary care attendances; and
- **23 700** community outreach attendances.



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HOSPITAL AUTHORITY

annual plan 2014-15

AN OVERVIEW



Introduction

The Hospital Authority (HA) delivers a comprehensive range of subsidised healthcare services ranging from acute, convalescence and rehabilitation, through to community care. The Annual Plan outlines the major programmes and activities that the HA will focus on for the next 12 months. The annual planning process involves a broadly participative approach, where clinical specialties, hospital Clusters and Head Office Divisions converge and plan ahead for HA's service provision in the coming financial year, with guidance from Members of the HA Board and Committees.

Planning Context

Overall, the priorities of the annual planning exercise are guided by the strategic directions outlined in the HA Strategic Plan 2012–2017. The annual planning process channels resources to specific programmes for translating the Strategic Plan into actions. In particular, Annual Plan 2014-15 is the action plan for carrying out the third year implementation of the five-year Strategic Plan.

Strategic Intents and Programmes

In **Annual Plan 2014-15**, we map out six strategic intents and 25 strategies with around 120 corresponding programme targets that reflect the work we are doing to implement the five-year Strategic Plan.

The strategic intents set out what the HA wants to achieve, and are as follows:

- **Allay staff shortage and high turnover**
- **Better manage growing service demand**
- **Ensure service quality and safety**
- **Enhance partnership with patients and community**
- **Ensure adequate resources for meeting service needs**
- **Enhance corporate governance**

Allay Staff Shortage and High Turnover

To allay staff shortage, we are reinforcing our workforce and recruiting as many suitable healthcare professionals as there are available. In particular, we will strengthen our nurse and allied health staffing levels in the coming year, and will continue to train up more nurses in our nursing schools.

At the same time, we are stepping up measures to retain clinical and supporting staff, such as by strengthening career development, and improving terms and conditions. Examples include the following:

- Continue to enhance promotion opportunities for frontline doctors by providing more Associate Consultant positions
- Increase transparency and fairness in the rostering of frontline doctors by enhancing the Staff Rostering System (SRS) to facilitate duty rostering and compilation of work hours statistics
- Improve the work conditions of supporting staff by reducing their conditioned work hours to 44 hours gross per week to align with other HA employees
- Recruit more supporting staff to share out simple clinical tasks and relieve the clerical workload of allied health professionals
- Improve staff's health benefit by implementing a pilot programme of providing private radiological imaging services to staff on a co-payment arrangement

Better Manage Growing Service Demand

To better manage growing service demand, we will increase the capacity in priority areas, and reduce demand by enhancing secondary prevention of chronic diseases and sharing out the demand with community partners. Priorities include the following:

- **Hospital capacity:** A total of around 205 beds will be added in the coming year, particularly in high needs communities like Hong Kong East, Kowloon Central, New Territories East and New Territories West Clusters. More clinical services will be introduced at the new North Lantau Hospital and facilities will also be improved through the redevelopment of Yan Chai Hospital and Caritas Medical Centre.

- **High demand life threatening diseases:** Cardiac care will be strengthened with further expansion of emergency percutaneous coronary intervention (PCI) service. Clinical treatment for stroke patients will be improved by rolling-out the 24-hour thrombolytic service to Queen Mary Hospital and United Christian Hospital. There will also be additional hospital haemodialysis places for patients with end-stage renal disease. Moreover, the quality of cancer service will be enhanced by rolling out to all Clusters the case management service for patients with complicated breast or colorectal cancer.
- **Services with pressing issues of waiting time and access:** We will alleviate the access block at Accident & Emergency (A&E) Departments by setting up support sessions to manage less urgent cases; and improve the management of Specialist Outpatient Clinic (SOPC) waiting lists by providing additional sessions to manage new cases. A Joint Replacement Centre will also be set up in New Territories West Cluster to relieve the waiting time for joint replacement surgeries. At the same time, the episodic quota at General Outpatient Clinic (GOPC) will be increased to improve the access of target population groups to the service.
- **Chronic disease management:** We will further expand the Community Health Call Centre service to support more patients with chronic illnesses, and enhance clinical treatment for elderly patients with age-related macular degeneration (AMD), diabetic retinopathy and glaucoma. Besides, the community case management programme for patients with severe mental illnesses will be extended to Yau Tsim Mong, Tai Po, and Tsuen Wan including North Lantau, so that the service is available in all 18 districts.
- **Public-private partnership (PPP):** We will enhance the access to primary care services for patients with specific chronic diseases by launching the GOPC PPP programme in Kwun Tong, Wong Tai Sin and Tuen Mun. The programmes of purchasing haemodialysis service from qualified service providers in the community, as well as purchasing radiological investigation service, cataract surgeries and primary care services in Tin Shui Wai from the private sector will continue to be implemented.